

Article

Exploring the feasibility of a survey measuring child abuse in the UK: January 2021

Findings from the first phase of research to date, to understand whether a new survey to measure the current extent and nature of child abuse in the UK is viable.

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1 . Overview of the feasibility study

Child abuse is an appalling crime and can have a lasting effect, with research suggesting that outcomes can be experienced in the short-term and the long-term following abuse. [Research](#) from the Independent Inquiry into Child Sexual Abuse demonstrates that child sexual abuse is associated with an increased risk of adverse outcomes across all areas of an individual's life; such as their mental health, vulnerability to revictimisation and physical health. This highlights the importance of children and young people receiving appropriate support at the right time, as it could have a significant protective impact and reduce their future experience of adverse outcomes.

Measuring the extent and nature of child abuse is difficult because it is usually hidden from view and comes in many forms. As there is no single source reporting the current scale of child abuse in the UK, we do not know how many children are experiencing abuse today. It is vital that statistics are improved to help measure the current prevalence of child abuse.

The Crime Survey for England and Wales (CSEW) provides the best up-to-date indicator of prevalence by measuring the proportion of adults who experienced abuse during their childhood. The [year ending March 2019 CSEW](#) estimated that one in five adults aged 18 to 74 years experienced at least one form of child abuse, before the age of 16 years (8.5 million people). However, this figure is an estimation based on past experiences of adults, which could have happened up to around 60 years ago. It is also an underestimate as it does not cover abuse experienced by those aged 16 to 17 years.

Most recently the conditions imposed on children because of the coronavirus (COVID-19) pandemic are likely to have heightened the risk of child maltreatment across the UK. At the height of the first lockdown, [calls to the NSPCC helpline increased](#) while the Local Government Association reported [a fall in the number of children referred to social care services](#). While administrative data from authorities or support organisations can go some way to help understand the impact of the pandemic, these can only provide information on cases that come to their attention and are an underestimate. Therefore, they cannot reliably be used to measure trends in prevalence over time.

We are conducting a feasibility study, to determine whether a national survey could provide an effective source of data on the current scale and nature of child abuse to be used by policy-makers, service providers, and practitioners to hopefully, over time help reduce the prevalence of child abuse, and improve victims' experiences of services.

A survey could also provide children with the appropriate mechanisms to receive future support, while giving them a voice to report their experiences of abuse. Based on our research to date, our main findings show that to be effective, a survey should:

- be framed as a survey of child safety
- be broad in coverage and cover six types of abuse: neglect, physical abuse, emotional abuse, sexual abuse, child exploitation and exposure to domestic violence or abuse
- ask about lifetime and past year experiences of abuse
- be self-completed electronically
- interview children aged 11 to 17 years and young adults aged 18 to 25 years
- take place in schools for children aged 11 to 15 years
- sample schools from each of the UK country school censuses
- be relatively large, with a minimum of 45,000 respondents needed to produce useful estimates
- allow parents to remove their child from being included
- be partially anonymous and adopt a flagging safeguarding procedure, which would be used to assess the level of risk a child is in and apply different levels of safeguarding depending on the circumstances of the abuse reported

A survey of this nature would require considerable investment. While our research to date has uncovered many additional challenges and questions surrounding how such a survey could work in practice, we have not found evidence that a UK survey to measure child abuse would be infeasible. However, we have identified some important areas that would need further investigation before a conclusion can be made on whether a survey could be successful. The main areas that would need to be explored further are:

- whether children or young adults with past experiences of abuse would agree to take part in a survey of this nature
- whether parents who have children with known experiences of abuse would give permission for their child to take part in a survey of this nature
- whether schools would be willing to participate in a survey of this nature
- whether children or young adults can recall previous experiences of abuse
- whether children or young adults with past experiences of abuse would report these in a survey

These areas are critical in informing decisions on proceeding to the second phase of the feasibility study; a pilot survey. Further work we have identified is explained in more detail in the [Future developments](#) section.

Public consultation

On completion of phase one of the feasibility study, we will conclude on whether a survey of this nature would be effective, and whether we will proceed and carry out a pilot survey.

To inform our decision on the future of the feasibility study, a [public consultation](#) was launched on the date of this publication (21 January 2021), to invite feedback from anyone with an interest in child protection and child protection policy. We need you to tell us:

- what the need for improved statistics to understand the prevalence and nature of child abuse in the UK is
- what the impact of not having this data would be
- whether the proposed survey includes the elements that you feel are important and would meet your needs
- whether there are any important considerations missing that should be explored in the research

We value all perspectives and all feedback is invited and appreciated. In particular, we encourage feedback from:

- decision- or policy-makers working in government or local government
- anyone who works with or represents children, or has experience working with children or adults who have experienced abuse as a child
- researchers with an interest or expertise in using data and statistics to research children and young people
- analysts with survey expertise, particularly on surveys of sensitive topics with children

Finding help

If you or someone you know has experienced abuse, help is available:

- [Childline](#) can be called on 0800 1111
- [Help for Adult Victims of Child Abuse \(HAVOCA\)](#) offers online support
- [Mind](#) can be called on 0300 123 3393 or emailed at info@mind.org.uk
- [National Association for People Abused in Childhood \(NAPAC\)](#) can be called on 0808 801 0331
- [National Society for the Prevention of Cruelty to Children \(NSPCC\)](#) can be called on 0808 800 5000 or emailed at help@nspcc.org.uk
- [Rape Crisis](#) can be called on 0808 802 9999
- [Samaritans](#) can be called on 116 123 or emailed at jo@samaritans.org
- [The Survivors Trust](#) can be called on 08088 010 818
- [Victim Support](#) can be called on 0808 16 89 11
- The National Male Survivor Helpline can be called on 0808 800 5005 or emailed at support@safeline.org.uk

2 . Why we are doing a feasibility study

In recent years, numerous reports of non-recent child sexual abuse in particular have come to light, highlighting cases unidentified for many years, and therefore children who did not receive appropriate support at the time. Since then, the issue of child abuse has risen up the social policy agenda. This led to the establishment of an Independent Inquiry into Child Sexual Abuse (IICSA) and numerous policy interventions to both tackle and prevent child abuse.

Measuring the extent of current child abuse is inherently challenging. In January 2020, the Office for National Statistics (ONS) Centre for Crime and Justice published a [compendium](#) of statistics on child abuse, bringing together a range of different sources from across government and the voluntary sector. This included data from the Crime Survey for England and Wales (CSEW) collected from adults aged 18 to 74 years about experiences of abuse before the age of 16 years. The compendium helps to provide a better understanding of the extent and nature of child abuse in England and Wales, but there are still evidence gaps. It is important to note there is no single source reporting the current scale and nature of child abuse in the UK.

In September 2015, the National Statistician's Crime Statistics Advisory Committee established a Child Abuse Statistics Task and Finish Group to make recommendations for improvements to the official statistics. One of the group's main [recommendations](#) was that government should commission a new UK-wide prevalence study of all forms of abuse and neglect of children to establish a reliable time series of data.

There is widespread and long-standing demand for information on the current prevalence of child abuse. For example, the NSPCC's [How safe are our children report: 2017](#) called on the UK government to commission a study to give the clearest possible picture of the extent of child abuse and neglect in the UK. They argued that knowing the number of reported cases of children being abused does not provide the full scale of child maltreatment. They added that the findings from the last UK-wide prevalence study of child abuse, run in 2009 by the NSPCC, are becoming increasingly outdated as there have been significant changes in children's lives, including increases in reporting of abuse that happens online and child sexual abuse.

The Centre of expertise on child sexual abuse (CSA centre) produced a [scoping report](#) to identify data on the scale and nature of child sexual abuse (CSA). Again, one of the recommendations from this was that the UK government should commit to commissioning a regular CSA prevalence study to address the gaps identified in current knowledge. [Research](#) carried out as part of the [Scottish Child Abuse Inquiry](#) also recommended that a national self-report survey is introduced to fill this evidence gap.

Following the release of the compendium of statistics on child abuse, it is evident that there is an ongoing high demand for a measure of current prevalence. For example, within a [blog](#) published by the CSA, they wrote:

"The CSEW does not tell us about the prevalence of abuse that is happening today...To find out about the abuse that is taking place currently, a survey would need to ask questions...from a representative sample of young people and young adults with more recent experiences".

Research by a number of organisations, including the [NSPCC](#), suggests the risk of child maltreatment has been heightened as a result of the conditions imposed by the coronavirus (COVID-19) pandemic. This has further demonstrated the need to capture the true extent and nature of child abuse in the UK.

A national prevalence survey would provide valuable information that would be widely used by policy-makers, service providers, and practitioners to help improve victims' experiences of services and hopefully over time, reduce the prevalence of child abuse. A survey could be used to monitor trends in levels of abuse and to also assess the impact of initiatives to prevent and safeguard more effectively. It would also ensure services are funded to meet the level of need.

We recognise there would be a number of challenges in conducting such a survey. For example, given the sensitivity of the topic, it was anticipated there would likely be bias in the estimates obtained, and it would be costly to run nationally with a sample large enough to produce robust results.

The [latest national survey of child abuse](#) is outdated and we recognise that the topic scope and methodology may have its limitations. For example, the survey was carried out in the child's home and had a limited view of online abuse. We are therefore conducting a feasibility study, to determine whether a national prevalence survey could be an effective source of data on the current scale and nature of child abuse in the UK.

3 . Aims of the feasibility study

The aim of the feasibility study to date has been to determine whether there is enough evidence to support that a prevalence survey could be successful and that there would be value in conducting a pilot survey. We have explored user needs for such a survey and possible design options to determine whether it would be feasible to achieve.

