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# Secular trends in child and adult sexual violence - one decreasing and the other increasing: a population survey in Ireland

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**Background:** Sexual violence is a worldwide problem affecting children and adults. Knowledge of trends in prevalence is essential to inform the design and evaluation of preventive and intervention programmes. We aimed to assess the prevalence of lifetime sexual violence for both sexes and to document the prevalence of adult and child abuse by birth year in the general population. **Methods:** National cluster-randomized telephone interview study of 3120 adults in Ireland was done. **Results:** Child sexual abuse involving physical contact was reported by 20% of women and 16% of men. In adulthood, figures were 20% and 10% for women and men, respectively. Prevalence of any form of sexual violence across the lifespan was 42% (women) and 38% (men). Analysis by year of birth indicated a curvilinear pattern for child sexual abuse with lower prevalence in the oldest and youngest participants. Sexual violence in young adulthood showed a linear pattern with higher prevalence in the youngest participants. **Conclusion:** The trend of lower rates of experience of child sexual abuse in younger adults in the sample is in keeping with findings from other countries. The trend of higher rates of adult sexual violence in younger adults is worrying, particularly since the same participants reported less experience of child sexual abuse than the preceding generations. There is a paucity of international data addressing the issue of cohort differences in exposure to sexual violence. Within-study analysis, and follow-up studies designed to maximize replicability, are needed to inform discussion about societal trends in different types of sexual violence.

**Keywords:** child abuse, population study, prevalence, rape, sexual, trends

## Introduction

Population-level data on sexual violence indicate that it affects millions of people worldwide and can have long-lasting effects, including further victimization.<sup>1–3</sup> In recent years, reports from a number of countries including the USA, Australia and Canada suggest that levels of sexual abuse in childhood are decreasing.<sup>4–6</sup> Encouragingly, the documented decrease in sexual abuse does not appear to be due to factors such as increased social services caseloads which could result in fewer cases being investigated and substantiated due to lack of time.<sup>7</sup> It has also been found in at least one population study.<sup>5</sup> There are less data on trends in adult sexual violence. Some reports suggest that female victimization and violent crime in general, including rape, have been declining at a rate similar to child sexual abuse in the USA.<sup>6</sup> In the UK, the 2004/05 British Crime Survey reported a 59% fall in domestic violence between 1994 and 2004/05.<sup>8</sup> Comparisons of trends in child and adult sexual violence are hindered because studies often focus on one or the other<sup>5,9</sup> or on only one sex.<sup>10,11</sup>

This study examined trends in the prevalence of childhood and adult sexual violence in a nationally representative Irish sample, assessed using a uniform methodology.

## Methods

The design was a national cluster-randomized telephone interview study of adults. Calls were completed by random digit dialling. Adults (aged  $\geq 18$  years) were interviewed at landline telephone numbers in their own homes in the Republic of Ireland in 2001 called the Sexual Abuse and Violence in Ireland (SAVI) study.

Specifically trained researchers conducted the interviews in a single research setting, using various checks for participant distress and offering local or national support agency information details, as preferred, to those disclosing abuse. In the initial telephone contact, the specific focus of the survey was made clear only to the potential interviewee. Participants provided oral consent for participation as this was an anonymous telephone survey. At the end of the interview, they were asked if they could be re-contacted for a follow-up interview 1–2 days later. Because of the sensitivity of the study, follow-up retained anonymity. The participant's name was not sought at the first interview. Instead, at re-contact, interviewers asked for the participant by age and sex. The follow-up call allowed the participant to offer further information or seek clarification. It allowed the interviewer to enquire about any distress occasioned by the interview.

## Measures

The interview focused on attitudes to and experiences of sexual violence, and, where relevant, the impact, disclosure and service use associated with a personal experience of abuse in childhood or in adulthood. On average, interviews lasted 25 min with only 10% taking longer than 40 min to complete. Experiences of abuse were assessed using a behaviourally specific and explicit list of sexual experiences

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ranging from non-contact through to intimate contact abuse. Participants were asked separately if they had had these experiences as a child (before age 17 years) or 'against their will' as an adult. Twelve items were asked about childhood sexual abuse and ten about unwanted sexual experiences in adulthood. Participants could respond 'yes', 'no' or 'unsure'; the latter to allow for participants who were not certain about specific details of what had happened to them (e.g. as a young child). For the purpose of prevalence data and analyses presented here, the category 'unsure' was re-categorized as 'no', thus providing a conservative approach to prevalence estimation.

