

Article

# Child physical abuse in England and Wales: year ending March 2019

Child physical abuse in England and Wales, bringing together a range of different data sources from across government and the voluntary sector.

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## Table of contents

1. [Main points](#)
2. [What is child physical abuse?](#)
3. [Things you need to know about this release](#)
4. [What do we know about the prevalence of physical abuse during childhood?](#)
5. [Child physical abuse recorded by the police](#)
6. [Child physical abuse cases that come to the attention of children's services](#)
7. [Medical attention received for child physical abuse](#)
8. [Female genital mutilation](#)
9. [Use of child abuse support services](#)
10. [Characteristics of victims of child physical abuse](#)
11. [What do we know about perpetrators of child physical abuse?](#)
12. [Quality and methodology](#)

# 1 . Main points

- The Crime Survey for England and Wales (CSEW) estimated that 7.6% of adults aged 18 to 74 years experienced physical abuse before the age of 16 years (3.1 million people); this includes perpetrators aged 16 years or over only.
- The abuse was most commonly perpetrated by the child's parent(s); around 4 in 10 were abused by their father, around 3 in 10 were abused by their mother.
- Physical abuse is the only type of child abuse where there is no difference in prevalence between men and women.
- It is possible to identify 117,617 offences of child physical abuse recorded by the police in England and Wales in the year ending March 2019.
- At 31 March 2019, 4,170 children in England were the subject of a child protection plan (CPP) and 285 children in Wales were on the child protection register (CPR) for experience or risk of physical abuse.
- There were 7.4 child homicides per million population in the year ending March 2018 (93 in total); the rate was highest for children under the age of 1 year (26 per million).

## 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](mailto: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](mailto: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](mailto:jo@samaritans.org)
- [The Survivors Trust](#) can be called on 08088 010 818
- [Victim Support](#) can be called on 0808 16 89 111

## 2 . What is child physical abuse?

There is no specific offence of “child physical abuse”. Practitioners have come to define child abuse based on the laws designed to protect children from harm. For example, [the 2018 HM Government report, 'Working together to safeguard children'](#), defines “child physical abuse” as:

“A form of abuse which 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.”

This list is not exhaustive and the injury may not be external or immediately noticeable. A child may be physically abused by an adult or adults or by another child or children.

The [College of Policing](#) also define “child physical abuse” as the “non-accidental infliction of physical force by one person on another, which may or may not result in physical injury”.

A child is defined as anyone who has not yet reached their 18th birthday. This is consistent with the [United Nations Convention on the Rights of the Child \(UNCRC\)](#). Article 1 states that everyone under the age of 18 years has all the rights in the Convention.

### **3 . Things you need to know about this release**

This article brings together different data sources on child physical abuse with the aim of providing a better understanding of child physical abuse than is possible from looking at individual data sources. It has been produced by the Office for National Statistics (ONS), working in collaboration with the:

- Department for Education (DfE)
- Home Office
- Ministry of Justice
- National Association for People Abused in Childhood (NAPAC)
- National Society for the Prevention of Cruelty to Children (NSPCC)
- NHS Digital
- Violence Research Group, Cardiff University
- Welsh Government

Further commentary on child abuse, and quality and methodology information, can be found in [Child abuse in England and Wales](#).

### **How is child physical abuse measured?**

Measuring the scale and nature of child physical abuse can be difficult because it is usually hidden from view. Victims often feel unable to report their experiences and adults are not always able to recognise that abuse is taking place. As a result, administrative data sources do not represent the full scale of the issue. There are no current surveys measuring children’s experiences of physical abuse because of the challenges in asking this age group about such a sensitive topic. We therefore do not know how many children are currently experiencing, or have experienced, physical abuse.

However, there are a number of sources of information that, when looked at together, can help build up a picture of the scale and nature of child physical abuse. Indicators of child physical abuse reported in this article use data on:

- adults' self-reported experiences of physical abuse
- child physical abuse recorded by the police
- child deaths
- hospital admissions and emergency attendances
- children who come to the attention of children's services
- contact with support services

The different data indicators are not directly comparable. They are collected on different bases (for example, victims or crimes) using different timescales and reference periods.

Findings from the data sources reported on in this article, as well as additional data sources, can be found in the [appendix tables](#). We have also released a [data landscape](#), which includes a comprehensive list of data sources relating to child abuse.

## 4 . What do we know about the prevalence of physical abuse during childhood?

### Current prevalence of child physical abuse is challenging to measure

There is no source providing the current prevalence of child physical abuse. The Crime Survey for England and Wales (CSEW) provides the best available indicator by measuring the prevalence of adults who experienced physical abuse before the age of 16 years perpetrated by someone aged 16 years or over. The CSEW provides an underestimate of child physical abuse as abuse against 16- and 17-year olds and abuse perpetrated by children aged under 16 years are not included. See [Quality and methodology](#) for more information on the CSEW.

In the year ending March 2019, the CSEW estimated that approximately 3.1 million adults aged 18 to 74 years experienced physical abuse before the age of 16 years perpetrated by someone aged 16 years or over ( [Table 1](#)). This is equivalent to 7.6% of the population aged 18 to 74 years ( [Table 2](#)). Victimization varied by certain personal and household characteristics. See [Characteristics of victims of child physical abuse](#) and [Tables 6 and 7](#) for more information.

### Three-quarters of victims experienced more than one type of abuse

Three-quarters of adults who experienced physical abuse before the age of 16 years, from someone aged 16 years or over, also experienced another type of abuse. This could be sexual abuse, emotional abuse, and/or witnessing domestic violence or abuse ( [Table 4](#)). The most common combination was adults who experienced physical abuse, emotional abuse and witnessed domestic violence or abuse, at 23% ( [Table 4](#)). Women were more likely than men to have experienced another type of abuse as well as physical abuse, at 86% compared with 64%.

