See, understand & respond to child sexual abuse.

A practical kit

Issued by DCJ for use by Child Protection Practitioners.

November 2016

NSW GOVERNMENT Communities & Justice

How to use the kit

Overview

A guide to using and navigating the kit.

Issued by DCJ for use by Child Protection Practitioners.

November 2016

Dear Practitioners,

It's hard to think of a more important job than listening to a child who tells you that they have been sexually abused. Or supporting a mother who is worried about two of her children, when one has sexually harmed the other. Or working with a family where child sexual abuse is suspected, but not known.

The response to these very real examples by a compassionate, skilled and well informed practitioner can mean safety, recovery and families that stay connected. It can mean a difference that has life long impacts.

Knowing what to do, what to say and how to work with ambiguity and uncertainty is far more than empathy and intuition. It also relies on a strong knowledge base and well honed skills in talking about and listening to information or stories that may be highly personal, distressing or embarrassing for children, their families and, at times, the practitioners who have the job of assessing safety and lowering risk.

Children can be very skilled at picking up when their stories make adults uncomfortable. They may take on worry for their whole family or they may blame themselves. Children need practitioners who have done everything in their power to prepare themselves for such important conversations. They need practitioners who take to heart the importance of their role and honour children by being well prepared, for every conversation and for every opportunity.

This Kit reflects current thinking about the "how to and what to do". It is full of suggestions and gives practical advice alongside contemporary theory. Every page has been written with children in mind – those who might be frightened, lonely, confused or ashamed – and is coupled with enormous hope and respect for the honourable work of child protection. Well informed, skilful and empathic practitioners are our best chance of protecting children from sexual abuse and from helping others to recover from it.

Keep strong.

Kate Alexander

Executive Director
Office of the Senior Practitioner

Fa ily & Communi i

How to use the kit

This kit has been written for child protection practitioners who are based in Community Services Centres (CSCs) and are working to keep children safe in a grey area of practice where child sexual abuse is suspected, but information may be incomplete or conflicting, and because of this, the child is not eligible for a JIRT response. It also supports child protection practitioners who are working alongside JIRT to address risk of harm issues for children with sexually abusive behaviour.

This kit is a practical resource to support you, the child protection practitioner, to see, understand and respond to child sexual abuse. In keeping with the practical nature of the kit, the literature that underpins the kit is not referenced extensively; instead the kit is supported by two literature reviews undertaken by the OSP in 2016 and 2014 respectively, 'Child Sexual Abuse - What the Research Tells Us' and 'How Children Disclose Sexual Abuse'. These reviews can be found on the Casework Practice site.

The kit focuses on child sexual abuse that is occurring or is suspected of occurring in a home or in a 'home like' setting (such as residential or foster care). It also focuses on suspected offenders who are household members.[1] The literature review provides more detail on sexual abuse that is perpetrated by people outside the home.

There are two parts to each chapter:

Part one: Seeing and understanding
provides practical information and conversation ideas to inform your assessment.

Part two: Responding
provides approaches that you can use to build safety and respond to risk when working with the child, their parents, the suspected offender and the community.

Each chapter also contains:

- suggested resources to use with children & families
- a summary to help you navigate
- key messages to guide your practice.

Throughout the kit you will find:

Practical ideas
for assessing and responding to child sexual abuse that are embedded in our assessment framework

Conversation ideas
that help you to embed the key messages and concepts into your work

Family & Commu i i

[1]The SARA definition of household member includes all adults who have significant (regular or frequent) in home contact with the child, including those who have a familial or intimate relationship with anyone in the home.

Kit Overview

This overview will help you to navigate the kit and find the parts that relate to the child and family you are working with.

Safety planning

- Historic concerns, protective factors and family stressors that should be considered before safety planning

- The safe family rules approach to safety planning

Risk assessment and casework

- Factors that increase the
  - likelihood a child will be targeted by an offender
  - the risk posed by a suspected offender

- Two practical casework approaches that can be used to build safety

Working with children

- Understanding 'contaminating evidence' and how offender tactics impact on a child's ability to talk about sexual abuse

- Casework interventions that aim to help children to disclose sexual abuse
- Information to help you:
  - notice when children are telling you about sexual abuse
  - respond supportively

Working with young people at risk of sexual exploitation

- Risk factors for sexual exploitation

- Key casework ideas for:
  - preventing sexual exploitation
  - responding to sexual exploitation