In table 1, categories of abuse are presented rather than individual items. In childhood, the 'child pornography' item includes two items from the full questionnaire (items 1 and 2, see the Supplementary data), 'indecent exposure' also includes two items (items 3 and 4), 'contact abuse' covers three items (items 5–7) from the questionnaire, 'attempted penetration' is a single item and 'penetration/oral sex' includes four items

(items 9–12). For adulthood, 'contact abuse' comprises information from three items (items 2–4) and 'penetration/oral sex' includes information from four items (items 5–8). The other two categories relate to single items. Finally, in the lifetime abuse section, the 'non-contact' category includes four items from the childhood questionnaire (items 1–4) and two (items 1 and 10) from the adult questionnaire, contact abuse includes three items (items 5–7) from childhood and three from adulthood (items 2–4), attempted penetration is just one item each from childhood (item 8) and adulthood (item 9) and penetration/oral sex includes four items from both childhood (items 9–12) and adulthood (items 5–8) questionnaires (see supplementary data).

## Participants

There were 3120 participants aged  $\geq 18$  years (response rate 71%). The sample comprised 51% women (age range 18–90 years). It was representative of the general adult population for gender but with somewhat fewer people under age 30 years (particularly women) and somewhat fewer unmarried women.

## Data analysis

Participants were divided into cohorts according to year of birth: 1911–29 ( $n=207$ ), 1930–49 ( $n=756$ ), 1950–69 ( $n=1432$ ) and 1970–83 ( $n=724$ ). Age was missing for one participant. This division is based on decades and is somewhat arbitrary, if easy to envisage. However, it ensures a large enough sample in the oldest (1911–29) group and grouping was by 20-year periods beyond that. It is important to note that the most at-risk period for sexual violence for participants is probably the period 5–15 years after birth (still legally within the category of childhood) so the earliest at-risk period for participants in this study starts in 1916 and the latest ends around 1995. Because the participants from the most recently born group had not all reached their 30th birthday, life table methods were used to calculate cumulative risk of sexual violence by age 30 years in each group.

## Ethical approval

Ethical approval was obtained from the institutional Research Ethics Committee. Participants provided informed consent via telephone before taking part in the anonymous telephone survey.

## Results

### Prevalence of sexual abuse and violence

The prevalence of differing types of sexual violence in childhood and adulthood are presented in table 1. They are categorized by the most serious level of abuse experienced meaning each participant is counted only once in the childhood section and once in the adulthood section. Prevalence is thus not over-estimated by counting separate incidents experienced by the same person. In addition, items were grouped as described above.

The sexes showed different patterns of child abuse, with men reporting higher exposure to pornography (as defined in the footnote to table 1; 2.7% men versus 0.8% women, odds ratio 2.6, 95% CI 1.8–3.7,  $P < 0.001$ ) but women reporting higher levels of indecent exposure (9.2% women versus 4.7% men, odds ratio 0.61, 95% CI 0.51–0.74,  $P < 0.001$ ). Penetrative child sexual abuse was reported by 5.6% of women and 2.7% of men (odds ratio 0.46, 95% CI 0.31–0.67,  $P < 0.001$ ).

**Table 1** Prevalence of experience of sexual abuse and violence in childhood, adulthood and across the lifespan categorized by most serious level of abuse experienced

