



Australian Government

Australian Institute of Family Studies

RESEARCH REPORT NO. 33

Conceptualising the prevention of child sexual abuse

Final report

Antonia Quadara, Vicky Nagy, Daryl Higgins and Natalie Siegel





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June 2015

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Introduction

Significant numbers of Australian children have experienced neglect, emotional abuse, physical abuse and sexual abuse. The adverse, long-term consequences of these experiences are well demonstrated in the research literature and well recognised by the policy and practice communities. It is also now well recognised that responding to abuse and neglect after it has been detected is only one aspect of prevention. Indeed, the National Framework for Protecting Australia's Children 2009–2020 (Council of Australian Governments [COAG], 2009b), which provides a long-term strategy for children's wellbeing and safety, and advocates a shift in focus from statutory tertiary responses to locating child abuse prevention and child safety within a public health model. In this approach, primary prevention and universal supports for all families are the central strategies out of which more intensive interventions should flow. In other words, the focus needs to be on preventing abuse and neglect *before* it occurs.

The six supporting outcomes of the National Framework reflect this focus on prevention, particularly outcomes 1, 2 and 5 (outcomes 3 and 4 reflect early intervention and tertiary responses respectively).^a While these outcomes address all forms of child abuse (i.e., emotional abuse, physical abuse, neglect, sexual abuse and exposure to domestic violence), child sexual abuse is also addressed in a separate outcome—outcome 6. The key strategies for outcome 6 are to:

- raise awareness of child sexual abuse and the online exploitation of children;
- enhance prevention strategies for child sexual abuse;
- strengthen law enforcement and judicial processes in response to child sexual abuse and exploitation; and
- ensure survivors of sexual abuse have access to effective treatment and appropriate support (COAG, 2009b).

Outcome 6 thus clearly acknowledges that the dynamics and drivers of child sexual abuse and exploitation may not be the same as other forms of child abuse, and that preventing and responding to sexual abuse may require different strategies.

In early 2013, the Australian Institute of Family Studies (AIFS) and PricewaterhouseCoopers (PwC) collaborated to develop a project proposal to explore the specific dynamics of child sexual abuse (CSA) and their implications for prevention and early intervention. AIFS was subsequently commissioned by the Department of Social Services to develop a framework synthesising the dynamics of child sexual abuse based on the available research, and subsequently to identify the key determinants underpinning these behaviours. This high-level overview would then enable us to identify gaps and key directions for primary prevention and early intervention.

The overall aims of this project were to consider the specific dynamics of child sexual abuse and their implications for prevention and early intervention. Specifically we aimed to:

^a The six supporting outcomes are: (1) children live in safe and supportive families and communities; (2) children and families access adequate support to promote safety and intervene early; (3) risk factors for child abuse and neglect are addressed; (4) children who have been abused or neglected receive the support and care they need for their safety and wellbeing; (5) Indigenous children are supported and safe in their families and communities; and (6) child sexual abuse and exploitation is prevented and survivors receive adequate support (COAG, 2009b).

- document and conceptualise the broad range of behaviours that constitute “child sexual abuse” and exploitation, and the contexts in which these occur;
- identify the factors and facilitators associated with the various forms of perpetration of child sexual abuse;
- map current prevention, early intervention and therapeutic responses against this analysis; and
- assess key points of prevention and intervention in light of identified risk factors and facilitators of child sexual abuse and apparent gaps in prevention.

Project description

Project components

While the major component of the project has been a synthesis of the literature, we also undertook the following additional activities:

- an expert roundtable with high-level police representatives responsible for child safety in their jurisdiction;
- an expert roundtable with researchers and practitioners involved in the child protection, sexual abuse and treatment fields;
- a desktop review of current policy and program approaches to preventing child sexual abuse, including any available evaluations; and
- further one-on-one consultations with key individuals.

These activities have assisted us in making sense of the research evidence and were essential to the process of identifying key directions for prevention efforts.

Our approach

Locating prevention in a public health framework

Our thinking on prevention, and particularly primary prevention, is informed by a public health framework for violence prevention and the literature on social determinants of health and wellbeing (Box 1 on page viii). This framework comprises three aspects. First, it uses a systematic approach to defining and understanding the problem in order to develop and evaluate interventions aimed at reducing that harm. Second, the framework sees prevention as comprising three levels: primary, secondary and tertiary. These levels move from universal strategies to change the underlying conditions *at the population level* that give rise to child sexual abuse occurring to increasingly targeted strategies with at-risk populations to working with those who have experienced or have perpetrated sexual abuse. Third, it uses a social-ecological framework to describe the nested relationships between individuals, families, communities and the wider social environment. Box 1 provides a detailed explanation of the public health framework.

Focus on learning from perpetration

A key lens in this project was a focus on the factors associated with *perpetration* (i.e., what causes individuals to commit sexual offences against children and young people). Perpetration of sexual abuse remains under-examined within the broader child maltreatment field. As noted by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN, 2013):

Historically in the child protection field, more attention has been paid to the management of the victim or the potential victim of child abuse than to the potential or actual perpetrator of violence. A focus on girls as potential victims of sexual abuse has resulted in programmes across many countries that aim to empower girls as prevention strategy. At best, their effectiveness is unclear. (p. 4)

Box 1: Public health framework: Key elements

The public health approach to prevention

The public health approach aims to provide the maximum benefit for the largest number of people. It adopts a systematic process for achieving this by:

- defining the problem through the systematic collection of information about the magnitude, scope, characteristics and consequences of violence—this step aims to understand the “who”, “what”, “when”, “where” and “how”;
- understanding why abuse occurs in terms of the causes and correlates, the factors that increase or decrease risk, and the factors that could be modified through interventions;
- developing and testing prevention and intervention strategies, as well as evaluating them for process learnings and effectiveness; and
- “scaling up” by implementing effective and promising interventions in a wide range of settings. The effects of these interventions on risk factors and the target outcome should be monitored, and their effects and cost-effectiveness should be evaluated.

Levels of prevention

In the context of sexual abuse, the public health approach conceptualises three levels of prevention:

- *Primary prevention*—This refers to strategies aimed at preventing violence *before* it occurs. It includes strategies that aim to tackle the underlying causes of abuse and bolster protective factors. Its focus is on population-wide effects.
- *Secondary prevention/early intervention*—This refers to programs that involve the early detection of risk or early manifestations of the problem. In terms of child abuse, this can involve interventions with populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities or neighbourhoods that have a high incidence of any or all of these risk factors.
- *Tertiary prevention*—These are responses set in motion *after* the violence or abuse has occurred. They aim to prevent the consequences of violence and include, for example, child protection responses, counselling and trauma services, justice responses, and perpetrator behaviour change programs.

The social-ecological model

An understanding of sexual abuse as having multiple causes is best conceptualised in the social-ecological model, demonstrating the interactive nature of a range of key factors. Developed initially by Bronfenbrenner (1977), the social-ecological model describes the interrelatedness of different spheres of social life and the interactions between individuals and their environments. The social-ecological model has been extremely influential in conceptualising child protection responses. The ecological dimension refers to the following spheres:

- *Individual-level influences* (also called the microsystem)—These are personal history factors that increase the likelihood of an individual becoming a victim or perpetrator of sexual abuse (e.g., alcohol and/or drug use, attitudes and beliefs that support sexual interaction with children, impulsive and other antisocial tendencies, hostility towards women, and a childhood history of sexual abuse or witnessing family violence).
- *Interpersonal relationship-level influences* (exosystem)—These factors increase risk as a result of relationships with peers, intimate partners and family members. Peers, partners and family members can reinforce attitudes and shape the individual’s behaviour and range of experiences.
- *Community-level influences* (mesosystem)—These are factors that increase risk due to community and social environments, and inform an individual’s experiences and relationships with schools, workplaces and neighbourhoods.

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- *Societal-level influences* (macrosystem)—These are larger, structural factors such as government policies or laws that influence attitudes and behaviours; for example, gender inequality, religious or cultural belief systems, societal norms, and economic or social policies that create or sustain gaps and tensions between groups of people (adapted from Centers for Disease Control and Prevention, 2004, pp. 4–5).

These levels of classification are not rigid or mutually exclusive. Groups that might be specifically the target of a primary prevention activity may include those at risk of either experiencing or perpetrating violence. Tertiary prevention, such as developing a strong criminal justice response to child sexual abuse, can support primary prevention messages. In addition, many services are involved in all levels of prevention.

For this project the key questions are:

- What range of behaviours, relationships, and circumstances are associated with the *perpetration* of child sexual abuse?
- What risk factors are associated with these dynamics?
- What do these risk factors suggest about:
 - early intervention efforts with at-risk populations; and
 - preventing sexual abuse from occurring in the first place?

Figure 1 provides a visual representation of this approach.

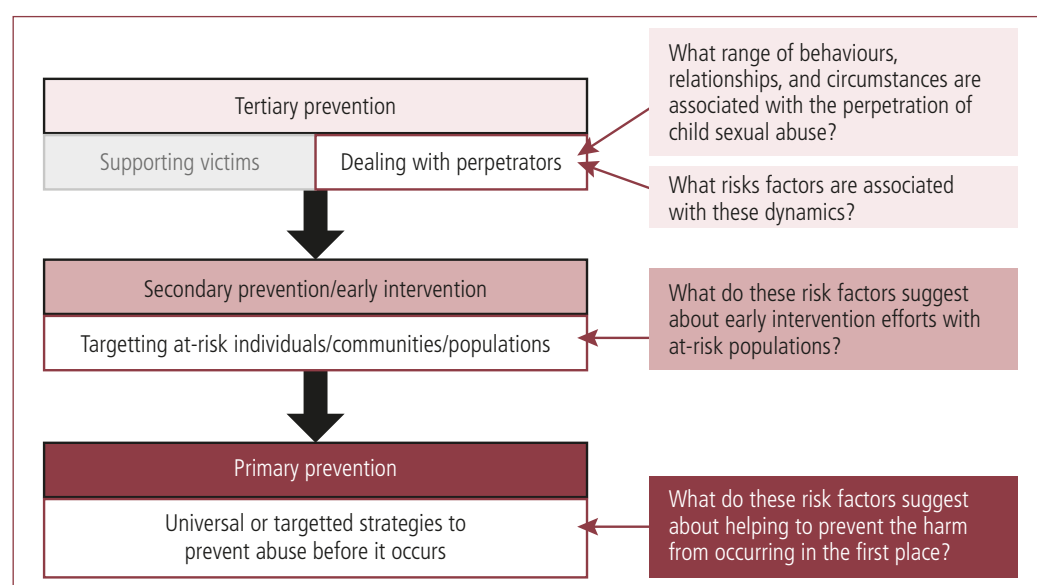


Figure 1: Approach to linking risk factors of perpetration to prevention efforts

Limitations

The intention of this project was not to provide an exhaustive account of all forms of child sexual abuse and exploitation, but rather to consolidate the key themes and findings across the literature into a high-level conceptual mapping of:

- the dynamics of child sexual abuse (i.e., the circumstances, relationships and settings in which child sexual abuse and exploitation occur);
- the range of factors and conditions associated with these behaviours; and
- the implications of these for primary prevention and early intervention efforts.

We necessarily drew on a wide range of literature reflecting a diversity of disciplines, populations, methodologies, and measures in order to do this. Our aim was to identify common findings and themes in order to create an overall map of the dynamics of child sexual abuse and to identify directions for prevention efforts. As such, critique of methodology as per a more traditional literature review is limited.

It is also important to note that we have looked at both adult offenders of child sexual abuse as well as literature on young people who sexually abuse. This is emphatically not to suggest that adolescents with sexually abusive behaviours are somehow “mini sex offenders”—the empirical, clinical and practice literature is clear in pointing out that the treatment needs of young people cannot be based on work with adult offenders, and that the developmental and trauma needs of this population need to be acknowledged (Nisbet, Rombouts, & Smallbone, 2005; Pratt, Miller, & Boyd, 2012). However, as our focus is on behaviours, settings, and contexts, it is important to include it in our mapping.

Report structure

Part A synthesises the available research in relation to:

- prevalence data and literature review methodology;
- dynamics and contexts of child sexual abuse;
- risk factors for child sexual abuse; and
- current approaches to child sexual abuse prevention.

Drawing on the key findings and themes arising from this synthesis activity, Part B:

- identifies the conceptual, policy and practice challenges that the prevention of child sexual abuse presents;
- presents a conceptual mapping of dynamics associated with child sexual abuse and sexual exploitation; and
- outlines key directions that could be taken to strengthen prevention strategies.

PART A

Background literature

A1

Background data

A1.1 Prevalence of child sexual abuse in Australia and internationally

In a meta-analysis of global prevalence rates of sexual abuse, Stoltenborgh, van IJzendoorn, Euser, and Bakermans-Kranenburg (2011) reviewed 331 studies published between 1980 and 2008, with a collective total of nearly one million participants. However, there was no consistent definition of child sexual abuse, with many studies leaving the definition of sexual abuse up to the individual participant. The results of the meta-analysis were that 18% of females and 8% of males reported a history of child sexual abuse, with higher rates found in studies using self-reports than informant or crime statistics. The researchers were unsure if the higher numbers for females were because they were more likely to suffer child sexual abuse, or if males were less likely to report or disclose experiences of child sexual abuse, or if it was a combination of the two. What the meta-analysis did indicate was that it took much longer for males than females to disclose sexual abuse (often taking 10 years or longer to disclose). The authors also found that the prevalence of child sexual abuse for females was higher in individualistic cultures, such as Australia and New Zealand, than in collectivist cultures, which they suggest is potentially due to higher rates of disclosure in the former. The prevalence rates for Australia were 22% for females and 7% for males (in comparison, the world mean was calculated at 17% and 7% respectively).

Other research by Dunne, Purdie, Cook, Boyle, and Najman (2003) noted that in Australia the “overall impression is that risk of sexual abuse faced by children and adolescents has remained stable for males, and may have increased for females” (p. 142), suggesting that females were more likely to be victims of child sexual abuse than males in Australia. Dunne et al.’s research presented findings that penetrative abuse is three times higher for females than males (12% and 4% respectively), and that having a history of being sexually abused as a child was higher for females in general across all ages between 18 to 60 years than it was for males.

Nationally representative figures estimated by the Australian Bureau of Statistics (ABS) (2006) put the proportion of Australians who had been sexually abused before the age of 15 years at 12% for females (956,6000) and 5% for males (337,400). Two-thirds of all child sexual abuse victims (68%) reported being sexually abused before the age of 11. More than 90% of female victims and 80% of male victims knew the perpetrator. However, during their life course females were more likely to have been sexually abused by family members in comparison to males:

- Fathers, step-fathers and other male relatives (including siblings) made up more than half (52%) of those who sexually abused girls, compared to approximately one-fifth (21%) of those who abused boys.
- Over a quarter of boys (27.3%) were sexually abused by “another known person”¹ compared to 11.0% of girls.
- Nearly 1 in 5 males under the age of 15 had been sexually abused by a stranger (18%), compared to fewer than 1 in 10 females aged under 15 years (9%).

1 “Other known person” includes acquaintance, neighbour, counsellor or psychologist or psychiatrist, ex-boyfriend or girlfriend, doctor, teacher, minister, priest or clergy and prison officer.

These figures suggest that boys are abused in a more diverse array of settings and relationships, compared to girls, for whom family relationships are the most common contexts. Findings from community-based prevalence studies conducted in Australia, with comprehensive measures on types of sexual abuse, found that males had prevalence rates of 1–8% for penetrative abuse, and 6–16% for non-penetrative abuse, while females had prevalence rates of 4–12% for penetrative abuse and 14–36% for non-penetrative abuse (Price-Robertson, 2012).

These figures suggest that:

- experiences of child sexual abuse are common for both females and males; and
- there may be different dynamics of victimisation experienced by boys compared to girls.

The following section considers these dynamics in more detail, with specific consideration given to relationships and contexts, and how perpetrators exploit victim vulnerabilities.

A1.2 Victimisation and perpetration: How perpetrators exploit victim vulnerabilities

For the past three decades, child sexual abuse prevention in Australia and in many parts of the world has focused on how to prevent victimisation of children rather than preventing perpetration. Putman (2003) undertook a review of the literature on risk factors for child sexual abuse and identified the following:

- *Gender*—Girls are at 2.5 to 3 times higher risk of child sexual abuse than boys. Approximately 22–29% of child sexual abuse victims are male.
- *Age*—The risk for sexual abuse rises with age. Over a third of victims are aged 12 or older, a quarter between the ages of 8 and 11.
- *Disabilities*—Having a physical disability is associated with increased risk, particularly where the child's perceived credibility is impaired (e.g., children with a visual, hearing or mental impairment). Factors for increased vulnerability include dependency, institutional care and communication difficulties, with boys being overrepresented in this cohort.
- *Socio-economic status*—This does not appear to have the same relationship with sexual abuse as it has with physical abuse; however, a higher number of cases reported to child protection services are from among those with low socio-economic status.
- *Family*—The absence of one or both parents, parental impairments (such as maternal illness or parental alcoholism), social isolation and punitive parenting increase risk.
- *Intergenerational transmission*—Putman (2003) argued that little is known about the intergenerational child sexual abuse due to research methodologies that collapse all forms of child abuse together. However, a review by Tarczon (2012) found that a maternal history of childhood sexual abuse is the single strongest predictor of sexual abuse in the next generation, with a daughter's risk of abuse being nearly four times greater when her mother reports a history of sexual abuse.

Davies and Jones (2013) studied 138 cases of young girls (average age 15 years) presenting to a forensic examination centre in the United Kingdom. Their research detailed the victim vulnerabilities that perpetrators look for when searching for their victims. Factors associated with victimisation were found to include:

- use of alcohol or drugs in the family or by the victim;
- having a physical disability;
- being cared for by someone other than parents;
- having a learning disability;
- having a history of sexual activity; and
- having a history of psychiatric support.

Research with perpetrators has found that child molesters target vulnerable children who exhibit certain traits, behaviours or characteristics that perpetrators feel they will be able to manipulate. Other perpetrators look for children with a disability or requiring care away from their immediate family.

A2

Reviewing the literature on child sexual abuse

A2.1 Approach taken in reviewing the literature

We first undertook a review of the national and international research literature published since 2000. There were two key research questions that drove this task:

- What range of experiences and behaviours constitute child sexual abuse and exploitation?
- What are the drivers, risk factors and correlates of child sexual abuse and exploitation across: (a) different types of perpetration; and (b) across different dimensions of a social-ecological framework?

The development of a picture of child sexual abuse based on empirical research was then used as a basis to consider the following question:

- What does this suggest about the key elements of holistic prevention and intervention responses?

To assist us in these tasks, we convened two professional expert forums: one with police/criminal justice professionals, and another with practitioners and researchers (see the Appendix for details). These forums highlighted a number of issues in how professionals think about and engage in the prevention and early intervention of child sexual abuse.

A2.2 Outcome of this approach in the scoping

For this literature review, peer-reviewed articles, books, grey literature and policy documents were identified and accessed to provide the basis for the research synthesis presented in Parts A and B of this report.

Overall, over 300 documents were identified, accessed and compiled into an EndNote reference library. The purpose of this library was to create an in-depth database of the most pertinent literature relating to child sexual abuse perpetration and primary prevention. This library does not contain policy documents or other grey literature, only peer-reviewed articles, unpublished PhD theses and books. Although the number of identified materials may appear high, after consulting the literature, there were gaps in the topics and themes covered by the materials (which were often acknowledged by the writers themselves) due to a lack of research in to child sexual abuse perpetration prevention. The majority of the literature compiled was also non-Australian, primarily from the United Kingdom, the United States, Ireland and Canada.

Databases

Numerous databases were searched for relevant peer-reviewed articles, including the EBSCO social sciences databases, PubMed, InformIT and ProQuest. Grey literature, books and policy documents were sourced through Google and Google Scholar searches of relevant keywords, outlined below. Searches were limited to material published after 2000, although some pre-2000 literature was included on a case-by-case basis; for example, Finkelhor's theory of child sexual abuse perpetration, which was published in 1984.

Keyword searches

An initial keyword search was undertaken with approximately 60 variations of identified keywords to form the basis of the literature that would be accessed for this literature review. The main keywords that were used initially included “primary prevention”, “child sexual abuse”, “CSA”, “perpetration prevention”, “risk factors”, “protective factors”, “types of offending”, “public health” and “prevention strategies”. Keywords were altered to reflect how the literature defined and wrote about sexual abuse and perpetration, and new searches were undertaken with the reworked keywords.

A2.3 Key issues in interpreting literature

There were several issues identified with interpreting the literature for this report. The key issues were:

- a lack of consensus on the definition of child sexual abuse;
- varying sample sizes;
- selection bias in perpetrator samples; and
- confusion in the classification of paedophiles, hebephiles and ephebophiles, as opposed to child molesters more generally.²

Definition of child sexual abuse

Across the reviewed literature there is much difference in how child sexual abuse is defined. Government policy documents tend to use the legal definitions of sexual abuse against a child, and these are often fragmented; for example, in Victorian criminal law, incest is separated out from persistent sexual abuse or indecent sexual abuse, and child sexual abuse can only be perpetrated against individuals under the age of 16 years. Australia’s other states and territories also have different laws pertaining to the sexual abuse of children, and the age of the victim when the sexual abuse took place, and some may refer to child sexual abuse as incest or as sexual abuse.

Some of the academic literature (especially those published in peer-reviewed journals) put limitations on the definition of child sexual abuse; for example, that the perpetrator has to be at least 5 years older than the victim for it to meet the study criteria. Other definitions do not include non-contact behaviour (for example, online communications between victim and perpetrator), or non-penetrative actions. Therefore, it was important to not presume that the definition of child sexual abuse would be standard across the literature that was consulted.

Research reports conducted by larger institutions and organisations tended to have a broader definition of child sexual abuse, based on the public health model. The World Health Organization (WHO) (1999) definition of child sexual abuse is the most commonly used one in this area:

The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:

- the inducement or coercion of a child to engage in any unlawful sexual activity;
- the exploitative use of a child in prostitution or any unlawful sexual activity;
- the exploitative use of a child in a pornographic performance and materials. (p. 62)

² Paedophiles are individuals who are sexually attracted to pre-pubescent children. Hebephiles are those individuals who are attracted to children at the age of puberty (11–14 years). Ephebophiles are attracted to children in later adolescence. However, the term paedophile is often used in research literature, to describe all individuals sexually attracted to children under the age of 16 years. These are psychopathological classifications, while child molester or child sexual abuser is a socio-legal classification.

Other international organisations and reports into child sexual abuse (e.g., Averdijk, Muller-Johnson, & Eisher, 2012; ISPCAN, 2011; UBS Optimus Foundation, 2013) use the WHO definition of child sexual abuse where there may be competing legal definitions across states or countries, and because this definition also includes a description of potential perpetrators. This description of perpetrators defines the role that a perpetrator may have in the victim's life; however, it is not a prescriptive definition of perpetrators.

As part of our research, we also used the WHO definition when searching for literature, due to its broad nature. There was also no guidance from the National Framework for Protecting Australia's Children 2009–2020 (COAG, 2009b) regarding a definition of child sexual abuse as it does not actually define what child sexual abuse is or who potential victims and perpetrators may be.

