

Childhood Sexual Abuse

The purpose of this document is to collate published research, the findings of government reports and inquiries and academic commentary in relation to childhood sexual abuse, and the effects this may have on a person's behaviour; development; physical, mental and social well-being; and links to contact with the criminal justice system.

Note: This is one of three Bar Book chapters considering the specific impacts of different forms of child abuse and neglect. This chapter should be read in conjunction with [Child Abuse and Neglect](#) and [Childhood Exposure to Family Violence](#).

Introduction

- 1 A 'robust body of research evidence now clearly demonstrates the link between child sexual abuse and a spectrum of adverse mental health, social, sexual, interpersonal and behavioural as well as physical health consequences'.¹ The impacts of childhood experiences of sexual abuse manifest differently in each individual and may change over time.²

- 2 The [Royal Commission into Institutional Responses to Child Sexual Abuse](#) explained:

When a child is sexually abused, the effects can be devastating. For many, the impacts of the abuse last for their whole lives. When the abuse occurs in an institution and the institutional response is inadequate, victims can experience additional adverse impacts. While each person's story is unique, for many victims the abuse has created a complex constellation of mental health symptoms and associated negative outcomes that have changed their lives profoundly. The abuse can reach into all areas of a victim's life: mental health; interpersonal relationships; physical health; sexual identity, gender identity and sexual behaviour; connection to culture; spirituality; interactions with society; and education, employment and economic security.³

- 3 In 2013, the [Australian Institute of Family Studies](#) found:

To date, the strongest links have been found between child sexual abuse and the presence of depression, alcohol and substance abuse, eating disorders for women survivors, and anxiety-related disorders for male survivors. An increased risk of re-victimisation of survivors has also been demonstrated consistently for both men and women survivors. Some more recent research has also revealed a link between child sexual abuse and personality, psychotic and schizophrenic disorders, as well as a heightened risk for suicide ideation and suicidal behaviour.⁴

¹ Australian Institute of Family Studies, [The Long-term Effects of Child Sexual Abuse](#) (CFCA Paper No 11, 2013) 23.

² Royal Commission into Institutional Responses to Child Sexual Abuse, [Final Report](#) (2017) [vol 3](#), 25.

³ Ibid 14.

⁴ Australian Institute of Family Studies, [The Long-term Effects of Child Sexual Abuse](#) (CFCA Paper No 11, 2013) 23.

Terminology

Child sexual abuse

- 4 Child sexual abuse covers ‘a broad range of sexual activities perpetrated against children, mostly by someone known and trusted by the child’.⁵ The Royal Commission into Institutional Responses to Child Sexual Abuse defined ‘child sexual abuse’ as

any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards. Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism, and exposing the child to or involving the child in pornography. It includes child grooming, which refers to actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a child, to lower the child’s inhibitions in preparation for sexual activity with the child.⁶

Victim/survivor

- 5 Recent reports have used the term ‘victim’ to refer to a person who has experienced child sexual abuse at the time the abuse occurred, and ‘survivor’ to refer to a person who has experienced child abuse after the abuse occurred.⁷
- 6 For consistency, this chapter will adopt the same approach. Where the context is unclear, the term ‘victim’ will be used.

Prevalence

- 7 The prevalence of child abuse is difficult to determine due to differing definitions across Australian jurisdictions, sectors of government, service providers and research methodologies.⁸ Underreporting of sexual violence is also a significant factor.⁹
- 8 The most recent compilation of national child protection data found that, in 2015–16, there were around 60,989 substantiated cases of child abuse or neglect in Australia.¹⁰ Sexual abuse made up approximately 12.2% (5,559) of these cases.¹¹
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⁵ Australian Institute of Family Studies, *The Long-term Effects of Child Sexual Abuse* (CFCA Paper No 11, 2013) 1.

⁶ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 1, 320.

⁷ See esp Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 1, 328; Australian Institute of Family Studies, *The Long-term Effects of Child Sexual Abuse* (CFCA Paper No 11, January 2013) 2. The Royal Commission recognised that some people who have experienced abuse do not feel they have ‘survived’ the abuse, and prefer ‘victim’, while others may have taken their lives as a consequence of abuse.