The CSEW estimates fill an important evidence gap but only of adults' past experiences of physical abuse. They do not provide a measure of the current level of physical abuse experienced by children in England and Wales. We are undertaking a feasibility study to determine whether a new survey could effectively measure the current scale and nature of child abuse and neglect. Findings from this feasibility study will be published later in 2020.

## Violence against 10- to 15-year-olds

Data from the CSEW 10- to 15-year-olds survey provide additional insight into the current prevalence of physical abuse experienced by this age group.

In the year ending March 2019, the CSEW estimated that 5.4% of children aged 10 to 15 years (457,000) were a victim of violent crime<sup>1</sup> in the previous 12 months ([Appendix tables 11 and 9a](#)).<sup>2</sup> This is lower than the prevalence of adults who experienced physical abuse before the age of 16 years. This may be partly explained by the smaller age range covered. A reduction in corporal punishment over time may also be a contributing factor.

Three-quarters of violent incidents experienced by children aged 10 to 15 years occurred in or around school ([Table 13](#)), and over three-quarters (77%) were perpetrated by a fellow pupil ([Table 14](#)).<sup>3</sup> This shows that the majority of incidents were child-on-child violence and may include forms of school bullying. Some of these may be one-off incidents and, as such, may not typically be perceived as abuse. However, such incidents do fit within the widely used definition of child physical abuse. See [What do we know about perpetrators of child physical abuse?](#) for more information on perpetrators of physical abuse.

More information, including injuries sustained and reporting to the police, can be found in [Tables 12 to 17](#).

### Notes for: What do we know about the prevalence of physical abuse during childhood?

1. These are based on a “preferred measure” that takes into account factors identified as important in determining the severity of an incident such as the relationship of the victim to the perpetrator and the level of injury to the victim. See [Section 2 of the user guide](#) for further information.
2. Further information is available in [Crime in England and Wales: year ending June 2019](#).
3. These data are based on combined data from the year ending March 2017 to the year ending March 2019.

## 5 . Child physical abuse recorded by the police

Some victims of child physical abuse remain hidden. Understanding how many victims (or potential victims) do come to the attention of authorities is important to get a sense of the resources needed to support the child protection system.

Some offences recorded by the police will have come to their attention through the child protection system. A child protection investigation is mainly the responsibility of social workers within children’s services. However, they work closely with the police, health workers, and other professionals who are connected to the child and family.

As part of this, the police will investigate whether a criminal offence has been committed. They will not always record an offence because it is sometimes judged that it is not in the best interests of the child. Other action, such as a referral to the local authority, may be more appropriate. The number of offences recorded by the police is therefore an underestimate of the demand on the police for child physical abuse.

## The majority of child physical abuse offences recorded by the police in the last year were violence without injury offences

The best available indicator of child physical abuse recorded by the police is offences of violence against the person involving “non-accidental infliction of physical force” where the victim was under the age of 18 years. Some of these offences relate specifically to children, for example, cruelty to children/young persons. However, both adults and children can be victims of other offences. Age of the victim is therefore needed to identify those that relate to child physical abuse.

The Home Office Data Hub is a live database that allows police forces to provide the Home Office with record-level information on all crimes recorded. This includes the age of victims at the time of the offence.<sup>1</sup> However, this information is not always provided, so not all child physical abuse offences recorded by the police can be identified.

It is possible to identify 117,617 child physical abuse offences recorded by the police in the year ending March 2019 ([Table 18](#)). This will include both one-off violent incidents and incidents as part of ongoing abuse. Some of these incidents may not typically be perceived as child physical abuse but do fit within the widely used definition.

It is not possible to identify the number of children that the number of offences recorded by the police relate to, as the same child may be the victim of multiple offences.

Violence without injury accounted for approximately 6 in 10, or 61%, of child physical abuse offences (71,227). Around one-sixth, or 16%, of child physical abuse offences were cruelty to children/young persons offences (18,706, [Table 18](#)). Some of these offences will relate to neglect rather than physical abuse. However, these cases cannot be separated. More information on cruelty to children/young persons offences can be found in [Child neglect in England and Wales: year ending March 2019](#).

All police recorded crime data relate to offences recorded in the given year, regardless of when the offence took place.

The number of police recorded child physical abuse offences has been impacted by improvements made by the police in the recording of violent offences. The HM Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) report, [‘Crime-recording: making the victim count’](#), showed that violent offences were previously under-recorded by 33%. More recent [Crime Data Integrity inspections](#) carried out by HMICFRS indicate evidence of improvements in the recording of violent offences made by forces since 2014.<sup>2</sup>

## Child homicides

Some physical abuse offences recorded by the police are homicides. The number of child homicides indicates how many children have died as a direct result of physical abuse, but it does not fully reflect child deaths where abuse may have been a contributing factor.<sup>3</sup>

Homicide includes murder, manslaughter and infanticide. A small number of the child homicides discussed in this section are manslaughter offences, which would not be defined as child abuse as there is no intention of harm involved. Homicides perpetrated by friends, social acquaintances or strangers are defined as child physical abuse, whether or not this was part of ongoing abuse and harm.

The [Home Office Homicide Index](#) provides detailed information on child homicides. The latest data available are for the year ending March 2018. There were 93 victims of homicide aged under 18 years in the year ending March 2018. This equates to 7.4 homicides per million children ([Table 22](#)). Knife-enabled crime accounted for approximately one-quarter, or 23%, of these homicides ([Table 24](#)).

## Notes for Child physical abuse recorded by the police

1. The majority of police forces use the Data Hub, but some information is only available for certain forces, depending on the quality of information supplied. The Home Office is continuing to develop and implement this system.
2. These reports were published between 2016 and 2019, and the most recent reports were published on 7 January 2020.
3. Further information is available in [Brandon, M. et al. \(2012\) 'New learning from serious case reviews: a two year report for 2009–2011', London: Department for Education \(DfE\); and Ofsted \(2008\) 'The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2007/08', London: The Stationery Office \(TSO\).](#)

## 6 . Child physical abuse cases that come to the attention of children's services

Children may be referred to their local authority children's services because of concerns they are at risk of harm. As children's services work with the police to investigate concerns and safeguard children, there will be overlap in the cases and data handled by both agencies. Not all child physical abuse offences recorded by the police will be referred to children's services. Only those where it is decided the child is at risk of ongoing harm would be referred.

