

O'Reilly, G. & Carr, A. (1999). Child sexual abuse in Ireland: A synthesis of two studies. *Irish Journal of Psychology*, 20 (1), 1-14.

Child sexual abuse in Ireland: A synthesis of two studies.

Gary O'Reilly & Alan Carr

Professionals involved in working with victims or perpetrators of childhood sexual abuse (CSA) require a basic understanding of the nature of this problem in our society. The purpose of this article is to aid such an understanding from an Irish perspective by attempting a synthesis of two excellent and comprehensive research studies. Although these studies first appeared in the literature some time ago their findings remain relevant and in need of dissemination.

The first of the two studies reviewed here was published in 1989 by McKeown, Gilligan, Brannick, McGuane, & Riordan. It is also reported in McKeown & Gilligan (1991). It covered all confirmed and suspected cases of childhood sexual abuse in the Eastern Health Board Region in the Republic of Ireland which were open or reported to Community Care teams during 1988. The second study appeared in 1990 when The Research Team published a survey which was designed to cover all newly reported cases of childhood sexual abuse in the Northern Ireland in 1987 (The Research Team, 1990). These two studies make for good comparison. They were both conducted in Ireland (North and South of the border respectively) within one year of each other. They both cover an urban and rural population, and both studies had a comparable number of children (roughly half a million) living within their coverage area. There are also no studies of a comparable scale available from the mainland UK and no synthesis of these two important studies in the available literature.

COVERAGE AND CLASSIFICATION

The team of researchers who conducted the Eastern Health Board study (EHB study) managed a 100% coverage of their target sample. That is, all cases of

confirmed and suspected CSA known to social services during 1988 were included in the survey. In total there were 990 separate cases of alleged childhood sexual abuse known to the Eastern Health Board during the course of 1988. At the conclusion of the study 512 (or 52%) of these had been assessed as confirmed abuse, and 46 (or 3.3%) had been assessed as confirmed non-abuse. In between these two categories fell the remainder of cases which had not been finally classified by the end of the study. These included 241 cases (24.3%) which were classified as unconfirmed abuse/case under review and 158 cases (16%) which were classified as unconfirmed abuse/case closed. McKeown & Gilligan estimate that if all cases were proportionally distributed according to the emerging pattern of their study then we could expect the end result to be 72% of the 990 cases assessed as confirmed abuse, 22% assessed as unconfirmed abuse/case closed, and 6% assessed as confirmed non-abuse. In the remainder of the discussion of this study, unless otherwise stated, the information presented will refer to the 512 cases (that is 52% of the total 990 cases reported to the Eastern Health Board in 1988) which were in the confirmed abuse category at the conclusion of McKeown *et al.*'s study. In this way the information will only concern children where abuse has clearly taken place.

The Northern Ireland Research Team estimated that their investigation managed to obtain information on a minimum of 63% and a maximum of 74% of all new cases known to a variety of sources such as police officers, social workers, and medical practitioners. In total the study was notified of 408 children for whom it had been established that sexual abuse had taken place, and a further 177 children where a sexual assault was alleged but remained unconfirmed. In the following discussion of this study, unless otherwise stated, the information is based upon the sample of 408 children for whom it was confirmed that they were sexually abused.

RATE OF ABUSE

Both of the studies provide us with an insight into the number of cases known to social services in any one year, and a minimum possible estimate of the extent of childhood sexual abuse in Ireland. The Eastern Health Board study (as reported in McKeown & Gilligan 1991) found that the number of confirmed cases of CSA in 1988 was 1.2 per 1,000 children. Seventy-five percent (75%) of children confirmed as CSA victims were female and 25% were male.

The Northern Ireland Research Team (1990) found that the incidence of confirmed reported childhood sexual abuse in the Province in 1987 was 0.9 per 1,000 children. However, members of the same research team, considering the under-estimation of their study, have suggested that the true incidence of reported CSA cases in Northern Ireland for that year lies between 0.9-1.87 per 1,000 children (MacKenzie, Blaney, Chivers, & Vincent, 1993). The Northern Ireland study (NI study) found that 80.9% of CSA victims were girls and 19.1% of victims were boys.

