



Family &  
Community  
Services

## CHILD SEXUAL ABUSE

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What does the research tell us?  
A literature review.



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*Child sexual abuse is a global problem. It has the potential to adversely impact children across the span of their lifetime. The challenges for child protection practitioners when working with children and families who are at risk of or have experienced child sexual abuse are great. Appropriate responses are crucial. This paper reviews the current literature about child sexual abuse with a focus on key messages for child protection workers and their practice.*

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## Executive summary

Child sexual abuse is a complex practice issue that raises unique challenges for child protection practitioners. This work calls for child protection practitioners that can sit with uncertainty when working with a family where child sexual abuse is suspected, but not yet substantiated; practitioners that can keep all children safe in a family where one child has sexually harmed another; practitioners that can help a parent believe that someone they trust has sexually abused their child; practitioners with the tenacity to support a young person to recognise sexual exploitation; and practitioners that have the courage to bear witness to a child who tells them they have been sexually abused.

Child sexual abuse exists in many forms. It is often unwitnessed. It is an act that relies on secrecy, coercion, control and the abuse of power and trust. Child protection practitioners are asked to respond to this abuse and all who are a part of it: the victim, the offender, the non-offending parent and the community. To keep children safe from child sexual abuse, and to help those who have experienced it heal, child protection practitioners must hold a sophisticated knowledge base. Being well read is the basis for skillful practice. Practitioners need to know the evidence, how and where child sexual abuse happens, the factors that increase risk or provide protection, its effects on children, young people and families and what interventions and practices are most effective in keeping children safe. Children and parents need practitioners to respond to child sexual abuse with skill that is backed by a knowledge of what works best to prevent child sexual abuse from occurring, and where it has occurred what works best to help children and families heal.

To ensure that practice is grounded in contemporary research, the Office of the Senior Practitioner (OSP) within the NSW Department of Family and Community Services (FACS) has undertaken this literature review. This review provides the evidence base for the FACS resource kit '[See, Understand and Respond to Child Sexual Abuse](#)' guidance that provides advice for child protection practitioners on the dynamics and drivers of child sexual abuse and how to respond with skill and sensitivity to create safety.

The evidence base on child sexual abuse is diverse. Some aspects of this form of abuse have been well researched while other areas are in their infancy. Despite some research limitations, what is clear is that there are a number of salient findings that have important implications for practice. This literature review consolidates the evidence that matters to child protection. It is extensive – reflecting the complexity of this area. It has been written to be read in whole or in part, with a summary of the findings included in dot point at the end of each section for affirmation of the primary points that practitioners need to know.

### **Understand the individual and social determinants of risk**

The evidence confirms that intrafamilial child sexual abuse is multi-determined. While no child is immune from the risk of abuse, the evidence points to a range of

factors that make some children more vulnerable to sexual abuse and some parents less able to protect them.

Individual factors including a child's gender and age, social connectedness, ability to communicate, and their personal history and experiences all influence the risk of abuse. Family factors including the level of cohesion, the presence of family violence or parental alcohol misuse add to and influence the risk of harm occurring.

Risk does not occur in a vacuum. The research tells us that risk is also determined by the wider context of society and the social, economic, and material factors surrounding people's lives. Cultural attitudes and practices, traditional or rigid gender norms, trans-generational trauma and oppression, social isolation, housing instability and lack of educational attendance all contribute to risk. It is essential that child protection practitioners understand the layers of risk that make some children more vulnerable and allow offending to go unnoticed by those around them.

In applying research findings to the practice it is important to avoid making blanket assumptions or applying understanding from the research in ways that ignore the particular individual, family or community factors at play. For example, the apparent ambivalence or disbelief of non-offending parents, especially mothers, may be seen as a sign that they will not protect her child. However, many different factors may be at play that reduces the mother's capacity to protect her child in the way that she would wish. Non-offending parents need empathic and non-judgmental support from child protection practitioners in the period following a disclosure.

The research also suggests that it is important to think about how practitioners may judge or assess offenders without considering how their behaviour may stem from a history of abuse. Standing back and thinking about the underlying and less obvious factors associated with sexual offending and sexually harmful behaviour is needed if the cycle of sexual abuse is ever to be broken.

### **Understand and build on protective factors**

It is essential for child protection practitioners to pay close attention to the context in which child sexual abuse occurs. Adopting a holistic approach can help identify the complex network of factors that underlie the emergence of child sexual abuse within a family as well as those factors that can help to resist the abuse from taking place or continuing. Understanding the influence of wider societal issues on a child's vulnerability and protective factors provides the basis for plans that create safety for a child.

A range of factors act to protect children from sexual abuse occurring or re-occurring. Parents, family and the community have key roles to play in protecting children from sexual violence. Helping parents, family and the community to understand the signs and prevalence of sexual abuse, to recognise grooming tactics or to be able to talk with their children about sexual boundaries and unacceptable behaviour can all reinforce protective factors. Sharing knowledge with parents and

children about the strategies that minimise the chance of child sexual abuse are core components for building and sustaining safety.

### **Building relationships with children**

Parents and practitioners may shy away from talking to children about sexual abuse for fear of causing distress. Children are the experts in their own experience - they often can and do want to talk about how or when sexual abuse occurred. At the same time, the evidence reveals that many children feel like they are not believed or understood when they disclose experiences of sexual abuse and feel let down by those close to them. It is clear from the evidence that children want to be listened to, and have honest, direct and open communication with practitioners. Children want their relationship with practitioners to be friendly and include a sense of fun, but they report the need for ongoing information about what is happening and what can be expected for them and their families if and when they disclose child sexual abuse. Importantly, children say that they need to have someone that can advocate for them and who treats them as more than just a victim of child sexual abuse.

### **Understanding grooming**

Evidence that grooming is a central feature of child sexual abuse appears throughout the literature. Grooming is a deliberate, dynamic and subtle conditioning process. Offenders can groom children, adults and situations over months and years with the deliberate intent of sexually abusing a child. Grooming can occur in any context, in any location. The research tells us that for many children and adults grooming can be difficult to recognise, it often looks like the behaviour of a caring adult. This makes it particularly important for child protection practitioners to be alert and aware of the subtle and more obvious grooming tactics and the multiple ways that an offender may attempt to gain trust and access to a child.

Grooming tactics target children and adults, including child protection practitioners. For children, grooming may involve isolating them from their family, engaging them and making them feel special, offering to teach them something or providing them with gifts and toys. For adults grooming may involve an offender ingratiating themselves, offering to help and do things for the children, parent or family, spending time with the child while the parents are present, or organising for the non-offending parent to do things outside of the home. For child protection practitioners, they may appear compliant, worried for the child and supportive of your intervention.

The deliberate and calculating nature of grooming means that if an offender suspects their strategies are being recognised they will change course and employ different tactics, requiring practitioners to continually assess and reassess possible grooming methods.

### **Understand that offenders differ**

In the same way that children, families and communities have individual characteristics, so too do perpetrators of child sexual abuse. The research is clear that not all offenders are the same, but there are patterns of risk that can be

identified. The nature of child sexual abuse offenders differs along various lines including age, gender and relationship to the child.

As a practitioner, it is important to know the risk factors associated with different types of offenders. As an example, male offenders who target children within their family network tend to target younger victims, have more sexual orientation difficulties, have distorted beliefs about child sexual abuse, poor social skills, personality disorders, limited empathy and a history of poor parent-child attachment. They have typically experienced some form of abuse and neglect as a child. In contrast, perpetrators who use the internet to perpetrate child sexual abuse tend to be younger than other offenders, are more likely to have deviant sexual interests and lifestyles, and often experience psychological barriers that prevent them from carrying out direct abuse on children.

Female child sex offenders are generally younger when they first abuse, closer in age to their victim and more likely to abuse their own child. Typically they are less discriminate about the gender of their victim, less likely to engage in rape but more likely to offend with a co-offender. They have often been sexually abused and neglected themselves during childhood.

It is also important to note that not all offenders are equally likely to re-offend. There are many nuanced factors that increase or decrease the likelihood of reoffending. By understanding these factors, child protection practitioners can increase their capacity to prevent sexual reoffending.

### **Responding to children and young people with sexually harmful behaviour**

The literature increasingly recognises sexual abuse that takes place between children and adolescent peers, referred to as sexually harmful behaviour. Although the prevalence of sexual abuse committed by children or adolescents varies, there is general consensus that it is a common and underestimated phenomenon. Causal factors linked to age, gender, experience of a troubled and traumatic life and exposure to pornography are all associated with children who engage in sexually harmful behaviour.

Sexually harmful behaviour occurs along a continuum from those that have the potential to be just outside what is considered safe healthy behaviour to those that are highly abusive. The types and severity of behaviour also differ across age groups. The research tells us that a significant number of children and young people with harmful sexual behaviour do not go onto sexually offend as adults.

It is important to clearly describe and ensure responses to children with harmful sexual behaviour are commensurate with the behaviour and needs of individuals. The literature notes that particular factors in Indigenous communities provide the situational context for sexually harmful behaviour to take place: inter-generational trauma and oppression, fear of retribution and removal of children, the breakdown of traditional cultural restraints and prior abuse or exposure to harmful and violent sexual behaviour, all come into play for indigenous communities and must be

understood so that responses are tailored to the individual and the community in which they live.

### **Conclusion**

One of the many aspects of child protection work is to keep children safe from child sexual abuse. To do this practitioners need to read and apply current research to their practice. Such sophisticated practice is brought to life through strong relationships and deliberate in its focus to protect children, support families, empower communities and hold offenders accountable for their abuse.

Literature reviews provide the evidence base that child protection practitioners need to understand the many facets of child sexual abuse. It is a contemporary review that recognises that the evidence about child sexual abuse is evolving. Evidence forms the basis for FACS practice and response to child sexual abuse as endorsed in the [‘See, Understand and Respond to Child Sexual Abuse’](#) kit. Together, the kit and literature review will strengthen practice and provide children and families with the best chance to live lives free of abuse and for those who have experienced child sexual abuse, the best chance of healing.

## 1. Chapter one: Introduction

### 1.1. Purpose of the review

***Child Sexual Abuse – What does the research tell us*** is a summary of current and significant findings in national and international research about issues in child sexual abuse, in particular intrafamilial child sexual abuse, and approaches to protecting children. The purpose of the review was to provide an evidence base for the resource [See, understand and respond to child sexual abuse-a practical kit](#) produced by the Office of the Senior Practitioner within the NSW Department of Family and Community Services.

There are a range of relationships within which child sexual abuse occurs. This includes abuse by family members and abuse by people outside of the family setting or by a person in a position of authority commonly known as institutional child sexual abuse. Research suggests that the majority of child sexual abuse is committed by those known to the child.

Intrafamilial child sexual abuse is most often defined as sexual abuse committed by a family member. The definition of family may include the biological family, blended nuclear family or extended family. This definition also includes friends of the family who are considered to be part of the wider family. Because the work of FACS is with families, intrafamilial child abuse is the focus for this review.

The scope of the review does not extend to

- extrafamilial abuse (abuse committed by someone not related to and not known by the child including institutional abuse).
- child sexual abuse within the context of Aboriginal communities
- the impact of child sexual abuse is only dealt with in passing because the focus on the kit was on recognising and responding to the risk of child sexual abuse rather than on moderating the long term impact.

This review was framed by the following research questions:

- What factors increase children and young people's risk of being sexually abused?
- What factors help protect children from sexual abuse?
- What do we know about the perpetration of child sexual abuse?
- What are the best ways to work with children who have been sexually abused and with non-offending parents/caregivers?
- What do we know about 'sexually harmful behaviours' for children and young people and the associated risks and preventative strategies?

## **1.2. Structure of the literature review**

The findings of the literature review are set out in seven chapters. Each chapter gives a summary of relevant studies and lists Key Messages from the research for child protection practitioners. A detailed list of references is provided at the end of each chapter.

Executive Summary

Chapter 1 Introduction and the rationale and scope of the review.

Chapter 2 outlines the prevalence of child sexual abuse, models for understanding child sexual abuse and briefly notes the impact of child sexual abuse.

Chapter 3 examines individual, family and contextual risk factors for child sexual abuse.

Chapter 4 presents evidence and discussion about the commitment of child sexual abuse including male offending, female offending, grooming and online offending.

Chapter 5 examines what we know about factors that protect children against the occurrence of sexual abuse, and from damage caused when it does occur.

Chapter 6 looks at what children themselves say about the experience of child sexual abuse and at the evidence base for the treatment of child sexual abuse.

Chapter 7 explains current understanding of sexually harmful behaviour and briefly includes consideration of this in Indigenous and OOHC settings as well as in the general population.

## **1.3. Review Methodology**

### **1.3.1. Search Strategy**

Searches were made of databases containing scientific peer-reviewed articles including EBSCO, ProQuest, Ovid, Gale, Medline and Google Scholar. Reports from national child abuse and neglect institutes, including the Australian Institute of Family Studies, the National Society for the Prevention of Cruelty to Children, the National Centre for Child Abuse and Neglect in Washington and the Canadian Incidence Study of Child Abuse and Neglect, were accessed through APAIS. Reports and practice guides from other child protection jurisdictions and non-government organisations were also reviewed to identify additional relevant documentation. Because the scope of the review was wide, separate searches were conducted for each chapter and there were a number of variations of key words for each chapter. In general these overarching key words were included:

‘intrafamilial’ ‘family’, ‘child sexual abuse’, ‘child sexual assault’, ‘risk factors’, ‘protective factors’, ‘child sex offender/perpetrator’, ‘sexually harmful

behaviour/s', 'problem sexual behaviour', 'sibling sexual abuse', 'juvenile/adolescent sexual abuse', 'prevention'.

### **1.3.2. Scope of the literature review**

Studies or literature were included in this review if they met the following criteria:

- Articles published and unpublished since 2000 (however, seminal pieces of work appearing either frequently [generally more than three times] or pertinent to the sub-topic were included);
- Child sexual abuse and sub themes were either the article's focus or a separately mentioned sub-topic;
- The literature was published in English.

Because of the breadth of the review, the quality of the evidence included varies widely. We have included studies across different countries and sample populations. Studies differed in their designs, methodologies and definitions of what was being studied. Some sub-topics received little attention in the literature so the review was only able to include a small amount of research. Wherever possible we identified systematic reviews that attempt to identify, appraise and synthesise all the empirical evidence that meets pre-specified eligibility criteria to answer a given research question. We also included systematic reviews from the Cochrane library (which evaluates the results of well-conducted controlled trials), meta-analysis (individual studies are combined to produce an overall statistic and estimate of the overall effect of an intervention), and any other systematic reviews of the literature that might include different and/or lower quality but important research that would inform the development of the FACS resource kit. As far as possible the review clearly outlines the nature of the evidence base including whether it was derived from a Cochrane review, a meta-analysis, systematic review or analysis of single studies.

The ultimate aim was to help distil the key messages about child sexual abuse so that the practice advice contained in the practitioner resource kit was underpinned by the existing evidence base.

### **1.4. Issues in interpreting the literature**

There were several issues that complicated the interpretation of the existing evidence base:

- There is no single definition of child sexual abuse. This affects estimates of prevalence, risk and what interventions work for whom, under what conditions. Some studies include contact and non-contact sexual abuse while other studies define abuse by age differences between the offender and victim.
- Offender samples are small and often only consist of incarcerated male offenders or fail to indicate the age or gender of the offenders. Moreover,

they often include both extrafamilial and intrafamilial offenders and may not define offenders' exact relationship to the child.

- Studies of victims sometimes failed to identify ages, gender, sexuality or ethnicity.
- While risk factors have been examined extensively, protective factors receive far less attention. While authors make recommendations about protective factors based the opposite or flip side of risk factors such factors may not have been rigorously studied and therefore may not necessarily represent the best protective strategies.

Some other general limitations should be noted:

- Overall many of the studies included were not randomly sampled, which limits the extent to which they can be used to generalise across a variety of contexts.
- There is less research about what works when engaging children and young people who are suspected of or who have been sexually abused.
- There is literature about involving and working with suspected offenders compared to convicted or incarcerated offenders.
- Most of the literature focuses on non-offending mothers with little attention being paid to non-offending fathers.

Despite these limitations, the existing evidence base provides a detailed and informative description about the dynamics of intrafamilial child sexual abuse and sexually harmful behaviours, the risks posed to children and young people, and approaches that can help families prevent sexual abuse from reoccurring.

## 2. Chapter Two: An overview of child sexual abuse

Understanding the definition and extent of child sexual abuse, and the context in which it takes place, has a direct influence on how we respond as child protection practitioners to children and families who are vulnerable to, or impacted by child sexual abuse. This chapter gives a broad overview of these areas, introduces the contributing factors, and gives a brief survey of short and long term outcomes of child sexual abuse.

### 2.1. Definitional issues: what is child sexual abuse?

There is no single definition of child sexual abuse. Most definitions take a combination of factors into account, including behaviours (what actions and interactions are considered abusive) the nature of the relationship between the offender and the child (intrafamilial versus extrafamilial, age differences or the power dynamics that exist between the child and offender) or existing definitions used in policy or law.

The most widely used definition of child sexual abuse found in the literature is that proposed by the World Health Organisation (WHO)<sup>1</sup> :

‘Child sexual abuse is 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 other unlawful sexual practices;
- the exploitative use of children in pornographic performance and materials.’

As outlined in the *See, Understand and Respond to Child Sexual Abuse Practical kit*, the range of abusive behaviours that are perpetrated by offenders include:

- using coercion, deception threats, bribes or other types of trickery to force the child to perform sexual acts
- touching of the child’s body or genitals causing a child fear, confusion or distress
- coercing and/or forcing a child to view a person’s genitals and/or touch those body parts
- coercing and/or forcing a child to pose, undress or perform acts of a sexualised nature on film or in person

- making threats or using trickery or blackmailing a child and forcing them to take part in sexualised abuse
- making offensive or insulting remarks of a sexual nature
- coercing and/or forcing a child to look at pictures of adult sex acts in magazines, photographs and films
- making humiliating comments about a child's actions or body using sexualised language.<sup>2</sup>

## 2.2. What is the prevalence of child sexual abuse?

The prevalence (the proportion of the population) who experience child sexual abuse is very hard to estimate in a consistent way, and prevalence rates appear to vary in the data for a range of reasons.

Information contributing to the statistics about child sexual abuse is gathered and recorded in many different ways. Differences occur in the kinds of figures that are used (e.g. clinical or criminal statistics), which offender details are taken into account (e.g. gender and age), the type of child sexual abuse that has taken place (e.g. intrafamilial or extrafamilial), and the geographic, socioeconomic or cultural factors that are included as relevant. As a result of these variations, estimated prevalence rates of child sexual abuse in Australia are not conclusive and it is likely that proposed or accepted prevalence figures at any one time are underestimations of the true rates<sup>3</sup>.

Despite limitations in the data a recent global meta-analysis of child sexual abuse studies suggests that overall prevalence rates of sexual abuse range from 8-31% for girls and 3-17% for boys.<sup>4</sup> Another global meta-analysis estimated that Australian prevalence rates of child sexual abuse are 22% for females (or between 17 and 45%) and 8% for males (or between 6 and 19%), and that Australia has the highest prevalence rate for girls worldwide.<sup>5 6</sup> Other Australian prevalence estimates from different data sources are outlined in Table 1.

Table 1. Rates of child sexual abuse in Australia from a variety of sources

Source of data	Girls	Boys
ABS survey of national prevalence	12%	4.5%
Community samples: penetrative abuse	4.0-12.0%	1.4-8.0%
Community samples: non-penetrative abuse	14.0-36.0%	5.7-16.0%
Meta-analysis of 12 Australian and NZ studies	15.3-29.3%	3.8-14.2%

(from the Royal Commission into Institutional Responses to Child Sexual Abuse Interim Report, 2014 p. 98)

Australian and international data suggest that prevalence of child sexual abuse is higher among girls than boys although it is possible that this is in part due to reporting issues. Overall, the best estimates in Australia suggest that one in three

girls compared to one in seven boys experience some form of sexual abuse in their childhood.<sup>7</sup>

### 2.3. Models for understanding child sexual abuse

Child sexual abuse affects not just victims but offenders, families and communities. The literature about child protection and child sexual abuse regularly explores the issues in the context of a public health model<sup>8</sup> or a socio-ecological model<sup>9 10</sup>. These models outline a range of factors and relationships that interact across a number of levels to increase the risk of child sexual abuse or protect against or mediate its impact. They also provide frameworks from which to structure preventative responses to child sexual abuse at an individual and population level.

The public health model is concerned with the health of individuals and the population as a whole and distinguishes between primary prevention (preventing abuse before it occurs), secondary prevention (reducing the risk of sexual abuse occurring in vulnerable populations) and tertiary prevention (minimising the impact of child sexual abuse once it has occurred).

The public health model recognises that child sexual abuse either occurs or is prevented through a combination of factors at the individual, family, community and wider societal level. The public health model framework includes a four-staged approach to defining and responding to child sexual abuse:

- Surveillance – identify the extent of the problem;
- Risk and protective factors – identify the causes and correlates of violence; victim or offender factors that increase the risk of child sexual abuse taking place; factors that can be modified through interventions;
- Evaluation of interventions - establish what works for whom, when and where, in preventing violence through the design, monitoring and evaluation of interventions;
- Scale up promising interventions and monitor their economic and policy impacts.<sup>11</sup>

The socio-ecological model is often applied in conjunction with the public health model. It looks at the complexity of relationships between individuals, families, communities and the wider social environment that either put people at risk of child sexual abuse or protects them from experiencing or perpetrating violence. The model looks at:

- Microsystems: individual level factors that increase the likelihood of becoming a victim or offender of child sexual abuse;
- Ecosystems: interpersonal relationships (friends, extended family, school peers) that may increase the risk of / experience of child sexual abuse by victims or offenders;
- Meso-systems: community-level influences (school, workplace neighbourhoods) that increase the risk or protect against experience by victims or offenders of child sexual abuse for example, reducing social

isolation, support for housing or employment, policies within schools or work;

- Macro-systems: societal values or norms that support or inhibit sexual abuse against children.

Taken together these frameworks outline a range of factors and relationships that interact across a number of levels to increase the risk of, protect against or mediate the impact of child sexual abuse. They also provide a structured way to respond to child sexual abuse so it can be prevented at an individual and population level.

#### **2.4. What are some of the short and long-term impacts of child sexual abuse?**

While a broad and detailed examination of the impacts of child sexual abuse is outside the scope of this literature review it is useful to recognise the range of impacts of child sexual abuse experienced by the victim during childhood and into adulthood.

The literature suggests that children who have been sexually abused can suffer a range of adverse physical, psychological, behavioural, emotional, and development problems throughout life. A child's personal characteristics, family, social supports as well as their experiences at school and in the wider community may all be contributing factors in shaping how they respond to and cope with sexual abuse.

There is no standard or 'normal' set of responses to child sexual abuse found in the literature. However, certain short-term and long-term effects are consistently reported.

Adverse outcomes consistently associated with child sexual abuse include but are not limited to:

- Later engagement in risky sexual behaviour;<sup>12 13</sup>
- Post traumatic stress disorder<sup>14 15 16</sup>, depression<sup>17 18</sup> and anxiety;<sup>19</sup>
- Psychotic disorders including schizophrenia and delusional disorders<sup>20 21 22</sup>
- Personality disorders;<sup>23</sup>
- Eating disorders;<sup>24 25</sup>
- Self-mutilation / self-injury;<sup>26 27</sup>
- Suicidal behaviour or suicide ideation;<sup>28 29 30 31</sup>
- Alcohol and substance abuse;<sup>32 33 34 35</sup>
- Learning impairment;<sup>36</sup>
- Difficulties with interpersonal relationships and parenting;<sup>37 38 39</sup>
- Revictimisation.<sup>40 41 42 43</sup>

#### **KEY MESSAGES about prevalence and impacts of child sexual abuse**

- There is no single definition of child sexual abuse.
- The most widely used definition of child sexual abuse found in the literature is that proposed by the World Health Organisation.

- The prevalence of child sexual abuse is very hard to estimate due to inconsistencies in how data is collected and analysed.
- Research in Australia indicates that prevalence rates of child sexual abuse range from 17-45% for females and 6-19% for males.
- Australian and international data suggest that prevalence of child sexual abuse is higher among girls than boys, with one in three girls compared to one in seven boys experiencing some form of sexual abuse.
- Child sexual abuse affects not just victims but offenders, families and communities.
- Children who have been sexually abused can go on to suffer a range of adverse physical, psychological, behavioural, emotional and development problems throughout life.
- Individual, family, and social factors influence a child's response to sexual abuse.

## References for Chapter Two

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### **3. Chapter Three: Victim, family and community-level risk factors associated with child sexual abuse**

Although child sexual abuse occurs across all cultural groups, gender, ages and socioeconomic groups, there are many variations in how and why it occurs. This chapter looks at available evidence about factors that increase the risk of child sexual abuse at a number of levels, including victim, family and community level. Chapter 4 reviews offender-related risk factors.

It is important to note that some studies do not include information about the relationship between the victim and abuser or lump different types of offenders together. Thus this section looks at what the research says about factors, for example “gender”, across all forms and types of child sexual abuse, drawing out differences if evident.

#### **3.1. Victim related risk factors**

##### **3.1.1. Are there any general factors that increase a child’s risk of being targeted for child sexual abuse?**

Research indicates that children who are targeted for child sexual abuse may experience one or more of the following vulnerabilities:

- low-self esteem and low confidence;
- family problems, single parents or family breakdown;<sup>1 2</sup>
- a tendency to curiosity, a warm and friendly manner, or quiet and passive manner;<sup>3 4 5</sup>
- previous experience of child sexual abuse;<sup>6 7</sup>
- presenting as vulnerable and receptive to grooming.<sup>8</sup>

##### **3.1.2. Is gender associated with the risk of child sexual abuse?**

Studies show that childhood sexual abuse is a ‘gendered’ issue. Gender influences the risk and likelihood of being abused, the identity of the offender, the nature and circumstances of the abuse, decisions to disclose or not disclose, the likelihood of victims asking for and receiving support, preferred type of support and the responses that children receive.

Australian prevalence studies based on large community samples that were conducted since 2001 indicate that 1 in 3 girls and 1 in 7 boys experience some form of child sexual abuse. More than 90% of female victims and 80% of male victims in knew the offender.<sup>9</sup>

For both girls and boys the offender of abuse is typically male.<sup>10</sup> While abuse by females is uncommon, adolescent boys are more likely than girls to have a female offender.<sup>11</sup> (See chapter 4 for more detail about male and female offenders).

### *Child sexual abuse of girls*

The victims of child sexual abuse are overwhelmingly female, with females being two to five times more likely than males to be victims of child sexual abuse.<sup>12 13 14 15 16 17</sup>

The nature of the relationship between the offender and the child, and where the abuse takes place, differs for boys and girls. Girls are more likely than boys to experience sexual abuse involving stepfathers, biological fathers and other male relatives that takes place within the family home and are more likely to experience sexual abuse over a longer period of time.

Overall, the literature suggests various factors that appear to heighten girls' risk of sexual abuse. Several studies have found that women who had been sexually abused in childhood were more likely than other women to report having been unhappy and socially isolated during childhood and to have had more psychiatric and developmental problems.<sup>18 19 20 21</sup> Using data from a large longitudinal study of girls, Butler (2013)<sup>22</sup> found that being emotionally needy, more impulsive, having intellectual impairments and not doing what they were told (as reported by their caregiver) increased the vulnerability of girls to sexual assault. Several studies also report that child sexual abuse among girls may be linked to higher levels of internalising behaviour (for example, social withdrawal) and externalising behaviour (for example, bullying)<sup>23 24</sup>. Butler (2013)<sup>25</sup> identifies a number of other factors that increase girls' risk of being sexually abused including the absence of one or both parents, maternal education under tertiary level, family income below 400% of the national poverty threshold, low caregiver warmth, low achievement scores, and the child having been classified by their school as needing special education.

Some studies note a link between parents' gender role attitudes and an increase in their children's reporting of unwanted sexual experiences. In a study of sexuality, Neal and Mangis (1995)<sup>26</sup> found that 51% of female college students reported unwanted sexual experiences of which 20% reported this abuse during childhood. The research found that women reporting unwanted sexual experiences had fathers and mothers who held more traditional attitudes toward women compared to college students who did not report unwanted sexual experiences. Similarly, Unger, Norton and DeLuca (2009)<sup>27</sup> found that participants with a traditional gender role attitude and family social isolation during childhood were associated with reports of being sexually abused as a child and may thus be risk factors for, or the result of, a history of child sexual abuse in women. This research suggests that parent's attitudes towards gender may be a source of vulnerability to child sexual abuse.

### *Child sexual abuse of boys*

Although most boys who are sexually abused are abused by someone they know, boys are more likely than girls to experience extrafamilial abuse in the offender's home, institution or in a public space and have witnesses to their abuse.<sup>28 29 30 31 32</sup>

Boys experience sexual abuse by their peers or others closer to their age more often than girls, including abuse or sexually harmful behaviour by siblings, cousins and other relatives, and other residents in institutions.<sup>33 34</sup>

There is some evidence that the sexual abuse of boys may involve more violence and physical harm, involve multiple offenders<sup>35 36 37</sup> and more repeated penetrative acts, oral intercourse, masturbation and anal-genital contact than girls.<sup>38 39</sup> The presence of violence and more invasive acts has been linked to more adverse outcomes.<sup>40 41 42</sup>

Despite this, some studies have identified a confusion regarding whether sexual activity could be considered 'abusive' when experienced by male victims. This attitude was identified amongst victims, offenders and professionals involved. The tendency to see sexual abuse of young male victims as less abusive may be connected to socialisation processes that encourage males to define heterosexual experiences as desirable or a 'rite of passage' and a sign of manhood and masculinity.<sup>43 44</sup> This coincides with research documenting males' reluctance to report sexual abuse if committed by a woman<sup>45 46</sup> and a perception by professionals that sexual abuse of males by female offenders may be serious but less harmful.<sup>47</sup> Grooming tactics used by offenders were seen to potentially make boys feel like they were somehow responsible for the abuse, making it difficult for them to recognise or acknowledge abuse.<sup>48</sup> Moreover fears of being labelled as homosexual if the abuse was committed by another male were seen to deter boys from reporting sexual abuse. These factors may contribute to boys being less likely to disclose or report child sexual abuse than girls.<sup>49 50</sup>

The literature points out that when females are abused by their fathers, their female siblings are also likely targets for abuse, whereas when boys are the victims of sexual abuse by their fathers both sons and daughters are also at risk.<sup>51 52</sup>

### *Is the risk of child sexual abuse linked to the victim's sexuality?*

Some studies have found higher rates of childhood sexual abuse among sexual minority women than amongst heterosexual women<sup>53 54 55 56 57</sup> and higher rates amongst gay and bisexual men than among heterosexual men.<sup>58 59</sup> A meta-analysis of adolescent school-based studies that compared the likelihood of abuse, including childhood sexual abuse, among sexual minority and sexual nonminority individuals, found that young people from sexual minorities were nearly four times more likely to experience child sexual abuse than their non-minority peers. Sexual minority males were nearly five times more likely to experience child sexual abuse than nonminority male peers, while female sexual minority individuals were only 1.5 times more likely to have experienced compared to their nonminority female peers.<sup>60</sup>

#### **3.1.3. Does age influence the risk of child sexual abuse across genders?**

There is broad agreement in the literature that children are most vulnerable to abuse between the ages of 7-12.<sup>61 62 63 64</sup> While the median age for reported abuse is nine<sup>65</sup>, some 20-39% of children are sexually abused before the age of eight.<sup>66 67</sup>

Adolescents are higher reporters of sexual abuse than younger children which may suggest that they are at greater risk of child sexual abuse than children 10-12.<sup>68 69 70</sup> Finkelhor's (2014)<sup>71 72</sup> national sample of 708 adolescents (aged 15 -17) found that the rate of sexual abuse and assault experienced rose in late adolescence. Over half of the sexual abuse experienced by adolescents was from juvenile offenders,

including acquaintance peers of the victim.<sup>74</sup> However, the higher reporting of child sexual abuse by adolescents may not necessarily be evidence of a higher age vulnerability. It may indicate that adolescents are more able to report or disclose abuse or that the onset of puberty leads to more contact with older adolescents and adult's thereby increasing contact with offenders.

Other risk factors for child sexual abuse can vary in relation to age. In a study of female survivors of child sexual abuse, Fleming, Mullen and Bammer (1997)<sup>75</sup> found that being socially isolated or experiencing the death of a mother were factors significantly associated with a victim experience of child sexual abuse before the age of 12. In addition experiencing physical abuse or having a mentally ill mother were predictors for girls being sexually abused after the age of 12.

Evidence about gender differences in age of onset of abuse is mixed and not definitive. This may be because studies do not differentiate age of onset with the duration of the abuse and age of disclosure or reporting the abuse.<sup>76</sup> Ramano and De Luca (2001)<sup>77</sup> argue that findings from retrospective studies show that the average onset is higher for boys than girls. In contrast, studies using data from cases reported to authorities suggest that the average age for onset is lower for boys than girls.<sup>78</sup> However, it also appears that the onset age of abuse differs between intrafamilial and extrafamilial child sexual abuse, with onset age of intrafamilial abuse being younger (7-11) than for extrafamilial abuse (10-12).<sup>79</sup> It is suggested that this may be because younger children spend more time in the home and are more accessible to intrafamilial offenders while older children go to school and are more involved in activities outside the home.