Sample sizes

The majority of the research on perpetrators of child sexual abuse has been conducted with small sample sizes, and this is especially true for the limited number of currently available Australian studies. The smallest was a sample of one (a case study), with several studies using samples of between 10 and 150 perpetrators.³ Sample sizes are often small due to perpetrators wishing to prevent further incrimination for crimes they may not be in prison for, perpetrators continuing to express innocence even when incarcerated, prisoner release while the study is underway, and/or disqualification from the study due to other factors. In order to assess the quality of the studies and determine their usability for this report, we also consulted the methodology that was used by the researchers.

Perpetrator samples

Not only were perpetrator sample sizes small, but they also had some selection bias; that is, results may have been affected by the choice of participants, which in many child sexual abuse studies are often not random, and lead to conclusions being drawn that may not be generalisable for a broader population. The majority of the studies (with the exception of the Project Prevention Dunkelfeld research) were undertaken with convicted and currently imprisoned child sexual abuse perpetrators, thus limiting the conclusions that could be drawn. As several researchers have pointed out, incarcerated child sexual abuse offenders (who make up a small proportion of child sexual abuse perpetrators, as only a minority are charged, prosecuted and found guilty) may not be representative of child molesters and paedophiles in general.

In studies that were testing child sexual abuse prevention, the research was conducted with perpetrators who had a history of child sexual abuse perpetration. However, these studies did not take in to account the difference between risk factors for perpetration in the first instance, as opposed to those that lead to re-offending; therefore the studies tended to examine only risk factors for re-offending. Likewise, there were no studies with only perpetrators who were Indigenous, or from culturally and linguistically diverse (CALD) backgrounds, thereby making the findings from the published research difficult to generalise across various Australian community populations.

Paedophiles vs child molesters

Feelgood and Schaefer (2011) argued that it is important to differentiate between paedophiles and detected child sex offenders. As they noted, paedophilia is a psychopathological classification, while child molester or child sexual abuser is a socio-legal classification, and the comparison of the two is fraught with difficulties. Their study examined offenders from the Prevention Project Dunkelfeld in Berlin (undetected, or “dark figure” offenders), who gain support and help in dealing with their feelings for children. Feelgood and Schaefer noted that the Dunkelfeld offender is very different from the “average” child sex offender who is incarcerated (see Box A1 on page 7).

³ Research based on victims of child sexual abuse tends to have bigger sample sizes.

Box A1: Characteristics of typical Dunkelfeld offenders

Dunkelfeld offenders:

- are well-educated (high numbers with postgraduate education) in comparison to detected offenders;
- have few or lower levels of psychiatric disturbance than detected offenders;
- are predominantly paedophiles as opposed to detected offenders, of whom only 25–50% can be classed as paedophiles;
- have male rather than female victims;
- are politically active; and
- are unlikely to have children.

See section A6.2 for more information about Project Dunkelfeld.

The Dunkelfeld offender is unlikely to be a parent but is more likely to fall in to the categories of authority figures, strangers, or online or adolescent abusers. Intra-familial child sexual abuse is considered unlikely due to their lack of sexual interest in adults (often preventing them from developing relationships with women with children or having families of their own) (Beier, Ahlers et al., 2009; Feelgood & Schaefer, 2011). The wide discrepancy in Dunkelfeld offender motivation, characteristics, behaviours and risk factors means that it is difficult to categorise their child sexual abuse into one simple category.

Therefore, there may be differences between paedophiles and child molesters more generally, and the two terms cannot be used interchangeably. Although some paedophiles are child molesters, not all child molesters are paedophiles, as later sections on theories of child sexual abuse perpetration will discuss. We will not differentiate between, for instance, paedophiles working as teachers who sexually abuse children and teachers who opportunistically begin to sexually abuse children under their care and supervision. Instead, the focus will be on the broader context and power relationship between the adult and child.

Key points on the distinction between paedophiles and child molesters are:

- the differences between the two groups affects the prevention programs that are implemented;
- it is important to look at the context in which the offending behaviour is occurring (e.g., authority and care settings vs online) as that will influence the effectiveness of prevention programs; and
- the two terms are not interchangeable—not all paedophiles are child molesters and vice versa.

A2.4 Key themes in the literature

Diversity of perpetrator characteristics

Both the literature and our engagement with stakeholders highlighted the diversity of relationships, contexts and perpetrator characteristics involved in child sexual abuse. A limited array of perpetration characteristics includes:

- adult male family members engaging in intra-familial abuse;
- adolescents (or even children) who engage in sexually concerning or abusive behaviour—within or beyond the family;
- teachers, guardians and other non-familial carers abusing children in their care;
- adult men targeting pubescent girls for sexual interactions; and
- the production and circulation of child exploitation material (“child pornography”).

The literature to date has not brought these diverse circumstances together to consider how they differ; what, if anything, these dynamics have in common; and whether there are shared

risk factors across them. Nor does the literature necessarily offer a way of grouping these circumstances. The consequence is that prevention strategies (e.g., teaching children protective behaviours or cybersafety programs) may be useful in targeting some aspects of child sexual abuse but not others.

We have attempted to do just this. By grouping the range of dynamics in child sexual abuse, we have identified two key dimensions: *relationships* and *contexts or settings*. These are not mutually exclusive, but are used to highlight the idea that some forms of child sexual abuse are made possible and shaped by the relationships between victims and perpetrators, while other forms of child sexual abuse are significantly shaped by the settings and contexts in which victims and perpetrators meet or engage. This is highlighted by the notion that sexual abuse is only possible at the convergence or interaction of two factors: the person (both victim and offender) and the situation (context or setting) (see Smallbone, Marshall, & Wortley, 2008).

Relationships

While undertaking this research, we identified the following relationships within which sexual abuse can be committed. These can be grouped in terms of being familial/kinship, non-familial but known relationships, or strangers with no prior relationship with the victim.

Child sexual abuse occurring within familial relationships is considered to be the most prevalent form of sexual abuse (with the exception of one or two researchers who disagree with the statistics). Within this category, though father–daughter sexual abuse is often thought of as the most prevalent form of incest, there is research that suggests that sibling sexual abuse occurs at a similar or higher rate. In fact, some studies suggest that up to 43% of intra-familial abuse is between siblings. Although victim–offender profiles of sibling abuse suggest a similar incidence rate as adult–child sexual abuse (92% of offenders are men, with 71% of victims being girls), there is also a high rate of male–male sibling sexual abuse (accounting for a quarter of offences) (Stathopoulos, 2012). According to Rosenman and Rodgers (2004), in their study of the PATH Through Life Project with over 7,000 participants around Canberra, only 1% of the survey population who experienced sexual abuse as children experienced parent–child sexual abuse (“parent” meaning the biological parent of the victimised child).⁴ As with the ABS Personal Safety Survey and Stoltenberg et al.’s (2011) analysis, the PATH Through Life Project found that more females than males reported experiencing child sexual abuse.

Contexts and settings

There are specific contexts within which sexual abuse occurs, some within the relationships mentioned above. Child sexual abuse occurring within institutional settings (including residential, care, education, sporting or religious organisations) generally see higher rates of boys being victims of abuse than girls; however, girls are victims of teacher–student sexual abuse at a higher rate than boys (Knoll, 2010; Moulden, Firestone, Kingston, & Wexler, 2010; Sullivan & Beech, 2004). Generally, sexual abuse committed by educators occurs at a similar rate globally. In the American Association for University Women (2001) survey, 10% of students between 8th and 11th grade reported sexual abuse by a teacher, while a similar Israeli survey found that 8% of students reported sexual abuse perpetrated by a teacher (Knoll, 2010).

It is difficult to quantify online child sexual abuse perpetration rates, but there have been attempts to discover how many children are approached and sexually solicited online. One study of 10–17 year olds found that 20% had been approached and sexually solicited in the past year (Beech, Elliott, Birgden, & Findlater, 2008). The crossover between online consumption of child exploitation material and offline sexual abuse perpetration was estimated at between 15% and 55%.

⁴ The study only researched what forms of abuse during childhood were perpetrated against survey respondents at home. One per cent reported parental sexual abuse (including non-biological or parental authority figures). No other forms of sexual abuse (e.g., stranger-perpetrated or extra-familial relationships) were inquired about.

A3 Relationships and contexts of child sexual abuse perpetration (by adults)

A3.1 Intra-familial child sexual abuse

The literature indicates that intra-familial child sexual abuse is considerably different to other forms of child sexual abuse. Key findings indicate that for intra-familial abuse:

- girls are more likely than boys to be victims (although boys do make up a substantial number of sexual abuse victims within familial relationships);
- it tends to occur more frequently and over a longer period than child sexual abuse that is extra-familial or perpetrated in contexts and settings outside of the home;
- the sexual acts are more intrusive (e.g., more penetrative acts) and cause greater emotional and physical injury to the victim;
- it starts at an earlier age;
- it can occur with other forms of maltreatment (e.g., physical abuse); and
- often the abused children and their families are unknown to child protection authorities.

We have further broken down the research into abuse that occurs in biologically related families and blended families.

Biologically related families

Child sexual abuse occurring within biological familial relationships not only includes the biological father as the possible perpetrator but also siblings, mothers, grandparents, cousins, aunts and uncles.

Research into child sexual abuse committed purely within and across familial relationships is difficult to find as the majority of research targets currently incarcerated perpetrators, who often have victims from within their own families as well as unrelated children.

Familial relationships present many more opportunities for offending than other forms of relationships. Familial relationships also allow for sexual abuse to have an earlier onset, happen more frequently and for a longer duration than sexual abuse occurring within other perpetrator–victim relationships, and be more intrusive (e.g., more penetrative acts) (Fischer & McDonald, 1998; Smallbone & Wortley, 2004; Wakeling, Webster, Moulden, & Marshall, 2007). Intra-familial offenders progress more quickly to serious sexual acts than when sexual offences are committed in interpersonal relationships (on average in less than 30 days) (Fischer & McDonald, 1998).

Blended families

Although blended families are defined by some as families that contain one step-parent and a joint child between the biological parent and the step-parent, in this report we include families where there is only a step-parent and not necessarily any new offspring between the biological parent and the step-parent. Although many sexual abuse cases include fathers abusing their children, Black, Heyman, and Slep (2001) argued that intra-familial abuse is highest in single-parent families or “blended” families (e.g., biological parent and step-parent as main caregivers).

There are also data that children of mothers who were dissatisfied with their marriages were seven times more likely to be abused within the family than mothers who were satisfied with their marriages (Black et al., 2001). Care needs to be taken in interpreting such findings; there is a risk that it may be misinterpreted to suggest that family formation per se is a risk factor for child sexual abuse, and the research literature appears to be in disagreement over whether there is any greater risk of sexual abuse for children in blended families over biological families. Wakeling et al. (2007) found there was no distinct difference in blended versus biologically related families with regard to actual perpetration numbers. They also noted that one UK study found that while child sexual abuse is reported at a higher rate within blended families, on investigation, the biological parent had perpetrated the abuse *prior* to a change in family circumstances. McRee (2008), on the other hand, found that the presence of a non-related, non-biological adult increased the risk for physical and sexual abuse when compared to families with two biological parents or a single parent and no other adults. However, McRee's data were 20 years old at the time of their review. A Dutch study presented data that suggested that there is no difference in child sexual abuse rates between blended and biological families (4% for both groups) (van IJzendoorn, Euser, Prinzie, Juffer, & Bakermans-Kranenburg, 2009). Interestingly, this study found that adoption was a protective factor for child sexual abuse and other maltreatments (van IJzendoorn et al., 2009), and similar results have been recorded when surveying foster care situations (Euser, Alink, Tharner, van IJzendoorn, & Bakermans-Kranenburg, 2013).

A3.2 Extra-familial child sexual abuse

Research into purely extra-familial abusers—neighbours or acquaintances of the victim's family—is limited due to the reasons outlined in the earlier section on literature limitations.

There are a limited number of researchers who believe that non-familial relationships account for the majority of child sexual abuse, and that strangers and authority figures victimise girls at a higher rate than boys (Bolen, 2000). This is contrary to other research in this field and is especially in opposition to research showing that boys are more likely to be victimised by strangers or within institutions than girls (Foster, Boyd, & O'Leary, 2012). However, Bolen did discuss in great detail risk factors for victimisation and how these are linked to the offender's age and relationship to the victim, as well as the location of the abuse. According to Bolen, children under the age of 13 years had a higher likelihood of being sexually abused by acquaintances of the family, family friends and neighbours than children over the age of 13 years. The majority of such abuse also took place within the victim's home or nearby. The abusers shared characteristics in age, though Bolen argued that girls between the ages of 10 and 13 years were more likely to be abused by an offender under the age of 20 years than were children under the age of 9 years.

A3.3 Authority and care contexts

People who sexually abuse children while in a position of authority and care include:

- educators (including administrators and other staff employed by schools);
- clergy;
- sports coaches;
- adults working in residential care facilities (e.g., for children with disabilities or children in transition between homes); and
- adults in any position of authority over children (e.g., in youth organisations).

Key findings from the literature include that:

- child sexual abuse in these contexts is often due to a combination of the individual's psychology as well as the opportunities afforded by the situation;
- perpetrators in these contexts are often difficult to screen for due to a lack of previous criminal convictions and a generally solid background;
- boys are victimised at a greater rate than girls;

- grooming is often employed to allow access to children without supervision from colleagues, superiors or family members of the victims; and
- abuse in authority and care settings is often shorter in duration, with fewer penetrative acts.

All children are involved with adult authority figures, whether through their school education, religious instruction, being coached as part of extracurricular sporting activities, or any other numerous contexts where an adult who is not the child's parent or carer is responsible for the safety of the child. As such, the prevalence of child sexual abuse within authority and care contexts is estimated to be much higher than stranger-perpetrated and online child sexual abuse. There are numerous inquiries and commissions undertaking extensive work in discovering cases of historical child sexual abuse in non-government institutions, dating from as far back as the 1920s through to today; for example, the UN Committee on the Rights of Children, the Commission to Inquire into Child Abuse (Ryan Commission) in Ireland, the current Northern Ireland Historical Institutional Abuse Inquiry, and the current Australian Royal Commission into Institutional Responses to Child Sexual Abuse. Therefore, part of this section discusses clergy-perpetrated child sexual abuse. Due to the amount of time that children spend during their youth in educational settings, this section also presents the literature about perpetration by teachers and educators.

Non-government institutions: Clergy-perpetrated abuse

Research into clergy-perpetrated abuse indicates that environments considered traditionally “safe” and where adults should be trusted (i.e, the home, church or school) are the locations for the majority of the abuse, with the victims’ and priests’ homes being the primary sites. Terry (2008) concluded that clergy who sexually abuse are not dissimilar to other child sexual abuse perpetrators: they often commit a variety of sexual and non-sexual offences, have a late onset of deviant behaviour, use similar grooming techniques as non-clergy, and only a few “specialise” in a particular victim type. We note that other research suggests that a number of child sexual abuse offenders across all contexts have early onset of these behaviours.

It is widely published that children in institutional settings (where they are subject to authority and liable to abuse by those in possession of authority) are at greater risk of all forms of abuse than their non-institutionalised counterparts (Green, 2001). However, there has not been a wealth of literature on the specific tactics engaged to groom and enact abuse in these settings. Green described and analysed the power and control exerted not just upon children but upon “non-abusive staff to try and maintain their allegiance or compliance, or alternatively to ensure they are too fearful and demoralized to complain” (p. 6). Particular organisational features can render staff and children vulnerable to exploitation, such as the “enclosed nature of the settings”, staff “inability and reluctance to deal with sexuality/sexual abuse issues and the effect of gendered, homophobic belief systems on how both staff and children construe and respond to sexuality and sexual abuse issues” (Green, 2001, p. 6).

Further, the data indicate that boys are also more likely to be the victims of clergy-perpetrated child sexual abuse (81% boys to 19% girls) (Terry, 2008). These data also show that there is a close relationship between the family and the priest, and many victims are enticed through gifts, alcohol, drugs and other benefits, though some are threatened, using psychological or spiritual rather than physical abuse.

The so-called John Jay Report (John Jay College of Criminal Justice, 2004) examined reports made by some 10,667 individuals of clerical sexual abuse within the Catholic Church in the US. The study investigated some of the specific risk factors that encompass child sexual offending and found that, as per “the general population, child sex abuse in the Catholic Church appears to be committed by men close to the children they allegedly abuse” (p. 68). Grooming (such as buying gifts for victims and using social events as occasions for abuse) was found to be a common method of procuring victims and the abuse often occurred in the home of the alleged abuser or victim.

Regarding the profile of the abuser, the John Jay report (2004) found that allegations were first made at the time the priests were 35 years of age or younger. It further reported that fewer than 7% of the priests were reported to have experienced physical, sexual or emotional abuse as children. Among the accused priests in the study ($n = 4,392$), 19% were classified as having

an alcohol or substance abuse problem, but only 9% used drugs or alcohol during the alleged instances of abuse.

Educational settings

Educational settings are taken to mean schools, including after-school care, at kindergarten, primary and secondary levels. Educators can mean teachers, teachers' aides, and anyone else employed by schools to either teach or care for students. Although the majority of the research into educators is focused on teachers as perpetrators, much of the research also considers administrators at schools as educators.

Moulden et al. (2010) cited a number of differences in characteristics between “professional perpetrators” and other sex offenders, relating to both psychological state and offence planning. Professional perpetrators are defined by Sullivan and Beech (2002) as perpetrators who “use either institutions or organisations within which they work to target and abuse children” (p. 153). Australian organisation Child Wise (2013) defines professional perpetrators as “those considered hardened paedophiles, the ones that employ far more sophisticated techniques to manipulate their organisational settings and their victims” (p. 50). While this latter definition is an extension of Sullivan and Beech’s definition, it illustrates how professional perpetrators can operate in a care or education setting. However, Child Wise refers to these perpetrators as paedophiles, even though there is no evidence to suggest that child sexual abuse perpetrated in care and authority or education settings is committed exclusively by paedophiles (as the literature below outlines).

Moulden et al.’s (2010) overview of the literature identified characteristics that are common to this cohort: “adult, single, male, often university educated, minimal substance abuse issues, generally prosocial attitudes, virtually no prior sexual or even criminal offenses, and few psychological deficits” (p. 404). Additionally, they noted that there is a discrepancy in the literature between research that suggests “professional perpetrators are controlling and manipulative” and research indicating these “offenders are socially inadequate” (p. 406). Moulden et al. drew upon Ward’s Pathways Model (see section A5.2) to describe the majority of offenders as following a Self-Regulation Model, which includes an offence pathway characterised by “explicit planning (e.g., grooming) rather than one that was opportunistic in nature” (p. 405).

Knoll’s (2010) research showed how sexual abuse perpetrated by teachers against their charges differs from child sexual abuse perpetrated in other care, supervision and authority contexts. Both female and male teachers can be offenders, although female teachers’ actions have traditionally been seen in a more favourable light by communities and by the criminal justice system, being considered either “well-meaning” or “harmless initiation” (see also Stathopoulos, 2014). Two distinct categories of teachers and victims were identified by Knoll in his research:

- victims younger than 7th grade (generally under the age of 12); and
- victims in late middle or high school (generally between the ages of 14-17).

This type of crime, according to Knoll (2010), is less premeditated and it is possible that it is “bad judgement” on the part of the teacher that they begin a sexual relationship with their student (especially in cases where the student is aged 16 years or above). Regardless of whether or not it is bad judgement on the teacher’s part, professional perpetrators often target vulnerable or marginalised students, who feel gratified by the extra attention.

Teachers who target the first group of children are generally considered to be high achievers, recognised with awards for their teaching efforts. When allegations arise, often parents and administrators are unwilling to believe the victim and there is a tendency to ignore or dismiss allegations. The teachers accomplish this by grooming not only their victims but also the families of the victims, and their colleagues or superiors.

The grooming techniques used by educators were also identified by Knoll (2010). These techniques include:

- selecting victims based on the compliance of the student and the likelihood of secrecy;
- finding students who can be easily controlled and are estranged from their parents;
- giving a student special attention, support or rewards;
- slowly introducing the student to sexual discourse;

- increasing touching and physical contact; and
- involving the parents in the grooming process to gain their trust and enable the teacher or educator to take the child out of the parent's supervision for overnight or extended trips.

The research data in to teachers and educators, coupled with research into clergy as perpetrators of child sexual abuse, suggest that professional perpetrators do not have the same or even similar risk factors to offending as those within familial or other extra-familial relationships. The research indicates that this cohort may be the most difficult to reach with child sexual abuse prevention techniques that do not originate from within their own organisations.

Care and other settings

Research indicates that when children are sexually abused in care and broader organisational settings there are often other forms of abuse also being perpetrated against the victim (Irenyi, Bromfield, Beyer, & Higgins, 2006). Although there have been numerous Australian inquiries into the maltreatment and abuse of children in care and out-of-home residences, the issue of child sexual abuse in these scenarios has not been solved.

As with other forms of child sexual abuse, males have been overwhelmingly noted as the abusers in care and organisational settings. Offenders are also more likely to be between the ages of 20 and 50 years of age, as with other forms of child sexual abuse in extra-familial and authority and care settings. Research literature suggests that these types of offenders may have alcohol and drug problems—often not enough to have been investigated by authorities, but enough to have been screened for in pre-employment interviews (Irenyi et al., 2006)—or physical impairments that may be associated with mood swings, aggressiveness, depressiveness or cognitive dysfunction, such as diabetes or thyroid conditions (Langevin & Watson, 1996, as cited in Irenyi et al., 2006). As with child sexual abusers in religious and educational settings, perpetrators in organisational settings manipulate situations to their benefit and look for opportunities to offend; therefore, it is best to target these perpetrators using situational crime prevention approaches (see section A5.3 for more information).

A3.4 Indigenous and CALD communities

Indigenous communities

It is clear across the literature that experiencing multiple disadvantages—such as a combination of poverty, lack of family cohesion, broader family/community violence and/or parental substance misuse—can be associated with child sexual abuse. Indigenous communities face multiple issues and disadvantages. A particular context of offending that has been more widely reported in Australian Indigenous communities is not simply adult child sex offending, but “problematic sexual behaviours in children”, a matter afforded detailed exploration by the Australian Crime Commission (O'Brien, 2008). This review of the literature cited general agreement among researchers that, unlike adult–child sex offending, the offending behaviour of children and young people is not driven by a “pre-existing sexual predilection for children”, but rather the context in which the abuse occurs, namely the “familial, social, cultural, economic, educational and material aspects of the child's life” (p. 12). Another review by Staiger (2005) for the Australian Childhood Foundation (ACF) found that the contextual aspects documented by the literature give rise to children's sexually abusive behaviours. These contextual aspects have been found to be dominant in many Indigenous communities and highly prevalent among the Indigenous children with problem sexual behaviours. Staiger and her colleagues noted specifically the ACF's observation that the children who were referred to them with problem sexual behaviours were more likely to be experiencing:

- experiences of trauma, loss and alienation;
- physical and/or sexual abuse;
- witnessing incidents of family violence;
- illicit drug use or alcohol abuse by parents or caregivers (Staiger, Kambouropoulos, Evertsz, Mitchell, & Tucci, 2005, as cited in O'Brien, 2008, p. 12).

Each of these aspects was consistently established by the literature as being precursors to problem sexual behaviours in children. A number of reports documenting risk factors facing Indigenous communities have cited these aspects as “often characteristic of life” in some places (O’Brien, 2008, p. 12).

