



The abuse of children in care in Scotland: A research review

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Glossary and definitions

Abuse – means primarily physical abuse and sexual abuse, with associated psychological and emotional abuse. The Inquiry will be entitled to consider other forms of abuse at its discretion, including medical experimentation, spiritual abuse, unacceptable practices (such as deprivation of contact with siblings) and neglect, but these matters do not require to be examined individually or in isolation (Terms of Reference, Scottish Child Abuse Inquiry).

Child – a person under the age of 18 (Terms of Reference, Scottish Child Abuse Inquiry).

Children in Care – includes children in institutional residential care such as children's homes (including residential care provided by faith-based groups); secure care units including List D schools; Borstals; Young Offenders' Institutions; places provided for Boarded Out children in the Highlands and Islands; state, private and independent Boarding Schools, including state funded school hostels; healthcare establishments providing long term care; and any similar establishments intended to provide children with long term residential care. The term also includes children in foster care.

The term does not include: children living with their natural families; children living with members of their natural families, children living with adoptive families, children using sports and leisure clubs or attending faith-based organisations on a day to day basis; hospitals and similar treatment centres attended on a short term basis; nursery and day-care; short term respite care for vulnerable children; schools, whether public or private, which did not have boarding facilities; police cells and similar holding centres which were intended to provide care temporarily or for the short term; or 16 and 17 year old children in the armed forces and accommodated by the relevant service. (Terms of Reference, Scottish Child Abuse Inquiry).

Child maltreatment – all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (Krug et al, 2002). Often child maltreatment is limited in surveys to maltreatment by parents, caregivers or adults living in the home, occasionally including abuse by older peers.

Child sexual abuse – engaging in sexual activities with a child who, according to the relevant provisions of national law, has not reached the legal age for sexual activities (this does not apply to consensual sexual activities between minors), and b) engaging in sexual activities with a child where use is made of coercion, force or threats; or abuse is made of a recognised position of trust, authority or influence over the child, including within the family;

or abuse is made of a particularly vulnerable situation of the child, notably because of a mental or physical disability or a situation of dependence (Article 18. *Council of Europe (tion on the Protection of Children against Sexual Exploitation and Sexual Abuse, 2007)*).

Child sexual exploitation – child sexual abuse becomes sexual exploitation when a second party benefits monetarily or socially through sexual activity involving a child. It includes harmful acts such as sexual solicitation and prostitution of a child or young person and covers situations where a child or other person is given or promised money or other form of remuneration, payment or consideration in return for the child engaging in sexual activity, even if the payment/remuneration is not made. (*Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, 2007*).

Emotional abuse – is persistent emotional neglect or ill-treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person. It may involve the imposition of age- or developmentally-inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill-treatment of a child; it can also occur independently of other forms of abuse (Scottish Government, 2010, p.21).

High income country – as defined by the World Bank, are those countries with a gross national income per capita above \$12,475 US in 2015. Seventy nine countries are listed by the World Bank. In this review only those countries with comparable jurisdictions were included with reference to the prevalence of child abuse. These included all countries in the EU 28, Australia, New Zealand, the USA, Canada, Greenland, Iceland, Norway, Israel, Gibraltar.

Incidence – refers to the number of new cases reported or detected by agencies such as the police, courts or child protection services in a given period of time. Incidence data may also be collected from sentinel reports where professionals from a range of different agencies in contact with children are trained to use a pro forma reporting sheet to record cases of child maltreatment among children they have contact with (Stoltenborgh et al, 2011).

Neglect – is the persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child’s basic emotional needs. Neglect may also result in the child being diagnosed as suffering from „non-organic failure to thrive“, where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. (Scottish Government, 2010, p. 22).

Online abuse/cyberbullying – there is no agreed definition of online abuse of children in international law. For the purposes of this document online child abuse is defined as an umbrella term covering : Use of the internet, mobile phone or other form of information communication technology to bully, threaten, harass, groom, sexually abuse or sexually exploit a child.

Physical abuse – is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill-health to a child they are looking after through fabricated or induced illness (Scottish Government, 2010, p 21).

Prevalence – refers to experiences of victimisation or abuse in childhood or within a given period of time (usually past year) reported by children and young people themselves when asked in a confidential survey (Stoltenborgh et al, 2011).

Violence against children – all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse in the range of settings in which children spend time. (Article 19 Convention on the Rights of the Child, United Nations, 1989). Generally this covers violence perpetrated by adults and peers in all settings of home, school, community, workplace, care and justice system etc.

Acronyms

CASI interview – Computer Assisted Self-report Interviewing

CTS – Conflict Tactics Scale

HBSC – Health Behaviour in School Aged Children

ICAST – ISPCAN Child Abuse Screening Tool

IYDS – International Youth Development Survey

JVQ – Juvenile Victimization Questionnaire

LT – Lifetime, over childhood

PY – Past year, in the last 12 months

Executive summary

This report was commissioned by the Scottish Child Abuse Inquiry to inform their work on raising public awareness about the abuse of children in care. It was a desk based review of research evidence and published sources on the prevalence and nature of child abuse and neglect in Scotland from 1930 to 2014. Sixty one studies were included in the review.

The research aimed to address the following questions:

1. What is known from the current research literature in high income countries about the nature and prevalence of child abuse?
2. What is known from research into the nature, prevalence and incidence of child abuse in the UK generally and in Scotland in particular within the selected time period, 1930 to 2014?
3. What are the significant gaps in knowledge within this literature on prevalence from high income countries?
4. What is known from the current research literature in high income countries about the nature and prevalence of the abuse of children in care?
5. What is known from research into the nature, prevalence and incidence of the abuse of children in care in Scotland within the selected time period, 1930-2014?
6. Are there any significant gaps in the existing published research on child abuse relating to Scotland, what gaps might be addressed by further research, and could these gaps be addressed in time to inform the Inquiry's work?

Key findings

1. What is known from the current research literature in high income countries about the nature and prevalence of child abuse?

Measuring the extent of child abuse and neglect and comparing rates globally is difficult because of conceptual and methodological differences in measuring 'childhood', 'abuse' or 'violence'. Many countries across the world, especially high income regions such as the UK, collect data on the numbers of cases recorded by the police and child protection services that concern children who experience violence or abuse. However laws and policies vary from place to place and in most countries children find it difficult to report experiences of abuse to social workers or the police. Rates of incidence based on cases of abuse and neglect subject to prosecution or child protection registration in any one year are substantially lower than the past year rates young people in the community report when asked in confidential surveys. Self-report surveys are seen to provide the most realistic

estimates of the prevalence of child abuse and neglect, and surveys directly asking children and young people about their experiences have increased in the past 15 years. Meta-analyses and systematic reviews of the global data show that violence, including abuse and neglect from parents and caregivers, affects a large number of children across the world¹.

Globally, more than one in eight (12.7%) of children and young people say they have experienced sexual abuse at some point in their childhoods². More than one in every five (22.6%) children and young people say they have experienced physical violence from a parent/caregiver at some point in their childhoods³. 36.3% of children and young people say they have experienced emotional abuse from a parent/caregiver at some point in their childhoods⁴. Between 16.3% to 18.4% of children and young people say they have experienced neglect at some point in their childhoods⁵.

Boys and girls are equally likely to be victims of maltreatment by a parent or caregiver. In high income countries, girls typically report rates of child sexual abuse that are at least 3 times higher than rates reported by boys.

Some groups of children are more vulnerable to abuse and neglect than are others. Children with disabilities, especially those associated with interpersonal and behavioural difficulties, have a higher risk of maltreatment from a parent or caregiver than non-disabled children⁶. Physical disability however has been found not to increase the risk for any type of victimisation once confounding factors and co-occurring disabilities are controlled for in the analysis⁷.

¹ Stoltenborgh, M. Stoltenborgh, M. Bakermans-Kranenburg, M. Alink, L. & van IJzendoorn, M. (2015) The Prevalence of Child Maltreatment across the Globe: Review of a Series of Meta-Analyses *Child Abuse Review* 24: 37–50

² Stoltenborgh, M. van IJzendoorn, M. Euser, E. & Bakermans-Kranenburg, M. (2011) "A Global Perspective on Child Sexual Abuse: Meta analysis of prevalence around the world", *Child Maltreatment*, vol. 16, no. 2, pp. 79–101.

³ Stoltenborgh, M., Bakermans-Kranenburg, M.J., van IJzendoorn, M.H. and Alink, L.R. (2013a) Cultural–geographical differences in the occurrence of child physical abuse? A meta-analysis of global prevalence. *International Journal of Psychology*, 48(2), pp.81-94.

⁴ Stoltenborgh, M. Bakermans-Kranenburg, M. Alink, L. & van IJzendoorn, M. (2012) The Universality of Childhood Emotional Abuse: A Meta-Analysis of Worldwide Prevalence *Journal of Aggression, Maltreatment & Trauma* 21:870–890

⁵ Stoltenborgh, M. Bakermans-Kranenburg, M. & van IJzendoorn, M. (2013b) The neglect of child neglect: a meta-analytic review of the prevalence of neglect *Soc Psychiatry Psychiatr Epidemiol* 48:345–355

⁶ Jones, L., Bellis, M.A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T. and Officer, A. (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet*, 380(9845), pp.899-907; Mueller-Johnson, K., Eisner, M.P. and Obsuth, I., (2014) Sexual victimization of youth with a physical disability an examination of prevalence rates, and risk and protective factors. *Journal of interpersonal violence*, 29(17), pp.3180-3206; Svensson, B., Bornehag, C.G. and Janson, S. (2011) Chronic conditions in children increase the risk for physical abuse—but vary with socio-economic circumstances. *Acta paediatrica*, 100(3), pp.407-412.

⁷ Turner, H. Vanderminden, J, Finkelhor, D. Hamby, S. & Shattuck, A. (2011) Disability and Victimization in a National Sample of Children and Youth *Child Maltreatment* 16:4, 275-286

Children who have been maltreated by a caregiver, or who have been sexually abused by an adult or peer or who have experienced physical violence in the community have a significantly higher risk of experiencing multiple types of abuse (being polyvictimised)⁸.

Because of their prior experiences of abuse and neglect, children in the care system should be regarded as particularly vulnerable to further victimisation.

2. What is known from research into the nature, prevalence and incidence of child abuse in the UK and in Scotland within the selected time period, 1930 to 2014?

No Scotland specific research on the prevalence of child abuse was found so estimates on prevalence are based on the UK population data.

The most recent prevalence research in the UK⁹ shows:

The most frequent victimisations young people (aged 11-17) report are perpetrated by peers (35.3% report this happening in the past year, 59.5% at some time during childhood) and by siblings (16% report this happening in the past year, 31.8% at some time during childhood).

9.4% (1 in 10) report experiences of sexual victimisation (from an adult or peer) in the past year, 16.5% (1 in 6) experience this at some time during childhood.

6% (1 in 16) report at least one act of maltreatment from a parent or caregiver in the past year, 21.9% (1 in 5) experience this at some time during childhood.

2.5% (1 in 40) report exposure to parental domestic violence in the past year, 17.5% (1 in 6) experience this at some time during childhood.

5% (1 in 20) report victimisation from their own intimate partner (boyfriend or girlfriend) in the past year, 7.9% (1 in 13) experience this before reaching the age of 18.

The above rates cover the whole age span from 11 to 17 years but prevalence rates vary considerably with the age of the child, with young people in their teens reporting higher rates for most types of past year victimisation (apart from victimisation by siblings) than rates reported for younger children. Rates of victimisation also vary according to gender and age, with sexual and intimate partner victimisation rates being highest for girls aged 15 and over and physical violence from peers in the community being highest for teenage boys.

⁸ Finkelhor, D., Ormrod, R.K., & Turner, H.A. (2009b) "Lifetime assessment of poly-victimization in a national sample of children and youth" *Child Abuse and Neglect*, 33(7), 403-411

⁹ Radford, L., Corral, S., Bradley, S., Fisher, H. (2013) The prevalence and impact of child maltreatment and other types of victimization in the UK: Findings from a population survey of caregivers, children and young people and young adults. *Child Abuse & Neglect* 37, 801– 813

Past year parent or caregiver maltreatment rates reported for children and young people under the age of 18 are between seven to seventeen times higher than the rates recorded for children subject to a child protection plan or on a child protection register.

Trends in the prevalence of child abuse over time

Taking a longer term historical view, available evidence from high income European countries indicates a general reduction in levels of inter personal violence against adults and children since the mid 19th century.¹⁰

There was a steady decline in rates of homicides and child maltreatment related deaths across the UK and a number of European countries from late 19th century up to 1950s. Overall homicide rates across the UK and a number of European countries (and the USA) increased from the 1950s to the 1990s and then declined. However, reported cases of child abuse, measured as recorded crimes against children and by child protection plans/registrations, show an increase across all four nations of the UK since at least 2005¹¹. Self-report surveys on child victimisation in the USA and the UK show reduced rates of reporting for some acts of physical violence and sexual abuse but no decline in rates of parental neglect¹².

In recent times reported cases of child abuse have increased as a result of expanded definitions while the actual prevalence of certain types of abusive experience may have declined because of changes in attitudes and behaviour¹³. New technologies can support new access routes to abuse and risks for children¹⁴.

3. What are the significant gaps in knowledge within this literature on prevalence from high income countries?

The biggest gap in the research evidence on prevalence is the lack of research specifically focusing on Scotland.

¹⁰ Eisner, M. (2008) Modernity Strikes Back? A Historical Perspective on the Latest Increase in Interpersonal Violence (1960–1990) *International Journal of Conflict and Violence* 2: 2, 288 – 316

¹¹ Bentley, H. O'Hagan, O, Raff, A. & Bhatti, I. (2016) How Safe Are Our Children? NSPCC : London.

¹² Finkelhor, D. Shattuck, A. Turner, H. & Hamby, S. (2014a) "Trends in Children's Exposure to Violence 2003 to 2011", *JAMA Pediatrics* online, April.

¹³ Eisner, M. (2008) op cit; Pinker, S. (2011) *The better angels of our nature: Why violence has declined* Viking; Parton, N. (1985) *The politics of child abuse* Basingstoke : Macmillan; Parton, N. (2014) *The politics of child protection* Basingstoke : Palgrave Macmillan

¹⁴ Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009) *Partner Exploitation and Violence in Teenage Intimate Relationships*, London, NSPCC.

A national parent/caregiver and child and young person self-report survey conducted at regular intervals of five years is recommended by global welfare and human rights organisations such as the World Health Organisation and UNICEF¹⁵. It is important that research on the prevalence of child abuse takes into account the varied developmental risks for children and young people, including data on very young children. Data gathering from multiple sources, including tracking administrative data changes over time and linking these with child wellbeing indicators, would provide a more comprehensive picture of trends and the outcomes for children in Scotland. It would be helpful to include questions on child sexual exploitation in self-report prevalence surveys in the future so that the specific vulnerabilities of children at risk can be investigated in the UK and Scottish context.

4. What is known from the current research literature in high income countries about the nature and prevalence of the abuse of children in care?

International research data on the prevalence and nature of abuse in care did not emerge until the 1990s and is still sparse. Research studies on the prevalence and incidence of abuse in care are not easily compared as the estimates are based on different units of analysis, typically either based on inquiry reports, or agency case records, or surveys and consultations with professionals or foster carers or residential care workers or with children themselves.

Research from the USA and Europe shows that the majority of children *currently* in care are not abused or neglected by caregivers in the care system. However, due to the vulnerabilities that bring children into care in the first place, targeting by perpetrators, systemic factors and inequalities of power within the care system, children living in care are more vulnerable to abuse than children living with their families¹⁶.

Stein¹⁷ identified four dimensions of abuse in care - *individual direct abuse* (which is similar to the physical, sexual, emotional abuse and neglect of children in the family but perpetrators are foster carers or residential care workers); *programmed or sanctioned abuse* (covering unfair policies and regimes such as Pindown); *organised/systematic abuse* (where groups of perpetrators in or outside the care system target children to abuse or exploit); *system outcome abuse* (where there is systemic and organisational failure to safeguard children and

¹⁵ Meinck, F. Steinhert, J, Sethi, D. Gilbert, R. Bellis, M. Mikton, C. Alink, L. & Baban, A. (2016) *Measuring and monitoring national prevalence of child maltreatment : a practical handbook* World Health Organisation Europe : Copenhagen; UNICEF (2014) *Hidden in Plain Sight: A statistical analysis of violence against children*, UNICEF, New York

¹⁶ Euser, S., Alink, R., Tharner, A., IJzendoorn, M., Bakermans-Kranenburg, M. (2014) Out of home placement to promote safety? The prevalence of physical abuse in residential and foster care. *Children and Youth Services Review* 37, 64-70

¹⁷ Stein, M. (2006) Missing years of abuse in children's homes *Child and Family Social Work* 11, 11-21

aid their recovery from harm). Stein's framework is helpful for understanding the nature of abuse in care and the specific issues that need to be addressed in safeguarding.

Research with children aged 12 to 17 years in care and living in the community in the Netherlands¹⁸ found the risk of physical abuse in care was three times higher than for young people in the general population. One in every four (25.7%) of the young people in care reported experiences of physical abuse in 2010, with higher rates reported by boys (31%) than girls (18%) in care.

One study in Finland¹⁹ found the opposite that children living with their families in the community reported significantly higher rates of physical and psychological abuse from caregivers than did children living in residential care.

Research shows lower rates of abuse reported by children and young people in foster care, with typically 4% of those in foster care having allegations of abuse but less than 1% being confirmed, many cases not subsequently actively proven nor disproven²⁰.

Rates of allegations in foster care tend to be higher in kinship care²¹.

The Netherlands prevalence study found relative risks of abuse in different care contexts compared to the general population were 2 x higher in group care, 3.2 x higher in secure care and 1.6 x higher in foster care²².

The studies of abuse in residential care show that both boys and girls are at risk from physical and sexual abuse in the care system²³.

Some research studies also show that boys are more vulnerable to sexual abuse than girls in certain care environments, such as in single sex, Catholic church based residential care homes²⁴.

¹⁸ Euser et al (2014) op cit

¹⁹ Ellonen, N.& Pösö, T., (2011) Violence Experiences in Care: Some Methodological Remarks based on the Finnish Child Victim Survey *Child Abuse Review*, 20: 197–212

²⁰ Biehal, N. (2014b) Maltreatment in Foster Care: A review of the evidence. *Child Abuse Review* Vol. 23: 48–60.

²¹ Font, S. (2015) Are children safer with kin? A comparison of maltreatment risk in out-of-home care, *Children and Youth Services Review* 54: 20-29

²² Euser et al (2014) op cit

²³ Baker, Amy J. L. Curtis, Patrick A. Papa-Lentini, C. (2006) Sexual Abuse Histories of Youth in Child Welfare Residential Treatment Centers: Analysis of the Odyssey Project Population *Journal of Child Sexual Abuse* 15:1 29-49; Euser et al (2014) op cit;

²⁴ Langeland, W. Hoogendoorn, A. Mager, Smit, D. & Draijer, N. (2015) Childhood sexual abuse by representatives of the Roman Catholic Church: A prevalence estimate among the Dutch population *Child Abuse & Neglect* 46, 67-77

5. What is known from research into the nature, prevalence and incidence of the abuse of children in care in Scotland within the selected time period, 1930-2014?

Recent evidence on the prevalence of abuse in care in Scotland

In 2011 there were 63,914 children in foster care in the UK. On average each year in the UK, research²⁵ shows there were 2,100-2,400 alleged cases of abuse of children in foster care (a rate of 3 - 4 allegations of abuse per 100 children in foster care per year between 2009-2011). In 2011 there were 11,682 children in residential care in the UK. There were 1,100-1,400 alleged cases of abuse of children in residential care (a rate of 10-12 per 100 children in residential care per year). Three quarters to four fifths of allegations of abuse in care are not subsequently actively proven nor disproven.

On average each year in the UK there are 450-550 confirmed cases of abuse in foster care (a rate of 0.80 – 0.88 per 100 children in care per year) and 250-300 confirmed cases of abuse in residential care (a rate of 2 -3 cases for every 100 children in residential care per year).

In 2011 there were 8,978 children in foster care in Scotland, 54,705 children in foster care in England and Wales. Scotland was found to have the lowest rate of allegations and confirmed cases of abuse in care when compared with rates reported for England and Wales.

The allegation rate in foster care was 1 per 100 children in Scotland compared with 3-4 per 100 in England and in Wales.

In 2011 there were 1,461 children in residential care in Scotland and 8,275 children in residential care in England and Wales. The allegation rate in residential care was 2 allegations per 100 children in residential care in Scotland compared with 13-15 per 100 in England and 10-18 per 100 in Wales.

The rate for confirmed cases of abuse in foster care was 0.14 -0.23 per 100 children in foster care in Scotland compared with 0.82 – 0.94 per 100 in England and 1 per 100 in Wales. Over half of the alleged cases were not actively proven nor disproven.

The rate of confirmed cases of abuse in residential care was 0.66 -0.92 cases of among every 100 children in residential care in Scotland compared with 2-3 confirmed per 100 in residential care for England and in Wales. Almost three quarters of the alleged cases were not actively proven nor disproven.

²⁵ Biehal, N. Cusworth, L. Wade, J. & Clarke, S. (2014a) *Keeping children safe : allegations concerning abuse and neglect of children in care* NSPCC, London

These figures are likely to undercount the true extent of the problem.

One study in the UK found that many of the recent confirmed cases of abuse in residential care involved physical violence or the excessive use of force in restraint, often where a residential staff member had acted inappropriately to a young person's challenging behaviour²⁶. Findings from research on the prevalence of alleged and confirmed abuse of children in foster care in the UK are similar to those from the international research literature, showing allegations of abuse against 3-4% of foster carers each year with typically lower rates of confirmed cases, less than 1% per year²⁷.

Drawing together evidence from several sources, it is estimated that 8% of children in care in Scotland were subject to known or confirmed sexual exploitation in the past year, with 21% likely to have been exposed to suspected or confirmed sexual exploitation in the past year²⁸.

No research sources were found that directly addressed the prevalence of abuse in care in Scotland over the entire period of this review. The evidence from research prior to the 1990s is particularly sparse. Grey literature sources and inquiry reports provide some information but it is inconclusive. No robust estimates of the historical prevalence of abuse in care can be made as a result. There is information from survivors' accounts on the nature and experiences of abuse in several residential care homes in Scotland, some of which has been reviewed in previous inquiries²⁹.

6. Are there any significant gaps in the existing published research on child abuse relating to Scotland, what gaps might be addressed by further research, and could these gaps be addressed in time to inform the Inquiry's work?

Further research on the prevalence of violence against children in Scotland would help to address some of the gaps in knowledge identified in this review, particularly the lack of robust data on children's experiences across the different settings in which they spend their lives. Research to address gaps in knowledge about the risks of sexual exploitation, abuse in foster care and risks of online abuse in Scotland could be part of this work. The survey

²⁶ Biehal et al (2014a) op cit

²⁷ Biehal, N. (2014b) Maltreatment in Foster Care: A review of the evidence *Child Abuse Review* Vol. 23: 48–60; Farmer, E. & Moyers, S. (2008) *Kinship care: fostering effective family and friends placements*. Jessica Kingsley Publishers: London; Nixon S & Verity P (1996) Allegations against foster families. *Foster Care* 84: 11–14; Triseliotis J, Borland M, & Hill M (2000) *Delivering Foster Care*. British Association for Adoption and Fostering: London

²⁸ Lerpiniere, J., Hawthorn, M., Smith, I., Connelly, G., Kendrick, A., Welch, V. (2013) - *The sexual exploitation of looked after children in Scotland* CELCIS/SIRRC, Strathclyde University

²⁹ Campbell, B. (2003) 'Sisters of no mercy', *The Guardian*, 12 April 2003; Frizell, E. (2009) *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit*. Scottish Government; Marshall, K. Jamieson, C. & Finlayson, A. (1999) *Edinburgh's Children: Report of the Edinburgh Inquiry into Abuse and Protection of Children in Care*, Edinburgh: City of Edinburgh Council; Shaw, T. (2007) *Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950 to 1995*. Scottish Government: Edinburgh; Shaw, T. (2011) *Time to be heard: a pilot forum* Scottish Government : Edinburgh

and use of multiple data gathering would be an investment to improve children's wellbeing and life chances by enabling government to monitor trends in levels of abuse and violence but also the impact of initiatives to prevent and safeguard more effectively. Further work would be needed to assess the cost and feasibility of achieving this within the time frame of the Inquiry however a scoping study could be done. A survey of experiences of historical abuse in care is also needed.

1. Background

This report was commissioned by the Scottish Child Abuse Inquiry to inform their work on raising public awareness about the abuse of children in care. The Inquiry's Terms of Reference, set out in Appendix 1, were the focus of all work undertaken. The evidence review was desk based research into the nature and prevalence of child abuse in Scotland, with specific reference to the abuse of children in residential and foster care.

2. Objectives & Methodology

The review included published and 'grey' literature on all forms of physical and sexual violence and abuse affecting children in care over the Inquiry's timescale, within 'living memory' (taken to be 1930) up to 17 December 2014.

The research aimed to address the following questions:

1. What is known from the current research literature in high income countries about the nature and prevalence of child abuse?
2. What is known from research into the nature, prevalence and incidence of child abuse in the UK generally and in Scotland in particular within the selected time period, 1930 to 2014?
3. What are the significant gaps in knowledge within this literature on prevalence from high income countries?
4. What is known from the current research literature in high income countries about the nature and prevalence of the abuse of children in care?
5. What is known from research into the nature, prevalence and incidence of the abuse of children in care in Scotland within the selected time period, 1930-2014?
6. Are there any significant gaps in the existing published research on child abuse relating to Scotland, what gaps might be addressed by further research, and could these gaps be addressed in time to inform the Inquiry's work?

The report content addresses each of these questions. The next section, Section 3, discusses questions 1-3, what is known about the current prevalence of child abuse globally,

focusing on high income countries similar to Scotland, and what is known about the prevalence of child abuse in the UK and in Scotland within the time period of 1930-2014. Section 4 addresses questions 4-5, what is known about the prevalence of abuse of children in care globally and within Scotland in the given time period of 1930-2014. Briefly summarising the key messages from this research, Section 5 considers question 6 and suggests how gaps in the evidence could be addressed.

Data for this report was gathered from the following sources:

1. A systematic search of online databases to identify peer reviewed research studies published in the English language.
2. Online web-based Google searches to identify 'grey literature'.
3. Locating further research studies from those referenced in the peer reviewed research studies found.
4. Searching manually through issues of key journals on child abuse.
5. Contacting child protection researchers with relevant expert knowledge to identify further sources.

A full account of the methodology is provided in the Technical Appendix (Appendix 2).

3. The extent of child abuse and neglect

Summary

Worldwide

12.7% of children and young people say they have experienced sexual abuse at some point in their childhoods.

22.6% of children and young people say they have experienced physical violence from a parent/caregiver at some point in their childhoods.

36.3% of children and young people say they have experienced emotional abuse from a parent/caregiver at some point in their childhoods.

Between 16.3% to 18.4% of children and young people say they have experienced neglect at some point in their childhoods.

Boys and girls are equally likely to be victims of maltreatment by a parent or caregiver.

In high income countries, girls typically report rates of child sexual abuse that are at least 3 times higher than rates reported by boys.

Children with disabilities, especially those associated with interpersonal and behavioural difficulties, have a higher risk of maltreatment from a parent or caregiver than non-disabled children. Physical disability however has been found not to increase the risk for any type of victimisation once confounding factors and co-occurring disabilities are controlled for in the analysis.

Children who have been maltreated by a caregiver, or who have been sexually abused by an adult or peer or who have experienced physical violence in the community have a significantly higher risk of experiencing multiple types of abuse (being polyvictimised).

3.1 Measurement issues

Violence against children, including child abuse and neglect, is prevalent across the world and the burden on children's health and wellbeing is considerable (Gilbert et al, 2008; Pinheiro, 2006). There are however difficulties in getting accurate estimates of the extent of the problem and, although knowledge has improved, it is generally accepted that current

figures are underestimates. This section begins by briefly reviewing the conceptual and methodological challenges researchers, practitioners and policy makers face when wanting to make robust estimates of the extent of violence within the community.

Incidence or prevalence

When considering the extent of child abuse in a particular nation, it is important to understand that there are often big differences between estimates based on data on incidence and those based on data on prevalence. *Prevalence* refers to the extent of the problem among people in a population. For example, the number of children and young people in a particular community who say they have experienced abuse when asked in a confidential survey. Prevalence surveys often count experiences of abuse among children over the whole of their childhood, thus tending to give higher figures for older children than for younger children who have had less time to be exposed to abuse. In this report these are referred to as the 'lifetime prevalence rates' (LT). The lifetime prevalence rates tend to be higher than prevalence rates covering a given period of time (usually the past year). Most modern surveys of children's experiences will ask about experiences over childhood (LT) and within the past year (PY). The past year rates are seen as providing a better estimate of the current population prevalence among children and young people in the age groups reporting. As will be shown later, only a minority of countries across the world are able to provide good evidence on the current prevalence of child abuse from population surveys. Child and youth self-report surveys giving lifetime and past year rates of victimisation are regarded as providing the best estimates of the prevalence of child abuse (Gilbert et al, 2008; Sethi et al, 2013; UNICEF, 2014).