#### **3.1.4. Are measures of intelligence and academic achievement associated with child sexual abuse?**

Some studies associate childhood sexual abuse with poorer academic performance among victims.<sup>80 81 82 83</sup> These studies show that sexually abused children are more likely to perform below standard in reading, mathematics, science and social studies compared to non-abused children. They are also more likely to be enrolled in special education compared to non-abused children.<sup>84</sup> In the fourth national incidence study of child abuse and neglect in the United States school-aged children who were not enrolled in school were found to be victim to sexual abuse more frequently than enrolled children.<sup>85</sup>

#### **3.1.5. Are children who live with disabilities at increased risk of child sexual abuse?**

There appears to be clear and reliable evidence in recent meta-analysis and pooled prevalence studies, along with individual studies, that children with disabilities are more likely to experience sexual abuse than children without disability.<sup>86 87 88 89 90</sup>

In Jones' et al (2012)<sup>91</sup> meta-analysis of 17 studies of violence against disabled children and young people representing over 18,000 individuals, the pooled prevalence rate (the rate across all of the individual studies combined) for child

sexual abuse was 9%. For children with mental or intellectual disabilities the rate was 15% and for children who had physical disabilities the prevalence of child sexual abuse was 11%. The study reported that children with disabilities were two to three times more likely to experience sexual abuse. Similarly Sullivan and Knutson's (2000)<sup>92</sup> survey of 50,278 young people aged from newborn to 21 in Nebraska found that disabled children were three to four times more likely to be sexually abused.

The relative risk of child sexual abuse varies with the type of disability, according to the literature.<sup>93 94 95</sup> In Sullivan and Knutson's (2012)<sup>96</sup> study, children with speech and language impediments were three times more likely to be sexually abused than children without disabilities; children with intellectual disability were four times more likely; and children with behavioural disorders were five to six times more likely to be sexually abused. Although the findings vary in relation to the risk associated with different types of disability, Stalker and McArthur's (2012)<sup>97</sup> literature review of child abuse, child protection and childhood disability also found that children with communication impairments, behavioural disorders, learning disabilities and sensory impairments are likely to experience higher levels of abuse including sexual abuse in comparison to children without disabilities.

Several studies report that children with hearing difficulties are more at risk of sexual abuse than children who are not.<sup>98 99 100</sup> Kvam (2004)<sup>101</sup> reported that not only were deaf children more at risk of sexual abuse, but that the level of abuse is more serious than for the general population. Several studies support this finding and conclude that the risk of sexual abuse is higher for children with disabilities, especially those with more severe disabilities, in relation to the number of incidents reportedly experienced, the severity of sexual acts and the use of force.<sup>102 103</sup> Sullivan and Knutson (2000)<sup>104</sup> highlight that, because children with disabilities generally experience more than one form of abuse and more severe abuse, researchers and practitioners need to address issues of sexual abuse alongside evidence of other physical abuse and neglect. Likewise, Children with Disability Australia (the national peak body representing children and young people with disability) emphasises that disability in itself does not make children more vulnerable but rather it is a combination of features in a child's environment, relationships and culture that create conditions under which abuse can occur.<sup>105</sup>

### *Is lack of disclosure or reporting an issue for children with disabilities experiencing child sexual abuse?*

Despite the heightened risk of child sexual abuse for children living with disabilities, there is consistent evidence that sexual abuse of these children goes undetected. A lack of disclosure of sexual abuse by children with disabilities, a lack of research capturing the voice and experience of such children and a limited capacity of practitioners to identify and work with a range and combination of impairments mean that children with disabilities who are victims of sexual abuse remain invisible to support systems, at the margins of child protection consciousness.<sup>106</sup>

Two population-based studies of the incidence of disabilities among children on child protection registers found that children with disabilities did not disclose sexual abuse far more frequently than non-disabled children and that delays in disclosure

were very common.<sup>107 108</sup> Reasons suggested for their lack of disclosure include difficulties communicating, feelings of guilt, perceived threat or abandonment, fears about being separated from families, or a tolerance of abuse in order to be accepted.<sup>109</sup>

It appears from the literature that there are a disproportionately low number of children with disabilities placed on Australian child protection registers, despite their heightened risk or abuse. Briggs and Hawkins (2005)<sup>110</sup> suggest that numbers are low for several reasons: children with disabilities do not have supports to make a complaint; they do not feel they will be believed; they do not have the words or language skill to understand and name the abuse; and they are fearful of the abuser who they may be reliant on for daily support. The authors also found that children and young people with disabilities had limited basic safety information, knowledge and skills to escape unsafe situations.

Non-disclosure of sexual abuse by children living with disabilities can be compounded by inadequate professional responses. In a study of child protection committees in the United Kingdom, Cooke and Standen (2002)<sup>111</sup> reported that children with disabilities received a lower response and fewer interventions within their protection plans than children without disabilities. Several studies note that child protection practitioners have difficulties identifying and documenting children with disabilities in their case work.<sup>112 113</sup> Moreover Taylor, Stalker and Stewart (2015)<sup>114</sup> suggest that a higher threshold for triggering child protection responses is used for children living with disabilities. It was suggested that social workers may be reluctant to make formal referrals to child protection authorities due to their empathy with the demands and pressures faced by parents of children with a disability. In addition, the study found a belief amongst Scottish public service professionals that support networks were already in place for children with disabilities that minimised thresholds of risk. The authors note that professionals including child protection practitioners lack experience working with children with disabilities and often feel like they are muddling through decisions. The authors conclude that children coming to the attention of child protection services do not all have the same needs so that best practice assessment and interventions need to adapt to a range of disabilities.

### **3.1.6. Are children who experience other forms of abuse and maltreatment more at risk?**

Although many studies investigate and focus on the experience of child sexual abuse alone, there is growing recognition and consensus that children who are sexually abused are also exposed to other forms of abuse and neglect. Several studies report an association between child sexual abuse and neglect,<sup>115 116 117 118</sup> and poor child-rearing practices, including physical abuse.<sup>119 120 121 122</sup> In a study of Australian women Fleming et al (1997)<sup>123</sup> showed that women who had been subjected to physical abuse as a child were 11 times more likely to be sexually abused (regardless of their relationship to the offender). The secrecy and shame frequently associated with violence in the home often results in families and their children being socially isolated, leaving children with no-one to confide in about either physical or sexual

abuse. Combined, these studies suggest there is a strong possibility that children who are sexually abused will experience other forms of victimisation which increases the range and severity of children's symptomatology.

There is a growing body of research on the topic of 'polyvictimisation' (the experience of multiple victimisations of different types) that aims to understand how, why and which groups of children experience co-occurring and compounding abuse and maltreatment. In a US nationally representative sample of young people aged 6 to ten, Boney-McEvoy and Finkelhor (1995)<sup>124</sup> found that children with a history of sexual victimisation were nearly twelve times more likely to have experienced child sexual abuse. In another large retrospective US study of adults, child sexual abuse was significantly associated with experiencing nine other forms of childhood adversity (emotional and physical abuse, emotional and physical neglect, having a battered mother, living with household substance, parental mental illness, separated parents and having a criminal household member).<sup>125</sup> Adults who reported multiple episodes of sexual abuse or more severe sexual abuse in their childhood were more likely to experience a greater number or combination of other forms of abuse. Further, in a US nationally representative sample of children aged 2-17 years, Finkelhor et al. (2005)<sup>126</sup> found that children and young people who had any sexual victimisation were particularly likely to have experienced additional victimisations in the past year. On average, it was found that children and young people had experienced seven or more victimisations of different kinds in the past year. The authors highlighted the enormous cumulative and collective burden a variety of victimisations can create for children, families and public support services. In addition research indicates a connection between bullying and child sexual abuse, with bully-victims (those youth who bully their peers and have also been bullied) being particularly at risk of child sexual abuse.<sup>127</sup>

Together these findings imply that if one form of abuse is evident or suspected it is important to inquire about the broader spectrum of victimisation. Attention to a single form of victimisation may miss the bigger picture or full extent of risk, vulnerability and impact.

### **3.1.7. Is social isolation associated with the risk of child sexual abuse?**

Several studies report an association between social isolation and an increased risk of child sexual abuse. A study by Fleming et al (1997)<sup>128</sup> notes that social isolation (characterised by such factors as not doing well socially at school, not having many friends and being dissatisfied with life as a teenager) in girls at a young age continues into adulthood and is associated with increased risk of being sexually abused. This is consistent with other studies that show children with few friends or close relationships, no one to confide in, or who lack confidence and have low self esteem are at increased risk of child sexual abuse.<sup>129 130 131 132</sup>

## KEY MESSAGES about risk factors at victim level

### *Risk factors related to gender*

- The evidence is clear that child sexual abuse is a gendered issue and requires a gendered response. Gender influences the risk and experience of abuse, decisions to disclose and the responses that children receive.
- Females are more likely to be victims than males. In Australia one in three girls and one in seven boys experience some form of child sexual abuse.
- Child sexual abuse offenders are predominantly male however there is growing recognition that females also commit child sexual abuse. Adolescent boys are more likely than girls to have a female offender.

### *Risk factors for girls*

- being unhappy, having few friends, and not getting the love they need from their caregivers
- being easily led, in some instances due to intellectual disability
- being impulsive
- living apart from one or both parents
- a higher risk of being sexually abused by their step-father, biological father or other males in their house and
- being sexually abused over a longer period of time than boys.

### *Risk factors for boys*

- being more likely than girls to be abused by strangers, in the offender's home, in an institution or in a public space, and have witnesses to their abuse
- being more likely than girls to be abused by their peers and others closer in age to them including cousins, siblings or other relatives
- having their experience of sexual abuse from a female offender taken less seriously or regarded as less harmful than sexual abuse by a male offender due to a number of societal factors and attitudes
- grooming tactics used by offenders may make boys feel responsible for the abuse they experience, making it difficult for them to recognise or acknowledge that abuse has taken place
- experience of child sexual abuse by boys may involve higher levels of violence and physical harm, involve multiple offenders and more repeated acts of penetrative sex.

### *Risk factor links with age*

- Child sexual abuse tends to increase as a child ages. Children are most vulnerable to sexual abuse between the ages of 7-12 years.
- Although there is evidence of high rates of child sexual abuse among teenagers, this could be attributed to peer-to-peer sexual abuse or because they are more comfortable or have greater opportunity to disclose abuse.

- Children abused by a family member are more likely to be younger than those abused by non-family members.

#### *Risk factors linked to victims with disability*

- There is strong evidence of a higher prevalence of sexual abuse among children with a disability than children without a disability.
- Children with communication impairments, behaviour difficulties, intellectual disability, sensory disability and hearing difficulties are at heightened risk of sexual abuse.
- Children with disabilities are likely to be abused on multiple occasions and the abuse may be more severe.
- Children with disabilities often do not disclose sexual abuse and if they do a delays in disclosure are common.
- Professionals in the public sector including child protection practitioners often lack experience and confidence when working with children with disabilities.
- A higher threshold for triggering child protection responses may be used for children with disabilities.
- Risk and interventions may be minimised because of a belief that supports were already in place for children and parents living with disability.
- Sexual abuse of children and young people with disabilities is very likely to be under-reported.

#### *Risk factors linked with co-existing forms of abuse*

- It is very likely that children who have been sexually abused have also experienced and been victims of another form of abuse and neglect.
- The greater the severity of child sexual abuse, the more likely it is that a child would have experienced a greater number of combination of other forms of victimisation.
- To fully understand risk, vulnerability and impact of child sexual abuse on individual children, it is important for practitioners to explore the possibility of coexisting or prior forms of abuse and victimisation.

#### *Risk factor links with sexuality*

- There is a growing body of literature that suggests people whose sexual identity, orientation or practices differ from the majority of the surrounding society are at elevated risk of child sexual abuse.

#### *Risk factor links with social isolation*

- Social isolation has been associated with an increased risk of child sexual abuse
- Children with few friends or close relationships, have no one to confide in, lack confidence and have low self esteem are at increased risk.

## 3.2. Family level factors

### 3.2.1. Is family size and composition associated with child sexual abuse?

A number of family characteristics are reportedly associated with the occurrence of child sexual abuse. The absence of one or both parents is consistently associated with increased risk of child sexual abuse.<sup>133 134 135 136</sup> Children who live with a single parent who has a live-in partner are at the highest risk, being 20 times more likely to be victims of child sexual abuse than children who live with both biological parents,<sup>137</sup>. The presence of a non-related parent figure such as a stepfather also increases the risk of girls being abused.<sup>138 139 140</sup> The evidence is inconclusive about whether blended families pose a greater risk of child sexual abuse than biological families. Black, Heyman and Slep (2001)<sup>141</sup> found that intrafamilial abuse was highest in blended families. However, several small-scale studies involving intrafamilial offenders have found no difference in the number of sexual abuse acts between biological and blended families.<sup>142 143</sup>

MacMillian, Tanaka, Duku and Vaillancourt and Boyle (2013)<sup>144</sup> found that within multiple-child households siblings were at increased risk of sexual abuse if one child had reported being sexually abused, and that amongst sibling pairs both siblings reported sexual abuse in one in four cases This finding emphasises the need to consider risk to siblings when undertaking risk and safety assessments.

Sedlak's (1997)<sup>145</sup> US national study of the incidence of child abuse and neglect found no association between child sexual abuse and family size. The author argues that a connection between family structure and child sexual abuse is linked to age, with older children from father-only families being at an increased risk of child sexual abuse compared to other children in the family.

### 3.2.2. Is household income associated with child sexual abuse?

The literature on the relationship between household income and child sexual abuse is mixed.

Several studies with nationally representative samples show that low socio-economic status and living in poverty are factors that add to a child's risk of being the target of child sexual abuse.<sup>146 147 148 149 150</sup> Sedlack (1997)<sup>151</sup> found that children from families with low incomes were at 24 times greater risk in comparison to those with higher family incomes. Sinan (2011)<sup>152</sup> found a significant association between insufficient household income to provide for children's basic needs and the reoccurrence of childhood sexual abuse.

Other studies have shown no such association.<sup>153 154</sup> This suggests that there may be a reporting bias whereby suspicions of sexual abuse and maltreatment in low-income families are more likely to be reported than similar abuse in middle to high income families.

### 3.2.3. Are parental age, education and employment associated with child sexual abuse?

Mothers who are young when they give birth to her first child has been associated with child sexual abuse.<sup>155 156 157</sup> Low maternal education is also associated with sexual abuse of girls.<sup>158 159</sup> While reasons for this remain unclear, it is suggested that low education is accompanied by low employment and income, leading to reduced capacity to provide safe environments.

Although small in number, studies of parents of sexually abused children indicate a moderate association between parental occupation and child sexual abuse. Two studies found that parents of sexually abused children were more likely to work in blue-collar jobs than other parents.<sup>160 161</sup>

However, findings are mixed regarding the relationship between caregiver employment and child sexual abuse. Ernst's (2000)<sup>162</sup> examination of neighbourhoods found that areas with higher percentages of women participating in the labour force had lower rates of child sexual abuse. Conversely, Ramirez-et al (2011)<sup>163</sup> found that employed mothers were more likely to report the sexual abuse of their child. This may be because children of employed mothers have increased exposure to risk due to lack of supervision derived from maternal absence from home during working hours. Finklehor et al (1997)<sup>164</sup> found that children in families who left their child at home alone without supervision were at increased risk of child sexual abuse.

### 3.2.4. Is parental mental health associated with child sexual abuse?

Several studies have explored the psychological characteristics of victims' parents. Clinical comparison design studies report that parents of sexually abused children experience more psychiatric symptoms on the Brief Symptom Inventory (BSI) Symptoms checklist 90 than comparison parents.<sup>165 166</sup> The increased risk for child sexual abuse in the presence of a parental history of psychiatric illness is consistently reported.<sup>167 168 169</sup> Fleming (1997)<sup>170</sup> identifies a significant association between having a mother with a mental illness and being victim to child sexual abuse, increasing the likelihood of child sexual abuse by 35 times. However, the authors caution that while there is a clear and evident risk in their study, this finding could be an overestimation to some extent due to the small number of women who reported having a mother who was mentally ill in the study. In a large representative community in Canada, Walsh, Macmillan and Jamieson (2002)<sup>171</sup> found that participants who reported parental history of depression, mania or schizophrenia had nearly double the risk of child sexual abuse, and parental antisocial behaviour increased the likelihood of child sexual abuse by five times.

However these studies did not determine whether symptoms pre-dated the discovery of victimisation. To investigate this question, Pianta, Egeland and Eriskon (1989)<sup>172</sup> followed the same group of women and children over six years. The authors discovered that mothers of sexually victimised children reported significantly more stressful life events at every assessment point and significantly

less emotional support at all but one assessment point. In addition, mothers of sexually abused children were reported to be more sceptical of relationships, restless, emotionally unstable and scheming than mothers in the control group.

Some studies also suggest that child sexual abuse is linked to a parent's mental illness due to reduced capacity to attend to the child's needs, which makes them more vulnerable.<sup>173 174</sup>

What is clear from the research is that prevention of child sexual abuse could be enhanced through programs focused on early identification and treatment of parents with mental health disorders.

### **3.2.5. Does parental alcohol and substance use place children more at risk of child sexual abuse?**

Links between parental alcohol and substance use and increased risk of child sexual abuse are widely accepted. In a community-based study involving a representative sample of 8472 individuals aged 15 years and older living in Ontario, parental substance abuse (including alcohol use and other drug use) was associated with more than a twofold increase in the risk of exposure to child sexual abuse. This finding held true when applied to substance use by mothers, fathers or both parents.<sup>175</sup> Drug and alcohol use was the most common risk factor present among 138 cases of child sexual abuse (the majority of which were committed by someone known to the victim) in a study in the United Kingdom.<sup>176</sup>

#### **Alcohol**

Parental problem drinking is recognised as a risk factor for child sexual abuse.<sup>177 178 179 180 181</sup> In a retrospective community-based case control study with 144 females who had been sexually abused as children and 566 females who had not, the presence of an alcoholic father was found to increase the risk of familial sexual abuse by five times, while having an alcoholic mother increased the risk of non-familial abuse by nine.<sup>182</sup> Vogeltanz et al (1999)<sup>183</sup> found that when girls were living with both biological parents, a mother's problem drinking could significantly increase the likelihood of child sexual abuse. Conversely, the study found that, in the case of girls who were not living with their biological parents by age of 16, it was a fathers' problem drinking that was linked to an elevated risk of child sexual abuse. Dube et al. (2005)<sup>184</sup> note that the risk of child sexual abuse is greater if both parents are problem drinkers. The research also notes that individuals with histories of child sexual abuse are more likely to abuse alcohol and other drugs, and that those who misuse alcohol or drugs are at an elevated risk of sexual revictimisation in adulthood.<sup>185 186</sup>

Foetal alcohol syndrome (FAS) is a particular and direct result of problem alcohol use during pregnancy by mothers. A small body of literature looks at the risk of child sexual abuse amongst children with foetal alcohol syndrome. In a study of 43 cases of children who had FAS compared with 86 children who did not, children who had FAS were hospitalised more often with sexual abuse than those who did not.<sup>187</sup> The study reported the risk of sexual abuse was ten times greater for children with FAS

than for children without FAS. The authors suggest that inappropriate sexual behaviour, an inability to learn social skills and create personal boundaries, impulsive behaviour, lack of judgment and a difficulty forming friendships among children with FAS may contribute to their vulnerability and increase the risk of child sexual abuse. The authors caution that further research is needed to confirm the relationship between FAS and child sexual victimisation.

### *Substance use*

Although less extensively researched than alcohol use, some literature reports on links between parental substance use and child sexual abuse.

An American study using a large sample identified significantly higher rates of substance use disorder amongst parents of adults who had a history of child sexual abuse than those who did not.<sup>188</sup> In a study of 300 adolescent girls admitted to psychiatric inpatient care, mothers' substance use and daily smoking and nicotine dependence among the sample was significantly associated with sexual abuse.<sup>189</sup>

Freeman, Collier, and Parillo (2002)<sup>190</sup> conducted a study with 1,478 community-recruited women to assess associations between child sexual abuse and lifetime crack use. The study found that 64% of the sample used crack, and of those, over half (56%) had been sexually abused by the age of 18.<sup>191</sup> Analysis showed that child sexual abuse was significantly associated with lifetime crack use, suggesting that as many as 60% to 84% of adult women in day treatment programs are survivors of child sexual abuse.<sup>192</sup>

Although the literature supports an association between alcohol and substance use and child sexual abuse the causal pathway is unclear. Several studies suggest that substance misuse may directly or indirectly place a child at increased risk of sexual abuse by reducing the capacity for effective parenting and contribute to more punitive and sexually harmful parental behaviours toward children<sup>193 194 195</sup> Substance misuse may make parents less able to supervise children so that they become more vulnerable to abuse by others outside the family.<sup>196 197</sup> Further the intergenerational transmission of sexual abuse and substance use may increase the potential for child sexual abuse to be repeated across generations.<sup>198</sup>

Miller, Maguin and Downs (1997)<sup>199</sup> provide three theories about causal factors in the association between alcohol use and sexual and physical abuse of children. In brief they suggest that: substances distort cognition so that the consequences of aggression are underestimated by the offender (thereby increasing the risk of violence); child abuse results from substance use because offenders attribute their abusive and violent behaviour to the substances they have used; and substances suppresses the areas of the brain responsible for the control of socially unacceptable behaviour. Other authors suggest that parents who drink alcohol excessively may fail to be aware of the predatory behaviour of others towards their children.<sup>200 201</sup>

### **3.2.6. Is family functioning associated with child sexual abuse?**

Family functioning is not as thoroughly researched as victim and offender characteristics. Studies consistently show that child sexual abuse is more likely to occur among children exposed to high levels of marital conflict and parental separation.<sup>202 203 204 205</sup> In a clinical comparison study Paveza (1988)<sup>206</sup> found that children whose mothers reported being in unsatisfactory marriages were at seven times the risk of intrafamilial sexual abuse. However in a similarly conducted study, Manion et al (1996)<sup>207</sup> found no association between childhood sexual abuse and marital relationships and functioning. This discrepancy in findings may be due to the fact that the sample in this study focussed on extrafamilial abuse only. There are also findings that suggest children may be more vulnerable to sexual abuse in the context of separation or divorce.<sup>208</sup> In a recent study, Wilson (2000)<sup>209</sup> found that partnership breakdown heightened the risk of child sexual abuse.

### **3.2.7. Is parental history of abuse associated with the risk of child sexual abuse?**

The literature shows that a proportion of individuals who have been sexually abused as children go on to commit child sexual abuse later in life.<sup>210 211 212</sup> There is also evidence of an association between abuse histories of non-offending parents and child sexual abuse.<sup>213 214</sup> A ten year follow up study of 150 mother-daughters found that if a mother had experienced sexual abuse as a child her daughter was at increased risk of being sexually abused.<sup>215</sup> Exactly how a history of childhood sexual abuse among non-offending mothers heightens her child's risk of sexual abuse is not clear. This could be related to aspects of psychosocial functioning, compromised parenting capacity or a combination of the two, interacting with other factors to increase risk.

The issue of abuse history and the committing of child sexual abuse are discussed in more detail in chapter 4.

### **3.2.8. Are parenting styles, skills and perceptions associated with risk of child sexual abuse?**

The literature about parenting styles or parenting practices is inconclusive. Finkelhor (1993)<sup>216</sup> found that an inability to exercise parental control was associated with child sexual abuse. In his nationally representative survey Finkelhor (1997)<sup>217</sup> reported that the use of corporal punishment in the previous 12 months was not related to child sexual abuse. In contrast Brown et al (1998)<sup>218</sup> found that harsh punishment by parents was associated with child sexual abuse. and Edwards and Alexander (1992)<sup>219</sup> found parents of sexually abused children were more authoritarian, more conflictive, and held patriarchal beliefs.

Finkelhor, Ormond and Turner (2007)<sup>220</sup> found that a lack of parental monitoring and family problems increased the rates of sexual victimisation. Using data from a longitudinal study of the impact of child sexual abuse on girls' development (n=127), Kim, Noll, Putnam and Trickett (2007) concluded that mothers of sexually abused girls provided less positive structure, used punitive discipline more frequently than

mothers of girls who were not abused. However using data from the same study, Kim, Trickett and Putnam (2010)<sup>221</sup> concluded that multiple factors such as mother's childhood experience of abuse, their experiences of being parented, mental health problems and social supports combine to determine parenting practices. The authors suggest that professionals working with mothers of sexually abused children assess a mother's current psychosocial functioning and their childhood experiences of parenting.

### **3.2.9. Is poor parent-child interaction associated with child sexual abuse?**

Poor parent-child interaction has been associated with increased risk of child sexual abuse<sup>222 223 224 225</sup>. In a nationally representative sample of young people aged between 10 and 16, Boney-McCoy and Finkelhor (1995)<sup>226</sup> found that poor interaction between the parent and child nearly tripled the likelihood of child victimisation. Fergusson et al (1996)<sup>227</sup> found low parent attachment was significantly associated with child sexual abuse and Paveza's (1988)<sup>228</sup> study of mothers reported that families in which the mother and daughters had a distant relationship were eleven times more at risk for intrafamilial abuse. Low levels of parental care have also been identified among adults who reported being sexually abused as a child.<sup>229 230</sup>

In contrast, a study of the role of parent-child interaction on the incidence of abuse in Colombia detected no association between sexual abuse and negative parent-child interactions. The authors purport that child sexual abuse may be a different phenomenon than other forms of abuse possibly responding to or being influenced by other influences such as culture.<sup>231</sup>

### **3.2.10. Is domestic and family violence associated with child sexual abuse?**

It has been recognised that exposing a child to domestic violence is a form of abuse in itself, regardless of whether the child is the target of such violence or not.<sup>232</sup> Children living in homes where they are exposed to domestic violence are at significant risk for sexual abuse.<sup>233 234</sup> Prevalence and incidence studies demonstrate that the majority of children who are sexually abused by a known adult have also witnessed or at higher risk of witnessing domestic violence.<sup>235 236</sup>

Three Australian studies, Goddard (1981)<sup>237</sup>, Goddard and Hiller (1993)<sup>238</sup> and Tomison (1994<sup>239</sup>; 1999<sup>240</sup>), found an association between domestic violence in the home and child sexual abuse. Goddard and Hiller (1993)<sup>241</sup> found that out of 206 cases of child abuse, domestic violence existed in 40% of instances of child sexual abuse. In Tomison's review of 213 cases of child maltreatment, approximately 16% of cases of sexual abuse occurred in families where one or both of the child's caregivers was (were) verbally and/or physically violent to each other. According to the ABS (2006) Personal Safety Survey<sup>242</sup> (which measures the nature and extent of violence experienced by men and women), around one in 10 males and females reported having experienced physical abuse before the age of 15 years, while 12 percent of women and five percent of men reported having been sexually abused.

A home where there is violence against women is a contextual risk factor for child sexual abuse. Bowker, Arbitell and McFerron (1998)<sup>243</sup> found that daughters are exposed to a risk of sexual abuse 6.51 times greater than girls in non-abusive families. Another study found that young people who had been exposed to violence in the home when they were growing up were twice as likely to have been forced to have sex and four times as likely to have admitted that they had forced a partner to have sex later in life.<sup>244</sup> This is an important finding, as research has shown that women who reported experiencing some form of physical or sexual abuse during childhood are one-and-a-half times more likely to report experiencing some form of violence in adulthood<sup>146</sup>. Several authors contend that childhood sexual abuse can be used as a form of domestic violence where violence directed at children is used as a vehicle to abuse mothers or gain access to children.<sup>245 246 247</sup>

### 3.3. Community level risk factors

#### 3.3.1. Is housing stress associated with child sexual abuse?

In a study that documents the relationship between the density of single-family homes and sexual abuse Ernst (2000)<sup>248</sup> found no relationship between past year movement and sexual abuse. In Flemming's study (1996)<sup>249</sup> the number of times a respondent reported moving house while growing up was significantly related to child sexual abuse.

Homeless children were found to have elevated rates of sexual abuse (because it was customary for new members to a group home to be sexually abused by an older member of the group and in return be provided with food and security).<sup>250 251</sup>

#### 3.3.2. Is culture associated with risk of child sexual abuse?

Although prevalence studies of child sexual abuse may include ethnicity as a demographic variable, there is limited evidence about how specific cultural factors influence the dynamics of child sexual abuse.<sup>252</sup> Davies and Jones (2013)<sup>253</sup> submit that cases of sexual abuse against ethnic minority groups may go under-reported; accordingly it is hard to get a good understanding of the nature and extent of child sexual abuse among culturally and linguistically diverse communities. However, there is a small and growing body of literature that acknowledges that child sexual abuse is influenced by the cultural communities in which they are nested and some aspects of culture may facilitate risk or protect against child sexual abuse. Based on the literature the factors that warrant exploration when working in culturally and linguistically diverse families include definitions of child sexual abuse,<sup>254 255 256</sup> understandings of the indicators of child sexual abuse,<sup>257 258</sup> the risk and protective factors of child sexual abuse and who commits child sexual abuse<sup>259</sup> and traditional gender roles.<sup>260 261</sup>

Attitudes towards sexuality and the propensity of some cultures to shy away from discussing sexuality can be problematic as parents may not discuss the possibility of child sexual abuse, while silence combined with a lack of sex education may mean children are unaware of potential risks factors and may not disclose sexual abuse.<sup>262</sup>

<sup>263</sup> Immigration-related stress has been identified as a risk factor for child sexual abuse in a number of ethnic groups.<sup>264</sup> A lack of awareness of the possibility of sexual abuse occurring in a family relationship (including sibling abuse) may blind parents to risk and occurrence of intrafamilial abuse.<sup>265 266</sup>

A review of the issue of harmful sexual behaviour among children and young people in Aboriginal communities can be found in chapter 7.

### 3.3.3. Community violence

Community violence has been identified as a risk factor for child sexual abuse. Two studies, one in America and another in Korea, both conducted national samples with regards to exploring the impact of community violence as a risk factor for sexual abuse. Boney-McCoy and Finkelhor's (1995) study (n=2000)<sup>267</sup>, found that prior victimisation, both sexual and non-sexual, such as physical assault, were predictive of sexual victimisation. Intrafamilial violence was associated with a risk of family isolation and therefore an increased risk of sexual abuse for children. Exposure to non-family violence, such as gang or peer violence was associated with an increased risk for child sexual abuse. The study also found that prior experiences of violence exacerbated PTSD-related symptoms in those children who had experienced sexual abuse. Han et al's (2011) study in Korea (n=1403)<sup>268</sup>, looking at the sexual victimisation of boys, corroborated the findings of Boney-McCoy and Finkelhor's<sup>269</sup> study, finding that boys living in high crime areas were more vulnerable to sexual abuse.

A longitudinal study conducted by Lynch and Cicchetti (1998)<sup>270</sup> investigating the relationship between community violence, child maltreatment and children's functioning found that rates of child maltreatment (physical and sexual abuse and neglect) were higher for children who reported higher rates of violence within their community. In the follow up study conducted one year later, children who were victims of sexual abuse fared significantly less well on measures of PTSD-related symptoms and behaviours compared to children who had not been sexually abused.

### KEY MESSAGES about family and community-level risk factors

- Children's vulnerability to sexual abuse is embedded in the family, community and society in which they live.

#### *Family risk factors*

- Children living without either of their biological parents are at increased risk of child sexual abuse.
- Children who live with a single parent that has a live-in partner are 20 times more likely to be victims of child sexual abuse.
- The presence of a stepfather increases the risk of girls being sexually abused by their stepfather.
- Children living with another child or sibling who report being sexually abused are at increased risk of being sexually abused themselves.

- Having a parent with a psychiatric or mental illness (especially a mother) strongly elevates the risk of child sexual abuse occurring. However it is unclear whether mothers develop mental illness as a result of the children being sexually abused or whether mental illness reduces a parent's capacity to protect their children from harm or both.

#### *Risk factors associated with alcohol and substance use*

- There are strong links between problem levels of parental drinking and child sexual abuse. Risk increases when both parents drink.
- Parental substance use in combination with alcohol use significantly increases the risk of child sexual abuse.
- Children with foetal alcohol syndrome are very vulnerable to being victims of child sexual abuse.

#### *Risk factors associated with family functioning*

- Poor family functioning and cohesion increases the risk of child sexual abuse.
- Poor parent-child interaction including distant or low levels of parental care is associated with risk of child sexual abuse.
- Children may be more vulnerable to sexual abuse if their parents are separating or divorcing.
- Children living in homes where they are exposed to domestic violence are at significant risk of child sexual abuse.
- Female children who are exposed to domestic violence are nearly six times more likely to be victims of child sexual abuse than those who are not.
- Children whose mothers have been sexually abused as children are at increased risk of child sexual abuse.

#### *Community / social risk factors*

- While there is evidence about the links between socio-economic status of households and child sexual abuse the conclusions are mixed.
- Children with mothers who have a low maternal age (when they first give birth) and have low levels of education may have an increased risk of child sexual abuse.
- Having lower levels of education is associated with limited employment opportunities. This can lead to lower income which, in turn, may compromise a parent's capacity to afford safe environments.
- Evidence of the association between parent's employment status and child sexual abuse is mixed. Some studies show that children whose parents are not in the workforce are at increased risk of child sexual abuse. Other studies show that children whose parents work (especially mothers) may be at increased risk of child sexual abuse through lack of supervision at home.
- A small but growing body of evidence shows that the occurrence of child sexual abuse is influenced by certain cultural attitudes, practices and experience including:

- adherence to traditional gender roles and attitudes towards sexuality
  - beliefs about what constitutes child sexual abuse
  - knowledge of indicators of child sexual abuse and awareness of the possibility that it can occur
  - immigration related stress.
- There is a small amount of evidence that suggests being homeless and moving households may make children vulnerable to child sexual abuse.
- A small amount of evidence shows that community violence or non-family violence (high rates of crime, gang-related violence) is associated with increased risk of child sexual abuse.