Adolescent sexual abuse perpetration is not the only form of sexual abuse that takes place in Indigenous communities. Indigenous adults often present as perpetrators, but their risk factors for offending against children sexually may be different to other offenders. In section A4.1 we present the risk factors associated with adult child sexual abuse offending in Indigenous kinship relationships.

CALD communities

Unfortunately, current literature into child sexual abuse in CALD communities is sparse. In examining the number and type of child abuse cases referred to forensic examination, Davies and Jones (2013) noted that the majority of perpetrators in reported cases were Caucasian males. This led the researchers to the conclusion that CALD communities “may hold a large amount of unreported cases” (p. 146). Therefore, it has been difficult to build a detailed picture of child sexual abuse perpetration in CALD communities. However, one risk factor would certainly be traditional gender values; of increasing concern is the knowledge that girls from CALD backgrounds raised in Western societies are being forced into marriages in their parents’ homelands (Forced Marriage Unit, 2012). We have not consulted any literature on this issue as it is not traditionally defined in research literature as child sexual abuse. However, we would be interested in exploring whether Australian legislation and criminal justice authorities consider forced marriages to be a part of the definition of child sexual abuse.

A3.5 Female offenders

As mentioned in the earlier section about child sexual abuse perpetrated in education settings, women do perpetrate such abuse; however, it is culturally not met with the same disapproval as for male teachers who abuse children. Women sexually abuse children on a much smaller scale and for very different reasons than men. Prevalence data suggest that between 3% and 10% of child sexual abuse is committed by women (Denov, 2003; Peter, 2009), most often those who have children under their care and supervision (as teachers or sports coaches, for instance), who are young (between 16 and 25 years) and emotionally immature, or who have low education or a mental illness (Gannon & Alleyne, 2013; Knoll, 2010).

Generally the literature in to female offenders who are teachers indicates that they are well-educated, can and regularly do have age-appropriate relationships, choose victims who are generally adolescents, and groom their victims with gifts, money and attention (Gannon & Alleyne, 2013; Knoll, 2010). This is unlike other female offenders, who are more likely to have a history of domestic and sexual abuse, a mental illness, low education, and have pre-teen victims; are themselves young (under the age of 25); use force to sexually abuse; and abuse their victims in a non-education care setting, such as in a child care facility or in the victim’s home while babysitting (Knoll, 2010; Peter, 2009).

In this report, we have not included women child sexual abusers who are teachers or in positions of authority and care within the category of female offenders. This group are instead discussed alongside male child sexual abuse perpetrators, in section A4.2.

Due to the low prevalence rates for female child sexual abuse perpetrators, there is not a lot of research on them, nor on the treatment and recidivism prevention work being undertaken with incarcerated female offenders. However, Bader, Welsh, and Scalora (2010) found that 18% of female perpetrators re-offend. Clements, Dawson, and das Nair (2014) concluded in their study that professionals working on treating female perpetrators often did not perceive female child sexual abuse to be as serious or harmful as that perpetrated by males, even though the victims themselves reported the same health and psychological wellbeing issues. This perception has led to courts giving more lenient sentences to female perpetrators than their male counterparts; Australian courts often respond similarly (Angelides, 2008, 2010; Deering & David, 2009).

A3.6 Stranger-perpetrated child sexual abuse

Contact child sexual abuse

There is limited research on stranger contact offending. The research that is available has suggested that this form of child sexual abuse is generally more violent than other forms of child sexual abuse and more likely to result in the death of the child (Rebocho & Gonçalves, 2012). Rebocho and Gonçalves sampled and compared 216 incarcerated Portuguese men who had either sexually abused a child under the age of 13 years, or raped someone over the age of 14 years. The age of consent in Portugal is 14 years. In most other jurisdictions around Australia, the USA and the UK the age of consent is 16 years, and a perpetrator sexually abusing a 14-year-old child would be classified as a child molester not a rapist. According to Rebocho and Gonçalves, the rapists are labelled “hunters” or “poachers” while the child molesters were called “trollers” or “trappers”. Table A1 offers an outline of how these offenders differ from each other.

| Table A1: Typology of contact child sexual abuse offenders | | | |
|--|--|--|--|
| Manipulative/child molesters (known to victim) | | Coercive/rapists (strangers) | |
| Trollers | Trappers | Hunters | Poachers |
| <ul style="list-style-type: none"> Opportunistic Plan and fantasise about child sexual abuse Encounter victims in course of day-to-day activities Victim expected to perform sexual acts on offender | <ul style="list-style-type: none"> Opportunistic Plan and fantasise about child sexual abuse Specifically finds work to be close to children or be able to entice them to their homes Victim expected to perform sexual acts on offender | <ul style="list-style-type: none"> Predatory Attack quickly and swiftly Use weapons to subdue Perform more violent, generally penetrative acts on victim, but victim not expected to perform sexual acts on offender | <ul style="list-style-type: none"> Stalk victims outside of the offender’s neighbourhood Use weapons to subdue Perform more violent, generally penetrative acts on victim, but victim not expected to perform sexual acts on offender |

Source: Rebacho & Gonçalves, 2012

Online child sexual abuse

Online child sexual abuse is of growing concern to police and investigators, internationally as well as in Australia. This form of perpetration can include not only grooming children in a virtual environment and accessing child exploitation material, but also producing and distributing exploitation material without necessarily having a sexual interest in children. The true extent of online perpetration is currently not known. However, when surveying US children aged between 10 and 17 years, 20% said they had been approached and sexually solicited online (Beech et al., 2008). Some of the issues identified by Beech et al. were a lack of clear definitions worldwide about what qualifies as child pornography and image dissemination. The International Centre for Missing and Exploited Children (2013) has developed a model against which to review international legislation. Australia meets the model criteria, including having legislation that:

- specifically relates to the illegality of child pornography;
- defines child pornography;
- criminalises child pornography, regardless of whether there is an intent to distribute it;
- requires Internet service providers to report suspected child pornography to law enforcement agencies;
- punishes attempted crimes;
- includes grooming provisions; and
- ensures criminal penalties for parents or guardians who participate in the exploitation of their child for pornography production.

Currently, in some jurisdictions outside of Australia, Beech et al. (2008) noted that online child sexual abuse is seen as being less harmful than traditional forms of child sexual abuse, as it does not involve physical contact. They also noted that the crossover from the consumption of child exploitative material to committing contact child sexual abuse is high: between 15% and 55% of all perpetrators will cross over at some point. Krone (2004) noted that once a paedophile makes contact with a paedophile network, the seriousness of their offence increases. Although the true extent of online child sexual abuse may be difficult to discover, and at first instance may be considered to be less harmful than contact offending, online abuse is not harmless, passive nor victim-free.

Online child sexual abuse behaviours are often active (e.g., not just searching for and viewing child exploitation material), and perpetrators will seek out contact with minors. Online communication facilitates contact with a large number of children, allows for the initiation and continuation of grooming, allows the perpetrator to detach from the behaviour in which they are partaking; and helps them to remain anonymous in a way that is not otherwise possible. Perpetrators can blackmail their victims to provide further sexual favours by capturing non-consensual images and distributing or threatening to distribute them widely (Bluett-Boyd, Fileborn, Quadara, & Moore, 2013). There have been attempts to create a typology of Internet offenders, with Krone's (2004) typologies scale being widely accepted by researchers. Krone conceptualised Internet offenders in a hierarchy to explain how an individual can go from having no sexual interest in children to being a serious sexual offender. In order, these types are:

- the *browser*, who inadvertently comes across child sexual abuse material and saves it;
- the *private fantasy* creator, who uses digital images to create material for their personal use;
- the *trawler*, who actively seeks images on a non-secure browser and through open keyword searches;
- the *non-secure collector*, who collects material through peer-to-peer networks;
- the *secure collector*, who actively seeks material, but only through secure networks;
- the *groomer*, who cultivates online relationships;
- the *physical abuser*, who sexually abuses children to whom they were originally introduced online (i.e., contact offending);
- the *producer*, who records their own abuse or the abuse of others; and
- the *distributor*, who distributes to any of the above levels but may not take any interest in child sexual abuse for their own gratification.

One of the key questions arising from the viewing, collection and distribution of child pornography is the likelihood of the user actively sexually assaulting the child. Bourke and Hernandez (2009) examined two groups: online offenders with no known child sex offence history and those with a recorded child sex offence history. Their findings demonstrate that those who were merely classified as viewers or collectors, without any known prior child sex offence history, "were significantly more likely than not to [also] have sexually abused a child via a hands-on act" (p. 183) and "that the offenders who abused children were likely to have offended against multiple victims, and that the incidence of 'crossover' by gender and age is high" (p. 191).

Their findings stand somewhat in contrast to a 2009 study by Swiss researchers (Endrass et al., 2009), who examined the "recidivism rates for hands-on [active] and hands-off [passive] sex offenses in a sample of [once incarcerated] child pornography users using a 6 year follow-up design" (Background section, para. 1). That study concluded that for 52% of the 231 convicted child pornography offenders in the sample (who had no previous convictions), the chance of recidivism and committing "hands-on" sexual abuse was low, given the right treatment.

However, the weight of research appears to lend more support to the findings of Bourke and Hernandez (2009). For example, Canadian research by Kingston, Federoff, Firestone, Curry, and Bradford (2008), following 15-year recidivism rates of the 341 child pornography offenders analysed (albeit only a criminally convicted cohort), found that "after controlling for general and specific risk factors for sexual aggression, pornography added significantly to the prediction of recidivism" (p. 341).

Bourke and Hernandez (2009) also explored in some depth the motivating factors behind online offending and their similarities to the issues raised above in relation to individual causal motivations to offend. The authors referred specifically to the “thinking errors” that are present in this category of offenders:

A particular challenge for treatment practitioners relates to the numerous cognitive distortions evidenced by child pornography offenders, and the need to discern these thinking errors from legitimate causal or contributing explanations for their behaviour. While the phenomenon of cognitive distortions has been the subject of considerable research, considerably less is known about thinking errors utilised by child pornography offenders. (p. 184)

Bourke and Hernandez (2009) acknowledged the research of Taylor and Quayle (2003), which showed that cognitive distortions and fantasy play an important role in the behaviour of child pornography offenders. However, Bourke and Hernandez augmented this with their view that the accompanying “thinking errors” facilitated the behaviour by minimising the offender’s guilt and enabling “disowning” behaviours. They saw this evasion and avoidance of responsibility as a key part of the online offending process. The authors nonetheless lamented the fact that very little is still known about online child pornography offenders:

While it is indisputable that certain factors (e.g., psychiatric disorders, developmental and psychological vulnerabilities) influence criminality, the influence of these factors on child pornography offenders is unknown. Based on our clinical observations, however, only a very small minority of offenders (e.g., psychopaths) who commit child pornography crimes are motivated by non-sexually deviant interests; rather, most are motivated by a pre-existing sexual interest in minors. (pp. 184–185)

A3.7 Adolescents and children

Peer-to-peer sexual assault vs child sexual abuse

The research literature has been unclear as to how to differentiate between sexual assault by children and adolescents against their age-peers, and the sexual abuse of younger children or developmentally challenged children by older children and adolescents. Some literature has tested the efficacy of relationship programs for teens by defining peer abuse as child sexual abuse, while others have suggested that peer sexual assaults are the effect of child sexual abuse victimisation in the history of the offending adolescent. In this report, we have distinguished between peer-to-peer sexual assault or harassment (e.g., “sexting”, harassment or date-rape/acquaintance-rape) from child sexual abuse, where the focus is on the sexual gratification of an older offender through the abuse of a child. The dynamics of the two crimes are also different, have different risk factors and ages of onset, and may be linked to factors other than a history of child sexual abuse or neglect and maltreatment.

Sibling sexual abuse

Children and adolescents who offend against their siblings have often been victims of neglect, or have experienced domestic violence and poor family cohesion. Living in a highly sexualised environment (not necessarily with child exploitation material, but usually with adult pornography) where they can view pornography or adult members of the family partaking openly in sexual behaviour can also be a risk factor for sibling sexual abuse. The child or adolescent who is presenting with problematic sexual behaviours or sexually abusive behaviours may also exhibit other violent behaviours; for example, bullying behaviour in school. Stathopoulos (2012) noted that certain family environments could have a negative effect on a child’s sexual development, causing them to behave in a sexually inappropriate manner towards siblings. Early exposure to pornography can also lead children to copy behaviours they have witnessed with their siblings (Stathopoulos, 2012). Research is extremely limited on sibling sexual abuse, even though prevalence data indicate that up to 40% of abuse is sibling sexual abuse (Stathopoulos, 2012). It is often not separated from other forms of intra-familial abuse or investigated separately.

Non-sibling sexual abuse

Adolescent sexual abuse perpetration may have different drivers when compared to adult perpetration, as section A4.2 illustrates. Boys have been found to be more likely to perpetrate sexual harassment when they are being bullied or experiencing family victimisation.⁵ Girls are more likely than boys to experience sexual abuse at home and at school, while boys are more than twice as likely to sexually harass others compared to girls from a similar background to the boys (Fineran & Bolen, 2006).

Adolescent males perpetrate at higher rates than females. Nearly one in ten youths (9%) have reported perpetrating some form of sexual violence in their lifetimes (Ybarra & Mitchell, 2013). The majority of teen perpetrators first begin engaging in sexually abusive behaviours after the age of 15 years. Male and female perpetrators were only equally represented at the ages of 18 or 19 years (48% females, 52% males). Ybarra and Mitchell also found that boys were more likely to engage in abusive behaviour against younger children, whereas girls were more likely to do so against older children/adolescents.

In a meta-analysis of 59 studies that compared incarcerated adolescent child sexual abuse perpetrators and other incarcerated, but non-sexual offending, adolescents, Seto and Lalumiere (2010) found that adolescents who engage in sexually abusive behaviour towards children/young people:

- were slightly older than adolescents with non-sex offences when they had first contact with the criminal justice system;
- had no major differences in comparison to non-sex offenders regarding antisocial tendencies, which indicates that antisocial behaviour is not a risk factor for young people to sexually abuse;
- had a lower likelihood of a substance abuse problem than non-sex offenders;
- were more likely themselves to have been a victim of child sexual abuse (on average, 46% reported a history of child sexual abuse, compared to 16% of non-sex offenders);
- were more likely to have experienced physical abuse than non-sex offenders;
- were more likely to have witnessed or been present when sexual or non-sexual violence was occurring in the family; and
- had experienced a higher prevalence of emotional abuse or neglect than non-sex offenders.

Children under the age of 10 years may often engage in problem sexual behaviours. Children aged 14 years and under can display sexually abusive behaviours that may involve the sexual abuse of children younger than them, children who are older but lack resilience, or children with mental impairments. As children under the age of 14 cannot be charged with any crime in most Australian jurisdictions, those who have been identified as partaking in these behaviours are usually offered treatment. For example, in Victoria, this is managed through Therapeutic Treatment Orders in the Children's Court.

A3.8 Summary: Common behaviours and strategies in perpetrating child sexual abuse

Not only are there common risk factors that increase the likelihood of perpetration (and common factors that do not influence risk to a measurable extent), there were also common behaviours identified. Table A2 (on page 19) outlines the nature of the acts often perpetrated against children, what type of force is used in eliciting the desired outcomes, and in which contexts enticements and secret-keeping are generally seen. These data do not imply that these behaviours are only seen in these particular contexts, but rather that the majority of researchers agree that this is where they are more likely to be found; however, there are always exceptions.

⁵ The authors use "sexual harassment" to define the children's sexually abusive behaviour. This terminology is more commonly used to describe unwanted sexual behaviour in workplaces, but the behaviour described by the researchers fits our definition of child sexual abuse.

Table A2: Common sexual abuse behaviours and the type of perpetrator engaging in them

| Behaviour | Perpetrators |
|------------------------|--|
| Penetrative acts | Familial offenders Online child exploitation material producers and distributors Teachers and educators Clergy |
| Non-penetrative acts | Familial offenders Interpersonal offenders Online child exploitation material producers and distributors Teachers and educators Clergy Female offenders |
| Use of physical force | Interpersonal offenders Online child exploitation material producers and distributors Clergy |
| Use of emotional force | Familial offenders Interpersonal offenders Online non-contact offenders Clergy Teachers and educators |
| Use of verbal force | Interpersonal offenders |
| Use of spiritual force | Clergy |
| Enticements | Online non-contact offenders Teachers and educators Clergy Female offenders |
| Secret-keeping | Familial offenders Interpersonal offenders Teachers and educators Female offenders |

The majority of child sexual abuse occurs within familiar—and familial—relationships.⁶ As such, it tends to be characterised by:

- prolonged or repeated victimisation;
- secrecy; and
- delayed disclosure.⁷

Perpetrators expend significant effort in identifying and building a connection with a potential victim, and use a range of grooming strategies to do so,⁸ such as:

- identifying the most vulnerable child, such as those who are picked on by their siblings, are struggling at school, or are lonely (Craven, Brown, & Gilchrist, 2007);
- identifying vulnerable or receptive families, such as a single mother with primary care for her children (Leberg, 1997; van Dam, 2006);
- isolating the child from other children or their guardian; for example, by sending other siblings to bed early, or encouraging the child's mother to take up activities outside the home;
- conferring a “special status” on the child, such as by making them feel more adult or worldly (Herman, 1992);

⁶ Nationally representative statistics show that approximately 90% of girls and 80% of boys have known the perpetrator of the abuse, with girls more likely to have been sexually abused by family members. Fathers, step-fathers and other male relatives (including siblings) made up more than half of perpetrators against females (52%), and approximately one-fifth of perpetrators against boys (21%) (ABS, 2006; see also Mouzos & Makkai, 2004).

⁷ On these characteristics, see Finkelhor (1986), Herman (1992), and Smallbone & Wortley (2001).

⁸ Reviewing the research on grooming, Craven, Brown, & Gilchrist (2006) provided the following definition: “A process by which a person prepares a child, significant adults and the environment for the abuse of this child. Specific goals include gaining access to the child, gaining the child's compliance and maintaining the child's secrecy to avoid disclosure” (p. 297).

- gradually desensitising the child to sexual touch (Smallbone & Wortley, 2001); and
- becoming “indispensable” to significant adults in the child’s life; for example, by offering to look after the child or children, or doing tasks that parents and teachers have little time for, which puts them in a position of trust (Craven et al., 2007).

These strategies demonstrate long-term planning (whether conscious or not), such that perpetrators gain “insider status” and its benefits (e.g., trust, authority and respect) long before they start offending (van Dam, 2006). These benefits are especially amplified in contexts of intra-familial sexual abuse.

Along with these varied strategies to create opportunities for offending, perpetrators may use bribes, threats, coercion, denial and blackmail to continue the offending and to ensure victims’ compliance and silence. This can take the form of creating secrets the child must keep, thus rendering them complicit or making them co-conspirators in their abuse (Paine & Hansen, 2002); demonstrating the perpetrator’s potential for violence by harming others; threatening that the family will break down or the non-offending parent will be upset if the child discloses; or making the child feel responsible for not stopping the abuse (Craven et al., 2006, 2007).

As Table A2 illustrates, there are certain behaviours that are very specific to sexual abuse perpetrated within particular contexts; for example, both victims and perpetrators of sexual abuse within religious settings have often reported experiencing spiritual coercion. Other behaviours appear across multiple forms of child sexual abuse; for example, the use of emotional force or emotional blackmail is commonly seen in sexual abuse within familial and interpersonal relationships, and also in online and institutional/educational settings. Certain behaviours, such as the use of physical force, are seen in specific contexts and relationships due to the dynamic between the victim and perpetrator; in interpersonal relationships the perpetrator may only have a limited amount of time alone with the victim and therefore may resort to threats of or actual physical force to gain the victim’s compliance. This is not as much of an issue for sexual abuse within familial relationships, where the perpetrator is more likely to have extended periods alone with the victim.

A4

Mapping risk factors

A4.1 Research results on perpetration risk factors

In this section we present the risk factors for offending across the identified relationships and contexts. Before doing so, it is useful to consider what factors have been associated with child sexual abuse overall. These differ from those identified for child maltreatment more generally (see Box A2).

Box A2: Risk factors associated with child maltreatment

- Individual risk factors:
 - parents' lack of understanding of children's needs, child development and parenting skills;
 - parents' history of child maltreatment in family of origin;
 - substance abuse and/or mental health issues, including depression in the family;
 - parental characteristics, such as young age, low education, single parenthood, large number of dependent children, and low income;
 - non-biological, transient caregivers in the home (e.g., mother's male partner);
 - parental thoughts and emotions that tend to support or justify maltreatment behaviours.
- Family risk factors:
 - social isolation;
 - family disorganisation, dissolution, and violence, including intimate partner violence; and
 - parenting stress, poor parent-child relationships, and negative interactions.
- Community risk factors:
 - community violence;
 - concentrated neighbourhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets), and poor social connections.

Source: Centers for Disease Control and Prevention (2014)

For instance, while there is a crossover with child maltreatment risk factors, the literature on adult perpetrators of child sexual abuse also emphasises factors such as:

- their history of violence and delinquency;
- their maladaptive sexual behaviours, such as deviant sexual fantasies;
- social deficits, such as lack of empathy and social skills deficits; and
- attitudinal and cognitive variables, such as their attitudes towards rape, the "sexual precociousness of children" and cognitive rationalisations (Whitaker et al., 2008).

Indeed, in their meta-analysis of 89 studies of sex offender risk factors, Whitaker and colleagues (2008) found that child sex offenders were more likely than non-offenders to have poorer

family functioning, more harsh discipline, poor attachment and generally worse functioning in their family of origin. Child sex offenders also demonstrated:

- poorer social connectedness to others (e.g., loneliness, poor social skills);
- significantly higher sexual externalising problems;⁹
- higher sex drive and preoccupation with sex;
- more deviant sexual interests;
- greater sexualised coping;
- attitudes that are more tolerant of adult–child sex; and
- cognition that minimises perpetrator culpability.

On most of these measures, there were no significant differences between child and adult sex offenders. Whitaker et al. (2008) concluded that while child sex offenders are different from non-offenders, they are *not* different from adult sex offenders. In other words, while both child and adult sex offenders share a number of risk factors with general (non-sexual) offenders, the point of difference relates to the sexual component of their behaviour. This is echoed in other research on the attitudes of child sex offenders, which finds that their beliefs and attitudes in relation to children as sexual objects; general preoccupation with sex; and beliefs about entitlement, authority or control distinguish them from a range of other offenders (Helmus, Hanson, Babchishin, & Mann, 2013; Marziano, Ward, Beech, & Pattison, 2006; Ward & Keenan, 1999).

The following sections consider risk factors associated with particular forms of child sexual abuse. Box A3 provides definitions of the terms that are used in the literature we reviewed.

Box A3: Definitions of perpetrator risk factor terms

Perpetrator risk factors

Personal characteristics

Biologically unrelated male: A well-documented risk factor for certain forms of child sexual abuse is the presence of a biologically unrelated male. In authority, care and extra-familial relationships this can mean a male who has unrestricted access to a child due to their authority status (e.g., a teacher or priest) or by being considered trustworthy by the family (e.g., a neighbour). Within a familial relationship, the male can be an uncle, step-father, de facto or boyfriend to the mother who is biologically unrelated to the child. This risk factor has been calculated from victim response surveys and other records where the offender’s relationship to the victim is detailed. In cases of online perpetration, research indicates that males unknown to the victim are the main offenders.