Most high income countries are able to provide some data on the *incidence* of child abuse. Incidence refers to the number of new cases reported or detected by agencies such as the police, courts or child protection services in a given period of time. The data provided is difficult to compare across different nations because disparate legal and policy thresholds and professional procedures will influence what will get reported and recorded. The most comparable incidence data across different nations is the data on mortality, child homicides and unexplained deaths. Over 100 countries across the world will code the causes of death according to the International Classification of Diseases. However critics have argued that the standardised coding mechanisms do not fully account for the circumstances of child maltreatment related deaths and accidental deaths may be mistakenly recorded by a doctor or coroner as the cause of death (Scott et al, 2009). What gets reported, recorded and

counted is highly dependent on what law and policy requires to be reported, the ability of individuals to recognise child abuse and neglect and their willingness to take action. The narrowest estimates of the extent of child abuse and neglect typically come from research based on these known cases reported to agencies. These undercount because few maltreated children come to the attention of child protection agencies in any country. In a review of the research literature on professional responses to child abuse and neglect, Gilbert et al (2008) found typically between 1.5% and 5% of the child population in the UK, USA, Australia and Canada are reported to child protection services each year. Just 1% of the child population are recognised as 'substantiated' cases of child abuse and neglect yet self-report community surveys in these countries estimate levels of prevalence to be between 4 to 16 times higher.

Incidence data may also be collected from sentinel reports where professionals from a range of different agencies in contact with children are trained to act as informants using a pro forma reporting sheet to record cases of child maltreatment among children they have contact with (e.g. Sedlak et al, 2010). Incidence data from sentinel reports tend to produce higher rates of child abuse than estimates based on data officially recorded by agencies (Stoltenborgh et al, 2011).

How abuse is defined will influence what is measured

Within the self-report survey research literature on child maltreatment there are considerable variations in the severity, types of violence and types of offenders included by researchers when measuring prevalence. In general the narrower the definition, the lower the prevalence rates reported. Three main differences in focus and measurement exist:

- i. research that considers *one particular type of abuse*;
- ii. research on *child maltreatment*, commonly focusing on abuse that happens at home or in the family, most often limited to parents or caregivers;
- iii. research on all forms of *violence or victimisation* experienced by children, perpetrated by adults and peers, across all settings (at home, in school, in the community, at work, online etc)

Most of the studies of child abuse and neglect focus on caregiver or parent to child abuse or neglect, typically in the home or family environment. At the narrowest level, studies assess just one type of violent experience, such as physical violence from parents, some excluding parental 'discipline' (Stoltenborgh et al, 2013a), or child sexual abuse (Barth et al, 2012;

Pereda et al, 2009; Stoltenborgh et al, 2011) but seldom include child sexual exploitation. Surveys that focus on one type of abusive experience are now less common in the area of child abuse research, although as Table 2 shows, studies of school-based violence or 'bullying' behaviour still tend to have this singular focus.

It is now generally accepted that child abuse encompasses physical violence, sexual abuse, emotional abuse, neglect and exposure to domestic violence. The World Health Organisation definition of child maltreatment for instance covers:

All forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (Krug et al, 2002).

To understand the impact upon a child it is important to look at all types of harm likely to be experienced. Some perpetrators may use a variety of different types of abusive behaviour. A parent for example might be physically and emotionally abusive as well as neglectful.

Within these variations ranging from single to several different types of violence and abuse, there will be narrow and broad approaches to measuring severity and criminality of specific acts. At the broadest level researchers have included measures of a range of victimisation experiences, covering the continuum from common or 'everyday' experiences of victimisation, such as name calling and verbal harassment, through to severe criminal acts, such as rape.

The broadest studies focus on all forms of victimisation children experience including victimisation from peers. These studies cover the range of different types of victimisation (different types, different severity and criminality levels), different perpetrators (peers, siblings, non-resident adults, intimate partners, caregivers) and the varied settings where violence happens including the home, school and community (Burton et al, 2015; Finkelhor et al, 2009a). Not surprisingly, victimisation surveys which ask about all forms of violence typically give higher estimates for levels of violence against children because a significant amount of child victimisation, including sexual abuse and violence in the home, is perpetrated by peers (Averdijk et al, 2011; Finkelhor et al, 2014; UNICEF, 2014).

Victimisation researchers argue that violence perpetrated by other young people is not necessarily less harmful than that perpetrated by adults (Arsenault et al, 2006; Barter & Berridge, 2010 Finkelhor et al, 2006). Measures of impact are generally included to assess the likely harm caused. Results show that experiences of violence often have overlapping and accumulative impacts and it is important for prevention to study and understand these and how they influence children's vulnerabilities (Finkelhor, 2009b; Hamby et al, 2009).

Who is asked

Self-report surveys drawing representative samples from the population are regarded as providing more reliable estimates of the extent of the problem. Many research studies have collected information on the lifetime prevalence of child maltreatment via retrospective research with adults (Cawson et al, 2000). However, a number of research reviews have since questioned the relevance of retrospective reports based on adult memories of childhood maltreatment for estimating current prevalence rates. Retrospective research relies on memory and recall may vary across time for adults and for children and young people. Hardt and Rutter (2004) reviewed 18 longitudinal studies that compared adults' retrospective recall against officially documented cases of abuse (10–30 years previous to the interview) and found that a third or more of the participants across the studies failed to report the adverse event, even when they were specifically asked about it. While recognition of an experience as abusive and memory may both alter with time for adults and for children, research based on adult memories of past childhood abuse can only measure lifetime experiences and cannot tell us about rates of violence experienced by children at the present time. As there are relatively few surveys into historical abuse, the adult retrospective surveys also seldom ask at what time in a person's lifetime the childhood abuse was experienced. Crime and victimisation surveys conventionally ask about current rates of violence by asking respondents about events within the last 12 months (or an even shorter referent period). Direct research with children and young people themselves is now far more common than previously was the case as it allows us to gather this information on recent experiences. However research shows that children and young people of different ages/developmental stages experience differential levels of risk. For example, with infants being most vulnerable to caregiver abuse or neglect while teenagers may be at risk of abuse at home but also at school and in the community (Finkelhor, 2008). Reporting rates will therefore also typically vary with the age group of the participants in a survey (Radford et al, 2011; 2013).

How we ask

How a survey asks about violence can have an influence on what is reported. Generally the more questions asked about sensitive topics such as sexual abuse, the higher the rates reported (Barth et al, 2012; Stoltenborgh et al, 2011). Safe and private methods to ask about experiences of victimisation are especially important. Higher rates of violence tend to be reported when participants are asked using Computer Assisted Self Interviewing (CASI) or

Audio CASI methods compared with being asked directly in a face to face interview. CASI interviews involve the interviewer handing over a laptop computer to the interviewee so that the interviewee can read sensitive questions (or hear via headphones if using audio CASI) and respond to the questions directly themselves by entering their answers onscreen. A national survey of children and violence in South Africa tested different methods to interview 9730 young people aged 15 to 17, in households (5635) and in schools (4095), using an administered interview and a self-completion (CASI) interview. Highest rates of reporting were found in the self-completion surveys especially those completed in schools (Burton et al, 2015).

3.2 Global prevalence rates

Table 1 summarises the range, from low to high, among the current prevalence and incidence rates of child abuse found in the 31 studies reviewed on this topic. It can be seen that even where studies ask about a wide range of abuse and victimisation types, the most prevalent experiences children report are bullying and victimisation by peers and siblings. Overall it can also be seen the studies give wide ranging estimates for different types of abuse, largely because of the differences in conceptualising and measuring child abuse noted earlier. Low rates typically are studies employing narrow definitions and limited measures of abuse. Barth et al (2012) found rates of child sexual abuse across 24 countries of between 8-31% for females and 3-17% for males, lowest rates coming from studies that identified sexual abuse as forced sexual intercourse. Gilbert et al (2008) similarly included data only on penetrative sexual abuse, with rates of 5-10% for girls and 1-5% for boys during childhood.

Systematic reviews and meta-analyses of 244 research studies show global lifetime prevalence rates of 12.7% for child sexual abuse, 22.6% for physical violence from a parent/caregiver, 36.3% for emotional abuse and between 16.3% to 18.4% for neglect (Stoltenborgh et al, 2011; 2012; 2013a; 2013b; 2015).

Most of the systematic reviews and meta-analyses draw on research studies with varied definitions and measures of abuse making it difficult to draw conclusions about cross national differences in prevalence rates. Viola et al (2016) looked at data from 288 surveys in 28 countries using the same measure of abuse, the short form of the Childhood Trauma Questionnaire (CTQ). Emotional neglect (11.3%) and emotional abuse (9.5%) were found to be the most frequently reported childhood abuse experiences, followed by physical neglect (7.9%), physical abuse (7.4%) and sexual abuse (6.9%). Studies completed in Europe and Asia had the lowest prevalence rates using the CTQ, while South America yielded the

highest rates. For overall child maltreatment the lowest prevalence levels were found in China, the Netherlands and the UK.

Table 1: Current global prevalence of child abuse and neglect, reviews & primary research studies

Type of abuse	Range of LT rates males & females	Range of LT rates males	Range of LT rates females	Range of PY rates males & females	Range of PY rates males	Range of PY rates females
Any child maltreatment Self-report	12- 25%	22%	27%	10-18%	14%	23%
Any child maltreatment Informant report				4%		
Child sexual abuse Self-report	2-13%	1-19%	5-43%	5%	2%	9%
Child sexual abuse Informant report				0.4%		
Physical violence from caregiver Self-report	6- 23%	7- 23%	10- 23%	4-16%	7%	7%
Physical violence from caregiver Informant report				0.3%		
Neglect Self-report	0.5%– 18%	0.5-2%	0.5-3%	1-15%		
Neglect Informant report						
Psychological/emotional abuse Self-report	9 – 36%	7- 36%	9- 36%	6- 10%		
Psychological/emotional abuse Informant report				0.3%		
Exposure to domestic violence Self-report	6-20%	4-48%	9- 56%	3%	2%	4%
Bullying Self-report	9- 38%	9- 45%	4 - 40%	9-21%		
Online abuse Self-report	13-15%	8%	14%	9%	7%	11%
Peer & sibling victimisation Self-report	49%	49%	49%	31%	31%	31%

Some of the primary research studies reviewed provide life time and past year prevalence rates for child maltreatment in general and for different types of abuse. The studies in the USA (Finkelhor et al, 2014c) and in Spain (Pereda, Guilera & Abad, 2014) used similar measures of lifetime and past year abuse and victimisation although these cannot be directly compared as they cover different age groups, 0 -17 years in the USA and 12 to 17 years in

Spain. In Spain, one in every four children and young people (25.3%) reported having at least one experience of maltreatment by a parent/caregiver in childhood, 18.1% said this had happened in the past year. The most frequently reported type of maltreatment from a parent or caregiver was physical violence, reported by 11.4% during childhood with 6.7% saying this had happened in the past year. Very low prevalence rates for neglect were found in this survey, reported by only 0.5% of children and young people. This may be because of the narrow scope of the one question of neglect used in the survey. No differences were found between prevalence rates for reports made by boys and girls of physical abuse and neglect by caregivers. There were differences in prevalence reports made by boys and girls for exposure to parental domestic violence, with 4.2% of boys and 8.9% of girls reporting this experience in childhood, 1.5% males and 4.3% females saying it had happened in the past year. Significant gender differences were found for prevalence rates of sexual abuse (by any adult or peer), 13.9% of girls and 4.1% of boys reporting this during childhood and 8.9% of girls and 5.3% of boys saying this had happened in the past year.

The research in the USA (Finkelhor et al, 2014c) was based on telephone interviews with a nationally representative sample of 4,503 children, young people and parents/caregivers about a wide range of victimisation experiences in childhood and the past year. The publication included in this review (Finkelhor et al, 2014c) provides findings on child maltreatment by parents and caregivers only. In the USA, 1 in 8 of the children and young people surveyed (12%) had experienced at least one maltreatment type, with highest levels of reports from those aged 14-17 years (apart from neglect). The most prevalent types of maltreatment reported were neglect, affecting 11.6% in childhood and 4.7% in the past year, and emotional abuse, affecting 10.3% in childhood and 5.6% in the past year. More than one in every twelve children (8.9%) experienced physical violence, with 4.0% reporting this in the past year. Child sexual abuse (by caregivers and non-caregivers) was the least frequently reported form of abuse with 2.2% of children and young people saying this had happened to them during childhood. Sexual abuse by a caregiver was reported by less than 1% of children, 0.7% identifying this during childhood and 0.1% saying it had happened in the past year. When asked if anybody had been told about these experiences, only 34% of the children and young people said the abuse was known to authorities.

Some national studies, such as the Netherlands research, have provided estimates on the rates of known and unreported abuse by collecting data from recorded incidence statistics, informant sentinel reports and self-report surveys (Euser et al, 2013). The Netherlands study found past year prevalence rates of child maltreatment identified in the self-report survey to be 9.94%, three times higher than the incidence rates based on sentinel reports (3.38%). Systematic reviews have also explored the differences in reporting rates between self-report

surveys and informant, incidence data. A series of reviews and meta-analyses of global child maltreatment research by Stoltenborgh et al (2011; 2012; 2013a & 2013b; 2015) found self-reported rates of child sexual abuse, physical violence and emotional abuse to be between 29 and 89 times higher than informant, incidence rates (Table 2).

Abuse in specific populations

Research shows that certain groups of children are more vulnerable to abuse. Girls in many countries typically report significantly higher rates of child sexual abuse and intimate partner victimisation than boys, especially in adolescence (Annerback et al, 2012; Asgeirdottir et al, 2011; Barth et al, 2012; Finkelhor et al, 2014c; Gilbert et al, 2008; Mohler-Kuo et al, 2014; Moore et al, 2015; Pereda et al, 2009; Pereda, Guilera & Abad, 2014; Priebe, Hanson & Svedin, 2010; Stoltenborgh et al, 2011). For physical violence and emotional abuse from a parent or caregiver and for neglect some of the studies reviewed showed prevalence rates were not statistically different for boys and girls who had been victimised (Annerback et al, 2010; 2012; Finkelhor et al, 2014c; Gilbert et al, 2008; Pereda, Guilera & Abad, 2014; Stoltenborgh et al, 2012; 2013a; 2013b;). Some surveys have found boys report more physical violence in the community and more bullying than girls (Finkelhor et al, 2014b). Rates of bullying and abuse by peers are high for all countries included in the studies reviewed affecting 9% to 38% of children. The cross national studies found lower rates reported by girls and boys in Sweden and highest rates in Lithuania (Craig et al, 2009; Due et al, 2009).

A review by Jones et al (2012) found disabled children were three and a half times more likely to report (lifetime) experiences of physical violence and almost three times more likely to report (lifetime) experiences of sexual abuse than were non-disabled children. Similar risks for sexual victimisation of disabled children were found in a study in Switzerland (Mueller-Johnson et al, 2014) and another in Sweden (Svensson et al, 2011). Turner et al (2011) however looked at the impact of disability on maltreatment experiences among participants in the US child survey and concluded that disabilities associated with interpersonal and behavioural difficulties are most strongly associated with victimisation risks. Physical disability was found not to increase the risk for any type of victimisation once confounding factors and co-occurring disabilities were controlled for in the analysis.

Research from the Netherlands (Alink et al, 2013) and Switzerland (Schick et al, 2016) found that children in families with a recent migration history are at higher risk of abuse. However the Netherlands researchers also found that when step parenthood and a low level of

education are taken into account the increased risk for immigrants disappeared (Alink et al, 2013).

Children who experience certain types of abuse are more vulnerable than children without these experiences to be re-victimised and to have multiple abuse experiences, or to be 'polyvictimised'. Those experiencing physical violence, child sexual abuse and maltreatment from a parent or caregiver have higher risks of being polyvictims (Finkelhor et al, 2009b). As many children in the care system will have previously experienced these forms of abuse they are likely to be more vulnerable to further victimisation.

3.3 Description of the evidence on current global prevalence rates

As shown in Table 2, altogether 31 papers were included in the review of evidence on the global prevalence of child abuse, excluding those from the UK (which are covered in section 4) and those primarily based on research conducted in less comparable low resource settings. Eleven of the papers were systematic reviews and meta-analyses of the global research evidence, covering high income regions such as northern Europe and the USA as well as low resource settings in the global south. The remaining 20 publications were primary or secondary research reporting findings from 17 different studies. Three of these studies (Craig et al, 2009; Due et al, 2009; Sentenac et al, 2013) covered school children's experiences of 'bullying' in multiple countries (40, 35 and 11 countries covered per paper). Fourteen reported on primary research within specific nations. These included four papers from Sweden (Annerback et al, 2010 & 2012; Priebe et al, 2010; Svensson et al, 2011), three papers from Switzerland (Mohler-Kuo et al, 2014; Mueller-Johnson et al, 2014), two papers from Australia (Hemphill et al, 2011 & 2014) and from the Netherlands (Alink et al, 2013; Euser et al, 2013) , one paper from Finland (Peltonen et al, 2014), Iceland (Asgeirdottir et al, 2011), Greece (Sapouna, 2008) and Spain (Pereda et al, 2014). Eleven of the studies looked at child maltreatment covering all types of child abuse from parents or caregivers (physical violence, sexual abuse, emotional abuse, neglect & exposure to domestic violence). One study looked at child sexual abuse and domestic violence only (Asgeirdottir et al, 2011). Twenty studies focused on a single type of abuse, seven on child sexual abuse, seven on bullying, four on physical violence by parents/caregivers, one on emotional abuse and one on neglect (these last two were systematic reviews).

Table 2: Global studies, prevalence of violence against children

Reference	Jurisdiction	Type of violence	Participants	Method	Measures	Prevalence/Incidence
Systematic reviews & meta-analyses						
Barth, J., Hein, L. Trelle, S. & Tonia, T. (2012) "The Current Prevalence of Child Sexual Abuse Worldwide: A systematic review and meta-analysis", <i>International Journal of Public Health</i> , vol. 58, no. 3, 2012, pp. 469–83	24 countries	Sexual abuse	Published peer reviewed research on prevalence of CSA Children 13-18 years Self-report studies with samples of at least 1,000 participants	Systematic review & meta-analysis of 55 studies published 2002-2009	Included 4 types of CSA – non-contact (exposure & solicitation); contact (touching, kissing); forced sex; mixed CSA (when different types included but only 1 prevalence rate given)	LT CSA = between 3-17% males and 8-31% females; LT forced sex = 3% males; 9% females,
Gilbert, R., Widom, C.S., Browne, K., Fergusson, D., Webb, E. and Janson, S. (2008) Burden and consequences of child maltreatment in high-income countries. <i>The Lancet</i> , 373(9657), pp.68-81.	High income countries	Sexual abuse, physical violence, psychological (or emotional) abuse & neglect from parent/caregiver, exposure to DV	Published peer reviewed research on prevalence, government publications on substantiated recorded cases of child abuse and neglect	Systematic review. Number of included studies not given	Varied LT measures	Physical violence by caregiver = 4-16% PY; Neglect = 1.4 – 15.4% PY Psychological abuse = 10% PY LT CSA (penetrative sex) = 5-10% females, 1-5% males LT exposure to DV = 10-20%
Jones, L., Bellis, M.A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T. and Officer, A. (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of	Worldwide	Sexual abuse, physical violence, emotional abuse, neglect, any other violence	Published peer reviewed research on prevalence and risks of violence to disabled and non-disabled children aged under 18 years.	Systematic review and meta-analysis of 17 studies published 1990-2010, 16 for meta-analysis of prevalence, 11 for risk	Varied LT measures	Any violence = 26.7% (OR for disabled children = 3.68); Physical violence = 20.4% (OR for disabled children =3.56); CSA = 13.7% (OR for disabled children = 2.88)

observational studies. <i>The Lancet</i> , 380(9845), pp.899-907.						
Moore, S. Scott, J. Ferrari, A. Mills, R. Dunne, M. Erskine, H. Devries, K. Degenhard, L. Vos, T. Whiteford, H. McCarthy, M. & Norman, R. (2015) Burden attributable to child maltreatment in Australia <i>Child Abuse & Neglect</i> , 48, 208-220	Australia	Sexual abuse, physical violence, emotional abuse & neglect	Self-report studies in Australia, 23 studies included	Systematic review & meta-analysis of Australian prevalence studies of all 4 types maltreatment	Varied LT measures	LT CSA = 8.6%, 4.5% males, 11.6% females LT physical violence = 8.9%, 6.7% males, 9.9% females LT emotional abuse = 8.7%, 7% males, 9.1% females LT neglect = 2.4%, 2% males, 3.5% females
Pereda N, Guilera G, Fornis M, Gómez-Benito J. (2009) The prevalence of child sexual abuse in community and student samples: A meta-analysis. <i>Clinical Psychology Review</i> 29: 328–338.	22 countries	Sexual abuse	Published peer reviewed research on prevalence of CSA from self-report studies from non-clinical samples, 1981-2007. 65 studies included	Systematic review & meta-analysis	Varied LT measures	LT CSA 7.4% males, 19.2% females
Stoltenborgh, M. van Ijzendoorn, M. Euser, E. & Bakermans-Kranenburg, M. (2011) "A Global Perspective on Child Sexual Abuse: Meta analysis of prevalence around the world", <i>Child Maltreatment</i> , vol. 16, no. 2, pp. 79–101.	Worldwide	Child sexual abuse	Peer reviewed journal articles, book chapters & dissertations covering research on prevalence of child sexual abuse from informant and self-report studies using non-clinical samples	Systematic review & meta-analysis of 217 studies, covering 9,911,748 participants	Varied LT measures	Global CSA = 11.8%, males = 7.6%, females= 18%; global self-report rates = 12.7%, informant studies = 0.4% Africa males =19.3%, females 20.2% Asia males = 4.1%, females 11.3% Australia males = 7.5%, females 21.5% Europe males = 5.6%,

			Published 1982-2008 Age <18 years			females = 13.5% S America males = 13.8%, females = 13.4% USA/Canada males = 8%, females = 20.1% High resource nations males = 6.8%, females = 18.3% Low resource nations males = 14%, females 15.9% Narrower definitions give lower rates of LT CSA
Stoltenborgh , M. Bakermans-Kranenburg , M. Alink, L. & van IJzendoorn, M. (2012) The Universality of Childhood Emotional Abuse: A Meta-Analysis of Worldwide Prevalence <i>Journal of Aggression, Maltreatment & Trauma</i> 21:870–890	Worldwide	Emotional abuse	Peer reviewed journal articles, book chapters & dissertations covering research on prevalence of childhood emotional abuse from informant and self-report studies using non- clinical samples Published 1996- 2008 Age <18 years	Systematic review & meta-analysis of 29 studies, covering 7,082,279 participants	Varied LT measures	Global prevalence emotional abuse = 26.7%, 36.3% child self-report, 0.3% informant report. No gender differences were found. Different levels of prevalence across studies mostly due to procedural differences in data collection
Stoltenborgh, M., Bakermans-Kranenburg, M.J., van IJzendoorn, M.H. and Alink, L.R. (2013a) Cultural– geographical differences in the occurrence of child physical abuse? A meta-analysis of global prevalence.	Worldwide	Physical violence from parent/caregiver	Peer reviewed journal articles, book chapters & dissertations covering research on prevalence of physical violence from informant and self-report studies using non-	Systematic review & meta-analysis of 111 studies, covering 9,698,801 participants	Varied LT measures	Physical violence = 0.3% for informant reports, 22.6% for child self-report No gender differences were found Lower rates of physical violence reported if: Narrow definition of PV Fewer question asked on PV Child rather than adult

<i>International Journal of Psychology</i> , 48(2), pp.81-94.			clinical samples Published 1986-2007 Age <18 years			asked retrospectively
Stoltenborgh, M. Bakermans-Kranenburg, M. & van IJzendoorn, M. (2013b) The neglect of child neglect: a meta-analytic review of the prevalence of neglect <i>Soc Psychiatry Psychiatr Epidemiol</i> 48:345–355	Worldwide	Neglect (physical & emotional)	Peer reviewed journal articles, book chapters & dissertations covering research on prevalence of neglect from informant and self-report studies using non-clinical samples Published 1987-2006 Age <18 years	Systematic review & meta-analysis of 16 studies, 16 covering emotional neglect 59,655 participants, 13 covering physical neglect 59,604 participants	Varied LT measures	Physical neglect = 16.3% Emotional neglect = 18.4% No gender differences were found There are few studies on neglect in low resource countries
Stoltenborgh, M. Bakermans-Kranenburg, M. Alink, L. & van IJzendoorn, M. (2015) The Prevalence of Child Maltreatment across the Globe: Review of a Series of Meta-Analyses <i>Child Abuse Review</i> 24: 37–50	Worldwide	Sexual abuse, physical violence, emotional abuse, neglect (physical & emotional)	Peer reviewed journal articles, book chapters & dissertations covering research on prevalence of child abuse & neglect from informant and self-report studies using non-clinical samples Published 1986-2008 Age <18 years	Systematic review & meta-analysis of 244 studies (130 exclusively on CSA)	Varied LT measures	Global rates of CM : Sexual abuse = 12.7% Physical violence = 22.6% Emotional abuse = 36.3% Physical neglect = 16.3% Emotional neglect = 18.4% Rates for LT child self-report: Sexual abuse = 7.6% males, 18% females Physical violence = 22.6% males & females Emotional abuse = 36.3% males & females Rates informant reports (mostly in a year): Sexual abuse = 0.4% Physical violence = 0.3%

						Emotional abuse = 0.3%
Viola, T. Salum, G. Kluwe-Schiavon, B. Sanvicente-Viera, B. Levandowski, M.& Grassi-Oliveira, R. (2016) The influence of geographical and economic factors in estimates of childhood abuse and neglect using the Childhood Trauma Questionnaire : a worldwide meta-regression analysis <i>Child Abuse & Neglect</i> , 51, 1-11	28 countries	Physical violence, sexual abuse, emotional abuse, neglect (physical & emotional)	Peer reviewed articles on self-report studies using the Childhood Trauma Questionnaire (CTQ) Child aged 12+ and adult participants	Systematic review & meta-analysis of 288 studies with 59,692 participants for global CTQ score, 189 studies with 44,832 participants for score of subtypes of abuse	Short form of CTQ with 28 item measure	Sexual abuse = 6.9% Physical abuse = 7.4% Emotional abuse = 9.5% Neglect, physical = 7.9% Neglect, emotional = 11.3% Europe and Asia had lowest CTQ, S. America highest Lowest rates overall maltreatment found in China, Netherlands & UK
Prevalence and incidence studies						
Alink, L., Euser, S., Van IJzendoorn, M., and Bakermans-Kranenburg, M. (2013) Is elevated risk of child maltreatment in immigrant families associated with socioeconomic status? Evidence from three sources. <i>International Journal of Psychology</i> . 48 (2), 117–127	Netherlands	Sexual abuse, physical violence, physical neglect, emotional/educational neglect, witnessing violence & other maltreatment in the home.	Study 1: nationally representative sample 1127 sentinel report professionals Study 2: CPS data for 1 year Study 3: 1759 students 52% boys, 48% girls Age 11-17 years Compared data on native Dutch, traditional immigrants (long	Analysis based on 3 studies from the second Netherlands Prevalence Study of maltreatment of Youth (NPM2010). Study 1: sentinel reports on maltreated children over 3 months Study 2: incidence reports from 22,661	Study 3: 13 items on child maltreatment from questionnaire based on Lamers-Winkelmann, Slot, Bijl, & Vijlbrief, 2007, drawing on Straus et al Dating Violence Questionnaire & Parent-Child Conflict Tactics Scales. Maltreatment defined as 3-8 reports of incident in past year	For all 3 studies, immigrants had higher relative risk (RR) of maltreatment than native Dutch. RR traditional immigrants = 2.95 times higher, RR non-traditional immigrants = 4.94 times higher Risks for immigrants disappeared when low education and step parenthood are taken into account. There were no differences between immigrant and

			migration history), non-traditional immigrants (recent migration history)	substantiated cases of child maltreatment recorded by Dutch Child Protective Services 2010 Study 3: youth self-report survey of victimisation in past 12 months delivered in 29 high schools		native populations for CSA.
Annerbäck E-M, Wingren G, Svedin CG, Gustafsson PA. 2010. Prevalence and characteristics of child physical abuse in Sweden – findings from a population-based youth survey. <i>Acta Paediatrica</i> 99: 1229–1236	Sweden	LT physical violence from parent or caregiver & exposure to DV	8,494 school children average ages 13, 15 & 17 years recruited from schools in Sodermanland county in Sweden	Paper survey administered by teachers/school nurses in class time in 2008 Response rate 83.7%	Bespoke survey 3 questions parental physical violence 1 question exposure to DV	Hit by parent = 15.2%, higher rates older children 12.1% age 13, 16% age 17. Higher rates if also exposed to DV. 10.8% exposed to DV No significant differences between males and females. Only 7% told authorities about violence.
Annerbäck E-M, Sahlqvist L, Svedin CG, Wingren G, Gustafsson PA. (2012) Child physical abuse and concurrence of other types of child abuse in Sweden – Associations with health and risk behaviors. <i>Child Abuse & Neglect</i> 36: 585–595.	Sweden	Physical violence from parent/caregiver, exposure to DV, bullying, CSA (forced sexual acts) by adults or peers	5,933 school children average ages 15 & 17 years recruited from schools in Sodermanland county in Sweden	Paper survey administered by teachers/school nurses in class time in 2008 Response rate 81.8%	Bespoke survey based on previous Swedish surveys	Physical violence by parent/caregiver = 16.3% (16% males, 18% females); Exposure to DV = 12.5% (10% males, 15% females) Bullying = 9.3% (9% males, 8% females) CSA = 2.2% (adult perpetrated), 3.6% (peer perpetrated) CSA males = 2.6%, females = 8.7%