	Men Prevalence 95% CI (n)	Women Prevalence 95% CI (n)
<b>Child sexual abuse</b>		
No abuse	76.5% (74.4–78.7%) (1151)	69.6% (67.3–71.8%) (1102)
Child pornography <sup>a</sup>	2.7% (1.8–3.5%) (40)	0.8% (0.3–1.2%) (12)
Indecent exposure	4.7% (3.6–5.7%) (70)	9.2% (7.8%–10.6%) (146)
Contact abuse	12% (10.4–13.7%) (181)	12.8% (11.2–14.5%) (203)
Attempted penetration	1.5% (0.9–2.1%) (22)	2.0% (1.3–2.7%) (23)
Penetration/oral sex	2.7% (1.8–3.5%) (40)	5.6% (4.5–6.8%) (89)
<b>Adult sexual violence</b>		
No abuse	87.6% (85.9–89.2%) (1317)	74.5% (72.3–76.6%) (1180)
Unspecified	2.7% (1.9–3.5%) (41)	5.1% (4–6.2%) (81)
Contact abuse	8.2% (6.9–9.6%) (124)	13.0% (11.3–14.7%) (206)
Attempted penetration	0.6% (0.2–1%) (9)	1.3% (0.7–1.8%) (20)
Penetration/oral sex	0.9% (0.4–1.3%) (13)	6.1% (4.9–7.3%) (97)
<b>Most significant adverse sexual experience—lifetime</b>		
None	71.3% (69.1–73.6%) (1074)	57.9% (55.5–60.4%) (917)
Non-contact abuse <sup>b</sup>	7.0% (5.8–8.3%) (106)	9.8% (8.3–11.3%) (155)
Contact abuse	16.4% (14.5–18.3%) (247)	19.2% (17.3–21.1%) (304)
Attempted penetration	2.0% (1.3–2.7%) (30)	2.8% (2–3.7%) (45)
Penetration/oral sex	3.2% (2.3–4.1%) (48)	10.2% (8.7–11.7%) (162)

a: This category is a combination of items 1 and 2 from the child sexual abuse section of the interview combining those who were exposed to pornography as a child or who were made to pose or undress to be photographed or videoed as a child

b: This category is a combination of the child categories of 'child pornography' (as above) and 'indecent exposure' and the adult category 'non contact' or 'abuse—not otherwise specified'

When single items were examined, it revealed that the most commonly reported experience of child sexual abuse by both men and women was indecent exposure, reported by 12.5% of men and 20.6% of women (odds ratio 0.55, 95% CI 0.45–0.67,  $P < 0.001$ ). The second most common experience, that of someone touching the breasts or genitals in a sexual way, was reported by 11.2% of men and 14.9% of women (odds ratio 0.72, 95% CI 0.58–0.89,  $P = 0.002$ ). Overall, more women reported abuse than men on seven of the twelve child sexual abuse items.

Returning to the results in table 1, reported levels of adult sexual violence were higher in women than in men: 13% of women and 8.2% of men reported sexual violence involving physical contact (odds ratio 0.61, 95% CI 0.48–0.77,  $P < 0.001$ ); 6.1% of women and 0.9% of men reported being raped (odds ratio 0.13, 95% CI 0.07–0.24,  $P < 0.001$ ), with a further 1.3% of women and 0.6% of men reporting attempted rape (odds ratio 0.47, 95% CI 0.21–1.03,  $P = 0.062$ ).

Within the single items for adults, aside from the non-specific item about an attempt of sexual contact, the most commonly reported experience for both men and women was touching of breasts or genitals against their will (7.1 and 15.8%, respectively, odds ratio 0.41, 95% CI 0.32–0.52,  $P < 0.001$ ). The next most commonly reported experiences involved someone of the opposite sex forcing the participant to touch them. For almost all items, women were more likely to report having experienced this form of abuse. This gender pattern was much more evident for the experiences reported in adulthood than those in childhood.

Overall, almost a quarter of men (24%) and almost one-third (30%) of women reported some level of abuse in childhood.