Table 2.1. Rate of Childhood Sexual Abuse in Ireland

VARIABLE	EHB STUDY	NI STUDY
Rate of confirmed abuse	1.2 per 1,000 children	0.9 per 1,000 children
Suggested rate	1.62 per 1,000 children	1.87 per 1,000 children
Male female ratio of victims	3 girls : 1 boy	4.2 girls : 1 boy
Average age of male victims	7.9 years	7.9 years
Average age of female victims	9.2 year	10.3 years

Although there is some slight variation between the two studies on the male/female breakdown of victims it would seem that boys make up roughly 20-25% of all childhood sexual abuse victims reported in Ireland. From this it would appear that girls are at a greater risk of being sexually victimised than boys, nevertheless boys do make-up a substantial portion of those children who are known to have been sexually assaulted. Rates of CSA are summarized in Table 2.1.

VICTIM AGE

The age profile of children in the EHB study was as follows; one-third were aged under six, and slightly more than one-third were aged between seven and twelve years of age. The average age of boys who had been sexually abused was 7.9 years, and the average age of girls was 9.2 years. Thus the EHB study indicated that on average boys were abused at a younger age than girls.

A similar pattern was apparent from the results of the Northern Ireland study which found that the average age of children when their abuse began was 7.9 years for boys and 10.3 years for girls. The NI research team went on to provide more detailed information regarding changes in vulnerability to the onset of abuse at different ages for boys and girls. Boys tend to be first victimised by sex offenders at an earlier age. As they move through middle childhood and early adolescence their risk of being abused diminishes. For girls the age of their first experience of sexual victimisation had a bi-modal distribution. The number of girls subjected to sexual abuse for the first time rises steadily until roughly seven years of age, it then begins to decline until the age of eleven, and then begins to increase sharply through adolescence. Thus it would appear that girls are most at risk to the onset of abuse before the age of seven and after the age of eleven, but in reality they may be victimised at any age.

FAMILY INFORMATION

Both studies found that the majority of children were living with both of their natural parents at the time of their abuse (66% EHB study and 52.2% in the NI study). It was also found that about one third of children were either in single parent families or in families where only one of the natural parents was present.

The NI study found that while information on social class was not available for a substantial number of children, social class V was over represented among those in the confirmed abuse category, furthermore none of these children were

from social class I. Commenting on the EHB study McKeown & Gilligan suggest that the type of accommodation the children lived in is also an accurate indicator of their social background. They found that 63% of children lived in accommodation rented from a local authority and that 26% lived in accommodation owned or mortgaged by their family. This contrasts sharply with the pattern of housing tenure in Ireland where over 75% of people live in accommodation which is owned or mortgaged. Again this would seem to indicate that at present there is an over-representation of families from lower social classes in cases where CSA is reported and later confirmed.

Table 2.2. The Extent of Additional Problems in the Families of Children Who Have Been Sexually Abused

VARIABLE	EHB STUDY	NI STUDY	
		Mother	Father
Marital problems	55%	33%	31%
Poor Parenting Capacity	45%	NA	NA
Financial Difficulties	37%	NA	NA
Alcohol Abuse	35%	12 %	19%
Drug Abuse	NA	3%	1%
Family Violence	36%	4%	18%
Child Neglect	22%	NA	NA
Sibling abuse reported	40%	NA	NA
Physical Illness	NA	4%	4%
Psychiatric Illness	NA	9%	7%
Parent sexually abused	NA	9%	3%
No Obvious Problems	21%	NA	NA

Note: NA = Information not available.