Asgeirsdottir, B., Sigfusdottir, I., Gudjonsson, G., Sigurdsson, J. (2011) Associations between sexual abuse and family conflict/violence, self-injurious behavior, and substance use: The mediating role of depressed mood and anger. <i>Child Abuse & Neglect</i> . 35(3):210-9	Iceland	CSA, exposure to DV, self-harm	Cross sectional national sample of 9,085 high school students 51% females 49% males Age 16–19 years	Teacher administered paper survey delivered in class 2004	Bespoke questions on LT exposure to DV 5 questions on LT CSA based on Baltic sea study (Mossige, 2004). Least severe = exposure and non-genital touch; severe = genital touching; very severe = forced sex	Least severe only = 15.8% females, 4.6% males. Severe = 12.0% females, 10.3% males. Very severe = 7.9% females 2.9% males . Exposure to DV/conflict = 56.1% females, 48.2% males.
Craig, W., Harel-Fisch, Y., Fogel-Grinvald, H., Dostaler, S., Hetland, J., Simons-Morton, B., Molcho, M., de Mato, M.G., Overpeck, M., Due, P. and Pickett, W., 2009. A cross-national profile of bullying and victimization among adolescents in 40 countries. <i>International Journal of Public Health</i> , 54(2), pp.216-22	40 Countries	Bullying among adolescents	Nationally representative samples of school children in 40 countries, Age = 11, 13 & 15 years. N = 202,056.	School-based surveys were conducted 2005/06	Health Behavior in School-Aged Children (HBSC) protocol 2 questions on bullying in past 2 months used in 40 countries Additional questions on type of bullying in 6 countries, N=29,127	10.7 % reported bullying others, 12.6 % reported being bullied 3.6 % bully-victims. Range for being bullied boys = 8.6% Sweden to 45.2% Lithuania; girls = 4.8% Sweden to 35.8% Lithuania Rates highest in Baltic nations and lowest Northern Europe
Due, P., Merlo, J., Harel-Fisch, Y., Damsgaard, M.T., soc, M.S., Holstein, B.E., soc, M.S., Hetland, J., Currie, C., Gabhainn, S.N. and de Matos, M.G., (2009) Socioeconomic	35 countries in Europe and North America.	Bullying	Nationally representative samples of 162,305 school children in 35 countries, Age = 11, 13 & 15	School-based surveys were conducted 2001-2	HBSC protocol 1 question from the Olweus Bullying Questionnaire: “How often have you been bullied at school in the past couple of	Rates being bullied = 11% boys; 10.9% girls Range for being bullied boys = 5.6% Sweden to 36.3% Lithuania; girls = 4.1% Sweden to 32.3% Lithuania Nations with high economic

inequality in exposure to bullying during adolescence: a comparative, cross-sectional, multilevel study in 35 countries. <i>American Journal of Public Health</i> , 99(5), pp.907-914.			years.		months?"	inequality have higher rates of bullying
Euser, S. Alink, L. Pannebakker, F. Vogels, T. Bakermans-Kranenburg, M. & Van IJzendoorn, M. (2013) The prevalence of child maltreatment in the Netherlands across a 5-year period, <i>Child Abuse & Neglect</i> , 37, 841-851	Netherlands	Sexual abuse, physical violence, emotional abuse, physical neglect, emotional/educational neglect & other maltreatment in the home.	Study 1: nationally representative sample 1127 sentinel report professionals Study 2: CPS data Study 3: 1920 students 52% boys, 48% girls Age 12-17 years	Study 1: sentinel reports on maltreated children over 3 months Study 2: incidence reports from 22,661 substantiated cases of child maltreatment recorded by Dutch Child Protective Services 2010 Study 3: youth self-report survey of victimisation in past 12 months delivered in 29 high schools	Study 3: Pupils on Abuse (PoA) questionnaire = 13 out of 24 items on child maltreatment from questionnaire based on Lamers-Winkelmann, Slot, Bijl, & Vijlbrief, 2007, drawing on Straus et al Dating Violence Questionnaire & Parent-Child Conflict Tactics Scales. Maltreatment defined as 3-8 reports of incident in past year	Prevalence rates of 3.38% maltreated (sentinel and CPS records), 9.94% self-report in past year. Found increase in CPS reports over 5 years from 14% to 21% but sentinel and self-reports did not change suggesting professionals are more alert to CM but actual prevalence rates have not increased in 5 years.
Finkelhor, D., Vanderminden, J., Turner, H., Hamby, S., & Shattuck, A. (2014c). Child maltreatment	USA	Physical violence, emotional abuse, sexual abuse, neglect, custodial interference	National sample of 4,503 children Ages 1 month to 17 years.	Telephone interviews with caregivers of child under age 10 years and youth self-	Juvenile Victimization Questionnaire (JVQ) asking about lifetime (LT) and past year (PY) maltreatment by	12% of children experienced at least 1 maltreatment type, with highest levels of reports from those aged 14-17 years (apart from

rates assessed in a national household survey of caregivers and youth. <i>Child abuse & neglect</i> , 38(9), 1421-1435.				report ages 11-17. Random Digit Dialling with address based sampling of cellphone population Cooperation rate = 60% response rate = 40%	caregiver	neglect). Physical violence = 4.0% PY, 8.9% LT; emotional abuse = 5.6% PY, 10.3% LT; sexual abuse (caregivers) 0.1% PY, 0.7% LT; sexual abuse (caregivers and non-caregivers) 2.2% LT, neglect= 4.7% PY, 11.6% LT. 34% cases were known to authorities.
Hemphill, S.A. and Heerde, J.A. (2014) Adolescent predictors of young adult cyberbullying perpetration and victimization among Australian youth. <i>Journal of Adolescent Health</i> , 55(4), pp.580-587.	Australia	Cyberbullying	927 school students (481 female and 446 male) from Victoria Australia surveyed in 2002 at ages 10-11 years followed up in 2010 at ages 18-19	International Youth Development Study (IYDS), pupil self-complete paper survey delivered in class time & followed up	Modified version of the Communities that Care survey with cyberbullying questions	As young adults, 19% had some experience of cyberbullying, 5.1% = perpetrators only, 5.0% = victims, 9.5% bully-victims.
Hemphill, S. A., Kotevski, A., Herrenkohl, T. I., Bond, L., Kim, M. J., Toumbourou, J. W., & Catalano, R. F. (2011). Longitudinal consequences of adolescent bullying perpetration and victimisation: A study of students in Victoria, Australia. <i>Criminal Behaviour and Mental Health</i> , 21(2), 107-116.	Australia	Bullying	Participants in the youngest (Year 5) Victorian cohort of IYDS, 2004, 2007 & 2008. 48% males, 52% females, Ages 11 to 14 years	International Youth Development Study (IYDS), pupil self-complete paper survey delivered in class time & followed up	Modified version of the Communities that Care survey with bullying questions	Year 7, 17.4% perpetrators (22.9% males, 12.9% females) 38.4% victims (36.2% males, 40.3% females) Year 10 22.4% = perpetrators (31.1% males, 15.1% females). 30.8% = victims, 31.5% males, 30.3% females.

<p>Mohler-Kuo, M. Landolt, M. Maier, T. Meidert, U. Schönbucher, V. & Schnyder, U. (2014) Child Sexual Abuse Revisited: A Population-Based Cross-Sectional Study Among Swiss Adolescents <i>Journal of Adolescent Health</i> 54 304-311.</p>	<p>Switzerland</p>	<p>Sexual victimisation</p>	<p>Nationally representative sample of 6,787 students 52% males, 48% females Age = 13 -20 years</p>	<p>Self-completion CASI interview conducted in class time, 2009-10. Response rate 92%</p>	<p>Child Sexual Abuse Questionnaire</p>	<p>LT CSA males =17.2%, females = 40.2% LT non-contact CSA males = 14.9%, females = 35.1% LT contact CSA (without penetration) males = 4.8%, females= 14.9% LT CSA penetration = 0.6% males, 2.5% females Only 5.8% - 38% males & 44.4% - 58.4% females told anyone about the CSA Most perpetrators were peers</p>
<p>Mueller-Johnson, K., Eisner, M.P. and Obsuth, I., (2014) Sexual victimization of youth with a physical disability an examination of prevalence rates, and risk and protective factors. <i>Journal of interpersonal violence</i>, 29(17), pp.3180-3206.</p>	<p>Switzerland</p>	<p>Sexual Victimization</p>	<p>Nationally representative sample of 6,787 students 52% males, 48% females Mean age = 15 years 2,908 of the sample were from migrant backgrounds 360 (5.1%) had physical disability</p>	<p>Self-completion CASI interview conducted in class time. Response rate 92%</p>	<p>JVQ child maltreatment LT, SV module</p>	<p>LT contact SV females = 25.9% with a physical disability, 21.4% able bodied (odds ratio [OR] = 1.29): males contact SV= 18.5% with physical disability, 7.5% able bodied (OR = 2.78) LT non-contact SV females = 48.1% with a physical disability, 39.1% able bodied (OR = 1.44); males non-contact SV = 31.7% for with physical disability, 19.3% able bodied (OR = 1.95). Taking into account other risk factors, physical disability was a significant predictor of contact and non-contact SV for males but not for females</p>

<p>Peltonen, K., Ellonen, N., Pösö, T., & Lucas, S. (2014). Mothers' self-reported violence toward their children: A multifaceted risk analysis. <i>Child abuse & neglect</i>, 38(12), 1923-1933.</p>	<p>Finland</p>	<p>Physical violence</p>	<p>Nationally representative sample of 2,716 mothers of children aged 0-12 years</p>	<p>Postal Survey mother reporting own acts of PY physical violence Response rate 53%</p>	<p>Physical violence based on adapted Swedish version of CTS (Janson et al., 2011). Severe physical violence = slapping, hitting, punching, kicking, biting, hitting with an object (all ages) plus shaking child (under age 2)</p>	<p>PY severe physical violence = 6% of the mothers PY slapping or hitting = 4.2% of mothers</p>
<p>Pereda N, Guilera G, & Abad, J. (2014) Victimization and poly-victimization of Spanish children and youth : results from a community sample, <i>Child Abuse & Neglect</i> 38, 640-649</p>	<p>Spain</p>	<p>All forms of JVQ victimisation including maltreatment by caregivers (Physical violence, sexual abuse, emotional abuse, neglect, exposure to DV) plus JVQ module on cybervictimisation</p>	<p>Randomly selected samples of 1,107 school children from secondary schools in NE Spain Ages 12-17 years 53% males, 47% females</p>	<p>Self-report youth survey delivered in class time by researchers</p>	<p>JVQ modules Spanish version translated into Catalan</p>	<p>Any LT victimisation= 83%, 85% males, 81% females; PY = 68.6%, 70% males, 67% females Maltreatment by parent/caregiver LT =25.3%, 22.2% males, 26.8% females; PY = 18.1%, 13.9% males, 22.8% females Physical violence by caregiver LT = 11.4%, PY 6.7% no gender differences found Neglect LT = 0.5% no gender differences found Exposure to DV LT = 6.4%, 4.2% males, 8.9% females PY = 2.8%, 1.5% males, 4.3% females Peer & sibling victimisation LT = 49%, PY= 31% no gender differences found Sexual victimisation (by adults or peers) LT = 8.7%,</p>

						4.1% males, 13.9% females PY = 5.3%, 2.2% males, 8.9% females Cybervictimisation LT = 12.6%, 8.1% males, 13.9% females PY = 8.9%, 6.6% males, 11.4% females
Priebe, G., Hansson, K. and Svedin, C.G., (2010) Sexual abuse and associations with psychosocial aspects of health. A population-based study with Swedish adolescents. <i>Nordic Journal of Psychiatry</i> , 64(1), pp.40-48.	Sweden	Sexual Abuse	1,107 high school seniors in the city of Malmö. 575 female 532 male Mean age 18.4 years	School-based paper questionnaire delivered in class time Response rate 78.9%.	Survey based on questionnaire used in Baltic Sea Regional Study of Adolescent Sexuality (Mossige et al, 2001).	LT sexual experience males = 27% , females = 67% LT non-contact abuse males = 5%, females 10% LT contact abuse males = 14%, females = 43% LT penetration males = 8%, females = 14%
Sapouna, M., (2008) Bullying in Greek primary and secondary schools. <i>School Psychology International</i> , 29(2), pp.199-213.	Greece	Bullying	1,758 school students Aged 10–12 years & 12–14 years old from Thessaloniki, Greece 46.6% males, 53.4% females	school-based paper questionnaire delivered in class time	Greek version of the revised Olweus Questionnaire	8.2% bullied in last 3 months, 5.8% bullied others, 1.1% bully/victims
Schick, M. Schoenbucher, V. Landolt, M. Schnyder, U. Xu, W. Maier, T. & Mohler-Kuo, M. (2016) Child Maltreatment and Migration: A Population-Based Study Among Immigrant and Native	Switzerland	Sexual abuse, physical violence, psychological abuse, neglect, exposure to DV at home	Nationally representative sample of 6,787 students 52% males, 48% females Mean age = 15 years 2,908 of the	Self-completion CASI interview conducted in class time. Response rate 92%	JVQ child maltreatment LT	LT physical violence = 22.3% Psychological abuse = 26.5% Neglect = 4.2% CSA (known adult) = 2.8% Higher rates of CM were found for children from non-Swiss migrant backgrounds

Adolescents in Switzerland <i>Child Maltreatment</i> 21(1) 3-15			sample were from migrant backgrounds			
Sentenac, M., Gavin, A., Gabhainn, S. N., Molcho, M., Due, P., Ravens-Sieberer, U., & Arnaud, C. (2013). Peer victimization and subjective health among students reporting disability or chronic illness in 11 Western countries. <i>The European Journal of Public Health</i> , 23(3), 421-426.	11 European countries	Bullying	Nationally representative samples of 1536 students per age group per country Total = 55,030 Target mean ages 11.5, 13.5 and 15.5 years) 49% male	Self-complete school-based paper surveys delivered in class time	HBSC survey with questions on bullying developed by Olweus	13.5% of students bullied at least two or three times a month (of whom 25.6% were bully-victims), with large country variations, from 8.5% in the Netherlands to 21.3% in Latvia 13.5% non-disabled bullied, 14.7% disabled bullied last 3 months. 3.4% non-disabled bully-victims, 5.1% disabled bully-victims. OR of disabled being bullied varied between 1.3 in Germany and Latvia to 2.1 in Poland.
Svensson, B., Bornehag, C.G. and Janson, S. (2011) Chronic conditions in children increase the risk for physical abuse—but vary with socio-economic circumstances. <i>Acta paediatrica</i> , 100(3), pp.407-412.	Sweden	Physical violence, exposure DV	2,510 school children Ages 10, 12 and 15 years Response rate 91%.	School-based paper survey delivered in class time in 2006-7	Conflict Tactic Scales questions used to measure physical violence + 2 questions exposure to DV	LT physical violence = 12% LT exposure to DV = 7% LT both physical violence & exposure to DV = 3% Higher rates of physical violence for disabled children found, 11.8% LT physical violence, 4.5% exposure to DV, 4.9% both
Von Marées, N. and Petermann, F. (2010) Bullying in German primary schools gender	Germany	Bullying	550 primary school children 47.6 % males, 52.4% females	Self-report paper survey delivered in class time	The German-language Bullying- und Viktimisierungs-Fragebogen für Lehrer	Bullied others = 3.6% Victims = 37.1% Bully/victims = 34.9%. There were no gender

<p>differences, age trends and influence of parents' migration and educational backgrounds. <i>School Psychology International</i>, 31(2), pp.178-198.</p>			<p>Age 6–10 years</p>		<p>(Bullying and Victimization Questionnaire for Teachers: BVF-L; von Marées, 2009),</p>	<p>differences</p>
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3.4 Incidence and prevalence of child abuse in Scotland

This section reviews findings on the recent incidence and prevalence of child abuse in the UK and in Scotland specifically, where such data exists. First we consider data on incidence from agencies such as the police and child protection services, comparing rates where possible across all four nations in the UK. Next we present findings from child self-report surveys to show data on levels of child abuse in the community.

Summary

Recent Prevalence of Child Abuse In Scotland and the UK

Rates of incidence based on cases of abuse and neglect subject to prosecution or child protection registration in any one year are substantially lower than the past year rates young people in the community report when asked in confidential surveys.

No Scotland specific research on the prevalence of child abuse was found so estimates on prevalence must be based on the UK population data.

The most recent prevalence research in the UK shows:

The most frequent victimisations young people (aged 11-17) report are perpetrated by peers (35.3% report this happening in the past year, 59.5% at some time during childhood) and by siblings (16% report this happening in the past year, 31.8% at some time during childhood).

9.4% (1 in 10) report experiences of sexual victimisation (from an adult or peer) in the past year, 16.5% (1 in 6) experience this at some time during childhood.

6% (1 in 16) report at least one act of maltreatment from a parent or caregiver in the past year, 21.9% (1 in 5) experience this at some time during childhood.

2.5% (1 in 40) report exposure to parental domestic violence in the past year, 17.5% (1 in 6) experience this at some time during childhood.

5% (1 in 20) report victimisation from their own intimate partner (boyfriend or girlfriend) in the past year, 7.9% (1 in 13) experience this before reaching the age of 18.

The above rates cover the whole age span from 11 to 17 years but prevalence rates vary considerably with the age of the child, with older children and young people reporting higher rates for most types of past year victimisation (apart from victimisation by siblings) than rates reported for younger children.

Rates of victimisation also vary according to gender and age, with sexual and intimate partner victimisation rates being highest for teenage girls and physical violence from peers in the community being highest for teenage boys.

Past year parent or caregiver maltreatment rates reported for children and young people under the age of 18 are between seven to seventeen times higher than the rates recorded for children subject to a child protection plan or on a child protection register.

Statistics on recorded crimes provide information of the incidence of sexual and violent crimes against children and young people. Within the grey literature, the children's organisation the NSPCC produces a report that reviews the incidence on child abuse and neglect in England, Wales, Northern Ireland and Scotland (Bentley et al, 2016). This also includes data from police forces on criminal cases involving child victims gained from Freedom of Information requests. As this report is not independently peer reviewed and is dependent on the ability of police forces to produce accurate data on cases involving violent or sexual crimes towards children, the results must be treated with some caution. The data on agency recorded violent incidents includes the rates in child populations in Scotland, England, Wales and Northern Ireland, although differences in recording and policies mean that these are not directly comparable. The homicide data shows there were eight child homicides recorded in 2014-15 in Scotland (an incidence rate of 6.3 per million of the child population). In England there were 62 child homicides recorded (5.6 per million), three child homicides in Wales (7 per million) and two child homicides in Northern Ireland (2.8 per million) (Bentley et al, 2016).

Rates of recorded non-fatal violent and sexual crimes against children are higher but typically show levels of victimisation recorded for 1% or less of the child population across all four nations in the UK. In Scotland, sexual offences are 4% of all recorded crimes. At least 43% of the 10,273 crimes recorded by the police in Scotland in 2015-16 related to victims under the age of 16 years (Scottish Govt, 2016), 0.38% of the Scottish child population being victims in that year. The NSPCC report shows the same rate of 0.38% of children victimised (with 3,475 sexual offences against children under age 16 years recorded in Scotland during 2014-15) compared with 0.3% in England (30,698 offences), 0.33% in Wales (1,857 offences) and 0.4% in Northern Ireland (1,747 offences for children under the age of 18 years) (Bentley et al, 2016). There were 1,041 crimes of child cruelty and neglect to children

under age 16 years recorded in Scotland 2014-15, affecting 1.14% of the child population (Bentley et al, 2016).

Under 0.5% of the child population across all four UK nations each year are subject to child protection plans or on child protection registers. The most recent statistics for Scotland show 2,772 children were assessed as requiring child protection in 2014-15, which is equivalent to 0.24% of the child population (of 1,110,727). The percentage of the child population on child protection registers/subject to a child protection plan for the same year of 2014-15 was 0.47% (N=2,936) in Wales, 0.42% in England (N= 49,640), and 0.34% in Northern Ireland (N=1,969) (Bentley et al, 2016). In Scotland, emotional abuse, parental substance misuse, domestic violence and neglect are the most frequently recorded concerns for a child being subject to a care order (Bentley et al, 2016).

As previously noted, there exists a wide gap between the past year rates of reported cases of child abuse and neglect provided by informant reports based on officially recorded incidents such as recorded crimes or child protection cases and the child and youth self-report studies on the prevalence of child abuse. No Scotland specific research into the prevalence of child abuse was found in the search to enable us to assess this directly although two relatively recent UK wide studies that include children in Scotland were found, although neither provide separate breakdown of the data from the children surveyed in Scotland (Barter et al, 2009; Radford et al 2013).

The UK study (Radford et al, 2011; 2013) was initiated by the children's organisation the NSPCC. It was conducted in 2009, involving a UK wide representative household based CASI survey of child victimisation with 6,196 participants (2,160 parents/carers of children aged 0-10 years, 2,275 children and young people aged 11-17 years, 1,761 young adults aged 18-24 years). Table 3 presents the prevalence rates of past year and lifetime victimisation by age group, child's gender, and perpetrator type. As can be seen, a minority of children and young people experienced no victimisations at all. Victimisation by peers and by siblings was the most common victimisation reported. Lifetime rates of peer victimisation were 59.5%, 35.3% for past year. Lifetime rates for sibling victimisation were 31.8%, 16% for the past year. Apart from sibling victimisation, highest rates for most types of lifetime victimisation were reported by young adults, most likely because victimisation experiences tend to accumulate over time, as shown by the greater mean number of victimisations at ages 18-24 years.

Abuse or neglect by a parent or caregiver was reported by a sizeable minority across all three age categories. For example, at ages 11-17, 21.9%, 1 in 5 participants, reported at

least one act of maltreatment from a parent during childhood, 6% said this had happened in the past year. These rates are higher than the (England and Scotland) lifetime rates of 9% for boys and 13% for girls found by Barter et al (2009) who asked young people aged 13 to 17 years a limited number of general questions about any abuse or violence experienced at home. In the Radford et al study, parental neglect was the most commonly reported type of abuse in the family, affecting 13.3% of children and young people aged 11-17 at some time in their lives. For those aged 11 -17, reported rates for other types of abuse and neglect in the family were 6.9% for physical violence during childhood (excluding parental physical discipline), 2.4% reporting this had happened in the past year; 6.8% for emotional abuse in childhood, 3% stated this had happened in the past year; and 17.5% for exposure to parental domestic violence, 2.5% reporting this had happened in the past year. The rates of reported sexual abuse by parents were low across all age groups (<1%), possibly because conducting the survey in households may have influenced reporting rates. However, the rates are similarly low in the US and the Spanish research studies which used the same JVQ measures (Finkelhor et al, 2014c; Pereda et al, 2014). Sexual victimisation by any adult or peer was more common, reported by 16.5% of those aged 11-17 during childhood and by 9.4% in the past year. There were gender differences in self-reporting for those aged 11-17 and 18-24 years, with girls reporting lifetime rates around twice the level of those reported by boys (20.8% of girls sexually victimised in age group 11-17 compared with 12.5% of boys; 31% of girls victimised by age 18 in age group 18-24 compared with 17.4% of boys). The UK lifetime rates of sexual victimisation by adults and peers for girls and boys are higher than the rates reported retrospectively in another UK survey of Psychiatric Morbidity (Bebbington et al, 2011) where 12.5% of adults, 8.1% of males and 17.1% of females reported experiences of sexual abuse in childhood. This survey however included adults over 65 years of age who reported lower rates of sexual abuse. The sexual victimisation rates found by Radford et al, 2013 are also higher than those found in the Spanish study (Pereda et al, 2014). This is most likely largely due to the inclusion of online sexual harassment in the overall aggregate for the UK study whereas the Spanish study reported this completely separately within the lifetime cybervictimisation rates. The past year rates of sexual victimisation in the UK for girls aged 1 -17 were 9.4%, lower than the European rate of 13.5% found in Stoltenborgh et al's (2011) systematic review. For boys the same age the UK past year rate was 6.8%, slightly higher than the European rate of 5.6%.

In the UK, contact sexual abuse during childhood, ranging from sexual touching to penetrative rape, was reported by 7.2% of girls and 2.8% of boys in age group 11-17, with 18.6% of girls having this experience before the age of 18 in age group 18-24 compared with 5.3% of boys (Radford et al, 2013).

Table 3: Prevalence of lifetime (LT) and past year (PY) childhood victimisation by victimisation type, victim age group and gender (95% confidence intervals, weighted data)

Victimisation type	Under 11						11-17s						18-24s		
	LT			PY			LT			PY			LT		
	All	Male	Female	All	Male	Female	All	Male	Female	All	Male	Female	All	Male	Female
No victimisation	46.4%	45.5%	47.5%	58.6%	57.5%	59.7%	16.3%	12.2%	20.6%	42.9%	38.5%	47.7%	12.7%	11.1%	14.3%
	(1194)	(598)	(596)	(1443)	(725)	(718)	(281)	(108)	(173)	(680)	(322)	(358)	(241)	(108)	(133)
Mean number of victimisations	1.78	1.91	1.63	1.01	1.14	0.88	5.18	5.57	4.71	1.77	1.92	1.61	6.32	6.88	5.74
Parent or guardian maltreated child^a	8.9%	9%	8.8%	2.5%	2.5%	2.5%	21.9%	22.7%	21.2%	6.0%	5.7%	6.2%	24.5%	22.7%	26.5%
	(229)	(118)	(111)	(63)	(33)	(31)	(379)	(201)	(178)	(103)	(51)	(52)	(465)	(219)	(246)
	+/-1.2			+/-0.7			+/-1.7			+/-1			+/-2		
Neglect	5%	4.9%	5.2%	-	-	-	13.3%	14.8%	11.8%	-	-	-	16%	15.6%	16.4%
	(130)	(65)	(65)				(229)	(131)	(99)				(303)	(151)	(152)
	+/-0.9						+/-1.4						+/-1.7		
Emotional abuse by parent/guardian	3.6%	3.7%	3.4%	1.8%	1.7%	2%	6.8%	5.5%	8%	3%	2%	4%	6.9%	4.3%	9.6%
	(74)	(40)	(34)	(38)	(18)	(20)	(116)	(49)	(68)	(52)	(18)	(34)	(131)	(42)	(89)
	+/-0.8			+/-0.6			+/-1			+/-0.7			+/-1.2		
Physical violence from	1.3%	1.4%	1.3%	0.7%	1.1%	0.4%	6.9%	6.8%	6.9%	2.4%	2.2%	2.6%	8.4%	7%	9.9%

parent/guardian	(34)	(18)	(16)	(19)	(14)	(5)	(119)	(61)	(58)	(41)	(20)	922)	(159)	(67)	(92)
	+/-0.7			+/-0.4			+/-1			0.6			+/-1.3		
Sexual abuse by parent/guardian	0.1%	0%	0.1%	0%	0%	0%	0.1%	0%	0.3%	0%	0%	0%	0.6%	1.5%	1%
	(2)	(0)	(2)	(0)	(0)	(0)	(2)	(0)	(2)	(0)	(0)	(0)	(6)	(14)	(20)
	+/-0.1						+/-0.1						+/-0.4		
Exposure to domestic violence	12%	10.9%	13.1%	3.2%	3.8%	2.6%	17.5%	16.4%	18.7%	2.5%	2.1%	2.9%	23.7%	19.5%	28%
	(308)	(143)	(165)	(82)	(50)	(32)	(302)	(145)	(157)	(43)	(19)	(25)	(449)	(188)	(260)
	+/-1.4			+/-0.7			+/-1.1			+/-0.6			+/-2		
Sexual victimisation by any adult/peer perpetrator	1.2%	1%	1.3%	0.6%	0.7%	0.5%	16.5%	12.5%	20.8%	9.4%	6.8%	12.2%	24.1%	17.4%	31%
	(30)	(13)	(17)	(15)	(10)	(6)	(285)	(111)	(175)	(163)	(60)	(102)	(456)	(168)	(288)
	+/-0.5			+/-0.3			+/-1.5			+/-1.2			+/-2		
Contact sexual abuse by any adult/peer	0.5%	0.3%	0.7%	0.2%	0	0.4%	5.1%	2.8%	7.2%	2.1%	1.3%	2.9%	12.5%	5.3%	18.6%
	(11)	(3)	(8)	(4)		(4)	(115)	(32)	(83)	(48)	(15)	(33)	(219)	(43)	(176)
	+/-0.3			+/-0.2			+/-0.9			+/-0.6			+/-1.5		
Intimate partner victimisation^b	-	-	-	-	-	-	7.9%	7%	8.9%	5.0%	4.2%	5.8%	13.4%	10.7%	16.2%
							(137)	(62)	(74)	(86)	(37)	(49)	(254)	(103)	(150)
							+/-1.1			+/-0.9			+/-1.6		
Sibling victimisation^c	28.4%	28%	28.8%	23.7%	23.3%	24.1%	31.8%	29.3%	34.6%	16%	15.8%	16.1%	25.2%	23.4%	27.2%
	(731)	(369)	(362)	(608)	(306)	(302)	(550)	(259)	(290)	(275)	(140)	(135)	(478)	(225)	(253)

	+/-1.9			+/-1.8			+/-1.9			+/-1.5			+/-2		
Peer victimisation^d	28.0%	30.5%	25.5%	20.2%	23%	17.2%	59.5%	66%	52.7%	35.3%	41.2%	29.1%	63.2%	69.6%	56.6%
	(721)	(401)	(320)	(519)	(303)	(216)	(1,028)	(585)	(443)	(609)	(365)	(244)	(1198)	(671)	(526)
	+/-1.9			+/-1.7			+/-2			+/-2			+/-2.3		
Physical violence from non-caregiver (adult or peer)	33%	34.7%	31.5%	25.8%	27.2%	24.5%	565	62.8%	49.4%	28.2%	34.4%	22.2%	55.5%	64.8%	47%
	(713)	(365)	(348)	(557)	(286)	(271)	(1274)	(706)	(568)	(642)	(387)	(255)	(972)	(528)	(444)
	+/-2			+/-1.9			+/-2			+/-1.9			+/-2.3		
Exposure to community violence	11.3%	11.1%	11.5%	4.8%	5.1%	4.3%	61.4%	67.9%	54.6%	31.2%	34%	28.3%	66.5%	73%	59.7%
	(2910)	(146)	(145)	(122)	(68)	(55)	(1060)	(601)	(459)	(539)	(301)	(238)	(1259)	(705)	(555)
	+/-1.3			+/-0.9			+/-2			+/-1.9			+/-2.2		

^aAny physical, sexual, emotional abuse or neglect of child by parent or guardian, excluding exposure to parental domestic violence

^bAny physical violence, sexual victimisation or emotional abuse by young person aged over 11 by their adult or peer intimate partner

^cAny physical violence, sexual victimisation or emotional abuse of child by sibling

^dAny physical violence, sexual victimisation or emotional abuse of child by another person under age 18, excludes victimisation by young person's intimate partner and siblings.