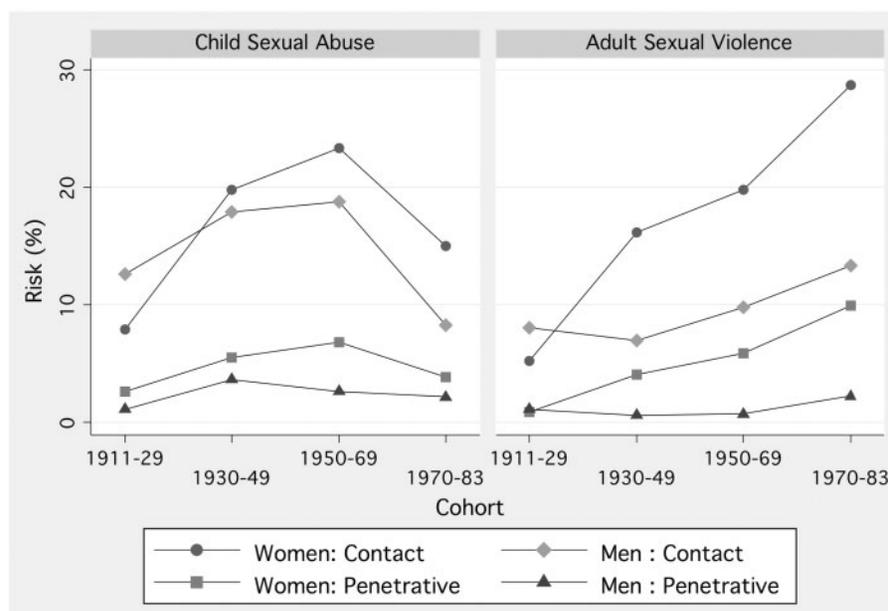
In order to examine the experience of abuse across the lifetime, participants were re-categorized using the most serious form of abuse they experienced (i.e. regardless of whether it happened in childhood or adulthood). Over 40% of women and 28% of men reported some form of sexual abuse or assault that occurred in their lifetime. Non-penetrative contact abuse was the most common type of abuse reported

for both men and women (16 and 19%, respectively). The most serious form of abuse, penetration or forced oral sex was experienced by approximately one in ten women, compared to approximately one in thirty men, at some point in their lives.

We examined secular trends in the relationship between birth year group and experience of child sexual abuse. The birth year groups are defined above in the data analysis section.

When all forms of contact child abuse were considered (i.e. penetrative and non-penetrative), a significant pattern emerged. Compared with participants born in 1911–29, those born in 1930–49 and 1950–69 reported significantly higher levels of sexual abuse, with an odds ratio of 2.1 in those born in 1930–49 (95% CI 1.3–3.5,  $P = 0.002$ ) and a 2.4-fold increase respectively in those born between 1950 and 1969 (95% CI 1.5–2.9). However, those born in 1970–83 showed a similar level to those born in 1911–29 (odds ratio 1.2, 95% CI 0.71–2.0,  $P = 0.511$ ). The reported rate of penetrative sexual abuse suggested a similar pattern, but the increase in the middle period fell short of statistical significance. The relative size of the increase was, however, similar with hazard ratios of 2.5 (95% CI 0.86–7.0,  $P = 0.092$ ) and 2.6 (95% CI 0.93–7.2,  $P = 0.067$ ) for the two middle cohorts. The smaller number of cases of penetrative sexual abuse makes it possible that the rise and fall observed reflected chance variation, but the fact that the pattern was similar for all forms of contact abuse suggests that there was an increase in penetrative abuse in those born in the mid-century relative to those born earlier and later. In our sample, child abuse was most frequent in the years between 1930 and 1986 so it may be fair to say that the 1980s heralded the beginning of a decline in child sexual abuse and that the participants in our study born in the latter stages of the oldest cohort would have benefitted from this.

Figure 1 also shows the proportion of people from each cohort experiencing adult sexual assault. While the childhood risk is calculated up to age 17 years, the adult risk is calculated up to age 30 years, to eliminate the differing lengths of available follow-up in each cohort. Overall, risk of



**Figure 1** Secular trends in risk of penetrative abuse and all contact abuse of children and adults, by gender and birth cohort (percent reporting)

adult contact sexual violence increased throughout the period, with an odds ratio of 2.2 in the cohort born 1930–49 (95% CI 1.1–4.6,  $P=0.025$ ), an odds ratio of 2.9 in the subsequent cohort (95% CI 1.4–5.8,  $P=0.003$ ) and 3.3 in the cohort born 1970–83 (95% CI 1.6–6.8,  $P=0.001$ ). The risk of penetrative adult sexual violence increased similarly.