Young: Generally means the perpetrator is under the age of 25 years, although for peer and sibling abuse it means under 18 years.

Psychological deficits: The perpetrator has a low IQ or is cognitively impaired.

Traditional gender values: Generally understood to be values that place women and children in an inferior position to the male offender’s wants and needs. It can mean also acting on these held values; for example, through preventing a female partner from controlling her own finances, expecting children to be deferential to the offender’s authority within the family, etc.

Interest in child exploitation material: The offender has accessed and used such material.

Computer savvy: The perpetrator is a very competent user of information technologies. They can upload material, connect with other users, encrypt their uploads and downloads, can possibly access a “darknet” (anonymous online file sharing service), and find ways of evading detection on the Internet.

continued on next page

9 No definition or explanation of what this refers to is provided in Whitaker et al.’s (2008) study.

continued from previous page

Substance misuse: When perpetrators currently or at the time of the child sexual abuse have alcohol or other substance abuse issues.

Social characteristics

Highly sexualised environment: A highly sexualised environment for adult perpetrators is usually defined as one where there is high pornography consumption and a high degree of sexual discourse between adults, and where the children are often exposed to this behaviour. It does not necessarily mean creating or accessing child exploitation material. For peer and sibling offenders it often means they have witnessed sexual acts between adults in their home, or have been exposed to high levels of pornography. It has been measured from self-reports, or from online offenders, generally from details taken about their search and browsing histories prior to their arrest.

Social isolation: The offender has not had close or significant friendships and relationships in their childhood or early adulthood.

Low socio-economic status: The perpetrator may be unemployed, or have low-level employment.

Low education: When the perpetrator has education only up to high school graduation level.

Childhood history and past behaviours

Child sexual abuse history: If the perpetrator was a victim of child sexual abuse when a child, they are more likely to become a child sexual abuse perpetrator themselves.

Childhood neglect: This is usually defined as the perpetrator having experienced neglect as a child or adolescent rather than referring to someone who neglects their own children. There are not always substantiated or reported cases of neglect in the history of the perpetrator, so this is often measured by self-reports describing childhoods that have been characterised by neglect.

Childhood physical abuse: The offender was physically abused as a child.

Large family size: The perpetrator grew up in a family with three or more children.

Early parenthood: The perpetrator was aged 15 to 20 years when their child was born.

Prior sexual criminal behaviour: The perpetrator has a history of sexual crime, not necessarily against children.

Prior non-sexual criminal behaviour: Criminal behaviour of a non-sexual nature either while an adolescent or adult.

Violent behaviour: The perpetrator has a history of violent and abusive behaviour. This is usually defined as other, non-sexual, criminal behaviour (for adults or adolescents) or problems with regulating emotional outbursts in children. For adults and adolescents it has been measured by looking at criminal records, reports from child protection services or self-reporting from the perpetrator.

Victim risk factors

Poor family cohesion: This is usually defined as a family where one parent may be absent due to personal/health issues (e.g., depression or substance abuse), where parents may be emotionally or physically absent and the child is being raised by other family members, or where there is poor health in the family. It is often linked with low-income families. Where there is poor family cohesion an offender may have more opportunities to sexually abuse children, or in the case of female, Indigenous and peer/sibling offenders, they may themselves have a history of poor family cohesion that has led to behavioural and developmental issues.

Domestic violence in the family: Child sexual abuse is often found in families where there are other forms of violence and abuse being perpetrated against the children or the perpetrator's partner. Familial and some Indigenous offenders of sexual abuse may also be committing domestic violence. Peer/sibling sexual abuse perpetrators may have witnessed domestic violence in the family; likewise female offenders. It is measured through self-reports or reports from the police or child support authorities, or the offender may have been first reported for domestic violence and it is through this that their sexually abusive behaviours are discovered.

Table B1 also provides a summary of these risk factors and associations found in the research with particular types of child sexual abuse and perpetrators.

Risk factors for adult familial offenders

The following risk factors for familial offenders have been identified by the research:

- biologically unrelated male (including step-father, de facto boyfriend of mother) (Black et al., 2001; Smallbone et al., 2008);
- traditional gender values (Fischer & McDonald, 1998; Proeve, 2009);
- highly sexualised environment (Simons, Wurtele, & Durham, 2008);
- social isolation (Ward, 2003; Farmer, Beech, & Ward, 2012; Simons et al., 2008);
- prior non-sexual criminal behaviour (Smallbone & Wortley, 2004);
- poor family cohesion (Simons et al., 2008); and
- domestic violence in the family (Sinanan, 2011; Simons et al., 2008).

This is not to suggest that all families presenting with these risk factors will have child victims of sexual abuse, but there is a higher likelihood of child sexual abuse within a family where these risk factors are present than one where they are not. It has been noted that it is extremely difficult to distinguish between the risk factors for perpetrators within or outside a familial relationship because the majority of studies combine various types of child sexual abuse (Black et al., 2001). Black et al. still successfully disaggregated the profile characteristics of fathers who sexually abuse their children, and found that compared to non-abusive fathers, the sexually abusive fathers scored significantly higher on the Child Abuse Potential Inventory (Milner, 1986), a measure of propensity to abuse, including sexual abuse. Specifically, the sexually abusive fathers scored higher in relation to distress ($r = 0.39$), loneliness ($r = 0.40$), rigidity ($r = 0.35$), and unhappiness ($r = 0.44$).

There is disagreement about whether having a history of child sexual abuse is a risk factor for adults who commit sexual abuse against a family member. Smallbone and Wortley (2001) reported that 57% of currently incarcerated intra-familial offenders reported having a history of being a victim of child sexual abuse, whereas other research has found lower rates of offenders reporting being the victim in childhood of sexual abuse (Schaefer et al., 2010; Terry, 2008).

Extra-familial offending risk factors

The difficulty with categorising risk factors for adult acquaintances or neighbours of the family is that there seems to be only one major risk factor in the perpetrator's background: that they are a biologically unrelated male with access to the child. There is conflicting evidence about whether neglect, substance misuse, low socio-economic status, a history of physical abuse and child sexual abuse, interest in child exploitation material, or violent behaviour are risk factors associated with this cohort of offender.

Risk factors for authority and care relationships

Risk factors for child sexual abuse perpetration in authority and care relationships are relatively broad:

- biologically unrelated male (Knoll, 2010; Moulden et al., 2010; Sullivan & Beech, 2004);
- young (Moulden et al., 2010; Sullivan & Beech, 2004, who found that 68% of perpetrators had offended against a child by the age of 21); and
- child sexual abuse history (Sullivan & Beech, 2004).

As the above list illustrates, the risk factors for authority and care offenders is very circumscribed. Unlike other child sexual abuse perpetrators, this limited number of risk factors suggests that screening for child sexual abuse perpetration tendencies in authority and care contexts would be very difficult. The list below includes the variety of risk factors that have been tested for in authority and care offenders, but where research has concluded that they were not risk factors:

- psychological deficits;

- traditional gender values;
- interest in child exploitation material;
- computer savvy;
- substance misuse;
- highly sexualised environment;
- social isolation;
- low socio-economic status;
- childhood neglect;
- childhood physical abuse;
- large family size;
- early parenthood;
- prior sexual criminal behaviour;
- prior non-sexual criminal behaviour;
- poor family cohesion; and
- domestic violence in the family.

This cohort of child sexual abuse offender therefore does not exhibit the risk factors that can help easier identification in other relationships and contexts. Without these risk factors these offenders would be difficult to detect by traditional pre-employment screening means (due to their lack of contact with authorities).

Risk factors for Indigenous communities

As the list below illustrates, the risk factors for child sexual abuse perpetration in Indigenous communities is less about the individual's personal history and more likely to cross into intergenerational issues with isolation, abuse and community breakdown. As Indigenous families and communities are structured differently to other Australian families, a lack of family cohesion or domestic violence, for example, will involve not only the immediate parents of the perpetrator but also those who would otherwise be considered by non-Indigenous Australians as extended family or family friends. Therefore, child sexual abuse is more likely to cross between familial and extra-familial boundaries in Indigenous communities than non-Indigenous ones.

Risk factors include:

- substance misuse (Hunter, 2008 Smallbone & Rayment-McHugh, 2013; Staiger, 2005);
- highly sexualised environment (Smallbone & Rayment-McHugh, 2013);
- low socio-economic status (Hunter, 2008; Smallbone & Rayment-McHugh, 2013; Staiger, 2005);
- low education (Hunter, 2008; Stathopoulos, 2014);
- childhood neglect (Hunter, 2008; Staiger, 2005); and
- domestic violence in the family (Smallbone & Rayment-McHugh, 2013; Staiger, 2005).

While substance misuse is an issue in Indigenous communities, it has not been identified as a direct risk factor in the perpetration of intra-familial abuse. Spatz-Widom and Hiller-Strumhofel (2001) noted that “parental alcohol abuse may leave children more vulnerable to sexual abuse by others” (p. 53); however, the relation that the perpetrator has to the victim was not specified. Other researchers found that “whereas an alcoholic father was a risk factor for child sexual abuse by a family member, an alcoholic mother was a risk factor for child sexual abuse by a person outside the family” (Fleming et al., 1997, as cited in Spatz-Widom & Hiller-Strumhofel, 2001, p. 53). This may imply that in Indigenous communities alcohol misuse by a parent or carer is a risk factor for victimisation rather than for perpetration of child sexual abuse. In a US study of the pathways through which a history of child sexual abuse and the use of alcohol influence men's self-reported sexual aggression intentions, Davis et al. (2012) concluded that intoxication heightened “the effects of child sexual abuse history on sexual entitlement cognitions, such that sexual entitlement cognitions were highest for men who had a child sexual abuse history”

(p. 179). The authors claimed their experimental research suggests that having experienced child sexual assault “may facilitate sexual assault perpetration through its effects on in-the-moment cognitions and that these effects may be exacerbated by alcohol intoxication” (p. 179). Recent research appears to confirm these findings (see Davies & Jones, 2013).

Risk factors for female offenders

As mentioned previously, while the number of female child sexual abuse perpetrators is very low, it is useful to point out where female and male adult sexual abuse perpetrators are similar and different. Researchers agree that the following risk factors contribute to a woman committing child sexual abuse against a child. They may also be risk factors for female professional perpetrators, although female professional perpetrators are more likely to have risk factors relating to their context rather than the more general risk factors for female perpetrators.

The risk factors for females perpetrating child sexual abuse appear to be slightly different to those associated with male perpetrators both within and outside familial relationships. Most interesting is how having a low education and socio-economic status, along with having experienced multiple forms of child abuse, can be risk factors for sexual abuse perpetration in women.

The risk factors for female offending include:

- young (16–25 years) (Wijkman, Bijleveld, & Hendriks, 2011);
- low-socio economic status (Mapp, 2006; Wijkman et al., 2011);
- low education (Mapp, 2006; Wijkman et al., 2011);
- child sexual abuse history (Elliott, Eldridge, Ashfield, & Beech, 2010; Mapp, 2006; Wijkman et al., 2011);
- childhood neglect (Elliott et al. 2010; Wijkman et al., 2011);
- poor family cohesion (Elliott et al., 2010; Wijkman et al., 2011); and
- domestic violence in the family (Elliott et al., 2010; Mapp, 2006; Wijkman et al., 2011).

Risk factors for online offenders

Here we consider the risk factors only for those perpetrators who are accessing child exploitation material and making contact with children in online environments, either for the purpose of contact offending or for the purpose of receiving child exploitation material from them. We have not included teens involved in sexting or online sexual harassment in this cohort.

Risk factors for online offending include:

- biologically unrelated male;
- young (16–25 years) (Beech et al., 2008; Krone, 2004);
- interest in child exploitation material (Beech et al., 2008; Krone, 2004);
- computer savvy (Beech et al., 2008; Krone, 2004);
- highly sexualised environment (Beech et al., 2008; Bourke & Hernandez, 2009; Krone, 2004);
- social isolation (Beech et al., 2008); and
- violent behaviour (Beech et al., 2008).

Risk factors for sibling sexual abuse and adolescents with sexually abusive behaviours

Sibling sexual abuse has not been as widely researched as other forms of child sexual abuse; however, the research literature does suggest the following risk factors for youth who sexually abuse siblings:

- young (16–18 years) (Stathopoulos, 2012);
- highly sexualised environment (Latzman, Viljoen, Scalora, & Ullman, 2011; Stathopoulos, 2012);

- childhood neglect (O'Brien, 2008; Stathopoulos, 2012);
- violent behaviour (Latzman et al., 2011; O'Brien, 2010);
- poor family cohesion (Latzman et al., 2011; O'Brien, 2010; Stathopoulos, 2012); and
- domestic violence in the family (Latzman et al., 2011; O'Brien, 2010; Stathopoulos, 2012).

There are risk factors that overlap between adolescent and sibling sexual abusers, but there are also risk factors that are unique to the adolescent cohort:

- biologically unrelated male (Seto & Lalumiere, 2010);
- young (Hanson, 2011);
- interest in child exploitation material (Hanson, 2011; Seto & Lalumiere, 2010);
- computer savvy (Hanson, 2011);
- highly sexualised environment (Lowenstein, 2006; Seto & Lalumiere, 2010);
- childhood neglect (Lowenstein, 2006; O'Brien, 2010; Seto & Lalumiere, 2010);
- violent behaviour (Lowenstein, 2006; O'Brien, 2008);
- poor family cohesion (Lowenstein, 2006; O'Brien, 2010; Seto & Lalumiere, 2010); and
- domestic violence in the family (Lowenstein, 2006; O'Brien, 2010; Seto & Lalumiere, 2010).

A4.2 Common factors associated with perpetration

Across the various contexts and settings of child sexual abuse, there are similarities in the risk factors to perpetration, as well as similarities in the behaviours engaged in by perpetrators. The common risk factors to perpetration (biologically unrelated male, young, highly sexualised environment, childhood neglect, violent behaviour, poor family cohesion, and domestic violence in the family) can be outside the perpetrator's control; for example, being young, having a history of neglect or being a victim of domestic violence.

Across a lot of the research into assessing the recidivism risk of child sexual abuse offenders, research was supportive of the hypothesis that a pro-offending attitude was an assessable risk factor for future offending (Allan, Grace, Rutherford, & Hudson, 2007; Craissati, Falla, McClurg, & Beech, 2002; Helmus et al., 2013). However, while studies with college students and analyses of website contents have found that some men and women have attitudes that are pro-sexual activity with children or at least not censuring of that behaviour (Cromer & Goldsmith, 2010; Maynard & Wiederman, 1997), there are no data about whether these attitudes translate to offending behaviour.

As outlined in the previous section, there is a major outlier when documenting common risk factors: individuals committing sexual abuse in authority and care relationships do not appear to have the same risk factors to their perpetration as those in other relationships. As the previous section also illustrated, having a criminal background (either sexual or non-sexual in nature), early parenthood, large families and psychological deficits are often not risk factors for child sexual abuse offending across almost all relationships and contexts. Where there are commonalities in risk factors, these are potential areas to target for programs aimed at preventing sexual abuse.

The research literature suggests that there are certain factors that are associated with the perpetration of multiple types of sexual abuse (see Table A3 on page 28). These include:

- biologically unrelated male;
- young;
- highly sexualised environment;
- childhood neglect;
- violent behaviour;
- poor family cohesion; and
- domestic violence in the family.

Table A3: Common risk factors, by relationship/context of child sexual abuse offending

| Risk factor | Relationship/context |
|---------------------------------|--|
| Biologically unrelated male | Familial Authority and care Extra-familial Online Peer |
| Young | Online Peer Sibling Female |
| Highly sexualised environment | Familial Online Indigenous Peer Sibling |
| Childhood neglect | Female Indigenous Peer Sibling |
| Violent behaviour | Online Peer Sibling |
| Poor family cohesion | Familial Female Indigenous Peer Sibling |
| Domestic violence in the family | Familial Female Indigenous Peer Sibling |

However, there are also numerous ambiguous findings from the research regarding other risk factors. There is disagreement between researchers about the following:

- substance misuse;
- low socio-economic status;
- child sexual abuse history;
- childhood physical abuse;
- prior non-sexual criminal behaviour; and
- violent behaviour.

This disparity may be due to differences in the research populations being approached for study. For example, incarcerated males comprise only the known and currently apprehended child sexual abusers and are more likely to be from a low socio-economic status, whereas unapprehended child sexual abuse perpetrators are perhaps more likely to be from a more solid financial background (Beier, Ahlers et al., 2009; Schaefer et al., 2010). Researchers have attempted to explain perpetrators' psychology and this ambiguity. Drawing upon Milner's (1986) Child Abuse Potentiality Inventory, Black et al. (2001) found that, regardless of context, offenders scored higher on the emotional need scale ($r = 0.33$) and the sexual need scale ($r = 0.26$) compared to non-abusers. Many studies have noted the use of "defence mechanisms" by child sex offenders across all contexts of offending. "Defence mechanisms" refer to cognitive strategies that individuals use to minimise inner conflict, often unconsciously, by altering their own perception and interpretation of external events and internal motivations (see Vaillant, 1977, as cited in Miller, 2013). In a study of non-violent child sex offenders, Drapeau, Beretta, de Roten, Koerner, & Despland, 2008, as cited in Miller, 2013) found that such offenders tended

to use “more primitive and immature defence mechanisms such as dissociation, in which the unwanted thought, impulse or feeling is split off and quarantined from consciousness” (p. 513).

Other individual-level factors include:

- *Sexual interest*: While neuropathology in concert with sexual interest may provide the environment for the desire for sex with children to arise in a potential offender, numerous studies suggest that sexual interest in children, even if not consciously known to a person, can be screened for (Abel et al., 2012).
- *Neuropathology*: Biological brain chemistry abnormalities have been raised in the literature as a cause (or even neuroplastic symptom) of child sexually abusive behaviours. A range of medical and psychiatrically oriented research has shown that child sex offenders:

can suffer from neurological issues, including exposure to neurotoxins and genetic disorders in childhood/infancy (Blanchard et al., 2002); and a strong correlation with head injury (Blanchard et al., 2002; Freund & Kuban, 1993). This premise is reinforced by research suggesting that paedophilia may be related to biology, hormones and neurotransmitters (Bradford, 2000). (McCartan, 2008, p. 60)

To this end, a range of research has pointed to the effectiveness of particular drugs for suppressing sexual desire and deviant behaviour, and reducing re-victimisation (see Bradford, 2000; McCartan, 2008). McCartan noted research showing that “certain areas of the brain can have an impact upon sexual behaviour and therefore the targeting of these areas can have positive effects” (p. 73). In relation to whether brain injury or trauma itself can cause child sexually abusive desires and behaviour, Miller (2013) concluded that “what this trend of neuropsychological research may be identifying is a behavioural pattern of impulsivity, egocentricity, impaired judgment, deficient empathy, and discounting of consequences” (p. 514).

A5 Theories on how and why child sexual abuse occurs

There are various psychological and criminological theories that attempt to explain child sexual abuse perpetration. The majority of research has up until now been undertaken with incarcerated populations of child molesters, and therefore these theories may present with a selection bias. If we consider a social-ecological model for child sexual abuse prevention, it is clear that the individual perpetrator is part of a much larger set of relationships than the one between themselves and their victim. As such, risk factors for child sexual abuse perpetration may exist at a broader, societal level; for example, in the portrayal of children and women in advertising or the hyper-sexualisation of children. The levels within the social-ecological model are the individual, family, community, organisations/institutions, and society.

This section describes three key etiological theories used to explain why child sexual abuse occurs—Finkelhor’s Four Preconditions Model, Ward’s Pathways Model, and the situational crime prevention model, which is based on the rational choice theory for crime perpetration. Both the Four Preconditions and the situational crime prevention models insist on looking beyond the individual to other external factors that could be or are influencing their actions: for Finkelhor’s model, it is societal factors that influence perpetration, and for the situational crime prevention model, it is a situation, organisation or institution’s settings that can create opportunity.

A5.1 Finkelhor’s Four Preconditions Model

Finkelhor’s (1984) Four Preconditions Model has been widely used for understanding child sexual abuse offenders. It was the first to move beyond the notion that child sexual abuse only occurs as father–daughter incest or when men who are strangers molest a multitude of children. The four preconditions are:

- motivation to sexually abuse;
- overcoming internal inhibitors (for example, concern that their thoughts and behaviours are wrong);
- overcoming external inhibitors (for example, finding a child in their vicinity whom they can sexually abuse); and
- overcoming the resistance of the child.

According to this theory, *all* these preconditions need to be met in order for child sexual abuse perpetration to be possible and to occur.

Finkelhor (1984) argued that there are three components to the motivation to sexually abuse:

- sexual contact with the child satisfies an emotional need;
- the child is a source of sexual arousal;
- alternative sexual partners are not available. (p. 54)

However, these are not preconditions and they don’t necessarily have to occur, or can overlap with one another.

Regarding overcoming internal inhibitors, this precondition is crucial, as without it the perpetrator will not commit any acts of abuse, as they may be inhibited by social taboos or fear of hurting the child.

The third and fourth preconditions move the explanation for offending beyond the perpetrator to account for their external environment. External inhibitors can include if there are bystanders around to protect the child (e.g., the child’s mother, other family members, teachers, etc.), or if the environment is not conducive to abusing a child. The resistance of a child is the final barrier to committing the act; if the child is emotionally insecure, needy or without a support network then the child molester can break through a child’s barrier more easily than if the child is more resilient to their advances.

Finkelhor (1984) noted that these preconditions not only operate on an individual level but on a more sociological level. Social factors and characteristics can act as motivators or inhibitors to child sexual abuse perpetration. Table A4 outlines how the preconditions work in relation to individual and social/cultural factors.

| Table A4: Preconditions for sexual abuse and individual and social/cultural factors | | |
|---|---|---|
| Preconditions | Individual factors | Social/cultural factors |
| Motivation to sexually abuse | Arrested emotional development Need to feel powerful and controlling Re-enactment of childhood trauma to undo hurt Biological abnormality Fear of adult women Traumatic sexual experience with adult Inadequate social skills Marital problems | Masculine requirement to be dominant and powerful in sexual relationships Erotic portrayal of children in advertising Male tendency to sexualise all emotional needs Repressive norms about masturbation and extramarital sex |
| Overcoming internal inhibitors | Alcohol Psychosis Impulse disorder Senility Failure of incest inhibition mechanism in family dynamics | Social toleration of sexual interest in children Weak criminal sanctions against offenders Ideology of patriarchal prerogatives for fathers Social tolerance of deviance committed while intoxicated Child pornography Male inability to identify with needs of children |
| Overcoming external inhibitors | Mother is absent or ill Mother is not close to or protective of child Mother is dominated or abused by father Social isolation of family Unusual opportunities to be alone with child Lack of supervision of the child Unusual sleeping or rooming conditions | Lack of social supports for mothers Barriers to women’s equality Erosion of social networks Ideology of family sanctity |
| Overcoming the resistance of the child | Child is emotionally insecure or deprived Child lacks knowledge about sexual abuse Situation of unusual trust between child and offender Coercion | No availability of sex education for children Social powerlessness of children |

Source: Finkelhor (1984), pp. 56–57

Finkelhor’s model demonstrates the importance of looking beyond the individual victim or perpetrator when assessing where primary prevention programs should be introduced and how other seemingly unconnected societal pressures and gaps can lead to an environment where a child can be sexually victimised.