Working with children who display sexually harmful behaviour

- Guidance for gathering information and assessing risk when working with sexually harmful behaviour

- Practical ideas to help you minimise risk and increase safety when responding to sexually harmful behaviour

Working with parents

- Practical ideas for recognising the impact of offender grooming on parents and responding effectively

- Practical ideas to help you build a relationship with parents to help them respond protectively to their child

Working with the suspected offender

- How grooming by the offender can influence your assessment and work with children, families and communities

- Practical ideas to help you
  - discuss the child protection concerns with the suspected offender
  - decide if contact with the suspected offender should occur

Working with Aboriginal children, families & communities

- Factors that impact on child sexual abuse in Aboriginal families and communities

- Practical ideas for culturally sensitive practice when working with Aboriginal children, families & communities

Working with the criminal justice system

- The criminal process (from a report to a conviction)

- Working with JIRT
- Responding to the Child Protection Register

Notes about Language

Language shapes the way we perceive risk.

During the development of the kit we have tried to use language which honours the experiences of children and families and holds the offender accountable for their abuse most unequivocally. We have also used terms that are most likely to be understood by the children, families and communities you work with. You will find the following terms commonly used throughout the kit:

Child sexual abuse

This describes the range of abusive behaviours that are perpetrated by the offender. Including:

- using coercion, deception threats, bribes or other types of trickery to force the child to perform sexual acts
- touching of the child's body or genitals causing a child fear, confusion or distress
- coercing or forcing a child to view a person's genitals or touch those body parts
- coercing or forcing a child to pose, undress or perform acts of a sexualised nature on film or in person
- making threats or using trickery or blackmailing a child and forcing them to take part in sexualised abuse
- making offensive or insulting remarks of a sexual nature
- coercing or forcing a child to look at pictures of adult sex acts in magazines, photographs and films
- making humiliating comments about a child's actions or body using sexualised language.[2]

Sexual exploitation

Sexual exploitation involves situations, contexts and relationships where young people (or a third person or persons) often receive something as a result of performing or others performing on them, sexual activities. For example, food, accommodation, drugs, alcohol, cigarettes, affection, gifts or money. Sexual exploitation can also occur through the use of technology without the young person noticing. For example, they may be persuaded to post or send sexual images on the internet or by mobile phone with no immediate payment or gain. In all cases those exploiting the young person have power over them by virtue of their age, gender, intellect, physical strength or economic or other resources.

Grooming

'Grooming' is often used to describe behaviour by the offender towards the child. This behaviour is focused on increasing opportunities for sexual abuse to occur and reducing the child's ability to tell others what is happening. In this kit we have extended this definition to include the deliberate manipulation of the child's family and community (including the professionals involved).[3] Recently, practitioners and researchers have asked that the word 'grooming' be replaced by the word 'entrapment' because it more accurately reflects the experience of the child.[4]

We have chosen to use the word 'grooming' in this kit as it is widely understood by professionals, children and families.

Children who display sexually harmful behaviour

Sexually harmful behaviour is when a child has used their power, authority or status to engage another child in sexual activity that is unwanted or where the other child is not capable of giving consent. For example, children who are younger or who have a cognitive impairment. Physical force or threats are sometimes involved. Sexual activity may include exposure, peeping, fondling, masturbation, oral sex, penetration of a vagina or anus using a penis, finger or object, or exposure to pornography. Any sexual activity with an animal is also considered to be sexually harmful behaviour. This is not an exhaustive list.

In the literature the term problem sexual behaviour is used for children under 10 years of age and the term sexually harmful behaviour is used for children aged 10-18 years of age. We have chosen to use the term 'sexually harmful behaviour' in this kit as it best describes the harmful behaviour and does not minimise the victimised child's experience.[5]

---

[2] This definition is based on the definition of child sexual assault, developed by Rosie's Place, a non government, community based sexual assault counselling service for children, young people and their (non-offending) family members.

[3] Tanner and Brake, 2013 write that 'grooming is a complex set of behaviours which can target both the victim and other individuals in the victim's life (the victim's environment)... heretofore the term' grooming' has generally meant victim grooming. There is however, another form of grooming which is equally important in many sexual assaults. This is the grooming towards individuals other than the actual victim. In many sexual assaults the victims environment must be groomed prior to, during and after the assault to ensure continued access to the victim and minimise discovery or disclosure of the assault'.