## Discussion

Our findings showed that sexual abuse was more common in childhood than in adulthood and was more frequently experienced by girls than by boys. Overall, almost one-third of women and a quarter of men reported some level of sexual abuse in childhood. Attempted or actual penetrative sex was experienced by 7.6% of girls and 4.2% of boys. The prevalence of rape or attempted rape in adulthood was 7.4% in women and 1.5% in men. Hence, both in childhood and adulthood, girls and women were more likely to be subjected to serious sexual crimes than boys and men. Levels of serious sexual crimes committed against women remained similar from childhood through adulthood. Risks for men were lower as children than they were for women and decreased 3-fold from childhood to adult life. We also found significant secular changes in both rates of childhood and adult sexual violence. A peak in levels of self-reported child sexual abuse occurred for those born between 1930 and 1969, with lower levels being reported by the cohorts born earlier and more recently.

This study is rare in its inclusion of both men and women and in its examination of sexual abuse in childhood and in adulthood. It is also a relatively large general population sample, making the results generalizable. It should be noted, however, that the risks presented for the earliest cohort are based on relatively small numbers of events and are subject to a wide margin of uncertainty. Likewise, the figures for the final cohort are probably conservative, as they assume that the risk that the youngest participants will face as they get older will be the same as that experienced by the older members of the cohort; the true cumulative risk may be higher.

The finding of a recent decline in the rate of child sexual abuse has been reported from a number of other populations.<sup>5,6,12</sup> Finkelhor and his group<sup>13</sup> reported a peak in child sexual abuse for women aged 40–49 years (born after 1925) in the USA, with a decline for younger cohorts. Fleming<sup>14</sup> reported a similar pattern in Australia with a peak for women born in 1956 (aged 38 years at the time of the study) and a decline in levels of child sexual abuse for those born after this date. More recently, in a study assessing rates of child sexual abuse according to data from the Child Protection Services in the USA, Jones and Finkelhor<sup>15</sup> reported a decline of 39% between 1992 and 1999.

There has also been research into possible explanations for the decline. Almeida and colleagues<sup>7</sup> surmised that increased worker caseloads might be a reason that there were fewer child sexual abuse reports but, in fact, found that caseloads had decreased. They found that the number of caseworkers and investigations had increased but the number of substantiated cases of child sexual abuse had decreased despite this. In a further paper, Jones and Finkelhor<sup>5</sup> note that reported cases of child sexual abuse are declining as well as substantiated cases of child sexual abuse. In Canada, a decrease in the incidence of substantiated maltreatment of children was reported between 1993 (those born after 1977 but before 1993) and 1998 (those born after 1982 but before 1998).<sup>12</sup> In an Australian population study, the decline reported by Dunne and his colleagues<sup>5</sup> for those born in 1970 or later (aged 18–29 years at time of interview) was more evident for men than for

women, though younger women reported lower rates for seven out of nine of the unwanted sexual experiences they were asked about. Finally, in our data, the fact that decreasing rates of child sexual abuse for those born after 1969 were found in the same population sample and using the same methodology as the rising rates of adult sexual violence we report argues against a tendency of younger people to under-report sexual violence in general. Taken together, these findings suggest that the decline observed in officially reported child sexual abuse may reflect an actual decline in incidence rather than a reporting artefact. Reasons for this decline are difficult to determine but public awareness of child sexual abuse has certainly increased in more recent decades, followed by more preventive efforts. For example, a 'Stay Safe' prevention programme was introduced in primary schools in Ireland in 1991.<sup>16</sup> Thus some of younger members of the most recent group studied (1970–83) would have experienced it. Such programmes often reflect a culmination of increased awareness and concern about an issue in the preceding years. Recent government investigations in Ireland have also revealed widespread abuse, including sexual abuse, of children in the mid-20th century both in State-run institutions by staff there (mainly members of religious orders—men and women) and in community settings of children living with their own families by male clergy of the Catholic Church.<sup>17</sup> This corresponds to participants in this study who were children in the 1930s to the 1970s, chiefly the middle age groupings. Much social commentary on the revelations regarding the scale and brutality of the abuse centres on the complicity of the wider public in the harsh treatment of children.<sup>18</sup> In recent decades, more general openness on sexual issues and greater protections for children have come about in an Ireland more open to external influences.

A drawback of self-report, retrospective studies of child sexual abuse is the issue of recall bias and accuracy. For example, Widom<sup>19</sup> found that documented cases of child sexual abuse were under-reported when those abused were asked about them in adulthood. In addition, it is unknown what factors may influence recall bias and whether societal changes might play a part meaning that different age cohorts would have different recall biases. However, the similarity of findings in self-report studies and studies of documented cases strengthen the case for a real decrease in child sexual abuse rather than a research artefact.