A5.2 Ward’s Pathways Model

The work of Ward and Siegert (2002) is regarded among researchers as being very instructive for investigating the individual’s role in committing child sexual abuse. Their theory is often

referred to as Ward’s Pathways Model. It is differentiated by its explanation of how offenders use apparently normalised interactions to gain both trust and access to victims.

The Pathways Model is a psychological theory that suggests that certain pathways are the key to child sexual abuse perpetration. These pathways stem from “clusters” of problems that are found in the psychology of adults who sexually offend against children. These clusters are:

- difficulties in identifying and controlling emotional states;
- social isolation, loneliness and dissatisfaction;
- offence-supportive cognitions (e.g., belief that everyone sexually abuses children and that children enjoy the abuse); and
- deviant sexual fantasies.

There can be more than one cluster apparent in any one individual. Clusters are different from the pathways in that they are clinical phenomena that are found among child sexual abusers, whereas the pathways are associated with different psychological and behavioural profiles (Ward, Polaschek, & Beech, 2006).

There can be overlap between the various pathways. The five aetiological pathways that were identified are discussed in Table A5.

| Table A5: Pathways and developmental trajectories in Ward’s Pathways Model | |
|--|--|
| Pathway | Developmental trajectory |
| Multiple Dysfunctional Mechanisms | Distorted sexual scripts ^a Idealised relationships Dysfunctional ideas about children’s sexuality Deviant sexual arousal Heightened self-esteem based on perceived legitimacy of actions |
| Deviant Sexual Scripts and Relationship Schema | Distorted sexual scripts plus dysfunctional relationship schema Sex/intimacy confusion Vulnerability in seeking sexual activity Relationships perceived in sexual terms Relationships are unsatisfying, short-term and with periods of rejection |
| Intimacy Deficits | Normal sexual scripts Insecure attachments, which lead to problems in adult relationships Maladaptive strategies to avoid unsuccessful adult relationships Intimacy deficits and feelings of loneliness Substitutes child as a surrogate |
| Emotional Dysregulation | Normal sexual scripts Emotional regulation problems Unidentified emotional structures Early established link between sex and emotional wellbeing Sex used as soothing strategy Unable to mobilise social supports when stressed High anger and emotional dysregulation Child used to satisfy sexual need and punish partner |
| Antisocial Cognitions | Normal sexual scripts Pro-criminal attitudes and beliefs Antisocial tendencies Patriarchal attitudes and sense of superiority Disregard of social norms, especially children and sex Exploits opportunity to self-gratify |

Notes: Sexual scripts are “the cognitive representations individuals acquire during the course of their development that specify how to behave in sexual encounters” (Ward et al., 2006, p. 64).

Source: Adapted from Ward et al. (2006).

The Pathways Model makes it clear that it aims to explain adult perpetrators’ behaviour, not problem sexual behaviours or sexually abusive behaviours that may be exhibited by children who sexually abuse other children. Ward and Siegert (2002) argued that the Multiple Dysfunctional Mechanisms pathway is exhibited by “pure” paedophiles; that is, those who can be diagnosed

with paedophilia. Perpetrators with the Deviant Sexual Scripts and Relationships Schema are those who may have a possible history of child sexual abuse themselves.

As Ward et al. (2006) noted, “in the pathways model situational triggers are hypothesised to interact with the various predispositions of individuals to sexually abuse children. The nature of the situational triggers will vary according to the particular profile of causes underlying each individual’s offence trajectory or pathway” (p. 73).

A5.3 Rational choice theories and situational crime prevention

Rational choice theory is a sociological model used to understand social and economical behaviour. While it was initially modelled to explain the economic behaviours of individuals, since the 1980s and 1990s it has been used to explain involvement with crime. Criminologists have used rational choice theory to argue that criminals are logical and will find ways to have their needs for money, sex or excitement met. Broadly speaking, rational choice theory posits that individuals will rationalise the commitment of a crime (i.e., undertake a cost-benefit analysis) and will commit it if the benefit of the crime outweighs the consequences, and if there is little or no chance of being caught.

Similar to rational choice theory is routine activity theory, which posits that if there is a suitable target, a motivated offender and no authority figure to prevent the crime from occurring, then the crime will be committed. Routine activity theory is closely linked to the idea that the given environment in which a would-be offender finds themselves plays just as important a role in the crime being committed as the individual’s psychology.

Arising out of rational choice theory and routine activity theory is the situational crime prevention model. Researchers have focused on this model as having a great deal of potential for preventing sexual abuse (see Smallbone et al., 2008). In theory, situational crime prevention is more efficient than other prevention models because the target is the situation, not the individual’s motivation. Clarke (1997) outlined the components of this prevention model, namely that it: (a) is aimed at a very specific form of crime; (b) involves the management, design or manipulation of the environment in a systematic and permanent manner; and (c) ensures the crime is more difficult or risky to commit, or has fewer rewards. Currently, situation crime prevention is more commonly used for targeting “everyday crimes”, such as graffiti, loitering, theft from motor vehicles, crowd control and shoplifting. Although this theory is successful in preventing crime from occurring within certain environments and situations, some argue that it only deters the criminal; it does not offer a cure for their behaviour. Scholars who are researching the potential for situational crime prevention to prevent child sexual abuse have presented compelling data for how to reduce child sexual abuse perpetration in organisational or institutional settings (Leclerc, Wortley, & Smallbone, 2011; Smallbone et al., 2008). Clarke and Homel’s (Clarke, 1997) 16 opportunity-reducing techniques include:

- target hardening;
- controlling access;
- deflecting offenders;
- controlling facilitators;
- screening entries/exits;
- strengthening formal surveillance;
- using surveillance by employees;
- assisting natural surveillance;
- removing the target;
- identifying property;
- reducing temptation;
- denying benefits;
- setting rules;

- stimulating conscience;
- controlling disinhibitors; and
- facilitating compliance.

Kaufman, Tews, Schuett, and Kaufman (2012) focused on how organisations can use situational crime prevention to prevent child sexual abuse and argued that this is the best model for preventing abuse outside of familial contexts. According to Kaufman et al., the organisational climate and local community influences that can directly or indirectly influence or control behaviour in a setting, the physical attributes of the environment, and lifestyle and routine activities can all have an effect on whether child sexual abuse is perpetrated within an institutional setting. They presented a six-step process that organisations and institutions can use in order to ensure that their environments become safe spaces for children and prevent child sexual abuse from happening. The six steps are:

- *brainstorming organisational risks*, such as children being left alone with one staff member for extended periods of time—undertaken by staff who know the organisation well, over at least two sessions running to about 4.5 hours in total;
- *obtaining input on risks from staff, volunteer, and the organisation's community*—there must be community buy-in and reassurance that all risks have been identified and the community feels their fears are being understood;
- *linking risk-to-risk reduction with prevention strategies*;
- *prioritising risks*—reflecting practical realities and how they limit or modify risk reduction;
- *implementing risk reduction and prevention strategies*—stagger the implementation in order to reduce resistance to change; and
- *ongoing monitoring and reassessment*—assess the effects of the strategies 4–6 months after implementation (pp. 151–160).

As Kaufman et al. (2012) noted, it is not enough to have Working With Children Checks if the environment facilitates the sexual abuse of children; for example, by having areas such as gym change rooms isolated from the rest of the school, or having lockable classrooms to which only one teacher has the keys and access.

A6

Current approaches to prevention

In this section we present approaches to prevention. This section steps beyond the previous review areas to look at how child sexual abuse is being prevented, or how researchers are theorising it could be prevented, based on findings from studies of perpetration behaviour and psychology.

A6.1 Public health model

Primary prevention

In this report, we have been mainly interested in research results on the primary prevention of child sexual abuse rather than on preventing recidivism. Using the public health and socio-economic models, primary prevention looks at child sexual abuse perpetration at all levels of society, including whole communities, organisations, families and individuals, whereas preventing recidivism is aimed only at the individual perpetrator who has already committed sexual abuse against a child.

For example, both the US Centers for Disease Control and Prevention (CDC) and WHO define primary prevention as preventing violence before it occurs. This definition is also used when discussing sexual assault (see VicHealth, 2007) and is also focused on preventing victimisation (or continued victimisation). However, among Australian program providers of protective behaviours education (see section below on protective behaviours), there currently appears to be some misunderstanding and a lack of consensus about what the primary prevention of child sexual abuse is.

Developmental prevention

Outlined by Smallbone et al. (2008), developmental prevention aims to “prevent the emergence, over the course of individual social cognitive development, of dispositions and vulnerabilities associated with the onset of child sexual abuse offending” (p. 65). They noted that individuals, especially men, would require interventions at key life phases in order to reduce and prevent the likelihood of child sexual abuse offending. The life stages noted are during:

- early attachment relationships;
- transition to school;
- transition to high school (Colton, Roberts, & Vanstone, 2010); and
- transition to parenthood.

However, programs aimed at women, such as the Elmira Project, which aim to develop stronger links between low socio-economically situated mothers and their infants, could have a positive effect in building stronger relationships (emotional and physical) that could play a role in lowering child sexual abuse offending in the long term. Smallbone et al. (2008) argued that focusing on these life stages could potentially reduce child sexual abuse prevention because children’s social cognitive skills need to be addressed and strengthened in order to ensure that later emotional and sexual development is not hindered, and progresses along a normal trajectory. Currently, there is no one established program that delivers developmental prevention

against child sexual abuse offending at the four life stages, nor has there been an evaluation of whether or how this would work across a broad population.

A6.2 Current international programs

Primary prevention

Prevention Project Dunkelfeld

Prevention Project Dunkelfeld (PPD) is an innovative German primary prevention strategy aimed at paedophiles and hebephiles who have not been arrested or convicted of any sex crimes against children but are seeking help and treatment. It has been in operation since 2002, following constant requests from 1996 onwards from self-diagnosed paedophiles or hebephiles for help to prevent them from becoming child sexual abuse offenders (Beier, Ahlers et al., 2009; Beier, Neutze et al., 2009). Within 38 months of the PPD being set up, there were 808 respondents to national advertisements on television, radio and in print seeking participants for the project. Men who came forward were offered anonymity and promised confidentiality provided they were not currently sexually abusing a child. Of the respondents, 234 reported having committed child sexual abuse or child sexual exploitation at least once in their lives and so they were discounted from the study/project. The project uses cognitive behaviour therapy, group and individual therapy, sexological tools (e.g., finding ways to connect with adult sexual partners) and medical options (e.g., chemical castration) to help participants control their thoughts and feelings towards children.

The official partners of PPD are victim support organisations, media relations and campaign companies, and a web developer who aided in the creation of a media message that would speak to the right demographic while also not alienating support from the German public. There were a variety of reasons why potential offenders sought support, including:

- being urged by friends, relatives or spouses to get help;
- being referred to the project by their doctor;
- having the empathy to realise the harm they could do;
- wanting to be cured;
- waning to be attracted to adults; and
- wanting to have a family of their own.

Many men who were not paedophiles or hebephiles were worried about their sexual attraction to younger looking women.

PPD has uncovered vital differences between currently detected child sexual abuse offenders and undetected or Dunkelfeld offenders. Dunkelfeld offenders:

- were generally well educated, with higher numbers having graduate and postgraduate qualifications;
- had low levels of psychiatric disturbance;
- had higher levels of paedophilia than among detected child sexual abuse offenders;
- were primarily male;
- were politically active;
- had a better ability to reflect on their behaviour and thoughts;
- were less antisocial; and
- rarely reported having committed any other form of crime (Feelgood & Schaefer, 2011).

Those who feared harming a child for the first time were also more receptive to treatment (Feelgood & Schaefer, 2011).

There are limited data available on the effectiveness of PPD, with researchers noting that the initial part of the project was wrapping up in 2013 when data would be released on the

effectiveness of the treatment (Feelgood & Schaefer, 2011).¹⁰ At first glance, however, this may not be a possible treatment strategy in Australia due to mandatory reporting laws, which may make it difficult to promise confidential treatment to paedophiles and hebephiles who have not yet committed a contact offence but who do access child pornography or fantasise about sexual relations with a child. While this project encapsulates the idea of primary prevention by seeking out contact with potential (future) offenders, it would be necessary to see evaluations of the program.

Stop it Now! UK & Ireland campaign

A telephone hotline was established about 10 years ago in the UK (based on the US hotline Stop it Now!) to allow individuals who were worried about their thoughts and actions around children to anonymously speak with the helpline staff about their concerns. Over the course of 10 years, over 14,524 individuals have called the helpline, with over 54% of all the calls coming from adults concerned about their own behaviour, 24% coming from family and friends concerned about another adult's behaviour, and 4% of calls concerning a child exhibiting sexualised behaviour. Only 2% were women. Two-fifths of callers had not yet abused a child but were concerned that they might. The justice system also works with Stop it Now! UK & Ireland by referring any cautioned or bailed offenders to the organisation to receive help while they are awaiting trial. A small number of individuals who have committed child sexual abuse have referred themselves to the police and have been arrested. The organisation offers face-to-face interviews for offenders, offenders' families and youth with sexualised behaviours, and offers to install an Internet browser application called Securus that monitors web-browsing habits and logs the pages a user visits. This program has been considered very effective; however, no independent research exists detailing the efficacy of the helpline and face-to-face interviews (Denis & Whitehead, 2012).

Preventing recidivism

Focus is currently on mental health treatment programs in correctional settings for child sexual abuse and other sex offenders. However, the research literature indicates there are other options for reintegrating an individual back into the community and reducing the risk of reoffending.

Circles of Support and Accountability (COSA)

One of these programs is COSA, which was established in Canada 15 years ago. The purpose of this program is to support released child sexual offenders through group and individual meetings, help them find employment and housing, and reintegrate them back into society after their period of incarceration. Results indicate that offenders who have been part of COSA have between a 70% and 83% lower chance of sexual reoffending than those who did not partake in the group (Finkelhor, 2009; Wilson, Cortoni, & McWhinnie, 2009). The program is now available in the UK and the USA, and there have been suggestions that it could be introduced in Australia, although there is no information post-2009 about this.

The COSA program was initially established to fill a gap; in the past offenders were being released following the end of their prison sentence without any community supervision or aid in their reintegration into the community. Volunteers from a local religious group decided to work with two released offenders and met with them on a daily basis (in a group or "circle" that involved the perpetrator and five volunteers, or on a one-on-one basis). Although the two offenders were classed as high risk, with a 100% chance of violent sexual re-offending at their release, they were successfully reintegrated into the community (Wilson et al., 2009). Since then, the Ontario section alone of COSA has aided 200 released sex offenders, and Circles UK was established by the government to allow for the training of volunteers to work with recently released offenders.

There is no established timeframe within which a circle works. The circle meets until they feel that the offender is ready to go ahead alone. Often the circle can be brought together again if months or years down the track the offender feels that they need circle support again (Wilson

¹⁰ As of February 2014, there has been no new information published about this program's effectiveness.

et al., 2009). There have been cases where the COSA method for reintegration has not worked for an offender, resulting in their re-arrest, although usually not for a sexual offence. However, as Bates and Wilson (2012) noted, this was often because the volunteer members of the circle were not working well together or communicating well with the offender. More long-term evaluations of this program are required, but initial results, as well as increased enthusiasm by the UK government to fund the circles, suggest this may be a viable option to prevent reoffending.

Integrated treatment

While integrated treatment programs are aimed at all sexual offenders, Marshall, Marshall, Serran, and Fernandez (2006) singled out incest and paedophile sexual offenders as those who could benefit from this in-prison treatment. As the authors noted, it is a “semi-structured, cognitive behavioural approach that integrates emotional expression and regulation and operates in a rolling format” (p. 24). The researchers produced a very thorough manual of what the treatment entails, but data on its effectiveness are limited due to a lack of testing. However, the authors note that the program is based on other successful processes employed by therapists and researchers elsewhere, including, for example, Ward’s Good Lives approach (see below).

Good Lives

The Good Lives framework, as proposed by Ward and Gannon (2006), is concerned with understanding offending within a broader concept of unmet needs or frustrations with satisfying universal human needs. As Frost (2011) stated, “according to the [Good Lives] model, persons commit criminal acts because they lack opportunity or capability to achieve valued goals by appropriate means” (p. 435). The treatment is focused on building the offender’s self-esteem, self-confidence and sense of hope so they can work towards a better life that is free from child sexual abuse. If the treatment is presented ineffectively, it can lead to conflict in a group, result in group therapy being a passive listening experience, or create an adversarial environment that is ineffective for treatment and rehabilitation. However, if a well-trained therapist applies the program, then there is evidence, as noted by Frost, of this program being successful. However, recidivism (re-offending by committing a sexual offence and not just re-arrest for any criminal behaviour) was not discussed.

A6.3 Current Australian programs

There is little overall government policy that dictates either a whole-of-system or whole-of-government approach to child sexual abuse prevention in Australia. Child sexual abuse has been part of other child protection frameworks and not located separately as requiring different responses than other forms of child abuse and neglect. It is noted that the Royal Commission into Institutional Responses to Child Sexual Assault will make policy recommendations in addition to conducting inquiries. It is as yet unclear whether any government policy recommendations arising from the inquiry will be limited to child sexual abuse in institutional contexts. It is hoped that the present work may assist in informing this.

Apart from the National Framework for Protecting Australia’s Children (COAG, 2009b), we could not locate any other state/territory or national policies that have specific actions or strategies that target prevention of and early intervention in child sexual assault, other than in NSW, where such a policy specifically targets Indigenous people.

However, the following related policy approaches were identified:

- *national frameworks agreed at COAG level*, including: National Framework for Protecting Australia’s Children (COAG, 2009b), National Plan to Reduce Violence Against Women and Their Children (COAG, 2010), Information Sharing Protocol between the Commonwealth and Child Protection Agencies (NSW Government, 2009), and National Partnership Agreement on Indigenous Early Childhood Development (COAG, 2009a);
- *enforcement responses*: the Australian Federal Police and state/territory police at jurisdictional levels have dedicated sexual assault and child abuse teams;

- *child protection legislation*: authorising intervention (but not necessarily the administration of therapeutic responses) where a child has been deemed at risk of child sexual assault;
- *NSW Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities* (NSW Department of Aboriginal Affairs): appears to be the only dedicated response of its type and was recently reviewed by the NSW Ombudsman (2012);
- *mandatory reporting schemes* in each jurisdiction; and
- *WA Protective Behaviours Program*: promoted by the WA Government (though not directly administered by it).

Other prevention strategies currently employed in Australian jurisdictions include Working With Children Checks, residency restrictions, community notifications and sex offender registration. International research into these strategies has been minimal and often they have been introduced without any evidence of their efficacy (Finkelhor, 2009). In Australia, there has been no research testing the efficacy of such programs.

Residency restrictions are somewhat flawed, seeing as most sexual abuse occurs within families and the family's social networks. Background checks in one US state have revealed that after five years of screening 3.7 million individuals, only 5% had a criminal record and less than half of 1% were registered sex offenders (with no data on whether the offence was against children or adults). Community notification of sex offender whereabouts has been linked to a downward decline in crime, but researchers are not sure if this is separate from the general decline in crime (Finkelhor, 2009). Sex offender registration has also not been fully researched for efficacy and, in general, the current research results are mixed at best, with some null and negative effects being found (Finkelhor, 2009).

It would appear from the research literature that these common tertiary prevention techniques are primarily implemented to allay public anxieties about the location of sex offenders, and for governments to appear that they are “cracking down” on sex offenders (Finkelhor, 2009; Miller, 2013; Smallbone et al., 2008). As Miller noted, sexually violent predator statutes “are essentially punitive expressions of societal disgust and fear of contamination by offenders” (p. 515).

Protective behaviours as primary prevention in Australia

Across Australian state and territory jurisdictions there is an uneven level of child sexual abuse prevention education. There are no consistent policies regarding how child sexual abuse prevention is or should be taught to students, whether students should be assessed following the program, whether the teachers receive training to teach about this, or even if parents should know that their children are being taught prevention. Results for each of the key criteria indicate that:

- All the states and territories have “base” child protection policies that prescribe the teacher's role in identifying and reporting any child maltreatment (all suspected cases of sexual abuse must be reported). Only the ACT, SA and WA specially address the role of teachers in child sexual abuse prevention education.
- None of the states have specific child sexual abuse prevention education policies.
- Only the ACT, SA and WA have a commitment in their curriculums to providing sexual abuse prevention education. NSW and Victoria have a weak commitment to it, meaning that it is ultimately the school's decision whether sexual abuse is taught or not. Queensland, Tasmania and NT have no commitment to include prevention education in their curriculum.
- Sexual abuse prevention is primarily taught within the Health and Physical Education subject (Personal Development in NSW, and Physical Education, and Health and Wellbeing in Tasmania). NSW, the ACT and WA specifically mention that sexual abuse prevention education must take place in these classes, unlike Victoria, Queensland, NT and Tasmania, which don't specifically mention child sexual abuse prevention, personal safety or protective behaviours as compulsory units of study.
- All states and territories make resources for prevention education publicly available on their websites; however, it may be difficult for untrained educators to judge the quality of the material and the quality of external providers of prevention education if they have not received specific training. A hindrance for teachers in assessing the suitability of external,

non-government providers is a lack of accreditation or registration. Only Victoria and the ACT offer guidelines on the use of external providers.

- Only SA and the ACT stipulate that teachers must receive training before delivering sexual abuse prevention education modules. SA also requires all teachers to attend a full-day, face-to-face training session on “Responding to Abuse and Neglect–Education and Care”, with three-yearly updates to the training.
- Victoria, SA, Queensland and the ACT assess students on what they have learned from prevention education, but only Victoria makes it explicitly clear that students are assessed on what they have learned.
- In NSW, schools actively seek parental permission to provide sexual abuse prevention education, and in SA and Victoria parents can opt to withdraw their children from such classes. However, if SA parents choose to withdraw their children, teachers are cautioned to find out why the parents wish to do so.
- Information for parents and communities is scant. NSW, SA and Victoria have specific information for parents, but mostly only in English, and they only send parents to cyber-safety websites.

Future research should focus on discovering why these discrepancies exist to begin with. Is it inadequate resources, preference for broader sexuality education, or lack of knowledge about what constitutes effective pedagogical content for this topic? As Walsh et al. (2013) noted, “as long as this work remains outstanding, the effect is one of disunity and unequal provision across the country such that we are a long way from achieving the sixth supporting outcome for the National Framework for Protecting Australia’s Children” (p. 668). However, coordinating all state and territory child protection policies with the national framework may be a long-term challenge.

Assessments of sexual abuse prevention education programs in schools have found that there are limited data available on the benefit of education programs for either primary or secondary school students in an Australian context (there is currently only one project, funded by the Australian Research Council, that is assessing a sexual abuse prevention program, with results becoming available after 2015). International research into the effectiveness of sexual abuse prevention education (across all year levels in primary and secondary schools) and respectful relationships education (for children and young people aged 12 to 25 years) has found mixed evidence for their effectiveness. Respectful relationships programs aim to prevent or reduce dating and relationship violence (including sexual violence between peers), effective communication skills, and skills to deal with stress, disappointment, rejection, the resolution of conflict and the promotion of healthier relationships (Fellmeth, Heffernan, Nurse, Habibula, & Sethi, 2013). However, one comprehensive research review found that there was “no evidence of an effect of interventions on the outcomes reported”, although that was not to say that these programs should be stopped, but rather that more research with strong methodologies needs to be undertaken to evaluate the effectiveness of these programs for children and young adults (Fellmeth et al., 2013, pp. 20–23).

