

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, wellbeing (physical, mental and social) 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 ('Royal Commission') explained:

When a child is sexually abused, the effects can be devastating. For many, the impacts of the abuse last their entire 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 its 2013 literature review on child sexual abuse, the Australian Institute of Family Studies ('AIFS') reported:

[T]he strongest links have been found between child sexual abuse and the presence of depression, [alcohol and other drug use disorders], 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, January 2013) 23; Divna Haslam et al, '[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) 17–18.

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

³ *Ibid.*

⁴ Australian Institute of Family Studies, '[The Long-Term Effects of Child Sexual Abuse](#)' (n 1) 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
- 5 In 2023, the Australian Child Maltreatment Study provided a definition of child sexual abuse citing Matthews and Collin-Vézina (2017):

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 (eg, touching, fondling); and non-contact sexual acts (eg, voyeurism, exhibitionism).⁶

- 6 More illustratively, the Royal Commission 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.⁷

Victim/survivor

- 7 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.⁸
- 8 For consistency, this chapter will adopt the same approach. Where the context is unclear, the term ‘victim’ will be used.

⁵ Australian Institute of Family Studies, ‘[The Long-Term Effects of Child Sexual Abuse](#)’ (CFCA Paper No 11, January 2013) 1.

⁶ Divna Haslam et al, ‘[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) 17–18, citing Ben Matthews and Delphine Collin-Vézina, ‘[Child Sexual Abuse: Toward a Conceptual Model and Definition](#)’ (2017) 20(2) *Trauma, Violence, & Abuse* 131.

⁷ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) [vol 1](#), 320.

⁸ See especially [ibid vol 1](#), 328; Australian Institute of Family Studies, ‘[The Long-Term Effects of Child Sexual Abuse](#)’ (n 5) 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: [Final Report](#) (n 7) [vol 1](#), 328.

Prevalence

- 9 The prevalence of child abuse is difficult to determine due to differing definitions across Australian jurisdictions, sectors of government, service providers and research methodologies.⁹ Under-reporting of sexual violence is also a significant factor.¹⁰
- 10 In 2023, the Australian Child Maltreatment Study reported from their survey sample of 8,500 Australians aged 16 years and above, that child sexual abuse is endemic, sustained across generations, and highly gendered. Girls were reported to be twice as likely as boys to experience child sexual abuse. More than one in three (37.3%) girls in Australia, and almost one in five (18.8%) boys, experienced child sexual abuse. Reported rates were consistent across age groups from youth aged 16–24 years to adults aged 65 years and above.¹¹
- 11 The authors of the Australian Child Maltreatment Study noted:

Our findings are consistent with other research indicating that maltreatment is far more prevalent than the cases known to government agencies ... suggesting substantial unmet need for immediate assistance and support for people experiencing long term harm.¹²
- 12 The Australian Bureau of Statistics' 2021–22 Personal Safety Survey asked adults aged 18 years and above about their experiences of child sexual abuse and found that an estimated 1.5 million (7.5%) Australian adults had experienced childhood sexual abuse before the age of 15. Women (11.3%) were more than three times as likely as men (3.6%) to report childhood sexual abuse before the age of 15.¹³ Of those who reported being sexually abused in childhood, most reported being abused before the age of 10. The average age for the first incidence of childhood sexual abuse was 8.8 years for those who did not report a coexistent history of physical abuse, and 6.8 years for those who experienced both childhood sexual and physical abuse.¹⁴
- 13 A 2017 meta-analytical review of recent Australian research findings estimated that prevalence rates of child sexual abuse for males were in the range 1.4–7.5% for penetrative abuse and 5.2–12% for non-penetrative abuse, while females had prevalence rates of 4–12% for penetrative abuse and 14–26.8% for non-penetrative abuse.¹⁵
- 14 Although disclosure of child sexual abuse by victims has been historically low, particularly in an institutional context,¹⁶ it appears to be steadily increasing.¹⁷ Improved reporting mechanisms, accessibility to such mechanisms, and greater public awareness are suggested to have contributed to higher rates of disclosure.¹⁸

⁹ See, eg, Australian Bureau of Statistics, '[Characteristics and Outcomes of Child Abuse](#)' (6 May 2019) based on [Personal Safety, Australia, 2016](#) (8 November 2017); 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).

¹⁰ See Australian Law Reform Commission, '[Family Violence: A National Legal Response](#)' (ALRC Report No 114, October 2010) 1100, 1103.

¹¹ Divna Haslam et al, '[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, 2013) 17–18.

¹² Ben Matthews et al, '[The Prevalence of Child Maltreatment in Australia: Findings from a National Survey](#)' (2023) 218(S6) *Medical Journal of Australia* S16.