There will be additional cases not recorded by the police as a criminal offence, but the police may still be involved in the child protection investigation. Cases handled by children's services will also include children at risk of physical abuse. Such cases would not be included in offences recorded by the police as a crime has not yet been committed. The aim of the local authority intervention is to prevent physical abuse from occurring.

Each indicator identified in this article does not necessarily refer to the same cohort of cases. Direct comparisons therefore cannot be made.

The Department for Education (DfE) collects data on children who come to the attention of the local authority children's services in England. The Welsh Government collects similar data for Wales. These data provide an insight into cases where the child needed support from a local authority.

## Factors identified at end of assessment following a referral to children's services

Once a referral has been made, the local authority will decide what action to take, which may include an assessment. If the local authority identifies there is reasonable cause to suspect the child is suffering, or is likely to suffer, significant harm, it will carry out an assessment under [section 47 of the Children Act 1989](#) to determine if it needs to take steps to safeguard and promote the welfare of the child.

Factors contributing to concerns about the child are identified at the end of an assessment; more than one factor can be identified. The factors are designed only to identify what kinds of pressures are placed on children's services. The data are based on the opinions of the social workers assessing the cases. Care should be taken when drawing conclusions using this information.

In the year ending March 2019, there were 71,080 assessments in England where physical abuse was identified as a factor at the end of the assessment ([Table 26](#)). Female genital mutilation (FGM) was identified in 1,000 assessments ([Table 26](#)). There may be overlap between these assessments. See Female genital mutilation for more information on FGM. Similar data are not available for Wales.

## Children identified by children's services as needing support because of physical abuse

Where concerns about a child's welfare are verified after assessment, a child protection case conference is held. The available evidence is drawn together to determine whether further action needs to be taken. Following this, a child may be subject to a [child protection plan](#) (CPP; England) or be placed on the [child protection register](#) (CPR; Wales). These set out actions to keep the child safe from harm.

Although the terminology between nations differs slightly, both record information relating to children whose safety is an ongoing concern. However, the two sources should not be compared.

At 31 March 2019, 4,170 children in England (3 per 10,000) were subject to a CPP for physical abuse ([Table 27](#)).<sup>1,2</sup> This number has remained stable in the last year. A further 285<sup>3</sup> children in Wales (5 per 10,000) were on the CPR for physical abuse ([Table 31](#)). This was a 20% fall compared with the previous year.<sup>4</sup>

## Children returning to a child protection plan

Of the 6,010 CPPs for physical abuse in England that were started during the year ending March 2019, 14% were a second or subsequent plan. Previous plans were not necessarily for the same type of abuse as the current plan ([Table 30](#)). This indicates how many children are in recurring circumstances of abuse, but it could also indicate decisions to remove children from CPPs are sometimes premature

Further information on children on CPPs or the CPR for physical abuse can be found in [Tables 27 to 33](#).

## Serious incident notifications involving child deaths

Local authority children's services in England have a duty to notify the [Child Safeguarding Practice Review Panel](#) if a child dies or is seriously harmed and abuse is known or suspected; or a looked after child dies. Where an incident of physical abuse involves harm to more than one child, data are only collected about the first child identified on the incident form.

There were 209 serious incident notifications<sup>5</sup> relating to deaths of children in England in the year ending March 2018, a similar number to the previous year (211; [Table 34](#)). This equates to 18 serious incident notifications per million children. There will be overlap between these cases and homicides recorded by the police. Equivalent data are not available for Wales.

Around one-fifth, or 19%, of the 209 deaths (40) were of looked-after children [according to Ofsted](#). Around half of these (23) died from natural causes, not as a result of physical abuse. Physical abuse by a parent, carer or another family member was the cause of death in 28 of the 209 deaths (13%). For more information on perpetrators, see [What do we know about perpetrators of child physical abuse?](#)



## Serious incident notifications involving serious harm to a child

There were 175 notifications of incidents involving serious harm to a child in England in the year ending March 2018.<sup>6</sup> This was a 21% decrease from the previous year (222 in the year ending March 2017; [Table 35](#)). Six of these children were looked after by their local authority children's services at the time of the incident and eight were subject to a CPP.<sup>7</sup> The most frequent cause of serious harm was "non-accidental injury by a parent or carer", at 37%.

## Serious case reviews

When a child dies or is seriously harmed as a result of abuse or neglect, a serious case review (SCR) is conducted. In England, child death reviews<sup>8</sup> determine whether a child's death involved "modifiable contributory factors", with the ultimate aim of helping identify where action can be taken to reduce the number of child deaths. Examples of "modifiable factors" include family environment, parenting capacity and service provision. SCRs identify ways that professionals and organisations can improve the way they work together to safeguard children and prevent similar child deaths from occurring.

Ofsted received information from the relevant Local Safeguarding Children Board about whether an SCR had been initiated for 212 incidents in the year ending March 2018. Of these, half (105) resulted in an SCR ([Table 36](#)). If no SCR is initiated, this means there was no cause for concern about how the relevant authority or people have worked together to safeguard the child.

## Notes for: Child physical abuse cases that come to the attention of children's services

1. Figures are rounded to the nearest 10.
2. At 31 March 2019, there were 110 unborn children subject to a CPP for physical abuse because of concerns that the unborn baby was suffering or was likely to suffer significant harm once born ([Table 28](#)).
3. Figures are rounded to the nearest five.
4. As a result of changes in the legislation, comparable data are only available since the year ending March 2017.
5. The number of notifications does not equate to the number of incidents that may have occurred within that time period. In each reporting year, a number of notifications are about incidents that occurred before the reporting period.
6. These are the latest data available.
7. The child death review process is mandatory in England and Wales.
8. The child death review process is mandatory in England and Wales.