Another international review of the research literature found no evaluations of Australian prevention programs in schools, and so the assessment of sexual abuse prevention education is based predominantly on research from the USA (however, we note that there are some evaluations of individual programs that are not publically available). A final review found that knowledge retention for children at two or three months after prevention education sessions was high, but there is no information about long-term effectiveness. There were some negative outcomes reported in several studies (for example, children being frightened), but it is unknown whether it was the topic or the manner in which the children were taught that caused the issues. It has not been evident if disclosures of child sexual abuse have been linked to participation in prevention education and there are insufficient data to measure if different types of programs and settings are necessary for education provision, nor when the optimal age would be to begin educating children about sexual abuse (Zwi et al., 2007). While research shows that children benefit from sexual abuse prevention education (and some would argue that provision of such education is part of a child’s human rights), it should not be seen as or become a replacement for a wider societal responsibility to ensure children are protected against sexual exploitation.

Prevention programs are aimed primarily at young children and adolescents. The programs discussed above only consider the individual (not broader societal, familial or organisational effects on perpetrating behaviour), and the programs taught to children at schools may inadvertently put the onus on children to prevent child sexual abuse. Where there are programs for parents and teachers, it is often to present the information that has been taught to the children and may not involve wider discussion about how to integrate the learned information into day-to-day parenting or teaching.

Programs that are purely focused on sexual abuse prevention have previously been evaluated by researchers, who have found them to be useful in teaching children (in the short term), but there have been no data on whether these programs actually prevented child sexual abuse from occurring (Finkelhor, 2009; Kenny, Capri, Thakkar-Kolar, Ryan, & Runyon, 2008; Topping & Barron, 2009).

Preventing recidivism

Counselling of convicted sex offenders is a treatment form offered or enforced in prisons around Australia and worldwide as part of an offender's rehabilitation, and is in the first instance used to prevent recidivism rather than prevent sexual abuse from occurring in the first instance. This form of treatment is primarily to increase skills for the offender's behavioural self-regulation and to aid the resolution of underlying problems that may have led to the offending in the first place (Finkelhor, 2009). These programs can be successful if they are available for the duration of incarceration, if there is enough funding for effective therapists to undertake the work, and if child sexual abusers are treated separately to adult sex offenders (Smallbone et al., 2008). However, the effectiveness of counselling, especially the use of cognitive behaviour therapy, has not yet been fully evaluated here or elsewhere, with some reservations about how much it can prevent recidivism. One of the issues raised by other researchers working on prevention strategies is that counselling is often only offered within a correctional setting once an offence has been committed (Beier, Neutze et al., 2009). Evidence for the success of counselling for juvenile sexual offenders is much more readily available and multi-systemic therapy has been found to be the most effective for this cohort (Finkelhor, 2009), although there is no information about whether it is used in Australia.

Offender treatment programs tend to be primarily provided in custodial settings. However, there have been efforts to broaden the scope of delivery. In Australia, there were two programs available for preventing recidivism—Cedar Cottages (NSW) and Safecare (WA)—which offered therapy and treatment to perpetrators who were either awaiting trial, had been tried and found guilty, or had admitted their guilt, and rather than proceed with a court trial were put through the program. Each program ran for two years (which could be extended by a year if necessary) and often required the perpetrator and victim to meet, under supervision, to begin healing (for the victim) and behaviour change (for the perpetrator). Both programs were independently evaluated and found to be highly effective in preventing recidivism, and offered an alternative to traditional criminal justice penalties for child sexual abuse (Cant & Penter, 2006; Goodman-Delahunty, 2009; O'Brien, 2010). These programs are no longer in operation.

A6.4 Prevention and children/adolescents with problem sexual behaviours or sexually abusive behaviours

Generally, research has found that treating and preventing child sexual abuse among the younger cohort needs a different strategy to what is used with adults. In Victoria this has resulted in therapeutic treatment orders being issued by courts to take children under the age of 15 years out of the justice system and into therapy for two years. In the UK, the Stop it Now! campaign also offers counselling to youth under 16 years who have been found in possession of child exploitation material or to be exhibiting problem sexual behaviours or sexually abusive behaviours. Both therapeutic treatment orders and the Stop it Now! counselling have reported positive outcomes for youth who have used their services. Research suggests that treatment is

highly effective and prevents recidivism among children and adolescents if it is administered early on (O'Brien, 2010).

For primary prevention, education strategies, professional (teacher) education and community education have been suggested as effective means of preventing problem sexual behaviours and sexually abusive behaviours from developing in youth (O'Brien, 2010). The basis of calls for community and professional teacher education is the argument that adults without this education do not consider that children are capable of perpetrating sexual violence (Karrington, 2009, as cited in O'Brien, 2010). The community, teachers, justice officials and teachers need education in how sexuality develops in children, and how to respond suitably to appropriate or inappropriate sexual behaviour in children (Webster, 2009, as cited in O'Brien, 2010).

As outlined in section A3.7, often with children and adolescents presenting with problem sexual behaviours or sexually abusive behaviours there is a history of victimisation at the hands of either another child or an adult. Therefore focus has been less on criminal justice interventions and more on holistic therapeutic responses. Research indicates that these are highly successful (O'Brien, 2010). In some jurisdictions, for example in Western Australia, children and adolescents can receive counselling only if they have been convicted of a sex offence (they can receive this treatment even if they are on community orders), but there are problems with the delivery of services within and outside of metropolitan regions due to distance (O'Brien, 2010). Some programs have been discontinued; for example, the Critical Response Team, which offered counselling to youth in remote regions (O'Brien, 2010). There appear to be a variety of programs available across all the states and territories for children and adolescents who are displaying problem sexual behaviours or sexually abusive behaviours, but issues of distance, funding and having no clear federal, state or territory legislation on dealing with children and youth outside of juvenile detention settings means that service delivery varies a great deal across Australia (O'Brien, 2010).

PART B

Child sexual abuse: Current issues and future directions

B1

Key issues in research, policy and practice responses to child sexual abuse

Child sexual abuse is a complex phenomenon, both empirically (i.e., the actual circumstances in which it occurs) and conceptually. The following section identifies key issues that shape what conclusions we can draw from the research, policy and practice responses to prevention.

B1.1 Research issues

As can be seen in Part B, a number of issues (usually methodological) affect the conclusions we can draw about perpetration. These include:

- *Definitions of child sexual abuse*—Different studies use broader or narrower definitions and measures (e.g., self-report measures compared to notifications of child sexual abuse made to statutory authorities that are investigated and substantiated).
- *Lack of available data about the characteristics of child sexual abuse*—It is difficult to obtain an accurate picture of features such as: the age of perpetrators; the age of victims; the incidence of intra-familial compared to extra-familial sexual abuse; the settings or locations in which abuse occurs; and the balance between young people who sexually abuse compared to adult offenders across the range of child sexual abuse types.
- *Distinction between paedophilia and child molestation*—Paedophilia is a psychiatric concept while child molestation is a socio-legal concept.
- *Representativeness of research samples*—As has been well established, the majority of child sexual abuse cases do not come to the attention of the justice system or result in a conviction (Cossins, 2010), yet most research with child sex offenders is drawn from detected and convicted populations. The extent to which these populations are representative of undetected child sex offenders is unclear.
- *Collapsing types of sex offenders*—Most studies on child sex offending, particularly those that look at risk factors, combine different types of sex offenders together (Whitaker et al., 2008). This could mean combining adult and child sex offenders, or combining intra-familial and extra-familial offenders.
- *Assessment of perpetrator risk factors*—Typically, the research assesses risk factors for re-offending rather than the onset of offending. It is possible that these are quite different factors. In addition, most risk factors are individual-level factors. There is limited research that looks at community- or social-level factors or how they interact with individual factors. In addition, compared to risk factors associated with child maltreatment more broadly, risk factors associated with child sexual abuse are not as well documented, nor do they appear to be as predictive as the risk factors associated with child maltreatment.
- *Distinction between adolescent- and adult-onset perpetration*—There has been growing recognition that adolescents comprise a significant proportion of assailants in incidents of child sexual abuse and that their risk factors and therapeutic needs are not the same as those of adult offenders. However, there is a lack of clarity about whether adolescents engaging in sexually abusive behaviour are a distinct population compared to those who begin offending in adulthood. This lack of clarity affects claims about who should be the target of prevention.

B1.2 Locating child sexual abuse as a social and policy issue

Compared to other forms of child abuse and neglect, sexual abuse and exploitation characteristically occurs in a range of relationships and settings within and beyond the family and is predominantly perpetrated by males. By contrast, neglect, emotional abuse and physical abuse typically occur within the family, with mothers predominantly being the adult whom child protection authorities hold responsible (Lamont, 2011). In addition, child sexual abuse involves:

- significant barriers to and delays in children's disclosures that sexual abuse is occurring, and indeed this may not come to light until the victims are adults;
- perpetrator tactics that normalise, conceal or reframe sexually abusive interactions;
- adherence by the general public to myths about child sexual abuse; and
- public demonisation of "child sex predators" when particular types of sexual abuse come to light.

To this end, child sexual abuse reflects a number of the common dynamics and issues associated with adult sexual assault (Clark & Quadara, 2010; Heenan 2004; Tarczon & Quadara, 2012). More recently, the growing recognition that adolescents comprise a significant proportion of those engaging in sexually abusive behaviour adds a developmental consideration in prevention efforts. Meanwhile, the production and distribution of child exploitation material ("child pornography") has, to date, been located within a criminal justice and crime prevention framework.

There are subsequently "different, but independently legitimate, perspectives" on the causes and appropriate responses to child sexual abuse, such as:

- criminal justice;
- child rights;
- child health and wellbeing;
- family and community wellbeing;
- public health; and
- risk management (ISPCAN, 2011, pp. 13–14).

We would also add the perspective of *gender-based violence* to this list.

As a social and policy issue, therefore, child sexual abuse crosses at least four domains—violence against women, family wellbeing and support, child protection, and criminal offending. The consequences of this can be not only different approaches to prevention, but also a risk that "child sexual abuse" falls between the gaps of policy frameworks.

B1.3 Practice issues

Translating a public health approach to prevention into practice

Numerous policies (including the National Framework for Protecting Australia's Children 2009–2020, COAG, 2009b), research studies, and expert commentary have noted that statutory responses are not sufficient or sustainable, and are often unable to prevent future harm (e.g., Australian Research Alliance for Children and Youth [ARACY], 2008; Bromfield & Holzer, 2008; O'Donnell, Scott, & Stanley, 2008). Economic analyses show that attempting to remedy the effects of child abuse is more costly than preventing it in the first place (Mikton & Butchart, 2009).

While there is agreement that primary prevention is the "change goal", the complex and multisectoral nature of child sexual abuse noted above influences understandings about what an effective prevention agenda should look like. For example, in child protection the orientation

is towards the rights of the child as well as the rights—and needs—of the parents. Where safety is an issue, the primary focus is the child's right to safety. By comparison, family services start from the idea that children are best cared for in the family. These different emphases can result in different issues triggering a service response. Further, when comparing sexual violence prevention (of which child sexual abuse is one example) to child protection, the targets of any intervention (i.e., those receiving a prevention initiative) differ. In sexual violence prevention, targets can be individuals, communities and organisations, or the broader social environment (e.g., media representations). In the child protection literature on prevention, the target is primarily seen as the family (ARACY, 2008).

This issue was reflected in our consultations, with some stakeholders noting that in current practice diverse activities and targets are being identified as “primary prevention”. For example, some services consider the prevention of further offending by a perpetrator as being a form of primary prevention. There were many approaches being called primary prevention when they could more accurately be classified as secondary or tertiary prevention. The aims of primary prevention (such as “changing social norms”) were also considered to be too vague, which may suggest that underlying determinants for child sexual abuse are not well identified. This makes it difficult to see how “upstream” prevention efforts connect with a reduction in victimisation.

Difficulty in addressing perpetration within the child protection system

Statutory child protection systems have generally been focused on the safety of the child, and the presence of risk and harm. Some expert stakeholders observed that:

- it could be difficult, when thinking about prevention, for child protection systems as a whole to consider the tactics, strategies and motivations of perpetrators;
- focusing on perpetration highlights the deeply gendered nature of child sexual abuse perpetration, which was sometimes interpreted by practitioners as implying that “all men are child molesters”;
- those working with mothers in contact with statutory child protection systems may not be aware of the ways in which their ability to protect is reduced by father's/men's tactics (particularly in situations where family violence is present) (see Tarczon, 2012); and
- there is still a lingering focus on “stranger danger” in child sexual abuse prevention efforts, despite research showing that the vast majority of child sexual abuse victims already know the offender.

This is reflected in the literature, with the majority of research undertaken on child sex offenders and perpetration located within criminology, socio-legal studies and the offender-treatment literature, and is rarely connected back to child maltreatment or child protection.

B2 Conceptualising child sexual abuse: Key findings from the literature

B2.1 Key characteristics of child sexual abuse

Part A reviewed and synthesised current research across different forms of child sexual abuse in terms of the characteristics of and risk factors for perpetration. Several key characteristics from this review were identified:

- *Familial vs non-familial perpetrators and differences in victims*—There are some key differences in perpetration dynamics when the perpetrator is an adult family member compared to a non-family member, namely:
 - *gender of victim*—females are far more likely to be victimised where sexual abuse is perpetrated by a family member, while males are more likely to be sexually abused by non-familial perpetrators (see Australian Bureau of Statistics [ABS], 2006, 2013; Rosengard, Laing, Ridley, & Hunter, 2007);
 - *age of victim*—age of first abuse is younger when the abuse is perpetrated by family members compared to non-family members;
 - *demographic characteristics of perpetrator*—parental perpetrators are older than extra-familial perpetrators, are often in marital or de facto relationships, or have participated in long-term intimate relationships with adults, which are typically regarded as protective factors (Goodman-Delahunty, 2014); and
 - *number of victims/frequency or duration of abuse*—perpetrators of familial sexual abuse have fewer victims compared to non-familial perpetrators, but their offending is more likely to be frequent or occur against that victim for a longer period time. While non-familial perpetrators may have a greater number of victims, they may only offend against that individual once or twice.
- *Differences in adolescent vs late onset perpetration*—Research suggests a “bimodal” pattern of perpetration, referring to two distinct periods for onset (i.e., the start of perpetrating abuse). The first is adolescence, with some research estimating that young people may account for up to half of all child sex offences, although most figures suggest between 16% and 28% (Boyd & Bromfield, 2006; Moses, Huntington, & D'Ambrosio, 2004; Nisbet, Rombouts, & Smallbone, 2005; Stathopoulos, 2012). A second distinct point of onset is between the mid-20s to early/mid-30s (Moses et al., 2004). These two distinct periods will likely mean different approaches to prevention are required.¹¹
- *Online sexual abuse*—This is an emerging area of concern. While the extent of online sexual abuse is less than sexual abuse perpetrated in familial and/or care relationships, communication technologies vastly speed up perpetrators' capacity to make connections with children and young people, both in Australia and overseas (particularly in the adjacent Asia-Pacific region). Further, the speed of innovation in technology makes

¹¹ To emphasise, the identification of “bimodal” onset in sexual offending is different from broader criminological analyses of the age/crime curve. When looking at offending overall, people are most likely to begin offending between 15 and 19 years of age and then “grow out” of this behaviour (“adolescent-limited”). There are some offenders, however, who continue to offend into adulthood (“life-course persistent”) (Moffitt, 1993, 2003). So the model here is onset in adolescence, persistence for some into adulthood. By contrast, the sexual abuse literature suggest two different points in time for onset, and by implication, two different perpetrator groups with possibly different risk factors, situational opportunities, and therefore approaches to prevention.

detection, investigation and prosecution difficult. Perpetrators may cross over from making connections with children/young people online to making contact offline (in real life), and may move from downloading child exploitation material to virtual forms of child sexual abuse, facilitated through instant messaging services or voice-over-Internet protocol (VOIP) platforms. Further, online social networking platforms or other social media enable “weak connections” between potential victims and perpetrators in the offline world to become more intimate, thus facilitating either contact abuse or the production of child exploitation material. Overall, online child sex offenders use technology to facilitate a range of sexually abusive behaviours, from viewing child exploitation material to contacting potential victims to facilitating overseas child sex tourism.

Figure B1 (on page 49) conceptually maps the diverse characteristics of child sexual abuse according to the following four dimensions: *relationships*, *contexts or settings*, *victim vulnerabilities* and *grooming strategies*. These are not mutually exclusive, but are used to highlight the idea that some forms of child sexual abuse are made possible and are shaped by the relationships between victims and perpetrators, while other forms of child sexual abuse are significantly shaped by the settings and contexts in which victims and perpetrators come together. This is highlighted by the notion that sexual abuse is only possible at the convergence or interaction of two factors: the person (both victim and offender) and the situation (context or setting) (Smallbone et al., 2008). Further, adult perpetrators typically target children who appear vulnerable (due to family dysfunction, social isolation, disability, etc.), and employ a range of grooming strategies to develop trust and intimacy with the child, which enables sexualisation of the relationship to occur (Salter, 1995).

These four dimensions—relationships, settings, vulnerabilities and grooming—are represented visually in Figure B1. This is not intended to be a prescriptive or comprehensive representation. Rather, it is intended to provide a schematic of the diverse circumstances in which child sexual abuse occurs in terms of:

- types of relationships and settings;
- the possible intersections and overlaps between contexts; and
- perpetrators’ exploitation of victim vulnerabilities and the opportunities afforded by both the relationship (e.g., a care/supervision relationship) and the setting or context (e.g., child-focused organisation or institution).

This schematic representation can be used to help focus questions on, for example:

- the different programmatic areas at the policy level that exist to address these different dimensions and whether/how they interrelate; and
- the range of prevention approaches targeting these diverse circumstances.

The components of the mapping shown in Figure B1—relationships, contexts, vulnerabilities and grooming—are further described below.

Relationships

Based on the literature reviewed, there are three major relationship groups:

- *Intra-familial relationships*—These comprise a range of familial ties between perpetrators and victims. Depending on the familial context, friends of the family can be considered part of the family. Whether they are blended or biological, familial relationships are often characterised by privacy, complex attachments, frequent and intimate contact, and gender role expectations (e.g., paternal authority). As discussed in the following section, familial environments can contain a range of risk factors—such as family violence, dysfunction and disadvantage—that can increase the risk of child sexual abuse occurring as well, either from a parent or other relative. We have made a distinction in Figure B1 between adult offenders and young people who engage in sexually abusive behaviours.
- *Extra-familial relationships*—These are also interpersonal relationships between perpetrators and victims; however, they are facilitated by somewhat looser or more formal social connections, such as schools, sports organisations or neighbourhood ties. Within this, we specifically draw out:
 - relationships based on care, supervision or authority;

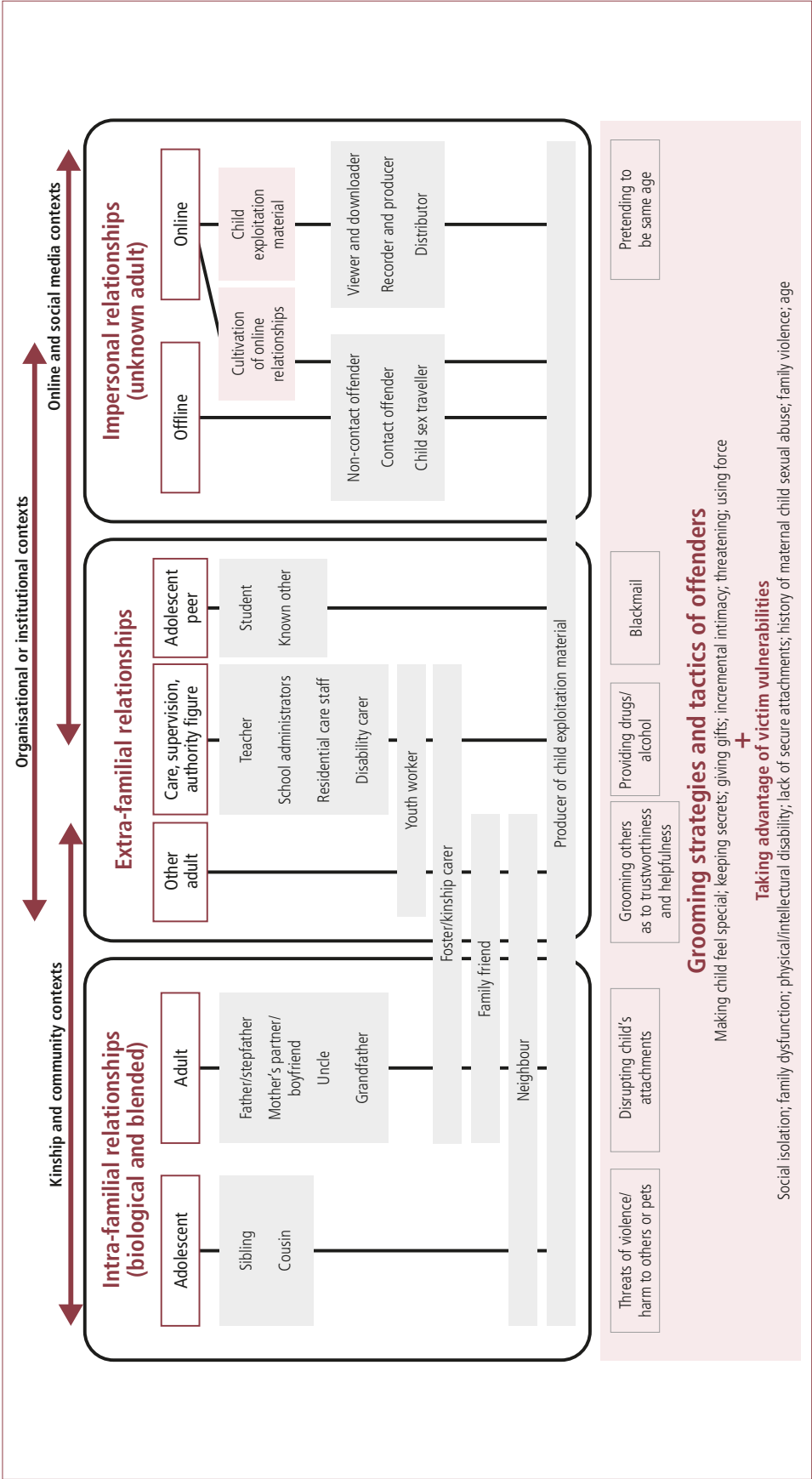


Figure B1: Conceptual map of relationships and contexts in which child sexual abuse occurs

- other adult relationships, such as family friends, youth workers, or neighbours; and
 - peer relationships between young people (e.g., young students in school).
- *Impersonal relationships*—This is where there is little to no initial relationship between the victim and perpetrator. This can include “stranger” child sex offenders, who may approach children in public settings such as playgrounds, shopping malls or sporting events. Based on the available research and consultations with key stakeholders, online settings appear to be a key way for adults to manufacture and cultivate a new relationship with a child or young person (in addition to enabling access to child exploitation material [CEM]). As Figure B1 suggests visually, there is some complex overlaps and interconnections between online and offline sexual offending. For example, an individual may use the Internet to make connections with brothel owners and others (including family members) in another country and then travel to that country to engage in contact sex offending. Alternatively, they may use online platforms to engage in “pay-per-view” live streaming, where the offender requests specific sexual activities with a child in another country, which they view online. The production of child exploitation material is also associated with the perpetration of sexual abuse in known relationships (e.g., through contact offending against a child known to the offender).