⁸ See, eg, Australian Bureau of Statistics, *Personal Safety Australia, 2016 – Characteristics and Outcomes of Child Abuse* (Catalogue No 4906.0, 6 May 2019); Australian Institute of Family Studies, *The Prevalence of Child Abuse and Neglect* (CFCA Resource Sheet, April 2017); Royal Australian and New Zealand College of Psychiatrists, *Child Sexual Abuse* (Position Statement No 51, March 2016).

⁹ See Australian Law Reform Commission, *Family Violence – A National Legal Response* (ALRC Report No 114, October 2010) 1100, 1103.

¹⁰ Australian Institute of Family Studies, *Child Protection Australia 2015–16* (Report, March 2017) 19. ‘Substantiations’ refer to ‘child protection notifications made to relevant authorities during the year ended 30 June 2016 that were investigated, for which the investigation was finalised by 31 August 2016, and for which it was concluded that there was

- 9 The Australian Bureau of Statistics' [2016 Personal Safety Survey](#) asked adults about their experiences of child abuse and found that an estimated 1.4 million (7.7%) Australian adults had experienced childhood sexual abuse before the age of 15.¹² Over half of these respondents reported experiencing multiple incidents of sexual abuse.¹³
- 10 A 2017 meta-analytical review of recent Australian research findings estimated that prevalence rates of child sexual abuse for males ranged from 1.4–7.5% for penetrative abuse and 5.2–12% for non-penetrative abuse, while females had prevalence rates of 4.0–12.0% for penetrative abuse and 14–26.8% for non-penetrative abuse.¹⁴

Impacts

- 11 The [Royal Commission into Institutional Responses to Child Sexual Abuse](#) found that the impacts of child sexual abuse are 'interconnected in complex ways', making specific impacts difficult to isolate:

These interconnected impacts can be experienced at the same time or consecutively, as a cascade of effects over a lifetime. For instance, we heard from many survivors that they developed addictions after using alcohol or other drugs to manage the psychological trauma of abuse, which in turn affected their physical and mental health, sometimes leading to criminal behaviour and relationship difficulties.¹⁵

Mental health

- 12 Ongoing mental health issues were the most common impacts of child sexual abuse described by victims who gave evidence to the [Royal Commission into Institutional Responses to Child Sexual Abuse](#).¹⁶ The Royal Commission found that research has consistently described an association between child sexual abuse and adverse mental health consequences for victims, and cited a 2010 Australian study which found that 'more than one in five victims of child sexual abuse in the study had contact with a public mental health facility in their lifetime, compared with less than one in 10 with no history of sexual abuse'.¹⁷ The study found that child sexual abuse victims suffered 'three times the burden of mental health problems compared to members of the general community' and concluded that 'childhood sexual abuse is a substantial risk factor for the development of subsequent mental health problems.'¹⁸
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reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed': at 20.

¹¹ Australian Institute of Family Studies, [Child Protection Australia 2015–16](#) (Report, March 2017) 19. The AIFS acknowledged that these figures are 'likely to underestimate the true prevalence of child abuse and neglect across Australia' as child protection data only captures cases reported to child protection authorities, and notifications made to police or non-government agencies were only included if they were also referred to departments responsible for child protection.

¹² Australian Bureau of Statistics, [Personal Safety, Australia, 2016 – Characteristics and Outcomes of Child Abuse](#) (Catalogue No 4906.0, 6 May 2019).

¹³ Ibid.

¹⁴ Australian Institute of Family Studies, [The Prevalence of Child Abuse and Neglect](#) (CFCA Resource Sheet, April 2017).

¹⁵ Royal Commission into Institutional Responses to Child Sexual Abuse, [Final Report](#) (2017) [vol 3](#), 11.

¹⁶ Ibid 85.

¹⁷ Royal Commission into Institutional Responses to Child Sexual Abuse, [Final Report](#) (2017) [vol 3](#), 85, citing Margaret C Cutajar et al, 'Psychopathology in a Large Cohort of Sexually Abused Children Followed Up to 43 Years' (2010) 34 *Child Abuse & Neglect* 813.

¹⁸ Margaret C Cutajar et al, 'Psychopathology in a Large Cohort of Sexually Abused Children Followed Up to 43 Years' (2010) 34 *Child Abuse & Neglect* 813, 819.