Note. All percentages are the (weighted) percentage of children and young people in the age group who experienced this type of victimisation. Bracketed figures are the percentages as expressed in numbers

Being female is a significant risk factor for sexual abuse and sexual exploitation in most parts of the world and is linked to the gender-based power inequalities that persist globally, although it is important to recognise that boys can also be sexually abused and exploited and can be stigmatised and deliberately targeted because of their gender (UNICEF, 2014). Most adult perpetrators of sexual and domestic violence in the UK were found to be male (Radford et al, 2011) as found in other studies in high income nations (Pereda, Guilera & Abad, 2014 Preibe et al, 2010).

Past year parent or caregiver maltreatment rates reported for children and young people under the age of 18 were between seven to seventeen times higher than the rates recorded for the same time for children subject to a child protection plan or on a child protection register (Radford et al, 2013).

Similarly to the Netherlands study (Euser et al, 2013) and the national surveys in the US (Finkelhor et al, 2014b), the UK research found much of the abuse children and young people reported was not known to authorities.

- Of those physically hurt by caregiver in childhood in 22.9% of cases nobody knew about it.
- Of those who experienced contact sexual abuse by an adult in childhood in 34% of cases nobody else knew
- Of those who experienced contact sexual abuse from a peer in childhood, in 82.7% of cases nobody else knew (Radford et al, 2011).

3.5 Description of the evidence on current UK prevalence rates

No research on the prevalence of child abuse that focused on Scotland alone was found in the search. Seven studies on the prevalence of child abuse since 2008, based on primary research with community samples in countries in the UK, were identified. One study was conducted only in Wales (Lambert et al, 2008), one study was conducted only in Northern Ireland (McAloney et al, 2009), three were conducted only in England (Bebbington et al, 2011; Bellis et al, 2014; Gallagher et al, 2008). Just two studies (Barter et al, 2009; Radford et al, 2013) included Scotland, Barter et al covered selected schools in England, Scotland and Northern Ireland, Radford et al surveyed children and parents in households from England, Wales, Scotland and Northern Ireland. Five of the studies (Barter et al, 2009; Gallagher et al, 2008; Lambert et al, 2008; McAloney et al, 2009; Radford et al, 2013) asked children and young people themselves about their experiences of victimisation but most had

limited age ranges apart from the study by Radford et al, 2013 that covered three age groups of children from ages 0 to 10 years, ages 11-17 years as well as young adults aged 18 to 24 years. Three of the studies were nationally representative surveys conducted in households (Bebbington et al, 2011; Bellis et al, 2014; Radford et al, 2013) and the others were conducted in schools. Two (Bebbington et al, 2011; Gallagher et al, 2008) asked participants only about experiences of child sexual abuse, one (Bebbington et al, 2011) asking adults retrospectively, the other (Gallagher et al, 2008) asking school children only about stranger perpetrated child sexual abuse. Two other surveys asked participants about just one specific form of abuse, one asking only about bullying at school (Lambert et al, 2008) and the other (McAloney et al, 2009) asking just about violence in the community. Three of the studies (Barter et al, 2009; Bellis et al, 2014; Radford et al, 2013) asked participants about more than one type of victimisation in childhood. One of these studies (Bellis et al, 2014) asked predominantly about adverse childhood experiences that included physical violence, child sexual abuse and verbal abuse but did not include neglect.

Table 4: UK & Scotland studies, current estimated prevalence of violence against children & prevalence of caregiver/parental maltreatment

Reference	Jurisdiction	Type of violence	Participants	Method	Measures	Prevalence/Incidence
Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009) <i>Partner Exploitation and Violence in Teenage Intimate Relationships</i> , London, NSPCC.	England, Wales & Scotland	Any abuse or violence at home Intimate Partner Victimization (IPV)	Non-representative sample of 1,353 young people aged 13 to 17 years	School-based cross sectional survey	Bespoke survey. Survey questions asked if any adults in the house/family had ever used abuse or violence against them - no further definitions of abuse/Violence were provided.	LT violence/abuse from adult within home or= family = 9% males, 13% females LT exposure to DV = 10% males, 20% females LT IPV (physical violence) = 18% males, 25% females LT IPV (sexual) = 17% males, 31% females
Bebbington, P., Jonas, S., Brugh, T., Meltzer, H., Jenkins, R., Cooper, C., King, M., McManus, S. (2011) Child sexual abuse reported by an English national sample: characteristics and demography. <i>Social Psychiatry and Psychiatric Epidemiology</i> 46(3):255-62	England	CSA	Random sample of 7,353 adults in households in England. 2006-7	Household survey of Adult Psychiatric Morbidity included CASI modules on domestic violence and abuse, with section on CSA	Adult retrospective questions on LT child sexual abuse: (http://www.kcl.ac.uk/content/1/c6/02/96/45/Natcenresearchfindings.pdf).	Any LT CSA = 12.5%, 8.1% males, 17.1% females Non-contact LT CSA = 10.3%, 6.5% males, 14% females Contact LT CSA = 8.5%, 5.3% males, 11.1 females LT Non-consensual intercourse= 1.9, 0.8% males, 2.9% females People over 65 were less likely to report CSA
Bellis, M.,	England	Physical	Nationally representative	Household	11 questions on LT	Physical violence LT = 14.3%, 14.9% males, 13.9%

Hughes, K., Leckenby, N., Hardcastle, K.A., Perkins, C., Lowey, H. (2014) Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey. <i>Journal of Public Health</i> . 37(3):445-54		violence, CSA, verbal abuse	household survey of adults in England 2013. Ages 18-69 years	survey of Adverse Childhood Experiences CASI interviews Response rate 43.6%	child abuse Retrospective adult self-reports	females Sexual abuse LT = 6.2%, 4.5% males, 7.5% females Verbal abuse LT = 17.3%, 15.8% males, 18.5% females
Gallagher, B., Bradford, M., & Pease, K. (2008). Attempted and completed incidents of stranger-perpetrated child sexual abuse and abduction. <i>Child abuse & neglect</i> , 32(5), 517-528.	North West England	CSA (stranger-perpetrated)	2,420 school children aged 9–16 years 83% response rate	School-based questionnaire	The questionnaire was a modified version of one that had been used in two previous child victimisation surveys in the UK: Anderson et al. (1994), and Aye Maung (1995).	Any LT attempted or completed sexual abuse or abduction incident away from home = 19.0% “Last” incident perpetrated by a stranger = 6.7% Only a minority of incidents were reported to the police (33.3%).
Lambert, P., Scourfield, J., Smalley, N. and Jones, R. (2008) The social context of school	Wales	School bullying	26,074 school pupils in South Wales Ages 11 -16 years 70- 77% response rates	Secondary analysis of data on bullying from school-based self-completion	2 questions on PY bullying experiences	Bullied PY = 43% Bullied others PY = 25% .

bullying: Evidence from a survey of children in South Wales. <i>Research papers in Education</i> , 23(3), pp.269-291.				paper survey on Communities that Care		
McAloney, K., McCrystal, P., Percy, A., & McCartan, C. (2009). Damaged youth: prevalence of community violence exposure and implications for adolescent well-being in post-conflict Northern Ireland. <i>Journal of Community Psychology</i> , 37(5), 635-648.	N Ireland	Community violence	3,828 adolescents, aged between 15 -16 years	School-based self-report questionnaire part of Belfast Youth Development Survey	Exposure to violence subscale of Stress and Coping Interview based on Chicago Youth Development Survey	LT community violence exposure = 77% LT community violence experience = 13%
Radford, L., Corral, S., Bradley, S., Fisher, H.(2013) The prevalence and impact of child maltreatment and other types of victimization	UK	Physical, sexual, or emotional abuse, or neglect by parents or caregivers, other adults, peers, siblings,	Nationally representative sample of 6.195 participants from three age groups: 2,160 parents/caregivers of children aged 2 months -10 years, 2,275 children aged 11 - 17 years (parent/ caregiver also interviewed), 1,761 young adults aged 18–24 years	Household based interviewer assisted survey, with sensitive questions asked via CASi.& A-CASI interviews completed 2009	Modified version of the Juvenile Victimization Questionnaire JVQ to assess LT and PY victimisation experiences plus NSPCC survey measures used in 1998 repeated	Child self-report ages 11-17: LT Parent/caregiver maltreatment =21.9%, PY= 6% with no significant gender differences in rates reported LT neglect by parent/caregiver = 13.3% LT emotional abuse by parent/caregiver = 6.8%, PY = 3% LT physical violence from parent/caregiver = 6.9%, PY= 2.4% LT Exposure to DV = 17.5%, PY =2.5%

<p>in the UK: Findings from a population survey of caregivers, children and young people and young adults. <i>Child Abuse & Neglect</i> 37, 801– 813</p>		<p>intimate partners,</p>	<p>51.6% female,48.4% male</p>		<p>with young adult sample</p>	<p>LT Sexual victimisation = 16.5%, 12.5% males, 20.8% females PY Sexual victimisation = 9.4%, 6.8% males, 12.2% females LT Contact sexual abuse = 5.1%, 2.8% males, 7.2% females PY Contact sexual abuse = 2.1%, 1.3% males, 2.9% females LT intimate partner victimisation (IPV) = 7.9%, 7% males, 8.9% females PY IPV = 5.0%, 4.2% males, 5.8% females LT Peer victimisation = 59.5%, 66% males, 52.7% females PY Peer victimisation = 35.3%, 41.2% males, 29.1% females</p>
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3.6 Trends over time

The review did not include a systematic search for research evidence on trends in child abuse in the general population over the time period 1930 - 2014 as efforts centered on finding materials on the extent of abuse in care in Scotland. However, a brief reference to the literature on historical trends in the prevalence of child abuse is helpful to put the later discussion of past rates of abuse in care into perspective. Data collected on child abuse has historically been poor and definitions of crime and child abuse have changed so the further back in time, the more difficult it is to provide robust estimates of prevalence and trends.

Summary

Historical abuse rates and trends over time

There was a steady decline in rates of homicides and child maltreatment related deaths across the UK and a number of European countries from late 19th century up to 1950s.

Overall homicide rates across the UK and a number of European countries and the USA increased from the 1950s to the 1990s and then declined.

Reported cases of child abuse, measured as reported crimes against children and by child protection plans/registrations, show an increase across all four nations of the UK since at least 2005.

Self-report surveys on child victimisation in the USA and the UK show reduced rates of reporting for some acts of physical violence and sexual abuse but no decline in rates of parental neglect.

Over time cases of child abuse reported to authorities have increased as a result of expanded definitions while the actual prevalence of certain types of abusive experience may have declined because of changes in attitudes and behaviour.

Taking a long term view, researchers who have analysed historical data on violence and child rearing in the US and across Europe have concluded that the prevalence rates of interpersonal and family violence have declined although awareness of violence and its unacceptability has grown (Eisner, 2008; Pinker, 2011; Parton, 1985). The trend has also been for child protection policies in high income countries to broaden definitions of abuse from the narrow focus on 'child cruelty', involving brutal physical violence and severe

physical neglect, to recognise sexual abuse of children, emotional neglect and the harm caused by child exposure to domestic violence (Parton, 1985; Parton, 2014). Child abuse and neglect emerged as an issue in the 19th century when concerns about women's rights and the unequal treatment of women and children in families emerged, with concern about violence to wives growing from the 1840s onwards and early legislation to protect wives who experienced "aggravated assaults" coming in 1857 (Gordon, 1989).

Homicides and violent crimes declined in this period. Drawing on an extensive database on homicides across 17 European countries, including England, Wales & Scotland, from the 1840s onwards, Eisner (2008) has identified three periods in the history of trends in homicides, from 1840 to the 1950s when homicide rates were mostly steadily declining, from the 1960s to 1990s when there was an increase and from the 1990s onwards where rates have continued to fall. The period of this review, from the 1930s to 2014 spans all three periods and shows overall the homicide rates declined from an average 10 year rate in 1870-9 of 1.6 for England, 1.8 for Scotland, 2.5 Ireland and 2.51 for Europe overall, to an average rate in 1950-9 of 0.7 in England, 1.2 in Scotland, 0.4 in Ireland and 0.79 for Europe overall. The decline in homicide rates in the first period from the 1830s to 1950s is matched by a decline in criminal assaults and other acts of violence where data on other trends in violent crimes has been analysed (in Sweden, the US, Germany, England and Wales) (Eisner, 2008). This indicates a link between the trends in fatal and non-fatal violence, although it is accepted that improvements in medical responses will have played a part in reducing fatalities and therefore homicide rates.

During this period there was growing recognition of child abuse, linked to the growth of philanthropy and concerns about the living conditions of many working class families (Fraser, 1977). The first child protection service was set up in Liverpool, England in 1883, in the Society for the Prevention of Cruelty to Children, which was modelled on the New York Society for the Prevention of Cruelty to Children that developed in the US following the public outrage over the cruelty and neglect suffered by a nine year old girl called Mary Ellen McCormack (Parton, 1985). Renamed the National Society for the Prevention of Cruelty (NSPCC) in 1889, this children's organisation played an active role in rescuing children and supporting families as well as campaigning to change laws and raise awareness of the problem. By the start of the 20th century the NSPCC had 163 inspectors responsible for protecting children. In England the Protection of Children Act 1889 (Children's Charter) was the first legislation passed specifically to protect children from cruelty. Following this law the police could arrest anyone found wilfully ill-treating, neglecting or abandoning a boy aged under 14 or a girl aged under 16 in a manner likely to cause unnecessary suffering or injury to health. The punishment for the offender was 3 months to 2 years imprisonment and on

conviction the child could be committed to the care of another or the care of a relative. The Scottish National Society for the Prevention of Cruelty to Children was established in 1889. The two largest children's homes providers in Scotland, Quarriers and Aberlour were set up at about the same time, in the 1870s and 1880s (Sen et al, 2007). The large decline in homicide rates in this period of the late 19th century however cannot be entirely attributed to changes in child protection policy and practice or to reforms of social welfare and public health. Eisner observes that the decline in homicide rates was mostly in the rates of male to male homicides and acts of violence outside the family. While crimes such as infanticide have steadily fallen, domestic violence homicides did not decline at the same rate.

Across Europe, from the 1950s to the 1990s overall homicide rates increased per head of population. Rates peaked in 1990-9, with average standardised rates of 1.7 in England, 2.2 in Scotland, 1.2 in Ireland and 1.33 for Europe. Despite the increase in overall homicide rates however, Pritchard's comparative analysis found that child homicides, especially of infants, continued to decline between 1973 and 1988 in West Germany, Denmark, Norway, Italy, England and Wales (by 61%) and in Scotland (by 57%) (Pritchard, 1992). Child abuse re-emerged as an issue of public concern in the 1960s following research by Kempe et al on 'battered babies' in the US (Kempe et al, 1962). Throughout the 1960s and 1970s there was increased awareness about physical violence and 'battered wives' linked with the development of feminist activism in this period (Dobash & Dobash, 1992). In England from the 1970s onwards there were a series of child abuse inquiries highlighting the problems in child protection (Parton, 2014). Concerns about the abuse of children inside and outside the family from at least the 1970s onwards also included heightened awareness of child sexual abuse inside and outside the family environment.

Overall homicide rates have since declined in many high income countries, including the US, from the 1990s. Eisner's data shows declining rates in Europe (1.29) and Scotland (2.1) for the third period after 1999, from 2000-4, but in England (1.7) and Ireland (1.5) the rates, according to Eisner's analysis, continued to grow (Eisner, 2008).

Mapping trends in child homicides in more recent times in the four nations of the UK is not a straight forward exercise. The rates range widely from year to year as the overall numbers tend to be low so any change is contextually large. To explore trends over time the rates per million of the child population and five year averages are often compared. The report mentioned earlier by Bentley et al, 2016, shows an overall declining trend in rates of police recorded child homicides in all countries in the UK apart from Wales in recent years. Average child homicide rates for Scotland declined from 13 per million of the child population between 1995-2000 to 6.3 per million in 2014-15, when there were eight child homicides

recorded. For Scotland, this is a decrease of 44% since 2005-6. In England there were 62 child homicides in 2014-15, a five year average of 5.6 per million, a decrease of 24% over the last decade. In Northern Ireland there were two child homicides in 2014-15, a five year average of 2.8 per million of the child population. The numbers of homicides in Northern Ireland are too low to detect trends. In Wales there were three homicides in 2014-15, a five year average rate of 7 per million which the NSPCC views as an increase in the rates of 52%.

Mortality data similarly indicates a declining trend in incidence rates for child deaths resulting from assaults and where there is undetermined intent recorded. In 2014 Scotland showed a five year average rate of child death recorded as being due to assault and undetermined intent of 4 per million of the child population, compared with 4.1 per million in England, 3.1 per million in Wales and 2.8 per million in Northern Ireland. The rates have declined across all four nations since 1985, by 54% in Scotland, 69% in England, 66% in Wales and 77% in Northern Ireland. The NSPCC report notes however that the trends may be exaggerated by changes in the mortality coding system in 2001 and in 2007 (Bentley et al, 2016). Some undetermined intent deaths may also include suicides by young people that are not necessarily linked with maltreatment. In Scotland suicide rates for young people aged 15 -19 years have declined since 2002 following the introduction of the Scottish government's national strategy to prevent suicide, *Choose Life* (Scottish Govt, 2002)

In contrast to the data on homicides and deaths, recorded non-fatal criminal acts of violence against children in Scotland have seen an increase in recent years. Recorded sex crimes against children increased by 7% in recent years and this may be related to increased public awareness of sexual crimes and of historical abuse (Scottish Government, 2016). Rates of recorded child sex offences have risen in Scotland by 52% since 2010-11 from 2,284 (affecting 0.25% of the child population under age 16) to 3,475 (affecting 0.38% of the child population under age 16). Similar increases have been seen in England, Wales and Northern Ireland (Bentley et al, 2016). The numbers of children subject to child protection plans or on child protection registers in Scotland and across the other nations in the UK have also increased since 2002. In Scotland these increased by 37%, in England by 93%, in Wales by 37% and in Northern Ireland by 27% (Bentley et al, 2016).

There are mixed views among researchers on how to interpret the more recent data on trends in interpersonal violence. Finkelhor and Jones (2006) present evidence from a variety of sources, including self-report victimisation studies, to support their view that the prevalence of some types of child abuse, especially child sexual abuse, has declined in high income countries such as the US and the four nations in the UK. They argue there is cause

for some modest optimism about child protection efforts, as awareness has grown, behaviour may have changed and interventions are working. Overall downward trends in maltreatment and victimisation are most apparent for the 1990s. Since 2000, declining rates can be shown for victimisation perpetrated by other young people but not by adults, and some of the individual types of child maltreatment and victimisation have increased (Finkelhor et al, 2010). Comparing US self-report victimisation survey data on children and young people aged 2 to 17 from 2003, 2008 and 2013, Finkelhor and colleagues found lower reports of physical violence, sexual assaults, physical bullying, peer and sibling victimisation as well as lower reports of psychological and emotional abuse from parents or caregivers. Physical violence and neglect from a caregiver however had not declined (Finkelhor et al, 2014a).

The UK prevalence research by Radford et al (2011) included a limited number of questions in the 2009 study that were the same as those asked of the 18 to 24 year olds interviewed in the NSPCC research completed in 1998-9 (which only asked young adults about childhood abuse experiences, Cawson et al, 2000). This found statistically significant reductions in reports of some types of abuse in 2009 compared with 1998-9. Overall, experiences of physical abuse from a parent or caregiver in 2009 were reported by 9.8% of those aged 18 to 24 years compared with 13.1% in 1998-9 ($p < 0.001$). In 2009, 6% reported experiences of verbal aggression from a parent or caregiver in childhood compared with 14.5% in 1998-9 ($p < 0.001$), 2.8% reported experiences of regular physically violent discipline in 2009 compared with 10% in 1998-9 ($p < 0.001$) and 13.4% reported a parent or caregiver had slapped them on the face, head or ears in 2009 compared with 21.3% in 1998-9 (Radford et al, 2011). Like the USA's self-report studies no decline was found for reports in neglect. There were some small changes found in experiences of forced sexual acts under age 16 but the statistical significance was much lower ($p < 0.05$). Further research would be needed, preferably repeating the survey with the younger age group between 11 to 17 years, in order to get a better picture of possible UK trends. The findings do not negate the view that there may also be some increases in experiences of abuse that were not measured among young adults in 1998-9, such as cyberabuse and partner abuse (Radford et al, 2011).

Looking only at data for children under the age of 12 years, Gilbert and colleagues draw on a careful cross national analysis of official data including data on child deaths, child protection cases and hospital admissions in Sweden, England, New Zealand, Western Australia, Manitoba [Canada], and the USA and conclude that there is no consistent evidence for a decrease or increase in all types of indicators of child maltreatment across the six countries or states studied in recent years, despite several policy initiatives over many years designed

to achieve a reduction. Interestingly, lower levels of maltreatment indices in Sweden than in the US were said to be consistent with lower rates of child poverty and parent risk factors and policies providing higher levels of *universal* support for parenting in Sweden (Gilbert et al, 2011). Gilbert and colleagues note however that growing awareness and expanded definitions of child abuse may have brought more cases to the attention of child protection agencies and possibly brought forward earlier more children in need of support. So it could be argued that reported cases of child abuse have increased as a result of expanded definitions while the actual prevalence of certain types of abusive experience has declined because of changes in attitudes and behaviour.

3.7 Research gaps

The biggest gap in the research evidence on prevalence is the lack of research specifically focusing on Scotland. A national parent/caregiver and child and young person self-report survey conducted at regular intervals of five years is recommended by global welfare and human rights organisations such as the World Health Organisation (WHO, 2016) and UNICEF (2014) (Meinck et al, 2016)

It is important that research on the prevalence of child abuse takes into account the varied developmental risks for children and young people. Data on the prevalence of abuse among very young children is limited, often depending on informant (parent or agency) reports or on hospital or mortality records. Parent or caregiver reports have been shown not to differ significantly from reports made by young people themselves (Finkelhor et al, 2009a; Radford et al, 2011) and do provide better estimates than official records. However using data from multiple sources, such as administrative and parent/caregiver self-report surveys can help improve the overall picture for younger children. Regular data gathering would allow better analysis of trends over time enabling improved planning and monitoring of change and enhancing knowledge about what policies help in prevention. Data gathering from multiple sources, including tracking administrative data changes over time and linking these with child wellbeing indicators, would provide a more comprehensive picture of trends and the outcomes for children in Scotland.

The current prevalence data from self-report studies in the UK and globally does not generally include information on child sexual exploitation, a form of abuse to which children and young people in care or leaving care are particularly vulnerable. Some data from Northern Ireland is available from the Young Life and Times Survey sent each year to all young people with their 16th birthday falling in February or March. Young people, identified through the Northern Ireland Child Benefit Register are sent a postal survey to complete. In

2010 the survey included a module of questions on child sexual exploitation covering topics such as grooming, being offered things in exchange for sexual activity and being taken advantage of sexually while under the influence of drugs or alcohol. Of the 786 young people who completed the survey in 2010 11% (n=84) reported experiences of grooming, 5% (n=37) were offered things in return for sexual activity and 7% (n=49) said they had been given alcohol or drugs and then been taken advantage of sexually (Beckett & Schubotz, 2014). This study was not included in Table 4 because it had a poor response rate of 23% and a sample biased towards female participants (only 36% of the participants were males). It would be helpful to include questions on child sexual exploitation in self-report prevalence surveys in the future so that specific vulnerabilities of children at risk can be investigated in the UK and Scottish context.

4. The abuse of children in care – global evidence

Summary

Research studies on the prevalence and incidence of abuse in care are not easily compared as the estimates are based on different units of analysis, typically either based on inquiry reports, or agency case records, or surveys and consultations with professionals or foster carers or residential care workers or with children themselves.

International research data on the prevalence and nature of abuse in care did not emerge until the 1990s and is still sparse.

Research from the USA and Europe shows that the majority of children *currently* in the care system are not abused.

Largely due to the vulnerabilities that bring children into care in the first place, targeting by perpetrators, systemic factors and inequalities of power within the care system, children living in care are more vulnerable to abuse than children living with their families.

Stein identified four dimensions of abuse in care - *individual direct abuse* (which is similar to the physical, sexual, emotional abuse and neglect of children in the family but perpetrators are foster carers or residential care workers); *programmed or sanctioned abuse* (covering unfair policies and regimes such as Pindown); *organised/systematic abuse* (where groups of perpetrators in or outside the care system target children to abuse or exploit); *system outcome abuse* (where there is systemic and organisational failure to safeguard children and aid their recovery from harm). Stein's framework is helpful for understanding the nature of abuse in care and the specific issues that need to be addressed in safeguarding.

Where sanctioned abuse has been found to exist in a care facility it is reasonable to conclude that all children who lived in that environment would have experienced abuse.

Research with children aged 12 to 17 years in care and living in the community in the Netherlands found the risk of physical abuse in care was three times higher than for young people in the general population. One in every four (25.7%) of the young people in care reported experiences of physical abuse in 2010, with higher rates reported by boys (31%) than girls (18%) in care.

One study in Finland found the opposite, that children living with their families in the community reported significantly higher rates of physical and psychological abuse from caregivers than did children living in residential care.

Research shows lower rates of abuse reported by children and young people in foster care, with typically 4% of those in foster care having allegations of abuse but less than 1% being confirmed.

Rates of allegations in foster care tend to be higher in kinship care.

The Netherlands prevalence study found relative risks of abuse in different care contexts compared to the general population were 2 x higher in group care, 3.2 x higher in secure care and 1.6 x higher in foster care.

The studies of abuse in residential care show that both boys and girls are at risk from physical and sexual abuse in the care system.

Some research studies also show that boys are more vulnerable to sexual abuse than girls in certain care environments, such as in single sex, Catholic church based residential care homes.

4.1 Measurement challenges

The previously discussed methodological and conceptual difficulties in measuring the extent of child abuse and neglect are equally, if not more relevant, to research on the prevalence of abuse in care. A lack of care standards, poor regulation and lack of any systems of complaint in earlier times would substantially have constrained child victims from making disclosures so records that may have survived are highly likely to seriously undercount the prevalence of the problem. As previous reviewers have concluded, the further back in time one goes the more difficult it is to find any documentation or records of complaints that might have been made (Shaw, 2007). Any monitoring of incidence data and official records on abuse in care is relatively recent and methodologies are not standardised. Increased awareness of the problem in more recent times has been accompanied by a modest expansion in research however different units of assessment (focusing on recorded incidents, carer reports or child surveys) have been used by researchers making it difficult to compare findings across different studies. Some studies reviewed below focus on allegations in case records (Benedict et al, 1996), others look at inquiry reports (Shaw, 2007). Some look at complaints from the view point of carers (Wilson, Sinclair & Gibbs, 2000) while others include the victim's perspective (Hunt et al, 2008). Samples drawn from the general population (such as Ellonen & Poso, 2011; Euser et al, 2014) are only recently available. Some studies look at abuse in the churches (Langeland et al, 2015), others at

abuse in foster care (Benedict et al, 1994), in residential care (Baker et al,2006), in both (Biehal et al, 2014a), or in different types of care setting (Euser et al, 2014). Abuse assessed is frequently limited to the acts perpetrated by care workers although peers are also commonly responsible (Lutman & Barter, 2016) and institutional responsibilities for safeguarding should include protecting children in care from abuse by peers. Abuse 'inside' the home or care institution is generally the focus, although abuse may also happen when the child is not protected adequately from predatory adults acting outside a residential setting, targeting children for the purposes of sexual exploitation (Lerpiniere et al, 2013). Studies of abuse in care may not also distinguish between abuse experienced while in care by those outside the home, including birth parents, and abuse within the care environment by foster carers and residential care workers. It is not possible currently to compare the prevalence rates of abuse in care across different nations because of these methodological and conceptual differences.

4.2 The nature of abuse in care

There are a number of reasons why living in care may make children more vulnerable to abuse. They may have been placed in care because of maltreatment and maltreated children are at greater risk of further abuse, revictimisation and polyvictimisation (Finkelhor et al, 2009b; Radford et al, 2013). They may also have some of the additional vulnerabilities known to increase the risk of maltreatment, such as a disability (Jones et al, 2012), or challenging and risk taking behaviour (Stein, 2006). There is likely to be a wide power imbalance between the perpetrator and the victim in a care context making it more difficult for a young person to tell anyone about the abuse. Because of their vulnerability, children in care may be targeted by child abusers and paedophiles (Jay, 2014). Kendrick notes that the isolation and remoteness of some residential care homes, poor training, supervision and overburdening of staff and lack of complaints procedures further make it difficult for cases of child abuse in these contexts to come to light (Kendrick, 2008). The organisational culture of a residential care home may be one where abuse thrives. Organisational cultures that prioritise the interests and reputation of the institution over the safety of children have been common features of the public inquiries and government reviews of child abuse in the Catholic churches (Bohm et al, 2014; Daly, 2014; John Jay College, 2004). Clergy not only had opportunities to abuse children in their care but also a privileged relationship over them of spiritual and moral authority. The oppressive and humiliating discipline regimes of residential settings aimed at children in need of 'improvement', provided a context for abuse where any complaint from a child would be unlikely to be heard (John Jay College, 2004).

Children living in care experience similar forms of physical violence, sexual and emotional abuse and neglect as do children living with their families in the community, however there are differences in the nature and possibly the impact of the abuse when this happens to children living in residential or foster care. Stein (2006), writing about inquiries in the UK, has identified four dimensions in the abuse of children in care: individual direct abuse, programmed or sanctioned abuse, organised/systematic abuse and system/system outcome abuse. Individual direct abuse involves sexual, physical or emotional abuse and neglect in the residential or foster home, which is similar to the abuse that occurs in family settings but is perpetrated by a staff member or foster carer. Stein notes that inquiries into institutional abuse often refer to different types of abuse separately although they often are related and co-occurring, so that for example, children who are sexually abused are also often emotionally and physically abused as well.