¹³ Australian Bureau of Statistics, '[2021–22 Personal Safety, Australia](#)' (15 March 2023).

¹⁴ Australian Bureau of Statistics, '[Characteristics and Outcomes of Childhood Abuse](#)' (6 May 2019).

¹⁵ Australian Institute of Family Studies, '[The Prevalence of Child Abuse and Neglect](#)' (n 9).

¹⁶ Royal Commission into Institutional Responses to Child Sexual Abuse, '[Final Report](#)' (2017) [vol 4](#), 137–8.

¹⁷ Royal Commission into the Protection and Detention of Children in the Northern Territory, '[Final Report](#)' (2017) [vol 3B](#), 73.

¹⁸ *Ibid* [vol 3B](#), 157–8, 160, 167.

- 15 Delays in disclosure, however, remain common,¹⁹ with a 2019 survey indicating that just 8.2% of participants disclosed child sexual abuse within 12 months of it occurring.²⁰ While child safe institutions with ‘a culture of safety that empowers children’ have been linked with encouraging disclosure,²¹ victims are still far more likely to disclose to a parent, peer, sibling, partner or other trusted party before an authority.²²
- 16 According to research undertaken by the Royal Commission into Institutional Responses to Child Sexual Abuse, just 19.2% of all survivors had disclosed abuse ‘in some form to the police’.²³ Low rates of disclosure are particularly pronounced for Aboriginal and Torres Strait Islander peoples, due to the historical legacy of systemic abuse,²⁴ and for children in detention.²⁵ In general, reporting to authorities is considered an ‘exception rather than a common step in the disclosure process’.²⁶ Disclosure of abuse in institutional settings, particularly detention, is therefore likely to be delayed until the release of the child from custody:

Almost one-third (29.4 per cent) of survivors who told us about barriers to disclosure in private sessions said that, at the time of abuse, there was no one to tell. While we heard this in relation to many different institution types, it was more likely to be a barrier to disclosure for children in historical residential institutions. Often the perpetrator played a major role in the institution; sometimes they were also the person responsible for responding to complaints.²⁷

Aboriginal and Torres Strait Islander children

- 17 In 2019, Aboriginal and Torres Strait Islander children were 5.3 times more likely to be reported to child protection authorities, 9.4 times more likely to be subject to a protection order, and 9.7 times more likely to be living in out-of-home care than non-Indigenous children.²⁸
- 18 However, the Royal Commission noted that Aboriginal and Torres Strait Islander children make up 36% of all children in out-of-home care, that ‘all children in out-of-home care are vulnerable to abuse’, and that:

Despite major reforms to out-of-home care in every state and territory in Australia, our work has identified persistent weaknesses and systemic failures that continue to place children at risk of sexual abuse. We learned that sexual abuse by carers, their family members, visitors, caseworkers and other children in care continues to occur in contemporary out-of-home care, and that sexual exploitation is a growing concern, especially for children in residential care.²⁹

- 19 In 2020, Aboriginal and Torres Strait Islander children aged 0–14 years were twice as likely (743, or 3.4 per 1,000 Aboriginal and Torres Strait Islander children) as non-Indigenous children aged 0–14 years (4,509, or 1.7 per 1,000 non-Indigenous children) to be reported to police as victims

¹⁹ Catherine Esposito, ‘[Child Sexual Abuse and Disclosure: What Does the Research Tell Us?](#)’ (Literature Review, 2019) 14.

²⁰ ‘[Disclosure of Child Sexual Abuse](#)’, *Bravehearts* (Web Page, 2023), citing Scott D Easton, ‘[Childhood Disclosure of Sexual Abuse and Mental Health Outcomes in Adulthood: Assessing Merits of Early Disclosure and Discussion](#)’ (2019) 93 *Child Abuse & Neglect* 208, 218.

²¹ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) [vol 4](#), 13.

²² *Ibid* [vol 4](#), 36–9.

²³ *Ibid* [vol 4](#), 39.

²⁴ *Ibid* [vol 4](#), 91.

²⁵ *Ibid* [vol 15](#), 102, 104–5.

²⁶ Esposito (n 19) 17.

²⁷ Royal Commission into Institutional Responses to Child Sexual Abuse (n 21) [vol 4](#), 13.

²⁸ Family Matters, *The Family Matters Report 2020: Measuring Trends to Turn the Tide on the Over-Representation of Aboriginal and Torres Strait Islander Children in Out-of-Home Care in Australia* (Report, 2020) 54.