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#### 4. Chapter Four: The offender in child sexual abuse

This chapter reviews the literature about the risk factors related to child sexual abuse offenders, their relationship to the victims, their methods, histories, tendencies to re-offend, and possibilities for treatment. By analysing the differences and similarities between other types of sex offenders and among different sub-groups of child sex abusers, much can be learnt to protect potential victims, support victims and treat offenders.

The chapter also gives attention to online child sexual abuse, grooming practices and the under explored field of female offending.

**Using the evidence.** Many studies of child sexual abuse look at the characteristics of a particular type of sexual offender and show, for example, whether they are likely to have been abused as a child or have mental health problems. But it is also important to examine whether such offenders differ from other sex offenders or non-offenders, because such group differences can reveal possible causal factors for child sexual abuse. Looking at common characteristics and risk factors will help inform treatment and responses.

The findings of many of the qualitative studies are limited due to small sample sizes and as such, the preliminary conclusions should be applied cautiously until the results have been replicated within larger studies.

##### 4.1. Theories about what leads offenders to commit child sexual abuse.

There have been many studies into the factors that lead to child sexual abuse. It is widely recognised in the theoretical analysis across the literature that atypical sexual interests and disinhibition on the part of the offender have a central role in child sexual abuse offending.

Overall, studies suggest that a range of factors combine in multiple ways to lead to sexual abuse against children who may be known or not known to the offender. Smallbone and Wortley (2001)<sup>1</sup> observe that most research agrees that child sexual abuse is multi-dimensional and multi-determined, the causes of sexual offending embedded in offenders' biology, developmental experiences, wider socio-cultural environment and the immediate situations in which the abuse occurs.

In the 1990s, several theories emerged to describe or explain the range of factors and pathways that lead to the commitment of child sexual abuse. Finkelhor's (1984) Precondition Model of child sexual abuse<sup>2</sup> identifies offenders' psychological vulnerabilities as an important part of the offence process and suggests four stages that lead to offending:

- *motivation to sexually abuse;*
- *overcoming internal inhibitions against such motivations;*

- overcoming *external inhibitions* to abuse;
- factors that help the offender *overcome children's resistance* to the abuse.

Marshall and Barbaree (1990)<sup>3</sup> propose that adverse life experiences in childhood obstructs an offender's control over normal aggressive tendencies and sex drive, which can impede the formation of relationships with others. This increases the likelihood that an individual will sexually coerce or engage in sex with peers of adults.

Hall and Hirschman (1991)<sup>4</sup> identify four factors that explain sexual offending: personality problems, thoughts justifying sexual behaviour, mood swings, and sexual arousal to or coercion of children.

A study by Ward and colleagues<sup>5</sup> proposes a 'multiple pathway' model that sees child sexual abuse being made possible when situational triggers (or triggers that occur in everyday life situations) act together with a set of different individual predispositions and motivations to sexually abuse. In this model predisposition to engage in sexually deviant activity comes from four unique psychological mechanisms: social skills deficits; distorted sexual scripts; emotional deregulation and cognitive distortions.

Ward and Beech (2005)<sup>6</sup> developed an integrated theory that links concepts from biology, psychology and neuroscience. In this model Ward, Polaschek and Beech (2006)<sup>7</sup> critiqued all of these theories and raised concerns about whether the theories could be empirically tested and whether such theories that were originally developed to explain adult sex offending are applicable and hold true to adolescent sexual offending.

Recently, Seto, Babchishin, Pullman and McPhail (2015)<sup>8</sup> have suggested an explanation for sexual offending which connects atypical sexual interests and antisocial tendencies. Atypical sexual interests include a sexual attraction to children and an excessive sexual preoccupation that combine to motivate the sexual abuse of a child. In this model, antisocial tendencies (such as impulsivity, risk-taking, erratic and irresponsible behaviour) facilitate sexual offending because male or females are more willing to take risks, they act on impulses and are less aware of the negative impacts.

Situational crime theory identifies three types of child sex offenders that may be found particularly in organisational settings<sup>9</sup> including:

- *Serial perpetrator predators* - high frequency and chronic offenders who choose victims and manipulate the environment in order to sexually abuse;
- *Opportunistic occasional predators* – occasional offenders who are likely to sexually abuse when they lack appropriate controls;
- *Situational perpetrators* – who will commit abuse in reaction to environmental factors and often behave impulsively.

#### **4.2. Are there differences between adults who sexually abuse children and those who sexually abuse adults?**

In a review and meta-analysis of 89 studies examining risk factors for the perpetration of child sexual abuse published since 1990, Whitaker et al (2008)<sup>10</sup> show that child sex offenders are not very different from those who commit sexual abuse against adults. In brief the two groups do not differ on family risk factors including poor family functioning, poor attachment and history of abuse. Child sexual abuse offenders have fewer externalising behaviour problems than those who sexually abuse adults, and significantly more anxiety, more depression and lower self-esteem. The authors found no difference in levels of sexually deviant behaviour between the two groups. The authors argue that the findings suggest the importance of general risk factors that can lead to different types of offending.

The notions of 'general' and 'shared' risk factors suggest that certain environments and qualities can produce risk behaviour including sexual offending. The current literature about the extent to which child sex offending is part of a broader more general pattern of antisocial behaviour is supported by other studies.<sup>11 12 13</sup>

#### **4.3. How do child sexual abuse offenders differ from non-sexual abuse offenders and non-offenders?**

Although offenders who sexually abuse children do not differ markedly from those who sexually abuse adults, they do differ across several risk domains when compared to non-sex offenders and non-offenders (see table 2 below).

In Whitaker et al's (2008)<sup>14</sup> review of offender risk factors, child sexual offenders are more likely to have sexual problems, negative attitudes/cognitions, experience more family problems, have a history of sexual abuse, be delinquent or violent, have a personality disorder and social deficits, and experience harsh discipline as a child than non-sexual abusers and non-abusers.

Another review of the risk factors for child sexual abuse (2001)<sup>15</sup> found several studies that revealed child sexual abusers were more likely to come from a blue-collar background, be unemployed and have significantly lower income than non-abusers.<sup>16 17</sup> According to Finklehor et al (2010)<sup>18</sup> low socio-economic status, low education level and unemployment negatively influences the ability of parents to care for and protect their children.

Unhappiness, loneliness and poor social skills are regularly reported for child sex offenders. Offenders have been found to be more emotionally needy than non-abusers, scoring higher levels of distress, rigidity, unhappiness and loneliness.<sup>19 20</sup> Several other studies have shown that child sexual offenders are more socially isolated and lonely than other types of sex offenders or non-offenders.<sup>21 22</sup> In Whitaker et al's (2008) meta-analysis of risk factors<sup>23</sup>, child sexual abusers were more lonely, had more antisocial personalities, and had worse social skills than non-sex offenders or non-abusers, though no such differences were found between child sexual abusers and adult sexual abusers. Juvenile sex offenders tend to be more

socially isolated than juvenile non-sexual offenders, according to one Australian meta-analysis (2010)<sup>24</sup>.

Several studies support a relationship between isolation, poor attachments and the committing of child sexual abuse.<sup>25 26</sup> Studies show that poor quality attachment between the child who later becomes an offender and their parents during childhood is linked to a sense of alienation and loneliness among adolescents and adults – and that loneliness is a critical factor in the initiation and maintenance of child sexual abuse.

Such poor childhood attachments have been found among a range of offenders, including among intrafamilial and extrafamilial child sexual abusers<sup>27 28</sup> and among juvenile child sexual abusers<sup>29 30</sup>. A fearful attachment style, where a person wants interpersonal closeness but fears rejection from peers, also distinguishes sexual offenders from non-sex offenders.<sup>31</sup> A small number of studies suggest that both intra-familial and extrafamilial offenders are more likely to report secure attachments with their mother and an insecure attachment relationship with their fathers during childhood.<sup>32</sup> Overall, the research indicates that as children, adult sex offenders experience low parental bonding characterised by affectionless control.<sup>33</sup>

34

There has been much less research into adult attachments in child sexual abusers. Some research does indicate that child sexual offenders are more likely to report insecure than secure adult attachments. In fact, among child sexual abusers, insecure adult attachments are more prevalent than insecure childhood attachments, and both rates are higher than in the general population.<sup>35 36</sup> McKillop et al 2012<sup>37</sup> theorise that adults who sexually abuse children may have experienced life events that have adversely affected their intimate relationships, perhaps leading to sexualising caregiving relationships with children. Similarly, in other studies offenders report that at the time of offending they felt their relationship was negative, they spent less time with their partner, engaged in less sex with their partner, experienced work-related problems and felt like they lacked control over their lives.<sup>38</sup>

Several studies show a link between an offender's early exposure to pornography and subsequent sexual abuse of a child.<sup>39 40 41</sup> Simons, Wurtele and Heil (2002)<sup>42</sup> studied 188 incarcerated adult male sex offenders and reported that 86% of child sexual abusers described early exposure (generally between 5-10 years old) to pornography. The authors suggest that offenders may use pornography to groom and legitimise the abuse with children, use it to blackmail children and prevent them from disclosing, or use it as a vehicle of their own sexual arousal.

More recent studies also show that exposure to pornography online is associated with the committing of child sexual abuse. Seto and Eke (2005)<sup>43</sup> report that child pornography offenders who had ever committed a contact sexual offence were more likely to reoffend in any way compared to those who had committed child pornography offences only *and* compared to those who had committed non-sexual

offences. A more detailed review of the links between online pornography and child sexual abuse can be found later in this chapter.

**Table 2: Characteristics of intrafamilial and extra-familial perpetrators of child sexual abuse**

<b>Sexual offenders against children</b>	<b>non-sex offenders, non-abusers</b>
History of sexual abuse	Less likely to have history of physical and sexual abuse
Family problems and poor family functioning	Better family functioning
Lower socio-economic status /lower income / lower education /unemployed	More lifestyle stability
More mental health problems (anxiety, depression, low self-esteem)	More personality disorders
Sexual problems: high sex drive, preoccupation with sex, sexually deviant interest, sexual externalising problems	Sexual problems: high sex drive, preoccupation with sex, sexually deviant interest, sexual externalising problems
More externalising behaviours (non-violent criminality, more angry, hostile, substance abuse, distrust of others, anti-social personality disorders)	Less externalising behaviours
Emotionally needy	
More tolerant of adult-child sex/ minimise offender culpability	
Be unemployed and have low levels of education	

#### **4.4. Risk factors associated with intrafamilial compared to extrafamilial offenders of child sexual abuse**

There are enough significant differences between intrafamilial and extrafamilial offenders to suggest that a carefully tailored response to offender types would be beneficial (see Table 3 for an overview).

In a recent meta-analysis Seto, Babchishin, Pullman and McPhail (2015)<sup>44</sup> tested explanations for intrafamilial child sexual abuse by examining 78 independent studies involving a total of 6,605 intrafamilial offenders and 10,573 extrafamilial offenders. Demographically extrafamilial offenders were younger, committed their first sexual offence at an earlier age and were less likely to cohabit with a partner or be married. They were also more likely to report a non-heterosexual orientation than intrafamilial offenders.

Intrafamilial offenders had poorer childhood attachment to their mothers and fathers, were lower in antisocial tendencies (impulsivity, low victim empathy, and psychopathy scores) and had less atypical sexual interests (paedophilia or hebephilia) than extrafamilial offenders. Intrafamilial offenders were less likely to

espouse offence-supportive attitudes and beliefs and less likely to be emotionally congruent. (Emotional congruence in this field means the identification with childhood and childishness, and has been linked to some child sex abusers in other studies.)<sup>45</sup>

The literature indicates that sexual offenders often have an underlying issue with the development of theory of mind, along with poor empathy for victims and cognitive distortions.<sup>46 47</sup> According to a meta-analysis,<sup>48</sup> extrafamilial offenders have more emotional congruence and less victim empathy than intrafamilial offenders. They are more likely to deny or minimise the sexual abuse. Seto et al. suggest this reflects extrafamilial offender emotional and social immaturity and a cognitive dissonance whereby they downplay the impact of the sexual abuse on the child.

In a small-scale Australian study comparing differences between 32 intra-familial and extrafamilial child sex offenders, Parton and Day (2002)<sup>49</sup> did not detect any differences between the two groups in relation to intimacy, loneliness and general empathy. However, the authors concluded that extrafamilial child sexual offenders display higher levels of cognitive empathy than intra-familial offenders while intra-familial offenders display more emotional empathy than extrafamilial offenders.

Seto et al (2015)<sup>50</sup> also conclude that intrafamilial child sex offenders are more likely to have histories of childhood sexual abuse, family abuse or neglect, and poor attachment with parents than extrafamilial offenders.<sup>51 52</sup> Although the authors were not able to explore the role played by family dynamics in this study, they proposed that family dynamics (such as the quality of spousal relationships, family dysfunction and poor relationships between parents and children) could explain why some perpetrators offend against related children and others against unrelated children.

The authors detect very few differences in psychopathology (factors connected to psychological illnesses) though intrafamilial offenders scored higher on repression (denial, rationalisation, suppression of feelings) and lower on measures of personality disorders in comparison to extrafamilial offenders. This is consistent with other studies that show no significant differences in psychopathology observed between incest, opposite-sex extrafamilial and same sex extrafamilial child sex offenders.<sup>53</sup> However, a 2005 study of 111 child sex offenders found that offenders who behaved with overt violence in their sexual abuse were significantly more psychopathic than those who did not.<sup>54</sup>

**Table 3: Differences in risk factors between intrafamilial and extrafamilial child sex offenders**<sup>55</sup>

Intrafamilial child sex abusers	Extrafamilial child sex offenders
Lower antisocial tendencies and atypical sexual interests Less likely to espouse offence-supportive attitudes and beliefs Less likely to have emotional congruence with children Fewer interpersonal problems More likely to have family problems and have experienced sexual abuse, physical abuse, neglect More likely to have poor-parent-child attachments Younger victims Offend for longer time periods Fewer victims	Younger when committed their first offence Less likely to be married and or live with a partner More likely to report non-heterosexual orientation Greater sexual self-regulation problems More negative peer groups Lower victim empathy Greater hostility towards women Greater emotional congruence with children

The differences between intrafamilial and extrafamilial child sex offenders suggest that a tailored preventative response may be required by child protection practitioners. Seto et al’s (2015)<sup>56</sup> meta-analysis shows that intrafamilial offenders are generally less problematic on areas of risk including offence-supportive attitudes, interpersonal difficulties and sexual preoccupation. Yet as the authors point out, these are the domains on which many sex offender treatment programs are focused. The authors call for more nuanced responses for intrafamilial child sexual abusers including, for example, a greater focus on family functioning and dynamics.

#### 4.5. Are child sex offenders also victims of child abuse?

One of the most widely held hypotheses is that individuals who experience sexual abuse are more likely to sexually offend. Although a sexual abuse history and later sexual offending do commonly occur, this does not mean that a sexual abuse history causes the later incidents. The issue is complicated because sexually abused children also frequently experience other forms of abuse, maltreatment and neglect, and offenders themselves are often afflicted with other problems. Researchers have to try to ascertain whether sexual abuse history plays a *unique* and *particular* role in sexual offending.<sup>57 58</sup>

Simons (2007)<sup>59</sup> notes that 'not all victims of sexual or physical abuse become offenders and not all sexual offenders have experienced abuse as children' (p. 71). This is supported by Salter et al's (2003)<sup>60</sup> longitudinal study of the development of sexually harmful behaviours among male victims of child sexual abuse that found only 12% of male victims became sexual offenders (against children in almost all cases).

The proportion of child sexual offenders who have themselves been sexually victimised as children varies widely in the literature (up to 75%)<sup>61 62 63</sup> with rates in the range of 41%-43% the most quoted.<sup>64 65</sup> In a meta-analysis of risk factors for committing child sexual abuse Whitaker and colleagues (2008)<sup>66</sup> found that child sexual offenders were much more likely to have been the victim of child sexual abuse compared with non-sex offenders or non-offenders.<sup>67</sup>

Several other studies report that a history of childhood sexual abuse was more prevalent among female sex offenders compared with male sex offenders, and non-sex offending females.<sup>68 69</sup>

Hanson and Slater's (1998)<sup>70</sup> review of 18 studies examining sexual abuse histories of child sex offenders found that 33% of offenders reported experiences of child sexual abuse and that offenders against boys had twice the rate of childhood sexual abuse as offenders against girls. The review found no difference between intra- and extrafamilial offenders. In contrast, Seto et al (2015)<sup>71</sup> found that intrafamilial offenders were more likely to have experienced child sexual abuse, family abuse and neglect compared to extrafamilial offenders.

Several recent meta-analyses have found that adolescent or adult sex offenders are much more likely to have sexual abuse histories than adolescent or adult non-sex offenders.<sup>72 73</sup> The authors suggest that the association between childhood sexual abuse and sexual offending may be most relevant to sexual offending against children compared to adults. Jespersen et al (2009)<sup>74</sup> cite several studies that show adult sex offenders who were sexually abused as children show greater sexual arousal to children.

While most authors agree that a proportion of child sex offenders were abused as children, determining the exact proportion is difficult due to sample selection (e.g. offenders in prison versus those in treatment), small sample sizes, reluctance among

male offenders to disclose their own experience of sexual abuse, and reliance in some studies on self-reporting.<sup>75 76 77</sup>

#### **4.5.1. Which characteristics are associated with a victim of child sexual abuse becoming an offender as an adult?**

Some characteristics, but not all, have been found to be more closely associated with an increased likelihood of sexual offending later in life. A history of child maltreatment *including* sexual abuse is consistently associated with later sexual offending. Widom and Ames' (1994)<sup>78</sup> followed children with sexual abuse histories over time compared with a control group of children who had not been abused and found that all three types of abuse - sexual, physical and neglect - before the age of 12 increased the likelihood of arrests for adult sex crimes. In this study adult sex crimes covered a vast array of offences. The only significant result for those who had experienced sexual abuse as a child was an increased likelihood of prostitution.

In a large-scale Australian study that followed up 2759 substantiated cases of child sexual abuse compared to 2677 people drawn from the general population, Ogloff, Cutajar, Mann and Mullen (2012)<sup>79</sup> found that victims of child sexual abuse were more likely to be charged with an offence than the general population group and were 6.7 times more likely to be charged with a sexual offence. In another longitudinal study Salter et al (2003)<sup>80</sup> found that sexually abused boys who later committed sexual offences were significantly more likely to have been neglected, to have lacked parental supervision, and to have witnessed serious family violence than boys who did not go on to commit sexual offences. Other studies also contend that experiencing or witnessing family violence increases the likelihood of male child sexual abuse victims becoming sexual offenders in comparison to child sexual abuse victims who were not exposed to family violence.<sup>81 82</sup> In addition, those who had been victims of sexual abuse as children and then went on to sexually offend were more likely to have experienced physical neglect including serious supervisory neglect during childhood.

The influence of other factors is less clear. Results about the role offender gender plays in the victim-abuser cycle are mixed. A number of studies have found that having a female offender increases the likelihood of a victim of child sexual abuse becoming an offender.<sup>83 84</sup> Glasser et al (2001)<sup>85</sup> caution that the cycle of victim to abuser is more relevant to males than females because very few females who are sexually abused as children become offenders at a later stage. Other studies show that having a male offender increases the likelihood of becoming a subsequent offender of sexual abuse. Findings about the severity, duration and frequency of childhood sexual abuse in relation to later sexual offending are mixed and inconclusive.<sup>86 87 88</sup>

#### 4.5.2. What prevents victims of child sexual abuse becoming offenders?

Overall there is no definitive and accepted explanation of how sexually abused children grow up to commit sexual offences. Burton (2003)<sup>89</sup> suggests that children who have been sexually abused 'learn' to abuse through imitating the offender's behaviour and come to accept adult-child sex. However, it is unclear how this 'education' results in sexual behaviour towards children rather than older adults. Other authors suggest that sexual abuse affects psychosexual development but more research is required to determine if this hypothesis is empirically supported.<sup>90</sup><sup>91</sup> A third explanation concerns a genetic predisposition for sexual offending but there is yet to be any relevant and rigorous research to support this possibility.

#### 4.6. Do child sex offenders have high rates of sexual recidivism?

Assessing the risk of and preventing child sexual offenders from reoffending has received growing attention in the literature. Much of the work focuses on adult male offenders. (Evidence about recidivism among adolescents who sexually harm peers or younger children can be found in chapter 7. Evidence about recidivism among female offenders is discussed later in this chapter.)

Measuring rates of recidivism is not easy because of differing definitions (some rely on a conviction, others on arrest or charges) and the period of time over which recidivism is measured.<sup>92 93 94</sup> As such rates of recidivism vary widely. However while more and better quality evidence is needed, the empirical literature suggests that some sub-groups of child sex offenders have higher rates of recidivism than others.

In a meta-analysis of ten follow-up studies, Harris and Hanson (2004)<sup>95</sup> reported that the recidivism rate for adult offenders of child sexual abuse was 13% after five years, 18% after 10 years and 23% after 15 years. The analysis found significant differences between the subtypes of child sex abusers, with the highest rates observed in extrafamilial abusers where the victim was a boy (35% after 15 years) and the lowest rates observed among intrafamilial offenders (13% after 15 years<sup>96</sup>). Recidivism among adults who sexually abused boys was higher than those who sexually abused girls. Accordingly, researchers have recommended that sub-categories of child sexual abuse offenders should be studied in discrete groups to better determine the specific recidivism rates for each type.<sup>97 98</sup>

A 1999 study<sup>99</sup> found that extrafamilial offenders had recidivism rate of 16.2% compared to intrafamilial offender recidivism rates of 4.8% for biological offenders, 5.1% for step-fathers and 10.8% for extended family. These results suggest that extended family members should be considered differently to biological and step father offenders in a risk assessment.

A meta-analytical study (2010)<sup>100</sup> that looked at the risk factors for adult sexual reoffending (including sexual abuse against children, adolescents or other adults) found strong empirical evidence of a raft of risk factors for recidivism. They included: sexual preoccupation, sexual preference for pubescent children, a preference for

coercive sex, socially deviant sexual interests, offence-supportive attitudes, emotional congruence with children, lack of emotionally intimate relationships with adults, lifestyle impulsiveness (low self control and chronic instability in many aspects of life), poor problem solving, resistance to rule and supervision, grievance/hostility (feelings of having been done wrong), and negative social influences.

Other less strongly supported risk factors included hostile beliefs about women, Machiavellianism (using cunning to get their way), lack of concern for others, dysfunctional coping, sexualised coping (using sex to manage their emotions), and externalised coping (respond in a reckless or impulsive manner). Factors found to have little or no relationship to recidivism included depression, social skills deficits, poor victim empathy and lack of motivation for treatment.

#### **4.7. Treatment and prevention. What helps to stop male offenders of child sexual abuse from re-abusing?**

Much of the knowledge base about treatment for male offenders of child sexual abuse is derived from studies that examine recidivism (either general, sexual or violent) among the general sex offending population (adult, adolescent or child sex offenders). This section will focus on treatment for adult male perpetrated child sexual abuse. The issues of treatment for female offenders of abuse can be found later in this chapter, and for adolescents in chapter 7.

##### **4.7.1. What are the main forms of treatment for male sex offenders (with adult victims)?**

The two dominant forms of treatment for male adult sex offenders (whether the victims are children or adults) are cognitive behavioural therapy (CBT) and relapse prevention.<sup>101</sup>

In brief CBT targets attitudes and assumptions that contribute to an offender's dysfunctional thinking and inappropriate behaviour, and gives them new skills and competencies to help them develop and maintain appropriate behaviour.<sup>102</sup>

Relapse prevention helps offenders to regulate their actions by recognising the internal and external factors that precipitate inappropriate behaviours, and to develop knowledge and skills to manage those behaviours.

There are also physical and chemical medical interventions to treat sex offenders such as surgical or chemical castration (use of hormonal drugs) in order to reduce sexual arousal.<sup>103 104 105</sup>

##### **4.7.2. How effective are these treatments?**

The literature on whether treatment of sex offenders reduces recidivism is mixed: some studies argue that treatment does reduce recidivism; while others claim it does not. A Canadian meta-analysis on over 9000 sex offenders across four

countries indicates that 9.9% of treated sexual offenders will re-offend sexually in comparison to 17.3% of non-treated sexual offenders<sup>106</sup>.

Three evaluations on the effectiveness of adult sex offending programs in Australia are available, although MacGregor (2008) notes that caution must be taken in interpreting these results due to a number of study limitations. A study on the New South Wales Custody Based Intensive Treatment found a recidivism rate of 8.5% amongst treated sex offenders compared with a predicted recidivism rate of 26%. A study on the Victorian Sex Offender Program found a recidivism rate of 4% of amongst treated sex offenders compared with 20% of offenders who withdrew and 10% who were removed from the program. Finally, a study on the Western Australian Sex Offender Treatment Unit found no significant impact of the program on recidivism rates.<sup>107</sup> The programs generally target risk factors for sexual reoffending such as empathy deficits, cognitive distortions and general self-regulation.

Unfortunately, as a recent editorial in the British Medical Journal<sup>108</sup> suggests, there is little systematic work evaluating the effectiveness of interventions for identified offenders of sexual abuse against children specifically. These comments are based on a reflection of a systematic review appearing in that edition of the journal. Langstrom et al's (2013)<sup>109</sup> review of current medical and psychological interventions for individuals at risk of sexually abusing children found that among the eight studies that met the strict criteria for inclusion in their review, the scientific evidence was insufficient to determine if either CBT or relapse prevention reduced adult sex offenders from reoffending against children. A Cochrane Review of psychological interventions (behavioural, cognitive and psychodynamic) that included all randomised studies published between 1974 and 2010 for men who had committed any type of sexual offence (including against children) also found that there is not enough research about the effectiveness of treatment interventions.<sup>110</sup>

Authors attribute the lack of high quality conclusive evidence about the treatment of child sexual abusers to public condemnation and belief that punishment is a sufficient response to their sexual offences. The authors of the Cochrane review argue that without more randomised control trials that include a follow up period of five years, ineffective treatment might well continue to be used and the community lulled into a false sense of security, making the assumption that once an individual has been treated the risk of them reoffending has been reduced.

In contrast, a recent analysis of several meta-analyses (Kim et al, 2015)<sup>111</sup> looked at the effectiveness of sex offender treatments (not including randomised control trials) published between 1995-2005 and argued that some sex offender treatments could be considered proven or at least promising for both adolescents and adults, although findings suggest they are more effective for adolescents. The authors concluded that sex offender treatments reduced recidivism (general, sexual and violent) by 10-22% and that the most effective treatments were cognitive behavioural therapy (including Multisystemic therapy), classical behavioural therapy, surgical castration and hormonal medication, with the last two being the most

effective. Insight-oriented, general psychological and therapeutic community interventions were not found to be effective in reducing recidivism.

Some of the literature on treating sex offenders points to the need for community-based programs. Macgregor (2008)<sup>112</sup> notes that in terms of general treatment available in Australia a proportion of sex offenders, such as high risk violent sex offenders and those who categorically deny abuse, generally bypass treatment. The author calls for community-based programs for high-risk sex offenders released on bond in order to address this gap in treatment. In Kim et al's (2015)<sup>113</sup> meta-analysis, treatments occurring in the community reduced sex-offender recidivism by 17% compared to the 10% reduction achieved by treatments carried out in institutions. So, while specific treatments are proving effective at reducing recidivism the authors caution there are ethical and feasibility concerns that may prevent their use – noting particularly that the American Medical Association is opposed to physicians using surgical castration as it serves to punish rather than treat sexual abuse offenders.

Support for this finding is found in an evaluation of a UK program, *Circles of Support and Accountability*, which suggests that social connectedness can also play a role in preventing recidivism amongst child sex offenders. This program uses support from community members to facilitate safety of children by developing 'circles' comprised of members of the community who act to include rather than exclude sexual offenders within the communities in which they are resident. Although discussions of other factors which may have contributed to the findings are not included, the evaluation of the program over three years revealed low levels of recidivism amongst offenders.<sup>114</sup> Bearing the same name and based on the same model, Canada's Circles of Support and Accountability program also aims to reintegrate offenders back into society. In Canada's version, offenders who engaged with the program had a 70% decrease in sexual reoffending in comparison to those who did not participate in the group (5% and 16.7% recidivism respectively).<sup>115</sup>

With contrasting results about the effectiveness of sex offender treatments and without specific guidelines for the treatment of adults who sexually abuse children, several authors encourage treatment to follow the Risk Needs and Response (RNR) principles that have been effective in treating sexual offenders in general. They propose that offenders with high or moderate risk should be separated from low risk offenders and offered more intensive, long-term interventions. In addition treatment should target the risk factors most significant or associated with the sex crime, and be adapted to social learning theories and the learning style of the individual offenders. Other studies also suggest the importance of 'responsivity' - attending to the factors that will help offenders to benefit from treatment (psychopathy, motivation, denial/minimisation, intellectual functioning, personality profiles, treatment settings and therapist characteristics).<sup>116 117</sup>

#### **4.7.3. What protects against recidivism among child sexual abusers?**

While the literature is filled with studies predicting characteristics of re-offense amongst offenders of sexual abuse, there is almost no research devoted to

understanding protective factors.<sup>118</sup> Current risk assessment tools for sexual offending focus almost exclusively on assessing the risk factors that raise the risk of a person offending. There is limited research into what sexual offenders value, what makes them happy and what skills or strengths they possess which may support desistance from offending. *Note that* many of the studies discussed here are small and/or qualitative findings should be applied cautiously until larger studies have been made.

Several researchers have proposed characteristics which may be predictors of offenders *resisting* engaging in sexual offending, in some cases suggesting that identifying these characteristics may inform treatment and supervision attempts aimed at reducing offending.<sup>119 120</sup> Drawing upon risk factors identified by Mann et al (2010)<sup>121</sup>, Vries Robbe et al (2015)<sup>122</sup> undertook a review of the literature on protective factors in order to suggest potential protective domains for sexual offending that could be incorporated into assessment and treatment processes. The proposed domains include : healthy sexual interests; capacity for emotional intimacy; constructive social and professional support networks; goal-directed living; good problem-solving skills; engagement in employment or constructive leisure activities; sobriety; and a hopeful, optimistic and motivated attitude to desistance. However these domains are currently supported by a small body of empirical evidence and as such should be considered to be an early proposal that requires further support.

A small qualitative study of the self-narratives of convicted child sexual offenders concludes that individuals who had refrained from re-offending shared these characteristics: a stronger sense of personal agency and stronger internal locus of control; an ability to find positive outcomes in negative events; a sense of belonging within a social group or network; and the experience of 'turning points' which often referred to their involvement in treatment<sup>123</sup>.

Another small qualitative study (n=9) found that offenders who resisted an opportunity to reoffend were typically "feeling less lonely, were satisfied in their relationship [with their adult partner] and were more socially connected within their community" (p.95), in comparison to those who did reoffend who were likely to be experiencing issues with their partner and work, felt that they lacked control in their lives and were misusing substances.<sup>124</sup>

One alternative study contradicts the notion that protective factors offset the risk of offending. In a longitudinal study into the development of sexually harmful behaviour in sexually victimised males, Salter et al (2003)<sup>125</sup> found that many supposed protective factors (including the absence of abuse as a child and the existence of positive relationships with peers, siblings and other adults at any stage in their lives) did not reduce the risk of sexual offending. The researchers did note that their limited results should not be interpreted to mean that protective factors never offset risk.

Leclerc, Smallbone and Wortley (2013)<sup>126</sup> conducted the first criminological investigation of the effect of the presence of a potential guardian (i.e. an adult in the vicinity who might protect the child) on the severity of child sexual abuse. Their findings have implications for safety planning processes. The study measured 'severity' as duration of sexual contact and occurrence of penetration and revealed that a large proportion of child sexual offences are committed when a potential guardian is present, irrespective of whether the abuse takes place within an offender's home or elsewhere. This research suggests that offenders are likely to take risks to obtain sexual contact with a child. On the other hand, although the presence of a potential guardian has little impact on initiation of sexual abuse, it does appear 'to reduce the duration of sexual contact and the occurrence of penetration'. The researchers suggest that the presence of a potential guardian decreases the risk of sexual penetration by 86%.

### **KEY MESSAGES about child sexual abuse by males**

- Atypical sexual interests and disinhibition on the part of the offender have a central role in child sexual abuse offending.
- Child sexual abusers are not a homogenous group and risk factors differ according to an offender's gender, their relationship to the victim and their age (e.g. adult or juvenile offender).
- Adults who sexually abuse children and adults who abuse other adults share some common characteristics; poor family functioning, poor parent-child attachment and a history of abuse.
- Adults who sexually abuse children tend to have greater anxiety, depression and low-self esteem compared with adults who sexually abuse other adults.
- Common factors associated with adult commitment of child sexual abuse include: maladaptive sexual orientations/problems, distorted attitudes and beliefs about child sexual abuse, family problems, poor quality parent-child attachments in their childhood, poor social skills, personality disorders, lack of empathy, a history of delinquency and violence, and early exposure to sexually explicit graphic material.
- Comparing intrafamilial child sex offenders to extrafamilial offenders:
  - intrafamilial offenders have significantly less anti-social tendencies, less atypical sexual interest, are less sexually deviant, are more likely to have experienced childhood difficulties including child abuse (physical and sexual) and neglect, and experienced poor parent-child attachments as children.
  - extrafamilial offenders are more likely to be younger when they commit their first offence, less likely to be married or have a partner and more likely to report a non-heterosexual orientation.
- Approximately 41-43% of child sexual offenders were themselves victims of child sexual abuse.
- Not all victims of child sexual abuse go on to sexually abuse children. One study suggests that only 12% of male victims of child sexual abuse become sexual offenders (against children in almost all cases).