Programmed or sanctioned abuse involves extreme or unfair policies, or inhumane or abusive techniques and regimes that are normalised and accepted within the regime of the institution. Examples are the use of 'pindown' methods to physically restrain children in Staffordshire residential homes (Levy and Kahan, 1991) and the use of 'regression therapy' between 1973 to 1986 in Leicestershire children's homes by the care worker Frank Beck, who was later convicted for the sexual and physical assault of over 100 children in his care (Kirkwood, 1993). Pindown methods and regression therapy were officially sanctioned regimes used for very vulnerable children in care who were said to have challenging behaviour. There were different versions of Pindown in operation in children's homes but, at the most extreme form, it involved physical restraint and isolation of children, including those who had absconded and self-harmed, into a stark and barely furnished pindown room, with minimum contact and interaction with others. The young person would have a removal of privileges, be required to ask permission to use the toilet, to wear shorts or night clothes, not be allowed to attend school or have access to reading or writing materials. According to the Staffordshire inquiry report, Pindown could last for up to 30 days (Levy and Kahan, 1991). Regression therapy, which was similarly endorsed by directors of social services, senior managers, psychiatrists and care workers, included verbal and physical confrontation of young people to provoke temper tantrums, physical restraint, including putting them into play pens, requiring them to dress in night clothes, be bathed by staff, have bottles and dummies. Physical contact and 'cuddles' were encouraged. Lacking any robust evidence to verify its value, this approach provided both opportunities and a smokescreen for abusive care workers such as Frank Beck and other members of care staff to physically and sexually abuse a large number of children in residential institutions (Kirkwood, 1993).

Organised/systematic abuse is defined by Stein as being: *the abuse over time of children and young people by different members of staff working within the same home, or other adults from outside the home* (Stein, 2006, p.16). It covers cases where abusive adults in positions of authority within residential institutions are able to recruit staff likely to support an abusive regime. It also includes cases where paedophile gangs of adult abusers outside the residential care institution target vulnerable children for the purpose of sexual exploitation, as documented in the convictions made in Rochdale, England in 2012 and 2016 and in the Rotherham cases that occurred between 1997-2013 (Jay, 2014).

System/system outcome abuse is a broader concept that includes failure of the care system, laws, policies and procedures to effectively protect children from further harm. System outcome abuse is defined by Stein as *the failure of law, policies, practices and procedures to protect, compensate and promote the maximum outcomes for looked-after children and young people* (Stein, 2006, p.16). While this concept may be difficult to apply when estimating the prevalence of child abuse historically in Scotland's care system, system outcome abuse gives attention to the overall welfare outcomes and life chances of children. System outcome abuse includes the failure to adequately line manage and supervise staff; failure to protect young people from peer violence and abuse in care settings; unsatisfactory care and placement policies and processes; recruitment and personnel policies that are inadequate; making little use of external scrutiny or advice; poor training of staff. The concept of system outcome abuse also includes the systemic failure to deal with the harm and adversity that brought children into the care system in the first place, failing to support children in care to overcome the negative consequences of abuse and neglect.

4.3 Global studies of the prevalence of abuse in care

Research in this field is relatively recent and underdeveloped. Applying different quality ratings than were used in the current study, a systematic review of 66 studies on the nature and extent of sexual abuse of children in care found that empirical research did not emerge until the 1990s and is still sparse (Timmerman & Schreuder, 2013). Among the 66 studies included 16 looked at incidence or prevalence but no conclusions could be drawn about the extent of the abuse of children in care because of the methodological and conceptual differences between the studies. Substantial differences similarly existed between the nine primary research studies considered on this topic for the present review (see Table 5).

The studies of abuse in residential care found that both boys and girls are at risk from physical and sexual abuse in the care system. In a study based on case files and survey

data about 2,274 youth in residential treatment centres in the states of New York and Indiana, Baker et al (2006) analysed in depth a subsample of 399 young people known to have been sexually abused. The majority (92.8%) were abused by persons outside the residential care system but 26 (7.2%) were sexually abused while in residential care. Boys were found to be more likely than girls to be sexually abused in care, 9.8% of boys being abused while in residential care compared with 3.9% of girls.

Research in the Netherlands into child sexual abuse perpetrated by members of the Catholic clergy similarly found more males than females reported this form of victimisation (Langeland et al, 2015). This online survey was conducted to inform the work of the Commission of Inquiry into Child Sexual Abuse in the Catholic church between the years 1949-1989. The study involved identifying from a population sample of 34,267 adults a subset sample of 2,462 individuals aged over 40 years screened for experiences of sexual abuse from a non-family member, a Catholic upbringing and/or previous experience of institutional care. The lifetime prevalence rate for child sexual abuse perpetrated by an adult non-family member was 14% overall, 10.6% of males and 17.2% of females reporting this experience in childhood. Over a third (35%) of respondents had Catholic upbringings. Males reported higher rates of sexual abuse by representatives of the Catholic church (2.7% reported this victimisation) than did females (0.7% reported this victimisation). Sexual abuse by a representative of the Catholic church was reported six times more often by those who had lived in institutions in childhood (7.8%) than those who had not lived in institutions (1.3%) (Langeland et al, 2015).

Exploring physical and verbal abuse by staff in residential care, Attar-Schwartz's survey of 1,324 young people aged 11 to 19 years in care homes in Israel found girls reported verbal abuse by staff (32.9% verbally abused in the past month) more frequently than did males (26.1% verbally abused in the past month). Overall though boys and young people with adjustment difficulties were found to have a higher risk of maltreatment by staff. Almost a third of the boys (29.6%) and 19.2% of girls were physically abused by staff in the past month. (Attar-Schwartz, 2011). A later study by Attar-Schwartz on sexual abuse in care by peers found 40% of the 1,309 11 to 19 year olds surveyed said they had this experience, with similar rates for boys (40.1%) to girls (38.7%). This study however did not ask young people about rape or penetrative sex as the researchers argued that this was so rare an experience it was not necessary to ask about it. The differences between the residential care system in Israel and the systems of care in the UK and in Scotland will limit the comparability of the findings on the prevalence of abuse in care.

In Finland, Ellonen & Poso (2011) investigated experiences of physical and psychological violence from caregivers among a community sample of 13,459 boys and girls aged 12-13 and 15-16 years. The sample of children included 233 (1.7%) who had lived in either residential or foster care at some point during childhood, 113 of whom were currently living in care. Children living at home reported significantly higher rates of physical and psychological abuse than children who had lived in care. One in five (20%) of the children living at home reported an experience of physical violence from the caregiver compared with 12% of the children who had lived in care. Over half, 55%, of the children living at home experienced psychological abuse compared with 42% of the children who had lived in care. Children who had lived in care reported less conflict with caregivers than children living at home. Forty six percent of the children who had lived in care reported having no disagreements with caregivers compared with 29% of children living at home. It is not known whether or not the lower rates of physical violence reported by children in residential and foster care might reflect better standards of care in Finland than in the other countries included in the review.

In the US, Benedict et al compared the case records from 1984-1988 for 78 children with substantiated maltreatment in foster care with a random sample of records for 229 children in foster care without any foster carer maltreatment allegations. It was found that girls tended to be at greater risk of abuse in foster care than were boys. The odds of substantiated maltreatment in foster care increased if: the child was female (7x higher for females); the foster carer was non-kin (4.4x higher for non-kin placements); the child had developmental problems (4.4x higher for children with developmental problems) or mental health problems (3.4x higher for children with mental health problems) (Benedict et al, 1996).

A recent study in the US by Font (2015) looked at placement records for 36,957 children in foster care between 2005-12 in Wisconsin state, comparing abuse allegations and substantiations made before and after entry to formal kinship care, informal kinship care & non-relative foster care. It was found that only 0.3% of children had experienced substantiated child maltreatment by a foster carer. While 8% of cases had alleged maltreatment, only half were allegations about the foster carer. Investigations for alleged child maltreatment were highest among cases of informal kinship care (6% of investigations among informal kinship care, 3.1% formal kinship care, 3.4% non-relative foster care). The likelihood of there being a substantiation of an allegation was also highest in informal foster care where 2.5% were substantiated compared with 1.7% of cases in formal kinship care and 1.8% for non-relative foster care. The risk of maltreatment in foster care was found to be highest in the first 3 months in a placement.

Euser's study in the Netherlands (Euser et al, 2014), linked to the national survey of the prevalence of child abuse in that nation discussed in the previous chapter, is the most comprehensive research on the prevalence of abuse in care found in this review. Limited to just physical violence from a parent or caregiver, the researchers compared data from 315 young people aged 12-17 years, randomly selected from those who reported experiences of physical violence in care, compared with a demographically matched sample of 539 young people who completed the Netherlands Prevalence of Maltreatment Survey 2010 (Alink et al, 2013). This enabled the researchers to explore maltreatment in 4 types of care facility – foster care, group home, secure care and in juvenile detention. One in every four (25.7%, 81) of the young people in care reported experiences of physical abuse in 2010. The risk of physical abuse in care was three times higher than for young people in the general population. Similar to other studies discussed here, more boys (31%) than girls (18%) reported physical abuse in care. The rates of physical abuse varied across care contexts with 15.2% reporting physical abuse in foster care, 18.5% in group care, 30.5% in secure care and 8.9% in juvenile detention. The relative risks of abuse in different care contexts compared to the general population were 2 x higher in group care, 3.2 x higher in secure care and 1.6 x higher in foster care. There were no differences for risk in juvenile detention.

Some insight into the extent of the hidden nature of this abuse can be gained from the finding that 38% of the young people who reported abuse in care chose not to disclose the type of perpetrator responsible. Among those that did do so, 67% who had lived in foster care said it was the foster carer or another person in the foster family. In residential care, 71% said it was a care home employee (Euser et al, 2014).

None of these studies provide accurate estimates of the prevalence of historical abuse of children in care. The most recent report from the Inquiry in Northern Ireland does not give an estimate of the prevalence of historical abuse (Hart, Lane & Doherty, 2017). No research studies that robustly estimated the prevalence of abuse of children in care in the past were found in the searches undertaken for this review although research that explores the nature of historical abuse and its link with social policy was found. Research by Daly (2014) into 19 investigated cases of abuse in residential institutions in Canada (11) and Australia (8) based on complaints made from 1959 onwards, gives details on the numbers of institutions, children involved and numbers of adult survivors who were awarded some redress or civil settlement. The numbers of institutions covered in the cases range from a single school to 339. The numbers of survivors estimated to have received redress per case similarly ranges from 86 (for sexual and physical abuse of children in schools for the deaf in Ontario from 1870 to 2014) to 79,179 (for forced removal for 'assimilation' and sexual and physical abuse in care experienced by Canadian aboriginal children from 1867-1996). Daly notes increased

reporting as professional and public awareness of child abuse and abuse in care has developed particularly since the 1990s.

4.4 Description of the global evidence on abuse in care

Ten studies were included in the review of the global evidence on abuse in care. One (Timmerman & Schreuder, 2013) was a systematic review of sexual abuse in residential care and the other nine studies described primary research. Four of the studies reported on research in the US (Baker et al, 2006; Benedict et al, 1994 & 1996; Font, 2015). Two papers on the same study reported on research in residential care in Israel (Attar-Schwartz, 2011 & 2014). Two papers report research in the Netherlands (Euser et al, 2014; Langeland et al, 2015). One paper refers to research completed in Finland (Ellonen & Poso, 2011). The sexual abuse of children in care is the sole focus in four of the papers (Attar-Schwartz, 2014; Baker et al, 2006; Langeland et al, 2015; Timmerman & Schreuder, 2013). One paper reports only on physical violence from adult caregivers (Euser et al, 2014), one on physical and verbal abuse by staff (Attar-Schwartz, 2011), another on physical and psychological abuse (Ellonen & Poso, 2011). The papers by Benedict et al (1994 & 1996) address physical and sexual abuse and neglect. Font (2015) considers any maltreatment in care from caregivers. Three of the US studies obtain data from administrative case records (Benedict et al, 1994 & 1996; Font, 2015), while one uses case records and a self-report survey (Baker et al, 2006). The other researchers used self-report surveys only (Attar-Schwartz, 2011 & 2014; Ellonen & Poso, 2011; Euser et al, 2014; Langeland et al, 2015).

Table 5: Global studies of abuse of children in care

Reference	Jurisdiction	Type of violence	Participants	Method	Measures/analysis	Prevalence/Incidence
Systematic reviews & meta-analyses						
Timmerman., M. & Schreuder, P (2013) Sexual abuse of children and youth in residential care: An international review. <i>Aggression and Violent Behaviour</i> 19:715-720	Multi country	CSA in residential care	Published research and inquiry reports on CSA in care from 1990s to early 2000s	66 studies included on nature and extent of CSA in care. 16 looked at incidence or prevalence. Narrative analysis.	Little reference to quality checks of the research included.	Empirical research on this topic did not emerge until 1990s and is still scarce. Data on prevalence of abuse in care, especially on CSA needs to be treated with caution as definitions and measures vary widely
Primary research						
Attar-Scwartz, S. (2011) Maltreatment by Staff in Residential Care Facilities: The Adolescents' Perspectives <i>Social Service Review</i> December, 635-664	Israel	Verbal and physical abuse by staff in residential care homes	1,324 children and young people aged 11-19 in 32 care homes 54% males	Self-report paper survey administered by researchers in the care homes	Hebrew and Arab translation of California School Climate Survey 2005 (Furlong et al)	29% verbally abused by staff in past month, 26.1% of males, 32.9% of females 24.7% physically abused in past month by staff, 29.6% of males, 19.2% of females Boys and those with adjustment difficulties had higher risk of maltreatment by staff
Attar-Scwartz, S. (2014) Experiences of Sexual Victimization by Peers	Israel	CSA by peers in residential care	1,309 children and young people aged 11-19 in 31 care homes	Self-report paper survey administered by researchers in the care	8 questions on CSA based on Hebrew and Arab translation of	Sexual abuse by peers in past month = 40%, 40.1% males, 38.7%

among Adolescents in Residential Care Settings <i>Social Service Review</i> December, 594-629			54% males	homes	California School Climate Survey 2005 (Furlong et al) Questions did not include rape or penetrative sex	females
Baker, Amy J. L. Curtis, Patrick A. Papa-Lentini, C. (2006) Sexual Abuse Histories of Youth in Child Welfare Residential Treatment Centers: Analysis of the Odyssey Project Population <i>Journal of Child Sexual Abuse</i> 15:1 29-49	USA	CSA	2,274 youth in 22 Residential Treatment Centres in states of New York and Indiana, sub sample of 399 young people known to have been sexually abused, 229 male, 170 female. 37% males and 55% females were ethnic minority background Average age 14.5 years.	Multiple data sources collected at multiple points in time from 1995-2002, including case files, survey data	Analysis was largely descriptive to assess gender of perpetrator, relationship, type of abuse, revictimisation, whether abused in child welfare setting.	The majority 92.8% were sexually abused outside residential care. 7.2% (26) were sexually abused in care, males being more likely to be victims in care (9.8%) than females (3.9%)
Benedict, M. Zuravin, S. Brandt, D. Abbey, H. (1994) Types and frequency of child maltreatment by family foster care providers in an urban population <i>Child Abuse & Neglect</i> 18, 7 577-585	USA	Physical violence CSA Neglect	20,795 child protection reports in Baltimore, Maryland from 1984-1988 Included 433 reports of abuse made about 285 foster families (average 1.5 reports per foster family)	Analysis of child protection records allegations and substantiation of child abuse	Descriptive statistics, regression analyses and calculation of risk ratios for reports	Although foster families were only 1.1% of the total reports made 1984-1988, they had a higher likelihood than non-foster families of being reported for child abuse to CPS. Foster families had rates of maltreatment reports 3 times higher than non-foster families (15% with allegations foster families, 4.1% non-foster families)

						60% of allegations were or physical violence although only 9% of these were substantiated. 17.4% were for neglect, 10.5% for CSA (55% substantiated)
Benedict, M. Zuravin, S. Somerfield, M. & Brandt, D. (1996) The reported health and functioning of children maltreated while in foster care <i>Child Abuse & Neglect</i> , 20: 7, 561-571	USA	Physical violence, CSA & neglect	78 children with substantiated maltreatment in foster care reported between 1984-1988 compared with random sample of 229 non-maltreated children in foster care identified in child protection records	Analysis of case records	Data recording sheets used by trained researchers	Among the 78 substantiated cases, 48.7% were cases of CSA in care, 24.4% were physical violence in care, 26.9% were neglect in care The odds of maltreatment in foster care increased if: The child was female (7x); foster care was with non-kin (4.4x); the child had developmental problems (4.4x) or mental health problems (3.4 x)
Ellonen, N.& Pösö, T., (2011) Violence Experiences in Care: Some Methodological Remarks based on the Finnish Child Victim Survey <i>Child Abuse Review</i> , 20: 197–212	Finland	Physical and psychological violence from a parent or adult caregiver	A nationally comparable sample of 13,459 school children, boys and girls, aged 12-13 years and 15-16 years Sample included 233 (1.7%) children who had lived in care, 113 of whom were in care at	Self- completion CASI interview survey conducted 2008 in schools in class time	Violence and psychological abuse questions were from Parent to Child CTS with additional questions about abuse in care Questions on violence outside the home & care context from JVQ	Children living at home reported statistically significant higher LT rates of physical and psychological abuse than children in care 20% of children living at home experienced physical violence compared with 12% of

			the time of the survey			children in care 55% of children living at home experienced psychological abuse compared with 42% of children in care 46% of children in care reported having no disagreements with caregivers compared with 29% of children living at home
Euser, S., Alink, R., Tharner, A., IJzendoorn, M., Bakermans-Kranenburg, M. (2014) Out of home placement to promote safety? The prevalence of physical abuse in residential and foster care. <i>Children and Youth Services Review</i> 37, 64-70	Netherlands	LT Physical violence from parent/caregiver	315 young people aged 12-17 randomly selected from those who reported experiences of physical violence in care compared with demographically matched sample of 539 young people who completed the Netherlands Prevalence of Maltreatment Survey 2010 (Alink et al, 2013)	CASI interview administered by researchers with young people in 4 types of care facility – foster care, group home, secure care and juvenile detention NPM data collected via self-report survey completed in schools in class time	Items on child maltreatment from questionnaire based on Lamers-Winkelmann, Slot, Bijl, & Vijlbrief, 2007, drawing on Straus et al Dating Violence Questionnaire & Parent–Child Conflict Tactics Scales. Adapted with questions on abuse in care	25.7% (81) of young people in care reported experiences of physical abuse in 2010 Risk of physical abuse in care was 3 times higher than for young people in the general population More boys (31%) than girls (18%) reported physical abuse in care Rates of physical abuse varied across care context with 15.2% reporting physical abuse in foster care, 18.5% in group care, 30.5% in secure care and 8.9% in juvenile detention. Relative risks of abuse in different care contexts compared to the

						<p>general population were 2 x higher in group care, 3.2 x higher in secure care and 1.6 x higher in foster care. There were no difference for risk in juvenile detention . 38% of young people chose not to disclose the perpetrator, Among those that did 67% who had lived in foster care said it was the foster carer or another person in the foster family, in residential care 71% said it was an employee</p>
<p>Font, S. (2015) Are children safer with kin? A comparison of maltreatment risk in out-of-home care, <i>Children and Youth Services Review</i> 54: 20-29</p>	USA	Any child maltreatment in and out of care	Data on 75,130 placements involving 36,957 children in foster care 2005-12 in Wisconsin state	Analysis of administrative data on allegations and substantiated cases of maltreatment of children in foster care	Comparison of abuse allegations and substantiations made before and after entry to formal kinship care, informal kinship care & non-relative foster care	<p>Only 0.3% of children experienced substantiated child maltreatment by foster carer. 8% of cases had alleged maltreatment but only half were allegations about the foster carer. Investigations for alleged child maltreatment highest for cases of informal kinship care = 6%, 3.1% formal kinship care, 3.4% non-relative foster care.</p>

						Likelihood of substantiation of allegation highest in informal foster care = 2.5% with rates of 1.7% for formal kinship care and 1.8% for non-relative foster care. Risk of maltreatment in foster care highest in first 3 months in placement
Langeland, W. Hoogendoorn, A. Mager, Smit, D. & Draijer, N. (2015) Childhood sexual abuse by representatives of the Roman Catholic Church: A prevalence estimate among the Dutch population <i>Child Abuse & Neglect</i> 46, 67-77	Netherlands	CSA by Catholic clergy	Two stage stratified random population sample Stage 1 34, 267 adults aged 40+, Stage 2 screening for CSA by non-family member, Catholic upbringing and institutionalisation, 2,462 subset	Online survey for Netherlands Independent Commission of Inquiry into Child Sexual Abuse in the Catholic Church asking retrospectively about CSA experienced 1949-1989 in the community, in institutions and by church perpetrators	8 groups in stage 2 subset compared: Catholic, institutionalised, CSA Catholic, institutionalised, no CSA Catholic, not institutionalised, CSA Catholic, not institutionalised, no CSA Not Catholic, institutionalised CSA Not Catholic, institutionalised no CSA Not Catholic, not institutionalised, CSA Not Catholic, not institutionalised, no CSA.	35% had Catholic upbringing 61% lived in institution as a child 14%, 10.6% males, 17.2% females, LT CSA by adult non-family member 1.7% (2.7% males, 0.7% females) experienced LT CSA by Catholic church representative CSA by representative of Catholic church reported 6 x more often by those who had lived in institutions (7.8%) than by those who had not lived in an institution (1.3%)

5 Prevalence of abuse in care in Scotland

Summary

On average each year in the UK, research shows there are 2,100-2,400 alleged cases of abuse of children in foster care (a rate of 3 - 4 allegations of abuse per 100 children in foster care per year).

On average each year in the UK, there are 1,100- 1,400 alleged cases of abuse of children in residential care (a rate of 10-12 per 100 children in residential care per year).

Three quarters to four fifths of allegations of abuse in care are not subsequently confirmed as abuse or neglect.

On average each year in the UK there are 450-550 confirmed cases of abuse in foster care (a rate of 0.80 – 0.88 per 100 children in care per year) and 250-300 confirmed cases of abuse in residential care (a rate of 2 -3 cases for every 100 children in residential care per year).

Scotland was found to have the lowest rate of allegations and confirmed cases of abuse in care when compared with rates reported for England and Wales.

The allegation rate in foster care was 1 per 100 children in Scotland compared with 3-4 per 100 in England and in Wales.

The allegation rate in residential care was 2 allegations per 100 children in residential care in Scotland compared with 13-15 per 100 in England and 10-18 per 100 in Wales.

The rate for confirmed cases of abuse in foster care was 0.14 -0.23 per 100 children in foster care in Scotland compared with 0.82 – 0.94 per 100 in England and 1 per 100 in Wales.

The rate of confirmed cases of abuse in residential care was 0.66 -0.92 cases of among every 100 children in residential care in Scotland compared with 2-3 confirmed per 100 in residential care for England and in Wales.

One study in the UK found that many of the recent confirmed cases of abuse in residential care involved physical violence or the excessive use of force in restraint, often where a residential staff member had acted inappropriately to a young person's challenging behaviour (Biehal, 2014a).

Findings from research on the prevalence of alleged and confirmed abuse of children in foster care in the UK are similar to those from the international research literature, showing allegations of abuse against 3-4% of foster carers each year with typically lower rates of

confirmed cases, less than 1% per year (Biehal et al, 2014b; Nixon & Verity, 1996; Farmer & Moyers, 2008; Triseliotis, 2000).

Drawing together all the evidence from these sources overall estimates of the prevalence of sexual exploitation of children in care in Scotland were 8% of children subject to known or confirmed sexual exploitation in the past year, with 21% likely to have been exposed to suspected or confirmed sexual exploitation in the past year (Lerpiniere et al, 2013).

5.1 Recent studies on abuse in care in Scotland & the UK

The grey literature publications provided the best data on the abuse of children in care in Scotland. The most significant research on the prevalence of abuse in care in Scotland in recent years is the study by Biehal et al (2014a). Drawing from Freedom of Information requests and a follow up survey, Biehal and colleagues investigated allegations made in 156 local authorities in England, Wales, Northern Ireland and Scotland of physical, sexual and emotional abuse and neglect in foster and residential care over a three year period and extrapolated findings to create estimates for the UK, comparing estimates for England, Wales and Scotland (Biehal et al, 2014a).

The UK average annual numbers of allegations of abuse in care were found to be 2,100-2,400 per year for abuse in foster care (a rate of 3 - 4 allegations of abuse per 100 children in foster care per year) and 1,100- 1,400 per year for abuse in residential care (a rate of 10-12 per 100 children in residential care per year). Three quarters to four fifths of allegations of abuse in care were not subsequently confirmed as abuse or neglect. The UK average annual numbers of confirmed cases of abuse in care were found to be 450-550 for abuse in foster care (a rate of 0.80 – 0.88 per 100 children in care per year) and 250-300 for abuse in residential care (a rate of 2 -3 cases for every 100 children in residential care per year). The follow up survey found that 43% of the allegations of abuse were unsubstantiated due to the lack of evidence to prove or to disprove the alleged abuse. Among the confirmed cases of abuse in foster care (87 cases), 37% involved physical abuse, 30% involved emotional abuse, 11% involved sexual abuse and 17% involved neglect. The sexual abuse cases were often historical cases that came to light only after a young person had left the foster placement. In contrast to research findings on abuse in the family, Biehal et al found that multiple and co-occurring forms of abuse were less common among the cases reviewed for children in care. In residential care there were no confirmed reports of child sexual abuse or exploitation among the 24 cases reviewed. Most of the confirmed cases of abuse in

residential care involved physical violence or the excessive use of force in restraint, often where a residential staff member had acted inappropriately to a young person's challenging behaviour (Biehal et al, 2014a).

Scotland was found to have the lowest rate of allegations and confirmed cases of abuse in care when compared with rates reported for England and Wales (the data was insufficient to allow comparisons with Northern Ireland). The allegation rate in foster care was 1 per 100 children in Scotland compared with 3-4 per 100 in England and in Wales. The allegation rate in residential care was 2 allegations per 100 children in residential care in Scotland compared with 13-15 per 100 in England and 10-18 per 100 in Wales. The rate for confirmed cases of abuse in foster care was 0.14 -0.23 per 100 children in foster care in Scotland compared with 0.82 – 0.94 per 100 in England and 1 per 100 in Wales. The rate of confirmed cases of abuse in residential care was 0.66 -0.92 cases of among every 100 children in residential care in Scotland compared with 2-3 confirmed per 100 in residential care for England and in Wales.

Another publication by Biehal et al (2014b) reviewed 38 studies of abuse in foster care placements including research from Australia, the USA and the UK. Six studies, published between 1996-2008, were from the UK (Farmer & Moyers, 2008; Hunt et al, 2008; Nixon & Verity, 1996; Selwyn et al, 2006; Sinclair et al, 2005; Wilson et al, 2000) and one specifically from Scotland (Triseliotis et al, 2000). However, five of the studies (Farmer & Moyers, 2008; Hunt et al, 2008; Selwyn et al, 2006; Sinclair et al, 2005; Triseliotis et al, 2000) addressed outcomes for fostered children and, although covered, abuse allegations in care were not the main focus in the research. Surveys in the UK reviewed by Biehal et al (2014) found between 3.5% and 4% (Nixon & Verity, 1996; Farmer & Moyers, 2008; Triseliotis et al, 2000;) to 16% (Wilson et al, 2000) of foster carers experienced allegations of abuse concerning children in their care. The largest study by Wilson et al (2000) was a postal survey of 950 foster carers recruited from seven local authorities in England. The survey asked about stressful life events including allegations of abuse made by children and found 16% (N=138) of the foster carers had this experience. Biehal et al (2014) however found that most of the UK based studies had used self-selected and non-representative samples of foster carers. A bias is likely in the survey samples because foster carers with experiences of unproven allegations are more likely to reply to surveys on this topic. Foster carers where abuse has been confirmed are unlikely to remain in contact with the organisations through which the survey sample is recruited. The studies typically show lower rates for confirmed cases of abuse in foster care, with rates typically under 1% at 0.6 % for confirmed cases in the Scotland study (Triseliotis et al, 2000) and 0.9% confirmed cases (Nixon & Verity, 1996) to 4% (Farmer & Moyers, 2008) in the UK studies. The study by Farmer and Moyers (2008)

looked at outcomes for 270 children who had been in kinship and non-kinship foster care and included an analysis of placement breakdown and allegations of abuse. In contrast to expectations it was found that rates of allegations of abuse were higher in kinship care (4%) than in non-kinship foster care (1%), although the rates for 'well founded' allegations of abuse were the same for kinship and non-kinship care (4% confirmed). Hunt et al's study of 113 children in kinship care found 10% of cases had some allegations of abuse with 4% of cases confirmed. The researchers noted that some kin carers had left the child with other relatives known to be abusive (Biehal et al, 2014b). In general the studies of abuse in foster care reviewed by Biehal et al (2014b) suggested that the majority of incidents related to poor standards of care rather than to deliberate acts of abuse.

Gallagher's study of in eight local authorities in England and Wales involved searches of approximately 20,000 child protection records from 1988-1992 for allegations of child sexual abuse made in residential and foster care (Gallagher, 2000). Sixty five cases of child sexual abuse in care were found to be substantiated. From these Gallagher extrapolated to estimate rates for the whole of England and Wales. Substantiated cases of child sexual abuse in foster and residential care averaged 1.6 cases per local authority per year, an estimated number of 185 per year for the whole of England and Wales. Substantiated cases of child sexual abuse in care were 1% of all referrals and 3% of all child sexual abuse referrals so represent a small proportion of child protection cases, although cases that are unreported are likely to be much higher. This study provided some estimates of rates of abuse in different settings showing over half (52%) of cases occurred in community based institutions (most often schools), more than a third (34%) in foster care and 14% occurring in residential care. Most abusers were male (frequently a teacher or social worker) and acted alone. Most victims were female. Male victims however were found to be particularly vulnerable in single sex institutions (Gallagher, 2000).