Both studies went on to look at the extent to which the families of the abused children were known to be experiencing additional problems (at the time the abuse came to light in the case of the EHB study, and prior to and at the time the abuse was discovered in the NI study). In the EHB study it was found that at the time of the disclosure of the abuse roughly half the families (55%) were having marital problems, 45% were described as having a poor parenting capacity, 37% were known to have financial difficulties, alcohol abuse was

known to be a problem in 35% of families, and violence was known to have been a feature of 36% of families. Child neglect had been identified in 22% of families, and 40% of the children confirmed as having been sexually abused had at least one sibling for whom it was either confirmed or suspected that they had also been sexually assaulted. McKeown and Gilligan felt that a pattern of the problems listed above was “particularly concentrated in those families where the abuse was intrafamilial” (p.114). It is clear that a considerable proportion of the families of children who have been sexually abused have additional problems. Nevertheless, it should not be forgotten that a substantial 21% of families were found to be experiencing no additional difficulties. The above findings are summarised in Table 2.2.

The Northern Ireland team presented their data on additional family problems in a slightly different form, giving figures as reported from the separate perspectives of mothers and fathers as known to the mental health professionals who provided the data. Physical illness was noted in 4.4% of mothers and 3.9% of fathers. Psychiatric illness was reported in 8.5% of mothers and 6.5% of fathers. Alcohol abuse was evident in 11.5% of mothers and 18.8% of fathers, and drug use was evident in 2.7% of mothers and 0.7% of fathers. 32.5% of the children’s mothers reported marital problems compared with 30.6% of fathers. The number of mothers who were known to have been physically violent within the family was 4.4% compared to 18.2% of fathers. Of those for whom information was available 8.7% of mothers were known to have been sexually abused during their own childhood compared to 3.2% of fathers. These findings are also summarised in Table 2.2.

In conclusion, it appears that a high degree of additional problems, especially marital difficulties, child neglect, alcohol abuse, and physical violence, are known to exist in families where at least one child has been sexually abused. However, these additional problems seem to be a particular feature of families where the abuse has been intrafamilial. It should not be forgotten that there is

also evidence that one-in-five families appear to have been otherwise functioning adequately at the time the abuse was disclosed.

THE NATURE OF THE ABUSE

The nature and duration of the abuse experienced by a child will determine how it impacts on that child's health and subsequent development (Smith & Bentovim, 1994). The more invasive the abuse and the longer its duration, the more severe its consequences, especially if the perpetrator is a family member. In Ireland the majority of reported CSA victims are subjected to very invasive types of abuse over a long period of time, often at the hands of close family members.

Table 2.3. Characteristics of the Sexual Abuse

VARIABLE	EHB STUDY	NI STUDY
Subjected to penetrative abuse	65%	65%
Abused More Than Once	74%	70.6%
Abused for Up to Six Months	20%	33.9%
Abused for Six Months to One Year	13%	20.3%
Abused for One to Three Years	25%	46%
Abused for More Than Three Years	26%	NA
Abused in Child's Own Home	51%	36%
Abused in Another Person's Home	13%	20.6%
Abused in Public Parks or Fields	9%	NA
Combination of the Above Places	18%	NA
Abused in a School	NA	1%
Abused in a Children's Home	NA	1.7%

Note: NA = Information not available.

In the EHB study roughly two thirds (65%) of children had some form of penetrative sexual act perpetrated against them. Typically this was combined with other abusive experiences such as fondling. The age of the child seems to make no difference to the type of sexual offence committed. Seventy-four percent (74%) of children were abused more than once. A quarter of these children were abused over a period of time lasting more than three years, with a

further 25% abused from one to three years, and 20% were abused for up to six months before the abuse was disclosed. The majority of children (51%) were abused in their own home with a further 13% of children being abused in someone else's home. Only 9% of the children were abused in public places such as parks or fields. A total of 18% were abused in a combination of locations. This information is summarised in Table 2.3.

Table 2.4. Characteristics of the Abuser

VARIABLE	EHB STUDY	NI STUDY
Male Abuser	90%	88%
Female Abuser	2%	3%
Male and Female Abuser	7%	NA
Abuser Related to the Child	68%*	31%
Abuser not related but known to Child	25%*	54%
Stranger	3%*	5%
Abuser Acting as Baby-Sitter	42%	NA

Note: Figures refer to the percentage of abusers not the percentage of cases. In the EHB study there was a confirmed total of 636 abusers. NA = Information not available.