To do this we have focused on four areas:

- what a survey of child abuse should cover
- what a suitable methodological approach would be
- ethical procedures
- the accuracy and reliability of data that could be collected by such a survey

The feasibility study has been separated into two phases:

- phase one – includes carrying out research to determine whether a survey could be successful (including desk research, literature reviews, stakeholder engagement and qualitative research)
- phase two – includes designing the survey methodology, designing and testing questions and conducting a pilot survey

Research questions created for phase one of the project can be found in this section. These questions were designed to inform a decision on whether it is worthwhile proceeding to phase two of the project (see [Future developments](#) for more information). A summary of progress against each question will be provided within this article.

Phase one research questions

Coverage

- How should a child be defined for a survey?
- How should child abuse be defined for a survey?
- What types of child abuse should a survey cover?
- What time-period should a survey cover?

Methodology

- Who should the participants be?
- What is the best environment for children to complete the survey?
- What is the most feasible method for drawing a sample?
- What is the best method for administering the survey?
- How large does the sample need to be to give precise estimates?
- How often should the survey be carried out?

Ethical procedures

- What are the ethical and legal requirements?
- What safeguarding measures would need to be put in place?
- Would parents or guardians give permission for their child to take part in a survey?
- Would children and young adults agree to take part in a survey?
- What is the best approach for framing the survey?

Accuracy and reliability of the data

- How would data from a survey compare with data from administrative sources?
- Can children and young adults recall experiences of abuse?
- Would children and young adults report experiences of abuse in a survey?
- What are the limitations of a survey?
- Would a survey of child abuse provide useful data?

Research methods used

We have carried out literature reviews, stakeholder engagement and commissioned qualitative research to help us to answer the research questions and determine whether there is value in setting up a pilot survey. We engaged with stakeholders (such as charities and other government departments) on an individual basis to identify what the requirements and priorities of each stakeholder were for a survey of this nature. We also ran workshops to bring stakeholders together to draw on their combined knowledge and expertise to inform the proposed approach for such a survey.

NatCen Social Research were commissioned to carry out the qualitative research on behalf of the Office for National Statistics (ONS). The research focused on several important areas:

- types of child abuse that should be included in a survey, and how they should be defined
- methods used to collect data, including who should answer the survey and how many people need to be included
- ethical considerations of collecting information about abuse from children
- support that should be put in place to help children during and after they have taken part in the survey
- how best to ensure children can accurately recall experiences and answer truthfully

The research included three participant groups:

- practitioners; this included teachers, support organisation practitioners and research specialists
- children aged 11 to 17 years with no known experiences of abuse
- parents of children with no known experiences of abuse

We recognise the importance of listening to the voices of children and therefore wanted to include them within this research. Without speaking to children about their participation in such a survey, we could only make assumptions based on existing literature and the opinions of adults. The research also intended to include young people aged 18 to 25 years and children aged 11 to 17 years both with past experience of abuse, as well as parents or guardians of such children. However, because of a range of challenges, such as the sensitivity of the topic and resource pressures, these groups were not included. We are therefore looking into carrying out further qualitative research with these groups, as it is essential we reach them.

All stages of the research were reviewed in detail and approved by the National Statistician's Data Ethics Advisory Committee and NatCen's internal Research Ethics Committee. Further information on the qualitative research can be found in the [NatCen report](#). If you would like any further information regarding the methodology, please contact us at crimestatistics@ons.gov.uk.

4 . Coverage findings

How should a child be defined for a survey?

We are using the definition set out in article 1 of the [United Nations Convention on the Rights of the Child \(UNRC\)](#) , which states that everyone under the age of 18 years has all the rights in the Convention. We therefore conclude a survey should define a child as someone under the age of 18 years. This definition coincides with legislation across the UK, except Scotland where the definition of a child varies among legal contexts. The [Children and Young People \(Scotland\) Act 2014](#) however, includes all children and young people up to the age of 18 years, which allows agencies to intervene up to this age if they believe the young person is at risk.

How should child abuse be defined for a survey and what types of child abuse should a survey cover?

There is no specific offence of "child abuse" in law, however, practitioners have come to define child abuse based on the laws designed to protect children from harm. We have concluded that a survey should define child abuse as per the definition within [the 2018 HM Government report, Working together to safeguard children](#):

"A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children."

We have determined that a survey should be broad and cover all types of experiences and behaviours, which could be defined as abuse. The survey should cover six types of abuse (definitions available in the [Glossary](#)):

- neglect
- physical abuse
- emotional abuse
- sexual abuse
- exploitation
- exposure to domestic violence or abuse

This decision was informed by a [review](#) of definitions by the Child Abuse Statistics Task and Finish Group, which found that, although it can come in many forms, the majority of abusive behaviours fall into four types (emotional abuse, physical abuse, sexual abuse and neglect). However, the review also identified another type of abuse titled "child sexual exploitation", which includes trafficking.

Feedback from stakeholders highlighted that the survey should also capture criminal exploitation and exposure to domestic violence or abuse. This influenced our decision to include two other types of abuse, which cover criminal exploitation, sexual exploitation and exposure to domestic violence or abuse. These types of abuse are not mutually exclusive, such as sexual abuse and sexual exploitation.

The last [UK national study of child abuse](#), carried out by the NSPCC in 2009, was also broad and covered many types of abuse, including: child maltreatment, neglect, physical violence, sexual abuse, emotional abuse, physical punishment and exposure to domestic and family violence. Other surveys including the [US National Survey of Children's Exposure to Violence \(NatSCEV\)](#) and the [International Society for the Prevention of Child Abuse and Neglect: Child Abuse Screening Tool](#) (ICAST) also cover a similar range of types of abuse.

Other studies, however, have been narrower in focus, looking at one type of abuse. This has predominately been child sexual abuse (CSA). For example, the [Child Sexual Abuse Questionnaire](#) measured child sexual abuse and child sexual exploitation in Switzerland. While it may be beneficial to focus on one type of child abuse to enable more in depth analysis, a survey covering multiple types of child abuse would provide a better estimate of the prevalence of child abuse as a whole and allow for analysis exploring the prevalence of multiple victimisation. Stakeholders also highlighted the importance of ensuring that a survey could be comparable over time and therefore did not just focus on types of abuse that are topical in the media.

Next steps

In phase two of the feasibility study, careful consideration surrounding the age of the child and their comprehension of different types of abuse would be needed when exploring questionnaire development. For example, exploring the use of behavioural style questions when asking about different types of abuse to help facilitate a child's understanding. It was noted by stakeholders that some forms of abuse would be harder to measure and for children to recognise, such as criminal exploitation. Prioritisation of different types of abuse within these broad categories and detail surrounding the nature of the abuse may also be needed to minimise questionnaire length and respondent burden.

We would like your views on the types of abuse that we have recommended should be included through our [public consultation](#). Consultation responses will be reviewed and used to inform the decision on whether the proposed survey could sufficiently meet user needs and, if so, which types of abuse would be included in the survey.

What time-period should a survey cover?

We have concluded that a survey should ask about lifetime and past year experience¹. For young adults, the survey would only ask about experiences before the age of 18 years. This is in line with guidance from the [World Health Organization](#).

Stakeholders have demonstrated that there is a need for data on both lifetime and past year experiences. Collecting information on past-year abuse allows for comparisons between ages, while capturing current prevalence. This will allow analysis of the current nature of abuse, which is important to informing government decisions and policy-making.

It is also important to capture lifetime experience. [Previous research](#) by the Children's Commissioner suggests that children are less likely to disclose abuse that happened in the past year, as disclosure rates are higher in young adults and generally increase with age. The inclusion of lifetime experience would allow for a more accurate measure of the scale of child abuse than with past year experience alone.

Capturing abuse over a child's lifetime is also important as experiences of abuse as a child can have a lasting impact. It is therefore important that services, including charities, social services and policing, need to have adequate resources to respond to and support children who have been abused in the past, as well as the present.

[Research](#) from the [Independent Inquiry into Child Sexual Abuse](#) (IICSA) demonstrates that child sexual abuse is associated with an increased risk of adverse outcomes across all areas of an individual's life, such as their vulnerability to revictimisation. For example, [findings](#) from the year ending March 2019 Crime Survey for England and Wales showed around half of adults (52%) who experienced abuse before the age of 16 years also experienced domestic abuse later in life, compared with 13% of those who did not experience abuse before the age of 16 years.

[Previous research](#) from the IICSA also found the impact of child sexual abuse can be seen over an individual's lifetime, such as physical health conditions and mental health issues such as depression and post-traumatic stress disorder (PTSD). The [National Child Development study](#) also found similar findings with [evidence](#) suggesting child maltreatment in any form can have a strong and sizeable impact on mental health across an individual's lifetime.

This highlights the importance of giving children and young adults the opportunity to report all current and previous experiences of abuse across their lifetime. This could provide a clearer picture on the resource required across services, such as mental health services or charities, to meet the level of need.

Next steps

We invite feedback on our recommendation to include past year and lifetime experience¹ of abuse through our [public consultation](#). Consultation responses will be reviewed and used to inform the decision on whether the proposed survey could sufficiently meet user needs. We acknowledge that asking about both lifetime experience and past year experience would result in less survey space for other questions. In phase two of the study, this would need to be considered in questionnaire design to understand how this may impact the level of detail the survey could collect on the nature of abuse.

Notes for: Coverage findings

1. The survey would not cover abuse experienced before birth. Administrative sources within the [compendium](#) have captured data on abuse including unborn children. Examples of abuse against an unborn child include substance abuse, domestic abuse or failure to provide them with sufficient nutrients.

5 . Methodology findings

Who should the participants be?

We have concluded that participants should be between the ages of 11 and 25 years and, if feasible, a survey should cater for those who have different needs; such as those with special educational needs and disabilities (SEND). It is important that these children are included as [previous research](#) indicates they are at greater risk of experiencing abuse.

For example, [findings](#) from the year ending March 2019 Crime Survey for England and Wales showed around twice as many adults aged 18 to 74 years who had a long-term condition or disability during childhood experienced abuse before the age of 16 years than those without such a condition, at 40% compared with 20%.