Gibbs & Sinclair (2000) looked at threatened bullying and sexual harassment while in care drawing from interviews with 223 children and young people aged between 10 and 17 years from 48 residential care homes situated in five local authority areas in the UK. They found that 13.4% (23% of girls and 7% of boys) had experienced threats of sexual abuse and 'been taken advantage of sexually' while in residential care. Those who had this experience before coming into care were more likely to report it had also happened to them while in care. Four out of ten of the children and young people interviewed (43.9%) said they had been threatened with bullying after coming into residential care. Younger children were most vulnerable with 70% of those aged under 12 years having this experience. The main sources of threatened abuse, and the misery associated with this, were fellow residents, peers, rather than residential care staff (Gibbs & Sinclair, 2000). However, the use of indirect

questions about 'threatened' abuse in this study is likely to have had a considerable influence on what young people chose to report in interviews so findings are not comparable with other studies of abuse in care in the UK. They do though give an indication of how common concerns about peer abuse may be for children.

Also looking at the extent, nature and risks associated with peer to peer abuse in residential and foster care, Lutman & Barter recently reviewed 22 research studies from the USA (12 studies), Sweden (one study) and the UK (9 studies) (Lutman & Barter, 2016) The authors found that the research studies had wide ranging focus and few looked at the same specific issues. Only three of the UK studies reviewed (Elgar & Head, 1997; Farmer & Pollock, 2008; Hobbs et al, 1999) contained any information on the incidence of peer to peer abuse in care. Hobbs et al (1999) analysed (mostly sexual abuse) cases concerning children in foster care referred for paediatric assessment and found one fifth of the cases concerned young people as instigators of the abuse, 53% concerned abuse by another foster child, 31% abuse by siblings and 16% concerned children in the foster family or other unrelated children (Hobbs et al, 1999). Four out of 19 of the children included in the research by Farmer and Pollock (1998) showed sexually abusive behaviour to other children and young people during the three year follow up period. Elgar and Head's research with 85 sexually abused children and young people found 39% were sexually abusive towards other children (Elgar and Head, 1997). While these studies indicate that peer to peer abuse in foster care is a risk that children may face, conclusions on the extent of the problem cannot be made from these studies. The data on the incidence of abuse by peers in foster care was too varied to be conclusive, with estimates of incidence from all the 22 studies ranging from 1% to 20% of children having this experience. Among the cases recorded, abuse involving adults was more often recorded. In cases where young people were instigators, the main groups involved were siblings, other fostered children or other children and young people connected with the placement. The studies gave no information on the circumstances in which peer abuse occurred in foster care.

Six studies looked at the scale and nature of sexual exploitation of children in care in Scotland (Brodie & Pearce, 2012; Creegan, Scott & Smith, 2005; Dillane et al, 2005; Lerpiniere et al, 2013; Munro 2004; Rigby & Murie, 2013), although none directly attempted to measure prevalence. Brodie & Pearce (2012) reviewed the published research on child sexual exploitation in Scotland and found limited information with just three studies on this topic, none of which directly measured prevalence. Brodie and Pearce identified the following six 'causal connections between residential care placements and experience of sexual exploitation':

- Targeting by adults of residential care units where children are known to be vulnerable;
- Peer exploitation via the group of children living in a residential unit;
- Peer exploitation via networks of looked after young people inside and outside the unit;
- Exploitation as a reason for entry to care;
- Exploitation as a result of going missing while in care;
- Exploitation via another route unconnected to the care placement (e.g. internet, school). (Brodie & Pearce, 2012 p32)

The five other studies on child sexual exploitation in care considered for the current review mostly used qualitative methods with small samples of children and young people or service professionals. In a study commissioned by Barnardos based on interviews with people working in children's services, Munro estimated that at least 20 young people in Glasgow were involved in off street prostitution. Creegan, Scott & Smith (2005) also interviewed professionals working in local authorities and secure units in Glasgow, finding that professionals estimated that between 40%-90% of young people in their care had been sexually exploited. A further qualitative study in Glasgow by Dillane, Hill & Munro (2005) based on interviews with 28 young people in care, found eight had been exposed to sexual exploitation and a further eight had some indirect exposure. Young people were targeted in areas where they gathered when going out from the residential unit. Of the eight directly involved in sexual exploitation, seven had been given alcohol by the abusers, five given drugs, four experienced threats, three were given cigarettes, two were told it was 'their fault' the abuse had occurred and one young person had a photograph taken. Discernible differences were apparent in the sexual exploitation faced by males and females. In the case of females, perpetrators tried to form long-term bonds with the young women, grooming them prior to abuse. In the case of males, the perpetrators were less calculated and began to make sexual advances almost from the outset of contact (Dillane, Hill & Munro, 2005).

Rigby and Murie (2013) investigated 168 case files relating to children in care in Glasgow screening them for risk of child sexual exploitation and concluded that 39 were at risk, 13 of whom were assessed as being at significant risk of harm.

The most comprehensive research found in Scotland on the prevalence of child sexual exploitation in care is the study by Lerpiniere et al commissioned by the Scottish government (Lerpiniere et al, 2013). This study used mixed methods to estimate prevalence rates, including a consultation with experts and professionals via an e-Delphi study, local authority case record analyses, a rapid response survey sent to all local authorities in Scotland and an

analysis of secondary and published resources. The e-Delphi study found professionals considered the prevalence of child sexual exploitation among children in care to be 'high' or a 'common' problem. Some estimated more precise figures with some agreement that one third of young people in care were victims of sexual exploitation. The case file audit study found that six out of the 75 cases examined were known cases of sexual exploitation of children in care, four of these involved children looked after away from home and two involved children who were being looked after at home. Altogether the case file analysis showed 21.3% of the children's records showed either suspected or known cases of sexual exploitation. Higher rates were found among children away from home, 24.4% of the cases involving those looked after away from home, showed either suspected or known cases of sexual exploitation compared with 16.6% of the children looked after at home. The rapid response survey did not produce any data from which an estimate of incidence or prevalence of sexual exploitation of looked after children could be made. The researchers concluded that data collection at the level of local authorities was difficult. Analysis of secondary data extrapolated to Scotland produced estimates of the past year prevalence rates of child sexual exploitation in different groups of children and young people. Estimates for prevalence rates in Scotland were produced for four groups. The lowest estimates were for children not in care and not recorded as having run away, 0.027%. For those not in care but recorded as having run away, 4.7% were estimated to have been sexually exploited. For the children living in, prevalence of sexual exploitation was 2.3% for those who had not run away and 12.5% for those recorded as having run away. Drawing together all the evidence from these sources overall estimates of the prevalence of sexual exploitation of children in care in Scotland were 8% of children subject to known or confirmed sexual exploitation in the past year, with 21% likely to have been exposed to suspected or confirmed sexual exploitation in the past year (Lerpiniere et al, 2013).

5.2 Nature & extent of abuse in care Scotland 1930-2014

Policy & the care system

The time period of this review is long covering over 80 years and the nature and governance of the care system has changed considerably in this period. Policy and poor implementation, especially lack of monitoring, regulation, adequate inspection, supervision and training have played a part in contributing to the abusive organisational environments that survivors of abuse in care have described (Shaw, 2007; Stein, 2006). It is not within the scope of this study to comprehensively discuss the history of policy and changes in the care system in Scotland. This history has been documented by other researchers and for earlier inquiries,

particularly by researchers at the Centre for Excellence for Looked After Children at the University of Strathclyde (Elsley, 2007; Kendrick & Hawthorn, 2012; Kendrick, 2014; Shaw, 2007). This section provides a brief summary of changes in the care system most relevant for the understanding the nature, context and scale of abuse within the period of interest from 1930 to 2014. Figure 1 provides a summary timeline of some of the key policy milestones relevant to the policy during this period.

Elsley (2007) reviewed research and policy on child welfare and protection from the 1950s to 1995, but includes a longer historical view as roots of recent policy are in the 19th century Poor Law principles and philanthropic/voluntary sector efforts to rescue children (discussed earlier in section 3.6). Elsley identifies four key trends in policy in this period: a tendency to link juvenile offending to child welfare, prompted by a growing concern about juvenile crime in the 1960s, tackling its root causes and treat child offenders differently, as seen in the Kilbrandon Committee and setting up of the Scottish children's hearing system for example; an expansion of the post war state's role in child protection, seen in growth of social work for example; a greater focus on foster care rather than on residential care for children; an increased emphasis on the professionalisation and coordination of services. Changes in policy are linked fundamentally with changing attitudes to children and childhood as being different and requiring special treatment. Also from the 1930s onwards Elsley notes changing attitudes on the physical punishment of children, at least among child care experts. The physical punishment of children was however widespread in the home and in schools for much of this period and was not banned in schools and residential care homes until 1986. Both professionals and former residents provided evidence to the Shaw report on the harsh treatment of children in care from 1950s to 1995 (Shaw, 2007).

During this period there were some major changes to the care system, reviewed comprehensively by Shaw (2007) and by Kendrick (2014). There was a shift away putting children into institutions (under the Poor Law and a range of other legislation relating to child protection, the justice system or 'mental deficiency and lunacy') towards policies supporting 'best interests' (from the Children Act 1948, Social Work Scotland Act 1968) and more recently the rights of children (Children (Scotland) Act 1995, Children and Young People (Scotland) Act 2014). This period saw a move away from placing children in remote and large institutions towards smaller residential units with links to local communities. Similarly, with Scotland's history of boarding out children, in this period there developed a trend away from placing children in remote crofts in the Highlands and islands towards placing children in family settings and recently, kinship care.

1932 - The Children and Young Persons (Scotland) Act 1932: Removed the distinction between reformatory schools for delinquents and industrial schools for destitute children and created the category of "approved school" to provide education and training on a residential basis for those 16 and under sent to them by the courts.

1946 - Publication of the work of the Committee on Homeless Children in Scotland (referred to as the Clyde report). The report informed the 1948 Children's Act, providing an insight into the circumstances of children living away from home. The committees endorsed foster care rather than residential care.

1961 - Approved Schools (Scotland) Rules .Increased the requirements of visiting managers, mandating that they speak to individual pupils and discuss with the headmaster any complaint that a pupil made. Managers also had to make visits at least once a month and inform the Secretary of State if any dismissal was made on grounds of character or conduct.

1968 - Social Work (Scotland) Act 1968, drawing on on the findings of the Kilbrandon Committee (1964) report.. Introduced the Children's Hearing system. Each local authority had to set up a Social Work Committee, responsible for local childcare and child welfare services, together with the duties that probation committees had previously carried out.

1995 - The Children (Scotland) Act 1995. Signalled a break with previous child care legislation and incorporated children's rights principles. Overhauled Scottish law relating to children. It covered how residential establishments should be regulated, and introduced new regulations covering the relationship between parents and children, and between guardians and children.

2001- Regulation of Care Act (Scotland) 2001. Established both the Scottish Commission for the Regulation of Care (Care Commission), and the Scottish Social Services Council, which regulates the workforce

2007 - Protection of Vulnerable Groups (Scotland) Act: .provides for a scheme whereby individuals with a known history of harm can be prevented from doing work with children and / or protected adults.

1937 - The Children and Young Persons (Scotland) Act 1937: provided most of the fundamental regulation for the welfare and protection of children and young people up to the 1960s, making it an offence to harm children. This Act laid the foundations for the modern law on child protection,

1948 - The Children Act (1948) gave local authorities a duty to receive into their care all children who were unable to live with their parents and to give them facilities and services, which they might have had if living at home. Local authorities were to place children in foster care, where possible, using residential care only if fostering was not appropriate.

1963 - The Children and Young Persons Act 1963. This act gave local authorities the duty to provide assistance to families in order to keep children out of care

1987 Child Care (Scotland) Regulations came into effect making corporal punishment illegal.

1999 - the Edinburgh inquiry: an independent inquiry into residential care. The Edinburgh Inquiry was set up when two men were convicted of sexual abuse of children living in children's homes in Edinburgh and Lothian between 1973 and 1987.

2002 - the Fife inquiry: an independent inquiry into residential care. The Fife Inquiry followed the conviction of an employee in Elie and Leven on 30 charges of sexual abuse of children from 1959 to 1989.

2014 - The Children & Young People (Scotland) Act 2014. Among other changes introduces steps to promote 'better permanence planning for looked after children'

Figure 1: Timeline of Scottish social care policy – Key Landmarks

Children placed in residential homes such as the Quarriers in the early period of the 1930s would have experienced conditions of remoteness and isolation that created an environment where it would be difficult to speak out about abuse. The Quarriers homes in the 1930s were inclusive 'villages' with children housed in cottages catering for 25 to 35 boys and girls looked after by house mothers and their assistants (Aunties) in cottages for girls and by married couples in cottages for boys (Shaw, 2011). The 1950s saw changes as mixed gender cottages were introduced allowing families of children to stay together. The size of residential accommodation decreased from the 1960s and those in residential care steadily declined, particularly during the 1970s and 1980s. Isolation also declined as many children started to attend schools outside the residential facility. A greater proportion of children in care were placed in foster and kin care by the 1990s.

Earlier reviews (Kent, 1997; Skinner, 1992) and historical accounts (Abrams, 1998) consider life in care in earlier times, changes in regimes of care and the growth of institutional checks and policies to protect children. A recent report following the conviction of Ian Samson, a former employee of the Church of Scotland, for 22 serious sexual offences against children also gives a review of the historical development of policy checks and regulations, with particular emphasis on policies in Scotland in the 1970s and 1980s (Kendrick, 2016).

Estimating the historical numbers of children in care

The researchers at the University of Strathclyde have spent many years mapping changes in child care policy and the nature of care during the period in question, including extensive reviews of inquiry reports, newspaper reports, administrative data and published literature as well as communications with survivors of abuse in care. Before World War 11, there were no figures on the numbers of children placed away from the family home (Kendrick, 2014). Prior to World War II data was sparse (Kendrick et al, 2012). The first data is found in the Clyde Report 1946 which shows that there were 17,607 children and young people cared for away from their family home in March 1945. Just under half, 45% were in foster care, and 55% were in some form of residential care. By the end of the 1960s there were 11,221 children in care, with below 40% living in residential care. There were greater changes in the 1970s and 1980s with the total numbers in care falling by over half down to 5,775, the proportion in residential care though remaining at about 40%. In recent years however the numbers in care have grown across the UK but mostly in foster and in kinship care so that the proportions are now greater than those placed in residential units. There has been a steady increase in the numbers of looked after children in England since 1994 (DfE, 2015). In March 2015, 69,540 children were looked after, 600 children per 100,000 of the population (0.6%).

In 2015 there were 42,710 children looked after due to child abuse and neglect in England, 3,655 in Wales and 2,875 in Northern Ireland. The numbers of children in care in Scotland have steadily grown in the last decade with 15,404 looked after in 2015, 11,477 looked after away from home (Bentley et al, 2016). Kendrick found that only 13% of children in Scotland are in residential care (Kendrick & Hawthorn, 2012).

As part of a scoping study to inform the work of Scotland's National Confidential Forum for Adult Survivors of Childhood Abuse in Care, Kendrick & Hawthorn collected data on the numbers of children in care and the numbers leaving care in any given year from 1930 to 2005, estimating the numbers still likely to be alive today using census data (Kendrick and Hawthorn, 2012). Substantial gaps were found in the care data and a number of assumptions had to be made. From 1930-1948 the data was very limited. From 1949-1961 the researchers found global figures on the numbers in care but not on the numbers leaving care, so the figure for 1960 was applied to earlier periods to get a better estimate. From 1962-2005 the data was more complete on numbers in care and leaving care but there were still gaps where estimates had to be made. The researchers estimated there were just over 400,000 people in care as children in this period from 1930-2005 (not including war time evacuees) and, of these, just over 275,000 were likely to be currently living (Kendrick & Hawthorn, 2012, Table 6.1 page 73). An additional 73,600 unaccompanied children experienced residential and foster care when they were evacuated during World War II, and an estimated 43,300 could still be alive today. Kendrick & Hawthorn conclude that in total, just over 480,000 children were in care as children and approximately 320,000 of these people are likely to be alive today. It would be possible to update these estimates to cover the period 1930 to 2014. It was not possible to do this in the time available for the present review.

The nature and extent of historical abuse in care in Scotland

This section describes some of the key information on the nature of historical abuse in residential care facilities. Grey literature sources, some newspaper articles and findings from earlier inquiries detail the nature and context of abuse in residential care although no evidence was found specifically on the nature of historical abuse for boarded out and fostered children in the period of this review. As the evidence tends to be survivors' accounts and testimonies or inquiries into major abuse cases it was not appropriate to apply measures of evidence quality assessment used for other research studies reviewed in this report.

The problem of sanctioned abuse in abusive care home regimes (Stein, 2006) was referred to by Shaw (2011) in his discussion of data gathered as part of a government-funded

survivor's forum in Scotland. This forum was established and funded by the Scottish Government and was intended as a 'unique opportunity for 98 people to recount their experiences as children in residential care between the years 1930 to 1970, in a confidential, non-judgemental setting. It was a 'pilot forum' designed to test one model of acknowledging, and hopefully helping to heal, any hurt relating to that experience' (p.3). Appraising the treatment of the forum participants during their time living in Quarriers children's homes, Shaw writes that

Even acknowledging the fact that standards of acceptable punishment have changed over the decades, and that some children had a good experience in a family environment provided by caring house parents, it became clear, through sincere and consistent testimony, that some house parents operated a regime that was brutal and sadistic' (p.49).

Abuse proliferated in these homes because of a culture that was too ready to accept accounts given by adults and too eager to disbelieve those given by children. Of the 98 participants, 49 discussed experiences of emotional abuse and neglect. This included a lack of positive interaction, being ignored, being told that no one wanted to care for them and 'differentiated or discriminatory valuing' (2011, p.62). Forty of the 98 ex residents of Quarriers homes made some reference to experiences of various forms of sexual abuse including 'inappropriate behaviour of a sexual nature by adults in the presence or in the view of children, inappropriate touching of children, children being made to touch others inappropriately, and sexual intercourse, vaginal, anal and oral sex' (p.52).

Summarising the testimony of survivors, Shaw (2007) also reports that men and women had been sexually abused as children when living in Quarriers' homes from the 1930s to the 1970s. Perpetrators of abuse were said to include house parents, former residents and people in the community who gave hospitality to children from Quarriers at weekends or on holiday trips. Most abusers were older males such as 'house fathers', other male staff or co-residents and former residents although two participants described their experience of being sexually abused by the daughter of his house parents. Other examples of sexual abuse in Quarriers homes in this period included crimes carried out by boyfriends of Cottage Aunties and abuse by adults in homes the children were invited to for the weekend or for a holiday.

A report on abuse by David Logan Murphy at two establishments in Fife, St Margaret's children's home, Elie, between 1959-1973 and subsequently at Linwood Hall School between 1976-1989, draws on information from meetings with 20 survivors and from four services working with the adult survivors (Black & Williams, 2002). Sixteen survivors, all male, gave information on the sexual abuse they had experienced at St Margaret's. Four

survivors gave information about physical and sexual abuse experienced by boys and girls at Linwood Hall, where harsh physical punishment was more routine. Murphy's sexual abuse had been reported in 1973 yet he was still able to gain work with vulnerable children at Linwood Hall in 1975. The report authors note that many more were abused as children in these establishments than the 20 who were prepared to talk to the inquiry members (Black & Williams, 2002).

Marshall, Jamieson and Finlayson's (1999) *Report of the Edinburgh Inquiry into Abuse and Protection of Children in Care* followed the conviction and imprisonment of two former care workers, Brian McLennan and Gordon Knott, in 1997 for the serious abuse of children in the care of Edinburgh Corporation and Lothian Regional Council between 1973 and 1987. Convictions were made for abuse by Knott at Clerwood Children's Home from 1973 to 1977, and at Glenallan Children's Home and various holiday locations from 1978 to 1983 and by McLennan at Clerwood Children's Home from 1977 to 1978 and Dean House Children's Home from 1978 to 1986. The data collection procedure used in the inquiry was based on the children's hearing system and involved interviews with some of those to have spent parts of their childhood in the three institutions concerned. Ex-residents of Clerwood children's home reported being sexually abused from an early age. For three interviewees, the abuse started at such an early stage that the victims did not know it was unusual or wrong. One of the victims believed that other members of staff knew of the crimes taking place, pointing out that no questions were asked about her being taken out on her own for long periods by her abuser. Another former resident reached the same conclusion, suggesting that other staff stayed out of the way when abuse was occurring. Victims shared a view at the time of their abuse that reporting it would be pointless and could even lead to some form of retribution. Following their time at Clerwood, two ex-residents went on to exhibit inappropriate sexual behaviours. In neither case did this lead relevant professionals to question where these behaviours had come from. Other abusive acts included sexual harassment of girls at Dean House when they made requests for sanitary towels or deodorant and the offender's habit of smacking girls' backsides as they went up the stairs. These acts of harassment were never challenged by other members of staff. While the inquiry primarily considered evidence of sexual abuse, other forms of abuse were evident. Examples of physical abuse included children being forced to eat out of a 'trough' of mixed foodstuffs if they were perceived to have misbehaved. If the children did not comply with this their heads and faces were pushed into the food on the trays. Another example of physical abuse was recalled by a resident who they referred to being beaten with a stick and dog leash by a member of staff.

The inquiry into abuse at Kerelaw Residential School and Secure Unit (Frizzell, 2009), an establishment for disturbed young offenders, found that physical abuse had been prevalent

at Kerelaw for much of its history up to 2006, although it did not involve all staff. The inquiry was set up in 2007 to investigate 350-400 allegations of abuse from 159 people covering physical and sexual abuse. Within Kerelaw there was evidence of programme/sanctioned abuse (Stein, 2006) in the use of restraint in Therapeutic Crisis Intervention methods, approved by council policy since 1996 supposedly to defuse crises. Many young people however said restraint and physical abuse were used as the first resort. Young people reported being assaulted without any pretense of restraint (Frizzel, 2010, p10).

In a newspaper report Campbell (2003) discusses allegations of historical abuse made by former residents of children's homes run by the Sisters of Nazareth. Interviewees recount experiences of regular beatings of the children by nuns, particularly beating of children who wet the bed and practices such as force feeding. Beatings with a leather strap were common place and an interviewee noted "The excuse is that it was normal in those days." Outbursts of violence led to permanent scarring. One of Campbell's interviewees also alleged that her sister had drowned while a group of children had been made to swim on a beach in freezing conditions while the nuns sheltered in a hut. Interviewees describe a climate of fear reinforced by tactics such as making children kneel and face a wall, not knowing if they might get smacked while nuns passed in the corridor. One ex-resident explained this to Campbell in the following terms: *"You never knew when [punishment could occur] or what. There is still never a day when my sister does not fear being punished for something. We were just miserable people"*. The regime that seems to have existed in some of these homes also involved verbal abuse of children. As an example, one woman recalls the insults she endured from the Nuns: 'They'd say, 'No wonder your mother left you... whore... freak... Glasgow trash... I'd have left you... you're just Glasgow tinks.' Campbell also describes some experiences of sexual abuse in the homes of the Sisters of Nazareth. These included a driver who "would touch up the boys and the girls" and the practice of making children watch while one of the handymen had sexual relations with a nun. One former resident spoke of being sexually abused when a man had volunteered to bath the children. When the boy had tried to tell a priest of his experience the priest did nothing and suggested that the boy 'pray' for the abuser.

Another newspaper article published in *Herald Scotland* in 2007 describes abuse in a former Glasgow remand home called Larchgrove. A former social worker Reg McKay describes how three teenage boys under his care told him in 1976 of the sexual abuse they had witnessed other children suffer at the hands of both male and female staff. Though he reported his allegations to management at the time, no action was taken. According to former resident Tommy Campbell, children who appeared 'weakest', with the greatest problems and the least support were exploited because it was believed they would be least

likely to resist or inform. The abuse was carried out in a number of ways, including boys being called from their bedrooms at night for apparently innocent reasons, female staff taking children from their beds for men to abuse or boys being removed from showers. One former resident suggested that "*Everyone knew what was happening. You'd see boys being taken out of showers or their dorm and then the boys would tell you what happened to them. It was a terrifying place. You'd see boys in total terror - crying and withdrawn.*" (Herald Scotland, 2007).

These accounts from survivors' of childhood abuse in care show that all forms of abuse – physical, sexual, emotional abuse and neglect – occurred in residential care facilities during the period of this review. While some adults who lived in care report happy memories, others remember harsh, brutal and sometimes sadistic regimes which were able to thrive in closed environments where there was a systemic failure to protect.

No research sources were found that directly addressed the prevalence of abuse in care in Scotland over the entire period of this review. The evidence from research prior to the 1990s is particularly sparse. Grey literature sources and inquiry reports provide some information but it is inconclusive. The Shaw report (2007) highlighted the lack of agreement over definitions and measures of abuse, the lack of research and records documenting historical abuse that made it impossible to draw any conclusion about prevalence. An update by Kendrick (2014) cites the recent research by Biehal et al (2014b) previously discussed but no further research on historical cases specific to Scotland. Kendrick & Hawthorn's review (2012) based on statistics on children in care between 1930 to 2005, inquiries into abuse allegations and reports in the media similarly concluded that it was not possible to determine the scale or the number of children who experienced abuse in the Scottish care system. However, as previously discussed, estimates of the numbers of children in care and still likely to be alive can be calculated. The inquiry into abuse at Kerelaw concluded that abuse was 'prevalent' but not all staff were involved (Frizell, 2009). Shaw's report on survivors of abuse in the Quarriers gives an indication of the scale and routine nature of abuse in these establishments however cannot be used to estimate general levels of prevalence (Shaw, 2011).

5.3 Research gaps

There are considerable gaps in knowledge about the extent of abuse and exploitation of children in the Scottish care system, particularly regards historical cases. As others have noted, lack of records and documentation makes it difficult to gain a picture of abuse in the

past. The main focus until recently has been upon residential care although data on abuse in foster and kinship care is growing. Self report surveys that include children in care and those living with their families will improve knowledge about prevalence and risk factors that may make certain children more vulnerable, This will help to inform safeguarding policy and practice. Retrospective surveys with adults who have lived in care pose problems because of the difficulty in obtaining representative samples of the historical care population.