[4] Alan Wade (14 November, 2014) *Skilled and Selective Empathy: Acknowledging Responses to Adversity and Resistance to Violence*, University of Technology Sydney and Liz Kelly (9th February 2015) *Key issues in sexual assault practice: Reflections and discussions from research, Master class* Australian Technology Park, Eveleigh, Sydney, NSW.

[5] This definition is based on the one developed by the Therapeutic Treatment Board and Therapeutic Treatment Services in Victoria.

Aboriginal

This practice resource only makes reference to Aboriginal people because it is a resource for NSW. We acknowledge that Torres Strait Islander people are also among the First Nations of Australia, we recognise that Aboriginal people are the original inhabitants of NSW.

Child

'Child' is used throughout the kit where the information is relevant to both children and young people aged 0 - 18 years.

Parents

'Parents' describes the non-offending parent, family member or non offending carer. We note that for many cultural groups parents are just one part of a larger family who are parenting and supporting the child. For the purpose of this kit the term parent describes family members who are responsible for the day to day care of children in the home. The kit deliberately uses the term 'parent' as opposed to 'non-offending parent'. This is because of advice from experts in child sexual abuse who outline the benefits for parents in being defined as a parent and not by their child's abuse.[6] It is important to remember that a parent can also be a suspected offender.

Suspected offender

'Suspected offender' describes the person who is suspected of causing harm where the risk of significant harm concerns have not been substantiated. The suspected offender should always be recorded in the FACS records as the Person of Interest (POI).

Offender

'Offender' describes the person who has been substantiated as causing harm to a child.

This person should always be recorded in the FACS records as a Person Causing Harm (PCH).

[6] C Want, Manager, Rosie's Place 2016.

ReSources

The kit contains a number of practical resources for you to use in your work with children and families.

Each chapter includes a list of suggested resources.
A comprehensive description of all resources can be found in the resource section at the back of the kit.

Why is it important?

Why is it important to see, understand and respond to child sexual abuse?

This information will give you a broad understanding of child sexual abuse including factors that increase the risk a child will be sexually abused and the impact of sexual abuse on children. It will help you to understand why it is important that child protection practitioners see, understand and respond to child sexual abuse.

How often are children sexually abused?

Australian and international data suggests that girls are more likely to be sexually abused than boys. Internationally between eight and 13 per cent of girls and three and 17 per cent of boys are sexually abused as children. In Australia, between 12 and 22 per cent of girls and five and seven per cent of boys are sexually abused in their childhood.

Go to

the **OSP Child Sexual Abuse Literature Review** (chapter two) for an overview of studies looking at how often children are sexually abused.

How does gender affect prevalence?

- More than 90 per cent of female victims and 80 per cent of male victims know their offender.
- Girls are more likely than boys to be sexually abused by step fathers, biological fathers and other male relatives in the family home.
- Boys are more likely than girls to experience abuse by strangers or people outside the family. They are also more likely to be abused in the offender's home, institution or in a public space, and more likely to have witnesses to their abuse.
- Boys are more likely than girls to be sexually abused by peers or others of similar age including siblings, cousins, other relatives and residents in institutions.

Go to

the **OSP Child Sexual Abuse Literature Review** (chapter three) for more information about the impact of gender on children's experiences of sexual abuse.

In Practice

The possibility that children have been deliberately manipulated, entrapped and sexually abused brings up strong feelings for most people.

The kit uses common language that explicitly and graphically names difficult topics such as types of child sexual abuse, body parts and sexual activity. The use of plain and common language in the kit is deliberate. Jargon and bureaucratic language can distance us from the distress of the child's experience of abuse. You might find it helpful to use words that might make you feel uncomfortable and practise having difficult conversations with your colleagues before you have these discussions with children and families. The kit uses case studies that aim to remind you of children and families that you have worked with or other personal experiences. Please note that the case studies draw on the experiences of many different children and are not based on any one child's story. Please be aware of your own reactions to the kit and seek support from your manager and your colleagues. If needed, you can also call the Employee Assistance Program (EAP) for counselling and support.

What factors may make children more vulnerable to being targeted by sexual abuse offenders?

Child sexual abuse occurs across all cultural groups, genders, ages and socioeconomic groups. However, several studies have shown that offenders target children and families who have certain characteristics and are already under stress, marginalised and vulnerable. The table on the next page gives a brief overview of these risks and vulnerabilities which are described in detail in the OSP Child Sexual Abuse Literature Review.