[Previous surveys](#) on child abuse have also typically included children from the age of 11 years upwards. For example, the last UK-wide survey of child abuse carried out by [NSPCC](#) collected information from children and young people aged 11 to 17 years and young adults aged 18 to 24 years. For children aged between 1 month and 10 years, the parent or guardian was surveyed about experiences of abuse their child may have had. We are recommending against the option of surveying parents or guardians to collect information relating to children under the age of 11 years as feedback from stakeholders indicated the disadvantages of doing this, such as the unreliability of the data, far outweighs the benefit.

Findings from stakeholders and the qualitative research also supports the lower age limit of 11 years as it is considered comprehension of abuse should be established, however, it is important the questions should be designed carefully to cater for differing cognitive abilities. [Guidance](#) from the World Health Organisation (WHO) also supports the age range we have identified as they state children as young as 10 years can complete self-completion questionnaires.

The importance of including young adults was emphasised by stakeholders, because of previous research showing that disclosure rates go up after the age of 18 years. For example, [research](#) by the Children's Commissioner found adult survivors of abuse as a child generally became aware of the abuse a considerable period of time after it has commenced or occurred. Some did not recognise their experience as abuse until later in life, with 26% of respondents admitting they themselves did not become aware that they had been sexually abused until they were an adult.

Young adults may also feel more comfortable talking about their experiences than children, therefore we acknowledge the survey should include adults up to the age of 25 years. The upper age limit of 25 years is proposed as there is service provision up to this age for some of the most vulnerable.

While we acknowledge that disclosure rates would be lower within a survey for children, our research shows it is still important to survey children under the age of 18 years to capture the current extent and nature of abuse. The inclusion of behavioural-style questions within the children survey however, may improve understanding and reporting rates. This would involve asking children about certain behaviours they have experienced or engaged in, rather than asking about their experiences of named types of abuse. The survey would give children the power and voice to report experiences of abuse and opportunity for those in need to receive support. [Guidance](#) from the WHO demonstrates the importance of this, as it would allow children to be involved in actions and decisions that affect them.

Next steps

As part of phase two of the study, further qualitative research would be needed to better understand how a survey could cater for children with SEND; such as adjustments to how the survey is administered. Because of the difference in cognitive understanding and comprehension across ages, we have established the need for separate surveys for children and adults. Further research, such as cognitive testing, would be needed in phase two to determine questionnaire design.

We would like your views on the lower and upper age limits that we have recommended through our [public consultation](#). Consultation responses will be reviewed and used to inform the decision on which ages should be included.

What is the best environment for children to complete the survey?

Our research has suggested that the best environment for children to complete a survey would be in schools or in an equivalent educational establishment.

Children's surveys have widely taken place in schools. For example, the Office for National Statistics (ONS) are currently running the [Coronavirus \(COVID-19\) Schools Infection Survey](#), which investigates the prevalence of current COVID-19 infection and antibodies among pupils and staff across sampled schools in England. Schools have also been used in previous studies of a sensitive nature, such as the [Annual Bullying Survey](#) and the [Scottish Schools Adolescent Lifestyle and Substance Use Survey](#).

[Guidance](#) from the WHO advises that administering questionnaires in schools is an efficient way of gaining a representative sample of children if the levels of school dropout are low. They are considered to be a safe environment with support systems in place. Schools also have the practical advantage of providing a sampling frame of children aged under 16 years. For more information on sampling schools, please see the "What is the most feasible method for drawing a sample?" subsection.

Furthermore, there is evidence of higher disclosure rates obtained from surveys in schools compared with surveys carried out in a child's home. For example, the [Child sexual abuse questionnaire](#) in South Africa, carried out research in both schools and households. The results showed a higher prevalence of lifetime sexual abuse (35.4%) from the data collected in schools compared with the data collected in households (26.3%). Researchers concluded that this suggested that children were more likely to report abuse while in a school environment.

Findings from stakeholders and the qualitative research also suggested recruiting through schools would be the most sensible approach, as this environment will ensure safeguarding procedures can be followed.

Challenges of conducting research in educational establishments

We acknowledge, however, that there are some challenges with recruiting and surveying children in educational establishments. The establishments need to be supportive of the research. Carrying out research within this environment can be onerous, such as fitting in time for the survey to be completed and potentially providing additional resource to implement safeguarding support to the participants.

Advice from experts has also indicated that there may be response bias from educational establishments as some may be less willing to participate than others. For example, if the experiences of children in participating schools differs from those in schools who do not participate, this risks bias being introduced into the estimates. This emphasises the importance of how a survey is framed to increase uptake, which is discussed within the [Ethical findings](#) section.

The qualitative research highlighted that children may be placed at risk as they may be singled out at school for not participating. It is possible that the perpetrator may be a peer or adult within the establishment, therefore, the child may be placed at risk if they are aware the survey was happening or had happened. It is also possible that children may be less likely to report experiences of abuse in a survey if the perpetrator works within their educational establishment.

[Findings](#) from the year ending March 2019 CSEW showed adults who were sexually abused before the age of 16 years were most likely to have been abused by a friend or acquaintance (including neighbours and friends or acquaintances of oneself or one's family) (37%). The [findings](#) also showed emotional and physical abuse experienced before the age of 16 years, was significantly more likely to be perpetrated by a parent than someone in a position of trust or authority, for example, a teacher. This suggests that, on the whole, an educational environment would still be the safest environment to complete the survey, particularly for those who have or are experiencing abuse.

Children who may not be captured within this environment

There are children in the UK who do not attend an educational establishment and would not be included under this approach. Examples are those that are homeschooled or in the youth secure estate (YSE) and those absent from school or who are between schools. The school environment and the support network it provides can be a protective factor for children. Children without this may be more at risk of abuse. However, ensuring a safe environment for the child to complete the survey is vital and we believe this outweighs the impact it may have on the data quality.

The [latest research](#) carried out by the Association of Directors of Children Services (ADCS) in 2018 estimated 57,873 children were being homeschooled in England. It is likely that this number is now higher because of the impact of the coronavirus (COVID-19) pandemic. Currently, it would not be possible to capture those that are homeschooled as there is no database registering children who are homeschooled across the UK.

We have found many practical issues to including children from the YSE. For example, a survey would need to be paper-based as external electronic devices are not permitted on site. There would also be logistical issues around efficiently administering a survey as some children may not be allowed to be around others. The [population of children](#) within these facilities is relatively small with around 830 children in the year ending March 2019. Given the small population and methodological factors discussed, the feasibility of the inclusion of this group requires further exploration in phase two.

We have also identified issues surrounding recruiting 16- and 17-year-olds representatively across the UK in an educational setting. For more information on these topics, please see the "What is the most feasible method for drawing a sample?" subsection.

Issues with conducting the survey at home

We considered the option of conducting a survey at the child's home address but dismissed this option as it raised some large concerns around safeguarding, as the perpetrator may be in the household while the interview is taking place, putting the child at risk. Previous research indicates a large proportion of abuse takes place in the child's home. For example, the [year ending March 2019 Crime Survey for England and Wales](#) (CSEW) found almost half (46%) of those who experienced rape or assault by penetration (including attempts) before the age of 16 years, experienced it within their own home. A home environment could also have implications for the accuracy of the data, if the perpetrator or another family member is present a child may not feel comfortable completing the survey honestly.

Next steps

We invite feedback on our recommendation that the survey should take place in an educational establishment for children through our [public consultation](#). Consultation responses will be reviewed and used to inform the decision on the feasibility of the survey being completed in this environment.

In the next stage of phase one of the feasibility study, further qualitative research is needed with headteachers and teachers to understand whether conducting a survey in an educational establishment is feasible. It is crucial that their views are considered and whether the challenges we have recognised can be mitigated. For example, the burden a survey would place on schools and how this could be alleviated. These findings would be critical to understand whether the survey could be successful in schools and would have a large impact on whether the survey could be piloted.

In phase two, further research is needed to determine the mode of the survey for those aged 16 to 25 years, as the issues regarding the home environment would also be relevant. As this group also contains children aged 16 to 17 years, appropriate safeguarding measures would need to be adopted if the survey environment is not within a school environment. For more information regarding the mode of the survey, please see the "What is the best method for administering the survey?" subsection. Further exploration is also needed to determine whether the inclusion of children within the YSE is feasible.

What is the most feasible method for drawing a sample?

Our research has found that two different sampling frames would be needed to representatively sample those aged 11 to 25 years. We have identified that the most feasible approach for surveying those aged 11 to 15 years is through a school-based sample drawn from school censuses across the UK. We have identified two possible approaches to investigate further for sampling those aged 16 to 25 years: the NHS patient register or using a follow-up survey to an existing large-scale household social survey.

For those aged 11 to 15 years, a school-based sample drawn from school censuses, which also captures pupil referral units, would allow for an efficient sample design. Each country in the UK carries out their own school census for all maintained schools, which makes it feasible to collect a representative sample across the UK. However, the school censuses do not capture some sub-populations, for example, those attending private schools, boarding schools, youth secure estates and those who are homeschooled. Therefore, including independent school census data would need to be considered to ensure representation is obtained from those attending private schools and boarding schools. The censuses do not capture those attending youth secure estates or those who are homeschooled, so these sub-populations would be missed out.

To draw a sample of schools, a similar approach to that used in the [Children's Dental Health Survey 2013](#) could be adopted, which created a list for primary schools and secondary schools and used random sampling to select schools from within this list. The survey oversampled deprived schools to ensure that there was an adequate sample size to allow analysis to be carried out by relative measures of deprivation.

The [compulsory educational age](#) across most of the UK is age 16 years¹, except in England where children must stay in some form of education until the age of 18 years. The school censuses therefore do not fully capture 16- and 17-year-olds as they only include those attending sixth form and city technology colleges. Therefore, 16- to 17-year-olds would need to be sampled with the 18- to 25-year-old age group.