## 7 . Medical attention received for child physical abuse

Health services are part of the child protection system. Some children that require medical attention for physical abuse may already have been identified by the police or local authority. Health workers may also report cases to the other agencies in the child protection system. There will therefore be overlap in cases and data handled by each agency.

Hospital admission statistics measure the number of child physical abuse incidents that require admission to hospital. This is dependent on the decision to admit a child to hospital, which may be affected by several factors. Factors may include emergency department waiting time limits, differential training among doctors, and changing National Institute for Health and Care Excellence (NICE) guidance.

## **The number of children admitted to hospital because of assault has increased in the last year but decreased over the longer term**

A Finished Admission Episode (FAE) is the first period of admitted patient care under one consultant within one healthcare provider. FAEs are counted against the year or month in which the admission episode finishes. Admissions do not represent the number of patients, as a person may have more than one admission within the period. There were 2,427 child FAEs because of assault in England in the year ending March 2019 ([Table 37](#)). This is an increase of 4.7% from the previous year (2,318) but a decrease of 46% from the year ending March 2010 (4,514).

## **The number of child attendances at emergency departments and minor injury units decreased in the last year**

Data on children attending accident and emergency departments for violence-related injuries are a valuable indicator of child physical abuse that requires medical attention but not admission to hospital. Viewing these with data on FAEs provides a better understanding of demand on NHS services related to child physical abuse.

Research conducted by the [Violence Research Group at Cardiff University](#)<sup>1</sup> is based on [the National Violence Surveillance Network \(NVSN\) study](#). This includes a sample of 126 hospital emergency departments (EDs), minor injury units (MIUs) and walk-in centres in England and Wales.<sup>2</sup>

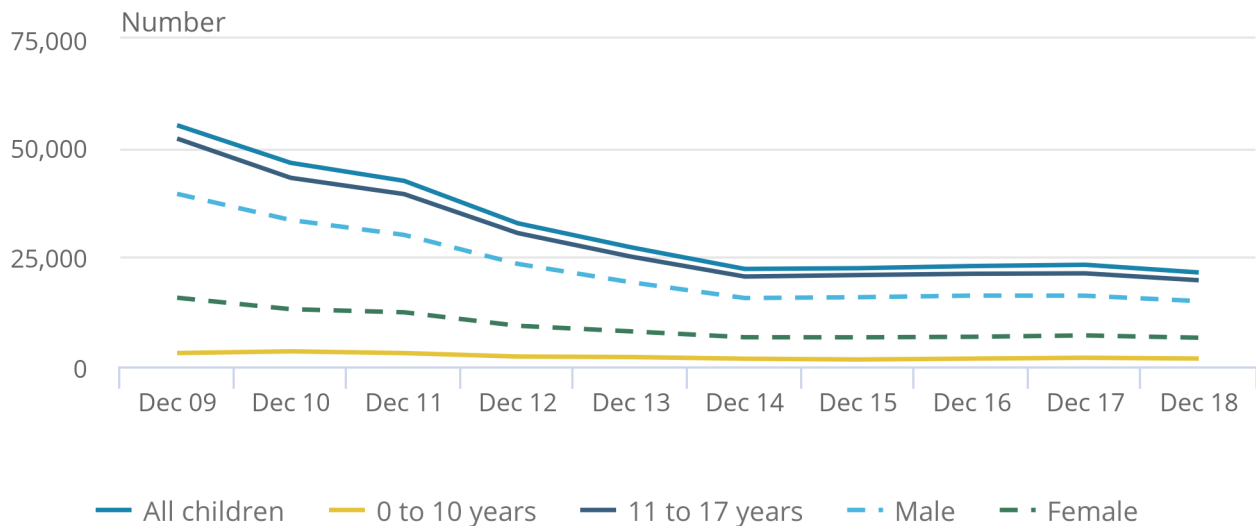
There were an estimated 21,489 child attendances at EDs and MIUs for violence-related injury in 2018 (14,935 males and 6,554 females, Figure 1; [Table 39](#)). Child attendances may not represent the number of children, as a child may have more than one attendance within the period. According to NVSN data, injury levels caused by violence against children in England and Wales declined by 54% between 2010 and 2018.

**Figure 1: Decrease seen in the estimated number of child attendances at EDs and MIUs in England and Wales for violence-related injury**

England and Wales, year ending 2009 to year ending 2018

Figure 1: Decrease seen in the estimated number of child attendances at EDs and MIUs in England and Wales for violence-related injury

England and Wales, year ending 2009 to year ending 2018



Source: Violence Research Group, Cardiff University

Notes:

1. Numbers based on a sample of emergency departments, minor injury units and walk-in centres.
2. Data retrieved for October to December 2017 from Type 1 emergency departments in England recorded using the newly mandated Emergency Care Data Set (ECDS) were not used in violence attendance calculations. The number of assaults for the first nine months in 2017 was multiplied by a factor of 4/3 in order to estimate a figure for the entire year. This approach is equivalent to a fixed-value, missing-data imputation method, where the data from October to December 2017 were treated as "missing" and were replaced by the mean value for January to September 2017.
3. The estimated number of attendances was calculated using a national coverage ratio. See Sivarajasingam et al.'s (2015) '[Trends in violence in England and Wales 2010-2014](#)' for more information about the methods.
4. Child attendances may not represent the number of children, as a child may have more than one attendance within the period.

Notes for: Medical attention received for child physical abuse

1. Vaseekaran Sivarajasingam, Nicholas Page, Giles Green, Simon Moore, Jonathan Shepherd
2. Hospital records were first used as a measure of community violence in 1987: [Rates of violent crime from hospital records](#), Shepherd J P, Pierce N X, Scully C & Leslie I J (1987), Lancet 8573:1470-1471.

## 8 . Female genital mutilation

Female genital mutilation (FGM) is a specific type of physical abuse that involves partial or total removal of the external female genitalia for non-medical reasons.