- Factors from childhood most closely associated with the likelihood of victims of child sexual abuse becoming offenders are: physical abuse or neglect, lack of parental supervisions, and witnessing family violence.
- Not all child sexual offenders are equally likely to reoffend. Some sub-groups have higher rates of reoffending against children. Child sex offenders who target males outside of their family are more likely to re-offend in the longer term than child sex offenders who target female and/or family members.

### **KEY MESSAGES about the treatment of adult male child sexual abuse offenders**

- There is a lack of evidence about the treatment of adult males who sexually abuse children. Much of what we know comes from evaluations on adults who sexually abuse other adults and/or children.
- In the absence of a robust and longitudinal evidence base about child sexual offenders, treatment should follow the principles and practices shown to be effective in the broader sex-offending population.
- Treatments that *may* reduce child sexual recidivism include cognitive behavioural therapy (CBT, including MST), classical behavioural therapies, surgical castration and hormonal medication, with the last two being the most effective although more research is needed.
- The Risk Needs and Responsiveness (RNP) framework may help assess risk and need amongst child sexual offenders, and tailor treatment and responses to help offenders to maximise their response to treatment.

#### 4.8. Child sexual abuse committed by females

Although there is a dominant belief that child sex offenders are male, there is small but growing body of evidence about the prevalence and distinct features of child sexual abuse committed by women. Overall there has been a lack of information focussing on the factors that contribute to risk and reduction of child sexual abuse committed by women; however we have seen the emergence of more empirical studies on this topic over the last five to ten years. What is now clear is that some women knowingly and of their own accord engage in child sexual abuse.<sup>127</sup>

The prevalence rate of female perpetrated child sexual abuse is difficult to determine due to a number of issues including low reporting, diversion of women from the criminal justice system, and societal and cultural stereotypes.<sup>128</sup> Prevalence rates also vary across countries. Analysis of national data from between 1991 and 1996 in the US reported that overall, 6% of juvenile sexual offenders were female.<sup>129</sup> In Canada, national data from 1998 indicated that 10.7% of investigated child sexual abuse cases reported to child welfare agencies were committed by females<sup>130</sup>.

Cortoni and Hanson (2009)<sup>131</sup> reviewed court and police records from Australia, Canada, New Zealand, the UK and US and found that when averaged across all countries, women were responsible for 4.6% of all sexual offences. In addition, according to victimisation studies the proportion of female sexual offenders was on average 4.8% overall, and 7.0% in Australia.<sup>132</sup>

Two recent studies using large national datasets show that 20% (or 1 in 5) of substantiated child sexual abuse cases reported to child protective services in the United States<sup>133</sup> and 6% of child sexual abuse reported by adults in a national sexual violence survey conducted in 2001 in Ireland<sup>134</sup> were committed by females.

The higher rate of female sexual offenders combined with the lower rates of sexual offenders within criminal justice systems<sup>135</sup> suggest that there may be a systematic breakdown which allows female offenders to go unnoticed or unreported and prevents victims from receiving support.

##### 4.8.1. How do females who commit child sexual abuse differ from males?

Studies that include female sexual offenders reveal distinct differences between female versus male-perpetrated child sexual abuse - and differences in the dynamics as well (see table 4). Multiple studies indicate that male offenders tend to often offend against girls while female offenders are less discriminate. Some studies suggest females have a slight preference for boys while others show they are more likely to offend against girls.<sup>136 137 138 139 140 141</sup>

Two recent large scale studies using national data sets echo this inconsistency about gender of victim. McLeod's<sup>142</sup> recent large scale study using US national child abuse data (n= 279,440), found that females offended against females in 68% of incidents and against males in 32% of incidents. However another recent study by Williams and Biere (2015)<sup>143</sup> using a National incident based data set managed by the Federal

Bureau of Investigation explored female sexual offending (including sexual offending against adults, young people and children) found that females sexually offend against males in 55% of incidents and against females in 45% of incidents. Males sexually abused females in 88% of incidents and against boys in 12% of incidents. This data suggests that males nearly always offend against females whereas females are less discriminate and sometimes abuse girls while other times they abuse boys. Two proposed explanations include that women experience genital and subjective arousal in relation to both males and females while men only experience arousal in relation to their preferred gender, or that female children are more accessible to female offenders (in comparison to male offenders) because they were under their care.<sup>144</sup>

Studies do consistently show that females are less likely to be a stranger to the victim and are more likely than males to be in a caregiving role.<sup>145 146 147 148 149 150</sup> In McLeod's (2015)<sup>151</sup> study female sex offenders were more likely to be listed as the victim's parent (77.8%) than males (31.3). When the offender was a biological parent, the data showed that the offender was over four and half times more likely to be a female.

William and Biere's study (2015)<sup>152</sup> also showed that while female and male child sex offenders often commit sexual abuse in homes, females are less likely than men to commit abuse in outdoor areas such as roads, alleys, parkland or cars, but are more likely than men to sexually offend in jail, in hospital or schools.

The evidence also suggests that females tend to abuse children across a wide range of age groups including younger (5-9 years), middle (10-12) and older aged children (14-18 years).<sup>153 154 155</sup> Female offenders are more likely to be younger at first age of offence and be closer in age to their victim than male offenders.<sup>156 157 158</sup> McCleod's (2015)<sup>159</sup> study tentatively suggests that female offenders show a smaller window of offending in their lifespan compared to males who continue offending later into their lives than females. Of studies that compare both male and female sexual offenders some of the main differences detected to date are summarised in table 4 below.

**Table 4. Differences between male and female child sex offenders**

<b>Differences between male and female sex offenders</b>	
<b>Male</b>	<b>Female</b>
More likely to abuse stepchildren	More likely to abuse their own child
More likely to sexually abuse females	Less discriminate about gender of victim
More likely to engage in rape	Less likely to engage in rape
More likely to offend alone	More likely to co-offend
More likely to be older when they first abuse	More likely to be younger when they first abuse
A larger age difference between offender and victim	A smaller age difference between offender and victims
Most common location of abuse is home but abuse also takes place outdoors	Most common location of abuse is home but abuse also occurs institutions

#### **4.8.2. What do we know about single versus co-offending female child sex offenders?**

Although most females who commit child sexual abuse act alone<sup>160 161 162</sup> several studies show that female sexual offenders are more likely than male sexual offenders to have a co-offender. Williams and Biere’s study (2015)<sup>163</sup> found that female sexual offenders had a co-offender in 38.1% of general sexual abuse incidents (32.5% of which were male) compared to 11.8% of male sex offenders. The occurrence of co-offending in incidents of female perpetrated sex abuse against young people ranges from 14%<sup>164</sup> to 70%.<sup>165</sup> In an examination of group sexual offending by young females in Norway, Wijkamnet al. (2015)<sup>166</sup> found that in their small sample, the majority of females who sexually abused in groups had interpersonal problems and had been a victim of sexual abuse. The study also noted that females who abused in groups did not report threatening the victim or constructing scenarios to tell the police if questioned. Finally the study unearthed three main aims for group offending: harassing the victim, sexual gratification and taking revenge. The sexual gratification motivation among females who offend in groups is not as common in male sexual offending groups.<sup>167 168</sup> These studies and others suggest that taking revenge by humiliating victims may also be unique to female group sex offenders.<sup>169</sup>

In an assessment of gender differences and co-offending patterns of predominantly male-perpetrated sexual crime, Vandiver (2010)<sup>170</sup> found that there were no significant differences in the tested variables (demographics, offence type, formal processing, victim characteristics, relationship between the victim and offender) between juvenile boys who acted alone compared to juvenile boys who acted in groups. However, when juvenile girls acted with another person the dynamics of the offence changed significantly. Table 5 below summarises some of the main differences detected between female juvenile sex offenders who acted alone compared with those who abused with others.

Differences in characteristics of solo versus co-offending juvenile female sex offenders	
Solo female sex offenders	Co-offending female sex offenders
Sexual abuse with an object, forcible fondling	Forced sodomy and use of pornography more likely
More likely to abuse a male victim	More likely to abuse a female
More likely to suffer mood disorder	More likely to abuse a child who is a relative
Hold offensive supportive beliefs that support their offending	More likely to have a past criminal record for non-sexual crimes than solo offenders.
	More likely to have multiple victims
	More likely to have a victim closer to their age

**Table 5: Differences in the dynamics of sexual offending among solo versus female sex offenders**

#### 4.8.3. What typologies of female child sex offenders have been identified?

Over the last two decades several typologies of female sexual offenders have surfaced. One small 1989 study<sup>171</sup> identified four typologies: ‘teacher/lover’, ‘predisposed’, ‘male coerced’ and ‘psychologically disturbed’. In another study, Nathan and Ward (2002)<sup>172</sup> identified further sub-types for the ‘psychologically disturbed’ group who co-offend including the ‘compliant victim’, the ‘rejected’ and the ‘willing ally/imposter’. In a large sample of registered female sex offenders in Texas (n=471), Vandiver and Kercher (2004)<sup>173</sup> identified six categories for female sexual offenders: ‘heterosexual nurturer’, ‘non-criminal homosexual offender’, ‘female sexual predator’, ‘young adult child exploiter’, ‘homosexual criminal’ and ‘aggressive homosexual offender’. In a study of the cognitive distortions of female child sexual offenders, Beech, Parrett, Ward and Fischer (2009)<sup>174</sup> found that female sex offenders believe that they have very little control over important aspects of their lives and they cannot control the world in which they live or their own internal life.

Together these typologies of female sex offenders highlight the role interpersonal dependence, social isolation/loneliness, intimate partner violence and psychopathology play in sexual offending.

Gannon, Rose and Ward (2010)<sup>175</sup> developed a descriptive model of female child sexual offending which supported earlier studies that female offenders universally experience abusive childhood experiences (including childhood sexual abuse), experience repetitive intimate partner violence, have poor social supports, and that co-offenders play a role in the abuse. The model identified three pathways to sexual offending; *explicit approaches* or desires to engage in the abuse, *directed or avoidant pathways* in which the women did not intend to sexually abuse but were coerced to do so and finally *implicit disorganised* whereby they did not plan the abuse; rather, it

was an impulsive engagement that just ‘happened’. DeCou, Cole, Rowland, Kaplan and Lynch (2015)<sup>176</sup> expand this descriptive model by advocating for an ecological process model of female sexual offending that considers and responds to the ways in which female sexual offences may emerge from individual, family, community and social level. The authors urge practitioners working with female offenders of sexual abuse (including children) to take into account women’s safety, their past trauma and their social, emotional and relational functioning. This is supported by findings from Levenson, Willis and Prescott’s (2015)<sup>177</sup> study into the prevalence of early trauma in a sample of female sexual offenders that detected significantly more exposure to multiple forms of maltreatment during their childhood amongst this group than females in the general population.

However, the majority of these studies do not differentiate between female sexual offenders and child sexual offenders and so these typologies and recommendations must be considered with caution.

#### **4.8.4. What are the victim-related risk factors and offender-related risk factors for child sexual abuse committed by females?**

McLeod’s study (2015)<sup>178</sup> identified several risk factors for child sexual abuse committed by women at the victim level. The findings suggest that if a child victim has behaviour problems or mental disabilities the likelihood that the offender is male increases. If the children have a drug-related problem or physical disability they are three times more likely to have a female offender. If girls have a history of abuse (of any type) they are twice as likely as boys to have a female offender.

In relation to offender-level risk factors, child sex offenders were more likely to be female than male if they currently used drugs and had emotional or learning problems or physical and other medical disabilities. The data also suggests that offenders are nearly two and half times more likely to be female if there are issues of family violence within the home. The author posits that female offenders may experience trauma, disability and illness which together may exacerbate the development of their inappropriate boundary issues and offending behaviour.

In a US study comparing cognitive distortions about sex and sexual offending among girls aged 13 to 18 years old, Kibik and Hecker (2005)<sup>179</sup> established that sexual-offending girls exhibited more deviant beliefs and attitudes about sexual offending compared to girls with a history of non-sexual offending and girls with no history sexual or non-sexual offending. Based on short case descriptions, female sexual offenders endorsed statements reflecting that the sexual aggressor in the scenarios was not responsible for the sexual abuse. In addition, when a victim’s response was evidently negative and the contact more serious, the girls who had sexually offended were less able to identify signs of distress and feel any empathy for the victim.

#### **4.8.5. What do we know about the disclosure of abuse committed by women?**

Several studies show that victims of child sexual abuse committed by women do not disclose the abuse because they feel embarrassed, because they think they will not be believed, or, for boy victims, because of a general tendency to interpret sexual abuse by a female as an act of seduction<sup>180</sup> or a 'rite of passage' or an initiation into manhood.<sup>181</sup> Denov (2004)<sup>182</sup> adds that boys may not report being affected or negatively impacted by female-perpetrated sexual abuse because adolescents and male adults are socialised to contain their emotional vulnerabilities. Other studies suggest that mother-son or mother-daughter sexual abuse occurs yet is hard to conceptualise as a crime and is often not disclosed or reported.<sup>183 184</sup>

There is also a tendency among professionals to minimise or trivialise experiences of child sexual abuse committed by women because they are unable to accept the notion that females commit abuse.<sup>185</sup> In an Australian study among 231 psychiatrists, psychologists, probationary psychologists and child protection workers, Deering and Mallor (2011)<sup>186</sup> found that although professionals believed cases involving female offenders deserved attention there were some differences between the beliefs about male and female offenders. They found workers operated through a 'gendered lens' that distorts the reality of sexual abuse committed by women. The study revealed that both male and female workers considered female perpetrated child sexual abuse to be less damaging and less worthy of intervention and judicial action than male perpetrated abuse.

Despite abuse committed by women negatively impacting a range of functioning in childhood and adolescence,<sup>187 188 189</sup> the lack of disclosure by victims and a professional minimisation of the problem mean that both female offenders of child sexual abuse and their victims may go untreated. Deering and Mallor (2011)<sup>190</sup> call for more training for professionals to enhance their understanding of the seriousness of sexual abuse committed by women.

#### **4.8.6. What is the impact of child sexual abuse committed by females?**

The impact of adult male sexual abuse of girls dominates the literature with a small but growing evidence base about boys' experiences of male perpetrated child sexual abuse. There is a dearth of literature about the impact of female perpetrated sexual abuse on either boys or girls. Several studies have shown that boys and girls who are sexually abused by a female experience similar negative effects including depression, self-harming and suicide ideation, fear, anxiety, inability to express emotions, sexual difficulties later in life, social isolation and substance abuse, rage and have difficulty trusting others.<sup>191 192 193 194</sup> These studies suggest that children sexually abused face similar psychiatric problems in adulthood irrespective of the gender of their abuser. Tsopelas et al (2012)<sup>195</sup> argue that the consequences combined with the length of time children are sexually abused by women calls for child sexual abuse committed by women to be taken more seriously.

Dube et al (2005)<sup>196</sup> and Chandy et al (1996)<sup>197</sup> suggest that symptoms and behaviours of children who have been sexually abused by females vary according to age and sex as follows:

- In early years the children believe they are solely responsible for the abuse, they are frightened to reveal the abuse and feel ashamed about their body and their female characteristics.
- During adolescence female victims are more likely to present with internalisation of their distress in the form of self-destructive behaviours and eating disorders, and they may run away from home. Male victims are more likely to express their anguish by externalisation in the form of aggression and heavy alcohol use.
- In adulthood, the victims of both sexes present similar types of behaviour and problems such as substance use, mental illnesses and difficulties with interpersonal family relationships. Female victims may find it hard to see how they differ from the abuser and fear that they may abuse their own children

#### 4.8.7. Do female child sexual offenders reoffend?

The recidivism rate of female sex offenders is slowly receiving attention and much of it comes from the general sexual offending literature rather than child sexual abuse per se. Cortini, Hanson and Coache (2010)<sup>198</sup> conducted a meta-analysis of recidivism rates (as defined by new charge, conviction or incarceration for a new sexual crime) of female sexual offenders derived from 10 studies (including one from Western Australia) that looked at rates from 2490 offenders over an average period of 6.5 years. This meta-analysis showed that recidivism rates for all types of sexual crimes were much lower for females compared to male sexual offenders. Sexual crime recidivism was very low and varied from 1% to 3%. The violent recidivism (including sexual) was slightly higher (4% to 8%) but still low. The study showed that once female sexual offenders were detected they are generally not convicted of new sex crimes and those who are ten times more likely to be convicted of a non-sexual crime (20%) than a sexual crime (2%).

There are a number of statistical tools used to determine the risk of re-offending among male sexual offenders, but several authors note that these tools have not been proven relevant or effective for assessing risk of sexual reoffending among females.<sup>199 200</sup> In a summary of tools to assess risk of reoffending among female sexual offenders, Vess (2011) summarises the views of international experts regarding factors to be considered in the absence of evidence specific to female sexual offenders. Logan (2008) as cited in Vess (2011)<sup>201</sup> recommends that the factors that require close scrutiny include women's problems with their own experience of abuse, their beliefs about the management of relationships, their attitudes towards others who have sexually harmful behaviours, the existence of mental health and substance abuse problems, stress related and coping problems, being sexually aroused by sexual contact with children and their levels of self awareness. Gannon, Rose and Ward's (2008)<sup>202</sup> descriptive model identifies similar domains. Vess (2011)<sup>203</sup> concludes that undertaking a detailed assessment that identifies the factors and pathways that have contributed to the female sexual

offence, the likelihood that these factors will occur again and the woman's strengths and vulnerabilities for coping effectively provides the best strategy for assessing risk until more research can be done.

#### **4.8.8. What sorts of treatment work best with females who commit child sexual abuse?**

Female sex offenders have different means of and motivations for offending and as such require different treatments than males. However, to date there is no empirical evidence on which to base an assessment of what are the most effective interventions to reduce sexual reoffending or to prevent abuse before it occurs.

Most proposals for treatment for female sex offenders are derived from the findings of studies exploring female sex offender characteristics or recidivism. Lawson (2008)<sup>204</sup> posits that helping women meet their social and emotional needs may be a key factor in treatment while other authors suggest that mental disorders, substance abuse treatment and help with the offender's own childhood victimisation history require attention.<sup>205 206 207</sup>

Recent studies submit services that foster connections with others and apply a trauma-informed lens to work with women to empower them, build healthy intimate relationships and reduce social exclusion and disenfranchisement are crucial.<sup>208 209 210</sup>

Although relatively small in number, studies of female child sexual abuse offenders suggest they may be a larger population than thought or detected, they may be a very different population than male offenders and that victims may suffer short and long term deleterious effects. Future longitudinal studies about female offending are crucial to ensure both that victims receive timely and appropriate service and that offenders receive tailored support and treatment.

#### **KEY MESSAGES about child sexual abuse committed by females**

- Some women knowingly and of their own accord sexually abuse children.
- Female perpetrated sexual offences accounts for approximately 5% of all sexual offences against children and adults. In Australia the rate may be as high as 7%. However, these figures are likely to be underestimates due to issues such as a lack of disclosure and reporting to authorities.
- Female sexual abuse offenders often have experienced abusive childhoods (including sexual abuse), experience intimate partner violence, are socially isolated and lonely, feel like they have little control over their life and have mental health problems.
- Offenders of child sexual abuse are more likely to be female than male if they experience family violence, are using drugs, have emotional or learning problems or have a physical disability.
- If children have a drug-related problem or physical disability, they are more likely to be sexually abused by a female than a male. If a child has a

behaviour problem or mental disability they are more likely to be abused by a male offender.

- Females are more likely than males to abuse their own child, are less discriminate about the gender of their victims, are less likely to engage in rape, are more likely to co-offend, are likely to be younger when they first offend, are closer in age to victims, abuse children across a wide variety of ages. Outside the home they are more likely to sexually abuse in institutional settings.
- Most females who sexually abuse children act alone, however they are more likely than males to have a co-offender. The prevalence of co-offending amongst female perpetrators of child sexual abuse ranges from 14 to 70%. Females who commit abuse alone are more likely than group offenders to use forcible fondling, more likely to abuse males, more likely to suffer a mood disorder and hold offence-supportive beliefs.
- Females who offend in groups are more likely than solo offenders to use pornography, abuse a female, abuse a child who is a relative, have a past criminal record for non-sexual abuse at time of offending, have multiple victims and have a victim closer to their age. Motivations to sexually offend in groups include a desire to harass victims, achieve sexual gratification or take revenge.
- Many victims of sexual abuse by women do not disclose the abuse because they feel embarrassed or think they will not be believed. Boys who are sexually abused by females may not disclose because they think it is an act of seduction or part of their initiation into manhood.
- There is limited literature about the impact of female perpetrated sexual abuse. Victims of abuse by females may suffer adverse effects including depression, self harm and suicide ideation, fear, anxiety, an inability to express emotions, have sexual difficulties later in life, misuse substances, and have difficulty trusting other females or form relationships with them.
- Professionals may minimise or trivialise experience of female committed child sexual abuse because they think it is harmless, less damaging and less worthy of an intervention.
- Sexual recidivism among female sexual offenders is low and varies between 1% and 3%.
- There is no empirical evidence on which to judge the effectiveness of treatment programs for female child sexual offenders. However, the findings of studies about the risk and characteristics of female sexual offending suggest that attending to mental health issues, substance abuse treatment, fostering social connections and applying a trauma lens to help empower women to build healthy intimate relationships and reduce social exclusion are key components to any intervention.

## 4.9. Grooming

### 4.9.1. What is grooming?

Research shows that offenders make specific choices around the children they target, which methods they employ to befriend the child and how they desensitise the child over time to sexual touch.<sup>211 212 213 214 215</sup>

There is much contention in the literature over a definition of grooming.<sup>216 217 218</sup> The complex nature of the tactics used by offenders to sexually abuse children is becoming increasingly evident from the accounts of people affected by grooming.<sup>219</sup> Part of the problem of clearly defining grooming behaviours lies in the fact that many of the behaviours used by offenders are also behaviours seen in healthy, normal relationships with children.<sup>220</sup> Smallbone and Wortley (2001)<sup>221</sup> state that 'the data on the modus operandi of perpetrators will need to be given very careful consideration because the kinds of behaviours typically employed prior to the commission of these offences are the kinds of behaviours that would normally indicate *positive* parenting' (their emphasis). Thus grooming is very difficult to identify as the behaviours are not necessarily recognised as 'grooming' until a sexual offence has taken place.<sup>222 223 224</sup>

There is also a distinction in the literature between *physical* and *psychological* grooming.<sup>225</sup> Physical grooming is the ever-increasing levels of non-sexual touch, building up to boundary violations. Psychological grooming increases the likelihood for increasing sexual touching and is also used as a means of gaining and maintaining victim compliance and silence.

Although such issues make a single 'definition' of grooming problematic,<sup>226 227</sup> there is agreement in the literature that grooming forms part of the offence chain of the sexual abuse of children and adolescents. Bennett and O'Donohue (2014)<sup>228</sup> propose that grooming be defined as 'antecedent inappropriate behaviour that functions to increase the likelihood of future sexual abuse'. The authors suggest common to definitions of grooming is that they form some sort of inappropriate behaviour on the part of the prospective groomer (bribes, boundary violations, invasions of privacy, isolation of the child, emotional manipulation); and that the function of this behaviour is to increase the likelihood of engaging in sexual contact with the child.<sup>229</sup>

McAlinden (2006)<sup>230</sup> outlines the following four stages of grooming:

- Grooming the child can include befriending a potential victim by getting to know their interests, being helpful, or creating a special relationship with that child - these gains the child's trust.
- The offender will then bestow special privileges upon the child such as money, sweets, or special outings, which isolate the child from their family and peers.
- The offender engages in what McAlinden describes as 'forbidden fruit' activities such as swearing, or telling dirty jokes to introduce a sexual theme to their relationship. The use of pornography especially entraps the child with

feelings of guilt and shame that they have somehow become complicit in the behaviours and will be less willing to tell other non-offending adults. This also serves to normalise sexual behaviour.

- The offender will desensitise the child to increasing amounts of touch such as wrestling or tickling and also hugging to build up increasingly sexual touching.

There is also consensus in the literature that grooming is a process that occurs not only of the child, but of significant adults related to the child and its community<sup>231 232</sup> and can occur on institutional levels.<sup>233</sup> Craven, Browne and Gilchrist (2006)<sup>234</sup> provide the following definition. Grooming is:

“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. This process serves to strengthen the offender’s abusive pattern, as it may be used as a means of justifying or denying their behaviour” (p 297).

#### 4.9.2. How do offenders groom children?

Offenders use more than one strategy in grooming their victims.<sup>235</sup> In relation to extrafamilial offenders, common grooming behaviours across studies include: engaging the child in a ‘special friendship’, buying treats, offering to help the child or teach the child a sport/musical instrument, supplying drugs and/or alcohol, giving money to the child and giving toys or lollies.<sup>236 237 238 239</sup> Smallbone and Wortley’s (2001)<sup>240</sup> study of 182 convicted sex offenders in Queensland indicated that grooming the child, for extrafamilial offenders, occurred through increasing non-sexual touch (64.4%), giving the child a lot of attention (59.3%) and doing things the child wanted to do (55.9%). The study showed that extrafamilial offenders engaged in activities that gradually desensitised the child to sexual touching such as non-sexual attention, non-sexual touching which gradually developed into sexual touching. These behaviours allow the offender to gain access and build a relationship with the child. These tactics can occur over a period of many months as the offender assesses the child’s receptiveness to abuse.

Unlike offenders who abuse children not known to them intra-familial offenders are already in a position of trust over the child they are grooming and thus are already integrated into the child’s environment.<sup>241</sup> The offenders isolate the victim from their siblings or non-offending parent and outside influences, by raising the status of the child within the family and giving them special privileges over the remaining children.<sup>242</sup> Other strategies employed include criticising the non-offending carer’s ability to parent and encouraging alcohol or other drug dependency to discredit any future claims of abuse.<sup>243</sup>

Smallbone and Wortley’s (2001)<sup>244</sup> study indicated that intrafamilial offenders gained access to the victim through organised time alone with the child (57.7%) and watching television with the child (36.6%). Offenders reported strategies such as

spending lots of time with the child (70.9%), touching the child non-sexually (67.1%) and giving them lots of attention (59.3%). Phelan's (1995)<sup>245</sup> study looking at incestuous relationships between fathers/step-fathers and daughters/step-daughters (n=40 fathers/ n=44 daughters) found that sexual activity was initiated using non-verbal means and as an extension of normal family routines. Activities such as tucking into bed, play-wrestling or watching television and cuddling, all presented opportunities to sexually touch their children. Sexual boundaries were violated during activities that were established patterns of the family functioning. Step-fathers spoke specifically about wishing to have power and control over the child, or being angry with them.

The literature also shows that grooming can physically take place in a number of locations such as a friend's home;<sup>246 247</sup> through organised activities such as sporting events<sup>248</sup>; in the nearby neighbourhood;<sup>249 250</sup> and while babysitting.<sup>251 252</sup>

#### **4.9.3. How do offenders groom children online?**

Online or internet facilitated grooming of children utilises similar tactics to face to face grooming. The internet provides new and distinct opportunities for the sexual abuse of children.<sup>253</sup> Some offenders engage in cybersex, while others recruit victims online with the intention of meeting them for the purposes of sexual abuse.<sup>254</sup>

Malesky (2007)<sup>255</sup> outlines the modus operandi of online sexual grooming: offenders deliberately visit chat rooms used by minors; by reviewing messaging boards and user profiles, they seek out those children who have explicitly posted sexual content in any form; after which the offender will use sexually explicit material too for the purpose of normalisation of sexual content. Kloess et al (2014)<sup>256</sup> found that the early strategies employed by offenders to engage a victim include discussing their hobbies, interests and daily activities. This provides the offender with opportunities to introduce sexually explicit content and then strategies such as persuasion, threats or bribes may be employed to maintain the child's compliance.<sup>257</sup>

From a legal perspective, in Australia most jurisdictions have implemented laws making the online grooming of children for sexual purposes illegal. In NSW if a child is under 14, the term of imprisonment is up to 15 years or up to 10 years imprisonment if the child is under 16 years of age. Under the Crimes Act 1900 - Section 66EB, adults can be convicted of 'procuring or grooming a child under 16 for unlawful sexual activity'.

#### **4.9.4. What do we know about grooming by female or juvenile offenders?**

Much of the literature on grooming has focused on male offenders. Very few victims of sexual abuse committed by females disclose and thus little is known about the grooming tactics used by female offenders.<sup>258</sup> This may be a way to explain why female offenders can often abuse their victims for years.<sup>259</sup> What is known is that females are more likely to commit sexual offences against children with a male accomplice, rarely on their own, and that they generally use less coercion than their male counterparts.<sup>260 261</sup>

In relation to grooming tactics used by adolescent offenders, Kaufman, Hiliker and Daleiden (1996) (n= 179)<sup>262</sup>, found they employed pro-social strategies such as giving gifts and attention to gain a child's trust; used bribes such as affection and attention; supplied drugs or alcohol or used threats of harm as a means of coercion; and maintained silence by threatening harm or withdrawing affection and attention.

#### 4.9.5. How do offenders groom the 'significant others' around the child?

Craven et al (2006)<sup>263</sup> in their literature review indicate that offenders spend a good deal of time grooming the significant others around their would-be victim - parents, carers, teachers etc. Grooming of the others is intended to make the victim's parents feel comfortable with the offender being alone with their child.<sup>264</sup> Elliott et al (1995)<sup>265</sup> found that 20% of offenders gained the trust of the whole family which allowed them access to their victim. Gaining the trust of the victim's family and community serves two purposes: securing trust and cooperation allows access to the child; and reduces the likelihood of disclosure and discovery through the maintenance of an atmosphere of 'normal' relationships.<sup>266</sup>

Offenders gained access to children for example by offering to help with babysitting or doing jobs around the home, or taking the child for an outing.<sup>267</sup> Smallbone and Wortley (2001)<sup>268</sup> found in their study of convicted child sex offenders that strategies directed towards parents of victims included: making friends with the child's parents or caretaker (44.4%), spending time with the child while their parents were present (44.4%) and helping the child's parents around the house (45.8%).

Research with offenders shows that many techniques are employed to maintain victim silence once sexual abuse has commenced. The very vulnerabilities that attract an offender to a child are the same vulnerabilities the offender manipulates to maintain compliance and silence - the child's likes and dislikes, concerns and fears<sup>269</sup> or their low self-esteem and loneliness.<sup>270</sup> Broadly, the categories under which compliance and secrecy are maintained include threats, bribery or coercion, and emotional manipulation.<sup>271 272 273 274</sup>

There are few studies related specifically to the experience of *being* groomed. Most studies conducted with victims are retrospective, often after a period of counselling and reflection, and may distort or not capture the experience of grooming at the time of the abuse. The very nature of the grooming process and the manipulation of children's vulnerabilities around being loved, needed and nurtured, make it very difficult for children to understand the very deliberate nature of the grooming process<sup>275</sup> and that what is happening to them is 'grooming'.<sup>276</sup>

A qualitative study of 21 sexually abused children by Foster and Hagedorn (2014),<sup>277</sup> established a meta-theme of fear and safety around children's experience of sexual abuse. Children felt fear at the onset of abuse; fear over their powerlessness to stop it despite their best efforts; fear that they would not be believed; and fear about the consequences of disclosure.

## KEY MESSAGES about grooming

- Extrafamilial offenders can spend many months grooming a child for sexual abuse. They may engage the child in a 'special friendship', buy treats, supply drugs or alcohol, or give money to the child.
- Extrafamilial offenders offer bribes to the child, give the child special attention or offer to help around the home to gain access to the child.
- Intrafamilial offenders are already in positions of trust within the family home and can use normal routines of family life such as bath time or tucking into bed to commit sexual abuse against a child.
- Intrafamilial offenders will make times to be alone with the child and may undermine the non-offending parent to discredit future allegations of sexual abuse.
- Grooming can take place in many contexts of family life - friends' houses, sporting events or while babysitting.
- Online grooming uses similar tactics to extrafamilial grooming, the purpose of which is to exploit a child sexually online, or to meet and sexually abuse the child in the real world.
- Children who have posted sexual content onto their online profiles can be targets.
- The limited research on female child sex offenders found that they often commit sexual abuse in the company of a male and generally use less force or coercion. Hence they may not use the same grooming tactics as male offenders.
- Adolescent offenders use the same pro-social strategies as their adult counterparts to groom children: giving gifts and attention or using threats and bribery.
- The broad categories under which offenders maintain compliance include threats, bribery, coercion and emotional manipulation. Threats may include threats to harm the child or family members, bribes may be buying lollies or toys, and emotional manipulation may be employed by saying that the offender may go to jail, or will not love the child anymore. All these categories are forms of coercion to maintain compliance and victim silence.
- The vulnerabilities that attract an offender to a child are the same vulnerabilities used to maintain compliance and non-disclosure - the child's likes or dislikes, their loneliness or low self-esteem.
- It is very difficult for children to recognise that they are being groomed, especially when the offender is targeting the child's particular vulnerabilities around being loved, needed and nurtured.

### 4.10. Online child sexual abuse and exploitation

Understanding the nature of online sexual abuse and exploitation and the typologies of offenders can assist in assessing the nature and extent of risk posed to children and young people.