The EHB study also found that in 61% of cases the abuse was intrafamilial, 30% were extrafamilial, and 8% were both intra and extra-familial. Fathers represented the largest single category of offenders at 28.6%, neighbours were the next biggest category at 15.6%, 11.8% of offenders were brothers of the children abused, 10.9% were uncles, and only 2.8% of the abusers were strangers to their child victims. Remarkably, 42% of the abusers were acting as baby-sitters at the time the sexual offence was thought to have taken place. Overall the EHB study clearly reveals a picture of children being subjected to extremely invasive sexual acts over a very long period of time often in their own homes.

The NI study revealed a similar picture. Sixty-five percent (65%) of children had some form of penetrative sexual act perpetrated against them. The most common sexually abusive experience of both boys and girls was being fondled, but this was usually only part of the sexual offence committed against

them. Only 4.9% of children experienced some form of non-contact abuse. Again it was found that over two-thirds (70.6%) of the children were subjected to more than one episode of abuse by the same abuser(s). Of these children 6% were abused for less than one month while 28% were abused for a time span stretching between two and six months. Twenty percent (20%) experienced a continuum of abuse lasting between six months and one year, 23% were abused for one to two years, and a further 23% were abused for longer than two years. The NI study also found that 36% of children were abused in their own home with a further 20.6% of children abused in someone else's home. The NI study also indicates that 9.5% (of 391 children) were abused by co-abusers. When co-abusers were involved the nature of the abuse was generally more invasive. The NI team also report that 85.1% of children knew their abuser, while only 4.9% did not, (these figures exclude some co-abusers who may also have been known to the child), 31.4% of the children were abused by a relative, 53.7% of the children were abused by someone known to them outside the family, and only 4.9% were abused by strangers. There was found to be no correlation between the length of the abuse and whether the offender was a family member or simply someone known to the family. The above findings are summarised in Tables 2.3 and 2.4.

CHARACTERISTICS OF THE PERPETRATORS

The EHB study reported the following characteristics of abusers: In 76% of cases the abuser perpetrated the offence alone. However, for 22% of the children there were two or more abusers involved (though not necessarily at the same time). The vast majority (90%) of abusers were male, and only 2% were females acting alone. Nevertheless, in 7% of cases a female abuser was found to be involved in sexually victimising a child with a male co-abuser.

Twenty-one percent (21%) of all offenders were aged fifteen years and *under*, with a further 16% aged between 16 and 20 years, meaning that 36% or

one third of all sexual offences were committed by those in their teens or younger. Forty-one percent (41%) of the remaining offenders were aged between twenty-one and forty-five years, 9% were aged between forty-six and sixty-six years, and the age of 13% of offenders was unknown. Data on age are summarized in Table 2.5.

Table 2.5. Age of Abusers

AGE	EHB STUDY	AGE	NI STUDY
15 Years and Under	21 % of cases	15 Years and Under	21% of cases
16 - 20 Years	16% of cases	16 - 19 Years	16% of cases
21 -35 Years	24% of cases	20 - 39 Years	34% of cases
36 - 45 Years	17% of cases	40 - 59 Years	19% of cases
46 - 66 Years	9% of cases	Over 60 Years	11% of cases

The EHB study also looked at the variety of methods which offenders used in order to obtain the child’s compliance. In 45% of cases the offender used verbal threats and in 43% of cases emotional and other forms of bribery were employed. Thirty-five percent (35%) used play as a means of over-coming the child’s resistance. In 33% of cases the child was deemed to be too young to put up substantial resistance, and physical violence was used to coerce the child in 26% of cases.

Considering all the perpetrator characteristics outlined so far we can see that the EHB study firmly dispels the myth that child sex offenders are adults who are typically strangers to their victims. The vast majority of offenders are male, and are either closely related or well known to their child victims who are frequently abused while the offender is acting in a position of responsibility such as baby-sitting. A significant proportion of child sex offenders are themselves adolescents or children. Both adolescent and adult offenders use a variety of methods to obtain the compliance of the children they sexually assault.