Table 6: UK & Scotland studies of abuse of children in care

Reference	Jurisdiction	Type of violence	Participants	Method	Measures	Prevalence/Incidence
Literature reviews						
Biehal, N. (2014b) Maltreatment in Foster Care: A review of the evidence <i>Child Abuse Review</i> Vol. 23: 48–60	USA, UK & Australia	Any reported	38 studies on abuse in foster care included Most were from the USA, 7 from UK	Descriptive analysis	Included allegations, substantiations, inquiries, research on carers, outcome studies, kinship and regular foster care studies included	3-4% of allegations made about foster carers in England a year
Brodie, I., & Pearce, J. (2012). <i>Exploring the Scale and Nature of Child Sexual Exploitation in Scotland</i> . Edinburgh: Scottish Government Social Research.	Scotland	Sexual Exploitation	27 experts	Literature review. Expert seminar comprising questionnaire and focus group.	N/A	Three studies have been identified regarding sexual exploitation in Scotland. None of these have examined prevalence, and are small scale, empirical studies of specific groups of young people known to be at risk of sexual exploitation – looked after and accommodated young people (Dillane, Hill and Munro, 2005); and young people placed in secure accommodation (Creegan, Scott and Smith, 2005).
Lutman, E. & Barter, C. (2016) Peer violence in foster care: a review of the research evidence <i>Child & Family Social Work</i> doi:10.1111/cfs.12284	International	Peer abuse in foster care	22 studies on abuse in foster care over 1995-2011 & 2014	Rapid evidence review, descriptive analysis	Included physical, emotional, sexual violence, controlling behaviour, bullying,	Found general paucity of research on peer violence in foster care Data on incidence too varied to be conclusive. Rates of abuse by peers varied from 1-20%.

					intimidation, exploitation in foster care	Only 1 study from 1998 was found looking at young people's own views.
Primary research						
Farmer, E. & Moyers, S. (2008) <i>Kinship care: fostering effective family and friends placements</i> . Jessica Kingsley Publishers: London	UK	Study of kinship & non-kinship foster care outcomes 2 years later included allegations and confirmed cases of abuse by foster carers	270 kin & non-kin carers' experiences of looking after children	Case files, interviews kin carers, children & young people, birth parents and social workers	Allegations and confirmed cases of abuse and neglect	Higher number of allegations made for kin carers (4% had allegations of abuse) than for non-kin carers (1% had allegations of abuse) Confirmed for 4% of kin and non-kin cases
Gallagher, B. (2000) The extent and nature of known cases of institutional child sexual abuse <i>British Journal of Social Work</i> , 30, 795-817	England & Wales	CSA in residential and foster care	65 cases of children sexually abused in care identified through child protection records between 1988-1992	Searches of approx. 20,000 child protection records in 8 local authorities to identify cases of children sexually abused in residential and foster care	Only cases with sufficient information to identify substantiated CSA included. No criteria used to assess the case record.	Substantiated CSA in care cases average 1.6 cases per local authority per year an estimated number of 185 per year for the whole of England and Wales Substantiated cases CSA in care were 1% of all referrals and 3% of all CSA referrals so represent a small proportion of cases, although cases unreported likely to be much higher. 52% occurred in community based institutions (most often schools), 34% foster care, 14% residential care. Most abusers were male (teacher or social worker) and acted alone. Most victims were female. Male victims vulnerable in single sex institutions
Gibbs, I., & Sinclair, I. (2000) <i>Bullying, Sexual Harassment</i>	UK	Bullying CSA	223 young people in 48 children's	Interviews	Asked in general terms about	43.9% bullied in care 'taken advantage of sexually' in

and Happiness in Residential Children's Homes. <i>Child Abuse Review</i> 9 : 247-256			homes in the UK Ages 10-17 years		'bullying' and 'being taken advantage of sexually' before and after entry to care	care = 13.4%, 7% males, 23% females
Wilson, K. Sinclair, I. & Gibbs, I (2000) The trouble with foster care : the impact of stressful 'events' on foster carers, <i>British Journal of Social Work</i> , 30: 193-209	England	Stressful events for foster carers including allegations of abuse	950 foster carers recruited from 7 local authorities	Postal survey Response rate 61%	Asked about stressful events in fostering including allegations made by children	16% (138) had allegations made
Grey literature						
Biehal, N. Cusworth, L. Wade, J. & Clarke, S. (2014a) <i>Keeping children safe : allegations concerning abuse and neglect of children in care</i> NSPCC, London	England, Wales, Northern Ireland, Scotland	Physical, sexual, emotional abuse and neglect in care	Responses to FOI requests on number of allegations in past three years made in 156 local authorities 2009-12 Follow up survey of 111 substantiated cases in foster (87) and residential care (24)	FOIs and surveys of allegations and confirmed cases among 156 local authorities, (74% response rate). Follow up survey of 111 confirmed cases covering 87 cases of abuse in foster care and 24 cases of abuse in residential care	Allegations made in foster and residential care Number of substantiated cases Calculated as UK wide annual estimates, estimated annual rates England, Wales and Scotland and rate per 100 of child care population Descriptive analysis of types of abuse, characteristics of victims and perpetrators	Abuse in foster care: Average annual UK LA rate for abuse allegations = 10-11 per area per year, total 2,100-2,400 per year Rate = 3 - 4 allegations of abuse per 100 children in foster care per year 22-23% were confirmed as abuse the rest not substantiated Annual UK number confirmed cases = 450-550 Rate = 0.80-0.88 per 100 children in foster care per year Follow up survey found 43% unsubstantiated due to lack of evidence to prove/disprove For confirmed abuse in foster care, 37% = physical abuse, 30% emotional abuse, 11% CSA, 17% neglect Scotland had the lowest rate of

						<p>allegations and substantiations Allegation rate was 1 per 100 children in foster care compared with 3-4 per 100 in England and in Wales.</p> <p>Confirmed foster care abuse rate was 0.14 -0.23 per 100 children in foster care in Scotland compared with 0.82 – 0.94 per 100 in England and 1 per 100 in Wales.</p> <p>Abuse in residential care: UK average annual UK number of allegations= 1,100-1,400 per year, Rate = 10-12 per 100 children in residential care per year 21-23% substantiated Annual UK number confirmed cases = 250-300 per year Rate = 2-3 cases confirmed per 100 children in residential care. Scotland had the lowest rate of allegations and confirmed cases of abuse in residential care with a rate of 2 allegations per 100 children in residential care compared with 13-15 per 100 in England and 10-18 per 100 in Wales; Scotland had 0.66 -0.92 confirmed cases of abuse among every 100 children in residential care compared with 2-3 confirmed per 100 in residential care for England and in Wales</p>
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<p>Kendrick, A. (2014) <i>Protecting and safeguarding children in care: a review of developments in services for children in care in Scotland</i>, CELCIS/School of Social Work & Social Policy, University of Strathclyde : Strathclyde</p>	<p>Scotland</p>	<p>All historical abuse of children in care in Scotland</p>	<p>N/A</p>	<p>Review of policy and literature to update progress in protecting children in care in Scotland. Also an update of the Shaw report 2007</p>	<p>N/A</p>	<p>Data from Biehal et al (2014a) discussed showing rates of abuse in care in Scotland are lower than in other countries in the UK. However there is still evidence children are abused in the care system. More attention needs to be given to abuse in foster and kinship care and to canvassing children's own views,.</p>
<p>Kendrick, A., & Hawthorn, M (2012) <i>National Confidential Forum for Adult Survivors of Childhood Abuse in Care Scoping Project on Children in Care in Scotland, 1930 – 2005</i>, CELCIS/SIRRC, Strathclyde University</p>	<p>Scotland</p>	<p>All historical abuse of children in care in Scotland</p>	<p>N/A</p>	<p>Scoping Review covering analysis of statistics on children in residential and foster care between 1930 and 2005; inquiries into allegations of abuse; media reports.</p>	<p>N/A</p>	<p>It was not possible to determine the scale of abuse or the number of children who experienced abuse. Provides an estimate for the total number of people in care between 1930 to 2005 as 480,000 and the number likely to be alive in 2005, 320,000. Extensive overview of abuse and allegations of abuse in literature, media and public inquiries for each decade from 1930 to 2005 (p.33-39; p.49-53; p.57-62; p.64-66).</p>
<p>Lerpiniere, J., Hawthorn, M., Smith, I., Connelly, G., Kendrick, A., Welch, V.(2013) - <i>The sexual exploitation of looked after children in Scotland</i> CELCIS/SIRRC, Strathclyde University</p>	<p>Scotland</p>	<p>Sexual exploitation</p>	<p>e-Delphi study – 32 participants. Case audit - data related to 75 looked after children, completed by a total of nine social workers from one local authority.</p>	<p>e-Delphi study; Case audit; Rapid Response Survey; analysis of secondary data</p>		<p>'The prevalence of sexual exploitation was described as being 'high' or 'extremely high' in care settings, but it is not clear exactly what participants meant by this., Estimates of around one third of all children looked after away from home seemed to accord with several participants' judgements.</p>

			The Rapid Response Survey – responses from six local authorities.			Survey found PY prevalence of CSE in the in-care population and the looked after at-home population = 21.3%. Children looked after ‘at home’ = 16.6% Children looked after away from home = 24.4%. Prevalence of CSE of children in care estimated to be at least 25% (one in four) overall and considerably higher for older age groups & for girls
Munro, C. (2004). <i>Scratching the Surface ... What we know about the abuse and sexual exploitation of young people by adults targeting residential and supported accommodation units.</i> Barkingside. Essex: Barnardo's.	Glasgow, Scotland.	Sexual exploitation	Key agencies supporting vulnerable young people in Glasgow	Semi-structured interviews and focus groups.	N/A	It was difficult for workers to be able to give accurate numbers of young people involved, and there may be some crossover of agencies highlighting the same young people. Estimated over 20 individual young people involved in off street prostitution.
Shaw, T. (2007) <i>Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950 to 1995.</i> Scottish Government.	Scotland	All forms of historical abuse.	Former residents of care establishments ; Former employees of care establishments Those responsible for inspection and monitoring	A large variety of methods were used including: questionnaires and a survey of organisations. Information from former residents, via interviews, telephone calls, emails, correspondence and from cuttings, video tapes and DVDs that former residents sent Interviews with people who had worked in	N/A	Records were frequently not kept on cases of abuse Lack of clear definitions, under reporting, under recording and sparsity of research studies makes it impossible to draw any conclusions about the prevalence of abuse in care in Scotland, particularly for historical abuse.

				services Analysis of files in the National Archives of Scotland, Scottish Executive Education Department & in other archives held in various locations in Scotland and England. Expert advice		
Shaw, T. (2011) <i>Time to be heard: a pilot forum</i> Scottish Government : Edinburgh	Scotland	All forms of historical abuse in Quarriers homes	98 former residents of Quarriers homes between 1930 to 1970 Ages 38 to 83 years 47 male, 51 female	Hearings in Glasgow and Canada 6 participants gave written evidence and a teleconference 2 gave only written evidence	N/A	Although some participants reported having some happy memories of life in Quarriers homes in this period, a large number reported abuse and neglect. Physical abuse - 69 out of 98 participants Emotional abuse and neglect – 49 out of 98 Sexual abuse – 40 out of 98

6. Conclusions

Although there is some evidence, taking the longer historical view, that some rates of violence and inter personal abuse have declined, violence and abuse towards children and young people is still a considerable burden on health and wellbeing worldwide. Research in the UK shows that abuse in the home from caregivers and family members affects a significant minority of children at some time during their lives. While there is as yet no Scotland specific data on the self reported prevalence of violence among the child population, the UK data on prevalence is the best estimate currently available. Unfortunately although this study asked about previous experiences of living in care, the final report from the NSPCC did not include any information on the numbers in care with experiences of abuse and violence. Any future studies could address this gap in our knowledge.

This review found significant gaps in knowledge remain regards the extent of abuse of children in the care system, globally and in Scotland. Problems of under reporting, under recording and sanctioned and systemic abuse make it particularly difficult to accurately measure the full extent of the problem, particularly historically. It is reasonable to conclude that where sanctioned abuse existed in a care unit that all children who lived in the facility were likely to have been exposed to the abuse. Research evidence since the 1990s has improved and a number of studies included in this review have produced robust and interesting findings on the extent of abuse in care and in the community. Research from the Netherlands, using multiple sources of self report and administrative data (Euser et al, 2014) and from Finland (Ellonen & Poso, 2011) are examples of how the methods of data gathering are advancing. There is scope to draw on this experience to improve our knowledge about the risks to children in different settings and how we might address them

Research data on the prevalence of abuse has centred mostly on estimating current rates in the population and not surprisingly the research that exists can only help us estimate the recent extent and scale of the problem. A major gap in the evidence is the lack of a robust survey in Scotland of adult ex care residents' experiences of historical abuse. Some of the current gaps in knowledge could be addressed if a survey on historical abuse could be completed.

Appendices

Appendix 1

Scottish Child Abuse Inquiry terms of reference

1. To investigate the nature and extent of abuse of children whilst in care in Scotland, during the relevant time frame.
2. To consider the extent to which institutions and bodies with legal responsibility for the care of children failed in their duty to protect children in care in Scotland (or children whose care was arranged in Scotland) from abuse (regardless of where that abuse occurred), and in particular to identify any systemic failures in fulfilling that duty.
3. To create a national public record and commentary on abuse of children in care in Scotland during the relevant time frame.
4. To examine how abuse affected and still affects these victims in the long term, and how in turn it affects their families.
5. The Inquiry is to cover that period which is within living memory of any person who suffered such abuse, up until such date as the Chair may determine, and in any event not beyond 17 December 2014.
6. To consider the extent to which failures by state or non-state institutions (including the courts) to protect children in care in Scotland from abuse have been addressed by changes to practice, policy or legislation, up until such date as the Chair may determine.
7. To consider whether further changes in practice, policy or legislation are necessary in order to protect children in care in Scotland from such abuse in future.
8. Within 4 years (or such other period as Ministers may provide) of the date of its establishment, to report to the Scottish Ministers on the above matters, and to make recommendations.

Appendix 2 – Technical Appendix

The purpose of the evidence review was to provide information on the prevalence of child abuse in Scotland between 1930 to 2014 with particular reference to the abuse of children in care. The research was to address the following questions:

1. What is known from the current research literature in high income countries about the nature and prevalence of child abuse?
2. What is known from research into the nature, prevalence and incidence of child abuse in the UK generally and in Scotland in particular within the selected time period, 1930 to 2014?
3. What are the significant gaps in knowledge within this literature on prevalence from high income countries?
4. What is known from the current research literature in high income countries about the nature and prevalence of the abuse of children in care?
5. What is known from research into the nature, prevalence and incidence of the abuse of children in care in Scotland within the selected time period, 1930-2014?
6. Are there any significant gaps in the existing published research on child abuse relating to Scotland , what gaps might be addressed by further research, and could these gaps be addressed in time to inform the Inquiry's work?

The project was predominantly desk based research using recognised and systematic methods for evidence assessment (Galvani, 2011; Gough, 2007; Khangura, 2012). The aim was to thoroughly and transparently identify and assess the evidence within a limited time frame.

Population

Children under the age of 18 years living in high income countries; children under the age of 18 years living in Scotland between the years 1930 to 2014, including those who had lived in 'care'.

Definitions

“Abuse” means primarily physical abuse and sexual abuse, with associated psychological and emotional abuse.

“Care” includes foster care and institutional residential care such as children’s homes (including residential care provided by faith based groups); secure care units including List D schools; Borstals; Young Offenders’ Institutions; places provided for Boarded Out children in the Highlands and Islands; state, private and independent Boarding Schools, including state funded school hostels; healthcare establishments providing long term care; and any similar establishments intended to provide children with long term residential care.

The term does not include: children living with their natural families; children living with members of their natural families, children living with adoptive families, children using sports and leisure clubs or attending faith based organisations on a day to day basis; hospitals and similar treatment centres attended on a short term basis; nursery and day-care; short term respite care for vulnerable children; schools, whether public or private, which did not have boarding facilities; police cells and similar holding centres which were intended to provide care temporarily or for the short term; or 16 and 17 year old children in the armed forces and accommodated by the relevant service.

“High income country” as defined by the World Bank are those with a gross national income per capita above \$12,475 US in 2015. Seventy nine countries are listed by the World Bank. In this review only those with comparable jurisdictions were included with reference to the prevalence of child abuse. These included all countries in the EU 28, Australia, New Zealand, the USA, Canada, Greenland, Iceland, Norway, Israel, Gibraltar.

Search strategy

Data for this report was gathered from the following sources:

1. A systematic search of online databases to identify peer reviewed research studies published in the English language.
2. Online web based Google searches to identify ‘grey literature’.
3. Locating further research studies from those referenced in the peer reviewed research studies found.
4. Searching manually through issues of key journals on child abuse.

5. Contacting child protection researchers with relevant expert knowledge to identify further sources.

Online database searches

To address the research questions identified, the search strategy aimed to identify high quality, peer reviewed literature on the nature and prevalence of child abuse in high income countries, in the UK, in Scotland and among children in care. The second part of the strategy was to identify any available prevalence and incidence figures held in grey literature, archives and specialist library collections.

To identify peer reviewed research literature, the following two searches of electronic databases Embase, ASSIA, PsychInfo, PubMed and Web of Science were run:

1. A search to update existing known systematic reviews and meta-analyses on the nature and prevalence of child abuse in high income countries, in the UK and in any of the four areas currently making up the four nations (England, Wales, Northern Ireland, Scotland), from 2008-2016.
2. A search to identify research on the abuse of children in care in high income countries in the UK and in any of the four areas currently making up the four nations (England, Wales, Northern Ireland, Scotland) between the years 1930-2014.

Only English or Gaelic language publications in peer-reviewed journals were to be included. No Gaelic language publications were found.

Search terms

The search terms in general aimed to cover: different terms used to refer to children; the different forms of child abuse; the different terms used to refer to nature and prevalence; the different terms relevant for 'children in care'. The search terms for each of the two searches are shown in the tables I and II below.

To limit the scope of the search for evidence on the current prevalence and incidence data in the general population of children in Scotland and across the world, search I was time limited from 2007 to 2016. This was because other systematic reviews and meta-analyses exist on the prevalence of child abuse, particularly on child sexual abuse (Barth et al, 2012; Jones et

al, 2012; Pereda, 2009; Pinheiro, 2006; Stoltenborgh et al, 2011; 2012; 2013a; 2013b; 2014; UNICEF, 2014) and it was not considered to be necessary to reproduce this work.

Table I: Search 1 Terms

Child terms	Abuse terms	Nature & prevalence terms
Child* "Young people" adolescen* teen* Youth Minor*	Violence Victimization Maltreatment Abus* Assault* "Physical punishment" Beating Caning Cruel* Illtreat* torture "unexplained death*" "suspicious death*" "sexual exploitation" "sex offen*" Solicit* Rape Molest*	Prevalence Epidemiolog* Extent Incidence Burden Survey Counting

Table II – Search 2 Terms

Child terms	Abuse terms	Nature & prevalence terms	Care terms
Child* "Young people" adolescen* teen* Youth Minor*	Violence Victimization Maltreatment Abus* Assault* "Physical punishment" Beating Caning Cruel* Illtreat* torture "unexplained death*" "suspicious death*" "sexual exploitation" "sex offen*" Solicit* Rape Molest*	Prevalence Epidemiolog* Extent Incidence Burden Survey Counting	Residential school* Residential care Care system Out of home care Children's home* Institution* Approved school* Remand home* Group home* Foster care Boarding school Respite

The terms used for Search 2 were wider. More historically and context relevant terms were included to try to capture child abuse in the range of institutions covered by the 'care system'. Terms used to describe 'children' and cases of child abuse have also changed within the period of study. Search 2 covered the period 1930 to 2016 where databases allowed.

The search terms were pilot tested, discussed with the commissioners and adjusted to ensure accuracy and that a manageable amount of data was obtained for the first screening. The strategy of running two searches yielded a number of repeats that had to be eliminated. Data was organised using Endnote which allowed repeats to be identified and screened out at each stage.

In addition to the online database searches leading journals *Child Abuse & Neglect* and *Child Abuse Review* were searched by hand going through contents to identify relevant research. References to studies cited in papers found in the online searches were also checked so that further studies could be identified.

The number of studies identified online and by other searching methods, the elimination of repeats and numbers screened out were recorded on an excel spreadsheet so that the methods were transparently recorded (see PRISMA diagram Appendix 3).

Screening and selection of research studies

A two-step process was taken for the screening of evidence first for relevance and secondly for quality review. The initial screen for relevance was done where possible on the title and abstract and with the full paper where this was not possible. The criteria for inclusion and exclusion are shown in Table III.

Table III: initial screen

Include	Exclude
Topic covers nature and prevalence of child abuse in HIC	Topic not relevant
Original research studies	Case studies, opinion pieces, non-systematic reviews, editorials, theory or policy reviews (Resources that show awareness of the problem will be noted in a separate results folder)
Study type – Observational study design: prospective and retrospective cohort studies, case control studies, cross sectional surveys, incidence surveys, case series and case records reports, secondary data analysis, systematic	Not relevant intervention and evaluation studies, RCTs etc

reviews or meta-analyses	
Research with clearly stated aims that have relevance to the research question	Studies without clearly stated aims or with aims not relevant to the research questions
Publications in English and Gaelic languages	Publications that are not in English or Gaelic languages

The initial screening was quality checked by another member of the research team blind screening a random selection of abstracts. Documents screened in were sorted into folders according to topic. Studies remaining were then quality assessed using assessment sheets as described in the next section.

Quality of evidence

The second step of the screening was done with either the abstracts (where these clearly showed the criteria for inclusion were not met) or the full text articles. Criteria for quality assessment of prevalence or incidence surveys are drawn from the Joanna Briggs Institute Manual on Systematic Reviews of Prevalence and Incidence Data (2014, see also Munn et al, 2014). Systematic reviews and meta-analyses were assessed using the AMSTAR checklist (Assessing the Methodological Quality of Systematic Reviews assessment checklist http://amstar.ca/Amstar_Checklist.php). Responsibilities to screen were shared among the research team.

For each quality assessment checklist, the first 10 readings were blind screened by all members of the research team and results discussed to ensure consistency.

Rating was done blind by two researchers who then compared and agreed scores. When a researcher was not sure whether to include a paper another member of the team reviewed and a joint decision was made. A random sample of rated studies were selected for quality review.

The final step in the assessment was the weight of evidence assessment (Gough 2007) which assessed three areas: A the quality of the research; B whether the research was specific and appropriate to answer the review question and C how helpful /useful this knowledge was for addressing the review question, whether or not the methods of data gathering were ethical.

Searching the grey and archived literature

Snowball searching methods, drawing references from the reading of peer reviewed publications included, yielded some references to grey literature that were relevant. An additional search specifically of (English language) grey literature was undertaken to cover

evidence that would not normally appear in the online research databases already searched for the review. The grey literature included conference papers, relevant government reports, inquiry evidence, research reports published by relevant children's services such as the NSPCC (Biehal et al, 2014a), the voluntary sector and faith groups.

Relevant websites were searched using limited search terms of 'child abuse', 'abuse of children in care' or 'historic child abuse'. In addition, a number of web searches of Google using the terms 'child abuse prevalence' or 'abuse of children in care' also yielded some potentially relevant grey literature. The google searches were limited to the first 50 google pages. The search also took into account sources identified by previous reviews by Shaw (2007) and various studies by Sen et al (2008) and Kendrick et al (2014).

To identify incidence data reports kept by the Government/Scottish Office were searched via the National Records of Scotland catalogue where information on inquiries into voluntary homes, approved schools and residential homes, reviews for policy changes were thought to still exist. The research team also contacted researchers who had previously tried to identify data in this area of abuse in care. Helpful advice was given by Professor Ian Levitt, Professor Andrew Kendrick and Professor Julie Taylor. All confirmed that the evidence available and that retained is sparse. Where some known investigations took place, such as at Wellington Farm School in 1954/55 and Lochburn Home/Approved School in 1958, the files appear to be missing (Levitt, 2016).

The quality assessment methods for the archived grey literature data were relaxed as many of the materials identified addressed the question but lacked the rigour or methodologies applied in academic research. The quality assessment criteria used for the published literature were seldom met by the historical grey literature. Relevant literature has been included and the limitations have been highlighted in the report.

Data synthesis and assessment

Data was extracted from the included studies using the data recording sheets in the Appendix. Data tables are included in the report to show the sources yielded by the searches, the sources screened out because they were repeats, not relevant or did not meet quality criteria and sources included. A full list and summary of sources used is included in the data tables and in the references for the report marked with an asterisk.

The analysis of findings was a narrative approach which thematically organised the findings around key themes that emerged as most relevant to the research questions. As different quality assessments were needed for the published research and the grey literature, the

findings are presented separately but with a commentary on the weight of evidence and conclusions that can be drawn.

Quality rating & data extraction forms

Critical appraisal checklist for studies reporting prevalence data (adapted from Joanna Briggs Institute checklist)

Ref:	Paper reference (author/title/journal):	Pub year	Analysed by
Study ID/Record Number:			
Link to paper/abstract:			

	YES	NO	Unclear	N/A
<p>1. Was the sample representative of the target population? Give consideration to specific population characteristics in the study. A sample may not be representative of the target population if a certain group has been used (such as those working for one organisation, or one profession) and the results then inferred to the target population (i.e. working adults).</p>				
<p>2. Were study participants recruited in an appropriate way? Was everybody included who should have been included? Were any groups of persons excluded? Was the whole population of interest surveyed? If not, was random sampling from a defined subset of the population employed? Was stratified random sampling with eligibility criteria used to ensure the sample was representative of the population that the researchers were generalising to? Recruitment is the calling or advertising strategy for gaining interest in the study, and is not the same as sampling. Studies may report random sampling from a population, and the methods section should report how sampling was performed. What source of data were study participants recruited from? Was the sampling frame appropriate?</p>				
<p>3. Was the sample size adequate? An adequate sample size is important to ensure good precision of the final estimate. Is the sample size adequate in relation to the research questions and analyses'?</p>				
<p>4. Were the study subjects and the setting described in detail? Has the study sample been described in sufficient detail so that other researchers can determine if it is comparable to the population of interest to them (population being different forms of out-of-home-care)?</p>				
<p>5. Was the data analysis conducted with sufficient coverage of the identified sample? A large number of dropouts, refusals or "not founds" amongst selected subjects may diminish a study's validity, as can low response rates for survey studies. - Did the authors describe the reasons for non-response and compare persons in the study to those not in the study - Could the not-responders have led to an underestimate of prevalence of the phenomena under investigation?</p>				
<p>6. Have standardised measures being used? If not have the non- standardised measure been clearly stated and justified?</p>				
<p>7. Has the data collection process been adequately documented, including consent and fieldwork procedures?</p>				
<p>8. Was there appropriate statistical analysis? Consideration should be given to whether there was a more appropriate alternate statistical method that could have been used. The methods section should be detailed enough for reviewers to identify the analytical technique used and how specific variables were measured. Additionally, it is also important to assess the appropriateness of the analytical strategy in terms of the assumptions associated with the approach</p>				
<p>9. Are all important confounding factors/subgroups/differences identified and accounted for? Incidence and prevalence studies often draw or report findings regarding the differences between groups. As a minimum, different care settings and at least gender should be included.</p>				
TOTAL /9				

Recommend decision: INCLUDE/EXCLUDE (state which criteria)
Labels Jurisdiction - Does the publication document primary research?
Abstract or key findings:

Limitations:
Any notes/comments/ page numbers of good quotes:

Methodology overview

Intervention Type:

Time period of research:

Sample size -

Aims of the study –

Setting- Schools (International)

Participants and ages:

Study design -

Method of data analysis –

Dependent variable –

Results-

Ethical approval -

Outcome measurements -

Prevalence nIN (%)

Proportion and 95% Confidence Intervals

Incidence nIN (%)

Proportion and 95% Confidence Intervals and duration of recruitment or the study

Follow-up or study duration

Assessment Systematic Reviews and Meta-Analyses

Ref:	Paper reference (author/title):	Pub year	Analysed by
Link to paper/abstract:			
Relevant to which research outcome			

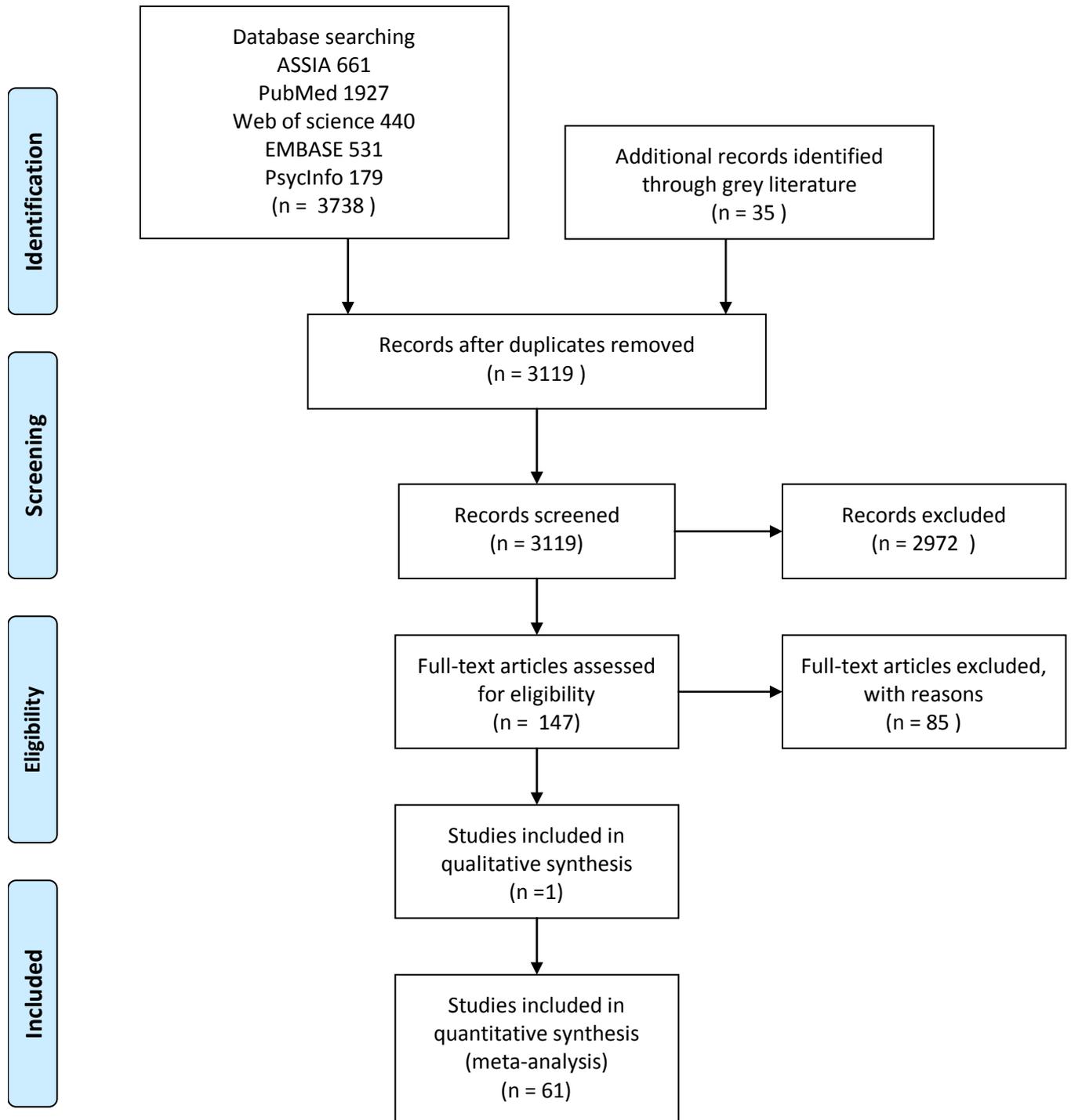
	YES	NO	Unclear	N/A
<p>1. Was an 'a priori' design provided?</p> <p>The research question and inclusion criteria should be established before the conduct of the review. <i>Note: Need to refer to a protocol, ethics approval, or pre-determined/a priori published research objectives to score a "yes."</i></p>				
<p>2. Was there duplicate study selection and data extraction?</p> <p>There should be at least two independent data extractors and a consensus procedure for disagreements should be in place. <i>Note: 2 people do study selection, 2 people do data extraction, consensus process or one person checks the other's work.</i></p>				
<p>3. Was a comprehensive literature search performed?</p> <p>At least two electronic sources should be searched. The report must include years and databases used (e.g., Central, EMBASE, and MEDLINE). Key words and/or MESH terms must be stated and where feasible the search strategy should be provided. All searches should be supplemented by consulting current contents, reviews, textbooks, specialized registers, or experts in the particular field of study, and by reviewing the references in the studies found. <i>Note: If at least 2 sources + one supplementary strategy used, select "yes" (Cochraneregister/Central counts as 2 sources; a grey literature search counts as supplementary).</i></p>				
<p>4. Was the status of publication (i.e. grey literature) used as an inclusion criterion?</p> <p>The authors should state that they searched for reports regardless of their publication type. The authors should state whether or not they excluded any reports (from the systematic review), based on their publication status, language etc. <i>Note: If review indicates that there was a search for "grey literature" or "unpublished literature," indicate "yes." SIGLE database, dissertations, conference proceedings, and trial registries are all considered grey for this purpose. If searching a source that contains both grey and non-grey, must specify that they were searching for grey/unpublished lit.</i></p>				
<p>5. Was a list of studies (included and excluded) provided?</p> <p>A list of included and excluded studies should be provided. <i>Note: Acceptable if the excluded studies are referenced. If there is an electronic link to the list but the link is dead, select "no."</i></p>				
<p>6. Were the characteristics of the included studies provided?</p> <p>In an aggregated form such as a table, data from the original studies should be provided on the participants, interventions and outcomes. The ranges of characteristics in all the studies analyzed e.g., age, race, sex, relevant socioeconomic data, disease status, duration, severity, or other diseases should be reported. <i>Note: Acceptable if not in table format as long as they are described as above.</i></p>				
<p>7. Was the scientific quality of the included studies assessed and documented?</p> <p>'A priori' methods of assessment should be provided (e.g., for effectiveness studies if the author(s) chose to include only randomized, double-blind, placebo controlled studies, or allocation concealment as inclusion criteria); for other types of studies alternative items will be relevant. <i>Note: Can include use of a quality scoring tool or checklist, e.g., Jadad scale, risk of bias, sensitivity analysis, etc., or a description of quality items, with some kind of result for EACH study ("low" or "high" is fine, as long as it is clear which studies scored "low" and which scored "high"; a summary score/range for all studies is not acceptable).</i></p>				