- 13 The Royal Commission considered that the trauma caused by child sexual abuse may interrupt normal psychosocial development in victims:

Part of the explanation for the profound and broad-ranging impacts of child sexual abuse lies in the detrimental impacts that trauma can have on the biological, social and psychological development of a child. Child sexual abuse can result in profound trauma, affecting the chemistry, structure and function of the developing brain and potentially interrupting normal psychosocial development at every critical stage of a child's formative years.¹⁹

- 14 The Australian Institute of Family Studies ('AIFS') similarly concluded in 2013 that 'research has established a strong, albeit complex relationship between child sexual abuse and adverse mental health consequences for many victims'.²⁰ Significant negative mental health effects that have been consistently associated with child sexual abuse include post-traumatic symptoms; major depression; substance abuse; helplessness, negative attributions, aggressive behaviours and conduct problems; eating disorders; and anxiety.²¹
- 15 The AIFS considered several Australian studies of twins where one twin had been sexually abused and the other had not, and found that child sexual abuse was also linked to increased risk of drug and alcohol dependence;²² panic disorder;²³ attempted suicide;²⁴ and social anxiety.²⁵
- 16 More recent research has linked child sexual abuse to psychotic disorders including schizophrenia and delusional disorder and personality disorders.²⁶ The AIFS found that '[c]hild sexual abuse involving penetration has, in particular, been identified as a risk factor for developing psychotic and schizophrenic syndromes.'²⁷

Risk-taking and impulsivity

- 17 Both male and female survivors of child sexual abuse may also be at greater risk of engaging in risky behaviours, particularly risky sexual behaviours, both during adolescence and adulthood.²⁸
- 18 The [Royal Commission into Institutional Responses to Child Sexual Abuse](#) heard evidence that a significant consequence of early trauma is disruption to the development of emotional regulation, including 'a breakdown in the capacity to regulate internal states', including fear,
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¹⁹ Royal Commission into Institutional Responses to Child Sexual Abuse, [Final Report](#) (2017) vol 3, 85.

²⁰ Australian Institute of Family Studies, [The Long-term Effects of Child Sexual Abuse](#) (CFCA Paper No 11, 2013) 7.

²¹ Ibid 8.

²² Ibid, citing Kenneth S Kendler et al, 'Childhood Sexual Abuse and Adult Psychiatric and Substance Use Disorders in Women: An Epidemiological and Cotwin Control Analysis' (2000) 57 *Archives of General Psychiatry* 953; Elliot C Nelson et al, 'Association between Self-Reported Childhood Sexual Abuse and Adverse Psychosocial Outcomes: Results from a Twin Study' (2002) 59 *Archives of General Psychiatry* 139; Stephen H Dinwiddie et al, 'Early Sexual Abuse and Lifetime Psychopathology: A Co-Twin-Control Study' (2000) 30 *Psychological Medicine* 41.

²³ Ibid, citing Stephen H Dinwiddie et al, 'Early Sexual Abuse and Lifetime Psychopathology: A Co-Twin-Control Study' (2000) 30 *Psychological Medicine* 41.

²⁴ Ibid, citing Elliot C Nelson et al, 'Association between Self-Reported Childhood Sexual Abuse and Adverse Psychosocial Outcomes: Results from a Twin Study' (2002) 59 *Archives of General Psychiatry* 139.

²⁵ Ibid.

²⁶ Ibid 8.

²⁷ Ibid 8.

²⁸ Ibid 13–14.

anger and sexual impulses, and the possibility of developing ‘lifelong difficulties tolerating or regulating distress, behaviour and impulses’.²⁹

Alcohol and substance abuse

- 19 Research indicates that survivors of all forms of child abuse and neglect are at greater risk of problematic use of alcohol and other drugs.³⁰
- 20 There is evidence that child sexual abuse survivors are:
 - at an increased risk of developing alcohol disorders at an earlier age;³¹
 - at an increased risk of developing substance dependencies;³² and
 - more likely to struggle with alcohol and substance disorders over their entire lifetime than the general population, with one study finding that lifetime alcohol dependence was experienced by 39% of male child sexual abuse survivors, (compared with 19% of non-abused men) and 16% of female child sexual abuse survivors (compared with 8% of non-abused women).³³
- 21 Research suggests that substance abuse by adolescents and adults who experienced high levels of adversity and stress in childhood may be a means of ‘self-medication’ to dampen PTSD symptoms.³⁴
- 22 The [Royal Commission into Institutional Responses to Child Sexual Abuse](#) heard evidence from victims that they used alcohol and other drugs ‘as a way of coping with the pain of the sexual abuse in their early years’, while others talked about using alcohol and other drugs in their teenage years ‘as part of “acting out” or rebelling in response to the sexual abuse’.³⁵