Table 2.6. Methods Used by Abusers to Ensure the Compliance of the Child

VARIABLE	EHB STUDY	NI STUDY
Physical Force or Violence	26%	21%
Threats	45%	50%
Psychological Threats	NA	31%
Threats of Bodily Harm	NA	19%
Bribery (Emotional and Other)	43%	NA
Play	35%	NA
Child too young to know what was happening	33%	NA

Note: NA = Information not available.

A similar picture emerged from the Northern Ireland Research Team. They found that in 88% of cases there was a lone male abuser and that in only 2.7% of cases the abuser was a female acting alone. Nine percent (9.1%) of children were abused by ‘co-abusers’ who may have been either male or female. The NI research team also found that only 1.2% of girls were abused by a female offender but that 9% of boys were abused by females, a finding they reported as being statistically significant. Thus it would appear that although female abusers are comparatively rare they tend to be responsible for a considerable portion of the sexual offences against boys.

The Northern Ireland study also confirmed that a very high percentage of child sex offenders are adolescents. They report that 36.1% of children, including what the authors describe as twenty-two older girls, were abused by adolescents. If we exclude the latter then 29.8% of the children were sexually abused by a teenager. Remarkably, one quarter of these young sex offenders had a known history of previously sexually assaulting other children. There was usually a substantial age difference between the young offenders and their child victims. More than half of the victims of the teenage abusers were under nine years of age, and almost two-thirds of their victims were under twelve.

Data concerning the methods used by the abuser to coerce the child were available for 90.9% of the Northern Ireland sample. Of these the authors state that what they describe as ‘psychological threats’ were used in 31% of cases, threats of bodily harm in 19.3%, and physical force (without evidence of physical

injury) was established as having been used in 20.8% of cases. Boys were more likely to have been subjected to the coercive use of physical force. In total 43.1% of children were subjected to at least one of these methods of coercion when we allow for the fact that more than one of the above methods may have been used in any particular case.

In summary the picture emerging from the NI study is similar to that of the EHB study. The majority of abusers were male, and while there were female abusers, they were relatively rare. Roughly one-third of all confirmed cases of sexual offending against children were perpetrated by adolescents or children. In the vast majority of all cases the abuser was known to the child. And a variety of methods, from physical violence to psychological threats, were used to obtain the compliance of children.

THE SHORT-TERM EFFECTS OF CHILDHOOD SEXUAL ABUSE

The Northern Ireland Research team also attempted to measure the initial psychological impact of sexual abuse on the children in their study. However, they caution that the quality of information provided by respondents to this part of the study varied. Nevertheless, the questions were specifically aimed at eliciting information about the emergence of psychological difficulties following the episode(s) of sexual abuse, thereby excluding any pre-existing difficulties which the child may have been experiencing. The findings may be summarised as follows:

Information was only available for roughly half of the confirmed cases. It was found that initial psychological sequelae were experienced by 73.8% of these child victims. Both boys and girls seemed to suffer an equal amount of emotional disturbance following their abuse (57.5% for boys, and 56.9% for girls). A variety of emotional difficulties were recorded. The most common short-term emotional consequence was that the children were noted to be “sad, miserable, or inclined to cry” (43.1%). Other effects included sleep disturbances including

nightmares (29.4%), separation anxiety (25.1%), a change in eating habits (13.3%), somatic symptoms (13.4%), deliberate self injury (2.1%), and attempted suicide (3.2%).

Conduct disorder was also found to be a common problem among children who had been recently sexually assaulted. Little difference emerged in the numbers of boys (40.0%) and girls (33.8%) experiencing conduct problems following their experience of being abused. Many showed evidence of increases in verbal or physical aggression (25.3%), anti-social behaviour (15.9%), running away from home (10.5%), or substance abuse (4.9%).

