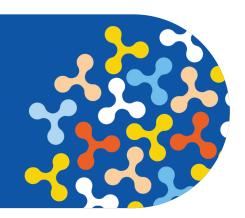
An urgent national challenge: new research highlights child sexual abuse in Australia



In April 2023, the <u>Australian Child Maltreatment Study</u> released results of research into five forms of child maltreatment: sexual abuse, physical abuse, emotional abuse, neglect and exposure to domestic violence. For the first time, international researchers agreed on a definition of child sexual abuse, enabling a reliable and valid study into the prevalence of child sexual abuse in Australia. Led by Professor Ben Mathews, the study surveyed 8,503 Australians aged 16 years and over to understand the prevalence of child maltreatment in the community and measure the impacts on people's health and wellbeing. In this Knowledge Summary, we present critical findings related to child sexual abuse.

The Australian Child Maltreatment Study

The National Centre for Action on Child Sexual Abuse (the National Centre) explored the study's findings about child sexual abuse in a webinar entitled: In Conversation: What can we learn from the Australian Child Maltreatment Study (ACMS) about the prevalence and nature of child sexual abuse? You can also access a range of resources about the study and its findings here.

An agreed definition of child sexual abuse

The different definitions of child sexual abuse, the acts it constitutes and its treatment at law have hampered rigorous study of prevalence in the population. The ACMS has resolved this enduring problem by developing a definition of child sexual abuse:

Sexual abuse includes any sexual act inflicted on a child by any adult or other person, including contact and non-contact acts, for the purpose of sexual gratification, where true consent by the child is not present. True consent will not be present where the child either lacks capacity to give consent, or has capacity but does not give full, free and voluntary consent. Operationally, acts of sexual abuse include forced intercourse; attempted forced intercourse; other acts of contact sexual abuse (e.g., touching, fondling); and non-contact sexual acts (e.g., voyeurism, exhibitionism.).²

This definition considers the concept of childhood both chronologically (age) and developmentally (maturity). Importantly, researchers have recognised that child sexual abuse is a form of child maltreatment that is inflicted within an unequal power relationship in which a child's vulnerability is exploited. The study survey asked participants about contact and non-contact forms of child sexual abuse, and sexual abuse was assessed by five items on the survey. These items asked about forced sex, attempted forced sex, touching private parts, looking at private parts and sexual harassment. However, the sexual harassment item was not included in the calculation of prevalence of child sexual abuse.³



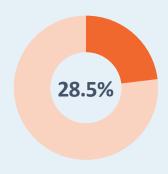
Prevalence of child sexual abuse in Australia

Nearly two-thirds of people aged 16-65 years have experienced a form of child maltreatment in Australia, and 28.5% of the population has experienced child sexual abuse. For people who experienced child sexual abuse, the abuse rarely happened once, with 78% of participants recording the abuse happened more than once. Of those who experienced child sexual abuse, 42% experienced it more than six times, and 11% experienced it more than 50 times. People aged 55-64 years and 35-44 years were more likely to report experiences of sexual abuse while they were children.

Amongst young people today, 25.7% have experienced child sexual abuse. Of these, 35.2% were young women, and 14.5% were young men.

Whole sample. Overall, in our whole sample, we found the national prevalence of child sexual abuse in Australia is 28.5% (more than 1 in 4).

We identified a massive gender disparity:





more than 1 in 3 girls experienced child sexual abuse

(37.3%)



almost 1 in 5 boys experienced child sexual abuse

(18.8%)



girls are twice as likely to experience child sexual abuse as boys

We found that child sexual abuse is inflicted to different extents by different classes of offender. Analysis of these data is ongoing, but we have found:

- adolescents aged under 18 inflict the highest proportion of child sexual abuse (12.9% of our total sample)
- parents, and other adult parent-like caregivers in the home, are the next most common class of offender (7.8% of our total sample).

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The table below shows the percentage of ACMS survey participants who had experienced child sexual abuse, broken down by ten-year age groups. It shows that in every age group, more than one in four people have experienced child sexual abuse.5

Age group	Gender	% child sexual abuse
16-24 years	All	25.7
	Women	35.2
	Men	14.5
25-34 years	All	27.4
	Women	37.6
	Men	16.9
35-44 years	All	30.3
	Women	40.1
	Men	20
45-54 years	All	29.8
	Women	38.8
	Men	20.5
55-64 years	All	30.7
	Women	40.2
	Men	19.8
65+ years	All	27.4
	Women	33.4
	Men	20.1

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A gendered problem

Women and gender diverse people are more likely to experience most forms of abuse. However, girls and young women experience 2.4 times the rate of child sexual abuse, compared to boys and young men. Girls and young women are also significantly more likely to experience multiple forms of child maltreatment.