	YES	NO	Unclear	N / A
<p>8. Was the scientific quality of the included studies used appropriately in formulating conclusions? The results of the methodological rigor and scientific quality should be considered in the analysis and the conclusions of the review, and explicitly stated in formulating recommendations. <i>Note: Might say something such as “the results should be interpreted with caution due to poor quality of included studies.” Cannot score “yes” for this question if scored “no” for question 7.</i></p>				
<p>9. Were the methods used to combine the findings of studies appropriate? For the pooled results, a test should be done to ensure the studies were combinable, to assess their homogeneity (i.e., Chi-squared test for homogeneity, I²). If heterogeneity exists a random effects model should be used and/or the clinical appropriateness of combining should be taken into consideration (i.e., is it sensible to combine?). <i>Note: Indicate “yes” if they mention or describe heterogeneity, i.e., if they explain that they cannot pool because of heterogeneity/variability between interventions.</i></p>				
<p>10. Was the likelihood of publication bias assessed? An assessment of publication bias should include a combination of graphical aids (e.g., funnel plot, other available tests) and/or statistical tests (e.g., Egger regression test, Hedges-Olken). <i>Note: If no test values or funnel plot included, score “no”. Score “yes” if mentions that publication bias could not be assessed because there were fewer than 10 included studies.</i></p>				
<p>11. Was the conflict of interest included? Potential sources of support should be clearly acknowledged in both the systematic review and the included studies. <i>Note: To get a “yes,” must indicate source of funding or support for the systematic review AND for each of the included studies.</i></p>				
<p>TOTAL /11 8 -11 = High quality 4 -7 = medium quality 0 -3 = low quality</p>				

Recommend decision: INCLUDE/EXCLUDE (state which criteria)
Abstract or key findings:
Limitations:
Any notes/comments/ page numbers of good quotes:
Methodology overview
Key ethical considerations:

Appendix 3

PRISMA Flow Diagram Search 1



References

- Abrams, L. (1998) *The Orphan Country: Children of Scotland's Broken Homes from 1845 to the Present Day*, John Donald Publishers: Edinburgh
- *Alink, L., Euser, S., Van IJzendoorn, M., and Bakermans-Kranenburg, M. (2013) Is elevated risk of child maltreatment in immigrant families associated with socioeconomic status? Evidence from three sources. *International Journal of Psychology*. 48 (2), 117–127
- *Annerbäck E-M, Wingren G, Svedin CG, Gustafsson PA. 2010. Prevalence and characteristics of child physical abuse in Sweden – findings from a population-based youth survey. *Acta Paediatrica* 99: 1229–1236
- *Annerbäck E-M, Sahlqvist L, Svedin CG, Wingren G, Gustafsson PA. (2012) Child physical abuse and concurrence of other types of child abuse in Sweden – Associations with health and risk behaviors. *Child Abuse & Neglect* 36: 585–595.
- Arseneault, L., E. Walsh, et al. (2006). Bullying victimization uniquely contributes to adjustment problems in young children: A nationally representative cohort study. *Pediatrics* 118 (1) 130–138.
- *Attar-Schwartz, S. (2011) Maltreatment by Staff in Residential Care Facilities: The Adolescents' Perspectives *Social Service Review* December, 635-664
- *Attar-Schwartz, S. (2014) Experiences of Sexual Victimization by Peers among Adolescents in Residential Care Settings *Social Service Review* December, 594-629
- Australian Institute of Family Studies (2013) *The prevalence of child abuse and neglect* Australian Government/Australian Institute of Family Studies
<https://aifs.gov.au/cfca/publications/prevalence-child-abuse-and-neglect>
- *Asgeirsdottir, B., Sigfusdottir, I., Gudjonsson, G., Sigurdsson, J. (2011) Associations between sexual abuse and family conflict/violence, self-injurious behavior, and substance use: The mediating role of depressed mood and anger. *Child Abuse & Neglect*. 35(3):210-9
- Averdijk, M. Mueller-Johnson, K. and Eisner, M. (2011) *Sexual Victimization among Adolescents in Switzerland*, UBS Optimus Foundation, Geneva,
- *Baker, A. Curtis, P. & Papa-Lentini, C. (2006) Sexual Abuse Histories of Youth in Child Welfare Residential Treatment Centers: Analysis of the Odyssey Project Population *Journal of Child Sexual Abuse* 15:1 29-49
- *Barter, C., McCarry, M., Berridge, D. and Evans, K. (2009) *Partner Exploitation and Violence in Teenage Intimate Relationships*, London, NSPCC.
<https://www.nspcc.org.uk/globalassets/documents/research-reports/partner-exploitation-violence-teenage-intimate-relationships-report.pdf>
- Barter, C. & Berridge, D. (2010) *Children behaving badly? Peer violence between children and young people* Wiley Blackwell : London
- *Barth, J., Hein, L. Trelle, S. & Tonia, T. (2012) The Current Prevalence of Child Sexual Abuse Worldwide: A systematic review and meta-analysis", *International Journal of Public Health*, vol. 58, no. 3, 2012, pp. 469–83
- *Bebbington, P., Jonas, S., Brugha, T., Meltzer, H., Jenkins, R., Cooper, C., King, M., McManus, S. (2011) Child sexual abuse reported by an English national sample:

characteristics and demography. *Social Psychiatry and Psychiatric Epidemiology* 46(3):255-62

Beckett, H. (2011) *Not a World Away: The sexual exploitation of children and young people in Northern Ireland*, Barnado's Northern Ireland, Belfast.

*Bellis, M., Hughes, K., Leckenby, N., Hardcastle, K.A., Perkins, C., Lowey, H. (2014) Measuring mortality and the burden of adult disease associated with adverse childhood experiences in England: a national survey. *Journal of Public Health*. 37(3):445-54

*Benedict, M. Zuravin, S. Brandt, D. Abbey, H. (1994) Types and frequency of child maltreatment by family foster care providers in an urban population *Child Abuse & Neglect* 18, 7 577-585

*Benedict, M. Zuravin, S. Somerfield, M. & Brandt, D. (1996) The reported health and functioning of children maltreated while in foster care *Child Abuse & Neglect*, 20: 7, 561-571

Bentley, H. O'Hagan, O, Raff, A. & Bhatti, I. (2016) *How Safe Are Our Children?* NSPCC : London.

* Biehal, N. Cusworth, L. Wade, J. & Clarke, S. (2014a) *Keeping children safe : allegations concerning abuse and neglect of children in care*. NSPCC, London.

*Biehal, N. (2014b) Maltreatment in Foster Care: A review of the evidence. *Child Abuse Review* Vol. 23: 48–60

Black, A. & Williams, C. (2002) *Fife Council Independent Enquiry Established By The Chief Executive Following The Conviction of David Logan Murphy For The Sexual Abuse Of Children*, Fife Council: Glenrothes

Bohm, B., Zollner, H., Fegert, J. M., and Liebhardt, H. (2014). "Child sexual abuse in the context of the Roman Catholic Church: a review of literature from 1981-2013." *Journal of child sexual abuse*, 23(6), 635-656.

* Brodie, I., & Pearce, J. (2012). *Exploring the Scale and Nature of Child Sexual Exploitation in Scotland*. Edinburgh: Scottish Government Social Research.

Burton, P. Ward, C. Artz, L. and Leoshut, L. (2015) *Research Bulletin : The Optimus Study on Child Abuse, Violence and Neglect in South Africa*, UBS Optimus Foundation, http://www.cjcp.org.za/uploads/2/7/8/4/27845461/cjcp_ubs_web.pdf.

Cawson, P., Wattam, C., Brooker, S. and Kelly, G. (2000) *Child maltreatment in the United Kingdom*. London: NSPCC

Campbell, B. (2003) 'Sisters of no mercy', *The Guardian*, 12 April 2003,

<https://www.theguardian.com/world/2003/apr/12/religion.childprotection>

Council of Europe (2007) *Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (Lanzarote Convention)*, Council of Europe Treaty Series (CETS) no. 201, 25 October 2007

*Craig, W., Harel-Fisch, Y., Fogel-Grinvald, H., Dostaler, S., Hetland, J., Simons-Morton, B., Molcho, M., de Mato, M.G., Overpeck, M., Due, P. and Pickett, W., 2009. A cross-national profile of bullying and victimization among adolescents in 40 countries. *International Journal of Public Health*, 54(2), pp.216-22

- Creegan, C., Scott, S. and Smith, R. (2005) *The Use of Secure Accommodation and Alternative Provisions for Sexually Exploited Young People in Scotland*. Glasgow: Barnardo's Policy and Research Unit
- Daly, K. (2014) *Redressing institutional abuse of children* Palgrave/Macmillan : London
- DfE (2015) *Children looked after in England 2014-15* ONS : London
- Dillane, J. Hill, M. & Munro, C. (2005) *A study of sexual exploitation of looked after and accommodated young people : Final Report* Centre for Child & Society & Barnados' Street Team, University of Glasgow : Glasgow
- Dobash, R. & Dobash, R. (1992) *Women, Violence and Social Change*, Routledge, London
- *Due, P., Merlo, J., Harel-Fisch, Y., Damsgaard, M.T., soc, M.S., Holstein, B.E., soc, M.S., Hetland, J., Currie, C., Gabhainn, S.N. and de Matos, M.G., (2009) Socioeconomic inequality in exposure to bullying during adolescence: a comparative, cross-sectional, multilevel study in 35 countries. *American Journal of Public Health*, 99(5), pp.907-914.
- Eisner, M. (2008) Modernity Strikes Back? A Historical Perspective on the Latest Increase in Interpersonal Violence (1960–1990) *International Journal of Conflict and Violence* 2: 2, 288 – 316
- Elgar, M. & Head, A. (1997) *From Court Process to Care Plan: An Empirical Study of the Placement of Sexually Abused Children*. Centre for Socio-Legal Studies, Wolfson College, University of Oxford, Oxford.
- *Ellonen, N., Pösö, T., (2011) Violence Experiences in Care: Some Methodological Remarks based on the Finnish Child Victim Survey *Child Abuse Review*, 20: 197–212
- Elsley, S. (2007) Societal attitudes to children and social policy changes 1950 to 1995 in Shaw, T. *Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950 to 1995* Appendix 1, Scottish Government: Edinburgh
- *Euser, S. Alink, L. Pannebakker, F. Vogels, T. Bakermans-Kranenburg, M. & Van IJzendoorn, M. (2013) The prevalence of child maltreatment in the Netherlands across a 5-year period, *Child Abuse & Neglect*, 37, 841-851
- *Euser, S., Alink, R., Tharner, A., IJzendoorn, M., Bakermans-Kranenburg, M. (2014) Out of home placement to promote safety? The prevalence of physical abuse in residential and foster care. *Children and Youth Services Review* 37, 64-70
- *Farmer, E. & Moyers, S. (2008) *Kinship care: fostering effective family and friends placements*. Jessica Kingsley Publishers: London
- Farmer, E. & Pollock, S. (1998) *Sexually Abused and Abusing Children in Substitute Care*. Wiley & Sons Ltd, Chichester
- Finkelhor, D. & Jones, L. (2006) "Why Have Child Maltreatment and Child Victimization Declined?", *Journal of Social Issues*, vol. 62, no. 4, pp. 685-716
- Finkelhor, D. (2008) *Childhood victimization violence, crime, and abuse in the lives of young people*. Oxford: Oxford University Press.

Finkelhor, D., Ormrod, R.K., & Turner, H.A. (2009b) "Lifetime assessment of poly-victimization in a national sample of children and youth" *Child Abuse and Neglect*, 33(7), 403-411

Finkelhor, D. Shattuck, A. Turner, H. & Hamby, S. (2014a) "Trends in Children's Exposure to Violence 2003 to 2011", *JAMA Pediatrics* online, April.

Finkelhor, D. Turner, H. Ormrod, R. & Hamby, S. (2009a) "Violence, Abuse and Crime Exposure in a National Sample of Children and Youth", *Pediatrics*, vol. 124, no. 5 1411–23.

Finkelhor, D. Turner, H. Ormrod, R. and Hamby, S. (2010) Trends in childhood violence and abuse exposure: evidence from two national surveys. *Archives in Pediatric and Adolescent Medicine* 164 (3) 238–242.

Finkelhor, D Turner, H. Shattuck, A & Hamby, S (2014b) Violence, Crime, and Abuse Exposure in a National Sample of Children and Youth :An Update *JAMA Pediatr.* 2013;167(7):614-621. doi:10.1001/jamapediatrics.2013.42, Supplement

*Finkelhor, D., Vanderminden, J., Turner, H., Hamby, S., & Shattuck, A. (2014c). Child maltreatment rates assessed in a national household survey of caregivers and youth. *Child Abuse & Neglect*, 38(9), 1421-1435.

*Font, S. (2015) Are children safer with kin? A comparison of maltreatment risk in out-of-home care, *Children and Youth Services Review* 54: 20-29

Fraser, N. (1977) *The evolution of the British welfare state* Macmillan : London

Frizell, E. (2009) *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit*. Scottish Government.

*Gallagher, B., Bradford, M., & Pease, K. (2008). Attempted and completed incidents of stranger-perpetrated child sexual abuse and abduction. *Child Abuse & Neglect*, 32(5), 517-528.

*Gallagher, B. (2000) The extent and nature of known cases of institutional child sexual abuse *British Journal of Social Work*, 30, 795-817.

*Gibbs, I., & Sinclair, I. (2000) Bullying, Sexual Harassment and Happiness in Residential Children's Homes. *Child Abuse Review* 9 : 247-256.

Gilbert, R., J. Fluke, M. O'Donnell, A. Gonzalez-Izquierdo, M. Brownell, P. Gulliver, S. Janson, and P. Sidebotham (2011) "Child maltreatment: Variation in trends and policies in six developed countries", *The Lancet.com*, doi:10.1016/S0140-6736(11)61087-8: p. 1-15

*Gilbert, R., C. Spatz Widom, K. Browne, D. Fergusson et al. (2008) "Burden and Consequences of Child Maltreatment in High-Income Countries", *The Lancet*, vol. 373, no. 9657, December, pp. 7–20.

Gordon, L. (1989) *Heroes of Their Own Lives: The politics and history of family violence*, Virago, London

Hamby, S. (2009) The gender debate about intimate partner violence: solutions and dead ends. *Psychological Trauma: Theory, Research, Practice, and Policy* 1(1) 24–34

Hardt, J. and Rutter, M. (2004). Validity of adult retrospective reports of adverse childhood experiences: review of the evidence. *Journal of Child Psychology and Psychiatry* 45 (2) 260–273.

Hart, A. Lane, D. & Doherty, G. (2017) *Inquiry into Historical Institutional Abuse 1922-1995 : Report of the Historical Institutional Abuse Inquiry* Northern Ireland www.hiainquiry.org

*Hemphill, S.A. and Heerde, J.A. (2014) Adolescent predictors of young adult cyberbullying perpetration and victimization among Australian youth. *Journal of Adolescent Health*, 55(4), pp.580-587.

*Hemphill, S. A., Kotevski, A., Herrenkohl, T. I., Bond, L., Kim, M. J., Toumbourou, J. W., & Catalano, R. F. (2011). Longitudinal consequences of adolescent bullying perpetration and victimisation: A study of students in Victoria, Australia. *Criminal Behaviour and Mental Health*, 21(2), 107-116

Herald, Scotland (2007) 'It was our duty to protect these children in remand homes. Instead they were sexually abused by staff for years'

Hobbs,G.F.,Hobbs,C.J.& Wynne, J.M. (1999) Abuse of children in foster and residential care. *Child Abuse & Neglect*, 23, 1239-1252.

Hunt J, Waterhouse S & Lutman E (2008) *Keeping Them in the Family: Outcomes for Children Placed in Kinship Care through Care Proceedings*. BAAF: London

Jay, A. 2014. *Independent Inquiry into Child Sexual Exploitation in Rotherham 1997-2013* Available at: http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham

John Jay College (2004) *The Nature and scope of sexual abuse of minors by Catholic priests and deacons in the United States 1950-2002*, City University: New York

*Jones, L., Bellis, M.A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T. and Officer, A. (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet*, 380(9845), pp.899-907.

Kempe, C. Silverman, F. Steel, B. et al (1962) The battered child syndrome *Journal of the American Medical Association*, 181, 17-24

Kendrick, A. (2016) *Independent Review of Historical Abuse of Children in Care of the Lord and Lady Polwarth Children's Home*, Edinburgh. Accessed from: http://www.churchofscotland.org.uk/_data/assets/pdf_file/0003/36642/Independent_Review_of_Historical_Abuse_of_Children_in_Care_of_the_Lord_and_Lady_Polwarth_Childrens_Home_Edinburgh.pdf

*Kendrick, A. (2014) *Protecting and safeguarding children in care: a review of developments in services for children in care in Scotland*, CELCIS/School of Social Work & Social Policy, University of Strathclyde : Strathclyde

*Kendrick, A., & Hawthorn, M (2012) *National Confidential Forum for Adult Survivors of Childhood Abuse in Care Scoping Project on Children in Care in Scotland, 1930 – 2005*, CELCIS/SIRRC, Strathclyde University

Kent, R. (1997) *Children's Safeguards Review*, The Stationery Office: Edinburgh

Kirkwood, A. (1993) *The Leicestershire Inquiry 1992*, Leicestershire County Council, Leicester

Krug, E. G., Dahlberg, L. L., Mercy, J. A., Zwi, A. B. and Lozano, R. L. (eds) (2002) *World report on violence and health*. Geneva: World Health Organization.

*Lambert, P., Scourfield, J., Smalley, N. and Jones, R. (2008) The social context of school bullying: Evidence from a survey of children in South Wales. *Research papers in Education*, 23(3), pp.269-291.

*Langeland, W. Hoogendoorn, A. Mager, Smit, D. & Draijer, N. (2015) Childhood sexual abuse by representatives of the Roman Catholic Church: A prevalence estimate among the Dutch population *Child Abuse & Neglect* 46, 67-77.

*Lerpiniere, J., Hawthorn, M., Smith, I., Connelly, G., Kendrick, A., Welch, V. (2013). *The sexual exploitation of looked after children in Scotland CELCIS/SIRRC*, Strathclyde University

Levy, A. & Kahan, B. (1991) *The Pindown Experience and the Protection of Children*. The Report of the Staffordshire Child Care Inquiry. Staffordshire County Council.

Lutman, E. & Barter, C. (2016) Peer violence in foster care: a review of the research evidence. *Child & Family Social Work* doi:10.1111/cfs.12284.

Marshall, K. Jamieson, C. & Finlayson, A. (1999) *Edinburgh's Children : Report of the Edinburgh Inquiry into Abuse and Protection of Children in Care* , Edinburgh: City of Edinburgh Council.

Mathews B, Walsh K, Dunne M, Katz I, Arney F, Higgins D, Octoman O, Parkinson S, Bates S (2016). *Scoping study for research into the prevalence of child abuse in Australia: report to the Royal Commission into Institutional Responses to Child Sexual Abuse*. Sydney: Social Policy Research Centre (SPRC Report 13/16) , UNSW Australia in partnership with Australian Institute of Family Studies, Queensland University of Technology and the Australian Centre for Child Protection (University of South Australia). Available from <http://www.childabuseroyalcommission.gov.au/getattachment/b9494a15-80b0-4af4-b496-2eb7ef9929af/Scoping-study-for-research-into-prevalence-of-child>

*McAloney, K., McCrystal, P., Percy, A., & McCartan, C. (2009). Damaged youth: prevalence of community violence exposure and implications for adolescent well-being in post-conflict Northern Ireland. *Journal of Community Psychology*, 37(5), 635-648.

Meinck, F. Steinhert, J, Sethi, D. Gilbert, R. Bellis, M. Mikton, C. Alink, L. & Baban, A. (2016) *Measuring and monitoring national prevalence of child maltreatment : a practical handbook* World Health Organisation Europe : Copenhagen

*Mohler-Kuo, M. Landolt, M. Maier, T. Meidert, U. Schönbucher, V. & Schnyder, U. (2014) Child Sexual Abuse Revisited: A Population-Based Cross-Sectional Study Among Swiss Adolescents *Journal of Adolescent Health* 54 304-311

*Moore, S. Scott, J. Ferrari, A. Mills, R. Dunne, M. Erskine, H. Devries, K. Degenhard, L. Vos, T. Whiteford, H. McCarthy, M. & Norman, R. (2015) Burden attributable to child maltreatment in Australia *Child Abuse & Neglect*, 48, 208-220

- *Mueller-Johnson, K., Eisner, M.P. and Obsuth, I., (2014) Sexual victimization of youth with a physical disability an examination of prevalence rates, and risk and protective factors. *Journal of interpersonal violence*, 29(17), pp.3180-3206.
- *Munro, C. (2004). *Scratching the Surface ... What we know about the abuse and sexual exploitation of young people by adults targeting residential and supported accommodation units*. Barkingside. Essex: Barnardo's.
- Nixon S & Verity P (1996) Allegations against foster families. *Foster Care* 84: 11–14.
- Parton, N. (1985) *The politics of child abuse* Basingstoke : Macmillan
- Parton, N. (2014) *The politics of child protection* Basingstoke : Palgrave Macmillan
- *Peltonen, K., Ellonen, N., Pösö, T., & Lucas, S. (2014). Mothers' self-reported violence toward their children: A multifaceted risk analysis. *Child Abuse & Neglect*, 38(12), 1923-1933.
- *Pereda N, Guilera G, & Abad, J. (2014) Victimization and poly-victimization of Spanish children and youth : results from a community sample, *Child Abuse & Neglect* 38, 640-649
- *Pereda N, Guilera G, Fornis M, Gómez-Benito J. (2009) The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review* 29: 328–338.
- Pinheiro, P. (2006) *World Report on Violence Against Children*, United Nations, Geneva.
- Pinker, S. (2011) *The better angels of our nature: Why violence has declined* Viking
- *Priebe, G., Hansson, K. and Svedin, C.G., (2010) Sexual abuse and associations with psychosocial aspects of health. A population-based study with Swedish adolescents. *Nordic Journal of Psychiatry*, 64(1), pp.40-48
- Pritchard, c. (1992) Children's homicide as an indicator of effective child protection : a comparative study of Western Europe, *British Journal of Social Work*, 22, 6, 663-684
- Radford, L. Corral, S. Bradley, C. Fisher, H, Collishaw, S. Bassett, C. & Howat, N. (2011) *Child Abuse and Neglect in the UK Today* London : NSPCC www.nspcc.org.uk/childstudy
- *Radford, L., Corral, S., Bradley, S., Fisher, H.(2013) The prevalence and impact of child maltreatment and other types of victimization in the UK: Findings from a population survey of caregivers, children and young people and young adults. *Child Abuse & Neglect* 37, 801–813
- Rigby, P. & Murie, S. (2013) *Sexual exploitation of vulnerable young people looked after and accommodated in Glasgow* Glasgow
<http://www.glasgow.gov.uk/chtphandler.ashx?id=15275>
- *Sapouna, M., (2008) Bullying in Greek primary and secondary schools. *School Psychology International*, 29(2), pp.199-213.
- *Schick, M. Schoenbuecher, V. Landolt, M. Schnyder, U. Xu, W. Maier, T. & Mohler-Kuo, M. (2016) Child Maltreatment and Migration: A Population-Based Study Among Immigrant and Native Adolescents in Switzerland *Child Maltreatment* 21(1) 3-15

Scott, D. Tonmyr, L. Fraser, J. Walker, S. & McKenzie, K.(2009) The utility and challenges of using ICD codes in child maltreatment research: A review of existing literature *Child Abuse & Neglect*, 33, 791-808

Scottish Govt (2002) *Choose Life : a national strategy and action plan to prevent suicide in Scotland*

Scottish Govt (2010) *National guidance for child protection in Scotland 2010* available from <http://www.gov.scot/Resource/Doc/334290/0109279.pdf>

Scottish Govt (2016) *Recorded Crime in Scotland 2015-16* available from <http://www.gov.scot/Publications/2016/09/2960/downloads#res506122>

Sedlak, A, Mettenburg, J. Basena, M. Petta, I. et al., (2010) *Fourth National Incidence Study of Child Abuse & Neglect (NIS-4): Report to Congress*, Administration for Children and Families, US Department of Health and Human Services, Washington, DC.

Selwyn J, Sturgess W, Quinton D & Baxter C (2006) *Costs and Outcomes of Non-Infant Adoptions*. BAAF: London

*Sen, R., Kendrick, A., Milligan, I., and Hawthorn, M. (2007) Appendix 2 Historical abuse in residential child care in Scotland 1950 - 1995: A literature review, in Shaw, T. (2007) *Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950 to 1995*. Scottish Government.

*Sentenac, M., Gavin, A., Gabhainn, S. N., Molcho, M., Due, P., Ravens-Sieberer, U., & Arnaud, C. (2013). Peer victimization and subjective health among students reporting disability or chronic illness in 11 Western countries. *The European Journal of Public Health*, 23(3), 421-426

Sethi, D. et al. (2013) *European Report on Preventing Child Maltreatment*. WHO, Copenhagen.

*Shaw, T. (2007) *Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950 to 1995*. Scottish Government: Edinburgh, <http://www.gov.scot/Publications/2007/11/20104729/0>

*Shaw, T. (2011) *Time to be heard: a pilot forum* Scottish Government : Edinburgh

Sinclair I, Baker C, Wilson K & Gibbs I (2005) *Foster Children. Where They Go and How They Get On*. Jessica Kingsley Publishers: London

Skinner, A. (1992) *Another Kind of Home: A Review of Residential Child Care*. HMSO : Edinburgh

Stein, M. (2006) Missing years of abuse in children's homes *Child and Family Social Work* 11, 11-21

*Stoltenborgh, M. van Ijzendoorn, M. Euser, E. & Bakermans-Kranenburg, M. (2011) "A Global Perspective on Child Sexual Abuse: Meta analysis of prevalence around the world", *Child Maltreatment*, vol. 16, no. 2, pp. 79–101.

*Stoltenborgh , M. Bakermans-Kranenburg , M. Alink, L. & van IJzendoorn, M. (2012) The Universality of Childhood Emotional Abuse: A Meta-Analysis of Worldwide Prevalence *Journal of Aggression, Maltreatment & Trauma* 21:870–890

- *Stoltenborgh, M., Bakermans-Kranenburg, M.J., van IJzendoorn, M.H. and Alink, L.R. (2013a) Cultural–geographical differences in the occurrence of child physical abuse? A meta-analysis of global prevalence. *International Journal of Psychology*, 48(2), pp.81-94.
- *Stoltenborgh, M. Bakermans-Kranenburg, M. & van IJzendoorn, M. (2013b) The neglect of child neglect: a meta-analytic review of the prevalence of neglect *Soc Psychiatry Psychiatr Epidemiol* 48:345–355
- *Stoltenborgh, M. Bakermans-Kranenburg, M. Alink, L. & van IJzendoorn, M. (2015) The Prevalence of Child Maltreatment across the Globe: Review of a Series of Meta-Analyses *Child Abuse Review* 24: 37–50
- *Svensson, B., Bornehag, C.G. and Janson, S. (2011) Chronic conditions in children increase the risk for physical abuse—but vary with socio-economic circumstances. *Acta paediatrica*, 100(3), pp.407-412.
- *Timmerman., M. & Schreuder, P (2013) Sexual abuse of children and youth in residential care: An international review. *Aggression and Violent Behaviour* 19:715-720
- Triseliotis J, Borland M, & Hill M (2000) *Delivering Foster Care*. British Association for Adoption and Fostering: London.
- Turner, H. Vanderminden, J, Finkelhor, D. Hamby, S. & Shattuck, A. (2011) Disability and Victimization in a National Sample of Children and Youth *Child Maltreatment* 16:4, 275-286
- UNICEF (2014) *Hidden in Plain Sight: A statistical analysis of violence against children*, UNICEF, New York.
- *Viola, T. Salum, G. Kluwe-Schiavon, B. Sanvicente-Viera, B. Levandowski, M.& Grassi-Oliveira, R. (2016) The influence of geographical and economic factors in estimates of childhood abuse and neglect using the Childhood Trauma Questionnaire : a worldwide meta-regression analysis *Child Abuse & Neglect*, 51, 1-11
- *Von Marées, N. and Petermann, F. (2010) Bullying in German primary schools gender differences, age trends and influence of parents' migration and educational backgrounds. *School Psychology International*, 31(2), pp.178-198.
- Wilson K, Sinclair I & Gibbs I. (2000) The trouble with foster care: the impact of stressful 'events' on foster carers. *British Journal of Social Work* 30(2): 193–209.