The FGM enhanced dataset<sup>1</sup>, which has been running since April 2015, presents a picture of FGM identified by the NHS in England. For a patient to be included in the FGM enhanced dataset, they need to have had contact with the NHS in England (whether via acute trusts, mental health trusts or GP practices) where FGM was identified or where that contact was related to FGM. Some individuals in the dataset will not have contacted the NHS in relation to their FGM, but FGM was identified during their attendance. This article covers those individuals where FGM is likely to have been carried out under the age of 18 years. For individuals who attended under the age of 18 years, there may be overlap with cases identified in Medical attention received for child physical abuse.

Between April 2015 and March 2019, 11,990 individuals who were likely to have had FGM carried out under the age of 18 years were recorded in the FGM enhanced dataset ( [Table 41](#) ). Of these, 2% (290 individuals) were under age 18 years at the time they attended ( [Table 42](#) ).

A factor in the delay between FGM being undertaken and being identified by the NHS is that it is mostly identified during visits connected to Midwifery and Obstetrics (93% of cases between April 2015 and June 2019<sup>2</sup> ). Individuals attending these settings are generally over the age of 18 years.

For cases where the country has been identified, fewer than 1% of individuals in the year ending March 2019 had their FGM undertaken in the UK ( [Table 46](#) ). However, over 50% of individuals between April 2015 and March 2019 did not identify the country where FGM was undertaken. Caution is therefore advised in interpreting this data. As FGM is illegal in the UK, under-reporting is to be expected.

More information on data from the FGM enhanced dataset can be found in [Tables 41 to 49](#).

The latest data on women and girls who have been identified within Welsh health organisations to have undergone FGM can be found in [Female Genital Mutilation \(FGM\) Health Leads Report April 2017 – March 2018](#).

### **The number of applications for female genital mutilation protection orders has increased in the last year**

Female genital mutilation protection orders (FGMPOs) offer a legal means or certain conditions to protect and safeguard victims and potential victims of FGM. This could include surrendering a passport to prevent the person at risk from being taken abroad for FGM or requirements that no one arranges for FGM to be performed on the person being protected. FGMPOs can be applied for by the person who has had or is at risk of FGM, a local authority or any other person with permission of the court (for example, police, a teacher, a charity worker or a family member).

The number of applications for FGMPOs made for children in the year ending March 2019 increased by 22% compared with the previous year, up from 92 to 112 (Figure 8; [Table 50](#)). There has been a continual upward trend since the year ending March 2017 (up 51% from 74).<sup>3</sup> This could reflect increased awareness of FGM rather than an increase in prevalence. More information can be found in [Table 50](#).

A similar type of child physical abuse to FGM is breast-ironing. The Crown Prosecution Service (CPS) now recognises that [breast-ironing should be prosecuted as a form of child physical abuse](#). There are currently no data available on breast-ironing.

## Notes for: Female genital mutilation

1. These are [Experimental Statistics](#). Experimental Statistics are official statistics that are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. Limitations may apply to the interpretation of these data.
2. This is where a treatment function (that is, the specialised service within which the patient is treated) was recorded. The data are not shown.
3. FGMPOs came into effect on 17 July 2015. The year ending March 2017 is the first year where a yearly comparison can be made.

## 9 . Use of child abuse support services

Some victims are not able to recognise that they are being physically abused, and adults cannot always spot the signs that child physical abuse is taking place. Those that do recognise abuse may not seek help or report this abuse to a support service. However, data from child abuse support services provide some indication of the outreach of victims of child physical abuse as well as those who are concerned about physical abuse. The data also provide an indication of the level of demand on services in this sector.

There are a number of support services for victims of child abuse. The support services covered in this section may not be representative of all services.

There will be overlap in cases handled by authorities and dealt with by support services. Some cases that come to the attention of support services may already have been identified by the child protection system. The support service may also refer cases to external agencies.

Each indicator identified in this article does not necessarily refer to the same cohort of cases and so direct comparisons cannot be made.

### **Physical abuse is the second most common abuse-related concern counselled by Childline in the latest year**

If a child has any concerns, they may contact Childline. This is a free service where children and young people in the UK can talk to a counsellor about anything. Information about Childline counselling sessions, which include calls, online chats and emails, indicate the levels and nature of current concerns about abuse from children who turn to Childline for support. The number and reasons for counselling sessions can be affected by Childline campaigns and other external factors such as high-profile news stories. Children may talk about a range of different issues over the course of a counselling session, but the issue they talked about the most is recorded.

In the year ending March 2019, there were 6,593 counselling sessions delivered to children in the UK where physical abuse was the primary concern ([Table 51](#)). This accounted for one-third of all abuse-related sessions. Sexual abuse has overtaken physical abuse in recent years as being the most common abuse-related concern counselled. See Child sexual abuse in England and Wales: year ending March 2019 for more information on child sexual abuse.

The number of counselling sessions for physical abuse has decreased by 4% in the last year, but the overall number of counselling sessions has also fallen over this time period ([Table 51](#)). This is partly because more sessions are taking place online, which takes longer than over the phone. Counselling sessions are also taking place later in the day when fewer volunteers are available.

It is not possible to identify the number of children who are speaking to Childline as the same child may make multiple contacts.

[Childline is a confidential service](#), but in exceptional circumstances, for example, a child is requesting direct help or is in a life-threatening situation, Childline may make a referral to an external agency. In the year ending March 2019, Childline made 515 physical abuse-related referrals on behalf of children ([Table 53](#)).

## **Physical abuse-related contacts to the NSPCC have increased in the last year**

Data from the National Society for the Prevention of Cruelty to Children's (NSPCC's) helpline provide information on contacts from those who are worried about the safety or welfare of a child across the UK.<sup>1</sup> These contacts are based on the caller's own perceptions of abuse and neglect.