For those aged 16 to 25 years, the NHS patient register has been identified as a reliable sampling frame, however, the feasibility of using it for this purpose would need to be further explored. The [Mental Health of Children and Young People Survey](#) used the NHS patient register as a sampling frame, and highlights the usefulness as a person-level sampling frame, which would allow a sample of those aged 16 to 25 years to be extracted by single year of age. However, a legal gateway would need to be established to acquire this dataset for sampling purposes.

Additionally, the information might be out of date when it comes to be used, as it would not provide up-to-date addresses of individuals who may have moved since they last interacted with an NHS service. For example, young people who have gone to university may not re-register with a GP surgery near their term time address, so they would still be captured at their parent or guardian's address. There may also be further delays to remove those who have passed away and the register would not include private patients.

Using a follow-up survey to an existing large-scale household social survey would enable a sub-sample of 16- to 25-year-olds to be efficiently drawn. This approach has recently been adopted by the Office for National Statistics in transforming social surveys. For example, the [Opinions and Lifestyle survey](#) (OPN) has previously subsampled from the Annual Population Survey, and is currently subsampling from the Labour Market Survey. This approach would include carrying out a follow-up survey of child abuse with those who have given permission to be contacted for future research after completing an existing large-scale household survey. Since the contact details of these individuals would be readily available and would likely to be most up to date, this could reduce time and effort trying to acquire these. Therefore, this approach could simplify the collection of data for those aged 16 to 25 years.

However, for this approach it is important that considerations are taken to ensure that the original responding sample is representative of the required age group to avoid sampling bias, where some members of the population are more likely to be selected in a sample than others. There is a risk that certain characteristics might not get captured, which impacts data quality and accuracy.

It is possible that those who fall within the required age groups could specify they do not want to be contacted for follow-up surveys. The survey could miss out on some individuals who may have experienced child abuse, for example, those residing in communal establishments such as children's homes, would not be captured by an existing household survey. It is important that the large-scale household social survey has a big enough sample size, which would capture the age group required.

Using the [electoral register](#) as a sampling frame for 16- to 25-year-olds was dismissed because a representative sample cannot be obtained, as it would not include those aged 16 to 17 years, those who have not registered and those who are not entitled to vote. Also, in some cases an individual could appear on the register more than once, for example, a student with different home and term-time addresses. This would be cost inefficient as it would be difficult to determine which address the target population is residing within before sending out correspondences. Further, depending on the method used for administering the survey, it is possible a survey could be filled out more than twice by the same person if correspondences are received at both of their addresses.

The postcode address file (PAF) was also dismissed because there is no way to identify age since PAF does not contain data on demographic characteristics, as it only comprises a list of addresses. Therefore, it would not be possible to identify addresses that have 16- to 25-year-olds residing within them. Similarly, to the electoral register, this approach would not be cost effective as it would require sending out letters to households to establish if someone would be eligible to take part. Also, since the letter would be addressed to the household the person who opens the letter may deliberately or unintentionally fail to pass it on to the eligible person. Therefore, it might be time consuming trying to achieve the required sample size.

Next steps

Further research is needed to explore the potential use of the NHS patient register and a follow-up survey as sampling frames. This would help make an informed decision on which approach would be most time and cost efficient while providing a representative sample of the required ages.

If further research concludes that neither approach is feasible, it would be our aim to investigate whether the CSEW "experience of abuse during childhood" module could be developed to meet user needs on gaining further insight into this topic. The [CSEW](#) "experience of abuse during childhood" module asks adult respondents aged 18 to 74 years, whether they have experienced abuse before the age of 16 years. It covers emotional abuse, physical abuse, sexual abuse and exposure to domestic abuse. However, the module does not capture abuse experienced at ages 16 and 17 years, therefore, it currently provides an underestimate of child abuse. Approximately 1,600 young adults aged 18 to 24 years participated in the survey in the year ending March 2019. This sample size for young adults is relatively small, so there would be uncertainties around estimates and the data would not be as detailed.

We welcome any thoughts on the proposed sampling frames or suggestions of how to best sample young adults through our [public consultation](#).

What is the best method for administering the survey?

We have concluded that, for a survey of this sensitivity, respondents should complete the survey themselves through Computer-Assisted Self-Interviewing (CASI) rather than orally face to face with an interviewer.

Evidence suggests people are more likely to report experiences of abuse if the survey is self-administered. For example the [Child Sexual Abuse Questionnaire](#) in South Africa had both an interviewer administered questionnaire and a self-administered questionnaire element. Young people were more than twice as likely to report experiencing sexual abuse in the school self-administered questionnaire than the interviewer-administered questionnaire. The researchers noted that this was particularly the case for boys, who were five times more likely to report experiences of sexual abuse in the self-administered questionnaire than in the interviewer-administered.

An interviewer-administered survey lacks privacy and would need to be carried out where other people cannot hear the questions or responses. Self-completion offers a higher level of privacy for respondents. However, it is still important that a respondent can ensure that they are not being overlooked. As recommended by stakeholders, a tablet may offer more privacy than a computer.

It is also important that other people present cannot work out what they responded, for example, through how long it takes for the respondent to complete the questionnaire. This would need to be taken into consideration if carrying out a survey in schools to ensure children cannot make such conclusions. Previous approaches, such as the [NSPCC survey](#) on partner exploitation and violence in teenage intimate relationships, have included an exercise at the end for participants to complete once they have finished to help prevent this.

The qualitative research generated many ideas for how to best administer the survey through schools. For example, independent completion within a specified window of time, one-to-one completion with a trusted member of staff, through Personal, Social, Health and Economic education (PSHE) lessons and in exam conditions. In terms of supervision of the survey, there were mixed views surrounding whether an external researcher should be present or if a familiar person would be favourable. These and other practical issues, such as how technology to complete the survey would be provided, would need further exploration in phase two of the study.

The use of an electronic device would make a survey easier for children to complete and allow for questions to be automatically routed. It would also provide the opportunity to include visuals or videos and for adaptation to aid comprehension, such as through Audio-CASI. [The Danish Youth Survey](#), for example, used a self-completion questionnaire that respondents completed themselves on computers, with the questions being read out via headphones. We recognise however, that the survey should be inclusive of all children and therefore other techniques would need to be considered to cater for participants with SEND. Within phase two, further qualitative research is needed to address this.

Previous surveys have interviewed children over the phone, such as the [National Survey of Children's Exposure to Violence](#) in the US. This method was dismissed as it has substantial safeguarding issues, as there is no way of knowing who is present when the child is providing responses. It also would not be possible to be sure that the person completing the survey is the sampled child.

Given the current restrictions around face-to-face interviewing due to COVID-19, further exploration into the survey mode is needed for those aged 16 to 25 years who would not be administered the survey in a school environment. Traditionally, a household survey would consist of an interviewer visiting the home so the participant can complete the survey. This would include the provision of technology for any self-administered sections of the survey. The ONS has recently conducted [research](#) to address whether sensitive topics within the adult's Crime Survey for England and Wales (CSEW), such as abuse experienced during childhood, could be asked through an online platform. The research highlighted issues surrounding data quality, safeguarding processes and the increased risk of harm to the respondent. These issues need to be further explored as part of the development of the CSEW, which would inform decisions on the mode within this feasibility study.

Next steps

In phase two of the study, further exploration is needed into how the survey would work in practice within a school, such as how the survey would be completed and other practical considerations. Further qualitative research is also needed to understand if and how children with SEND could be included. Alongside this, investigation into the most appropriate mode for the survey of those aged 16 to 25 years is also needed.

We invite feedback on our recommendation for the survey to be self-administered through our [public consultation](#). We would also like your views on how the survey should be administered for those aged 16 years and over. Consultation responses will be reviewed and used to inform the decision on how a survey should be administered, and therefore the feasibility of including this age group in the survey.

How large does the sample need to be to give precise estimates?

Our initial research suggests the survey would need to be relatively large with approximately 45,000 respondents needed for the estimates to be useful. This is around 29% larger than the [CSEW adult survey](#) where the average achieved annual sample is 35,000 households. Please note this estimate is provisional and based on initial exploratory research.

As we are still to conclude on a recommended sampling method, the estimated sample sizes have been created using assumptions from previous surveys². Based on the [previous prevalence estimates](#) published by the NSPCC, we have concluded that the achieved sample size should reflect a 3% margin of error minimum, at a regional level, as the prevalence for some types of abuse are likely to be low. A small margin of error would ensure more certainty in low prevalence rates as the confidence intervals would be smaller than those with a 10% margin of error for example.

It is important to note that the total number of people who would need to be contacted for their participation (the issued sample) would be much higher as it depends on the response rate. As an example, if we were to take the assumption that the response rate would be similar to the latest national survey of child abuse (60%), and everyone contacted is eligible to participate, the total issued sample needed would be approximately 75,000 minimum. However, it is difficult to estimate what the response rate would be for a new survey of this nature because of the time that has passed since then and the difference in methodology. The social surveys landscape has also changed substantially since the coronavirus pandemic (COVID-19), which has resulted in lower response rates being achieved generally.

Next steps

If we proceed to phase two of the study, a pilot survey would provide the best indicator of response rates for a survey of this type. This would inform how large the issued sample size would need to be.

How often should the survey be carried out?

As a minimum, if successful, we recommend a survey of child abuse should be carried out every 10 years. Dependent on the cost and outcome of the first survey, repeating it every five years could be considered.

Guidance from the [World Health Organization](#) suggests that a survey of this nature should be repeated every four to seven years. Feedback from stakeholders also highlighted that surveys looking into child abuse should not be carried out too regularly to allow time to see change. This approach would reduce the likelihood of capturing the same children in future surveys, which would prevent them having to report experiences of abuse again. Therefore, carrying out the survey every 10 years was suggested, with booster samples in the intervening period to pick up on new issues such as those associated with changing technology. It was suggested that an existing survey instrument such as the Crime Survey for England and Wales could potentially be used for this.