²⁹ Royal Commission into Institutional Responses to Child Sexual Abuse (n 21) [vol 12](#), 9–10.

of sexual assault in New South Wales, Queensland, South Australia and the Northern Territory combined.³⁰

- 20 In the year July 2020 to June 2021, the rate of substantiated sexual abuse for Aboriginal and Torres Strait Islander children and young people aged 0–17 years was almost six times the rate for non-Indigenous children and young people (5.1 per 1,000 Aboriginal and Torres Strait Islander children and young people, 0.9 per 1,000 non-Indigenous children and young people).³¹ Meanwhile, a study of health and child protection data for 10,796 children born in the period 1990–2009 in Western Australia found that 20.9% of Indigenous children were the subject of a child sexual abuse allegation, compared to 2.1% of the overall cohort of children.³²

Impacts

- 21 The National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030 noted:

The effects of child sexual abuse can be cumulative, complex and long-lasting. It can affect people’s mental and physical health; relationships; sexual identity, gender identity and sexual behaviour; spiritual and cultural connection; education; employment; and financial security.³³

- 22 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.³⁴

Mental health

- 23 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’.³⁵ 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’.³⁶

³⁰ Australian Institute of Health and Welfare (‘AIHW’), [National Framework for Protecting Australia’s Children Indicators](#) (Catalogue No CWS 62, June 2022) supplementary table NFPAC Indicator 6.2 (2022) ‘AIHW Analysis of Data in Australian Bureau of Statistics, [Recorded Crime: Victims, Australia 2020](#) (2021)’.

³¹ Ibid.

³² Rosemary L Cant et al, ‘[Overcrowded Housing: One of a Constellation of Vulnerabilities for Child Sexual Abuse](#)’ (2019) 93 *Child Abuse & Neglect* 239.

³³ Department of Prime Minister and Cabinet, [National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030](#) (Report, 2021) 40, citing Royal Commission into Institutional Responses to Child Sexual Abuse, [Final Report](#) (2017) [vol 3](#), 10.

³⁴ Royal Commission into Institutional Responses to Child Sexual Abuse, [Final Report](#) (2017) [vol 3](#), 11.

³⁵ Ibid [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.

³⁶ Cutajar et al (n 35) 819.

- 24 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.³⁷

- 25 The AIFS similarly concluded in 2013 that '[r]esearch has established a strong, albeit complex relationship between child sexual abuse and adverse mental health consequences for many victims'.³⁸ Significant negative mental health effects that have been consistently associated with child sexual abuse include post-traumatic symptoms, major depression, substance use disorders, helplessness, negative attributions, aggressive behaviours and conduct problems, eating disorders and anxiety.³⁹
- 26 In 2023, Scott et al showed that any form of childhood maltreatment (physical abuse, emotional abuse, sexual abuse, neglect and/or exposure to domestic violence while under 18 years of age) was linked with a two- to three-fold increase in the prevalence of mental disorder diagnoses across the lifetime. These diagnoses included major depressive disorder, current alcohol use disorder, current generalised anxiety disorder and current post-traumatic stress disorder. The strongest associations between childhood maltreatment and mental health diagnoses were found with childhood sexual abuse and emotional abuse.⁴⁰ The authors noted:

Findings from previous research suggest a causal relationship between child maltreatment and mental disorders. Biological changes and psychosocial challenges often experienced by maltreated children are responsible for the increased risk of mental disorders. Child maltreatment leads to cognitive alterations including distrust of others, hypervigilance to threat, impaired emotion recognition and regulation, and reduced responsiveness to rewards.⁴¹

Risk-taking and impulsivity

- 27 Both male and female survivors of child sexual abuse may also be at greater risk of engaging in risky behaviours, particularly risky sexual behaviours, during both adolescence and adulthood.⁴² A 2021 meta-analysis found that experience of child sexual abuse was associated with a number of adult sexual risk behaviours in adulthood or adolescence, including having sex under the influence of alcohol or substances, reports of concurrent sexual partners, and early sexual activity.⁴³

³⁷ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 3, 11.

³⁸ Australian Institute of Family Studies, '[The Long-Term Effects of Child Sexual Abuse](#)' (CFCA Paper No 11, January 2013) 7 (citations omitted).

³⁹ Ibid 8.

⁴⁰ James G Scott et al, '[The Association between Child Maltreatment and Mental Disorders in the Australian Child Maltreatment Study](#)' (2023) 218(S6) *Medical Journal of Australia* S26, S27–S31.