There were 12,625 contacts to the NSPCC's helpline where there was a concern about child physical abuse in the year ending March 2019. This is an increase of 3% from the previous year (12,215, [Table 54](#)). This compares with an overall increase of 12% in helpline contacts over the same period.

The number of contacts cannot tell you the total number of children about whom there are concerns. One contact can relate to multiple children, whilst multiple contacts can relate to the same child.

## **More contacts to the NSPCC for physical abuse result in a referral**

Callers to the NSPCC's helpline can receive advice or, when there is a serious concern about a child, a referral may be made to the local authority for support. The police will also be contacted if the child is at immediate risk. For a referral to be made, information about the child's identity must be provided. Therefore, in some cases, it may only be possible for advice to be given even where there is a serious concern.

Of the 12,625 physical abuse-related contacts to the NSPCC's helpline in the year ending March 2019, 6 in 10 resulted in referral to an external agency<sup>2</sup>, with 4 in 10 receiving advice ([Table 54](#)).

Information on who contacted the NSPCC's helpline about concerns of physical abuse can be found in [Tables 55 and 56](#).

## **Adults who experienced physical abuse as a child may require support later in life**

The National Association for People Abused in Childhood's (NAPAC's) helpline offers support to adult survivors of child abuse across the UK.<sup>3</sup> Data from the NAPAC's helpline indicate the support adult survivors of child physical abuse require later in life and the demand on support services after the abuse has ended.

In the year ending March 2019, the NAPAC helpline received 1,417 calls relating to physical abuse, though callers could state more than one type of abuse during the call. This accounted for over one-third of calls (35%) to the NAPAC's helpline in that year ([Table 57](#)).

## Notes for: Use of child abuse support services

1. A small proportion of calls in the latest year to the NSPCC's helpline for abuse were from children experiencing abuse themselves (3%; [Table 55](#)). Analysis excludes callers where the relationship to the child was unknown.
2. This includes referral updates, where the helpline received additional information about an existing referral.
3. A small proportion of calls to the NAPAC's helpline in the latest year were from children (2%) ([Table 59](#)). Analysis excludes callers where age was undisclosed.

## 10 . Characteristics of victims of child physical abuse

Crime Survey for England and Wales (CSEW) data on adults' experience of abuse before the age of 16 years provide a good indicator of the groups of children that are most likely to be victims of physical abuse.

In the year ending March 2019, the CSEW estimated that men and women were equally as likely to have experienced physical abuse before the age of 16 years (1.6 million men and 1.6 million women; [Table 1](#)).

[Child abuse extent and nature, England and Wales: year ending March 2019](#) provides more detailed commentary on the groups most likely to be victims.

### Characteristics of those known to the child protection system

The characteristics of children who come to the attention of the police, children's services and health services also provide valuable insights into groups of victims that are more likely to be known to the child protection system.

In contrast to the CSEW, males accounted for the majority of victims of child physical abuse offences recorded by the police in the year ending March 2019 (59% males compared with 41% females; [Table 19](#)). Similarly, data from the [Home Office Homicide Index](#) show just over half of child homicide victims in the year ending March 2018 were male (54% male compared with 46% female; [Table 22](#)).

Boys also accounted for the majority of child patients admitted to hospital for assault (83%, [Table 37](#)). Boys were also more likely than girls to be subject to a child protection plan (CPP) in England<sup>1</sup> or on the child protection register (CPR) in Wales for physical abuse (4 in 10,000 boys and 3 in 10,000 girls<sup>2</sup>; [Tables 28 and 33](#)).

Children aged under one year had the highest rate of child homicides in the year ending March 2018 (26 per million population; [Table 22](#)). This age group was also the most likely to be subject to a CPP in England or on the CPR for physical abuse in Wales (9 in 10,000 children on a CPP<sup>3</sup>; 14 in 10,000 for children on the CPR; [Tables 28 and 32](#)).

In contrast, half of victims of child physical abuse offences recorded by the police are teenagers (50%; [Table 20](#)). Males aged 15 to 17 years accounted for around 3 in 10 (28%) deaths recorded because of assault ([Table 25](#)).

The 15 to 17-year-old age group also accounted for the majority (66%) of Finished Admission Episodes (FAEs) for assault on children in the year ending March 2019 (1,613; [Table 37](#)). This suggests that violence against children of this age may be more severe in nature and therefore more likely to come to the attention of the NHS through a hospital admission.



## Characteristics of those who use support services

Some children are more likely to use Childline than others, so counselling sessions will disproportionately reflect their experiences. [Childline data](#) show that the majority of counselling sessions are with girls and the most common age is 15 years.

Of the counselling sessions provided for physical abuse in the year ending March 2019 ( [Table 52](#)), where gender was known, 67% were delivered to females (3,770)<sup>4</sup>, and where age was known, age 12 to 15 years was the most common age group at 57% (3,230)<sup>5</sup>.

Around three-quarters (75%) of physical abuse-related calls to the National Association for People Abused in Childhood's (NAPAC's) helpline in the year ending March 2019 were from females ( [Table 59](#)).<sup>6</sup> Comparing this with CSEW prevalence estimates suggests that females are more likely than males to seek support for physical abuse later in life after the abuse has ended.

### Notes for: Characteristics of victims of child physical abuse

1. Analysis excludes children on a CPP for physical abuse of a missing or indeterminate gender.
2. Data for Wales refer to at 31 March 2018. These are the latest data available.
3. There were 110 unborn children subject to a CPP for physical abuse; these unborn children have been excluded from the analysis.
4. There were 941 counselling sessions delivered to children whose gender was unknown. These sessions have been excluded from the analysis.
5. There were 960 counselling sessions delivered to children whose age was unknown. These sessions have been excluded from the analysis.
6. Analysis excludes callers where gender was undisclosed.

## 11 . What do we know about perpetrators of child physical abuse?

Perpetrators of child physical abuse are not always identified, in part because the abuse itself remains hidden. However, findings from the Crime Survey for England and Wales (CSEW) on adults' experiences of physical abuse before the age of 16 years provide a good indicator of the relationships between those who experience child physical abuse and the perpetrators.