Next steps

We would like your views on how often a survey of this nature should be carried out to meet your needs through our [public consultation](#). Should the work proceed to phase two, findings from the pilot survey would also be used to determine how frequently the survey could be run.

Notes for: Methodology findings

1. In England after leaving school, the individual must stay in full-time education, start an apprenticeship or traineeship, or spend 20 hours or more a week working or volunteering, while in part-time education or training until they are aged 18 years.
2. The sample sizes have been calculated using the estimates of emotional and physical abuse from the latest [NSPCC national survey](#) of child abuse. A design effect of 2.25 was used to calculate the sample sizes for those aged 11 to 17 years, which was observed within the [Children's Dental Health Survey 2013](#). A design effect of 1.25 was assumed for adults aged 18 to 25 years based on experience from previous household surveys.

6 . Ethical findings

What are the ethical and legal requirements?

Because of the sensitivity of the topics, there is a risk that a survey could cause harm to the participants through trauma or distress. There is also a risk that the survey could have negative consequences to those who are currently experiencing abuse and the perpetrator becomes aware that the survey took place. The welfare of all children and young adults completing such a survey is essential and therefore, it is important that procedures are put in place to mitigate the risk of harm.

We have explored the ethical requirements of the survey in line with the [British Educational Research Association \(BERA\) guidelines](#) and [ethical principles](#) outlined by the [National Statisticians Data Ethics Advisory Committee \(NSDEC\)](#).

Obtaining permission

Following recommendations by NSDEC and stakeholders, our research has shown a prevalence survey should adopt a procedure that allows parents to withdraw their child from participation, which would balance the ethical and legal requirements with quality of the data. There is also an ethical requirement to obtain permission from young adults for their participation but not from their parent or guardian.

It is important to note that legal and ethical consent are different concepts. Under the [General Data Protection Regulation \(GDPR\)](#), consent is a lawful basis (Article 6.1.a) that allows us to process personal data with the consent of the data subject for one or more specific purpose. We (the Office for National Statistics (ONS)) use, "Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller" (Article 6.1.e). This means that legally, we are not required to obtain consent or provide an "opt-in" for data subjects. However, because of the nature of the survey, there would be an ethical responsibility to get permission from participants and parents for their participation, and to process their data for the purposes required, such as statistical analysis and data sharing for safeguarding purposes.

We have considered three potential options surrounding parental permission for children aged 11 to 17 years:

- seek parental permission – parents would need to agree for their child to take part in the research
- participant withdrawal by their parent(s) – parents would need to request for their child to be removed from the research if they did not want them to take part
- parental permission not considered – parents would have no say over whether or not their child participated

Previous surveys of a sensitive nature have varied in the approach they have adopted surrounding parental permission. For example, the [latest national survey](#) of child abuse in the UK sought parental permission for their child's participation, as well as the US [National Survey of Children's Exposure to Violence](#) (NatSCEV).

In comparison, the Switzerland [Child Sexual Abuse Questionnaire](#) did not seek any parental permission as this was not required under Swiss law. Other surveys adopted a participant withdrawal approach from parents, such as the [South Africa Child Sexual Abuse Questionnaire](#) carried out in schools. It is important to note, however, that these approaches to parental permission may vary because of differing survey methodologies and the different associated ethical and legal considerations.

Parental permission is an important ethical consideration when conducting research with children, and it can also affect response rate and data quality. Not considering parental permission would ensure the data are not subject to response bias and therefore would be of higher quality. This option would pose less risk to a child if a parent or guardian was the perpetrator of any abuse, as they would be less able to prevent their child taking part and the child would be able to receive appropriate support.

Following consultation with NSDEC however, it was evident that from an ethical perspective, it is important for us to inform parents about the research. This is because of the sensitivity of the topic and the risk of negative repercussions to a child if a parent was to later find out they had taken part without their knowledge.

The option of seeking parental permission was also dismissed as it would likely negatively impact the quality of the data and response rate. This is because of many reasons, such as the possibility of parents forgetting to submit permission forms, as well as bias if they are the perpetrator of abuse or if they have certain views surrounding the sensitive content of the survey. It could also place a large burden on schools, and therefore reduce the likelihood of them being willing to participate. It is important children feel they have ownership over their own experiences and right to report their experiences of abuse, however this option would diminish that completely.

Therefore, a participant withdrawal approach by the parent would be favourable. While there are disadvantages of informing parents, there are certain circumstances where the parent should be aware of the research so they can protect the welfare of their child. For example, parents may deem their child as too vulnerable to take part if they have severe special educational needs and disabilities (SEND) or they are aware their child has previous experiences of abuse.

Parents would also be able to monitor their children for any signs of trauma or discomfort following taking part in the research and it could facilitate discussion between the parent and child about their safety. Safeguarding procedures adopted within the survey would ensure all children would receive the opportunity to access support should they need it. For more information on safeguarding, please see the "What safeguarding measures would need to be put in place?" subsection.

Next steps

We welcome feedback on our recommendation to allow parents to withdraw their child from taking part in the survey through our [public consultation](#). We recognise approaches to gaining permission may differ by educational establishment. In the next stage of phase one, further qualitative research is needed with teachers or headteachers to understand this and whether a survey would need to comply with their usual processes.

Disclosure and confidentiality

Following consultation with NSDEC and considering appropriate safeguarding procedures, we have concluded that a survey should adopt a partial anonymity and partial disclosure approach, where referrals are made for children whose disclosure of abuse meets a certain criterion. These referrals would be made by an external researcher rather than by the school or education establishment. A similar approach was adopted by NSPCC in the [last prevalence survey of child abuse in the UK](#). This approach would ensure opt-in support could be provided, while referring children who are considered at risk.

In most circumstances, the confidentiality of responses is an important assurance to participants. However, for a survey of this nature there is an ethical question of whether confidentiality needs to be broken in cases where the child is deemed to be at high risk of harm.

Previous studies have offered varying levels of anonymity to respondents and have handled disclosures of abuse differently. These have ranged from complete anonymity to referring all cases of abuse to the child protection authority.

We considered three potential options for this:

- total anonymity – opt-in approach adopted for support only; no safeguarding action would be taken; no personal identifiable information would be collected
- partial anonymity, full disclosure – safeguarding action would be taken for all children who have reported any experience of abuse, regardless of whether they have opted in to receive support
- partial anonymity, partial disclosure – opt-in approach adopted for support, referrals would be made for children meeting a certain criterion, regardless of whether they have opted in to receive support

A completely anonymous survey would make it impossible to identify children who are at risk of harm and ensure they receive appropriate help. Therefore, this approach would not be feasible.

Both disclosure approaches mean personal identifiable information would be collected and used for safeguarding purposes but then removed before statistical analysis. A full disclosure approach was dismissed as this would be likely to result in substantive response bias and therefore would negatively impact the quality of the data. This is because children would need to be informed of the confidentiality of their responses. Therefore, as they would be aware that any disclosure of abuse would result in a referral, they would be less likely to be honest in their responses. It would also remove the control completely from the child on how their experience of abuse is handled.

The partial anonymity and partial disclosure approach would ensure the welfare of children at risk is protected. We acknowledge this may still result in some response bias, however, the ethical obligation to safeguard children outweighs this. Stakeholders have raised some issues surrounding partial anonymity, as it may remove the control from some children on how their experience of abuse is handled. However, it is important to recognise some children may not be aware that they have experienced abuse themselves. Therefore, this approach would aim to ensure children who may not opt-in to receive support, are also provided with appropriate support.

Before the child gives their permission to take part, it would need to be made clear that their personal information and details of their responses could be passed on to support services if there is a safeguarding concern. If the child accepts, then this would result in an open legal gateway to onward share their information under the [Statistics and Registration Service Act](#) (SRSA).

Parents have a right to request access to their child's responses through a subject access request. These requests would be reviewed on a case by case basis and therefore it is possible that they could gain access. This would need to be made clear to the child before they agree to take part in the survey.

The Office for National Statistics (ONS) normally only collects personal information for statistical purposes, so this approach would be different to our standard process. However, feedback from NSDEC suggested our ethical duty to protect the welfare of children would outweigh the need to adhere to this.

Next steps

We welcome feedback on our recommendation for a partial anonymity and partial disclosure approach through our [public consultation](#).

In the next stage of phase one, further research needs to be carried out to understand what approach would be adopted for young adults aged 18 to 25 years. Further qualitative research needs to be undertaken with children and young adults who have previous experiences of abuse to understand their concerns surrounding the partial anonymity and partial disclosure approach and how that would affect the data quality.

Withdrawal from participation

It would be necessary to provide all participants with the option to withdraw their responses from the research at any point. Because of the sensitive nature of such a survey, it is possible participants may become distressed, especially if they have or are currently experiencing abuse. Providing them with the option to withdraw is essential from an ethical standpoint for this reason. This would be made clear at the start of the survey so participants are aware that they can drop out at any time. This also means participants, parents or guardians can decide to withdraw their permission and subsequently their data after the survey has been completed.

Transparency and data storage and access

It would be vital that all communication surrounding the survey is open and honest with participants, as well as their parents or guardians and the schools taking part in the survey. The privacy information would need to be made clear before they agree to participate. For example, the confidentiality of their responses, the content and purpose of the survey, data sharing and the safeguarding procedures being implemented. This is important so that children are prepared for the topics in the survey and therefore can make an informed decision on whether or not to participate. Data storage and access procedures would also need to be explained to participants, such as how long their personal identifiable information would be held for, the reason for this and how or if the data would be shared.

What safeguarding measures would need to be put in place?

We have concluded that all those sampled, including those who refuse to take part in the survey, should be given resources detailing services that provide support, regardless of whether they have reported any experiences of abuse. We have also concluded that a survey should adopt a flagging system, which would be used to assess the level of risk a child is in and apply different levels of safeguarding depending on the circumstances of the abuse the child has reported.