Table 2.7. Short-Term Psychological Impact of Being Sexually Abused as Reported by the Northern Ireland Research Team

VARIABLE	BOYS	GIRLS
Emotional Disturbance	57.5%	56.9%
Conduct Disorder	40.1%	33.8%
Over-sexualised Behaviour	42.5%	31.2%
School Difficulties	27.5%	24.5%
Relationship Difficulties	47.5%	40.0%

Oversexualised behaviour was noted in a large number of children. Although more boys (42.5%) than girls (31.2%) exhibited over-sexualised behaviour this difference was not statistically significant. The types of behaviour recorded under this category included using sexually explicit words indicating a level of knowledge beyond their developmental level (17.2%), displaying “seductive” sexual behaviour towards adults (16.2%) and children (11.8%), more frequent masturbation (7.7%), and having sexual intercourse (6.7%). The authors of the NI study argued that this increase in sexualised behaviour by children following their experiences of being abused make them vulnerable to further victimisation.

School difficulties were another group of problems noted equally among boys (27.5%) and girls (24.5%). Typically they involved deterioration in school work (19.5%), being disruptive in class (14.9%), playing truant (12.8%), and

being permanently absent from school (4.7%). Relationship difficulties were also experienced by 47.5% of boys and 40.0% of girls, including a cessation of mixing with peers (17.9%), and a fear of men (17.4%). The above findings on the short-term impact on children of being sexually abused are summarised in Table 2.7.

Information on another consequence of being sexually abused contained in both studies concerned the number of children who were removed from their home following their experience of being abused by a person who shared the family home. In the EHB study 36.3% of the children were forced to leave or were removed from their homes. In the Northern Ireland study the corresponding figure was 32%. Undoubtedly this is also a significant factor in determining how children will cope with the trauma of being sexually abused and the potential for support which they receive.

In summary, a variety of psychological disturbances were noted in children who have been sexually abused. It is interesting to note that from the information presented in the Northern Ireland survey there is not very much compelling evidence, in the short-term at least, that males and females respond differently to the traumatic experience of being sexually abused in their development of psychological disturbances which represent a tendency towards internalising or externalising their experience.

PLACING THE TWO STUDIES IN THE CONTEXT OF THE INTERNATIONAL LITERATURE

One of the striking features of comparing and contrasting the Northern Ireland study with that of the Eastern Health Board is the remarkable degree of consistency in the findings of both investigations. This consistency continues when we compare these two studies with the information which can be found in the international literature.

Smith & Bentovim (1994) make the following general points based upon their consideration of the wider available literature which compliments the findings of the two studies which have been reviewed in this article. Children of every age are abused but a child is most likely to have his or her first experience of abuse between 8 and 12 years of age. Substantially more girls than boys are sexually abused. Clinical samples usually suggest a 4:1 or 5:1 ratio of girl victims to boys, while non-clinical samples usually suggest 2:1 or 3:1 ratio of girls to boys. The majority of abuse is perpetrated by men acting alone. However, between 5-15% of abuse is perpetrated by women who as offenders are more likely to victimise boys and to commit single offences. Clinical studies, like that of the Northern Ireland Research Team (1990) and McKeown *et al.*, (1989) usually provide us with information about more damaging abusive experiences where the majority of abuse concerns multiple offences perpetrated by family members or people known to the family. Girls are more likely than boys to be abused by a family member while boys are more likely than girls to be abused by a stranger. Baby-sitting is frequently a time which extrafamilial abusers exploit to sexually victimise children.

Comprehensive international reviews of retrospective and prospective studies of the effects of CSA concur that it has profound short and long term effects on psychological functioning (Berlinger & Elliot, 1996; Kendall-Tackett, Meyer-Williams & Finklehor, 1993; Wolfe & Birt, 1995). In line with the results of the surveys reviewed in this paper, these surveys show that more than half of sexually abused children develop psychological problems. These include excessive internalising or externalising behaviour problems; sexualised behaviour; and school based difficulties.

The profound effect of CSA on adjustment may be highlighted by comparing the prevalence of psychological problems among abused and non-abused children. The prevalence of significant psychological problems among Irish children has been found to be 11-17% depending upon geographical location (Carr, 1993). In comparison, at least 57% of recently sexually abused

children from the Northern Ireland study showed such problems which had their onset after the abuse. Thus, it may be concluded that in Ireland recently sexually abused children showed more than three times the rate of psychological problems of their non-abused counterparts.