Knowledge of perpetrators is useful in tackling abuse as it can inform approaches that could be used to identify and prevent physical abuse against children.

### Parents were the most common perpetrators of child physical abuse

Around 4 in 10 victims of physical abuse before the age of 16 years were abused by their father (37%) and around 3 in 10 were abused by their mother (30%; [Table 11](#); Figure 2).

These were the most common perpetrators for both men and women, but (Figure 2):



- women were more likely than men to have experienced physical abuse by a family member that was not a parent or step-parent, at 11% compared with 7%
- women were around four times as likely as men to have been physically abused by a partner or ex-partner before the age of 16 years, at 17% compared with 4%
- men were around four times as likely as women to have experienced physical abuse by a person in a position of trust or authority, such as a teacher, doctor or youth worker, at 11% compared with 3%
- men were more likely than women to have experienced physical abuse by a stranger, at 19% compared with 5%

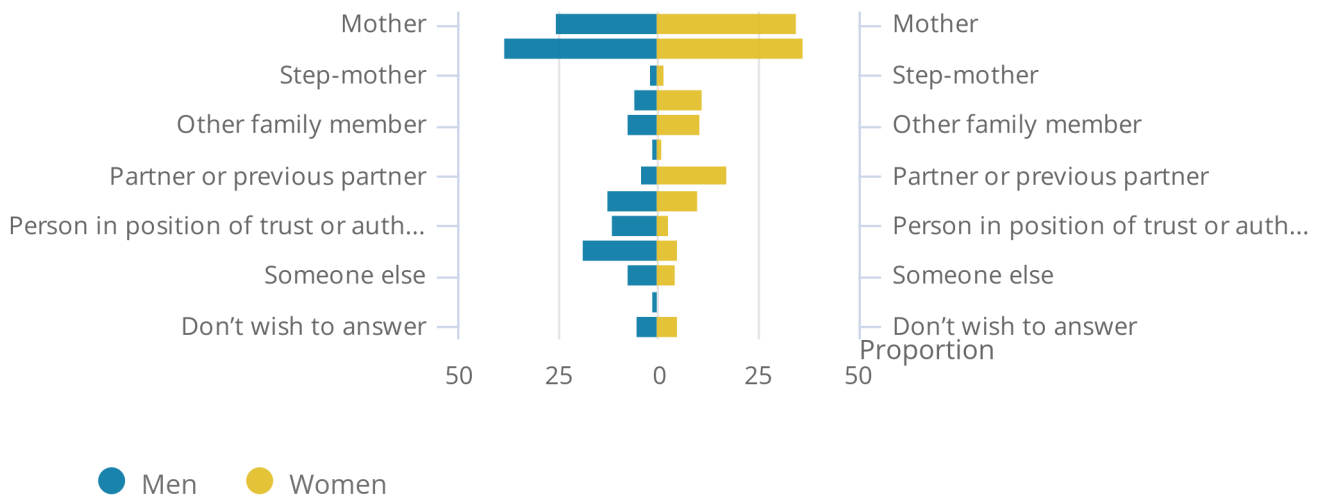
Other apparent differences between men and women are not statistically significant.

**Figure 2: Women were more likely to be physically abused by their mother than men**

England and Wales, year ending March 2019

Figure 2: Women were more likely to be physically abused by their mother than men

England and Wales, year ending March 2019



Source: Office for National Statistics – Crime Survey for England and Wales

Notes:

1. Percentages sum to more than 100 as respondents could choose more than one answer for this question.
2. 'Friend or acquaintance' includes friend or acquaintance, friend or acquaintance of a member of your family, or neighbour.
3. 'Person in position of trust or authority' includes people such as teachers, doctors, youth workers, coaches, religious figures, etc.

## Perpetrators of child homicides

Around two-fifths, or 18%, of homicide victims aged under 18 years were killed by a parent or step-parent (17 offences; [Table 23](#)). Including the six child homicides at the Manchester Arena terror attack, there were 21 children killed by a stranger in the year ending March 2018.

Male child homicide victims were more likely than females to have been killed by friends or social acquaintances in the year ending March 2018, at 26% compared with 14% ([Table 23](#)).

## 12 . Quality and methodology

All differences reported in this article, based on the Crime Survey for England and Wales (CSEW), are [statistically significant](#) at the 5% level unless stated otherwise. More information about the methodology of the CSEW can be found in the [User guide to crime statistics for England and Wales](#).

Any rates reported in this article are calculated using [mid-year population estimates](#) for the child population (those aged 0 to 17 years). For example, figures for the year ending March 2019 will be based on mid-year 2018 population estimates.

Further commentary on child abuse, and quality and methodology information, can be found in [Child abuse in England and Wales](#).

## Cruelty to and neglect of children offences recorded by the police

Under the [Children and Young Persons Act 1933](#), the offence of cruelty to children/young persons is recorded by the police “if any person who has attained the age of 16 years and has responsibility for any child or young person under that age, wilfully assaults, ill-treats (whether physically or otherwise), neglects, abandons, or exposes him, or causes or procures him to be assaulted, ill-treated (whether physically or otherwise), neglected, abandoned, or exposed, in a manner likely to cause him unnecessary suffering or injury to health (whether the suffering or injury is of a physical or a psychological nature)”.

Previously, this offence only covered physical harm to a child.<sup>1</sup> In June 2015, as set out in the [Serious Crime Act 2015](#), the offence was amended to include cases where suffering or injury are psychological in nature as well as physical. Figures should therefore be interpreted with caution as offences will include both emotional abuse and neglect of children as well as physical abuse.