Increasing accessibility to and use of the internet has created a range of new opportunities for the sexual exploitation of children. Part of the challenge of

identifying and responding to the online exploitation of children relates to the broad nature and definition of acts involved. A number of distinct typologies of offending have been proposed, and have been used to explain the nature of the abuse and the motivation for offending. While there is no consensus across the literature,<sup>278</sup> a handful of typologies are proposed.<sup>279 280 281 282 283 284</sup>

One approach is to distinguish between online offences according to the nature of the *risks* posed to the child or young person. Livingstone and Smith (2014)<sup>285</sup> suggest that online sexual abuse of children can be understood as one of three forms of risk:

- content risk, which positions the child as the recipient of mass-produced content,
- contact risk, in which an online interaction (generally adult-initiated) require the child to participate, sometimes unwittingly or unwillingly,
- conduct risk, where a child is an actor or inter-actor with a wider peer-to-peer or networked interaction involving abuse and/or exploitation.

Others propose that the nature of online offending is best categorised according to the offender's *drive* - whether offenders are fantasy-driven or contact-driven<sup>286</sup> - or according to the motivations of the offenders, whether they are essentially driven by a sexual interest in children; non-sexual motivations, such as financial; curiosity; or an attempt to secure access for contact sexual offending.<sup>287</sup> Summarising the literature, Leukfeldt et al (2014)<sup>288</sup> suggest that offenders can be generally organised into categories of:

- manufacturers and traders engaging in making and distributing materials;
- collectors who download pornographic content;
- individuals who are seeking to engage a child physically;<sup>289</sup> and
- groomers or chatters who engage in sexually explicit communication with children.<sup>290</sup>

Thus suppliers of child pornographic material are either: driven by commercial gain; or driven by paedophilic intent.<sup>291 292</sup>

#### 4.10.1. What is child pornography?

The portrayal of child sexual abuse through imagery has been the subject of research and legal debate in many jurisdictions. While this material is often referred to as *child pornography*, others prefer the use of the term *child exploitation material*, arguing that the word pornography 'treats the material as a legitimate sub-genre of adult pornography'.<sup>293</sup> Interpol has defined child pornography as, 'any means of depicting or promoting the sexual exploitation of a child, including written or audio material, which focus on the child's sexual behaviour or genitals'<sup>294</sup> and the Council of Europe Convention on Cybercrime defines child pornography as 'every image – or a data carrier that contains an image – of a sexual act in which someone, who has apparently not yet reached the age of 18, is involved or seemingly involved'.<sup>295</sup> In Australia, the legal definitions for child exploitation material differ across the jurisdictions, but it is typically indictable to knowingly possess child exploitation material. For example, the framework of the *Criminal Code* proscribes 'the

production, distribution, control, obtaining or possession of offensive material that depicts people who are, or appear to be, under the age of 18'.<sup>296</sup>

The use of online technologies for the sexual exploitation is not limited to child exploitation material/pornography. Across the literature, efforts to define online sexual exploitation point to the differences between *online* sexual offending and *offline* sexual offending.<sup>297</sup> A range of activities can be included in the definition of online sexual exploitation, including: viewing and distributing child pornography; engaging with other individuals with a sexual interest in children; engaging in online sexual communication with children; harassing children with threats and exposure to sexually explicit material; locating potential victims of sexual abuse; and promoting sexual tourism and/or child trafficking.<sup>298 299 300 301 302</sup> Seto, Hanson and Babchishin (2010)<sup>303</sup> use a definition of *online offenders* and *online offending* to include sexual crimes that 'involve the use of Internet and related technologies. This would include possession or distribution of child pornography via the Internet, possession or distribution of other illegal pornography content, and use of the Internet to solicit minors for sexual purposes'.<sup>304</sup>

#### 4.10.2. How prevalent is online child sexual abuse and exploitation?

The dynamic and covert nature of the transmission of child exploitation material or child pornography makes it difficult to ascertain the true nature and size of the online market for this sort of material.<sup>305 306</sup> While official data from the criminal justice system does not reflect the true prevalence of offences committed and is likely to underestimate the nature of the problem, official statistics do offer some insight into the trends in offending. In Australia the Annual Reports of the Commonwealth Director of Public Prosecutions since the 2009/10 financial year reflect a steady increase in problematic data with in excess of 200 charges laid annually under the *Criminal Code* section 474.19 (using a carriage service for child abuse material).<sup>307</sup>

Across the academic literature, diversity in the definition of how online sexual abuse and exploitation is measured has resulted in disparities in measurements of its prevalence and so the prevalence could be anything from 7% to 48%.<sup>308 309 310 311 312</sup> Some suggest that, because of the dramatic variation in the nature of offences involving the sexualised images of children, attempts to ascertain the extent of this problem should differentiate between legal and illegal exchanges<sup>313 314</sup> and should consider the notion of intentionality – noting that many adolescent may intentionally seek access to pornographic material online.<sup>315</sup>

#### 4.10.3. How exposed are children and young people to child pornography?

The prevalence of young people's exposure to child pornography ranges from 4% to 42%. In a study of Swedish youth between the ages of 17 and 20 years (n=2000), 4% of the sample indicated that they had viewed child exploitation material<sup>316</sup> while in a nationally representative sample in the United States involving 1500 young people age 10-17, 42% reported exposure to online pornography, of which 66% claimed the exposure was unwanted.<sup>317</sup>

#### 4.10.4. What are the risk factors for online offenders?

A number of individual, psycho-social and situational risk factors have been identified as related to a propensity to commit online child sexual offences.

Offenders are more likely have a prior criminal history than non-offenders<sup>318</sup> and are overwhelmingly men.<sup>319</sup>

There is some evidence that age is a risk factor, with a significant proportion of online child sexual offenders under the age of 25.<sup>320 321</sup> Leukfeldt et al (2014)<sup>322</sup> suggest a quarter of suspects in child pornography files are less than 24 years of age. This finding has been supported by data from the National Juvenile Online Victimization study<sup>323</sup> which identified that 23% of offenders were 25 or younger in 2003 (up from 14% in 2000) and an exploratory study of internet chat room offenders identified that almost half of them were in the youngest age category, 19-29 years.<sup>324</sup> In their meta-analysis of studies comparing online and offline offenders, Babchishin, Hanson and Hermann (2011)<sup>325</sup> highlight that online offenders are younger than offline offenders (although the difference is not always significant) and are younger than the general population.

Personality factors have also been associated with increased risk of committing online sexual offences. In a meta-analysis of 30 separate sample groups (n=2,284), Babchishin et al (2015)<sup>326</sup> found that online child sexual offenders were more likely to have deviant sexual interests than traditional (offline) sexual offenders. The online offenders tended to have lifestyle and psychological barriers (such as less access to victims, lower antisocial behaviour and higher empathy for victims) than offline offenders and these factors prevented them from acting directly on their interests. No differences were found in the general psychological variables (e.g. levels of depression, anxiety and self-esteem) between online and offline offenders.<sup>327</sup>

Some situational factors have been associated with increased risk of online sexual offending. Specifically, the anonymity provided by the internet, the sense of a low risk of detection, and a reduction in inhibition may contribute to offenders acting on their sexual deviancy.<sup>328</sup>

#### 4.10.5. What are the victim-related risk factors for online child sexual abuse?

A number of factors have been identified as predictors of the risk of becoming a victim of online sexual abuse and exploitation. The nature of these risk factors depends upon the type of sexual offence being committed, with different risk factors attributed to different types of abuse.

In a nationally representative survey of US youth aged 10 to 17 years undertaken in 1999-2000, one in five youth who were regular internet users reported receiving unwanted sexual solicitations, and of these youth, one in four reported that they found the experience distressing. 66% of the online sexual solicitations were

targeted towards young women, which is almost double the rate of boys (34%).<sup>329</sup> A 2012 study<sup>330</sup> suggests that the risk of sexual exploitation for females may be exacerbated for girls who reach puberty earlier than their peers because the internet provides a pathway to sexual expression and exploration.

A child's age has also been found to be associated with risk of victimisation. Adolescents are generally at the highest risk of a variety of types of online sexual offences.<sup>331</sup> Both the incidence and exposure to pornography, sexual messaging and stranger contact normally increases throughout adolescence.<sup>332</sup> Indeed, adolescents are at higher risk than adults.<sup>333</sup> The finding that adolescents are at greatest risk of online sex crimes is supported by data from the US National Juvenile Online Victimization Study which suggests that 99% of the victims of 'internet initiated sex crimes against minors' were aged between 13 and 17 years.<sup>334</sup> The relationship between a young person's age and their risk of victimisation is complex though, with youths vulnerable to seduction as a result of their immaturity and the impulsiveness with which some adolescents respond to and explore normal sexual urges.<sup>335</sup>

There is research consensus that a lack of parental involvement can lead to increased vulnerability to being groomed for online abuse, as young people receive poor parental supervision and emotional support.<sup>336 337 338</sup> Data from the UK Second Youth Internet Safety Survey reports that high risk youth (defined by the study as youth who have experienced sexual or physical abuse or high parent conflict in the past 12 months) are vulnerable to sexual solicitation and have distinctive internet usage patterns.<sup>339</sup> And although the research is limited, some research also suggests that 'unwanted' exposure to pornography was higher amongst teenagers who were borderline or clinically depressed.<sup>340</sup>

#### **4.10.6. What are the rates of recidivism among online offenders?**

A number of studies have investigated recidivism among online sex offenders.<sup>341 342 343 344 345 346 347 348</sup> In their meta-analysis of nine unique studies with a total combined sample of 2,630 online offenders, Seto, Hanson and Babchishin (2010)<sup>349</sup> found that 4.6% reoffended with a sexual offence in the follow-up period of between 1.5-6 years. The type of sexual offence was known for just under half the combined sample; of these 2% reoffended with a contact sexual offence and 3.4% reoffended with child pornography. Of the studies included in the meta-analysis, rates of recidivism ranged from 0% to 10.3%, with the majority of studies reporting recidivism rates of less than 6%.

Limitations exist in the data which may lead to the true extent of recidivism being underestimated. The observed rates of sexual recidivism are likely to increase over time and may not be captured in the relatively short follow-up periods included in the study samples to date.<sup>350</sup> This assertion is supported by Seto and Eke (2015)<sup>351</sup> who investigated recidivism rates amongst police child pornography case files (n=301), finding that within an average follow-up time of 8.3 years, 39% of the cases recorded a new offence of any kind and 16% reoffended with a sexual offence (including 4% with a new contact sexual offence against a child and 4% with a new

child pornography offence). Beier et al (2009)<sup>352</sup> note that calculations using officially recorded offences underestimate the true extent of the problem.

#### **4.10.7. What predicts recidivism among online offenders?**

In addition to risk factors for online child sexual abuse, a number of other factors have been found to be predictors of recidivism of online sexual offences. Most notably, the presence of a criminal history, including some types of prior sexual offence,<sup>353 354 355 356</sup> deviant sexual interests,<sup>357</sup> and a higher ratio of boy to girl pornography content<sup>358 359</sup> have been associated with an increased likelihood of recidivism.

One recent five-year follow-up study with online sexual offenders (n=266, 2015)<sup>360</sup> identified that the offender's age (being younger); the presence of contact sexual offending; any charge on conditional release (e.g. probation, parole); and an offender's admission of or diagnosis of sexual interest in children increased the likelihood of sexual offence recidivism. Other factors - including marital status or the presence of non-digital child pornography - were not associated with online sexual recidivism.<sup>361</sup>

#### **4.10.8. Do online offenders become contact child sex offenders?**

Research has established that a number of individuals who have been arrested for accessing and collecting child pornography will also be found guilty of or admit to contact sexual abuse of children.<sup>362 363 364</sup> Two meta-analyses have examined existing research on online offenders. In a meta-analysis of 24 studies (total n=4697), Seto, Hanson and Babchishin (2011)<sup>365</sup> found that 17.3% of offenders had a historic contact sex offence, 'mostly against a child'. This figure was reduced to 12.2% when only official data was included. An older meta-analysis examined 15 studies on online offenders (total n=3536) and found that 18.5% of offenders had a history of contact sex offending.<sup>366</sup> However, as discussed below, existing research currently can't determine the direction of causality between online and offline sexual offending.

Some offenders have been found to be using pornography as part of their preparation for or while carrying out the sexual abuse of children.<sup>367 368</sup> Other research suggests that the majority of online sexual solicitations (requests) are not pursued offline.<sup>369</sup> Despite the relationship between child pornography and sexual solicitation, the prevalence of children and young peoples' exposure to child exploitation material is much greater than the prevalence of online solicitation. In a US study of 10-17 year olds, the rates of online sexual solicitations in 2010 were 2% for 10-12 year olds, 8% for 13-15 year olds and 14% amongst 16-17 year olds. Webb et al (2007)<sup>370</sup> suggest that currently there is no strong evidence that internet child sex offenders would escalate to sexual offences involving contact with children.

There is little empirical research exploring the likelihood that child pornography offenders go on to sexually abuse children. Studies that are available rely upon reconviction or self-report data.<sup>371</sup> Therefore the degree to which online offenders

pose a risk for undertaking sexual contact offline, or both sexual contact online and offline, remains contentious and requires additional empirical research.

There appears to be a relationship between online and offline sexual offending - a significant proportion of child exploitation material/child pornography offenders have committed offline contact offences.<sup>372</sup> However the available data suggests there is insufficient empirical evidence to show a direct causal link between viewing Child Exploitation Material and committing contact child sexual offences.<sup>373</sup> One study examining the recidivism of child pornography offenders (n=201) found that offenders who were most likely to reoffend also already had a prior history of abusing children and that pornography offenders without prior history of child sexual contact did not progress to child sexual offences during the follow-up period.<sup>374</sup>

These findings challenge the assumption that all child pornography offenders are at a high risk of committing offences involving sexual contact with minors. As one large meta-analysis suggests, the individuals most at risk of cross-over offences would be expected to have high levels of paedophilia and antisociality, have more access to children and have few psychological barriers preventing them from acting on their impulses.<sup>375</sup>

#### **KEY MESSAGES about online child sexual abuse and exploitation.**

- Online child sexual abuse and exploitation is a broad and varied field and includes solicitation for sexual contact, exposure to pornography and the exchange of images and audio of children being sexually abused.
- Typologies of online offenders to explain the nature of abuse and motivations for offending include:
  - considering the nature of the risk posed to children including content risk (risk of receiving online material), contact risk (online interaction), and conduct risk (child is an intermediary with other children).
  - whether the offender's drive is fantasy driven or contact driven, they are motivated by a sexual interest in children, a financial interest, curiosity or gaining access to children.
  - Understanding offenders as manufacturers and traders, collectors and viewers, groomers attempting to make contact with children, or chatters attempting engage children in explicit communication.
  - The changing, covert nature of Child Exploitation Material and child pornography makes the size of the market and the prevalence of offending hard to assess.
- Although figures vary significantly, it is estimated that the prevalence of online child sexual abuse and exploitation ranges from 7% to 48%.
- The prevalence of young people's exposure to child pornography ranges from 4%-42%.
- Perpetrators of online sexual offences are overwhelmingly men, and are more likely to have a criminal history than non-offenders. They are also often younger: nearly a quarter may be under 25.

- Online offenders tend to have more atypical sexual interests and less access to children than offline (contact) child sex abusers. The anonymity of the internet may encourage online offending.
- Boys are more likely than girls to have seen sexually explicit images online.
- For girls, being the subject of online child exploitative material is more common.
- Adolescents are generally at higher risk of a number of online sexual offences, and risk often increases throughout adolescence.
- Some online sex offenders do sexually reoffend, with an estimated rate of 0-10.3% recorded. Lower rates of reoffending have been recorded by contact child sex offenders.

Indicators of potential to reoffend include a criminal history, atypical sexual interests and a higher ratio of boy-to-girl content in child pornography.

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## 5. Chapter Five: Protective factors

A protective factor is an aspect of a child's life that helps to prevent abuse or moderate its impact. Protective factors can be found at an individual, family and community level. Identifying and understanding them is a crucial part of safety planning. This chapter looks at what the literature says about protective factors in a child's life that can help to prevent child sexual abuse from occurring or re-occurring and support the resilience of children.

**Using the evidence:** Although safety planning is so important, there is very little research available that explicitly explores its development, nature and implementation in the specific context of child sexual abuse. In addition, studies that are available rely on qualitative research with small sample sizes, making it hard to draw unequivocal conclusions. For these reasons, child protection practitioners should be cautious about applying any particular research findings across all contexts.

### 5.1. What do we mean by protective factors?

Protective factors in a child's personal, family or community life can reduce the risk of child sexual abuse taking place or lessen the effects of abuse when it does take place. Protective factors contribute to the resilience that children and young people need in order to recover from an experience of sexual abuse, or in other words, bounce back. Although protective factors are extensively examined in the literature, no approach emerges as a single key to understanding and defining the protective factors that support children's safety.

Protective factors have been defined in diverse ways across the research and are often connected to ideas of resilience. They may be seen as factors that promote a resilient trajectory<sup>1</sup> or pathway for a child, or as an 'influence, independent of risk, which interacts with one or more risk factors to reduce their influence.'<sup>2</sup> Zielinski and Bradshaw (2006)<sup>3</sup> suggest that children are able to demonstrate this resilience only until a point where risk factors outweigh their protective factors.

Luthar et al (2000)<sup>4</sup> argue that within the literature on resilience, there is no consensus on the use of terminology such as 'protective' and 'vulnerability', which means there are marked inconsistencies between studies, particularly related to external factors such as family and community relationships. Luthar (2000)<sup>5</sup> recommends ten guiding principles for incorporating resilience into work with vulnerable populations. According to one principle, interventions must be designed "not only to reduce negative influences (vulnerability factors) but also to capitalise on specific resources within particular populations" (p.867). According to another principle, interventions must operate across a range of dimensions - individual, family and community.<sup>6</sup>

Despite defining protective factors in many different ways, studies across the literature identify the central importance of identifying the particular aspects of a child's life that can buffer their resilience and reduce the damaging effects of maltreatment. A broader understanding of resilience and protective factors is important to understanding how a child may respond to sexual abuse and its aftermath, and has important implications for the safety planning process. Whether a child has high self-esteem or a strong attachment to their mother, for example, must clearly be taken into account in safety planning for that child.

## 5.2. Do education programs protect children against being abused or re-abused?

There are several studies which investigate the role of education as a tool to protect children as potential victims of child sexual abuse. This approach attempts to educate children about the risk and nature of child sexual abuse and aims to help them develop their own protective strategies.<sup>7 8 9 10 11</sup>

Some evidence suggests that these programs can be effective at increasing accurate knowledge and awareness amongst children about child sexual abuse, although the extent of this finding does vary across studies.<sup>12 13</sup> In a systematic review, Topping and Barron (2009)<sup>14</sup> identified a small but significant gain in children's self-protective knowledge after taking part in the program, though sometimes the gain was too small to be practically significant. A recent Cochrane Review of 24 school-based education programs for the prevention of child sexual abuse that included 5802 children across the United States, Canada, China, Germany, Spain, Taiwan and Turkey, found evidence of improvements in knowledge about protective behaviours amongst children who are exposed to a variety of school-based programs.<sup>15</sup> Notably, the review also found that participation in school-based programs results increased odds of disclosure. However the authors conceded that without large-scale studies that follow children all the way through to adulthood, it is not possible to identify whether a child's knowledge about how to act in certain scenarios will actually result in the *prevention* of sexual abuse. Other studies also show that there is not enough evidence to assert that education programs targeted at children can lead to a reduction in the prevalence of sexual abuse.<sup>16 17 18 19 20 21</sup>

Several systematic reviews suggest that programs that aim to stop children being victim to sexual abuse are more effective for younger children than for adolescents.<sup>22 23</sup> Conversely, Topping and Barron (2009)<sup>24</sup> suggest that while only a small number of studies have systematically investigated the effectiveness of education programs across different groups, those that did found that knowledge gains about prevention concepts were consistently greater amongst older children.

There is limited data about the effectiveness of prevention education programs in Australian schools. The Australian Research Council is currently assessing a prevention education program with results to be released in 2016. A review of Australian school policy and curriculum related to the prevention of child sexual abuse suggests that a national audit of the child abuse prevention initiatives,

including an assessment of how these programs relate to the actual prevalence of child sexual abuse, is overdue.<sup>25</sup>

The literature discussing education programs as an approach to protecting children highlights some of the particular challenges to this approach. There is a concern that models which target children for safety education overemphasise the role of the victim in reducing risk and suggest that targeting offenders would be more appropriate. Some approaches to the prevention of child sexual abuse emphasise that adults (not children) must take responsibility for any abuse.<sup>26 27 28</sup> Another finding suggests that teaching children about warning signs of sexual abuse so that they can identify risky situations seems virtually impossible, as many of the risk factors for child sexual abuse are shared with characteristics of normal adult-child relationships (e.g. an adult paying attention to a child).<sup>29</sup>

### **5.3. How do children protect themselves from individual abuse or re-abuse?**

There are a limited number of studies investigating children's own understanding of child sexual abuse in the context of their safety and protection.<sup>30 31 32 33 34 35</sup>

Although the findings derive from small samples and mainly qualitative analyses, some of them highlight the depth of knowledge and awareness that children have of the nature of their victimisation.

Studies also reveal approaches that children use to protect themselves. A small study with 21 children who did not have ongoing contact with the offender revealed that sexually abused children were able to articulate their own fears and safety strategies. Specifically, children who engaged in their own protective strategies (such as sleeping with their mum) were also able to articulate their concerns for their siblings and their ideas about ways to protect them from future abuse. This research also showed that fear of the offender and of being abused again often permeated children's daily life.<sup>36</sup>

Another small, mixed-method study analysed children's narratives of alleged sexual abuse and discovered that children were aware of the tactics employed by offenders and were able to describe the manipulation tactics they used. The most common manipulation identified by the children was the offender's efforts to establish rapport with the child.<sup>37</sup> Generally, the research does not quantify the proportion of children who employ strategies to protect themselves from sexual abuse nor the number of strategies that they employ. Hassan et al (2015)<sup>38</sup> is the exception to this, suggesting that more than half of the child victims in their study (n=95) did not resist the offender or take actions to protect themselves.

Additional information about children's protective behaviour is found in studies of adult offenders. Smallbone and Wortley (2000)<sup>39</sup> suggest that one of the most successful self-protection strategies employed by children involves being assertive and saying 'no'. This finding is supported by another research study that looked at adults convicted of intrafamilial abuse against their biological daughters or step-

daughters.<sup>40</sup> In research with 197 child sexual offenders, Leclerc et al (2011)<sup>41</sup> confirmed that 74% of offenders suggested that children would be most successful at avoiding sexual contact by telling the offender directly that they did not want to participate. 56% of offenders in the study said their victims had been able to avoid sexual contact at some point during the abuse by saying 'no'. The offenders identified resistance which included fighting back or yelling as the least successful strategies employed by victims. Katz and Barnett (2015)<sup>42</sup> suggest that information from children regarding offenders' tactics and manipulation processes should be incorporated into practitioners' knowledge and practice as a way of adapting responses and interventions.

Children's age can play a role in determining their response to child sexual abuse. In a study with adult males who had committed sexual abuse against children, Leclerc, Wortley and Smallbone (2011)<sup>43</sup> found that offenders suggested that the success of different resistance strategies varied between 'younger' and 'older' girls. Saying 'no' and telling the offender that they did not want to be touched was more effective for young girls than older girls. The study does not provide information about how effectively resistance techniques could be used to avoid being abused entirely.

#### **5.4. How can the family and its members help protect an individual child against sexual abuse?**

##### **5.4.1. Does communication within the family affect the level of support and protection offered to children?**

Many parents express a desire to be the main source of education to their children about sexual abuse<sup>44 45 46</sup> and the degree of communication between parents and their children has been found to be a strong protective factor against the occurrence of child sexual abuse.<sup>47 48 49</sup> Several authors point out the benefits of parents talking effectively about child sexual abuse and its prevention. This includes the parents' ability to provide repeat messages over a child's lifespan and to match the readiness of the child with the information provided.

Yet, research indicates that the percentage of parents who discuss the issues of child sexual with their children is not high, ranging from 27% to 66.5%.<sup>50 51</sup> It also appears from the literature that many parents are ill-equipped to educate their children on the issue of sexual abuse. Often, parents do not have the skills or language to communicate protective messages. They can unintentionally give inaccurate information about sexual abuse such as overstating the risk from strangers while failing to inform children of the risk posed by people they may know.<sup>52 53 54 55</sup>

Despite the apparent potential of child sexual abuse educational programs to inform children effectively about sexual abuse and its prevention, there is little contemporary evidence about parental involvement in such training. Some research suggests that the participation rates of parents in educational programs aimed at prevention of child sexual abuse is low.<sup>56 57 58</sup> Studies conducted in the United States indicate that the rates of participation varied from 6.4% to 27%.<sup>59 60</sup> In cases where parents do participate, neither primary prevention education programs (preventing

the occurrence of sexual abuse before it has occurred) nor secondary prevention programs (responding to the immediate and short-term consequences of abuse to prevent additional harm) have been rigorously evaluated for their effectiveness.<sup>61</sup>

Based upon their findings from a small qualitative study, Babatsikos and Miles (2015)<sup>62</sup> highlight that to be able to recognise and prevent child sexual abuse; parents need to know about the key dimensions of child sexual abuse. This includes knowing about grooming tactics, as well as the physical, emotional, verbal and social indicators of abuse. The findings are supported by earlier research by Leclerc et al. (2009)<sup>63</sup> and Wurtele and Berkower (2010)<sup>64</sup>.

Communication involving other siblings is touched upon in the literature, although largely from a therapeutic perspective. In looking at the involvement of siblings in therapy programs following disclosure of sexual abuse within a family, Baker et al. (2008)<sup>65</sup> suggest that sibling involvement can improve communication within the family and help to develop clear and specific family rules.

In another small study, Coohy and O'Leary (2008),<sup>66</sup> suggest that communication between non-offending parents and victimised children also has an impact on the degree of protection offered to the children, with mothers who asked their children about the abuse six times more likely to protect them. These women were also less likely to have asked the offenders about the abuse, possibly leading to less conflicting information about the nature of the abuse. Older and small-scale studies also show that the closer victims are with their non-offending parent or carer, the more support they will be provided with.<sup>67 68</sup>

#### **5.4.2. Does a child's age and gender have an influence on protection offered?**

Children's age can influence the level of support and belief offered by parents and peers following an experience of child sexual abuse, but the exact connection is unclear. While some early studies fail to find a significant relationship between parental response and a victim's age,<sup>69 70</sup> others suggest that mothers are likely to exhibit greater concern, support and protection for younger children.<sup>71 72 73 74</sup>

According to some research, children who are victims of sexual abuse see their caregivers as a greater support than their peers. As children mature into adolescence, however, research suggests that victims increasingly consider peer support more satisfactory than parental support. This trend is most pronounced for female victims.<sup>75</sup>

Several studies<sup>76 77 78</sup> have found that there is no relationship between maternal support and a child's gender, while others studies have revealed greater maternal support for boys.<sup>79 80</sup> Evidence regarding the influence of the child's gender on the level of parental support and protection offered is inconclusive and additional research is needed.<sup>81 82</sup>

### 5.4.3. Do non-offending parents protect children from child sexual abuse?

The role that non-offending parents' play, in particular mothers, in protecting children from intrafamilial sexual abuse can be a difficult one. A mother's role in relation to issues such as child disclosure and belief, reporting of child abuse and prevention of re-abuse is full of complexity. There is a growing body of evidence about non-offending mothers' role in and experiences of child sexual abuse.

Attempts to identify the situations and characteristics of non-offending mothers who demonstrate support for children impacted by child sexual abuse have largely yielded inconsistent results.<sup>83 84 85 86 87 88 89 90</sup> (It should be noted that, to date, a great amount of the evidence has been generated from the United States and does not include evidence regarding protection offered by non-offending fathers.)

Much of the inconsistency across this body of research is to do with the various constructs of belief, support and protection that are understood and measured differently across studies.<sup>91 92 93 94 95</sup> Despite the variations, studies tend to group maternal responses into three areas: belief of the child sexual abuse disclosure; provision of emotional support; and protection from further abuse. Maternal responses have been characterised as supportive/positive, unsupportive/negative and, more recently, as ambivalent.

Across the research, positive response by non-offending caregivers to children who have been sexually abused range from 27%-87%.<sup>96 97 98 99 100 101 102</sup> Much of the wide variation in this range can be accounted for by methodological differences in how 'positive' guardian support is conceptualised and measured.

There are also inconsistencies in the literature about the degree to which maternal *belief* is associated with maternal efforts to *protect*. Elliott and Carnes' (2001)<sup>103</sup> review of the literature reveals that while the majority of non-offending mothers believe their child's disclosure, maternal belief does not automatically translate into support and protection. Specifically, they suggested that that levels of maternal belief, support and protection vary across time and context but that overall: 52% of mothers protected their children, 41% both believed the allegations of abuse and acted to protect their children, 27.3% were ambivalent and demonstrated inconsistent protection, and 30.8% did not either believe or protect their children. Heriot's findings (1996)<sup>104</sup> show that 20% of mothers believed their child did not take protective action to limit further abuse. In contrast, however, a small study of non-offending mothers involved with a child protection service (n=85) by Coohy and O'Leary (2008)<sup>105</sup> found that mothers who consistently believed that abuse had occurred and who were able to attribute the responsibility to the offender demonstrated consistent protection of their children and were 8.48 times more likely to consistently protect the child than mothers who did not believe or questioned their children's allegations of child sexual abuse.

Understanding of the role of mothers in the discovery, support and protection of child sexual abuse victims has shifted over time. Until recently there was a tendency to characterise mothers as either consciously or unconsciously consenting to the

sexual abuse of their children. In particular, denial of the abuse was often interpreted as collusion with the offender.<sup>106</sup> More recent research suggests that non-offending parents who do not automatically appear supportive of the victim following disclosure of sexual abuse are not necessarily colluding with the offender. Support for a child by a non-offending mother that may be thought of as 'ambivalent' may well in fact be a normal response that demonstrates their significant internal conflict<sup>107</sup>. Other analysis suggests that levels of maternal support and ambivalence are not related.<sup>108</sup> In qualitative research with a small group of non-offending carers, Bolen et al (2015)<sup>109</sup> argue that a non-offending parent's refusal to accept a child's disclosure may appear non-believing but is better understood as a 'sense of disbelief' that the abuse could have occur

#### **5.4.4. How do non-offending mothers and female carers protect children from child sexual abuse?**

Only a handful of studies have investigated the ways that carers seek to protect their children from offenders of sexual abuse. Evidence from a small, qualitative sample of non-offending carers following sexual abuse disclosure reveals that carers seek to protect the child from offenders by: monitoring and supervision; planning and creating a sense of safety through the provision of training and physical safety measures; and offering emotional support to ensure safety from self-harm.<sup>110</sup>

Other qualitative research suggests that non-offending mothers struggle to assess the risk posed to their children. In an exploratory study with 125 mothers of sexually abused children, Plummer (2006)<sup>111</sup> found that mothers often choose to speak with their children when they are suspicious that abuse has occurred and that educating mothers to effectively judge the evidence for and against the abuse may enhance their capacity to protect their child. Similarly, Cahalane et al (2013)<sup>112</sup> suggest that women who have limited information regarding the nature of the abuse struggle to understand the risks posed by the offender and prevent further abuse.

#### **5.4.5. How does the relationship between a non-offending parent and the offender affect protection of children?**

Research generally indicates that the relationship between a non-offending mother and the abuser does affect the protection of children. However the findings about the nature of this influence are mixed and inconclusive.

Findings of several studies suggest that the closeness of the relationship between a non-offending mother and suspected offender affects the mother's level of support for the victim, including her belief about the abuse and the degree of support and protection offered to her children. Women who were not in a current relationship with the offender or who were less attached or dependent upon the offender at the time of disclosure were more likely to display greater support for and belief of their children.<sup>113 114 115 116</sup>

Research findings vary about whether maternal support for children is linked to the type of relationship that she or her children have with the offender, whether he be

the children's biological father, step-father, or the mother's current marital partner.<sup>117</sup> Non-offending mothers tended to be more supportive of their sexually victimised children in cases where there was some distance between them and the offender; for example, if she did not live with the offender, if the offender was not the father or stepfather of the victimised child,<sup>118</sup> if the victimised child did not speak to the offender,<sup>119</sup> or if the victimised child did not identify someone close to their mother to be the offender such as a family member.<sup>120</sup>

Non-offending mothers were found to be more positive towards children when the offender had acknowledged the occurrence of the abuse, perhaps because the admission reduced her doubt about the truth of the disclosure.<sup>121</sup> A related topic is how the secrecy surrounding the sexual abuse impacts maternal belief and support. Research suggests that mothers who were not previously aware of the sexual abuse<sup>122</sup> or who did not see or hear the abuse occur<sup>123</sup> were more likely to seek to protect their children.

Several studies have failed to find any relationship between the level of maternal support and protection offered and a mother's relationship with the offender.<sup>124 125</sup><sup>126</sup> These contradictory findings may be due to methodological differences across studies with variations in conceptualisation of what constitutes support and protection and how the nature of a relationship is defined.<sup>127</sup>

Qualitative research with female non-offending partners reveals that women have significant emotional needs in the period following discovery of the abuse and that, at least initially, some women may choose to remain in a relationship with the offender. Reflecting on these women's stories, Cahalane et al (2013)<sup>128</sup> urge professionals not to interpret this decision as either support for or collusion in the abuse.