⁴¹ Ibid, citing Rosana E Norman et al, '[The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis](#)' (2012) 9(11) *PLoS Medicine* e1001349; Ben Matthews et al, '[Improving Measurement of Child Abuse and Neglect: A Systematic Review and Analysis of National Prevalence Studies](#)' (2020) 15(1) *PLoS One* e0227884; Terence P Thornberry et al, '[The Causal Impact of Childhood-Limited Maltreatment and Adolescent Maltreatment on Early Adult Adjustment](#)' (2010) 46(4) *Journal of Adolescent Health* 359; Sara R Jaffee, '[Child Maltreatment and Risk for Psychopathology in Childhood and Adulthood](#)' (2017) 13(8) *Annual Review of Clinical Psychology* 525; Johanna Hepp et al, '[Childhood Maltreatment Is Associated with Distrust and Negatively Biased Emotion Processing](#)' (2021) 8 *Borderline Personality Disorder and Emotion Dysregulation* 5.

⁴² Australian Institute of Family Studies, '[The Long-Term Effects of Child Sexual Abuse](#)' (n 38) 13–14.

⁴³ Amy Dana Ménard and Heather Beth MacIntosh, '[Childhood Sexual Abuse and Adult Sexual Risk Behavior: A Review and Critique](#)' (2021) 30(3) *Journal of Child Sexual Abuse* 298.

28 The Royal Commission 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, anger and sexual impulses, and the possibility of developing ‘lifelong difficulties tolerating or regulating distress, behaviour and impulses’.⁴⁴

Problematic alcohol and other drug use

29 Research indicates that survivors of all forms of child abuse and neglect are at greater risk of problematic use of alcohol and other drugs.⁴⁵ A study of 8,503 Australians found that sexual abuse in childhood was strongly associated with cannabis dependence, smoking and binge drinking.⁴⁶ Meanwhile, a meta-analysis of 48 studies, including five in Australia, found an association between child sexual abuse and substance abuse later in life, including higher alcohol use and illegal drug use.⁴⁷

30 Research suggests that substance use by adolescents and adults who experienced high levels of adversity and stress in childhood may be a means of ‘self-medication’ to dampen symptoms of post-traumatic stress disorder.⁴⁸ The Royal Commission heard evidence from some victims that they used alcohol and other drugs in their teenage years ‘as part of “acting out” or rebelling in response to the sexual abuse’.⁴⁹

Experiencing violence in the future

31 In a 2022 report, Townsend et al reported that women with a history of childhood sexual violence (or abuse) were, depending on their age and year of birth cohort:

- twice as likely to have experienced recent sexual violence;
- around 60% more likely to have experienced recent physical violence; and
- 33–59% more likely to have experienced recent domestic violence

than women who had not experienced sexual violence in childhood.⁵⁰

32 Papalia et al (2020) also found that survivors of child sexual abuse were more likely to be revictimised in adulthood as victims of various (predominantly interpersonal) crimes, compared to people who had not experienced child sexual abuse:

[Child sexual abuse or] CSA victims experienced significantly higher rates of revictimization, with marked elevations in odds for interpersonal revictimization (ie, sexual assault, physical assault, threats of violence, and stalking).⁵¹

[Child] sexual abuse victims had 2 and 4 times the odds of being a victim of stalking and threats of violence, respectively, relative to comparisons without known CSA. ...

⁴⁴ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 3, 78 (citations omitted).

⁴⁵ Australian Institute of Family Studies, ‘[The Long-Term Effects of Child Sexual Abuse](#)’ (CFCA Paper No 11, January 2013) 13.

⁴⁶ David M Lawrence, ‘[The Association between Child Maltreatment and Health Risk Behaviours and Conditions throughout Life in the Australian Child Maltreatment Study](#)’ (2023) 218(S6) *Medical Journal of Australia* S34.

⁴⁷ Kara Fletcher, ‘[A Systematic Review of the Relationship between Child Sexual Abuse and Substance Use Issues](#)’ (2021) 30(3) *Journal of Child Sexual Abuse* 258.

⁴⁸ Australian Institute of Family Studies, ‘[The Long-Term Effects of Child Sexual Abuse](#)’ (n 45) 13.

⁴⁹ Royal Commission into Institutional Responses to Child Sexual Abuse (n 44) vol 3, 105.

⁵⁰ Natalie Townsend et al, ‘[A Life Course Approach to Determining the Prevalence and Impact of Sexual Violence in Australia: Findings from the Australian Longitudinal Study on Women’s Health](#)’ (ANROWS Research Report No 14, August 2022) 39–42.

⁵¹ Nina Papalia et al, ‘[Child Sexual Abuse and Risk of Revictimization: Impact of Child Demographics, Sexual Abuse Characteristics, and Psychiatric Disorders](#)’ (2020) 26(1) *Child Maltreatment* 74, 74.