Interpersonal outcomes

- 23 The AIFS found that there is increasing evidence suggesting that children who have been sexually abused ‘have greater difficulties with interpersonal relationships and especially trust compared with non-abused individuals’:

In addition, the secrecy and often the fear of exposure creates a sense of shame, guilt and confusion that disrupts the child’s “internal working model” according to which we all interpret the world. This affects how children and then adults understand and construe the motives and behaviours of others, and how they handle stressful life events.³⁶

- 24 The [Royal Commission into Institutional Responses to Child Sexual Abuse](#) found that there is ‘strong evidence that early onset trauma caused by adverse childhood events, including

²⁹ Ibid 78.

³⁰ Australian Institute of Family Studies, [The Long-term Effects of Child Sexual Abuse](#) (CFCA Paper No 11, 2013) 13.

³¹ Ibid, citing Caron Zlotnik et al, ‘Childhood Abuse and Intake Severity in Alcohol Disorder Patients’ (2006) 19 *Journal of Traumatic Stress* 949.

³² Ibid, citing Elliot C Nelson et al, ‘Association between Self-Reported Childhood Sexual Abuse and Adverse Psychosocial Outcomes: Results from a Twin Study’ (2002) 59 *Archives of General Psychiatry* 139.

³³ Ibid 13.

³⁴ Ibid.

³⁵ Royal Commission into Institutional Responses to Child Sexual Abuse, [Final Report](#) (2017) vol 3, 105.

³⁶ Australian Institute of Family Studies, [The Long-term Effects of Child Sexual Abuse](#) (CFCA Paper No 11, 2013) 14.

sexual abuse, can have a lasting impact both on childhood development and on the formation of a secure child-caregiver attachment, as well as on subsequent interpersonal relationships':³⁷

Trauma affects more than just the emotional and psychosocial development of the child. Increasingly, research suggests that trauma affects the chemistry, structure and function of the developing human brain, especially when it is repeated or ongoing. Early life trauma affects a person's ability to process and regulate emotion, with potential impacts on empathy and social interaction.³⁸

Physical health and development

- 25 Research evidence suggests that survivors of child sexual abuse experience a range of a negative health outcomes, including an increased risk of chronic pain syndromes, which 'stem from a complex matrix of inter-relationships between behavioural, emotional, social, and cognitive factors'.³⁹

Negative educational and economic outcomes

- 26 The Royal Commission reported that more than half of all survivors who gave evidence in private sessions described negative educational and economic outcomes as impacts of their experiences of child sexual abuse.⁴⁰
- 27 Poor learning and educational outcomes were described by 19.2% of these survivors:

Survivors told us about being forced to leave school early, being unhappy at school, avoiding school, and experiencing academic difficulties, an inability to concentrate and behavioural problems (such as anger or sexualised behaviour), all of which could lead to suspension or expulsion. These experiences were often accompanied by drug and alcohol use. Survivors told us that as children they were unable to concentrate or apply themselves to schoolwork because they were suffering the effects of the sexual abuse, including fear, anxiety, distrust and anger.

The negative effects of child sexual abuse on concentration, learning ability, self-esteem and educational performance are recognised in research. Chronic irritability, unexpected or uncontrollable anger and difficulties associated with expressing anger are also detailed as part of the experience of child abuse. All these impacts can influence educational outcomes. Research suggests that children who have experienced sexual abuse generally show reduced academic achievement, reduced cognitive function and reduced IQ scores compared with physically abused and non-abused children. A lack of educational engagement and resulting low school completion rates among victims of child sexual abuse were also observed in findings from a longitudinal study on child maltreatment more broadly.⁴¹

- 28 Many survivors' experiences of abuse 'had led to them being unemployed, underemployed or lowly paid at various times in their lives', with some 'unable to hold down a job because of mental health issues, including anxiety, depression, panic attacks or low self-esteem'.⁴² Of

³⁷ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 3, 77.

³⁸ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 3, 80.

³⁹ Australian Institute of Family Studies, *The Long-term Effects of Child Sexual Abuse* (CFCA Paper No 11, 2013) 18.

⁴⁰ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 3, 146.

⁴¹ Ibid 147.