## Child homicides data from the Homicide Index

Data on child homicides give an indication of the number of children that have died as a direct result of abuse or violence. The data are unable to give a definitive figure for child deaths caused by physical abuse. Official measures are likely to be underestimations owing to a range of issues, including:

- the legal complexity of proof of homicide
- misdiagnosed cause of death
- abuse not being the immediate cause of death but being a contributing factor
- cause of death remaining unknown or unexplained

Data on child homicides in this article have been extracted from the [Home Office Homicide Index](#), which contains detailed record-level information about each homicide recorded by police in England and Wales. Homicide Index data are based on the year when the offence was recorded as a crime, not when the offence took place or when the case was heard in court.

The data in this article refer to the position as at 4 December 2018, when the Homicide Index database was “frozen” for the purpose of analysis.<sup>2</sup> The data will change as subsequent court hearings take place or as further information is received.

## Female genital mutilation

Female genital mutilation (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. FGM has been illegal in the UK since 1985, with the law being strengthened in 2003 to prevent girls travelling from the UK and undergoing FGM abroad. Not all FGM is performed on children. For example, the most common form of FGM carried out within the UK is an adult woman choosing to undergo a genital piercing (the World Health Organization (WHO) currently defines all female genital piercings as FGM).

This means that not all the data collected in the FGM enhanced dataset is relevant to the prevalence of child physical abuse. While the FGM enhanced dataset collects information on the age at which the FGM is undertaken, it is not well populated, with around only 35% of people having a meaningful value recorded. To increase the size of the group we can report on, we have used additional information that is interconnected to the age FGM was undertaken to identify a group of individuals where FGM is likely to have been carried out under age 18 years. A [flow chart](#) explaining how an individual would be assigned is available.

## Child abuse cases that come to the attention of children's services

Children may be known and referred to children’s services following emergency intervention by the police or a court order. Where there is a risk to the life of a child or a likelihood of serious immediate harm, local authority social workers, the police or the National Society for the Prevention of Cruelty to Children (NSPCC) should use their statutory child protection powers to act immediately to secure the safety of the child. Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, there should be a strategy discussion involving local authority children’s social care (including the residential or fostering service, if the child is looked after), the police, and health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls, and more than one discussion may be necessary.

## Child abuse cases referred to the authorities are only a partial picture

Although data on child physical abuse cases that come to the attention of the authorities provide valuable information, they can only ever provide a partial picture as many cases remain hidden.

A [study conducted by the National Society for the Prevention of Cruelty to Children \(NSPCC\) in 2009](#) looked at the prevalence of child abuse and neglect in the UK. It estimated that 39.3% of children aged under 11 years, 65.5% of children aged 11 to 17 years and 64.1% of those aged 18 to 24 years had experienced physical violence<sup>3</sup> at some point in childhood. However, these findings are now more than 10 years old. It is not known whether or how the picture of child physical abuse has changed since then.

Estimates from the Crime Survey for England and Wales (CSEW) provided in this report help to address this evidence gap by providing [official statistics](#) on the prevalence of adults who experienced physical abuse before the age of 16 years perpetrated by someone aged 16 years or over. They are based on a set of self-completion questions asking a representative sample of adults aged 18 to 74 years in England and Wales to recall childhood experience(s) of abuse.

It was not possible to ask respondents about abuse that occurred under the age of 18 years within the constraints of the CSEW. This is because of an overlap with existing survey questions on abuse experienced since the age of 16 years.

For the self-completion questionnaire, respondents are given a tablet computer on which to complete their answers. This is designed to be anonymous, to give the respondent privacy and to encourage full disclosure, but some may still be unwilling to disclose. While the level of disclosure is unknown, it is reasonable to assume some element of under-reporting.

Physical abuse is defined in the survey as where the respondent reports that, before the age of 16 years, someone aged 16 years or over either:

- pushed them, held them down or slapped them hard
- kicked, bit, or hit them with a fist or something else
- threw something at them
- choked or tried to strangle them
- hit or attacked them with a weapon or an object
- burned them
- used some other kind of force against them in a non-sexual way

This could include smacking or corporal punishment at school.

The CSEW measure of child physical abuse does not include violence perpetrated by peers. However, this article also includes CSEW data on violent incidents experienced by children aged 10 to 15 years. These data are based on a "Preferred measure", which takes into account factors identified as important in determining the severity of an incident (such as level of injury and relationship with the perpetrator).<sup>4</sup> This includes incidents of child-on-child violence. Owing to the small sample size and low number of children reporting experiences of violent incidents, data from the three most recent survey years have been combined and averaged to provide more robust estimates. This covers the year ending March 2017 CSEW to the year ending March 2019 CSEW.

The CSEW estimates in this report cannot be compared with [NSPCC's 2009 survey](#) results. The definitions and methodology used across the two sources are not directly comparable. For example, children and young people were surveyed within their homes. As a result, a level of under-reporting is expected as the perpetrator may have been present while the survey was being carried out. Furthermore, the estimates for children aged under 11 years were derived from interviewing the child's parent or guardian. For more information on the methodology used in the NSPCC survey, see [Child abuse and neglect in the UK today](#).

## **Notes for: Quality and methodology**

1. The cruelty to children/young persons offence was introduced from 1 April 2012 and replaced classifications 11 and 12, “Neglecting to provide for apprentice or servant” and “Cruelty to or neglect of children”.
2. The Homicide Index is continually updated with revised information from the police as investigations continue and as cases are heard by the courts. The version used for analysis does not accept updates after it is frozen, to ensure the data do not change during the analysis period. See [Section 3.1 of the user guide](#) for more information.
3. See Table 5.2 in the [2009 NSPCC study report](#).
4. The “preferred measure” includes all offences where:
  - the offender was not known (for example, stranger, tradesman or pupil from another school)
  - the offender was known but was aged 16 years or over and was not a family member (for example, neighbour, older friend or teacher)
  - the offender was known and either a family member or aged under 16 years (for example, parent, sibling or school-friend) and there was a visible injury or theft or damage involving a “high-value” item
  - a weapon was involved

The other measure used is the “Broad measure”, which counts all incidents that would be legally defined as crimes and therefore may include low-level incidents between children.