[A]ssociations between CSA and nonperson-related revictimization, including property damage, theft, fraud/deception, and public order offenses, were smaller or non-significant.⁵²

[M]ale CSA victims show[ed] almost seven times the odds of sexual revictimization relative to male comparisons. [Female CSA victims showed five times the odds relative to female comparisons]. ... Our data suggest that not all CSA victims experience revictimization, with 36.2% experiencing any type of revictimization, 14.4% experiencing physical assault revictimization, and 7.8% experiencing sexual assault revictimization.⁵³

Interpersonal relationships

- 33 The AIFS reported increasing evidence 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.⁵⁴

- 34 The Royal Commission reported:

There is strong evidence that early onset trauma caused by adverse childhood events, including 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.⁵⁵

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.⁵⁶

- 35 A review of 16 studies found that child sexual abuse was associated with negative intimate relationship outcomes, such as decreased satisfaction and attachment avoidance, fear of intimacy, poor communication and reduced trust, and difficulty controlling emotions.⁵⁷ A meta-analysis of research published by June 2020 found that adults with a history of child sexual abuse reported a higher proportion of various forms of sexual dysfunction in adulthood than adults who did not report such a history.⁵⁸

Physical health and development

- 36 In their AIFS policy and practice paper, ‘The Long-Term Effects of Child Sexual Abuse’ (2013), the researchers Judy Cashmore and Rita Shackel summarised the available literature and noted that survivors of child sexual abuse experience a range of negative health outcomes, including an

⁵² Nina Papalia et al, ‘[Child Sexual Abuse and Risk of Revictimization: Impact of Child Demographics, Sexual Abuse Characteristics, and Psychiatric Disorders](#)’ (2020) 26(1) *Child Maltreatment* 74, 80.

⁵³ Ibid 81.

⁵⁴ Australian Institute of Family Studies, ‘[The Long-Term Effects of Child Sexual Abuse](#)’ (CFCA Paper No 11, January 2013) 14.

⁵⁵ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) [vol 3](#), 77.

⁵⁶ Ibid [vol 3](#), 80 (citations omitted).

⁵⁷ Ben Farid Røjgaard Nielsen et al, ‘[A Scoping Review of Challenges in Adult Intimate Relationships after Childhood Sexual Abuse](#)’ (2018) 27(6) *Journal of Child Sexual Abuse* 718.

⁵⁸ Shao-Jie Wang et al, ‘[The Relationship between Child Sexual Abuse and Sexual Dysfunction in Adults: A Meta-Analysis](#)’ (2022) 24(4) *Trauma, Violence, & Abuse* 2772.

increased risk of chronic pain syndromes which ‘stem from a complex matrix of inter-relationships between behavioural, emotional, social, and cognitive factors’.⁵⁹

- 37 A study of 7,700 Australian women aged 28–33 years from the 1973–78 cohort who completed Survey 4 of the Australian Longitudinal Study on Women’s Health reported that women who experienced child sexual abuse were 1.4 times more likely to experience bodily pain and 1.3 times more likely to have poorer general health than women without that history.⁶⁰ Meanwhile, a study of Australians found that child sexual abuse was associated with higher mortality rates in adulthood, particularly for early adulthood.⁶¹

Negative educational and economic outcomes

- 38 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.⁶²

- 39 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 [alcohol and other drug] 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.⁶³

- 40 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’.⁶⁴ Of 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.⁶⁵
- 41 Peer-reviewed studies are consistent with these findings. A longitudinal birth cohort study of 3,778 young Australians found that experience of child maltreatment including sexual abuse was

⁵⁹ Australian Institute of Family Studies, ‘[The Long-Term Effects of Child Sexual Abuse](#)’ (CFCA Paper No 11, January 2013) 18 (citations omitted).

⁶⁰ Jan Coles et al, ‘[Childhood Sexual Abuse and Its Association with Adult Physical and Mental Health: Results from a National Cohort of Young Australian Women](#)’ (2015) 30(11) *Journal of Interpersonal Violence* 1929.

⁶¹ Nina Papalia et al, ‘[Sexual Abuse during Childhood and All-Cause Mortality into Middle Adulthood: An Australian Cohort Study](#)’ (2023) 219(7) *Medical Journal of Australia* 310.

⁶² Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) [vol 3](#), 146.

⁶³ *Ibid* [vol 3](#), 147 (citations omitted).

⁶⁴ *Ibid* [vol 3](#), 152–3.