Go to

the **'Risk assessment and casework'** chapter for more detailed information and tips on assessing and responding risk factors.

Individual	
Gender	Girls are more likely to be victims of child sexual assault.
Sexuality	Gay and bisexual males are more likely than heterosexual males to be sexually abused. Lesbian and bisexual females are more likely than heterosexual females to be sexually abused.
Age	Children are most vulnerable to abuse between the ages of 7 and 12. Children abused by a family member are more likely to be younger than those abused by non-family members. Teenagers report sexual abuse more often than younger children. In the majority of cases the offender is another young person.
Disability	Children with mental health issues or intellectual or physical disabilities are more likely to be sexually abused than other children and to have been abused more than once. Children with intellectual and sensory disabilities, communication impairments and behavioural difficulties are at heightened risk of sexual abuse compared to children with other types of disability.
Experiences of other forms of abuse	It is likely that children who have been sexually abused have also experienced and been victims of another form of abuse.
Social isolation	Children with few friends, who lack confidence and have low self-esteem are at increased risk of child sexual abuse.

Family and Community	
Family size and make-up	Children living without either biological parent are at increased risk of sexual abuse. Children living with a single parent who has a live in partner are 20 times more likely to be victims of child sexual abuse. Children living with another child or sibling who has been sexually abused are at increased risk of being sexually abused.
Family functioning and domestic violence	Children who experience domestic violence are at significant risk of child sexual abuse. If a mother is assaulted by her partner, her daughters are nearly six times more likely to be sexually abused than other girls. Young people who were exposed to violence in the home when they were growing up are twice as likely to have been forced to have sex and four times as likely to have admitted that they have forced a partner to have sex later in life. Marital conflict and separation are linked to increased risk of child sexual abuse.
Homelessness and housing instability	There is a small amount of evidence suggesting homelessness and moving house regularly makes children vulnerable to child sexual abuse.
Parent age / education / employment	Children of mothers who are young with low levels of education and employment are at increased risk of sexual abuse.

Family and Community (continued)	
Parent mental health	There is a strong link between parental (especially a mother's) mental health issues and a heightened risk of child sexual abuse for their children.
Parent alcohol and substance misuse	Parental drinking is strongly associated with risk of sexual abuse, especially if both parents drink. Children with foetal alcohol syndrome are 10 times more likely than those without to be sexually abused.
Parental history of abuse	Children whose mothers were sexually abused as children are at increased risk of child sexual abuse.
Parent / child relationship and emotional availability	Poor parent-child attachment, including neglect and emotional unavailability, is associated with children being sexually abused.
Cultural and social experiences, attitudes and practices	A growing body of evidence shows the risk for child sexual abuse can be influenced by cultural and social attitudes and practices such as: ■ ideas about gender roles which may give men more power in the family or community and make them expect women to be compliant ■ attitudes towards sexuality that limit women's sexual expression and support aggressive male sexual behaviour ■ a lack of encouragement for open communication about sex and appropriate sexual behaviour ■ a limited understanding of child sexual abuse and indicators of sexual abuse. Multiple government reports and a large body of literature have shown that Aboriginal children are at increased risk of sexual abuse. There appears to be consensus in the literature that this overrepresentation is due to the widespread disadvantage experienced by many Aboriginal children, families and communities.[7] [8]

The risks outlined in this table highlight that the children we work with are particularly vulnerable to child sexual abuse. We know that children who experience other types of childhood maltreatment are more likely to be sexually abused and that children in out of home care are particularly vulnerable to child sexual abuse.[9]

Go to

the **OSP Child Sexual Abuse Literature Review** (chapter seven) for more detailed information about the vulnerabilities and risk factors that may be experienced by Aboriginal children, families and communities.

Go to

the **'Working with Aboriginal children, families and communities'** chapter for help understanding, identifying and responding to child sexual abuse in Aboriginal communities.

[7] Taskforce, A. C. S. A. (2006). Breaking the silence: Creating the future. Addressing child sexual assault in Aboriginal communities in NSW. NSW Attorney General's Department, Sydney.

[8] Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, Wild, R., & Anderson, P. (2007). Ampe Akelyernemane Meke Mekarle: 'Little Children are Sacred': Report of the Northern Territory Board of Inquiry Into the Protection of Aboriginal Children from Sexual Abuse 2007. Department of the Chief Minister.

[9] Euser, S., Alink, L. R., Tharner, A., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2013). The prevalence of child sexual abuse in out-of-home care: A comparison between abuse in residential and in foster care. *Child maltreatment*, 1077559513489848.