Contexts or settings

Following consultations with key stakeholders, as well as examining situational crime prevention insights (as outlined in Part A), it became clear that relationship dynamics are not sufficient to explain the occurrence of child sexual abuse. It is necessary to also look at the context or setting in which that relationship is located. Contexts (i.e., the situational environment in which the abuse occurs) influence the nature of the relationship between perpetrators and victims, providing a range of routine activities and interactions with children (Smallbone et al., 2008), and thus shaping how the opportunity to offend against a child presents itself. We have identified two relevant contexts:

- *Kinship and community contexts*—This refers to environments that are particularly relevant for Indigenous Australians. First, familial relationships in Indigenous communities are broader than those in Anglo-European cultures, as well as having a complex arrangement of social interactions and roles. This means that individuals who may not be biologically related are nevertheless considered to be family members within the particular kinship arrangements of an Aboriginal or Torres Strait Islander community. Second, a history of colonisation, disenfranchisement and child removal, and the subsequent secondary effects of these traumas means that the community context for many Indigenous children includes a range of risk factors associated with child sexual abuse.
- *Organisational and institutional contexts*—This refers to settings such as schools, sporting or youth organisations, religious institutions, out-of-home care, child care, and so on, where a relationship between children and adults is a feature of the organisation or institution, and where, generally, there is a hierarchical relationship between children and adults.

As shown in Figure B1, the examples given of the relationship between perpetrator and child (e.g., father, teacher, etc.) is influenced by these contexts, such that a neighbour, family friend or carer may be more properly understood as being located within a familial context compared to an organisational one.

Vulnerabilities and grooming

We can add two more issues to the dimensions of relationships and contexts: *victim vulnerabilities*, which are exploited by adult perpetrators and young people who sexually abuse, and specific *grooming strategies*, which are more likely to be used by adult perpetrators.

In line with Smallbone et al.’s theory (2008) that the opportunity for child sexual abuse requires both a motivated offender and a likely victim, victim vulnerabilities are likely to be consistent across the types of child sexual abuse, although they are likely to be particularly salient in relationships based outside the parental family unit. Victim vulnerabilities include: social isolation, family dysfunction, physical and intellectual disabilities, lack of secure attachments,

history of maternal child sexual abuse, family violence, and older age (i.e., the risk of sexual abuse increases with a child's age).

Following on from this, there is a range of grooming tactics that adult perpetrators use. To an extent, the literature suggests broadly similar tactics across different types of child sexual abuse (e.g., Craven et al., 2006). These include:

- making the child feel special (e.g., by making them feel older or more sophisticated than other children; providing them with gifts);
- creating a sense of trust and intimacy (which can extend to the child's family);
- gradual introduction to sexual content or sexual touch; and
- secret keeping (which can have a range of functions, such as creating trust, isolating the child from others, creating a sense of complicity or using blackmail).

However, there are some strategies that are more suited to particular relationships or contexts than others. For example, threats of harm to others may be particularly suited to familial relationships, while pretending to be a child or young person is suited to online contexts.

B2.2 Risk factors associated with the perpetration of child sexual abuse

Overall, risk factors associated with child sexual abuse perpetrated by adult offenders differ somewhat from those identified for adults who maltreat children more generally. The literature indicates that the following are factors found among adult perpetrators of child sexual abuse:

- having a history of being violent or delinquent;
- displaying maladaptive sexual orientations, such as having deviant sexual fantasies;
- having social deficits, such as a lack of empathy or poor social skills; and
- evidence of problematic attitudes and cognitive beliefs, such as attitudes towards rape, belief in the “sexual precociousness of children” and cognitive rationalisations that facilitate sexual offending against children; for example, that sexual activity isn't harmful if motivated by love for the child (Whitaker et al., 2008).

Such analyses do not distinguish between types of child sexual abuse. In our review and synthesis of the literature, there do appear to be some common characteristics of perpetrators associated with particular types of child sexual abuse (see Table B1 on page 52 and Box A3 on page 22). In addition to the general factors above, the following linkages can be made:

- perpetrators living with domestic violence is associated with perpetration in familial relationships and with young people who sexually abuse;
- across almost all types of child sexual abuse there is mixed research support for perpetrators having a history of committing or having been subject to physical or sexual abuse, neglect and violence;
- there is mixed research support for adult perpetrators:
 - having a non-sexual criminal background;
 - misusing alcohol and illegal substances;
 - being of low socio-economic status;
- there is limited research support for adult perpetrators:
 - having a criminal background that is sexual in nature;
 - becoming a parent at an early age;
 - growing up in a large family (3 or more children);
 - having psychological deficits; and
- individuals committing sexual abuse in authority and care relationships do not appear to share the same risk factors for their perpetration as those in other relationships. There is also little indication of the nature of these risk factors, suggesting that prevention for these types of perpetrators may need to focus on situational elements.

Section A4 provides a more detailed discussion of these risk factors and their association with different types of child abuse and perpetrators.

| Table B1: Risk factors identified across types of child sexual abuse and perpetrators | | | | | | | | |
|--|---------------------------|---------------------------|-----------------------|---------------|----------------------------|--------------------------------|--|----------------|
| Perpetrator risk factors | Adult perpetrators | | | | | | Young people who sexually abuse | |
| | Authority Familial | Authority and care | Extra-familial | Online | Female ^a | Indigenous ^b | Peer | Sibling |
| Personal characteristics | | | | | | | | |
| Biologically unrelated male | ✓ | ✓ | ✓ | ✓ | – | X✓ | ✓ | X |
| Young | X | X | X | ✓ | ✓ | X✓ | ✓ | ✓ |
| Psychological deficits | X | X | X | X✓ | X | X | X | X |
| Traditional gender values | ✓ | X | X | X | X | X | X | X |
| Interest in child exploitation material | X✓ | X | X✓ | ✓ | X | X | ✓ | X |
| Computer-savvy | X | X | X | ✓ | X | X | ✓ | X |
| Substance misuse | X✓ | X | X✓ | X | X | ✓ | X✓ | X✓ |
| Social characteristics | | | | | | | | |
| Highly sexualised environment | ✓ | X | X | ✓ | X | ✓ | ✓ | ✓ |
| Social isolation | ✓ | X | X | ✓ | X✓ | X | X | X |
| Low socio-economic status | X✓ | X | X✓ | X | ✓ | ✓ | X | X |
| Low education | X✓ | X | X | X | ✓ | ✓ | X | X |
| Childhood history and past behaviours | | | | | | | | |
| Child sexual abuse history | X✓ | X | X✓ | X✓ | ✓ | X✓ | X✓ | X✓ |
| Childhood neglect | X | X | X✓ | X✓ | ✓ | ✓ | ✓ | ✓ |
| Childhood physical abuse | X✓ | X | X✓ | X✓ | X✓ | X✓ | X✓ | X✓ |
| Large family size | ✓ | X | X | X | X | X | X | X |
| Early parenthood | X✓ | X | X | X | X | X | X | X |
| Prior sexual criminal behaviour | X | X | X | X✓ | X | X | X | X |
| Prior non-sexual criminal behaviour | X✓ | X | X | X✓ | X | X✓ | X | X |
| Violent behaviour | X✓ | X✓ | X✓ | ✓ | X | X | ✓ | ✓ |
| Victim risk factors | | | | | | | | |
| Poor family cohesion | ✓ | X | X | X | ✓ | ✓ | ✓ | ✓ |
| Domestic violence in family | ✓ | X | X | X✓ | ✓ | ✓ | ✓ | ✓ |

Note: ✓ = Research consensus that risk factor is associated with child sexual abuse offending. X = Little or no research consensus that risk factor is associated with child sexual abuse offending. X✓ = No research consensus, but literature indicates that they are definitely risk factors for some individuals. ^a The research referred to in the other columns relates to male perpetrators (the majority), while this column relates only to female perpetrators. ^b Indigenous perpetrators operate in a different context due to their wider kinship networks.

B3

Current and future directions for prevention and early intervention

B3.1 Mapping current approaches

Part A of this report provides a review of national and international approaches to the prevention of child sexual abuse. This section briefly discusses current approaches to the prevention of both child sexual abuse and child maltreatment more broadly.

Child-sexual-abuse-specific prevention

There are a number of prevention activities specifically aimed at preventing the sexual abuse of children (see Box B1 on page 54). Through desktop reviews and in consultation with key agencies and researchers, we observed that these efforts are predominantly located within the following domains:

- *protective behaviours education for children*—increasingly referred to as child abuse prevention education, which may also involve parents, and broader school personnel or systems;
- *situational crime prevention*—applied to risky settings, organisations and institutions;
- *therapeutic interventions for problematic sexual behaviours and sexually abusive behaviours*—targeting children and young people who are at risk of sexually offending, prior to their involvement with the criminal justice system;
- *therapeutic prevention of re-offending*—targeting:
 - young people who have come to the attention of the criminal justice system for sexually abusive behaviours;
 - detected and convicted adult sex offenders;
- *criminal justice and other statutory responses*—to identify and monitor sex offenders and their engagement with children and young people; and
- *therapeutic work with children and adolescents who have experienced sexual abuse*—to reduce their vulnerability to re-victimisation.

These efforts tend to lie at either end of the spectrum of prevention. On the one hand there is significant activity in educating children about child sexual abuse and increasing their capacity to deter potential perpetrators—what, from a public health perspective, could be considered primary prevention. On the other there is significant focus on engaging with perpetrators, whether therapeutically or punitively (tertiary prevention). This situation is not unique to Australia, though. Finkelhor (2009) characterised the situation in the USA in similar terms. He concluded that criminal justice approaches to prevention (e.g., sex offender registration and monitoring) have not been effective, while the evidence on the effectiveness of educational programs in reaching “certain of their goals” has been promising, but decidedly unclear as to whether they result in a reduction in victimisation.

Broader child maltreatment prevention

As Higgins and Katz (2008) outlined, a holistic approach to the prevention of child abuse and neglect integrates primary, secondary and tertiary prevention:

Box B1: Summary of current approaches to child sexual abuse prevention

Protective behaviours (child abuse prevention) education

Walsh et al. (2013) examined various child sexual abuse prevention education programs in the various states and territories of Australia and found no consistent policies regarding: how child sexual abuse prevention is or should be taught to students; whether students' knowledge, skills, confidence or actual use of the strategies should be assessed following the education; whether the teachers receive training; or even if parents should know that their children are being taught prevention strategies.

Situational crime prevention principles

Across Australia, there are no comprehensive policies on how institutions and organisations with a large child and youth cohort should prevent child sexual abuse. However, all states and territories make Working With Children Checks at the pre-employment stage mandatory for any role where work with children is undertaken. Police checks are also routinely undertaken for new or potential employees. Research has suggested that these measures are not enough for preventing sexual abuse in institutions and organisations, as the majority of abusers are never reported in the first instance (Finkelhor, 2009).

Situational crime prevention has been suggested as the ideal model for child sexual abuse prevention at an organisational level (Smallbone et al., 2008). This would involve ensuring that it becomes difficult to perpetrate child sexual assault—for instance within a school, sporting organisation or religious institution—through, for example, whole-of-organisation policies that clearly outline acceptable and unacceptable behaviour from those in authority positions to children, the installation of closed-circuit televisions (CCTVs), or ensuring classroom interiors are visible from common hallways or that doors contain clear glass. However, Australian institutions and organisations are not compelled by any legislation or incentives to introduce policies to prevent child sexual abuse. Outlines of optimal prevention strategies (usually 10-step strategies involving adults as well as children) have been created; for example, by the Canadian Red Cross, Smallbone et al. (2008) or Erooga, Allnock, & Telford (2012). Their efficacy is currently unknown.

Therapeutic interventions for problematic sexual behaviours and sexually abusive behaviours

Currently in Victoria, therapeutic treatment orders and sexually abusive treatment services are available for children and youth who are displaying problematic sexual behaviours and sexually abusive behaviours and are at risk of offending, but before they enter the criminal justice system. In South Australia, Child Protection Services offer counselling to children aged between 2 and 12 years who exhibit problematic sexual behaviours, but this is not linked to any courts or legislation. In New South Wales, sexual assaults are only dealt with by courts, and the majority of counselling for youth is only available within juvenile justice centres (although some courts can refer adolescents to independent therapy). It is unclear whether Queensland and Western Australia offer any services for youth with problematic sexual behaviours.

Therapeutic prevention of re-offending

Therapeutic work with adult perpetrators of child sexual abuse to prevent re-offending is currently limited to prison populations and, in a majority of cases, is on a self-referral rather than compulsory basis. During consultations, stakeholders advised us that two effective treatment programs to prevent recidivism have been recently defunded (Cedar Cottages, NSW, and Safecare, WA) due to perceptions from the respective governments that harsher prison penalties rather than therapeutic work should be undertaken with all child sexual assault perpetrators (Cant & Penter, 2006; Goodman-Delahuntly, 2009).

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Criminal justice and other statutory responses

Currently, all states and territories have a sex offenders registry; however, the majority are not available for public searches. There is also a national registry, Australian National Child Offenders Register (ANCOR), that is in place to allow ease of cross-jurisdiction information sharing. Although all the state and territory registries have been set up under the national model legislation agreed to by all states and territories in 2004, there is a great deal of leeway in the administration of the registers, which is often contrary to what was agreed to by the state and territory Police Ministers' Council in 2004. For example, individuals convicted of a sexual offence and placed on the local register should have legal recourse to appeal their being placed on the register, but this is currently unavailable in any jurisdiction. Only WA offers a service to members of the public to undertake a search of their sex offenders registry; however, individuals must disclose their personal information (including driver's licence number) and agree to not distribute the information to any other parties. (The supplied photo of the sex offender is watermarked with the enquirer's name to prevent the photo from being uploaded online or circulated.)

Therapeutic work with children and adolescents who have experienced sexual abuse

Service providers of counselling and therapeutic work for victims of child sexual abuse include organisations such as the Australian Childhood Foundation, Berry Street, Bravehearts, and the Children's Protection Society (among many others). Counselling and therapeutic services are often in high demand, and due to budgetary constraints adult survivors of child sexual abuse are often placed on waiting lists. Child victims of sexual abuse are prioritised for receiving counselling.

- primary or universal interventions are strategies to reduce risk factors for maltreatment that are targeted at whole communities;
- secondary interventions target families who are at risk for child maltreatment; and
- tertiary interventions seek to reduce the long-term implications of maltreatment that has occurred, and prevent recurrence (Holzer, Higgins, Bromfield, Richardson, & Higgins, 2006).

Child maltreatment prevention can only be effective when the broader social policy contexts around childhood that intersect with the protection of children and prevention of harm are acknowledged and included in a prevention agenda, such as:

- public health services, including mental health, disability, maternal and child health services, etc.;
- housing and homelessness services, including refugee resettlement;
- education;
- domestic violence, juvenile sex offenders, crime prevention and justice system responses;
- drug and alcohol and other adult-focused services;
- Indigenous health and social services;
- child care and early childhood services;
- employment and income security; and
- family law and family relationships services (Higgins & Katz, 2008).

As Higgins and Katz (2008) noted:

The challenge for these services is that child protection is not their “core business”, and often the families who are at risk of involvement in the statutory child protection system are not high priorities for their services. Only by working together in a multidisciplinary way can these services really come together to protect children. (p. 46)

In the National Child Protection Clearinghouse's¹² audit of prevention programs operating in Australia at the time, Poole and Tomison (2000) classified the main program types into six categories of prevention activities (see Box B2).

Across prevention efforts specifically addressing child sexual abuse and child maltreatment more generally, similar issues have been raised about the right balance of prevention. There has been a tendency to focus on individual-level risk factors, rather than factors that occur or are better addressed at the community or social level, such as partner violence and social norms (such as the sexual nature of children, gender norms or the acceptability of violence towards children) (Klevens & Whitaker, 2007; O'Donnell et al., 2008; Tomison & Wise, 1999).

Box B2: Classification of child abuse prevention activities

Poole and Tomison (2000) used the following classification of child abuse prevention activities in their audit:

Community education—media campaigns (e.g., Australians Against Child Abuse (AACA) Every Child is Important), information materials, and training programs for professionals and community groups.

Personal safety or protective behaviours programs have the aim of educating school-age children to protect themselves from sexual abuse. The programs attempt to involve the children's parents in the program in order to raise community awareness of sexual abuse and to teach parenting skills related to protecting children and detecting signs of abuse (Plummer, 1993).

Family support programs generally have two major facets: to provide counselling and support, which may incorporate respite care or a home visiting service, to families who are defined as "at-risk" of maltreating their child and who are socially isolated (James, 1994); and secondly to enhance parenting skills (provide parent education), which aims to minimise the likelihood of maltreatment by enhancing parenting skills, and increasing parental knowledge of appropriate child development.

Child focused programs. It was apparent in previous Clearinghouse Audits (Tomison, 1996a) that some prevention programs, particularly substitute care programs and individual child counselling programs, focused predominantly on children and young people, without the involvement of, or minimal focus on, their families. It was therefore decided to include a "child focused" category to incorporate programs where the focus was almost entirely on the maltreated or "at-risk" child.

Offender programs are primarily designed to prevent the recurrence of sexually or physically abusive behaviour, or the development of such behaviour, and usually focus on males. Thus, the programs incorporate elements of tertiary prevention (the prevention of re-offending) and secondary prevention (targeting young males at risk of offending).

Child and family centres, frequently referred to as "one-stop shops", adopt a holistic approach to preventing child maltreatment and promoting healthy communities. Similar programs, known as Family Resource Centers, have been operating in the United States for some time (Tomison & Wise, 1999). Designed to be non-stigmatising and easily accessible, the centres offer highly integrated services that can promote parental competence, meet the diverse needs of children and families, and facilitate a sense of community and the development of social support networks within neighbourhoods. Child and family centres are a relatively new initiative, which is reflected in their small numbers. Many of the centres are run by the large non-government agencies, such as Barnardos and Burnside. (pp. 3–4)

¹² The National Child Protection Clearinghouse and its resources have now been incorporated into the Child Family Community Australia information exchange. See <www.aifs.gov.au/cfca>.

B3.2 Future directions

Based on our synthesis of the literature and issues that arose through consultations, we see two broad directions that could be taken to further develop prevention efforts against child sexual abuse and exploitation:

- continue to develop an integrated prevention framework based on a public health approach to prevention; and
- increase the focus on “upstream” risk factors to address underlying factors at a population level.
- These inter-related directions and their implications for policy, practice and programming, and research are examined in the following sections.

Development of an integrated prevention framework

Numerous policies (including the National Framework for Protecting Australia’s Children; COAG, 2009b), research studies, and expert commentary have noted that statutory responses are not sufficient or sustainable and are often unable to prevent future harm (e.g., O’Donnell et al., 2008). There is agreement that a public health model should be a framework in which to situate the prevention of child abuse, including child sexual abuse; however, there does not appear to be a shared understanding about what this looks like in practice. Through the course of this project we observed a relatively fragmented understanding of prevention across different service systems and agencies.

Given the diverse circumstances in which sexual abuse occurs, as well as differences between adolescents who sexually abuse and adult sex offenders, having a diversity of tools and approaches is crucial. However, the absence of a shared framework for understanding how these fit together means that instead of complementary strategies, there can be competing and contradictory approaches. The consequences of this include:

- diverse or inconsistent criteria informing the funding of programs;
- poor program and initiative design (e.g., lack of a theory of change; not evidence-informed; inappropriate “dosage”);
- “sluggish” development of best-practice principles and approaches;
- disconnected or ad hoc prevention activities;
- disconnected “communities of practice”;
- weak or inappropriate evaluation methodologies; and
- non-comparable evaluation and research findings.

In combination, these issues mean that despite significant efforts at the program and practice levels, it is very difficult to develop a coherent understanding about “what works” or what is promising (i.e., programs based on theoretically sound principals but yet to be examined empirically).

An integrated public health approach to prevention involves:

- *having a clear, shared understanding about primary prevention.* Primary prevention is concerned with collective *behaviour change* rather than just increasing knowledge or awareness about an issue (though it may do this as part of the process). This is an important distinction. Increasing knowledge or awareness of child sexual abuse is a characteristic of primary prevention but it is not sufficient on its own to achieve behaviour change. To change behaviour, primary prevention efforts target people’s fears, self-efficacy, perceptions of social norms, attitudes, barriers, risks and rewards, intentions, and skills and competencies to change people’s engagement in harmful behaviours. For example, fear campaigns have been a key strategy in public health efforts to reduce smoking, drink driving, and speeding.
- *addressing the three levels of prevention (primary, secondary and tertiary)*—We also have an additional level between primary and secondary, which could be classified as “progressive

universalism” or “proactive identification”.¹³ This is to distinguish between strategies that target the underlying factors or conditions for child sexual abuse compared to strategies to identify at-risk children and families and connect them to early intervention services. Many service systems for child development and wellbeing are universal and there can be a tendency to collapse the focus of these slightly different prevention strategies.

- *considering different perspectives of prevention* and where they are most likely to be effective regarding the above (e.g., developmental prevention, situational prevention, community-based prevention, prevention education, and criminal justice reponses);
- *identifying the types of strategies associated with each level of prevention* (e.g., prevention education); and
- *applying the range of settings* to which they are best suited.

The benefits of this include:

- enabling the different service systems and agencies to see where their respective prevention efforts sit alongside, and as a complement to, other approaches;
- enabling better collaboration between service systems and agencies; and
- providing a funding rationale for governments and others to fund different types of child sexual abuse prevention initiatives, the findings of which can be used to further inform an integrated prevention framework.

Figure B2 brings these elements together. The key point being made here is that the spectrum from primary to tertiary prevention requires diverse yet complementary approaches and understandings about child safety and perpetrator behaviour.