⁶⁵ *Ibid* [vol 3](#), 153.

associated with poorer cognitive outcomes, failing to complete high school, and not being engaged in study or employment at aged 21.⁶⁶ Another study found that the frequency and severity of abuse experienced in childhood, and the trauma symptoms associated with an experience of abuse such as depression and anxiety, were both associated with income in adulthood. This is so even controlling for education and marital status.⁶⁷

- 42 Housing insecurity may be another outcome of child sexual abuse and its effects, with the Royal Commission reporting that

the flow-on effects of the sexual abuse, including mental health impacts, alcohol and other drug [use disorders], 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.⁶⁸

Impacts relating to institutional abuse

- 43 The Australian Institute of Family Studies reported that child sexual abuse by members of the clergy and other authority figures ‘may have particularly devastating effects’.⁶⁹ The Royal Commission 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.⁷⁰

- 44 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.⁷¹
- 45 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.⁷²
- 46 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.⁷³ This may have impacts on survivors’ employment.

⁶⁶ Ryan Mills et al, ‘[Cognitive and Educational Outcomes of Maltreated and Non-Maltreated Youth: A Birth Cohort Study](#)’ (2019) 53(3) *Australian & New Zealand Journal of Psychiatry* 248.

⁶⁷ Molly Wolf, ‘[The Impact Lingers Well beyond Childhood: Child Sexual Abuse, Trauma Symptoms, and Income for Adult Survivors](#)’ (2023) 7(3) *European Journal of Trauma & Dissociation* 100332.

⁶⁸ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 3, 155 (citations omitted).

⁶⁹ Australian Institute of Family Studies, ‘[The Long-Term Effects of Child Sexual Abuse](#)’ (CFCA Paper No 11, January 2013) 10.

⁷⁰ Royal Commission into Institutional Responses to Child Sexual Abuse (n 68) vol 3, 11.

⁷¹ *Ibid* 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.

⁷² *Ibid*.

⁷³ *Ibid*.

Impacts of technology-facilitated abuse

- 47 Online child sexual abuse refers to the sexual abuse of children that is facilitated by information and communication technologies and to sexual abuse that is committed elsewhere and then repeated by sharing it online.⁷⁴
- 48 A 2022 study of 13,884 young American adults found that 15.6% of participants had experienced online child sexual abuse (including solicitation by adults), 11% had experienced image-based sexual abuse, 7.2% had self-produced child sexual abuse images, 7.2% of children had experienced non-consensual sexting, 5.4% of children had experienced online grooming, and 3.1% had experienced sextortion. Meanwhile, a meta-analysis revealed online grooming affects 9–19% of children.⁷⁵ Factors influencing minors' risk of online grooming included increasing age, gender, sexual minority orientation, diagnosis of mental disease, conflictual relationships with parents and risk-taking behaviours (such as chat room and social networking site use).⁷⁶
- 49 Victims of child sexual abuse material report numerous psychosocial challenges including anxiety, sleeping difficulty, hypervigilance, suicidal ideation, relationship difficulties and depression.⁷⁷ They report being unable to trust or get close to people in their lives and to establish sexual intimacy,⁷⁸ as well as self-esteem issues.⁷⁹ The abuse also negatively affects education and employment.⁸⁰ A study found that although most episodes of online sexual abuse are associated with negative emotional effects, image abuse had 'particularly negative valence for child victims' and adult offenders were not more impactful than peer offenders.⁸¹

Links to Contact with the Criminal Justice System***Risk of offending***

- 50 The AIFS reports 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.⁸²
- 51 Drury et al reported in their 2019 article on childhood sexual abuse and subsequent sexual offending, that most people who experience child sexual abuse do not become involved in the criminal justice system as adolescents or adults. However, people convicted of child sexual offences are 3.36 times more likely to have been victims of child sexual abuse themselves than

⁷⁴ ECPAT International, [Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse](#) (28 January 2016) 23.

⁷⁵ Cecilia E Gandolfi et al, '[Online Grooming: An Analysis of the Phenomenon](#)' (2021) 73(3) *Minerva Pediatrics* 272. Note: Full text not available except on request of authors.

⁷⁶ Ibid.

⁷⁷ Ateret Gewirtz-Meydan et al, '[The Complex Experience of Child Pornography Survivors](#)' (2018) 80 *Child Abuse & Neglect* 238. See also Malin Joleby et al, '[Experiences and Psychological Health among Children Exposed to Online Child Sexual Abuse: A Mixed Methods Study of Court Verdicts](#)' (2021) 27(2) *Psychology, Crime & Law* 159, 174; Canadian Centre for Child Protection, '[Survivors' Survey](#)' (Report, 2017) 177; Catherine Hamilton-Giachritsis et al, '["Everyone Deserves To Be Happy and Safe": A Mixed Methods Study Exploring How Online and Offline Child Sexual Abuse Impact Young People and How Professionals Respond to It](#)' (National Society for the Prevention of Cruelty to Children, November 2017).