Young women experience higher rates of sexual abuse than young men: 37.3% vs 18.8%.

The mental health impacts of child maltreatment

About half of the people who experience abuse as a child will experience mental distress in some form, such as major depression, generalised anxiety, post-traumatic stress and alcohol or other substance misuse.

Sexual abuse, emotional abuse and experiencing multiple forms of maltreatment have a particularly strong impact on the mental health and wellbeing of children and young people. But the ACMS also showed the persistence of harm from child abuse across the lifespan.



Victims and survivors of child sexual abuse are:

- 2.68 times more likely to self-harm
- 2.25 times more likely to attempt suicide, and
- 2.02 times more likely to be cannabis dependent.

These impacts are experienced equally between women and men, however, amongst young people, young women are twice as likely to self-harm than young men. The research suggests that the co-existence of emotional abuse and sexual abuse were critical precursors for cannabis dependence, self-harm and attempted suicide. As may be expected, the study also showed that people who experience child maltreatment are more likely to need support from health services including mental health nurses, psychologists and psychiatrists. In addition, for alcohol use disorders, child sexual abuse was the only type of maltreatment associated with all of the three severity levels measured – mild, moderate and severe.

We should all be shaken by these findings. These data represent deep human suffering resulting from interpersonal harm to our most vulnerable citizens. Australian boys are suffering, and our girls are suffering even more... The adverse outcomes of child maltreatment are often severe, taking root in adolescence and cascading through life.6

National Centre Insight

A national, coordinated effort is needed to respond to the prevalence of child sexual abuse in Australian society. A recent study commissioned by the National Centre found that prevention programs, such as parent education, child education, respectful relationships programs and consent education are rarely evaluated to understand the outcomes they achieve. Addressing this oversight with investment in evaluation and prevention research, up-scaling early intervention programs and vastly improving access to mental health support for children, young people and adults who have experienced child sexual abuse is critical. These actions are necessary not only to reduce individual and family impacts but also the systemic costs of this form of child maltreatment.

Programs that target those at risk of sexually abusing children and young people to prevent child sexual abuse from starting are not well known or evaluated, even less accessible, and largely unsupported at-scale in Australia. Investment and policy are needed to design programs that meet the diverse needs of young people and provide culturally safe, trauma-informed and evidence-based support to prevent the emergence of harmful sexual behaviour in young people.

This is also an issue of justice for young women. The gendered nature of child sexual abuse suggests the need for gender specific responses to prevention, support services and education programs for young people.

This gender disparity is a massive, enduring and intolerable injustice. It is within our power to change this. It is imperative that we do so.7

The high rates of child sexual abuse amongst gender non-binary people also points to the need for further development of safe spaces, programs and approaches for children and young people who are gender diverse. The issue of gender also suggests a need for greater availability of support for young people, particularly young men, who may be developing harmful sexual behaviour.



Help us understand your learning needs

The National Centre's Learning and Professional Development Plan aims to build and strengthen the capability of workers and organisations in how they respond to and support victims and survivors of child sexual abuse through training, learning, development and knowledge exchange resources and activities. Please help us to understand your learning needs by emailing us your feedback at: practice@nationalcentre.org.au.

Mathews B & Collin-Vezina D. Child Sexual Abuse: Toward a Conceptual Model and Definition. Trauma, Violence, & Abuse 2019; 20(2): 131-148. 1

² Haslam D, Mathews B, Pacella R, Scott JG, Finkelhor D, Higgins DJ, Meinck F, Erskine HE, Thomas HJ, Lawrence D, Malacova E. The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology 2023: 6.

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⁶ Mathews B, Thomas HJ & Scott JG. A new era in child maltreatment prevention: call to action. The Medical Journal of Australia Supplement. The Australian Child Maltreatment Study: National prevalence and associated health outcomes of child abuse and neglect 2023; 218 No 6: S47-S51.

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