Research also suggests that parental support must be assessed in accordance with the resources available to parents. This may be particularly relevant where the relationship between the non-offending parent and the offender of abuse has financial implications. If a resident male commits abuse his removal from the house may decrease the financial resources available, and the non-offending guardian may struggle without the offender's help in providing for their child. In such a circumstance, making resources available to the non-offending guardian may be a better intervention than removal of the child.<sup>129 130</sup>

#### **5.4.6. Do violence and physical abuse within the family affect protection provided by the non-offending parent or guardian?**

Several studies suggest that there is an increased likelihood of domestic violence in families where allegation of child sexual abuse has been suspected or substantiated.<sup>131 132 133</sup> Further, physical abuse in a home may indicate a dysfunctional family environment in which the mother is less inclined to believe reports and/or support a child. Physical violence may undermine the mother's capacity for adaptive coping; her financial dependence upon the offender may impair her response to child sexual abuse.<sup>134</sup>

Other research<sup>135</sup> suggests that being in an intimate partner relationship characterised by domestic violence is the second most important factor in predicting whether a mother would protect a sexually abused child consistently (second only to whether a mother consistently believed the abuse had occurred). In a small secondary data analysis of two qualitative studies, Alaggia and Turton (2005)<sup>136</sup> suggest that mothers who are physically abused by their partners are less likely to deny or minimise the occurrence of sexual violence because their child's disclosure is congruent with their own experiences of abuse. A number of other researchers have contradicted these findings suggesting that physical abuse of the non-offending guardian by the offender has no bearing on the degree of guardian support offered to the victim.<sup>137</sup> These differences may be due to differences in samples and definitions of domestic violence.

Within their practice paper, MacMillan et al (2013)<sup>138</sup> note that safety planning provided to children by a parent experiencing ongoing and unrecognised domestic violence may create confusing messages for children, particularly if there is an emphasis on secrecy and not telling or not discussing the presence of violent or emotional abuse. The authors suggest basic principles and general strategies that emphasise *universality*, educating families that any type of violence or abuse in the home is unacceptable, and pressing the need to focus on safety in general.

#### **5.4.7. Does alcohol and substance use influence protection provided by the non-offending guardian?**

Children living in homes in which one or both parents have a substance use problem are at an increased risk of both sexual and physical violence.<sup>139</sup> Parents engaging in substance abuse have significant barriers to providing the "safe home environment and warm caregiving" (p.53) which can act as buffers against child maltreatment.

There is growing evidence that drug and alcohol use compromises the response of non-offending parents and can impact negatively on the level of belief, support and protection offered by mothers.<sup>140 141 142 143 144</sup> Parental substance abuse can cloud parental judgment so that threats of violence may be overestimated and consequences of threats may be underestimated, either of which may increase the risk of violence. The offender may attribute blame for the consequences of their acts of violence to the use of alcohol rather than to their personal responsibility.<sup>145</sup> Pintello and Zuravin (2001)<sup>146</sup> found that mothers without a history of substance abuse were 3.4 times more likely to believe and protect a child following disclosure of abuse than a mother who had a history of substance abuse. Leifer et al (1993)<sup>147</sup> found that mothers of sexually abused daughters were less likely to be supportive of their child if they (the mothers) used drugs. They proposed that mothers with substance use issues are "likely to be self-preoccupied their focus on satisfying their needs for drugs impeding the development of adequately protective attachment behaviours" (p.764).<sup>148</sup> Furthermore, parental substance abuse reportedly impacts upon the child's resilience and interrupts the adequate provision of basic needs.<sup>149</sup>

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Other research finds no relationship between drug and alcohol use and reduced support from a guardian<sup>151</sup>; or between substance abuse and protectiveness.<sup>152</sup>

#### **5.4.8. Does a non-offending guardian's mental health affect protection offered to children?**

Findings about the influence of maternal mental health on the belief, support and protection offered by non-offending parents to child sexual abuse victims are inconclusive. Heriot (1996)<sup>153</sup> found that maternal mental health issues had a negative impact on protection of children. However, more recent studies such as Cyr et al (2003)<sup>154</sup> and Coohy and O'Leary (2008)<sup>155</sup> have found no significant relationship between maternal mental health and the degree to which mothers believe, support and protect their children.

#### **5.4.9. Does the nature of the sexual abuse affect protection offered to children?**

There is limited and inconclusive evidence about the influence of the nature and severity of sexual abuse on the response of non-offending parents. Some research findings assert that the more severe the abuse, the greater the support from a guardian.<sup>156 157</sup> Other research concludes that greater guardian support and belief is offered when the severity of the abuse is less,<sup>158</sup> and some find no relationship between these variables.<sup>159 160</sup> In the only contemporary study amongst these examples, Walker-Descartes et al (2011)<sup>161</sup> confirm their hypothesis that caregivers are more likely to want to initiate contact with protective authorities if they perceive the abuse to be more physically invasive. Specifically, caregivers are found to be more likely to want to seek protection if the abuse involves penetration compared with abuse that consists of exposure to pornography, masturbation or fondling. However, the broader applicability of these findings is limited by the small sample size and narrow scope of the research. Additional research is required to determine the degree to which the nature of child sexual abuse impacts upon caregivers' responses on a larger, replicable scale.

Studies suggest that the longer the duration of abuse the less likely a mother is to believe or protect her children.<sup>162 163</sup> Coohy and O'Leary's<sup>164</sup> case comparison of mothers who protected or did not protect their children from child sexual abuse found that mothers whose child had been sexually abused for less than one year were more likely to protect their child than mothers of children whose abuse had been occurring over a longer period.

Based on their study of factors that influenced the protection of children from sexual abuse, Coohy and O'Leary (2008)<sup>165</sup> propose a set of important practice questions to consider when asking non-offending mothers about the possibility of child sexual abuse detailed in Table 6 below.

**Table 6: Questions to ask non-offending mothers about the possibility of child sexual abuse. (Coohey and O’Leary, 2008<sup>166</sup>)**

<b>Questions to ask non-offending mothers about the possibility of child sexual abuse.</b>
Does the non-offending caregiver (or caregivers) perceive the abuser’s behaviour as sexual or abusive?
Does the caregiver now believe that the abuse occurred? Did the caregiver believe the abuse occurred when he or she first received information about it?
Does the caregiver attribute responsibility to the abuser, the child, or both?
If the caregiver did not talk to the child and did not attribute responsibility to the abuser, would information from the child about the abuse influence the mother’s attribution of responsibility?
Did the caregiver ask the abuser whether the abuse occurred? If the caregiver asked the abuser about the abuse, did he dissuade her from believing the abuse occurred or persuade her that further abuse is unlikely?
If the caregiver tried to take a protective action that did not adequately restrict access to the child, is she open to other protective responses?
If the abuser is the caregiver’s partner and has, for example, physically assaulted the caregiver in the past, is the caregiver willing and able, with adequate services and support, to restrict the abuser’s access to the child?

#### **5.4.10. How should we work with non-offending parents/caregivers to facilitate the safety of children?**

Working with non-offending parents/caregivers is challenging and requires skill and empathy. Child protection practitioners need to understand the parent’s own barriers, appreciate the impact of disclosure (akin to a secondary trauma), provide them with information and education about sexual abuse, and allow them the time and space to deal with their ‘new’ situation. Of course the need to protect the child is paramount.

Unfortunately, there is a lack of contemporary research about the circumstances and needs of women who are in a relationship with men who pose a sexual risk to children, particularly in situations in which intrafamilial child sexual abuse is suspected but not confirmed<sup>167 168 169</sup> or within families at increased risk of sexual abuse.<sup>170 171</sup> Much of the research is about the involvement of non-offending parents in a therapeutic rather than child protection context. Hernandez et al. (2009)<sup>172</sup> suggest that even within this therapeutic literature, there have been few studies which ‘attempt to systematically involve parents in treatment specifically geared toward improving family outcomes’. The lack of evidence about the

circumstances and needs of non-offending parents makes it hard to understand the complex and dynamic context within which they and their children need support.

Practitioners working with non-offending parents in the support and protection of their children must first understand the *context* of their experience and the *barriers* to their involvement. Crawford (1999)<sup>173</sup> suggests that professionals must recognise the unique nature of individual family situations and the wide variation of mothers' responses to child sexual abuse before they can evaluate the non-offending parent's ability to support and protect their children. A key step is to gain an appreciation of the impact of disclosure on non-offending family members, notably mothers.<sup>174</sup>

Non-offending mothers are at risk of post-disclosure trauma, which can hinder their ability to make informed risk assessments and may result in children's continued exposure to sexual abuse.<sup>175</sup> Indeed, responses by non-offending parents can resemble those of the victim themselves<sup>176</sup> and can result in heightened symptoms of depression and anxiety.<sup>177 178</sup> This significant emotional distress can have an impact on their parenting capacity and family functioning with implications for the support offered to their children.<sup>179 180 181 182 183</sup> In a small qualitative study, Cahalane et al (2013)<sup>184</sup> found that during the period following initial discovery, women perceived themselves as victims and were unable to understand their role in relation to the abuse or to its impact on the children. The researchers suggest that women who choose to remain with the offender during this time should not necessarily be viewed as colluding with or accepting the abuse, but should be encouraged to protect the children within the current circumstances.

Understanding the post-disclosure experience of non-offending women is vital to ensure that attempts to create a protective environment are appropriate and effective. A thorough examination of the family context as well as the psychiatric symptoms and trauma experienced by non-offending mothers can provide an understanding of unsupportive and ambivalent responses of some women.<sup>185</sup> Contextual factors including domestic violence, substance abuse, financial dependence and mother's own experience of sexual abuse may influence caregiver's responses to their child's disclosure. Reducing the secondary trauma experienced by non-offending parents can lead to them being better equipped to focus on and respond to the pressing emotional needs of their children<sup>186</sup> and focus prevention efforts more accurately to prevent the abuse reoccurring.<sup>187</sup>

Given the difficulties facing non-offending parents immediately after a disclosure, work with victims and non-offending family members should be approached with an empathic and non-judgmental attitude rather than one which makes presumptions.<sup>188</sup> Non-offending parents should be consulted directly to understand their individual needs.<sup>189 190</sup> Efforts which do not adopt these approaches and revert to old discourses of blaming women for the sexual abuse of children risk distancing child protection workers from women themselves, and may even strengthen mother's relationships with the alleged offender.<sup>191</sup> In a review of therapeutic-based literature, Hill (2005)<sup>192</sup> highlights considerations for the development of models

seeking to maximise parental involvement and support for children's recovery. Some of his suggestions can be applied to child protection:

- offering parents information about child sexual abuse and providing opportunities for peer support;
- understanding the different experiences of male parents and carers and seeking to involve them where relevant;
- developing professional relationships with parents to facilitate their involvement in children's recovery; and
- being sensitive to children's need for privacy and to parents' distress.

In a small qualitative study in Ireland (n=13), Kilroy et al (2014)<sup>193</sup> suggest that non-offending parents be offered support and education during the post-disclosure period to address their and their families needs, including issues such as addiction or past experiences of child sexual abuse. Such support may strengthen their psychological state and ability to cope, with implications for the level of support they can provide to their children. Other authors suggest that there is a need for additional research to understand the response and supporting non-offending mothers in the prevention of recurrent abuse in cases of repeated and intergenerational sexual abuse.<sup>194</sup>

Information and education for non-offending parents can also enable them to offer better support and protection to their children. They might be better able to recognise the general symptoms of abuse and respond sensitively to children's behaviours<sup>195 196</sup>. Providing them with information about the specific nature of the abuse might help them understand the risk posed by the offender and so better understand effective risk management and take on greater monitoring and protective responsibilities.<sup>197</sup> Additional research is required to support these findings.

### **5.5. What is the role of community in protecting and supporting victims of child sexual abuse?**

Families do not exist in a vacuum. Social support outside the family can also act as a protective factor promoting resilience after child sexual abuse. In Marriott et al's (2014)<sup>198</sup> review of the literature, several systematic studies<sup>199 200 201 202 203</sup> found that having a confiding relationship promoted resilience following sexual abuse. Support offered by members of the community through educational, religious/spiritual and sporting/club affiliations has also been repeatedly shown to act as a protective factor.<sup>204</sup> Daigneault, Hebert and Tourigny (2007)<sup>205</sup> suggest that these close interpersonal relationships allow victims to develop interpersonal trust, which is particularly important in the disclosure of child sexual abuse.

More broadly, the World Health Organisation (2004)<sup>206</sup> has highlighted the role of community in protecting children against sexual abuse, suggesting that efforts aimed at reducing the incidence of sexual abuse need to understand and incorporate

information about the extent to which communities condone or condemn sexual violence and related risk behaviours (such as drunkenness).

Connectedness to community, according to Pearce (2006)<sup>207</sup>, relates to social inclusion, a known protective factor against both sexual abuse and the exploitation of at-risk youth. Specifically, as a result of qualitative research with the National Society for the Prevention of Cruelty to Children (NSPCC) within the United Kingdom, Pearce<sup>208</sup> shows that sensitive child protection interventions require a holistic perspective on ways to counteract the impact of social and economic deprivation on the lives of at-risk youth. Facilitating community connections also supports positive housing, relationships, education/training and health outcomes.

### **KEY MESSAGES about factors that protect children from sexual abuse**

There are a range of individual, family and community level factors which can mitigate the impacts of child sexual abuse and protect against its occurrence or reoccurrence.

#### ***Education and children's resistance***

- Education programs can improve children's knowledge and awareness of child sexual abuse, but do not necessarily reduce the rate of abuse that occurs.
- There is limited information about the effectiveness of prevention programs in Australian schools.
- Studies highlight the depth of awareness and knowledge that children have about their sexual abuse. Some children are able to communicate their own fears and safety strategies, describe the manipulation tactics used by offenders, etc.
- One of the most helpful protection strategies used by children includes being assertive and saying 'no'.

#### ***Communication and protection within the family***

- The degree of communication between parents and their children is a strong protective factor against the occurrence of child sexual abuse; however studies show that parents rarely have these conversations and are generally ill-equipped.
- According to some research, children who are victims of sexual abuse see their caregivers as a greater support than their peers. As children mature into adolescence, however, research suggests that victims increasingly consider peer support more satisfactory than parental support.
- Young children may prefer support and protection from a non-offending parent/caregiver, however as they move into adolescence they may prefer support from peers.
- It may be difficult for parents to talk to children about sexual abuse and they may underestimate the risks that can be posed by people that children know.

- Parents need to know the signs of child sexual abuse and be able to talk about grooming tactics.

### *Non-offending parents/caregivers*

- Non-offending parents who ask children about sexual abuse are more likely to protect children from abuse.
- Most non-offending parents believe their children's reports of sexual abuse and seek to protect them.
- A parent's support in the present for children who are victims of sexual abuse does not mean that those children will be protected against future abuse.
- A non-offending parent may appear ambivalent to a child's disclosure of abuse; however, this can be a normal response to a complex situation, and should not be discounted as non-supportive or colluding with the offender.
- Providing non-offending parents with information about the nature of sexual abuse can help them understand the risks that offenders pose to their children.
- Parents are more likely to believe and support their children if they are less dependent upon the alleged offender.
- Removal of an offender from the house may have negative financial implications for the non-offending parent, who may then require additional financial resources to maintain family life.

### *Domestic violence*

- Children who live with domestic violence are at increased risk of child sexual abuse.
- Experiencing domestic violence may limit a woman's capacity to consistently provide protection for their kids from further sexual abuse.

### *Alcohol and substance use*

- Children living in homes where at least one parent has an alcohol or substance misuse problem are at greater risk of physical and sexual violence.
- Parental substance misuse can reduce the level of belief, support and protection that they offer to children following sexual abuse.

### *Working with non-offending parents/caregivers*

- Non-offending mothers may experience secondary trauma during the post-disclosure period.
- Non-offending mothers require empathic and non-judgmental support.
- Understanding the context of individual family relationships can help professionals decide on the capacity of non-offending parents to support and protect their children against future sexual abuse.
- Non-offending parents often benefit from receiving information about the nature of the abuse: they better understand the risks and can better protect their children from sexual abuse reoccurring.

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## 6. Chapter Six: Working with children and young people

This chapter looks at research with children and young people who have experienced sexual abuse and at what the evidence says about the effectiveness of a range of treatment options that child protection practitioners may bring to their work.

### 6.1. Giving voice to the experiences of children and young people

The voices and experiences of children affected by child sexual abuse are increasingly being considered in the design and delivery of treatment approaches.<sup>1</sup> Research to date giving voice to children and young people impacted by sexual abuse is limited. However a UK study into the experiences of sexual abuse among children and young people showed that children and young people felt they were not being believed or understood; not always realising at the time that they were being sexually abused; [and] feeling betrayed and let down by those close to them and then by the 'system' (p.23).<sup>2</sup>

In addition, the young people made recommendations for improvements in service provision to victims of child sexual abuse across several key themes. They highlighted what was seen as the therapeutic value of closure attained through gaining a court outcome and suggested a desire that victims of sexual abuse were not viewed as heterogeneous. Importantly, the young people identified that it would be useful for them to be granted access to an advocate at the time of disclosure to guide and support them through the process, and that once their own therapy had ended, they may be interested in mentoring other young people in a similar situation.<sup>3</sup>

Based on the findings of their participatory research with young people in the United Kingdom, Cossar et al (2013)<sup>4</sup> also identified a number of policy and practice implications for working with young people to facilitate an environment in which they felt comfortable and safe to reveal and discuss their experiences of abuse, including sexual abuse. In accordance with the suggestions above, the researchers conclude that young people must be included in discussions pertaining to their own experiences. And so it is imperative that workers are supported and trained to develop their confidence in sensitively and effectively discussing the process and implications of disclosure with young people and their families.

Similarly, in a small qualitative study exploring child protection practitioners' attitudes to work with families when child sexual abuse is suspected, Softestad and Toverud (2013)<sup>5</sup> also emphasise the need for direct interaction between child protection workers and children when suspicion of child sexual abuse is raised. They suggest that workers need to be supported to develop a close child-professional relationship in which they feel comfortable to talk to children, to interpret children's behaviour and signs of abuse, and to intervene to protect them. These findings support earlier research with sexually abused children between 10 and 15 years of

age who were interviewed to evaluate the social workers involved in their lives following their disclosure. These children highlighted the importance of being able 'to talk to a social worker who listened to them and who provided information and explanation'.<sup>6</sup>

Prior, Lynch and Glaser's (1999)<sup>7</sup> study, although quite small and dated, does provide some insight into the experiences of children aged between 10 and 15 years, working with social workers in the aftermath of a substantiated sexual abuse disclosure. In this qualitative study of 35 children and 25 carers, the researchers used semi-structured questions to elicit responses from the children relating to how much they liked the social worker and how much they felt the social worker had helped. The study identified common themes into which children's responses fell: listening and talking; providing information and explanation; the social worker's attitude and demeanour; continuity and accessibility; and being there for special occasions.

Listening and talking was rated by the children as a fundamental and valued aspect of social work support which provided the child with emotional support at a difficult time. Communicating honest information and explanations in an age-appropriate manner was also of importance to the children, including a need for *ongoing* information and explanation. Understanding, friendliness and a 'sense of fun' were also expressed by the children as an important quality of the social worker. Then children highly valued having their birthdays remembered and going on special outings, as well as having contact with the same social worker over time. Some children reported feeling confused as to whether the social worker was there for themselves or for their family. Clarity around this was important for the children.

Although the conclusions to be drawn from the Prior et al (1999) study<sup>8</sup> are limited, the study corroborates the work of later research and reports into the needs of children who have experienced sexual abuse. Having an advocate, being treated as more than just a sexual abuse victim, involving children in discussions pertaining to their own experiences and remaining sensitive to the implications and impacts of disclosure were all important. Overall, research to date, including that of the children themselves, has identified that a close relationship with their social worker is a key aspect of childhood recovery from sexual abuse.

### **KEY MESSAGES about the perspectives of children and young people**

- The voices of children and young people affected by sexual abuse provide important understanding of the impact of sexual abuse for policy development and service delivery.
- Children and young people identify negative themes that typically arise in the wake of sexual abuse. These include: not being believed or understood; not always realising at the time they were being sexually abused; and feeling betrayed and let down by those close to them and then later by the 'system'.
- Children who suffer sexual abuse can experience a range of symptoms including fear, anxiety, depression, post traumatic stress disorders and internalising and externalising behaviours.

- Children say that having an advocate at the time of disclosure to help guide them through the process is valuable and that achieving a court verdict is important for gaining a sense of closure.
- Young people want to be included in discussions pertaining to their experiences; they need practitioners to be sensitive and effective in discussing what happens to them and their family after they have disclosed.
- Children who have experienced child sexual abuse express an interest in being a mentor for other young people in a similar situation.
- Children have identified that being able to talk with their social worker is essential: they believe that having a social worker who listens and understands, can provide information and explanation as well as a sense of fun, is important in their post-disclosure experience.
- Child protection practitioners should develop a close child-professional relationship in which they are comfortable to talk to children, interpret their behaviours and signs of abuse and know how and when to intervene to protect children from further abuse.

## 6.2. Treating sexually abused children: what works?

The importance of treatment is undeniable, however drawing specific conclusions about treatment effectiveness is difficult and the literature is not definitive about which treatments should be used and how effective or long-lasting they are.

The impacts of child sexual abuse manifest in a broad range of symptoms including fear, anxiety, depression, post-traumatic stress disorders and internalising and externalising behaviours. Treatment programs aim to help children and their non-offending parents manage the aftermath of child sexual abuse, including physical and mental health implications, and create a pathway to recovery. Child sexual abuse is an experience, rather than a specific syndrome or disorder, and as such the responses of children to treatments vary,<sup>9</sup> depending on numerous factors associated with the child's own personal characteristics, family and social environment. The effectiveness of treatment outcomes for sexually abused children is inconclusive, largely as a result of differences in the design and inclusion criteria used by the various studies; however the evidence does indicate that certain treatment approaches are more effective at reducing child sexual abuse symptoms than others. Further research is required to determine the precise nature of the treatment interventions for each distinct presenting problem (such as behavioural problem, anxiety etc.).<sup>10</sup>

In general, treatment approaches which are tailored to the individual needs of the victim, taking into consideration their development, the context of the abuse and their background, are more likely to be effective.<sup>11</sup> The National Society for the Prevention of Cruelty to Children (2011) draws upon research which suggests that psychological treatment approaches targeting children affected by sexual abuse cannot work in isolation and must also include the non-offending parent or guardian and address the differing needs that children may have.<sup>12</sup>

There are a number of studies that indicate that treatment is effective in addressing the outcomes of child sexual abuse. In a meta-analysis of 28 studies Hetzel-Riggin, Brausch and Montgomery (2007)<sup>13</sup> determined that outcomes were better for sexually abused children and adolescents in receipt of psychological treatment than when no professional treatment intervention was provided. Harvey and Taylor (2010)<sup>14</sup> also indicate that psychotherapy treatment was beneficial in improving a child's self-esteem and overall functioning. These findings are also supported by a number of qualitative reviews on child sexual abuse treatment.<sup>15 16 17 18</sup>

In a review and synthesis of recent meta-analyses investigating the efficacy of 77 distinct treatment modalities, Benuto and O'Donohue (2015)<sup>19</sup> found a large amount of research about the effectiveness of child sexual abuse treatment but were only able to make a limited number of discrete conclusions due to differences in the inclusion criteria used within each study (e.g. who was included in the study and the type of treatment). They found that longer treatment duration appeared to be associated with better treatment outcomes (although a required 'dosage' of treatment has not been determined); play therapy may lead to the best treatment outcomes for social functioning problems; and there is no conclusive evidence as to whether individual, family or group therapy demonstrate the most effective treatment outcomes.

More research needs to be conducted as to precisely which intervention strategies contribute to improved outcomes for specific symptoms related to child sexual abuse, including Cognitive Behaviour Therapy (CBT), play therapy, abuse-focused therapy, family therapy, group therapy and individual therapy. Studies also include a broad range of symptomatology including PTSD, self-esteem, internalising and externalising behaviours and sexualised behaviours.

A recent Cochrane Review (2012)<sup>20</sup> of the effectiveness of 10 randomised trials of CBT on the short and long-term outcomes of Cognitive Behavioural Therapy found that the stronger evidence for the positive effects of CBT was for treating anxiety and post traumatic stress disorder but the effect was at most moderate. Several meta-analyses of findings within the review revealed that CBT reduced depression symptoms and child post traumatic stress disorder but these were not statistically significant and produced only a small effect. No study reported adverse effects. The authors conclude that there is potential for CBT to address the adverse effects of child sexual abuse – especially post traumatic stress disorder and anxiety - but there are strong limitations with the evidence base and better conducted and reported trials are needed. Several other authors agree with these findings.<sup>21 22</sup>

Psychoanalytic or psychodynamic psychotherapy treatments are often provided to victims of sexual abuse. These treatments are based on the notion that relationships or experiences from one's past are often pushed into the unconscious, later to re-emerge as problems in the present. Psychoanalytic/psychodynamic psychotherapies help victims to gain an understanding of their unconscious conflicts and this is thought to help them recover. Parker and Turner (2013)<sup>23</sup> attempted to examine the effectiveness of such

treatments as part of a Cochrane Review but the researchers could find no studies that met their inclusion criteria and concluded that further research is needed.

### **6.2.1. Do treatment outcomes vary by age?**

Some studies examine treatment effectiveness for children and young people of different ages. Studies looking at pre-school age children, such as Cohen and Mannarino (1996)<sup>24</sup>, found that CBT adapted for sexually abused pre-schoolers (CBT-SAP) was clinically and statistically significant in reducing both internalising and externalising behaviours. The results also indicated that CBT-SAP was effective in reducing sexually harmful behaviours in the age group, when compared against the group receiving non-directive supportive therapy (NST).

A study looking at children aged 2-8 years old randomly assigned to either a CBT group or to supportive therapy found that the CBT group demonstrated greater benefits than the supportive therapy group.<sup>25</sup> Interestingly, this study also included mothers receiving CBT alongside their abused children. Both mothers and children demonstrated better outcomes in the CBT group, with mothers reporting less intrusive thoughts about the abuse of their child.<sup>26</sup> This finding is important in light of the significant relationship between parental distress and children's post-abuse adjustment.<sup>27</sup> Children in the CBT group also showed better retention of body safety skills.

A longitudinal study of adolescent responses to therapy, in which children aged 8-15 years old received abuse-focused individual therapy and family and group therapy, found that most symptoms, as indicated by the Trauma Symptom Checklist for Children (TSCC), decreased after 3 months of treatment. A shorter time period between the end of abuse and the start of therapy was associated with a greater improvement on the Children's Depressive Inventory (CDI). At the end of the year-long study, children's symptoms were still in a process of decline, indicating that recovery from the trauma of sexual abuse can take a long time and that short-term interventions may not be as effective.

Overall, the evidence points towards therapeutic interventions being of small to moderate benefit to children regardless of their age.<sup>28 29</sup> A meta-analysis by Trask et al (2011)<sup>30</sup> found that a child's age and gender did have moderating effects on the outcome, with older children demonstrating greater benefits? It is unclear in many of the studies if cognitive therapies were adapted for younger aged children.

### **6.2.2. Do treatment outcomes vary by gender?**

Studies have mixed findings as to the efficacy of treatments as related specifically to the gender of the child. The meta-analysis conducted by Trask et al (2011)<sup>31</sup> found that gender did play a role in treatment effectiveness, namely that treatment groups with predominantly males demonstrated stronger effects. However, Sanchez-Meca et al's (2011)<sup>32</sup> meta-analysis found that the average treatment effect sizes were greater for female only samples. Hetzel-Riggin et al's (2007)<sup>33</sup> meta-analysis concluded that gender and age were not relevant to the effectiveness of treatments.

### 6.2.3. Do family and contextual factors influence treatment outcomes?

The treatment that children receive and the effectiveness of that treatment on their abuse-related symptoms is influenced by the mental health of the parents, parents' marital conflict, family functioning, family stressors, socioeconomic status and community and cultural factors.<sup>34</sup>

Many children who have been victims of sexual abuse also come from families experiencing multiple problems including drug and alcohol addiction and domestic violence. Many also suffer from other forms of maltreatment such as physical abuse and neglect.<sup>35 36 37</sup> Elliot and Carnes' (2001)<sup>38</sup> literature review and Cohen and Mannarino's (1996)<sup>39</sup> study exploring the reactions of non-offending parents to the sexual abuse of their child found that children's emotional and behavioural reactions following sexual abuse were moderated by the reactions and responses of caregivers. Typically children fare better when their caregiver believes their claim and provides the care and protection required. Non-offending caregivers, when parenting in a context of domestic violence and/or alcohol and drug addiction, may be significantly less able to provide this support. Studies looking at the efficacy of multi-problem families are rare and children's reactions to sexual abuse may not be served by interventions focusing solely on sexual abuse.<sup>40</sup> Abuse-specific treatment may fall short unless it is part of a comprehensive treatment plan addressing multiple issues.

### 6.2.4. Does inclusion of the non-offending parent/caregiver in treatment affect outcomes?

The research on including the non-offending parent in treatment for sexually abused children is mixed. Often treatment programs in the study designs are relatively short (from 8 to 20 sessions) and include individual therapy for parent/guardian and child and joint therapy. A meta-analysis conducted by Corcoran and Pillai (2008)<sup>41</sup> found that treatments which included a non-offending carer showed only small effects on four domains of child sexual abuse symptoms including internalising and externalising behaviours, PTSD and sexualised behaviours. However, the findings overall demonstrated that parent-involved treatment provided advantages over comparison conditions, such as child-only treatment.

Deblinger et al's study (2001)<sup>42</sup> found that non-offending mothers reported experiencing less intrusive thoughts related to the abuse and this in turn reduced their negative emotional reactions related to the abuse. The authors suggest that parent-involved therapy may improve outcomes for children affected by sexual abuse due to reduced stress and better coping skills for parents.

## KEY MESSAGES about the effectiveness of treatment

- The effects of treatment differ for each child depending on a range of factors, including many associated with the child's individual characteristics, family and social environment.

- Psychological intervention can improve a child's self-esteem and overall functioning.
- The treatment elements derived from the research suggest that longer duration of treatment is associated with better outcomes (however, a required 'dosage' of treatment has not been determined).
- Eclectic or play therapy may represent the best treatment for social functioning problems.
- Cognitive behaviour therapy has been found to be most effective for the treatment of anxiety and post traumatic stress disorder, although its effectiveness is moderate at best.
- There is a lack of rigorous evidence about the effectiveness of psychodynamic and psychoanalytical interventions.
- Treatment delivered in an age-appropriate manner is of benefit in reducing symptoms of child sexual abuse.
- The evidence as to the efficacy of gender-specific therapeutic interventions is inconclusive.
- There is no conclusive evidence regarding whether individual, family or group therapy demonstrate the most effective treatment gains.
- Including non-offending parents in treatment plans produced small effects for children with regards to their internalising and externalising behaviours, PTSD and sexualised behaviours
- The evidence about the efficacy of individual, group, family therapy treatment is mixed but some research indicates that parent-involved therapy may improve outcomes for children affected by sexual abuse due to reduced stress and better coping skills for parents.
- Children experiencing multiple problems may need a response that addresses their multiple adversities and not just sexual abuse alone.

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## 7. Chapter Seven: Sexually harmful behaviour

This chapter reviews the evidence around ‘sexually harmful behaviour’, a term which has only recently begun to be used to describe behaviour when children and young people engage in *sexual* behaviours that are inappropriate for their stage of development. These behaviours may be harmful to other children and young people, or to the child or young person displaying these behaviours themselves. Behaviours can range from using *sexually* explicit words and phrases to acts of abuse such as penetrative sex with other children.

As well as sexually harmful behaviour in the general population, this chapter also surveys evidence about two particular contexts for sexually harmful behaviours - Indigenous communities<sup>1</sup> and out-of-home care (OOHC). In both groups, sexually harmful behaviour has appeared in the research as pervasive, and in need of particular approaches to building child protection.

Sexually harmful behaviour is a discrete category of child sexual abuse. If the principal offender is not an adult, important questions arise about responsibility, agency, intervention, the context of the behaviour, and about what is ‘normal’. According to the limited but growing evidence, sexually harmful behaviour is more common than was previously thought; is not simply another outlet for general delinquency; and is not usually linked to later adult forms of sexual abuse (though it can be). While some success has been had with treatment programs, the key to success is to manage responses with an appreciation for the individual child or young person who has exhibited the behaviour, include the family in the treatment processes where possible (especially for younger children) and approach the issue within a range of modalities, from psychological to social to legal.

**Using the evidence:** While there is a lack of clarity and agreement about how to define, understand and respond to sexually harmful behaviour, it is nevertheless important for child protection practitioners to recognise particular issues with the use of certain terms, and to use language in a sensitive and non-stigmatising way.

The concepts of and attitudes about sexually harmful behaviour are undergoing so much change, and the literature in this area is not extensive.

### 7.1. Overview of sexually harmful behaviour

#### 7.1.1. Why is this a developing research field?

Before the early 1990s, sexually harmful behaviour was often explained as ‘normal experimentation of development curiosity’.<sup>1</sup> Still today, sexual activity between children challenges the ideological constructions of childhood innocence. The idea

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that a child might engage in coercive sexual behaviour is still often met with denial and shock.