Findings from stakeholders and the qualitative research suggested that it would be important to make it clear in advance what safeguarding is being implemented and what support would be offered after the survey. Additionally, respondents would need to be made aware that their responses could be shared if they are identified as being at risk through what they report in the survey. This would allow respondents to make an informed decision on whether they want to participate in the survey.

It was also clear that support should be provided before and during the survey and should be provided to all children, including those who did not participate either because of being withdrawn by their parent or choosing not to themselves. Further, as highlighted within the qualitative research, an opt-in option could be provided at the end of the survey for participants to state whether they would like to be referred to support services.

Another suggestion made was that a survey could be incorporated into Relationships and Sex Education (RSE), or Personal, Social, Health and Economic education (PSHE) lessons, where resources on available support could be highlighted. The information provided could help educate children about the topics covered and help familiarise them with relevant concepts and language.

However, our research shows that this is not enough alone and that other safeguarding processes would be needed to ensure participants receive suitable support. Therefore, a process to make referrals on behalf of children should be adopted. Findings from stakeholders emphasised that further protocols would be needed to differentiate when referrals should be made.

Similarly, the NSPCC research followed strict protocols in using a red flag system to categorise the level of support and make suitable referrals. Our research highlights that a flagging system should exclude children whose experiences are already known to authorities and are therefore already receiving support, as it could cause distress to the respondent and their families. Previous research indicates that services to be involved should be made aware the survey is happening from early onset so that they can allocate resource to respond efficiently.

Next steps

In phase two, following questionnaire design, a flagging system would need to be designed. The [NSPCC](#) flagging system and a similar approach implemented by [Ditch the Label](#) would need to be investigated further before designing the system. Additionally, important referral services suitable for providing support to respondents need to be identified. Different support options would also need to be assessed to ensure support can be provided to participants before, during and after the survey.

We welcome your thoughts on the safeguarding measures proposed and invite feedback on what additional considerations should be taken into account as part of the design of a flagging safeguarding procedure through our [public consultation](#). We would also like to hear any suggestions of important referral services suitable for providing support. These consultation responses will be reviewed and used to inform the design of the survey's safeguarding procedures.

Would parents or guardians give permission for their child to take part in a survey?

Our research so far suggests parents or guardians may have mixed opinions on whether they would give permission for their child's participation in a survey of this nature.

The qualitative research indicated parents would generally agree for their child to take part. However, an important limitation of this research to date is that it does not include the views of parents of children with known experiences of abuse. It is possible that their opinions surrounding parental permission may differ to parents or guardians of children with no known experiences of abuse.

Parents initially had mixed views on whether parental permission for their child's participation is even needed at all. When prompted to reflect on the wider population of children who might take part in a survey, parents acknowledged that seeking parental permission for children to participate could present risks to children who were experiencing abuse at home. Final discussions suggested parents of children with no known experiences of abuse would be happy not to be asked for permission, if the methodology of the survey was appropriate.

It is important to acknowledge that there is likely to be an element of positivity bias in these views as compared with those of the wider population. The parents who participated were willing to take part in this qualitative research, which suggests they may view research more favourably than the general public might.

Response rates across surveys of a sensitive nature with children have varied previously. For example, in 2002, [Gallagher and his colleagues](#) carried out a school-based UK survey with children aged 9 to 16 years, investigating sexual abuse, which achieved a response rate of 83%. In comparison, the 2017 [Mental Health of Children and Young People Survey](#) achieved a response rate of 50% for children aged 11 to 16 years. This may be as a result of parents refusing their child's participation. However, it is difficult to determine this, as response rates from previous surveys will be influenced by both the parent and the child's willingness to participate.

Response rates will also vary depending on the methodology and administration process followed, such as returning permission slips versus requesting for their child to be withdrawn from the research. For example, in 2009, a [school-based survey carried out by the NSPCC investigating teen relationship abuse and child maltreatment](#) found participation rates were higher in schools that required parents to request for their child to be removed. They found in schools where parents were required to withdraw their child from the surveys that were completed within PSHE lessons, participation rates were between 71% and 94%. In comparison, in schools which required permission slips to be completed, participation rates were between 31% and 38%. This suggests that parents are more likely to give permission if it requires minimal action from themselves.

Next steps

In the next stage of phase one of the study, further qualitative research is needed with parents of children with known experiences of abuse, before a decision can be made on the overall feasibility of a survey of this nature. It is important to understand if opinions of parents would differ if they are aware their child has experienced abuse, whether that is within or outside the home. If they are against their child participating within the survey, it is likely this would impact the data quality as the prevalence rates produced would be an under representation of the scale of child abuse. It is important this group is understood further and how or if their concerns could be mitigated.

As this research question is currently unresolved, through our [public consultation](#), we welcome your thoughts on what additional evidence or considerations should be used or research should be carried out to inform this.

Would children and young adults agree to take part in a survey?

Our research so far suggests children and young adults would agree to take part in a survey of this nature. However, an important limitation of our research to date, is that it does not include the views of children and young adults with known experiences of abuse. It is possible that their opinions surrounding willingness to take part may differ to children with no known experiences of abuse.

Previous social surveys with children indicate they are willing to take part in surveys. For example, In the [year ending March 2019 10- to 15-year-olds Crime Survey for England and Wales \(CSEW\)](#), out of 4,327 households with an eligible child, only 6% of children refused to take part. Similarly, other surveys surrounding more sensitive topics with children and young adults have been successful in achieving an adequate response rate, such as the latest [national survey of child abuse](#) carried out by the NSPCC, which achieved a 60% response rate. Others include the Switzerland [Child Sexual Abuse Questionnaire](#), which achieved a 92% response rate and the [Swedish survey of physical punishment and other forms of child abuse](#), which achieved a 82% response rate.

Previous research of a similar nature also suggests young adults would agree to take part. The CSEW, for example, asks adults aged 18 to 74 years about their experiences of abuse during childhood before the age of 16 years. Approximately 1,600 young adults aged 18 to 24 years participated in the survey.

The qualitative research suggested children would agree to participate in a survey of this nature. They did raise however, that there may be differences in the willingness to participate by age as some felt that younger children (generally classified as those up to 12 or 13 years old) might be more comfortable than older children who they suggested tended to feel embarrassed about sensitive topics. They also highlighted concerns surrounding repercussions as a result of disclosure, which could influence their decision to take part.

It should also be recognised that although children may agree to participating in a survey, some topics discussed within the survey may differ in the number of responses. For example, in 2002, [Gallagher and his colleagues](#) carried out a school-based UK survey with children aged 9 to 16 years on the topic of sexual abuse. They found children were less likely to complete the questions on sexual abuse in comparison with the others (theft, harassment, physical abuse and accidents).

Next steps

In the next stage of phase one of the study, further qualitative research is needed with children and young adults who have previously experienced abuse as a child. This would be crucial in understanding whether or not they would be willing to take part and their concerns surrounding a survey of this nature and how these could be mitigated. A pilot study would inform whether there are differences in response rates across the topics. It could also explore the use of incentives and the ethics of this and whether it would have any impact on uptake.

As this research question is currently unresolved, through our [public consultation](#), we welcome your thoughts on what additional evidence or considerations should be used or research should be carried out to inform this.

What is the best approach for framing the survey?

Our research has suggested a survey would be best framed as a child safety survey. This would be phrased slightly differently to young adults to account for past experiences, such as a safety during childhood survey.

Framing the survey this way would help encourage schools, parents and children to participate as it focuses attention on the wider positive outcome of the survey. For children themselves, the topic of their safety may enable them to understand the underlying aim of the survey to protect them and listen to their views. It is also likely to make them feel more comfortable and less scared or anxious.

We considered framing the survey as a survey of child abuse. However, child abuse can be seen as a "taboo" subject around which some might perceive there to be stigma, and therefore some may not wish to be associated with a survey framed in this way. We also considered framing the survey around childhood experiences, which would encourage comfortability even more than child safety. However, we felt this was too broad given the content of the survey and could be misleading to those involved.

Another option we considered, was framing it as a children's crime survey. We dismissed this option as previous stakeholder experience with surveys of this nature suggested participants are less likely to report experiences of abuse in a survey when associated with the topic of crime. This is likely because of fear of repercussions or not associating themselves as victims of crime. Conversations with stakeholders indicated that it is important to frame the survey around childhood experiences and an evaluation of their safety separate from crime.

The final option we explored was framing it as a "child welfare survey", which would highlight that the survey could be used to protect children. However, this option was dismissed as we felt it sounded authoritative, which could scare or worry both children and parents.

It would be important that the information given to all parties is transparent and it is clear the main outcome of the survey would be a measure of the current prevalence of child abuse. Being transparent about the survey contents with participants is crucial, so they are forewarned about the sensitivity of the questions. In doing this, the level of potential distress caused and possible re-traumatisation could be significantly reduced as they would be aware of the topics included. This would also allow participants to make an informed decision on whether or not they would like to take part. Stakeholders also indicated it is important that the benefits of the survey would be clearly communicated, which would increase uptake and participation.

Findings from the qualitative research suggested that the survey could be introduced to children through the curriculum in schools, such as within PSHE lessons. Integrating the survey into lessons would enable children to build familiarity with the topics and build an understanding of the purpose of the activity, while highlighting the importance of the survey. It could enable children to understand the different pathways of support that are provided to them.

Next steps

We invite feedback on our recommendation to frame the survey as a child safety survey through our [public consultation](#). Consultation responses will be reviewed and used to inform the decision on how a survey would be framed. In phase two, the feasibility of integrating into PSHE lessons would need to be explored and how different concepts of abuse could be framed to children in relation to question design.

7 . Data accuracy and reliability findings

How would data from a survey compare with data from administrative sources?