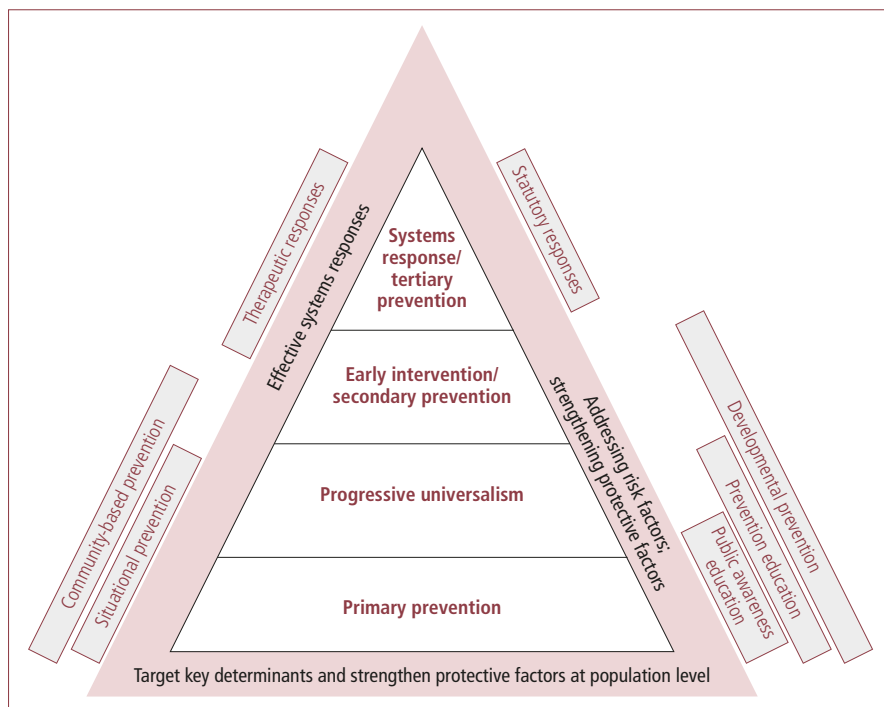


Figure B2: Integrated prevention framework

Figure B3 (on page 59) explains these elements in more detail and uses a matrix approach to demonstrate how these elements interrelate. The matrix brings together: the levels of prevention, domains of focus (using a socio-ecological model) and the range of more specific

13 For example, progressive universalism might lead to strategies to identify and target further interventions tailored to meet the needs of groups of children whom research has shown have greater vulnerability to child sexual victimisation, such as: children with a disability (Higgins, 2010); children in Indigenous communities (particularly remote communities experiencing significant social disadvantage; Scott & Higgins, 2011); same-sex attracted young people (Higgins, 2010); and children who have already experienced other forms of child maltreatment (Price-Robertson, Rush, Wall, & Higgins, 2013).

| Level of prevention | Aims | Example strategies | Levels of the social ecology | | | |
|---|---|---|--|-------------------------|------------------------------|---|
| | | | Individual | Relationships/ families | Organisation/ institution | Society |
| Primary | To prevent abuse before it occurs by: <ul style="list-style-type: none">■ addressing the underlying factors that facilitate it■ strengthening the factors that act as buffers against violence■ changing behaviours that are abusive or that ignore, normalise, deny abuse Change is sought at the level of the whole population. | Increasing awareness of the nature, scope and effects of abuse | Protective behaviours | | | |
| | | Increasing knowledge about effects; appropriate social response, who perpetrators are, perpetrator behaviours | Public education campaigns | | | |
| | | Increasing skills | | | Community-based prevention | |
| | | Changing norms/providing new norms | Comprehensive prevention education | | | Social norms/social marketing campaigns |
| | | Policies, practices and workforce planning to ensure all child-focused organisations are child-safe | | | Situational crime prevention | |
| Progressive universalism | To provide universal support while recognising differential barriers for some sections of the population (who do not necessarily require intervention) | Addressing structural factors that underpin risk factors | | | Working with children checks | Social and economic policies |
| | | Targeting/staggering service provision of universal family or health services to isolated, more disadvantaged areas | Comprehensive prevention education | | | |
| | | Proactively identifying potential risk factors (e.g., sexualised behaviour) through universal service systems and appropriate referral support pathways | Maternal and child health care | | | |
| | | | Developmental prevention | | | |
| | | Screening individuals/families for particular risk factors and providing appropriate service/intervention | | | | |
| Early intervention (secondary prevention) | To target and ameliorate “indicated behaviours” and other risk factors associated with child sexual abuse. Interventions are targeted at at-risk individuals or populations who show evidence of potential victimisation or perpetration | Providing at-risk populations (e.g., adolescent boys with history of sexual victimisation) with effective therapeutic support for victimisation | Trauma counselling | | | |
| | | Planning policies, practices and workforce to ensure organisations/institutions providing care/guardianship identify and address areas of risk | | | Situational crime prevention | |
| | | Implementing trauma-informed practice across mental health and human service systems (e.g., child welfare systems or alcohol/drug treatment that are aware of maternal histories of abuse; schools) | | | Trauma-informed practice | |
| | | Responding appropriately to critical incidents | | | | |
| | | Providing timely trauma-related support for child sexual abuse victims | Trauma-specific support | | | |
| Tertiary prevention | To provide effective and appropriate therapeutic and other responses to address the short- and long-term effects of victimisation or to prevent re-perpetration. Interventions are targeted at identified individuals and their families | Providing effective therapeutic interventions with young people who sexually abuse and their families | Therapeutic interventions | | | |
| | | Conducting effective therapeutic interventions with adult offenders | Therapeutic and rehabilitative interventions | | | |
| | | Ensuring effective criminal justice responses to sex offenders | Sex offender management | | | Law reform and training |
| | | | Effective investigative practice | | | |
| | | | | | | |

Figure B3: Matrix of prevention approaches within a public health model

prevention approaches, which we have situated according to their “best fit” relative to the levels of prevention and the social ecology. Specifically:

- Prevention is situated within a public health model, which distinguishes between the aims of primary, secondary and tertiary prevention strategies. It is important to note that in reality there are overlaps in these levels of prevention. However, as concepts they enable a systematic approach to prevention.
- The aims or goals of these levels are described. As noted, a key aim of primary prevention is *behaviour change*. Strategies therefore need to target the range of factors influencing behaviour, such as attitudes, knowledge and skills. Such strategies are generally targeted at individuals (even if delivered universally); however, other approaches, such as community prevention or situational prevention, can improve organisational and local-level responses.

This mapping highlights that:

- primary prevention involves multiple prevention approaches across the social ecology that should be complementary (however, within the literature or in practice there is little “marrying up” between these efforts);
- community and society-level factors are best targeted through primary prevention approaches that aim to make changes at the population level; and
- the reach of particular approaches to prevention across the social ecology (e.g., therapeutic responses) can be very narrow.

A tailored approach for adolescents with sexually abusive behaviours

A critical task related to this priority is the development of a prevention framework specifically designed for adolescents with sexually abusive behaviours. As noted throughout, the onset of adolescent perpetration and adult offending suggest two distinct populations. Based on the available evidence, prevention and intervention for adolescent perpetrators should focus on:

- *preventing domestic and family violence*—research and clinical expertise suggest significant overlap between the presence of family violence and young people engaging in sexually abusive behaviours;
- *providing early and effective therapeutic support for children and young people disclosing sexual abuse victimisation*—there are often histories of sexual victimisation among young people with sexually abusive behaviours;
- related to this, *implementing awareness raising and training* for educators and other professionals working with children and their families about the dynamics of child sexual abuse as well as behavioural and other markers of possible sexual abuse, including inappropriate sexual or sexualised behaviours; and
- *providing developmentally tailored sex education* for children and young people about respectful relationships (including sexual relationships), power and consent, the nature and effects of pornography, constructive forms of masculinity, and male desire.

Areas for action

Developing an integrated approach to the prevention of child sexual abuse is a significant undertaking. However, it is our view that without consensus about the aims, strategies and conditions for effective prevention (particularly primary prevention), specific initiatives will remain ad hoc and disconnected. A prevention framework needs to be based on research evidence, have the support of the relevant practice communities, and be an accessible reference for all key players working to prevent child sexual abuse.¹⁴

Table B2 (on page 61) identifies several strategies that can support the development of an integrated prevention framework. It is not intended to be prescriptive but to provide

¹⁴ An example of such a framework for primary prevention is the VicHealth framework to prevent violence against women. Its development was driven by policy, which had interdepartmental mechanisms providing buy-in and support across government and other mechanisms to engage the community and service sector. The framework has had significant influence in enabling a systemic, connected approach to prevention.

suggestions for how the key players—namely policy, practice and research communities—could contribute. We also acknowledge that some of these suggestions may already be underway or in development.

| Table B2: Strategies for an integrated approach to prevention of child sexual abuse | | | |
|--|---|---|---|
| Strategies | Policy | Practice | Research |
| Develop a shared understanding of primary prevention | Facilitate the development of an evidence-based framework for primary prevention to guide prevention initiatives Examine how the framework can articulate with actions under other policy initiatives (e.g., National Plan to Reduce Violence Against Women and Their Children) | Contribute to the development of a shared framework through practice expertise | Contribute to the development of a shared framework through systematic reviews on risk factors for victimisation and perpetration, within a public health framework |
| Develop a prevention framework specifically tailored for adolescents | Facilitate the development of a tailored framework that draws on research evidence, service information and therapeutic expertise Consider the implications for current prevention activities across settings (which tend to focus on adults and do not address adolescent behaviours) | Contribute clinical and practice expertise to the development of an adolescent framework | Undertake research (e.g., using incidence data) on young people’s sexually abusive behaviours across a range of settings (which may also be compared to adult offenders) |
| Build capacity across program funders, designers and deliverers about effective primary prevention | Explore opportunities to support capacity development across relevant services and program providers engaged in prevention education Examine how different types of education (e.g., protective behaviours, cybersafety, bullying) can be integrated into a broader, developmentally appropriate respectful relationships curriculum | Work with researchers to develop a suite of accessible, practice-relevant tools (e.g., program logics, understandings of theory of change, evaluation methodologies) to enhance prevention education practice Create communities of practice to enhance capacity in prevention education and which draws from learning and expertise in respectful relationships education | Undertake a review and consultations with programmers to identify minimum elements for effective prevention education programs (e.g., National Association of Services Against Sexual Violence standards; respectful relationships standards) Identify key components of effective community-based prevention and social change across different public health issues to identify promising strategies for preventing child sexual abuse |

Moving upstream: From “risk factors” to “key determinants”

In tandem with the continued development of a shared understanding of prevention (and particularly primary prevention), a second key direction relates to focusing efforts further “upstream”. This refers to tracing problems back to the source. This is different to saying something is causally related. Causality is generally measured by how *direct* the relationship between a variable and an outcome is. Upstream determinants are those that occur at the macro level, and include structural forces such as poverty, government policies, and popular and news media. Their demonstrable influence is often less direct, but they significantly shape people’s opportunities in life.

The overall goal of primary prevention is to reduce the actual incidence of child sexual abuse within the population. Working backwards then, it targets the factors that give rise to, or create, the conditions for sexual abuse and influence behaviour.

A range of factors have been identified in the literature such as:

- biologically unrelated male;
- psychological deficits;
- traditional gender values;
- attitudes related to male sexual entitlement and sexual dominance;
- substance misuse;
- highly sexualised environments;
- social isolation;
- low socio-economic status;
- low education;
- childhood neglect;
- childhood physical abuse;
- large family size;
- early parenthood;
- violent behaviour;
- poor family cohesion;
- domestic violence in the family;
- living or working in closed familial and institutional settings.

Some of these have been empirically tested as risk factors that are either associated with sexual abuse or predict it (see Box A3 and Table B1).

Some of these factors are common across child maltreatment, but their relationship to child sexual abuse appears to be weaker and less predictive. This is to be expected given the diverse circumstances in which sexual abuse occurs. While it is possible to address each of these factors, it would be very costly in time and funds to do so. It is necessary to move beyond risk factors to consider common underlying causes or conditions.

On this, it is instructive to refer to the literature on the social determinants of health, also sometimes understood as the “new public health”. This enables us to consider the underlying conditions that give rise to the above issues. Social determinants are defined as:

the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. (World Health Organization [WHO], 2014)

Social determinants can also be referred to as the “causes behind the causes” (i.e., upstream determinants). This means looking to the underlying conditions giving rise to issues, such as family dysfunction and instability, poor social skills, substance misuse, poor parenting and so on, all of which have been identified as risk factors for sexual abuse perpetration.

Focusing on social determinants enables prevention efforts to address root causes in a more efficient manner. In their review on gaps and directions in the prevention of child abuse and neglect, Klevens and Whitaker (2007)¹⁵ argued that “preventative interventions targeting risk factors that are highly prevalent in a population will generate a greater impact on the problem at the population level than targeting factors that are less prevalent”, even if the risk factors appear to be less directly related (p. 364). They further noted that the reach and mode of delivery of prevention strategies are important dimensions not only for achieving population-level behaviour change (which is the aim of primary prevention), but are attractive from a “cost-containment” perspective. That is, initiatives are likely to be more cost-effective where: the deliverer is more whole-of-community (e.g., public institutions compared to individual service providers) and where the recipient is more expansive (e.g., a whole community compared to groups or individuals).

¹⁵ Note that this review did not specifically include the prevention of child *sexual* abuse.

Areas for action

Based on literature reviewed in Part A, we see child sexual abuse and its perpetration as coalescing around the following key issues:

- children's structural vulnerability relative to adults within social domains such as families, organisations, and institutions;
- forms of masculinity and rigid gender attitudes that endorse men's social dominance, entitlement (including sexual entitlement), authority and control in a range of settings;
- socio-economic disadvantage and income inequality, including gendered socio-economic disadvantage;
- poor or non-existent psycho-social responses for trauma arising from child abuse and neglect (including sexual abuse and witnessing family violence).

These conditions give rise to many of the risk factors listed in the previous section, such as experiencing domestic and family violence; experiences of violence and abuse; substance misuse; social isolation and weak social ties; and poor family cohesion and insecure attachments.

Drawing on analyses of effectiveness in the primary prevention of child maltreatment and child sexual abuse; international approaches to preventing child sexual abuse; and learnings coming from the prevention of sexual assault, family violence and gender-based violence, we have identified a number of actions (described in more detail below) that could be taken to strengthen current sexual abuse prevention efforts:

- balance children's structural vulnerability in social institutions;
- engage men and boys in the development of gender-equitable relationships in the home, at work and among peers;
- conduct public education/social marketing campaigns;
- address social disadvantage; and
- develop trauma-informed human service systems as an early intervention mechanism.

These are underpinned by elements of an upstream focus: targeting the underlying conditions giving rise to identified risk factors and targeting these conditions at more collective levels (e.g., community and society levels).

Balance children's structural vulnerability in social institutions

Social institutions such as families, schools, and broader civil society engender unequal relationships between adults and children. In many cases this inequality is a way of protecting children and young people to optimise their development. However, there are aspects of this structural inequality that increase children's vulnerability to sexual abuse such as:

- beliefs in adults' superiority and natural authority over children;
- attitudes that diminish children's views and self-expression about events, feelings and relationships; and
- beliefs that children should not challenge adults, or that challenge is deliberative provocative.

These beliefs and attitudes can mean: there is an assumption that adults' treatment of and engagement with children and young people is appropriate or in the child's best interest; adults can manipulate a range of situations and groom children with little intervention; and children lie or are confused when they disclose incidents of sexual abuse.

Engage men and boys

There are many initiatives that attempt to engage boys in the development of gender-equitable relationships in the home, at work and among peers in terms of violence against women. In relation to child sexual abuse, two broad approaches can be taken:

- integrate into the initiatives to prevent violence against women key risk factors for child sexual abuse, such as: sexual entitlement, entitlement to having emotional needs met in non-reciprocal ways; and age-related power and vulnerability; and

- integrate gender equity into family services and maternal and child health services regarding gendered expectations about child care and division of labour following the birth of a child. Strategies to do this could have an effect on:
 - family dynamics;
 - women's social isolation following the birth of child;
 - the prevalence of family and domestic violence;
 - men modelling gender-equitable behaviours to boys; and
 - challenging norms that excuse the use of power, control and dominance in relationships.

Conduct public education/social marketing campaigns

- Public education/social marketing campaigns about the nature of child sexual abuse and who are likely perpetrators could be considered in order to address:
- silence surrounding child sexual abuse;
- how children's vulnerability relative to adults can conceal child sexual abuse;
- misinformation about perpetrators, which inhibits appropriate help seeking and acknowledging wrong-doing;
- community capacity and willingness to respond to disclosures appropriately; and
- the sexualisation of children and young people in popular culture, consumer and other media settings.¹⁶

Address social disadvantage

- Although socio-economic disadvantage is not associated with child sexual abuse to the same extent as child maltreatment more generally, it does increase the likelihood of sexual abuse occurring. Addressing social disadvantage could:
 - reduce mothers' social isolation and their gendered inequality compared to men;
 - lessen the prevalence of family and domestic violence;
 - improve the collective efficacy and capacity to appropriately intervene in circumstances related to child sexual abuse (e.g., controlling behaviours exhibited by male partners); and
 - increase early intervention with perpetrators and young people who sexually abuse.

Develop trauma-informed human service systems

- In addition to specialist trauma services, other human services that are trauma-informed can support child sexual abuse prevention efforts by:
 - addressing maternal histories of child sexual abuse, which can affect parenting and protective capacities, is a risk factor for future victimisation for themselves and their children, and leads to a range of other negative outcomes for mothers; and
 - acknowledging at an early stage any developmental risk factors for perpetration.

As in the previous section, we have identified a number of strategies that could fall under the above five areas across the social ecology. These are detailed in Table B3 (on page 65).

¹⁶ In their review of the research evidence relating to the effectiveness of social marketing campaigns in preventing child abuse and neglect, Horsfall, Bromfield, and McDonald (2010) concluded that although the evidence is mixed, social marketing campaigns to address child maltreatment are most effective when they (a) use mass media paired with a community-level strategy; (b) don't rely solely on television advertising; (c) are aligned with support services; (d) suggest concrete actions that people can take; (e) are sensitive to the needs of the target audience; and (f) are based on a solid theoretical framework. Given the paucity of the evidence base, they also emphasised the importance of any such interventions being thoroughly evaluated. They stated: "the integration of both mass media and community-level strategies appreciates that attitudes and behaviours are complex and that a campaign is unlikely to produce long-term change without broader social reinforcement. Community-level strategies recognise that individual behaviour does not occur in isolation. Social relationships create the environment to either support or challenge child maltreatment, through neighbourhoods, schools, workplaces, health services and other institutions" (p. 24).

| Table B3: Upstream actions for preventing child sexual abuse | | | | |
|--|---|--|--|--|
| Action area | Individual | Relationships/ families | Organisation/institution | <div>Community</div> <div>Society</div> |
| Balance children's structural vulnerability | <ul style="list-style-type: none">Teach children and young people assertive communication and other social intelligence skills | <ul style="list-style-type: none">Encourage parents to use their skills and equity in own relationships to include and support children in decision-making | <ul style="list-style-type: none">Screen to prevent known perpetrators from working in child-focused servicesManage situational settings to minimise risk (e.g., prepare policies and protocols to respond appropriately to disclosures; train staff to respond appropriately)Include children in policy development and encourage them to develop their own code of conductEngage in open and egalitarian management and decision-making | <ul style="list-style-type: none">Address social norms and beliefs about adults' natural authority and superiority over children as part of child safety campaigns |
| Engage men and boys | <ul style="list-style-type: none">Implement programs to support healthy sexual and relationships development for childrenInclude sex education in schools that tackles sexualities and sex for pleasure not just sex as biology, e.g., self-protection skills; safe dating programs; and constructive masculinities and gender equity programs | <ul style="list-style-type: none">Provide gender equity training for new parents to address changes in roles and expectations | <ul style="list-style-type: none">Provide organisational training, whole-of-organisation policies, and bystander training on: gender equity; sexual violence; and family violence | <ul style="list-style-type: none">Introduce community-based initiatives to engage men in gender equity, challenge problematic constructs of masculinityProvide services and referral pathways for men demonstrating aggression and hostilityRun social norms campaigns across diverse media platforms to address the sexualisation of children and adolescents |
| Conduct public education campaigns | | | | <ul style="list-style-type: none">Conduct public education campaigns to raise awareness about nature and extent of child sexual abuse, who perpetrators areDevelop appropriate actionable messages for community members and bystanders matched with resources to assist with taking concrete actionEnsure adequate service support for survivors |
| Address social disadvantage | <ul style="list-style-type: none">Provide parenting information and peer support groups to address specific needs of socially vulnerable groups | <ul style="list-style-type: none">Enable women to maintain their connection to paid work | | <ul style="list-style-type: none">Provide outreach services for socially vulnerable groups and young peopleIntroduce place-based prevention strategies to address child wellbeing |
| Develop trauma-informed human service systems | | <ul style="list-style-type: none">Build awareness among staff of the role and effects of trauma on a range of capacities, using the principles of trauma-informed careProvide early and appropriate therapeutic support for survivors of child sexual abuseBuild capacity across service systems to recognise signs of child sexual abuse, problem sexual behaviours and sexually abusive behaviours, and to provide appropriate responses | | |

B3.3 Conclusion

Child sexual abuse is a complex, cross-policy and cross-sector issue. While there are many options for prevention, enormous commitment to prevention among a range of stakeholders, and agreement that child sexual abuse has long-term effects, there are some important tasks to be done to underpin and coordinate this activity.

As discussed throughout, it is necessary to have a shared framework across research, policy and practice communities to guide these different activities.

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Appendix

Two expert panels were held in September 2013. The first expert panel was held on 18 September 2013, and members of ANZPAA (Australia and New Zealand Policing Advisory Agency) were invited to participate. The following experts were invited to the second expert panel held on 27 September 2013.

| Appendix Table 1: Participants invited to the second expert panel | |
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| Name | Expertise |
| Stephen Smallbone | Academic/researcher (adolescents/children) |
| Susan Rayment-McHugh | Academic/researcher (children and adult) |
| Ian Nisbet | Academic/researcher (adolescents) |
| Bill Glaser | Academic/researcher |
| Martine Powell | Academic/researcher (children) |
| Alfred Allen | Academic/researcher (child sexual abuse forensics) |
| Tony Ward | Academic/researcher (adult offenders) |
| Danny Blay | No to Violence executive officer (men’s violence against women and children) |
| Rodney Vlais | No to Violence |
| Christabel Chamarette | Former clinical director of SafeCare/Indigenous offending |
| Adam Tomison | Director, Australian Institute of Criminology |
| Danny Sullivan | Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA)/Forensicare/clinical interventions and treatment with offenders |
| Program Manager | Custody Based Intensive Treatment/Outreach (CUBIT/CORE), sex offender treatment, Offender Programs Unit, Corrective Services NSW |
| Robyn Miller | Principal Practitioner for the Children, Youth and Families Division of the Victorian Department of Human Services |
| Russell Pratt | Principal Practitioner for the Children, Youth and Families Division of the Victorian Department of Human Services |
| Leah Bromfield | Deputy Director, Australian Centre for Child Protection |
| Darrell Henry | Indigenous psychologist, Kimberley |
| Kris Arcaro | Director, Student Inclusion and Engagement Division, Early Childhood and School Education Group, Victorian Department of Education and Early Childhood Development |
| Jen Harvey | SA Department of Families |
| Joe Tucci or Janise Mitchell | Australian Childhood Foundation |
| Karen Flanagan | Save the Children |
| CEO | National Association for Prevention of Child Abuse and Neglect (NAPCAN) |
| Hetty Johnson | CEO, Bravehearts |
| CEO | Sexual Assault Resource Centre, WA |
| Liz Little | Laurel House |
| General Manager | Langi Kal Kal Prison |
| Liz Mullinar | Heal for Life Foundation |
| Michael Kean and Nadine Hamilton | Children’s Protection Society |
| Cyra Fernandez | Australian Childhood Foundation |
| Vicki Quinton | Gatehouse Centre |
| Brooke Harris | South Eastern Centre Against Sexual Assault (SECASA) Aware program |