In contrast to child sexual abuse, adult sexual violence increased over the entire period spanned by the study, with no evidence of a decline in the most recent cohort. It should be noted that the risks presented for the earliest cohort are based on relatively small numbers of events, and are subject to a wide margin of uncertainty. Likewise, the figures for the final cohort are probably conservative, as they assume that the risk that the youngest participants will face as they get older will be the same as that experienced by the older members of the cohort; the true cumulative risk may be higher. A cohort analysis from a US population of women<sup>20</sup> found a less straightforward pattern—although the youngest cohort born between 1971 and 1983 reported less sexual assault before the age of 13 years, they were more likely than other cohorts to have experienced a first sexual assault between the ages of 13 and 17 years. The authors concluded that, at best, they could report that prevalence rates for the sexual assault of women have stayed the same across the cohorts in their 2001 study but may actually have increased among younger women. Our findings may confirm what was seen as a weak trend in the US analysis—that the prevalence of sexual violence in adulthood may be increasing.

It is probably unproductive to ask what proportion of the observed increase is due to an increase in the 'real' risk of

sexual violence and how much is due to a change in public perception of what is tolerable sexual behaviour. Unlike child sexual abuse, where the definition hinges on the behaviour of the perpetrator and the age of the child, adult sexual assault is more dependent on the perception by the person being abused that this is being done against their will and constitutes unacceptable behaviour. In this study, the interview questions were behaviourally specific and explicit so that there was little, if any, room for misinterpretation of what was being asked thus eliminating some of the effects of public perception on results. However, we acknowledge that phrases in some of the items such as 'against your will' or an 'attempt' are subject to interpretation. In addition, there is evidence from other research in Ireland that more people say that they regret the timing of their first sexual experience,<sup>21</sup> which could indicate a change in attitudes in relation to consensual sexual behaviour. What is important from these findings is that an increasing proportion of adult women and men in Ireland report experiencing events which they construe as sexual violence. It is difficult to say why this might be. One change in legislation that may be relevant is the Criminal Law Rape (Amendment) Act of 1990 which made marital rape an offence in Ireland. This can be seen to reflect a growing awareness of rape by persons known to the victim. The oldest members of the youngest group would have been 20 when this legislation came in so all those in that group are likely to have been aware of rape by a partner in a way that older cohorts might not have been. Changes in the Irish society since 1970, including a more open attitude towards sexual activity as reflected in the legalisation of condom sales in 1978, may have resulted in more freedom for those growing up after this time to engage in early sexual activity. Indeed, research does show that levels of sexual activity in Ireland have increased in recent years<sup>21</sup>. This could result in more exposure to situations that could end in forced sexual activity. While these suggestions are speculative, along with the changed social environment for the younger cohort brought about by the economic boom of the 90s, they are possible contributors to an increase in the reported unwanted sexual activity for young adults in Ireland.

Cohort trend issues can be investigated in part by interrogation of existing population datasets in within-study analyses. Follow-up studies designed to maximize replicability are needed to further inform discussion about societal trends in different forms of sexual violence across the lifespan.

## Supplementary data

Supplementary data are available at *EURPUB* online.

## Acknowledgements

The study was overseen by a Project Steering Group representing the sponsors. Their role was to ensure project delivery in a safe and timely manner. The Steering Group did not determine research analysis, presentation or interpretation. The findings of the overall project have been outlined in public presentations and report format in Ireland. Researchers were independent of funders.

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*Conflicts of interest.* None declared.

## Key points

- Sexual abuse in childhood and in adulthood is relatively common.
- A trend indicating some recent reduction in the prevalence of child sexual abuse is emerging in international studies.
- The results here echo findings of a reduction in the prevalence of child sexual abuse in the younger cohort.
- The results here also highlight a potentially worrying trend of increasing prevalence of sexual abuse in young adulthood in the younger cohort.
- These findings suggest a focus of public policy should be to continue programmes aimed at reducing child sexual abuse and to undertake analysis to determine factors influencing observed reductions.
- In parallel, public policy efforts need to focus on implementing programmes to prevent sexual violence in young adulthood.

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