⁷⁸ Joleby et al (n 77) 174; Canadian Centre for Child Protection, '[Survivors' Survey](#)' (Report, 2017) 177.

⁷⁹ Hamilton-Giachritsis et al (n 77) 44.

⁸⁰ Canadian Centre for Child Protection (n 77) 213, 219; Catherine Hamilton-Giachritsis et al, '[Technology Assisted Child Sexual Abuse in the UK: Young People's Views on the Impact of Online Sexual Abuse](#)' (2020) 119 *Children and Youth Services Review* 105451.

⁸¹ David Finkelhor, Heather Turner and Deirdre Colburn, '[Which Dynamics Make Online Child Sexual Abuse and Cyberstalking More Emotionally Impactful: Perpetrator Identity and Images?](#)' (2023) 137 *Child Abuse & Neglect* 106020.

⁸² Australian Institute of Family Studies, '[The Long-Term Effects of Child Sexual Abuse](#)' (CFCA Paper No 11, January 2013) 18. The AIFS notes, however, that methodological limitations of the research in the area of subsequent offending by child sexual abuse victims mean 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.

people convicted of other types of crimes and this appears to be primarily a male phenomenon.⁸³ That is, very few women survivors of child sexual abuse become convicted perpetrators of sexual crimes.

52 In a large sample of survivors of child sexual abuse (n=2,759), compared to people who had no known experience of child sexual abuse (n=2,677), Papalia et al (2018) found that survivors were more likely than their community control counterparts ‘to engage in all types of criminal behaviours including violent, sexual, and other offending’.⁸⁴ Female survivors were more likely to be involved in general or violent crimes and male survivors were more likely to be involved in sexual crimes than women and men in the community control groups, respectively. The risk of becoming involved in criminal behaviour increased with certain aspects of the child sexual abuse such as the age or age range at which the abuse(s) occurred, the number of perpetrators or the relationship to the perpetrator(s), whether revictimisation had occurred, whether a severe mental illness had developed, and whether the individual had several of these cumulative risk factors.⁸⁵

53 Retrospective studies involving offender and prisoner samples indicate a higher rate of child sexual victimisation among juvenile and adult offenders compared with the general population.⁸⁶ A study of Australian male adolescents found that youth adjudicated for sexual offences were more likely to have had a childhood experience of sexual abuse victimisation compared to youth adjudicated for serious but nonsexual violent offences.⁸⁷

54 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.⁸⁸

55 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.⁸⁹ Child sexual abuse victims also had a significantly higher number of average charges, and were more likely to have received a custodial sentence.⁹⁰ 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.⁹¹

56 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, sexual,

⁸³ Alan Drury et al, ‘[Childhood Sexual Abuse Is Significantly Associated With Subsequent Sexual Offending: New Evidence Among Federal Correctional Clients](#)’ (2019) 95 *Child Abuse & Neglect* 104035.

⁸⁴ Nina Papalia et al, ‘[Child Sexual Abuse and Criminal Offending: Gender-Specific Effects and the Role of Abuse Characteristics and Other Adverse Outcomes](#)’ (2018) 23(4) *Child Maltreatment* 399, 399.

⁸⁵ Australian Institute of Family Studies, ‘[The Long-Term Effects of Child Sexual Abuse](#)’ (CFCA Paper No 11, January 2013) 18.

⁸⁶ *Ibid* 17.

⁸⁷ Amy Pammenter, Eleanor Lin-Er Woodford and Danielle Arlanda Harris, ‘[Adverse Childhood Experiences in Australian Youth Adjudicated for Sexual Offences and Non-Sexual Violent Offences](#)’ (2022) 129 *Child Abuse & Neglect* 105678.

⁸⁸ Australian Institute of Family Studies, ‘[The Long-Term Effects of Child Sexual Abuse](#)’ (n 85) 17 (citations omitted).

⁸⁹ *Ibid* 14, citing James Robert Ogloff et al, ‘[Child Sexual Abuse and Subsequent Offending and Victimization: A 45 Year Follow-Up Study](#)’ (Australian Institute of Criminology, Trends & Issues in Crime & Criminal Justice No 440, June 2012).

⁹⁰ *Ibid*.