⁴² Ibid 152–3.

the survivors who gave evidence to the Royal Commission in private sessions, 6.8% reported being unable to work, with many surviving on a Disability Support Pension because of physical or mental health problems.⁴³

- 29 Housing insecurity may be another outcome of child sexual abuse, with the Royal Commission reporting that

the flow-on effects of the sexual abuse, including mental health impacts, alcohol and other drug abuse, and poor education, had at times led to extreme economic hardship and homelessness and other housing problems. A recent Australian longitudinal study suggests a relationship between childhood trauma – such as sexual abuse – and homelessness, with nearly one-third (31.5 per cent) of those who had been homeless for four years saying that they had been sexually assaulted during childhood.⁴⁴

- 30 While some survivors experienced homelessness as young people after running away from school, home or out-of-home care because of abuse, others experienced periods of homelessness throughout their adult lives resulting from alcohol and other drug dependency, inability to maintain employment, and/or experiences of significant mental health issues.⁴⁵

Impacts specific to institutional abuse

- 31 Research indicates that child sexual abuse by members of the clergy and other authority figures ‘may have particularly devastating effects’.⁴⁶ The Royal Commission into Institutional Responses to Child Sexual Abuse found that there were specific impacts associated with child sexual abuse within an institutional setting:

While the impacts of child sexual abuse in institutional contexts are similar to those of child sexual abuse in other settings, we learned that there are often particular effects when a child is sexually abused in an institution. These include impacts on spirituality and religious involvement, such as a loss of faith or a loss of trust in a religious institution, for those victims sexually abused in such settings.⁴⁷

- 32 The Royal Commission considered that ongoing distrust and fear of institutions and authority is ‘one of the distinctive impacts’ of child sexual abuse in institutional contexts.⁴⁸
- 33 Child sexual abuse in an institutional setting may lead to a distrust of specific institutions, or institutions in general, including schools, police, social welfare, government authorities and aged care facilities.⁴⁹
- 34 Lack of trust may also manifest as ‘a general resistance to and dislike of authority’ driven by feelings of betrayal by the institution in which the abuse took place.⁵⁰ This may have impacts on survivors’ employment (discussed above).

⁴³ Ibid 153.

⁴⁴ Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report (2017) vol 3,155.

⁴⁵ Ibid.

⁴⁶ Australian Institute of Family Studies, The Long-term Effects of Child Sexual Abuse (CFCA Paper No 11, 2013) 10.

⁴⁷ Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report (2017) vol 1, 11.

⁴⁸ Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report (2017) vol 3, 138. The Royal Commission reported that 32.7% of survivors who gave evidence to the Royal Commission in private sessions discussed a lack of trust in authority as a result of their experiences of abuse.

⁴⁹ Ibid.

Links to Contact with the Criminal Justice System

Increased risk of subsequent offending

- 35 Research shows that, although most victims of child sexual abuse do not go on to offend, the risks of subsequent offending are higher than for the general population.⁵¹
- 36 Retrospective studies involving offender and prisoner samples indicate a higher rate of child sexual victimisation amongst juvenile and adult offenders compared with the general population.⁵² The AIFS found that ‘self-report studies of child sex offenders indicate that possibly as many as 75% of offenders were sexually abused as children, with rates generally reported in the range of 41–43%.⁵³
- 37 Follow-up studies of child abuse victims provide evidence of a greater likelihood of:
 behavioural problems, running away, vandalism and juvenile offending among those who had been sexually abused than those who were not sexually abused. Running away is of course likely to render children and adolescents more vulnerable and more likely to commit survival crimes, including stealing and prostitution.⁵⁴
- 38 A large-scale 2012 Australian study found that 24% of child sexual abuse victims had a recorded offence compared with only 6% of a comparison group drawn from the general population.⁵⁵ Child sexual abuse victims also had a significantly higher number of average charges, and were more likely to have received a custodial sentence.⁵⁶ The study also found:
 In terms of the nature of offences, child sexual abuse victims were significantly more likely to be charged with all types of offences with a significantly higher charge rate particularly for sexual offences (7.6 times), violent offences (8.2 times) and breach of orders (10 times). Male victims of child sexual abuse were particularly likely to have been charged with a sexual crime; 5% of male victims of child sexual abuse were convicted of a sexual offence compared with 1% of male controls.⁵⁷

Types of offending

- 39 Research has found that adolescent and adult survivors of child sexual abuse are more likely to be arrested for drug offences and property crime.⁵⁸
- 40 The [Royal Commission into Institutional Responses to Child Sexual Abuse](#) noted that studies have ‘found that children who have been the victim of any kind of maltreatment (physical,

⁵⁰ Ibid.