But there is a growing recognition of the existence and seriousness of such behaviour. Several contemporary authors argue that a child sexually abusing other children is the most common form of unwelcome sexual abuse among children and young people. Yet it has been largely ignored in research, which tends to focus on adult-child abuse.<sup>2 3</sup>

### **7.1.2. What terms frame the discussion of sexually harmful behaviour?**

Terminology for describing sexualised behaviours in young people is fraught and remains important. The terms used to describe behaviours can become labels that impact on how a young person considers their identity, their future, and their own potential to engage in healthy and positive behaviours.<sup>4</sup>

There is a general consensus that referring to juveniles as ‘sex offenders’, ‘perpetrators’, or ‘abusers’ is stigmatising and likely to inhibit the young person’s impetus to change.<sup>5</sup> The child should be positioned in relation to the behaviour rather than ‘totalised’ by it.<sup>6</sup> There is a tendency to polarise ‘deviant’ and ‘normal’ development activities however there is growing acceptance that sexual behaviour of young people occurs along a continuum from mutually agreed experimentation to serious crimes such as stalking and rape.<sup>7 8</sup>

In Australia, children under the age of ten are defined as being under the age of criminal responsibility (too young to commit a crime).

For this Chapter, as in the Office of the Senior Practitioner’s *Child Sexual Abuse Practical Kit*. The term ‘sexually harmful behaviour’ or ‘behaviours’ is preferred to ‘sexually abusive behaviour’, ‘problem sexual behaviours’ or ‘inappropriate sexual’. The child with sexually harmful behaviour will be referred to as ‘the child’ (with sexually harmful behaviour) to emphasise that they are first and foremost a child. The child who has been harmed by sexually harmful behaviour will be referred to as ‘the victimised child’.

### **7.1.3. What is the nature of sexually harmful behaviour committed by children and juveniles?**

Although definitions vary there is agreement in Australia and internationally that *coercion* and *consent* are central concepts in defining or determining when normal sexual behaviour becomes abusive.<sup>9 10 11</sup>

The spectrum of sexually harmful behaviours occurs across a continuum from inappropriate, to problematic to abusive varies. It covers a wide range of activities that vary from excessive self-stimulation, sexual approaches to adults, obsessive interests in pornography, and sexual overtures to other children that are excessive to the behaviour expected of a child at that stage of development.

Inappropriate touching of others' genitals has been shown to be the most common sexually harmful behaviour. The percentage of abuse that involves penetration or attempted penetration ranges from 30-60%.<sup>12</sup> Different acts or behaviours are not mutually exclusive and many young people will engage in more than one type.

Research has shown that juveniles who sexually abuse their peers are more likely to engage in greater force and physical violence compared to juveniles who sexually abuse younger children.<sup>13</sup> This is a key insight, because existing research has found that the use of force in child sexual abuse is a high risk factor for recidivism.

For some children, sexually harmful behaviours are highly coercive and involve force; the acts would be described as 'abusive' were it not for the child's age.<sup>14</sup> Araj's (1997)<sup>15</sup> work charting common examples of sexually harmful behaviour in children of various ages detailed in Table 7 is most often used or adapted.

**Table 7: Sharon Araj (1997)<sup>16</sup> set out to chart common examples of sexually harmful behaviour in children in the younger age groups.**

Children aged 0-5 years	Children aged 6-10 years	Children 10-12 years
Curiosity about sexual behaviour becomes an obsessive preoccupation	Sexual penetration	Involves sexual play with younger children
Exploration becomes re-enactment of specific adult sexual activity	Genital kissing	
Behaviour involves injury to self	Oral sex	
Children's behaviour involves coercion, threats, secrecy, violence, aggression or developmentally inappropriate acts.	Simulated intercourse	

#### **7.1.4. How common is sexually harmful behaviour?**

It is very hard to accurately measure how much sexual harmful behaviour young people engage in. Most data is likely to be an underestimation as many victims are reluctant to disclose due to fear of the abuser or the social stigma surrounding sexual abuse. Professionals and carers struggling to understand the differences between sexually harmful behaviour and age-appropriate sexual behaviour may under-report the incidence. Being able to differentiate between the two can positively influence responses to such behaviours.<sup>17</sup> Moreover, children and young people may not disclose because they are frightened, feel guilty or complicit, or feel a sense of loyalty to the offender.<sup>18 19</sup>

Australian police reports suggest that of all sexual offences, the percentage committed by young people remains relatively consistent (9-18%).<sup>20 21</sup> Other authors

suggest that the prevalence of sexual abuse committed by young people in Australia is higher than recorded crime data would indicate. They suggest that children and young people account for up to 50% of offences against children and perhaps 30% of rapes of adolescent girls and women.<sup>22 23</sup>

International data is similar. Studies in the UK show one-quarter to one-fifth of all child sexual abuse involves children and adolescents as offenders.<sup>24</sup> Similar figures are reported in the United States – where 30% of reports of child sexual abuse involve juveniles as alleged offenders.<sup>25</sup> Other studies estimate that sexual abuse by children or young people constitutes between 40% and 90 % of sexual offending against children.<sup>26 27 28 29</sup> Less is known about the prevalence of sexual abuse among very young children (pre-school and primary school aged).

## **7.2. The offenders of sexually harmful behaviour**

### **7.2.1. Is there a typology of adolescents who engage in sexually harmful behaviour?**

The research shows that adolescents who sexually harm their peers or younger children are not a homogenous group. Several studies have attempted to define sub-groups of youth who sexually harm others, in order to understand the pathways to offending and develop a sound base for intervention. Butler and Seto (2002)<sup>30</sup> and Aebi et al. (2012)<sup>31</sup> differentiated adolescent sexual abusers based on the persistency of their delinquent behaviours. Worling (2001)<sup>32</sup> identified clusters based on personality while other studies note differences based on exposure to adverse life conditions<sup>33 34</sup> or psychopathology.<sup>35</sup>

Keelan and Fremouw (2013)<sup>36</sup> reviewed 21 studies across the United States, Canada, Europe and United Kingdom that compared male adolescents who sexually harmed peers to those who sexually harmed younger children. They concluded that research consistently found distinct differences between the two groups in relation to the victim's gender and victim's relationship with the offender. They concluded that the typical adolescent who abused younger children had the following characteristics: was a Caucasian male who offended against a female or male family member, had an internalising behaviour disorder, and had himself been sexually abused. A typical adolescent who abused other adolescents had the following characteristics: was an African American male, who offended against female acquaintances or strangers, used more force in his offence, and had been poorly supervised by his family. Finally, they identified a 'mixed offender group' who offended against both peers and younger children. The researchers advocated including this 'mixed offender group' in future research and interventions.

### **7.2.2. Is there a difference between adolescents who sexually harm younger children and adolescents who sexually harm other adolescents?**

Research shows that there are both similarities and differences between the two adolescent groups.

Typically in both cases the abuser knows their victim (though they may or may not be a relative).<sup>37 38 39</sup>

Studies have shown that juveniles who sexually harm younger children are less selective about gender, abusing both boys and girls of different ages with whom they had different relationships<sup>40</sup>. They are also less aggressive, use less force, have higher levels of psychopathology and development disorders, and display higher levels of internalising behaviours than adolescents who sexually harm their peers.<sup>41</sup>  
42 43 44

Juveniles who sexually abuse peers tend to abuse girls<sup>45 46</sup> and strangers.<sup>47</sup> Peer offenders are also more likely to display higher levels of aggression and violence in the commission of their sexual offence, be under the influence of alcohol and other drugs, have histories of nonsexual criminal offences and appear more delinquent than those who sexually abuse younger children.<sup>48 49 50</sup>

### **7.2.3. Is adolescent sexually harmful behaviour a unique or general form of delinquency?**

This is a prominent question in the literature: whether for adolescents, sexually harmful behaviour is unique and requires a distinct explanation or whether it is a manifestation of recklessness and irresponsibility. If adolescent sexually harmful behaviour can be explained by general delinquency, then it shares the same associated risk factors, such as impulsivity, sensation-seeking, law breaking attitudes and association with other antisocial peers.<sup>51</sup>

In a meta-analysis of 59 independent studies comparing male adolescent sex offenders with male adolescent non-sex offenders, Seto and Lalumiere (2010)<sup>52</sup> conclude that adolescent sexual offending is not just an expression of general delinquency. On one hand adolescent sex offenders had much less extensive criminal history, had fewer conduct problems, had fewer antisocial peers, held less antisocial attitudes and beliefs about women and had fewer substance abuse problems. On the other hand they were five times more likely to have been sexually abused, reported greater prevalence of emotional abuse or neglect, were more socially isolated, admitted to earlier and greater exposure to pornography, had greater exposure to sexual violence, had more atypical sexual fantasies, were more anxious and had lower self esteem and more learning problems or disabilities than non-sex offenders.

Of all these factors, some stand out as having the greater significance. According to the authors, atypical sexual interests, sexual abuse history, a criminal history and antisocial associations, and substance abuse play a greater role in male adolescent sexual offending. The authors suggest that male adolescent sexually harmful behaviour contains two primary dimensions which need to be integrated in both risk assessment and interventions - general delinquency risk factors and atypical sexual interests.

#### 7.2.4. Are young people who sexually abuse children or peers themselves the victims of sexual abuse?

What is clear from the literature is that sexual victimisation is not a sole causal factor in the development of sexually harmful behaviours. Not all victims of child sexual abuse go on to display sexually harmful behaviour. But a history of being sexually abused is one of the salient factors distinguishing adolescents who engage in sexually harmful behaviour from youths who do not. Prevalence rates vary from 23% to 81%.<sup>53 54 55 56</sup>

Studies agree that sexually harmful behaviours are more frequently seen in sexually abused children than amongst non-abused and non-clinical samples of children.<sup>57 58</sup>  
<sup>59 60 61</sup> Other studies show that sexually abused young people are more likely to demonstrate sexually harmful behaviour than non-sexually abused young people either with or without psychiatric symptoms.<sup>62 63</sup>

Such statistics support the theory of a 'victim-to-offender cycle'. Yet there is dispute about how useful this model is. Academics argue about the extent to which victims of sexual abuse go on to sexually abuse, compared to other social factors associated with sexual abuse. For example, Kelly (1996)<sup>64</sup> points out if the cycle were true, girls would commit the majority of child and adolescent sexual abuse.

A recent American study suggests that caregiver discipline may have a strong influence, especially for girls, on the risk of sexually harmful behaviour following child sexual abuse. Caregiver use of physical discipline (for example hitting, physical restraint) was associated with higher levels of sexually harmful behaviour in children while adaptive disciplining (for example empathising with the child, setting limits, verbal assertion/teaching) was associated with lower levels of sexually harmful behaviour amongst children who had experienced child sexual abuse.<sup>65</sup>

There is some evidence to suggest that, for girls at least, the effect of sexual abuse may be related to certain sexual behaviours appearing at a later stage (greater sexual preoccupation, earlier onset of intercourse, earlier pregnancy).<sup>66</sup>

### 7.3. Risk factors for sexually harmful behaviour

#### 7.3.1. Is age a risk factor for sexually harmful behaviour?

Age is consistently shown to be associated with sexually harmful behaviour. Kendall-Tackett et al (1993)<sup>67</sup> reported that sexually harmful behaviours amongst children aged 3 to 5 years were most prevalent in children with a history of child sexual abuse. This finding is consistent with other studies.<sup>68 69 70</sup> McClellan et al. (1996) found that the experience of child sexual abuse commencing before the age of seven was significantly associated with increased inappropriate sexual behaviours including hypersexual, exposing and victimising sexual behaviours.

The literature suggests that prevalence figures for adolescents engaging in sexually harmful behaviours are greatly underestimated, which may be due to low disclosure or formal reporting, or because these behaviours are denied or minimised.<sup>71</sup>

### **7.3.2. Is gender a risk factor for sexually harmful behaviour?**

The vast majority of adolescents engaging in sexually harmful behaviour are male.<sup>72 73 74</sup> Research in Australia suggests that there appear to be two peaks for male sexual offending: age 14 and age 30.<sup>75</sup> In the United States the most commonly occurring age of adolescents who sexually abuse others is around 14-15 years of age, with their first offence occurring at or near the age of 12-13 years old.<sup>76</sup> The data highlights the need to include an analysis of gender and masculinity in research and responses to child-to-child or adolescent-to-adolescent sexual abuse.

One United Kingdom study investigated the prevalence of sexually abusive behaviours amongst young females who had been referred to a specialist service for delinquent behaviour. They found that 12% of 258 females presented with sexually harmful behaviour, and that they were more likely to have been victims themselves and have learning difficulties.<sup>77</sup>

### **7.3.3. What do we know about girls who have sexually harmful behaviour?**

Most research in the area of young people and sexually harmful behaviour has focused on males. One author submits that this is because of the general view of females as passive, innocent and incapable of committing sexual abuse.

There is a growing body of research into young females who sexually offend. The few studies that report on females<sup>78 79</sup> suggest that females constitute 7% of juveniles who commit sex offences. One study notes that this percentage is higher among offenders younger than 12. Such girls are more likely to offend in multiple-offender and multiple-victim episodes.<sup>80</sup>

Studies of younger females with sexually harmful behaviours show they tend to abuse younger children of either sex, have higher levels of family dysfunction, and were themselves victims of sexual abuse when they were younger.<sup>81 82</sup>

A retrospective case study comparing sexually harmful behaviour by females with their non-sexually harmful female peers found that the first group were more likely to be victims of abuse themselves, were less likely to engage in antisocial behaviour (crime, self-harm, substance abuse) and had more learning difficulties compared with their non-sexually abusive peers.<sup>83</sup> These findings are consistent with other studies<sup>84 85</sup> and suggest that females presenting with sexually harmful behaviour need specialist services. Practitioners would also benefit from practical and skill-specific training in the identification, assessment and treatment of young females presenting with such behaviour.

#### 7.3.4. Is a child's psychological profile a risk factor for sexually harmful behaviour?

Attempts to define a psychological profile for children and young people who sexually harm are mostly inconclusive.<sup>86</sup> However a few helpful themes do emerge from the research.

Adolescents with sexually harmful behaviours are more antisocial, socially isolated, more impulsive, more anxious and withdrawn, and more likely to have conduct disorders (particularly ADHD and PTSD) and be sexually aggressive than those without sexually harmful behaviours.<sup>87 88 89 90 91</sup>

Young people with learning disabilities are over-represented among sexual offenders.<sup>92 93</sup> However, researchers caution against concluding that young people with learning disabilities are more likely to sexually abuse than their peers because these figures could be reflective of the fact that they are more easily identified, for example young people with a disability may be more 'visible' and vulnerable to greater scrutiny, or more likely to be repetitive and habitual in their choice of victim, the location of the offence and frequency of behaviour.<sup>94</sup>

One meta-analysis of studies reveals a possible relationship between a young person's psychology and emotional problems and their adolescent sexual offending. There seems to be a relationship between sex offence and higher prevalence of anxiety and low self-esteem, but not with depression and neuroticism. The authors, however, could not determine the causal pathway – the psychopathology symptoms could have preceded the sexual offence; or they may have occurred as a result of being identified as a sexual offender.<sup>95</sup>

Other studies suggest that young people with sexually harmful behaviour do *not* experience higher rates of psychological problems and caution against pathologising young people with these behaviours.<sup>96 97</sup>

Sexually harmful behaviour often presents as just one of a range of externalising and internalising behaviour problems exhibited by children who have been victims of trauma or abuse.<sup>98 99 100 101 102</sup> Friedrich et al (2001)<sup>103</sup> investigated sexual behaviour among children aged two to 12 years old and found that sexually harmful behaviour is related to a range of behaviour issues and that the characteristics of the sexually harmful behaviours are related to sexual behaviour. Others have found that children with sexually harmful behaviours have poor impulse control, problems with boundaries and low social skills which may also increase the risk of being victimised later.<sup>104 105</sup>

#### 7.3.5. What are the contextual risk factors for sexually harmful behaviour?

Risk factors range from development issues, to trauma and disadvantage, to cultural factors.

It important to note that children and young people exhibiting sexualised behaviours are not 'young paedophiles' with a pre-existing or pathological sexual preference for

children nor do they always have their own sexual abuse history.<sup>106</sup> Sexually harmful behaviours are far more prevalent amongst children who suffer compounding factors of trauma and disadvantage.<sup>107</sup>

Generally, children and young people who exhibit sexually harmful behaviours have had troubled or traumatic backgrounds. Staiger et al (2005)<sup>108</sup> note: 'for these children, their early life experiences are filled with anger, confusion, sadness and fear'. Their relationships with significant adults in their lives are plagued with loss, violence and most of all a sense of alienation and lack of attunement'.<sup>109</sup> In young children, sexualised behaviours are often understood as 'sexually reactive' or 'acting out' responses to trauma.<sup>110</sup> As a result of these traumatic life experiences the young person may experience cognitive and psychological problems that distort their values and beliefs which hinder their physical, emotional and social development.

Exposure to family violence, marital discord, poor attachment, compromised educational outcomes, adverse socioeconomic conditions, homelessness or an unstable home-life, intellectual impairment, exposure to parental drug or alcohol use, and a parental history of abuse are the most common and consistent issues linked to sexually harmful behaviour in the literature.<sup>111</sup>

O'Brien (2008<sup>112</sup>; 2010<sup>113</sup>) notes that the contextual risk factors for harmful sexual behaviour are often characteristic of life in Aboriginal communities in Australia. Given the profound circumstances of disadvantage in some Indigenous communities, it is likely that the risk factors leading to juvenile offending and sexually harmful behaviour are significantly increased for some Indigenous children. She proposes that responses to sexually harmful behaviour in Aboriginal communities should be less about focusing on individual behaviour, and more about addressing the contextual factors of systemic disadvantage. See later in this chapter for a more comprehensive review of this issue in Aboriginal communities.

Cultural factors may also affect the occurrence and reported frequency of sexually harmful behaviours.

Three studies have examined typical sexual behaviour amongst preadolescent children (excluding children with a history of child sexual abuse) and considered the influence of culture, comparing rates of reported normative sexual behaviour in European and American children.<sup>114 115 116</sup> These studies found that across American, Dutch, Swedish and Flemish children, it was rare for more intrusive or aggressive behaviours to be reported or endorsed amongst children and young people aged two to 12 years (e.g. inserting objects in the vagina or rectum, asking to engage in sex acts).<sup>117 118 119</sup>

Another study examined the sexual behaviour of African American children aged two to 12 years and found that while the reported range of sexual behaviours was consistent with findings regarding White middle-class children, finding that African American parents reported less solitary sexual behaviour than did White parents.<sup>120</sup>

They conclude that more research on both normal and harmful sexual behaviour in ethnic minority children and young people is greatly needed.

### 7.3.6. Is pornography associated with sexually harmful behaviour?

There does seem to be a strong correlation, especially when other risk factors come into play.

Significant numbers of children and juveniles are exposed to pornography, as a growing body of international scholarship has shown.<sup>121</sup> The deliberate consumption of pornography is highly gendered among young people, as it is among adults. Males are more likely than females to use pornography, to do so repeatedly, to use it for sexual excitement and masturbation, to initiate its use (rather than be introduced to it by an intimate partner), to view it alone and in same-sex groups, and to view more types of images.<sup>122 123 124</sup> Males are more likely than females to be sexually aroused by pornography and to have supportive attitudes towards it.<sup>125 126 127</sup>

Pornography use or consumption of violent pornography is associated with sexually aggressive attitudes and behaviours among adolescent and older boys.<sup>128</sup> In a study of Canadian teenagers with an average age of 14, there was a correlation between boys' frequent consumption of pornography and their agreement with the idea that it is acceptable to hold a girl down and force her to have sex.<sup>129</sup> Among US boys and girls aged 11 to 16, greater exposure to R- and X-rated films was related to stronger acceptance of sexual harassment.<sup>130</sup> Among Italian adolescents aged 14 to 19, there were associations between pornography use and sexually harassing a peer or forcing someone into sex.<sup>131</sup>

A number of studies have also shown a relationship between adolescents' exposure to pornography and increased likelihood of participating in risky or problematic sexual behaviour.<sup>132 133 134 135</sup> In a large Swiss study with a nationally representative sample of adolescents, Luderet al. (2011)<sup>136</sup> found that adolescent exposure to online pornography (whether deliberate or not) was not related to a lot of risky sexual behaviour, but that there was a statistically significant relationship between exposure and non-condom use and sensation-seeking behaviour. The research design did not allow for the direction of causality to be determined.

Research from several angles has explored the relationship between sexual aggression in adolescents, exposure to pornography and other factors. One study suggests that youth who show other risk factors predisposing them to sexually aggressive behaviours *and* are exposed to sexually explicit material are more likely to participate in such behaviours.<sup>137 138 139 140</sup> This is confirmed by a Youth Internet Safety Survey (n=1501): Ybarra and Mitchell (2005)<sup>141</sup> report that there does not appear to be any relationship between adolescents' exposure to internet pornography and sexual aggression for youth who do *not* display other risk factors. A longitudinal study (n=967, 2009)<sup>142</sup> found that males who were exposed to explicit material in early adolescence were more likely to undertake acts of sexual harassment during the middle years of adolescence. And a more recent longitudinal

study (2011)<sup>143</sup> found that adolescents who had intentionally viewed pornographic materials were more likely to display sexually aggressive behaviour than those who had not been exposed.

#### **7.4. Do young people who sexually abuse continue abusing as adults?**

It does appear that the risk of a young sexual offender re-offending as an adult is low, certainly lower than the risk of a juvenile offender re-offending while they're still a juvenile.

But as the evidence shows, the situation is complex. Studies seeking to understand recidivism rates amongst young people who engage in sexually harmful behaviour are subject to limitations around recording and definitions of repeat offending. Rates of recidivism can vary according to how 'recidivism' is calculated – using data from criminal charges or broader criteria of reports to police. The time period used to measure the occurrence of recidivism can also have an impact on data.<sup>144</sup>

However, there is consensus in the literature that sexually abusive behaviour continuing from adolescence into adulthood is not common.<sup>145</sup> Multiple short-term and long-term clinical follow-up studies show that the risk of young people sexually reoffending as adults is low (6-9 %).<sup>146,147</sup> Amongst young people who have committed a sexual offence against a child, sexual reoffending comprises only a small proportion of the total amount of re-offending.<sup>148</sup> One meta-analysis of treatment studies (2006)<sup>149</sup> found a sexual recidivism rate of 12.5 % after a follow-up of five years. A more recent longitudinal study (2010)<sup>150</sup> found a sexual re-offending rate of 16.8 % after a follow-up of 20 years.

##### **7.4.1. Do young people who sexually abuse continue abusing as juveniles?**

Repeat offending as juveniles does appear more likely than repeat offending as adults. A study conducted on adolescent males in NSW (n=303) found that over approximately seven years 25% had been convicted of sexual offences again before they turned 18.<sup>151</sup> Other studies following juvenile sexual offenders for periods of between 2-8 years show that among juvenile sexual offenders, 0-20% of those who sexually abuse children sexually reoffend and 1-16% of those who sexually abuse peers sexually re-offend. The base rate of sexual recidivism by young people is generally lower than that of adult sexual offenders.<sup>152</sup>

While there is a relationship between juvenile sexual offenders and past experiences as victims of sexual abuse, this risk factor is not enough to predict recidivism amongst juvenile sexual offenders.<sup>153</sup>

Nonetheless, a small proportion of adolescent sexual offenders do progress to future offending. Researchers have developed risk assessment tools that have some validity for prediction.<sup>154, 155</sup> According to Worling and Langstrom (2003)<sup>156</sup> the best supported risk factors for estimating the risk of an adolescent committing a sexual offence are the presence of deviant sexual interests, a history of committing previous sexual abuse, past sexual offences against two or more victims, a lack of

intimate peer relationships and failure to complete offence-specific treatment programs.

#### **7.4.2. What factors can protect against recidivism?**

Young people who undergo treatment for sexually harmful behaviours have low rates of recidivism. Undertaking a targeted intervention in a timely manner plays a very important role in minimising recidivism rates.<sup>157</sup>

A recent Australian study examined similarities and differences in adolescence-onset versus adulthood-onset sexual abuse incidents. McKillop et al (2015)<sup>158</sup> found that the first incident for adolescence-onset offenders tended to occur in the context of a long-term peer relationship against a female in either the victim's home or the home of a third party. These offences were also more likely to be witnessed by a third party. The authors recommend communal play/socialising areas where line-of-sight can be maintained, open door policies in bedrooms and privacy in bathrooms can reduce opportunities for sexual abuse.

#### **7.5. How can risk be better assessed?**

Overall, the literature in this area reveals that risk assessment strategies can be improved by: including protective factors with risk factors, giving practitioners up-to-date information about sexually harmful behaviours, and tailoring treatments appropriate to the offender's age and development level.

It is argued in the literature that assessment models for sexually harmful behaviour should include an examination of the possible risks posed by young people who sexually abuse as well as their strengths or protective factors.<sup>159</sup> Strengths can be at the individual level (such as the ability to reflect and understand consequences of behaviour, willingness to engage in treatment), family factors (for example parents demonstrating good protective attitudes and behaviours, family having clear and positive boundaries), and other factors such as an available network offering support and supervision.<sup>160</sup>

Traditionally, legal and clinical interventions for assessing risk and treating juvenile sex offenders have ignored or minimised the developmental differences between adult and juvenile sex offenders. Often they have failed to address the many factors behind sexually harmful behaviour exhibited by juveniles in a way that is responsive to their unique developmental needs.<sup>161</sup>

A study conducted in the US and Brazil<sup>162</sup> indicated that a significant proportion of workers (professional, paraprofessional, and non-professional) were misinformed about empirical research findings directly relevant to conducting and interpreting assessments of alleged child sexual abuse. O'Brien (2010)<sup>163</sup> suggests that a similar problem exists in Australia, with a multitude of training, qualifications and referral pathways leading to professionals exercising enormous discretion as to how they respond to children with sexualised behaviours. A lack of skill and expertise working

with young people who display sexually harmful behaviours can lead to significant risks for young people reoffending.

### 7.6. What treatments or interventions seem to work?

Young people respond very well to treatment and most young people with sexually harmful behaviours do not go on to become adult offenders.<sup>164</sup> Several programs have been evaluated, though more study is needed in some areas.

Over the past two decades there has been a shift away from treatment models based on adult sexual offending to more developmentally appropriate responses. There has also been a shift away from focusing solely on the sexually harmful behaviours to investigating and treating the underlying issues manifesting in the behaviours.<sup>165</sup> Accordingly recent treatment models emphasise the need to understand the negative impact of trauma on the brain's development, and to understand the attachment relationships that may lead to sub-optimal development and result in sexually harmful behaviour.<sup>166 167</sup> Such models emphasise helping adolescents to process trauma, and to enhance their ability to stay safe and not harm others through managing themselves.

Five systematic reviews have examined the effects of approaches for children and/or youth engaging in sexually harmful behaviour, four of them focusing on adolescents<sup>168 169 170 171</sup> and one on children under the age of 12.<sup>172</sup> The reviews consistently found that some form of treatment benefited young people compared with no treatment at all and that most treatments consisted of either cognitive behaviour therapy (CBT) or multisystemic therapy. Multisystemic theory (MST) is a promising approach for treating adolescent sexual offending and the most empirically evaluated intervention. The emphasis of MST is on interrupting the cycle of harm by working with offenders and their families to identify and address the individual risk factors and family risk factors that promote sexually harmful behaviour. A core feature is providing parents with the skills and resources they need to effectively parent.<sup>173</sup> MST has been found effective at reducing sexually harmful behaviour and preventing further sexual offences.<sup>174 175</sup>

There is less clarity regarding the evidence base for CBT. Two studies (Dopp et al 2015<sup>176</sup> and Nesbit et al 2005<sup>177</sup>) conclude that CBT does not produce better effects than no CBT intervention. In contrast, in their review of ten studies, Walker et al (2004)<sup>178</sup> found that CBT based treatments had greater effect than MST. However it should be noted that design of the studies included in their review involved less rigorous studies than the reviews by Dopp et al (2015)<sup>179</sup> and Reitzel and Carbonell (2006).<sup>180</sup>

One review (2008)<sup>181</sup> investigated the elements associated with the effectiveness of interventions for children aged 12 and under who have displayed sexually harmful behaviour. Treatments among the eleven studies included varied, with some targeting harmful sexual behaviour as the primary concern, and others primarily treating other issues, such as exposure to child sexual abuse, with sexually harmful

behaviour as a secondary target. The authors found that the major agents of change were the involvement of the caregiver, and developing skills in parenting and behaviour management. Improvements on the parenting side included rules about sexual behaviour, sex education and sexual abuse prevention skills. For the child, change was aided with self-control skills. The treatments were more effective for pre-school age children than school-aged children. More research is needed as existing research includes only small samples of children and study designs are not rigorous.

In a review of approaches to prevent and respond to sexually harmful behaviour in out-of-home care, The Parenting Research Centre<sup>182</sup> identified ten studies that evaluated approaches to sexually harmful behaviour outside of out-of-home care settings. The review found no approaches that could be rated Well Supported and only one that was rated Supported (Multisystemic Therapy for Youth). A further approach was rated Emerging (Group Cognitive Behavioural Therapy). Most approaches were found to have insufficient evidence: evaluations were not rigorous enough in their design to determine the effectiveness of treatments. Despite the lack of rigorous study design and the call for caution interpreting results, these studies do suggest that some interventions may be helpful for some groups. The studies are summarised in Tables 8 and 9. Note that out-of-home care is dealt with in detail later in this chapter.

Name	Program	Country	Participants	Findings	Limitations
Interventions in both OOHC and general settings					
New Street	Individual and group-based therapy delivered in clinics to young people aged 10–17 years who have committed sexual offences but have not been prosecuted.	NSW	Male & Female	Evaluations show reduction in recidivism, increased responsibility for behaviours and reduction and or cessation in sexual harmful behaviours. The authors noted recidivism rates were high for those who withdrew from the program, and thus emphasised the importance of engaging young people	small sample size and lack of randomisation.
Personal social Awareness program	Individual and group-based therapy delivered in various settings to adolescent sexual offenders.	USA	Male & Female	These intervention may be helpful in reducing recidivism rates for young adolescent males for both sexual and non-sexual crimes. For those who withdrew from the program, recidivism rates tended to be higher, but there may have been other reasons for this difference rather than due to program non-completion	Lack of comparison group
SAFE Network NZ/ well stop and Stop	Individual and group clinic-based program for sexual offenders aged 10–18 years.	NZ	Male	This intervention may assist young males in understanding what unacceptable sexual behaviour is and the triggers for PSB. It may also help them develop new strategies to manage these in the short term. A good therapeutic relationship and developing motivation for change were noted as helpful in gaining these outcomes.	small sample size, and lack of comparison group and statistical testing
SAFE Network Wilderness therapy	Group-based therapy in camp setting for adolescent sexual offenders.	NZ	Male	This intervention may be helpful in improving peer relationships, improving self-efficacy and self-esteem, and improving responsibility-taking for offending behaviour in young adolescent males. Recidivism as an outcome was not measured	the small sample size, lack of comparison group and lack of quantitative measures
Turn the Page	Individual home- and clinic-based treatment for 12–18 year olds with PSB.	UK	Male	This intervention may assist young males in understanding what unacceptable sexual behaviour is and the triggers for PSB. It may also help them develop new strategies to manage these in the short term. A good therapeutic relationship and developing motivation for change were noted as helpful in gaining these outcomes.	small sample size, and lack of comparison group and statistical testing,

**Table 8: Interventions for sexually harmful behaviour in general and OOHC**

Name	Program	Country	Participants	Findings	Limitations
Interventions children aged < 10 years in general settings					
CBT for young children 5-12 years	Clinic-based group program for children aged 5–12 years with PSB.	USA	Male & Female	19 years after CBT the children had significantly fewer sexual offenses than the play therapy group and their rates of sexually offending were similar to those of the general clinic groups (2%-35). Findings suggest it may be useful in reducing sexually harmful behaviour	The evaluation was a CT with the year follow up-however it would benefit from replication in country other than USA
Transformers program	Clinic-based individual therapy for children under the age of 12 who engage in PSB.	Victoria	Male	Improvements in sexually harmful behaviour an anger management for both the treatment and control group while only the treatment group had significantly improved empathy and sexual knowledge and awareness of personal risk and self intervention strategies. There was no significant changes in depression or responsibility taking for either group. Findings suggest this program may be helpful in reducing sexually harmful behaviours and anger and improving empathy, and knowledge about sexually harmful behaviours.	small sample size, lack of statistical comparison to a control group.
CBT for pre-school aged children (3-7 years)	Clinic-based group program for male female children aged 3–7	USA	Male & Female	Findings suggest the CBT for pre-school children may be helpful in reducing sexually harmful behaviour	small sample, lack of comparison group
Interventions children aged 10> in general settings					
Fight with Insight	Clinic-based group therapy and group boxing program for sexual offenders aged 12–18 years who demonstrate PSB following their own abuse.	South Africa	Male & Female	May be helpful in improving insight and social functioning and reducing recidivism amongst young people with sexually harmful behaviour. CBT alone may be more helpful in improving empathy.	small scale, qualitative and only measured outcome at one point in tome.
Gender violence / sexual harassment prevention program	School-based group gender violence and sexual harassment <b>prevention</b> program for children in the 6 <sup>th</sup> and 7 <sup>th</sup> grades.		Male & Female	May be helpful in reducing rates of victimisation for both males and females. It may also help in reducing non-sexual violence against peers- but less helpful in reducing sexual violence towards peers and dating partners. It also suggests that young males may be more frequently targets of sexually harmful behaviour and other violence than females.	Replication needed paying attention to gender
Griffin Youth forensic Services	Home-based individual treatment for sexual offenders aged 10–16 years	Queensland	Male	Results showed that only 6 / 104 young people with sexually harmful behaviour reoffended 2.5 years after completing treatment. No difference in offending rates between indigenous and non- indigenous young people. However even after modification of the program to increase engagement, indigenous youth remained less engaged than non-indigenous youth.	Absence of a comparison group, the use of retrospective data and incompleteness and inconsistencies in data collection
Multi-systemic therapy for youth with sexually harmful behaviour	Therapy for sexual offenders aged 10–17 years, delivered on an individual basis in settings convenient to participants, such as home, school and the community.	USA, Canada	Male & Female	Several studies show that MST reduces sexually harmful behaviour, fewer arrests and sexual crimes and less out-of-home care placements among completers of programs. Findings suggest that community-based interventions using evidence-based treatments of adolescents with anti-social behaviours may be adapted for juveniles with sexually abusive behaviour and appears to be effective in improving outcomes for youth with sexually harmful behaviours.	Rarely been implemented outside the USA and evaluations often undertaken by the program designers presenting a conflict of interest. MST also has strict inclusion and exclusion criteria thereby limiting the number of young people eligible for the program.
Safe care Young people's programs	Individual and group-based program for young people aged 12–17 years who have engaged in PSB, particularly interfamilial PSB.	Western Australia	Male	Self reports among program participants suggest that SYPP is helpful in improving family communication, reducing impulsivity, increasing emotional control and self-esteem and improving personal responsibility taking. It may not be useful in improving victim empathy and production of relapse prevention plans.	lack of comparison group and lack of randomisation.
Youth with problem sexual behaviour	Individual and group-based clinic treatment for sexual offenders aged 10–18 years.	USA	Male	Significant improvement in psychosocial functioning, parenting stress and parent-child dysfunction. No significant decrease in sexual interests, attitudes and behaviours. May be helpful in improving parent-child relationships and psychosocial functioning with youth who have aggressive sexually harmful behaviours.	small sample. No comparison group, no long term follow up and lack of standardised time points for post-testing.
Mirtazapine	Pharmacological treatment, in this case for young people aged 5–12 years engaging in PSB who are not responding to/suitable for education programs.	Turkey	Male & Female	At post-test (2 -4 weeks) significant improvements (reduction) in masturbation but every child had at least one side effect including increased appetite, weight gain and sedation. Drug may be useful in reducing excessive masturbation with young people with autistic spectrum disorder.	small sample size, lack of control group and multiple people taking concurrent medication limit the application of findings.