⁹¹ *Ibid* 17.

emotional abuse or neglect) — rather than sexual abuse specifically — were at higher risk of perpetrating child sexual abuse in later life’.⁹²

57 Graf et al defined adverse childhood experiences (‘ACEs’) as ‘a set of childhood adversities, including household dysfunction and various forms of abuse and neglect, occurring before the age of 18’. The authors found that ‘ACEs are positively associated with juvenile justice system contact in a dose-response fashion’.⁹³

58 In a 2021 meta-analysis of literature on ACEs and contact with juvenile justice systems, Malvaso et al found:

The odds of experiencing at least one ACE were over 12 times greater for justice-involved young people compared with nonjustice-involved young people. Prevalence of individual ACEs ranged from 12.2% for childhood sexual abuse to 80.4% for parental separation among justice-involved young people.⁹⁴

Causes of subsequent offending

59 The Royal Commission 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.⁹⁵

60 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.⁹⁶ Many reported that recurrent feelings of anger caused by their experiences of abuse had harmed their relationships with others.⁹⁷

61 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.⁹⁸

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

⁹² Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) [vol 1](#), 226.

⁹³ Gloria Huel-Jong Graf et al, ‘[Adverse Childhood Experiences and Justice System Contact: A Systematic Review](#)’ (2021) 147(1) *Pediatrics* e2020021030:1–13, 1.

⁹⁴ Catia G Malvaso et al, ‘[Associations between Adverse Childhood Experiences and Trauma among Young People Who Offend: A Systematic Literature Review](#)’ (2021) 23(5) *Trauma, Violence, & Abuse* 1677, 1677.

⁹⁵ Royal Commission into Institutional Responses to Child Sexual Abuse (n 92) [vol 3](#), 144.

⁹⁶ *Ibid* [vol 3](#), 92. More male (26.4%) than female survivors (9.3%) 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’: at 92 (citations omitted).

⁹⁷ *Ibid*.

⁹⁸ *Ibid* [vol 3](#), 144.

violence. A number of survivors told us about their violent offences, some in domestic situations, and often linked to alcohol and other drug use.⁹⁹

- 62 Financial destitution was another reason that child sexual abuse victims subsequently engaged in criminal behaviour.¹⁰⁰

Young people charged with offences

- 63 A 2018 Australian Institute of Criminology ('AIC') study 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 abuse, had early exposure to sex and pornography and have often experienced social isolation, as well as disengagement from school.¹⁰¹

- 64 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'.¹⁰² In respect of recidivism, the paper concluded that 'there is no evidence to suggest that juvenile sex offenders will become adult sex offenders'.¹⁰³

Treatment and Healing*

- 65 People who have experienced child sexual abuse 'may need assistance to address the negative impacts it has had on their development'.¹⁰⁴ The Royal Commission into Institutional Responses to Child Sexual Abuse stated:

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.¹⁰⁵

Social and community support

- 66 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.¹⁰⁶ Research suggests that 'social and emotional support for victims of child sexual abuse significantly lowers symptoms of mental illness throughout their

⁹⁹ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 3, 145.

¹⁰⁰ Ibid vol 3, 144.

¹⁰¹ Riddhi Blackley and Lorana Bartels, 'Sentencing and Treatment of Juvenile Sex Offenders in Australia' (Australian Institute of Criminology, Trends & Issues in Crime and Criminal Justice No 555, July 2018) 4.

¹⁰² 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(3) *Criminology & Public Policy* 507.

¹⁰³ 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.

¹⁰⁴ Royal Commission into Institutional Responses to Child Sexual Abuse (n 99) vol 9, 31.

¹⁰⁵ Ibid.

¹⁰⁶ Australian Institute of Family Studies, 'The Long-Term Effects of Child Sexual Abuse' (CFCA Paper No 11, January 2013) 23.

lives’,¹⁰⁷ 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’.¹⁰⁸

67 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.¹⁰⁹

68 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’.¹¹⁰

Young people charged with offences

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

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.¹¹¹

70 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’.¹¹² The AIC referred to the success of family- and community-based treatments which incorporate cognitive behavioural therapy 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’.¹¹³

71 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.¹¹⁴

72 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’.¹¹⁵

¹⁰⁷ Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report* (2017) vol 9, 32.

¹⁰⁸ Ibid.

¹⁰⁹ Ibid vol 9, 31.

¹¹⁰ Ibid vol 9, 32.

¹¹¹ Riddhi Blackley and Lorana Bartels, ‘[Sentencing and Treatment of Juvenile Sex Offenders in Australia](#)’ (Australian Institute of Criminology, Trends & Issues in Crime and Criminal Justice No 555, July 2018) 11.

¹¹² Ibid 7.

¹¹³ Ibid 8.

¹¹⁴ Ibid 9 (citations omitted).

¹¹⁵ Ibid 10, quoting Stephen Smallbone, *A Framework for the Development, Implementation and Evaluation of Sexual Offender Management and Treatment Programs in the Northern Territory* (Northern Territory Correctional Services, 2009) 17.