⁵¹ Australian Institute of Family Studies, [The Long-term Effects of Child Sexual Abuse](#) (CFCA Paper No 11, 2013) 18. The AIFS notes, however, that methodological limitations mean that the conclusions from these studies ‘need to be interpreted with some care, and must be clear about the dangers of suggesting that there is a causal “victim-to-offender” link, particularly for sexual offending’: at 17.

⁵² Ibid 17.

⁵³ Ibid.

⁵⁴ Ibid (citations omitted).

⁵⁵ Ibid 14.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Australian Institute of Family Studies, [The Long-term Effects of Child Sexual Abuse](#) (CFCA Paper No 11, 2013) 17.

sexual, emotional abuse or neglect) – rather than sexual abuse specifically – were at higher risk of perpetrating child sexual abuse in later life'.⁵⁹

Causes of subsequent offending

- 41 The [Royal Commission into Institutional Responses to Child Sexual Abuse](#) heard evidence of ‘common patterns’ in the lives of survivors who subsequently committed criminal offences:

Although the path from victim of child sexual abuse to criminal behaviour is complex and depends on a variety of factors, we heard of common patterns in the lives of those survivors who were involved in criminal behaviour. Some survivors in private sessions and public hearings told us that their behaviour deteriorated in the years following the sexual abuse most commonly in their teens and early 20s – years that were marked by increased substance abuse and antisocial and rebellious behaviour, leading to criminal offending.⁶⁰

- 42 Recurring anger and aggression were outcomes commonly reported to the Royal Commission, with over 20% of survivors who gave evidence in private sessions speaking about aggression as an outcome of experiences of child sexual abuse.⁶¹ Many reported that recurrent feelings of anger caused by their experiences of abuse had harmed their relationships with others.⁶²

- 43 The Royal Commission heard evidence from 713 survivors who were incarcerated in adult prison at the time of their participation in private hearings, while many other survivors had been in correctional centres at different times in their lives.⁶³ The Royal Commission heard that ‘anger and rage had contributed to their committing violent offences’:

Prisoners in particular spoke about the anger and violence they have inflicted on other people, and how the sexual abuse had led them to a hard, emotionless and numbing insensitivity to the feelings of others. We heard how feelings of rage and anger contributed to crimes of violence. A number of survivors told us about their violent offences, some in domestic situations, and often linked to alcohol and other drug use.⁶⁴

- 44 Financial destitution was another reason that child sexual abuse victims subsequently engaged in criminal behaviour.⁶⁵

Juvenile offenders

- 45 A 2018 Australian Institute of Criminology (‘AIC’) report found:

Young people with sexually abusive behaviours are likely to have experienced significant childhood trauma and have often been exposed to neglect, physical, sexual and/or emotional

⁵⁹ Royal Commission into Institutional Responses to Child Sexual Abuse, [Final Report](#) (2017) vol 1, 226.

⁶⁰ Royal Commission into Institutional Responses to Child Sexual Abuse, [Final Report](#) (2017) vol 3, 144.

⁶¹ Ibid 92. More male (26.4 per cent) than female survivors (9.3 per cent) discussed aggression as an outcome. The Royal Commission considered this to be ‘consistent with research that suggests men may be more likely than women to manifest externalising symptoms of trauma, such as anger, aggression and “acting out”, whereas women may manifest internalising symptoms such as anxiety’.

⁶² Royal Commission into Institutional Responses to Child Sexual Abuse, [Final Report](#) (2017) vol 3, 92.

⁶³ Ibid 144.

⁶⁴ Ibid 145.

⁶⁵ Ibid 144.

abuse, had early exposure to sex and pornography and have often experienced social isolation, as well as disengagement from school.⁶⁶

- 46 The AIC also acknowledged the importance of recognising ‘that sexual offences committed by young people are not necessarily manifestations of sexual deviance; rather, they are often part of an overall pattern of antisocial and offending behaviour,’ citing research which found that ‘the best predictor of such further offending was the frequency of juvenile offending generally, not whether there was sexual offending as a juvenile’. ⁶⁷ In respect of recidivism, the report concluded that ‘there is no evidence to suggest that juvenile sex offenders will become adult sex offenders’.⁶⁸