We have concluded that a survey of this nature would provide data of additional value to existing sources as administrative data alone does not capture the full extent and nature of child abuse. In January 2020 we published a [compendium of statistics on child abuse in England and Wales](#), bringing together a range of different sources from across government and the voluntary sector. However, gaps were still identified within the sources.

There are several administrative data sources on child abuse in the UK, but the administrative systems across the nations differ from one another which makes it difficult to compare child abuse statistics. These administrative data sources include, police recorded crime, the [children in need census](#), and [data](#) on the number of looked after children. These however only provide information on the number of cases that come to the attention of the authorities and therefore gives an underestimate on the scale of child abuse.

Administrative data collected by charities and helplines, such as the [National Association for People Abused in Childhood](#) (NAPAC) and [National Society for Prevention of Cruelty to Children](#) (NSPCC), also provide some information about the scale of child abuse. However, information is only provided for those who contact these services. This could result in zero to limited coverage on certain subgroups who have never interacted or have had limited interaction with certain administrative systems. Therefore, the experiences of these subgroups may never get captured.

A limitation of some helpline data, as highlighted by the [ONS Child abuse extent and nature, England and Wales](#) publication, is that it would only record most talked about issues by children. It therefore, may miss out recording multiple types of victimisation or other important factors a child discloses that could give insight into the abuse. Another limitation is that it may not be possible to identify the actual number of children who are speaking to a helpline service as the same child may be using the service for multiple counselling sessions.

Further, some experiences of abuse may not be recorded by authorities because adults or authorities who a child has disclosed to has not dealt with the matter appropriately. Hence why, a survey could allow an alternative place or method for respondents to report their experiences of abuse.

It is difficult to make long-term comparisons using administrative data, because of changing policy priorities and recording practices, as well as increases or decreases in resources, which can change the profile of detected cases. For example, police recorded crime data can be influenced by changes in recording practices and are dependent on crime being reported by the public and recorded by police following guidelines.

As a result of this, some children's experiences of child abuse will not appear within police crime data. There is also a concern with the quality of recording as crime is not always recorded consistently across police forces. Further, since there is no specific offence of child abuse in law, it can be challenging to identify child abuse cases across the criminal justice system.

As highlighted within the [Child abuse and the criminal justice system](#) publication, police recorded crime data would instead use both the offence category and information on age of the victim to identify child abuse. For example, to identify child sexual abuse, sexual offence data would be used to identify where a child under the age of 16 years was a victim.

However, this approach across the criminal justice system is not consistent, which makes it difficult to measure and compare trends overtime. By comparison, a survey could measure prevalence and trends of abuse, including abuse not captured and recorded by the police.

If a survey was to be successful, it would narrow the gaps identified previously. The use of both administrative data and survey data would be invaluable in providing insight into the extent and nature of abuse that is known to authorities and those that go undetected.

Can children and young adults recall experiences of abuse?

Our research has found mixed evidence on whether children are able to recall the victimisation they have experienced and suggests that children are likely to recall to varying extents. The research has also identified a number of ways recall could be maximised.

[Research looking at childhood trauma](#) shows that some children may not recall any of their experiences of abuse because of dissociation, which can be a defence mechanism so they can handle the traumatic experience better. Trauma affects memory in several ways. The release of high levels of stress hormones can disrupt a child's cognitive functioning, which includes memory storage and retrieval processes. Therefore, there is a psychological tendency to disassociate or "switch off" during trauma, which can affect a child's recall of abuse. However, it is possible that memories of abuse can resurface, triggered through association of feelings, smells, and tastes.

[A study by Eisen and colleagues assessed the reliability of memory](#) and suggestibility of maltreated children aged 3 to 17 years who had been referred to the child abuse evaluation unit at hospital by different agencies. The study included a control group of children who had not experienced abuse.

They examined children's memory on their experience of undergoing a medical examination that detected physical or medical signs of abuse and psychological assessments on the children's mental and emotional well-being. They found that children aged 3 to 5 years made more errors and reported fewer details than children in the other categories, aged 6 to 17 years.

Eisen and colleagues used two dissociative checklist scales to measure dissociative behaviours in children. They hypothesised that dissociation would relate to poor memory recall in highly stressed children. However, the results showed that dissociation did not significantly affect memory in the children. Additionally, they found that children with prior histories of abuse performed similarly to children with no prior history of abuse. Therefore, child maltreatment does not necessarily deprive children of their ability to provide accurate event reports, and it does not seem to alter the predictors of memory accuracy.

Findings from studies investigating the impact of stressful events on memory also provide largely mixed evidence. Some research has shown that highly stressful situations can adversely affect children retrieving memory. For example, [Quesada and colleagues examined the effect of stress on 8- to 10-year-olds' memory performance](#), and found that children who were assigned to stressful conditions often made more errors in retrieving memory in comparison with those assigned to non-stressful conditions. While other studies suggest that stressful events help improve the quality of a child's memory.

[Goodman and colleagues investigated the memory of 3- to 7-year-old children for stressful events](#), when carrying out blood tests or receiving vaccinations. They found that although recall itself was not affected by age, the ability to answer specific or leading questions that prompts an answer the questioner desires, could be affected by age. They found that this increased suggestibility, which risks children incorporating false information as part of their memory. However, in general, they found that stress triggered by emotional experiences led to stronger memory.

The qualitative research highlighted a few potential ways a survey can improve children and young adult's recall of their experiences of abuse. Firstly, through asking about both past year and lifetime experiences. The research revealed conflicting views between children and practitioners on whether asking about experiences over their lifetime or in the past 12 months would help children to recall experiences of victimisation.

Some children expressed that it was easier to reflect on experiences across their whole lifespan than recall what had happened within a specific timeframe. While others expressed that children might prefer to report experiences of ongoing abuse or abuse that occurred within the past 12 months as it would be felt most relevant to them. Additionally, they highlighted that children might not remember past events over the course of their lifespan as clearly as those that occurred within 12 months.

The qualitative research also highlighted that it could be problematic to ask questions about sequencing or order of events as a child would find it challenging to recall this kind of detail. Additionally, the practitioners felt that it was important to capture when abuse had started and when it ended to determine severity and persistence of abuse, which could give indications to how experience of abuse affects children.

A study carried out by Thompson and his colleagues (1996)¹ suggested that the use of temporal landmarks such as birthdays could improve recalling. They found that a respondent is more likely to remember specific dates and therefore, could identify past abuse when using these references. By contrast, findings from the qualitative research indicated that some children would find it difficult to recall exact dates but recommended capturing patterns of abuse instead by providing statements to children to select responses most reflective of their experience.

Further, the qualitative research highlights that some respondents felt that questions designed for a survey should be kept the same across all ages, while others stated that questions should be tailored to different age groups using behavioural language. For example, children should be asked about behaviours they might have experienced rather than asking them directly if they had experienced types of abuse.

It is important to acknowledge that an important limitation of this research is that it does not include the views of children with known experiences of abuse. It is possible that their opinions surrounding recalling abuse may differ to children with no known experiences of abuse.

Next steps

In the next stage of phase one, further qualitative research is needed to explore this question with children and young adults with known experiences of abuse. Discussions with topic experts should also be considered alongside the qualitative research. In phase two, cognitive testing should be conducted as part of questionnaire design. This would enable the exploration of how questions can be phrased in ways which could maximise recall or recognition of abuse.

As this question is unresolved, through our [public consultation](#), we welcome your thoughts on what additional evidence or considerations should be used to inform whether children and young adults can recall experiences of abuse.

Would children and young adults report experiences of abuse in a survey?

Our findings suggest that not all children and young adults would report their experiences of abuse in a survey.

The [year ending March 2019 Crime Survey for England and Wales](#) (CSEW) data on adults' experience of sexual abuse before the age of 16 years provides a good indicator of how much child sexual abuse is unreported. The survey asked adults who had experienced sexual abuse before the age of 16 years, whether they had told someone about the abuse at the time. The [findings](#) revealed a high proportion of respondents did not report their abuse at the time. For example, of those who had experienced rape or assault by penetration (including attempts), 75.7% of respondents said they had not told anyone about the abuse at the time.

Further, of those who had experienced other contact sexual abuse, 69.8% of respondents said they had not told anyone about the abuse at the time. This highlights that there's a possibility that some children may not feel comfortable disclosing current or recent abuse but may report experiences partially anonymously in a survey.

The CSEW also asked adults who they had told about their abuse at the time. For example, almost one-quarter (23%) of adults who had stated they had experienced rape or assault by penetration (including attempts) had disclosed their abuse to someone they had known personally such as, family member or relative, friends and neighbours.

In comparison, 8.3% had told someone in an official position such as the police, a teacher, health worker or lawyer, and 2.8% had told a support professional or organisation such as a victim support organisation or counsellor. This indicates that not all experiences of abuse are likely to be captured through data produced by authorities or charities, as not all children or young adults will report their abuse directly to them, and those who do disclose are more likely to tell someone they know. This highlights that some children and young adults may not want to or feel able to report their experiences of abuse in a survey. However, it should also be acknowledged that although some may not feel comfortable officially reporting their experiences of abuse to someone, they may be more comfortable reporting partially anonymously in a survey.

Further, the CSEW gathered data on why adults who had experienced abuse before the age of 16 years did not tell anyone at the time. The data revealed that the respondents had many concerns and felt a range of emotions that hindered them from reporting abuse at the time of its occurrence. For example, most who had experienced rape or assault by penetration (including attempts), stated they felt embarrassed (56.8%) or did not think someone would believe them (44.8%) or thought it would be humiliating (28.4%). However, it is important to acknowledge the CSEW only collected this data for those who had experienced a form of sexual abuse, and therefore this may differ for different types of abuse.

It is also important to acknowledge that there is a risk that some children or young adults who do report their abuse to an adult or authorities may not always be taken seriously. Therefore, a survey of child abuse would ensure all experiences of abuse reported will be included within our prevalence estimates, which will be used to inform services on the scale of abuse.