Finally, one of the many alarming aspects of childhood sexual abuse to come to the awareness of clinicians and researchers has been the surprisingly high number of adolescents and children who sexually abuse younger children. It now seems clear that roughly one-third of all reported cases of childhood sexual abuse is committed by people who are under 18 years of age. The need for studies of adolescents and children who engage in sexually abusive behaviour and their response to treatment is clearly required.

SUMMARY

Results of a survey of 990 reported cases of child sexual abuse (CSA) in the Eastern Health Board region and a similar survey of 408 confirmed cases of CSA in the six counties of Northern Ireland are reviewed and synthesised in this paper. Both studies showed that the patterns of child sexual abuse were similar in both areas of Ireland. The annual incidence of confirmed cases of CSA was between 1 and 2 per 1,000 with a female to male ratio of about 3-4 girls:1 boy. The majority of cases involved repeated penetrative abuse. The average age of both male and female victims was under 10 years of age. Boys on average were sexually victimised at a younger age than girls. The majority of children were abused by a family member or someone they knew. The abuse most frequently occurred in the child's home or someone else's home rather than in a public place. Coercion was involved in the majority of cases. Threatening behaviour was used by abusers to ensure children's compliance with sexual acts in about half of the cases and physical violence was used by abusers in roughly one-quarter of cases. The vast majority of abusers were male although female abusers were detected as both solitary and co-abusers. Both studies indicated that around

one-third of those engaged in sexually abusive behaviour were themselves children or adolescents. The majority of children were living with both of their natural parents when abused. In most cases additional problems, such as marital discord, parenting problems, family violence or alcohol abuse were also evident in the family of origin of the abused children. A majority of children showed adjustment difficulties following sexual abuse. In order of descending prevalence these were (1) emotional problems; (2) relationship problems; (3) oversexualised behaviour and conduct problems; and (4) school difficulties. Approximately one-third of children were removed from their family home after it was reported that they had been sexually abused.

REFERENCES

- Berlinger, L. & Elliot, D. (1996). Sexual abuse of children. In J. Briere, L. Berliner, J. Bulkley, C. Jenny & T. Reid (eds.), *The APSAC Handbook on Child Maltreatment* (pp. 51-71). Thousand Oaks, CA: Sage.
- Carr, A. (1993). Epidemiology of psychological disorders in Irish children. *Irish Journal of Psychology*, 14, 546-560.
- Kendall-Tackett, K., Williams, L. & Finklehor, D. (1993). Impact of sexual abuse on children. *Psychological Bulletin*, 113, 164-180.
- MacKenzie, G., Blaney, R., Chivers, A. & Vincent, O. E. (1993). The Incidence of Child Sexual Abuse in Northern Ireland. *International Journal of Epidemiology*, 22, 299-305.
- McKeown, K., Gilligan, R., Brannick, T., McGuane, B. & Riordan, S. (1989). *Child Sexual Abuse in the Eastern Health Board Area, Ireland, 1988: Volume 1: A Statistical Analysis of All Suspected and Confirmed Child Sexual Abuse Cases Known to the Community Care Teams in the Eastern Health Board and Open at Any Time in 1988*, Unpublished Report, Dublin: Department of Health.

- McKeown, K. & Gilligan, R. (1991). Child Sexual Abuse in the Eastern Health Board Region of Ireland in 1988: An Analysis of 512 Confirmed Cases. *The Economic and Social Review*, 22, 101-134.
- Research Team (1990). *Child Sexual Abuse in Northern Ireland-A Research Study of Incidence*. Northern Ireland: Greystone Press.
- Smith, M. & Bentovim, A. (1994). Sexual Abuse. In Rutter, M., Taylor, E., & Hersov, L. (Eds.), *Child and Adolescent Psychiatry: Modern Approaches*. (Third Edition, pp.230-251). London: Blackwell Science.
- Wolfe, V. & Birt, J. (1995). The psychological sequelae of child sexual abuse. In T. Ollendick & R. Prinz (Eds.), *Advances in Clinical Child Psychology*. (Volume 17, 17, pp. 233-263). New York: Plenum.
-