Treatment and Healing*

- 47 People who have experienced child sexual abuse ‘may need assistance to address the negative impacts it has had on their development’.⁶⁹

In addition to managing the symptoms of trauma, some survivors also need assistance to manage issues arising from coping and survival strategies, such as substance use. Trauma can affect a child’s brain functioning, mental and physical health, schooling and sexual behaviour, and the child may need support in all these areas.⁷⁰

Social and community support

- 48 The AIFS has noted that not all victims of child sexual abuse experience the same negative outcomes, with family support and strong peer relationships appearing to be important in mitigating the impact of abuse.⁷¹ Research suggests that ‘social and emotional support for victims of child sexual abuse significantly lowers symptoms of mental illness throughout their lives’,⁷² with studies showing that social support in adolescence and adulthood ‘can moderate the long-term psychological impact of child sexual abuse, such as anxiety and depression’.⁷³
- 49 The Royal Commission reported that support drawn from kin and community networks is particularly important for Aboriginal and Torres Strait Islander survivors of child sexual abuse.⁷⁴

⁶⁶ Australian Institute of Criminology, Riddhi Blackley and Lorana Bartels, *Sentencing and Treatment of Juvenile Sex Offenders in Australia* (Trends & Issues in Crime and Criminal Justice No 555, July 2018) 4.

⁶⁷ Ibid 5, citing Franklin E Zimring, Alex R Piquero and Wesley G Jennings, ‘Sexual delinquency in Racine: Does early Sex Offending Predict Later Sex Offending in Youth and Adulthood?’ (2007) 6 *Criminology & Public Policy* 507.

⁶⁸ Ibid.

* Note: The research cited in relation to treatment and healing does not attempt to prescribe or recommend what is required for any individual. This will of course be determined by factors such as the individual’s personal experience or condition, the advice of any relevant experts, health providers or other support persons and the availability of treatment and opportunities to recover and heal.

⁶⁹ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 9, 31.

⁷⁰ Ibid.

⁷¹ Australian Institute of Family Studies, *The Long-term Effects of Child Sexual Abuse* (CFCA Paper No 11, 2013) 23.

⁷² Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 9, 32.

⁷³ Ibid.

⁷⁴ Ibid 31.

- 50 Submissions to the Royal Commission also emphasised that many Aboriginal and Torres Strait Islander survivors ‘sought assistance with reconnecting to culture, family and community, as part of healing’.⁷⁵

Juvenile Offenders

- 51 The AIC has noted the importance of emphasising early intervention and treatment for children who sexually offend:⁷⁶

It is clear that children and young people who sexually offend have different needs to adult sex offenders and this must be considered when they come before the courts. It is also clear that early intervention and appropriate treatment are vital if young people who have sexually offended are to lead healthy and respectful sexual lives.

- 52 The AIC reported that ‘a growing body of research has shown that programs specialising in the treatment of juvenile sex offenders result in lower recidivism rates’.⁷⁷ The AIC referred to the success of family- and community-based treatments which incorporate cognitive behavioural therapy (CBT) and in which ‘[c]aregivers are central to achieving long-term goals and substantial effort is made to strengthen and mobilise carer skills and resources’.⁷⁸

- 53 The AIC went on to conclude:

There are many benefits to providing treatment in the community rather than secure settings. It allows for greater emphasis on an ecological model and increases the likelihood of familial involvement in treatment. There are also valid concerns regarding custodial placements for young people, due to their developmental vulnerabilities and potential for (re)traumatisation. Separation from society and family may further exacerbate attachment difficulties, while generating a sense of rejection, negative self-image and antisocial attitudes.⁷⁹

- 54 In respect of Aboriginal and Torres Strait Islander young people, the AIC found that ‘treatment should be culturally relevant to the young person in order to be effective’ and cited research recommending that any sex offender treatment ‘acknowledge the diversity among the various language and cultural groups, and … engage in meaningful and constructive ways not only with individual offenders but also with their families and local communities’.⁸⁰

⁷⁵ Ibid 32.

⁷⁶ Australian Institute of Criminology, Riddhi Blackley and Lorana Bartels, *Sentencing and Treatment of Juvenile Sex Offenders in Australia* (Trends & Issues in Crime and Criminal Justice No 555, July 2018) 10.

⁷⁷ Ibid 7.

⁷⁸ Ibid 8.

⁷⁹ Ibid (citations omitted).

⁸⁰ Ibid 10.