**Table 9: Interventions for sexually abusive behaviour in general settings**

Despite the limitations of evidence for programs for children and young people with sexually harmful behaviour, the reviews provide some important and general lessons relevant to practitioners. One review<sup>183</sup> that included 23 studies showed that the programs that have the greatest benefit are contextual, holistic, cover various aspects of a young person's life, and involve family and community in interventions. In addition the authors note that vicarious sensitisation (where young people are exposed to stimuli to provoke arousal followed by aversive stimuli) significantly reduces recidivism.

These findings are echoed in research about the transition from care into the community among young people with sexually harmful behaviours. Again, the most promising interventions are holistic, strengths-focused and involve collaborative planning with both the young people and their families or support networks.<sup>184</sup> A qualitative study of transitional pathways for young people with sexually harmful behaviour (2015)<sup>185</sup> identifies four key transitioning areas: accommodation, education/employment, social life/leisure, and emotional support.

The authors note several overarching themes: that reaching out is hard, that young people need something to strive for, that financial management/budgeting advice is important, and that adolescents need to become self-motivated. Concrete assistance was seen to help parents deal with the added expense, commitment and responsibilities associated with treatment.<sup>186 187 188</sup>

So, there appears to be much agreement in the literature about the orientation of treatment work<sup>189</sup>. It needs to be:

- Abuse-specific: helping young people understand and accept responsibility for their behaviour; enabling them to develop strategies and coping skills to avoid abusing again;
- Holistic: promoting the physical, sexual and social well-being of children and young people who have sexually harmed;
- Multi-modal:
  - at the family level: encouraging family members to acknowledge what their child has done, to believe in and support change and to take on responsibility for changing the context of the family;
  - at the legal and departmental level: sensitive legal and child protection responses focusing on the needs of both the victim and the young person with sexually harmful behaviours;
  - at the clinical level: with specialised responses to children with intellectual disabilities, developmental delays and foetal alcohol syndrome, given our increasing understanding of the neuro-biological effects that trauma has on the developing brain; and with specialised psychological services for the supervision of youth justice orders;
- Accessible: with specialised treatment services in rural and remote areas as well as urban regions;
- Sensitive: preventing the stigmatisation of children who have exhibited or been convicted for sexually harmful behaviours.

## KEY MESSAGES about sexually harmful behaviour

- The use of terms such as sexual offenders, sexual abusive or aggressive behaviours are stigmatising. In Family and Community Service sexually harmful behaviour is preferred because it positions children in relation to the behaviour rather than being totalised by it.
- Sexually harmful behaviour occurs along a continuum from inappropriate to problematic to abusive. The behaviours differ across age groups.
- The most frequently occurring sexually harmful behaviours involve inappropriate touching of the genitals, though many children display more than one type of behaviour.
- Adolescents who sexually harm their peers are more likely to use force than adolescents who sexually harm younger children.
- Adolescents who sexually harm either their peers or younger children typically know their victim (though they may or may not be a relative).
- Adolescents who sexually harm younger children choose boys and girls equally, are less aggressive, use less force, have higher levels of psychopathology and development disorders, and display higher levels of internalising behaviours than those who abuse peers.
- Adolescents who sexually harm other adolescents tend to abuse girls, are more aggressive, use more force, often under the influence of alcohol and other drugs, have a history of nonsexual crimes, and are more delinquent than those who abuse younger children.
- Sexually harmful behaviour among adolescents is not just a general form of delinquency. Adolescents exhibiting sexually harmful behaviour have a lesser criminal history; fewer conduct problems, fewer antisocial tendencies, and less antisocial attitudes than adolescents who engage in other forms of criminal activity.
- Most adolescents with sexually harmful behaviours are male; commonly young men under the age of 16.
- Females make up 2%-7% of children and young people with sexually harmful behaviour
- Adolescents with sexually harmful behaviour tend to be antisocial and socially isolated, are more impulsive and more likely to have conduct disorders than adolescents without sexually harmful behaviours.
- Young people with disabilities who have sexually harmful behaviour are more repetitive and habitual in their choice of victim, location and frequency of behaviour.
- Children and young people with sexually harmful behaviour generally have had troubled and traumatic lives including exposure to family violence, poor attachment, poor educational outcomes, unstable housing or parental alcohol and drug use.
- Exposure to pornography is associated with aggressive attitudes and behaviours among adolescents and older boys.
- Adolescent exposure to explicit or pornographic material is associated with sexually harmful behaviour amongst youth who have other risk factors.

- Being sexually abused may be one but is not the sole causal factor in the development of sexually harmful behaviour.
- Most children and young people with sexually harmful behaviour do not continue to abuse in adulthood. There are low rates of recidivism: sexually harmful behaviour among children and young people rarely continues into adulthood.
- Assessments of the risks posed by children or young people with sexually harmful behaviour needs to include individual strengths, such as the ability to reflect and recognise consequences of behaviours, family factors such as parents with good protective behaviours, and other protective factors like social supports and supervision.
- Treatment models should investigate and treat presenting behaviours but also the underlying issues causing sexually harmful behaviours.
- Treatment models should emphasise the impact of trauma and attachment relationships in sexually harmful behaviours.
- Multi-Systemic Theory is the most promising approach for treating adolescents. This therapy breaks the sexual cycle by working with adolescents with sexually harmful behaviour and provides parents with the skills and resources they need to prevent further abuse.
- Some treatment is better than no treatment.
- Generally programs that have the greatest benefit are those that are holistic, cover various aspects of a child or young person's life and involve family and community intervention.

## 7.7. Sexually harmful behaviour among children and young people in Aboriginal communities

There is no clear empirical evidence on the prevalence of sexually harmful behaviour specifically among Aboriginal populations. Studies in the early 1990s and several inquiries and crime statistics suggest that child and adolescent sexually harmful behaviour in Australian Aboriginal communities are prevalent and concerning.<sup>190</sup> Studies of juvenile sex offenders in Australia indicate that Indigenous youth are significantly over-represented among juvenile sex offenders. In NSW Indigenous people make up 11.5%<sup>191</sup> to 14%<sup>192</sup> of samples of juveniles convicted of sexual offences.

The Northern Territory Inquiry into the Protection of Aboriginal Children from Sexual Abuse (2007)<sup>193</sup>, The NSW Aboriginal Child Sexual Assault Task force (2006)<sup>194</sup> and the Gordon Inquiry (2002)<sup>195</sup> in Western all Australia identified a range of sexually harmful behaviour undertaken by siblings, children or adolescents. They indicated that sexually harmful behaviour involving both boys and girls is becoming more common among even younger children.

**Sibling sexual abuse:** both the NT<sup>196</sup> and NSW<sup>197</sup> inquiries identified that sibling sexual abuse was a concern in many Aboriginal communities. Some participants involved in the NSW inquiry<sup>198</sup> suggested that sibling abuse started when children lived with family violence and children got into bed together for comfort. For some, these safe places became the venue for sexual abuse that remained undetected due to the violence occurring in the family. Others suggest a more deliberate strategy that involved grooming either a brother or a sister, which then allowed them to abuse their sibling for a very long time unless there was an accidental disclosure by the victim.

**Consensual sex between children and young people:** The NSW taskforce<sup>199</sup> found that underage sex and underage pregnancies were a cause of great concern to many Aboriginal people consulted. The inquiry also raised concerns that sex between children may contain elements of inequality and coercion, and that unchecked sexualised youth are more vulnerable to becoming victims or offenders of sexual abuse.

**Sex forbidden by 'skin' relationship:** The Northern Territory inquiry determined that there was a significant amount of intrafamilial sexual abuse in Aboriginal communities. But there was a unanimous view among Aboriginal communities involved in the review that incest was an extremely serious breach of traditional law and punishable by death. The inquiry was told that the complex and intricate 'skin' system was developed to prevent incest and that any breach of that 'skin' was treated with the utmost seriousness. On the other hand, the literature suggests that this may mean that sexual abuse committed by a family member often goes unreported because of fear of repercussions from the offender of the offender's family.

More recently the NT<sup>200</sup> and NSW<sup>201</sup> inquiries indicate that sexually harmful behaviour involving both boys and girls was becoming more common among even younger children.

The NT Inquiry<sup>202</sup> reported that in all communities, both men and women were concerned that teenagers were becoming more violent, more sexual and more anarchic. The report noted that in some communities boys were coercing girls to have sex with them and the girls did not understand they could refuse to have sex. Conversely the inquiry heard that girls had become empowered by refusing older men who wanted sex with them and instead were themselves actively pursuing young men in the community.

In other communities the inquiry heard that girls were being sexually aggressive, actively tempting and teasing boys. Girls as young as 12 would encourage one another to have multiple sex partners. It was suggested that as traditional Aboriginal norms regarding sex break down, they are in danger of being replaced with increased promiscuity among teenagers.

#### **7.7.1. What factors affect whether Aboriginal children and young people disclose sexually harmful behaviour?**

A complex interplay of factors may lead to silence around violence and abuse in *any* community. Additional barriers to disclosure about violence and sexual abuse for children and young people in Aboriginal communities have been identified, including:

- fear of serious adverse outcomes or retribution as the result of disclosure,
- concerns that families will be torn apart,
- a desire to avoid the shame associated with disclosure
- fear of the removal of children, belief that there is no assistance available and that such occurrences are common place.<sup>203</sup>

#### **7.7.2. What contributes to the risk of sexually harmful behaviour among Aboriginal children and adolescents?**

There appears to be consensus in the literature that inter-generational trauma, breakdown of cultural restraints, prior sexual abuse or exposure to inappropriate sexual activity form the context for sexually harmful behaviour in Aboriginal communities.<sup>204</sup> The factors most often cited as precursors and correlates to any sexually harmful behaviour are: experience of trauma, loss and alienation; prior sexual or physical abuse; witnessing family violence; and drug and alcohol abuse by partners or caregivers<sup>205</sup>. These factors can be characteristic of life in Aboriginal communities.<sup>206 207</sup>

Participants in the NT<sup>208</sup> and NSW<sup>209</sup> Inquiries believed there was a lack of awareness among Aboriginal communities about the dynamics of sexual abuse - what it is, the impacts it has, and the fact that it is a crime and not a normal way of life.

Although a few studies have measured the correlation between exposure to pornography and coercive sexual acts they do not establish direction of causality nor

do they specifically include information about ethnicity and culture.<sup>210</sup> However, exposure to sexual activity or a sexualised environment is a concern in Aboriginal communities. The NT<sup>211</sup> and NSW<sup>212</sup> Inquiries and the Gordon Inquiry<sup>213</sup> document that young Aboriginal children and adolescents are widely exposed to pornography and inappropriate activity such as adult sex films or adults having sex within their view. The Gordon Inquiry described processes whereby children have been acculturated to sexual violence and believe it is the norm. As most sexually explicit material is generated outside Aboriginal communities, geographic remoteness together with the cultural and language gap make it difficult for Indigenous children to effectively engage with or understand these stimuli. As one participant in the Gordon Inquiry noted 'these practices are engaging and entrenching children in anti-community and [anti-] family values and norms. The guardianships for Indigenous community and family values and norms are disappearing or have completely vanished'.<sup>214</sup>

The three inquiries document vulnerable young children (mainly girls) involved in an informal sex trade, trading sex for goods or favours. The Queensland Crimes and Misconduct Commission (2004)<sup>215</sup> also reported that it is common for girls to trade sex for food, shelter or other material goods. The inquiries highlight the need for more research into the dynamics of child prostitution and exploitation among Aboriginal children, especially in remote areas.

#### **7.7.3. Do young Aboriginal sexual offenders re-offend?**

Official Australian statistics indicate that Indigenous Australians aged over ten were 6.5 times more likely to be charged by police for a sexual offence in comparison to non-Indigenous Australians.<sup>216</sup> Australian research also suggests that Aboriginal sex offenders are more likely to reoffend after treatment than non-Aboriginal offenders.

These trends are supported by other international studies that examine recidivism among Indigenous groups.<sup>217 218</sup> None of the aforementioned studies included information on the gender or age of victims, so it is unclear whether they sexually re-offend against a younger child or an adolescent peer. However, the reported rates of recidivism suggest treatment interventions for young Aboriginal sexual offenders are not working.

#### **7.7.4. What treatments or interventions work for Aboriginal young sex offenders?**

Several psychology-based treatment programs implemented in the context of the juvenile justice system in Canada and Australia have proven ineffective at curbing sexual reoffending among Indigenous youth.<sup>219 220</sup>

Recent studies suggest that CBT-based programs have very different treatment outcomes for Indigenous and non-Indigenous children. In many Aboriginal communities learning and healing occurs in the presence and at the interest of the group or community, rather than of the individual.<sup>221</sup>

The appropriateness of internationally developed risk assessment tools being used with Indigenous Australians has also been questioned. Similarly, programs in Canada based on Western psychology are seen as being culturally inappropriate for Canadian Aboriginal offenders, as Hylton (2002)<sup>222</sup> observes:

*'Because non-Aboriginal programs typically employ non-Aboriginal staff, there is often a knowledge gap and a corresponding lack of trust between the non-Aboriginal service providers and the Aboriginal clients'.*

Despite evidence of high rates of sexual reoffending among Aboriginal youth, several models are providing encouraging results, though further more rigorous studies are needed to determine outcomes over the long-term. The Griffith Youth Forensic Service (GYFS) is a state-wide program for young Aboriginal and non-Aboriginal offenders in Queensland Australia. A recent evaluation of the GYFS examined sexual, violent and other reoffending among 104 youths over an average of 2.5 years after completion of treatment. It reported that only 1 out of the 36 Aboriginal offenders sexually reoffended and none of the Aboriginal youths living in remote communities sexually reoffended.<sup>223</sup> The authors report that the program was equally effective at preventing sexual reoffending for Aboriginal and non-Aboriginal participants including those living in remote areas. The program was not as effective at preventing violent and other recidivism. The authors came to the conclusion that the program is rare and helps 'close the gap' in social outcomes between non-Aboriginal and Aboriginal young sex offenders. They attribute the program's success in reducing sexual recidivism to:

- being field-based, whereby services are taken to high risk youths;
- having an individualised program that takes into account the wider ecology and cultural heritage of offenders;
- actively engaging a few key stakeholders and a range of services in the treatment plan.

The South Australian Correctional Services are providing an Indigenous sexual offender program based on a Canadian model that has been shown to effectively reduce sexual recidivism, (Macgregor, 2008)<sup>224</sup> and have used the following approaches to increase the success of the Indigenous program:

- employment and training of Indigenous staff;
- co-development and facilitation of the program by Indigenous and non-Indigenous staff;
- consultation with Indigenous elders to provide guidance in program delivery;
- implementing the program in the vicinity of Indigenous communities;
- involving the families and communities of Indigenous offenders in the treatment process;
- employing evaluation staff to monitor reoffending (and risk factors associated with reoffending) and the inclusion of a monitoring and evaluation process within the program design.

The SAFE program in New Zealand<sup>225</sup> is also proving successful in treating young sexual offenders. The aspects of the program that help to reduce sexual reoffending and to transition youth back into the community include:

- implementing the program in the least restrictive setting;
- including family therapy and support for families;
- complementing CBT and family therapy with cultural components such as experiential and expressive therapies that address trauma;
- including a wide range of treatment goals and methods
- treatment that involves a 'doing' aspect such as drama therapy.

Three New Zealand programs include culturally appropriate components for adolescent Maori offenders, who have reported the importance of Maori therapists delivering these program elements. However, this requires increased skill amongst Maori therapists along with appropriate cultural supervision and support for these workers.<sup>226</sup>

### **KEY MESSAGES about sexually harmful behaviour in Aboriginal communities.**

- Data suggests that the prevalence of sexually harmful behaviour in Aboriginal communities is prevalent and concerning.
- Indigenous youth are significantly over-represented among juvenile sex offenders.
- The Northern Territory Inquiry into the Protection of Aboriginal Children from Sexual Abuse (2007), WA Gordon Inquiry (2002) and NSW Aboriginal Child Sexual Assault Taskforce (2006) identified a range of sexually harmful behaviour including: sibling sexual abuse, 'consensual' sex between children and young people, underage pregnancies, and intrafamilial sexual activity that is forbidden by skin relationships.
- Barriers to disclosure include fear of serious adverse outcomes or retribution, concerns that family will be torn apart or children will be removed from their homes, avoidance of shame and belief that the experience is common and no support is available.
- Inter-generational trauma and oppression, breakdown of cultural restraints, prior sexual abuse or exposure to inappropriate sexual activity, loss and alienation, witnessing family violence and caregiver substance use are key risks for sexually harmful behaviour amongst Aboriginal children.
- Indigenous Australians have an increased likelihood to sexually reoffend in comparison to non-Indigenous Australians, including following completion of a treatment program.
- Studies suggest that treatment programs for Indigenous children and young people are not working. In addition, the appropriateness of internationally developed risk assessment tools has also been questioned.
- However, some Australian programs are showing promising results. Key features of these programs include taking services to high risk youth, having an individualised, holistic approach, stakeholder and service engagement, employment and training of Indigenous staff, and consulting with and

involving Indigenous elders, families and youth in the development and implementation of the program.

## 7.8. Sexually harmful behaviour in the context of out-of-home care

Much of the literature and discourse about institutional child sexual abuse has focused on the sexual abuse of children by adult men. This has clouded our understanding about other forms of sexual abuse such as sexual harm by other children. The recognition of the problem of children abusing other children emerged in the literature in the early 1990s.<sup>227 228</sup> These studies showed that approximately 50% of sexual abuse of children in care was carried out by other children, who were predominantly male. Although small, these studies provided a snapshot of the parameters of the problem.

Since then, there has been a small but growing body of literature exploring the discrete problem of children sexually harming other children within the context of out-of-home care (OOHC).<sup>229 230 231</sup> These studies have mainly focused on foster care and residential care.<sup>232 233 234 235 236</sup> Some studies do not differentiate between the types of out-of-home care.

Studies exploring sexually harmful behaviour in out-of-home care are generally based on analysis of reports from helplines,<sup>237</sup> interviews with children in homes<sup>238 239 240 241</sup> or interviews with workers in residential facilities.<sup>242 243 244</sup>

Rates of peer-to-peer abuse appear to be higher for children and adolescents in residential care than in foster care. Rates of harm by children or juveniles in residential care range from 13% to 70%.<sup>245 246 247 248</sup> Rates of sexually harmful behaviour between peers in foster care range from 6%- 57%.<sup>249 250</sup> Spencer and Knudsen (1992) found that sexual abuse was reported twice as much in foster homes and over thirty times as much in residential care in comparison to a child's home.<sup>251</sup>

A recent study in the Netherlands comparing the prevalence of child sexual abuse in foster care and residential care to the prevalence in the general population found that sexual abuse was higher in out-of-home care than in the general population and that the highest prevalence was in residential care.<sup>252</sup> Fifty-seven %of offenders of child sexual abuse within foster care were adolescents from the same foster home. In residential care, 50% of sexual abuse was committed by adolescents in the same residential setting while 27% was committed by other adolescents.

Very little systematic research on rates of child and youth sexually harmful behaviour within residential or foster care has been conducted in Australia.

The issue of sexual harm by children and juveniles was reported by the Victorian Ombudsman in an investigation of abuse within out-of-home care (2010)<sup>253</sup>. In the Child Safety Commissioner's 'Annual Report of Out-of-home care (2010) Incident Reports 1/7/08 – 30/6/09',<sup>254</sup> about 14 %of category-one incident reports were between children in care. Other estimates suggest that a foster carer's children or foster siblings commit 25% instances of sexual abuse within foster care.<sup>255</sup>

### **7.8.1. What sorts of sexually harmful behaviour occur in OOHC?**

There is no consistent pattern in sexually harmful behaviour in out-of-home care settings. The nature of sexual harm varies from sexualised touching of genitals to full vaginal intercourse. A higher frequency of sexual acts has been reported in residential care<sup>256</sup> compared to foster care.

### **7.8.2. Are age and gender of victims or offenders risk factors for sexually harmful behaviour in OOHC?**

The age of the victim or the abuser of sexually harmful behaviour varies across studies. Adolescent boys overwhelmingly offend their peers and younger children in out-of-home care. Females in out-of-home care are more frequently abused by other children or their peers than boys.<sup>257</sup> Barter et al (2004)<sup>258</sup> noted that girls were three times more likely than boys to have experienced abuse by their peers and the abuse was of the severest kind.

Research shows that males who were perceived as gay or known to have engaged in same sex activity were subject to taunting and sexual abuse.<sup>259</sup> Studies analysing gender and the abuse of young people placed in residential care show that girls entering residential care have more psychological disorders than boys and display greater internalising and externalising behaviour.<sup>260 261</sup> Such gender differences highlight the need for more gender-specific treatment within residential care settings.

### **7.8.3. Sexual abuse histories**

Studies of children in care show that both victims and adolescent offenders have often been victims of sexual abuse themselves.<sup>262 263 264 265</sup>

### **7.8.4. What is the role of group dynamics in juvenile sexually harmful behaviour in OOHC?**

Several studies mention the fact that young people in group settings create their own youth world and that peer influence is very hard to escape. Subsequently group dynamics becomes a crucial factor in the lives of children in residential care. Green and Masson's (2002)<sup>266</sup> study highlights how sexual abuse is normalised and ritualised, for example by initiation ceremonies that merge together bullying and sexualised violence. Participants in their study referred to their experience in residential care as 'living in a fish bowl' or 'a world within a world'.

### **7.8.5. How prevalent is the issue of transactional sex and sexual exploitation in out-of-home care?**

Being placed in out-of-home care, including residential and foster care, is considered a risk factor for sexual exploitation. The extent of the sexual exploitation of children in care by other children in Australia is unknown.

A Victorian study<sup>267</sup> reported a significant link between experiences of residential care and involvement in transaction of sexual interactions for money, drugs, accommodation etc.). Reasons for this link included:

- The 'unnatural' physical and cultural environment of the residential care setting– including the Spartan conditions, locked doors, lack of a home-like environment, changing staff rosters and staff turnover;
- Lack of sex education, and sexual naivety among residents due to truncated or disrupted schooling;
- Peer pressure to become involved in risky situations;
- Prior experiences of abuse, drug and alcohol abuse, social isolation, inappropriate relationship modelling among children and young people.

Other studies have shown a link between absconding or running away from residential care and engagement in transactional sex<sup>268</sup> and that running away or going missing may be an indicator that sexual exploitation is occurring.<sup>269</sup> In 2004 a study of 30 street sex workers found that 53% had been in state care and in each case were introduced to sex work and other harmful high risk activities while in care.<sup>270</sup>

Adolescents in foster care are 2-4 times more likely to engage in transactional sex than the general population.<sup>271</sup>

A recent study of 732 children on the verge of leaving foster care found that 5% of young people had transactional sex at some time while in foster care and 3.5% reported having transactional sex in the last year. A history of sexual molestation or rape was significantly associated with having transactional sex ever and in the last year. Girls were more susceptible to transactional sex than boys.<sup>272</sup>

Barnardo's (2011)<sup>273</sup> has identified three different models of sexual exploitation that appear to be commonly accepted and referenced in care:

- Inappropriate relationships: an offender has inappropriate power over a young person;
- Boyfriend or peer model: an offender befriends and grooms a young person into a relationship then forces them to have sex with friends or associates;
- Organised/networked model: young people are passed through networks, across geographic distances and may be forced or coerced into sexual activity with multiple men;

There is little written regarding what out-of-home care placements can do to assist young people who are being or are at risk of being sexually exploited. Beckett (2011)<sup>274</sup> notes the need for stability of placement, but this appears to be a challenge to many young people in care. Farmer (2004)<sup>275</sup> suggests that sometimes it is appropriate to place young people outside their area so they are less exposed to a network that reinforces their behaviour and may try to coerce their involvement. Bruce and Mendes (2008)<sup>276</sup> note that some residential care staff are proactive in obtaining information such as the number plates of people who are picking up or dropping off the young people and providing this information to the police. They

also noted the value of providing sex education for this population, given their disrupted school education.

#### **7.8.6. Managing sexually harmful behaviour in care: what interventions work?**

A rapid literature review conducted by the Parenting Research Centre<sup>277</sup> identified ten approaches to prevent and respond to sexually harmful behaviour in OOHC settings.

Most approaches were found to have insufficient evidence (designs of treatment evaluations were not rigorous enough to determine the effectiveness of interventions). Caution is needed interpreting results, however, these studies, summarised in Table 10 below, suggest that certain interventions may be helpful for different samples.

Name	Program	Country	Participants	Findings	Limitations
Interventions children aged < 10 years					
The Intensive Program	Individual and group-based program for foster carers of children aged under 12 years with PSB.	USA	Male & Female	Behaviour therapy can be helpful in reducing PSB for young people and may also be useful for young people with cognitive impairment.	No pre-post comparison group design, no with randomisation,
Interventions children aged 10>					
Cognitive Behaviour Therapy	In this study, CBT was evaluated with a 14-year-old sexual offender	USA	Male	This suggests that CBT has the potential to be modified and adapted to young people with a disability in an OOH setting and may then be helpful in reducing PSB	single-case study design
The Gateway	Residential individual and group-based treatment for sexual offenders aged 11–16 years.	UK	Male	Gateway may bring about improvements in child and adolescent psychosocial functioning, as well as a reduction in recidivism risk.	lack of comparison group, and no longer term follow
Interpersonal skills	Individual and group-based residential treatment for young people aged 7–17 years with PSB.	USA	Male & Female	This intervention may be helpful in improving functional impairment, decreasing sexually deviant interests and increasing sexually appropriate interests in young people.	no comparison group or long term follow up
Covert sensitisation	Group-based residential treatment for sexual offenders aged 12–18 years	Canada	Male	Covert sensitisation may lead to a reduction in the rate of deviant sexual fantasies among young people who have engaged in PSB, an increase in the rate of 'normal' fantasies, and an improvement in a young person's ability to interrupt or disrupt deviant fantasies	single-case study design
Multi-Family Group Therapy	Individual and group-based therapy of adolescents in juvenile detention for sexual offences	USA	Male	This intervention may improve a young male adolescent offenders' ability to regulate his emotions, reduce internalising and externalising behaviour and improve his ability to relate to and depend on his caregivers. It may also be helpful in reducing recidivism	
Naltrexone	Pharmacological treatment, in this case for sexual offenders aged 13–17 years who are in an inpatient program	USA	Male	Naltrexone may be helpful in reducing frequency of masturbation and fantasising in adolescent male sexual offenders	No comparison group, no simultaneous drug use or tracking of side effects
New Pathways Residential Service	Individual and group-based therapy for sexual offenders aged 12–17 years who are in residential treatment.	NSW	Male	This intervention may help reduce risk factors for recidivism, improving behavioural outcomes, improving engagement in learning and improving health behaviours and self-care	small sample, lack of statistical testing, no comparison group and majority of clients having not completed the program at the time of measurement
Self-contained residential treatment for juvenile sex offenders	Individual and group-based therapy for sexual offenders aged 8–18 years who are in juvenile detention.	USA	Male	This intervention may help young males in reducing overall recidivism rates, when compared to a general program offered within detention.	sample not randomly allocated to treatments
Thought Change System	Individual and group-based therapy for sexual offenders aged 11–19 years, in residential treatment.	USA	Male	This intervention may help improve psychological function, improve externalising behaviour, reduce sexually deviant beliefs and reduce recidivism risk.	small sample, and the statistical tests used were not ideal

**Table 10: Interventions for sexually abusive behaviour in out-of-home care.**

### **7.8.7. Is there evidence about child protection practice that can reduce or prevent sexually harmful behaviour in out-of-home care?**

Farmer and Pollock (2003)<sup>278</sup> mention four focal points of a prevention policy and practice: informing carers and care professionals about the backgrounds of the children placed in their care (especially if there is a history of sexual abuse), sexuality education, attention to unusual child sexual behaviour, and providing information about problems and how to treat or manage them.

The Parenting Research Centre produced a scoping paper (2014)<sup>279</sup> on evaluations of good practice to preventing child sexual abuse in out-of-home care including child-child sexual abuse (8 studies). Practices commonly identified as or preventing or helping prevent sexually harmful behaviour in OOHHC included:

- the importance of adequate information to caregivers at the time of placements regarding the relevant history and needs of sexually abused or sexually abusive children, so they can make informed decisions about accepting placement and better plan for it.
- consideration/restrictions at the time of placement regarding sexually harmful children's needs and the risk they pose to other children, including explicit plans for maintaining safety.
- the benefits of different styles of supervision of children who engage in sexually harmful behaviour, for example strict house rules, supervision while playing, fitting devices (such as intercoms, or alarms so caregivers know when children leave a bedroom at night).
- where appropriate, formal therapeutic treatment for sexually harmful children that is trauma informed.
- ensuring training and support for caregivers to increase their ability to correctly identify and respond to sexually harmful behaviour.

In their response to the Royal Commission about preventing sexual abuse of children in out-of-home care, the Australian Human Rights Commission (2013)<sup>280</sup> recommended that the voices of children and young people needed to be included in case planning and management, that more effort was needed to recruit, train and support carers, and that accreditation schemes be introduced for counsellors who treat young people who sexually offend. They also made the point that sexually harmful behaviours are not symptomatic of entrenched pathologies and can be successfully treated and redressed.

### **KEY MESSAGES about sexually harmful behaviour in out-of-home care**

- Studies suggest that half of the sexual abuse of children in out of home care is carried out by other children, who were predominantly male.
- Studies suggest that rates of child sexual abuse are highest in residential care. Rates of harm by children or adolescents range from 13-70% in residential care and from 6-57% in foster care.

- Data is limited in Australia, however reports suggest that about 14% of reports of abuse within out of home care are between children in care, and 25% of sexual abuse incidents in foster care are carried out by foster carer children or foster siblings.
- Adolescent boys are overwhelmingly offenders with both peers and younger children in out of home care. Girls are more likely to experience abuse from a peer and it is more likely to be severe.
- Victims and children who engage in sexually harmful behaviour in care are likely to have been victims of sexual abuse.
- Through group dynamics, sexual abuse can be normalised and ritualised in out of home care.
- A significant link exists between residential care and involvement in prostitution for a range of reasons including living in an unnatural living environment, a lack of sex education and knowledge, peer pressure, and prior abuse experiences.
- Little is known about what out of home care placements can do to effectively support young people who are at risk of being sexually exploited.
- While ten approaches to prevent and respond to sexually harmful behaviour in OOHC settings have been identified, there is not enough evidence to support their effectiveness at this time.
- However practices commonly identified as or preventing or helping prevent sexually harmful behaviour in OOHC included:
  - adequate information to caregivers at the time of placements
  - consideration/restrictions at the time of placement, including explicit plans for maintaining safety
  - the benefits of different styles of supervision of children who engage in sexually harmful behaviour
  - where appropriate, formal therapeutic treatment for sexually harmful children that is trauma informed.
  - ensuring training and support for caregivers to increase their ability to correctly identify and respond to sexually harmful behaviour.
- Four potential focal points for prevention policy and practice include: informing carers / professionals about the background of the children placed in their care (especially if there is a history of sexual abuse), sexuality education, attention to unusual child sexual behaviour, and providing information about problems and how to treat or manage them.

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