Some children and young adults did report experiences of abuse in the [latest national survey](#) carried out by the NSPCC in 2009. For example, the study found that 21.9% of 11- to 17-year-olds had experienced maltreatment by a parent or guardian since childhood. This suggests children and young adults with experiences of abuse may report these in a survey of this nature.

Next steps

In the next stage of phase one, more qualitative work is needed with children and young adults with known experience of abuse, to explore whether they are likely to report their experience in a survey.

As this question is unresolved, through our [public consultation](#), we welcome your thoughts on what additional evidence or considerations should be used to inform whether children and young adults would report experiences of abuse.

What are the limitations of a survey?

Based on our research and conclusions reached so far, some specific limitations of a survey of child abuse have been identified. However, despite these limitations, our research has found a survey would still provide valuable data.

A survey would not be able to capture the experiences of those aged under 11 years. This would limit the generalisability of the survey as abuse likely to affect children below the age of 11 years could differ to those experiencing abuse at ages 11 years and over. Although, the survey would capture some abuse experienced before the age of 11 years through the lifetime question and some recent abuse captured through the past year question, it still would not provide an accurate measure of the current prevalence of abuse affecting children under the age of 11 years.

The survey would also not capture those who are homeschooled and other groups of children who are not attending an educational establishment. This is because using the school censuses and independent school census data as a sampling frame would limit the sample of children that can be drawn. This is a limitation because the survey could miss out a proportion of children who may be experiencing or have experienced child abuse, and these experiences could differ to those children being captured at schools. It is possible these groups may be more at risk to experiencing abuse as they are likely to be less visible to service providers and authorities, therefore this may result in an underrepresentation of the scale of abuse.

It is also important to recognise that some children may have experienced abuse within schools, potentially by school staff or peers. This could discourage children in responding honestly because of the fear of staff or peers finding out about the disclosure.

As we have established the need to use two separate sampling frames and different methodologies for different age groups, data comparability between the two may be limited. For example, drawing a sample of 16- to 17-year-olds from a different sampling frame to 11- to 15-year-olds could make it difficult to draw coherent interpretations for children under the age of 18 years.

Using self-completion could limit completion rates as there is a chance that some questions would be ignored or left incomplete. Although cognitive testing could mitigate against this risk, there is still a chance that some children may not understand questions and may feel embarrassed to ask for help. Therefore, questions could still go unanswered or questions may be misinterpreted. Overall, this would result in poorer quality data.

Parents would be able to withdraw their child from the survey, which could have a negative effect on response rate and data quality. Parents perpetrating abuse, or those who are aware of abuse having been perpetrated by someone else, may withdraw their child from partaking in the survey. Parents of children with no known experiences of abuse might have similar concerns for how the survey would affect their child and may also request to withdraw their child from taking part. Therefore, this could impact the survey data, which could result in an underestimate of the scale of child abuse.

Another limitation is that responses would not be completely anonymous. To onward share personal information collected from children, it would need to be made clear that by taking part, information and details of their responses may be passed on to support services if there are any safeguarding concerns. Since children would need to be informed that their parents may be able to request access to their responses through a subject access request, this might discourage some children from providing honest answers through the survey. Therefore, this could result in response bias, affecting the quality of the data.

It is important to recognise that not even a survey would capture all experiences of child abuse. This is because some respondents may not want to or feel able to report experiences of abuse in a survey, while others may struggle to recall aspects of their experience of abuse.

There is also a limitation regarding asking both lifetime experience and past year experience, and covering all types of abuse, as this would limit the scope on what the survey could cover on the nature of abuse. Increasing the number of questions could lead to respondent burden, as the survey would be deemed time consuming and emotionally stressful. This could result in lower response rates, or reduced completion rates.

Would a survey of child abuse provide useful data?

Despite the limitations identified, our findings support the view that a survey of child abuse could provide useful data.

The survey would aim to capture a wide range of experiences of those aged 11 to 25 years over their childhood. The broad coverage of the different types of abuse, such as neglect, physical abuse, emotional abuse, sexual abuse, exploitation and exposure to domestic abuse, and coverage of past year and life time would be useful in assessing co-occurrence across different types of child abuse. This would be valuable in producing reliable estimates of the current prevalence of child abuse.

It could also highlight aspects of child abuse that are currently unreported to authorities. For example, stakeholders highlighted that there is not enough literature or evidence on criminal exploitation as a form of child abuse, and very little knowledge is available that highlights the harm against children.

Further, the data would be useful to policy-makers, service providers and practitioners, as suitable preventative measures can be implemented to reduce children being criminally exploited. This could ensure funding and resources are secured for service providers and practitioners to help improve the experience of victims and extend services to cater for those who have previously not been supported.

An important strength of sampling children between the ages of 11 and 15 years through schools is that it is easier to access this age group, and the reading levels and maturity of this age group should be adequate for the use of self-completion.

Our research shows there is also evidence that children are more likely to report experiences of abuse in a survey within schools compared with surveys carried out at a child's home. Surveying young adults aged 18 to 25 years who may be more likely to report experiences of abuse would also further improve the reliability of estimates.

Further, children and young adults completing the survey themselves rather than with a face-to-face interviewer would ensure a degree of privacy, which would help increase willingness to report experiences of abuse.

A survey would provide invaluable data on the prevalence of child abuse, which would help fill research gaps that are not addressed by administrative data. Additionally, it could capture those who are missed by administrative sources. For example, individuals who have not disclosed their experiences of abuse to authorities, service providers and practitioners, and therefore are likely to go unreported within administrative data.

Notes for: Data accuracy and reliability findings

1. For more information see, Thompson CP, Skowronski JJ, Larsen S, and Betz AL (1996) *Autobiographical memory: Remembering what and remembering when*, Hillsdale, NJ: Lawrence Erlbaum Associates Inc.

8 . Future developments

The research questions that need to be further explored in the remainder of this first phase of the feasibility study as a priority are:

- Would children and young adults agree to take part in a survey?
- Would parents or guardians give permission for their child to take part in a survey?
- Would schools be willing to take part in a survey on child abuse?
- Can children and young adults recall experiences of abuse?
- Would children and young adults report experiences of abuse in a survey?

These questions need to be answered before we can make a decision on whether a survey could be successful and whether there would be value in running a pilot survey (phase two).

To address these, we have identified the need for further qualitative research to understand the views of young people aged 18 to 25 years and children aged 11 to 17 years with past experience of abuse, as well as parents or guardians of such children. The research should also include engaging with teachers and head teachers to understand their views on schools participating in a survey of this nature. We are currently looking into carrying out this further qualitative research.

If the conclusions to these questions support the feasibility of a child abuse survey and resource is available, there are several other areas that would subsequently need further investigation as part of phase two. Research would need to be carried out to understand:

- how the survey could be inclusive of those with special educational needs and disabilities (SEND), which would allow us to understand whether extra processes or mechanisms could be put in place to include this group
- how and if the survey could include those aged 16 to 25 years, such as the sampling frame and method, the mode of the survey and appropriate safeguarding procedures
- whether all countries in the UK could be included

Phase two of the feasibility study would also involve determining:

- the question wording and questionnaire design, including cognitive testing
- the design of the safeguarding flagging system
- the logistics of how the survey would be completed by children in schools
- the sampling method to select schools, children and young adults to participate and sample sizes needed for each
- the design and operation of a pilot survey

Public consultation

To inform decisions and next steps for both phase one and phase two, we are holding a [public consultation](#). By sharing our progress and current thinking, we are inviting you to engage with us and tell us your views on the recommendations proposed, as well as your needs for a survey of this nature in the UK. Your views are critical in informing our decision on:

- whether a survey to measure child abuse in the UK would be feasible and effective in meeting user needs (and if so)
- whether it is possible to proceed to phase two and carry out a pilot survey

Providing the additional qualitative research is completed, we aim to make a conclusion on the overall feasibility and publish our findings, along with our response to the consultation, in summer 2021.

The [public consultation](#) was launched on the date of this publication (21 January 2021) to welcome feedback from anyone with an interest in child protection and child protection policy. We value all perspectives and all feedback is invited and appreciated.

9 . Glossary

The definitions included in this section are consistent with those used within our latest [child abuse data compendium](#), except for the definition on child criminal exploitation, which has been extracted from a [child exploitation inspection report](#).

Neglect

Child 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. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Physical abuse

Child physical abuse is the non-accidental infliction of physical force on a child. This may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse may or may not result in physical injury. A child may be physically abused by an adult or adults or by another child or children.

Emotional abuse

Child emotional abuse is the persistent emotional maltreatment of a child that causes severe and persistent adverse effects on the child's emotional development.

It may involve conveying to a child that they are worthless, unloved, inadequate or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or "making fun" of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, but it may occur alone. A child may be emotionally abused by an adult or adults or by another child or children.

Sexual abuse

Child sexual abuse is forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts (for example, masturbation, kissing, rubbing and touching outside of clothing).

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Exploitation

Child sexual exploitation is a form of child sexual abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate, or deceive a child or young person under the age of 18 years into sexual activity in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Child criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 years. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology. For instance, children can be forced to work on cannabis farms or to commit theft.

Exposure to domestic violence or abuse

Domestic abuse is not limited to physical violence. It can include repeated patterns of abusive behaviour to maintain power and control in a relationship. It includes abuse carried out by a partner, ex-partner or family member. The [government's definition](#) of domestic violence and abuse recognises this and defines domestic abuse as:

"Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. It can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional"

10 . Related links

[Feasibility of a survey on child abuse](#)

Qualitative report | Released 21 January 2021

A summary of the qualitative findings from the focus groups conducted by NatCen Social Research.

[How could a new survey help us understand the scale and nature of child abuse?](#)

Blog | Released 21 January 2021

[Child abuse in England and Wales: March 2020](#)

Bulletin | Released 5 March 2020

Statistics and research on child abuse in England and Wales, bringing together a range of different data sources from across government and the voluntary sector.