What is the impact of child sexual abuse on children?

While every child's response to sexual abuse is individual, a number of short and long term negative impacts have been consistently reported. Even when other forms of abuse or childhood adversity are taken into account, children who have been sexually abused are at higher risk of experiencing a broad range of negative experiences throughout their lives, including;

- mental health issues such as post traumatic stress disorder, depression and anxiety; psychotic disorders such as schizophrenia and delusional disorders, personality disorders and eating disorders
- inflicting pain or injury on themselves
- suicidal thoughts or behaviour
- alcohol and substance misuse
- difficulties learning or concentrating
- difficulties maintaining supportive relationships
- difficulties parenting
- sexual and physical abuse or assault, including domestic violence, in childhood and as adults
- engagement in risky sexual behavior such as having sex at a younger age, more sexual partners, and unprotected sex, leading to increased risk of contracting STDs and HIV and engaging in sex work.

Go to

the **OSP Child Sexual Abuse Literature Review** (chapter two) for information on the impact of child sexual abuse on children.

In Practice

Remember that every child, family and community will experience and respond to child sexual abuse differently.

If the child has positive experiences from their network such as belief that the abuse occurred, social supports and therapeutic intervention, it can significantly reduce the negative impact of sexual abuse.

Go to

the **'Working with children'** and **'Working with parents'** chapters for more detailed information and practical ideas to support your work with children and parents.

Go to

the **OSP Child Sexual Abuse Literature Review** (chapter six) for a detailed overview of research about treatment approaches to help children who have been sexually abused.

Your work in seeing, understanding and responding to child sexual abuse can make the difference between a child feeling heard and understood and a child feeling silenced and marginalised. You are most helpful to children and families when you are emotionally strong yourself. Children and families need you to see child sexual abuse, where others may not, help others to understand what is happening for the child when it is hard to do so, and respond in a way that provides safety and leads to support and healing for the child, their family and their community.

Myths and Facts

About child abuse

There are a number of common and dominant beliefs and myths about child sexual abuse that may be held by parents, community members and professionals. Offenders may rely on these myths to hide their abuse. These myths may also prevent professionals from seeing and understanding risk to children.[10]

Myth	Fact
Children who do not appear to be stressed and traumatised have probably not been abused.	Some children will behave differently as a result of abuse. Noticing different behaviour and asking about it can increase the chances of disclosure.[11] Yet some children who have been abused may not appear emotionally distressed; they may even respond warmly towards the suspected offender. This does not mean the child has not been abused and does not mean the child is not traumatised by the abuse. Children may mask their emotions for a number of reasons and may hold conflicting views about the suspected offender. For example, they may love him as their dad but hate his abuse.
There will be physical evidence of the abuse.	Some acts of sexual abuse (for example oral and digital abuse[12]), leave no physical trace. Research conducted in 2002[13] reviewed 2384 children who were referred for medical investigation of sexual abuse. Only four per cent of the total number of children had medical findings that diagnosed sexual abuse. Even when the abuse involved vaginal or anal penetration only five and a half per cent had a medical finding that diagnosed sexual abuse.
Children tend to lie and exaggerate their claims of sexual abuse, particularly those who are seeking attention from adults.	Labels like 'liar' and 'attention-seeking' are commonly used to silence and discredit children. Broad ranging research consistently shows that children are much more likely to minimise and deny their abuse than exaggerate or make up allegations. For example, in one study[14] researchers had access to video evidence of the sexual abuse of 10 children so knew exactly what had happened. They then asked the children to recount the abuse. Many of the children denied their abuse or minimised it. Not one child exaggerated their account of the abuse they suffered.
Sexual abuse is not related to other types of child abuse and should be assessed separately.	There are strong links between the presence of domestic violence and increased rates of sexual abuse of children, particularly when the abuse is perpetrated by a family member.[15] [16] There is an increased risk that a child will be sexually abused by a brother or sister within a family where there is physical and emotional violence, harsh discipline styles, parental neglect and pornography.[17] A child who has been physically assaulted in the past year is almost five times as likely to have been sexually victimised and more than four times more likely to be the victim of other types of abuse when compared with other children.[18]

[10] This table is based on the following research: Australian Institute of Criminology (2011), *Interpersonal Violence Misconceptions about Child Sex Offenders*; Office of the Senior Practitioner (2016). *Child sexual abuse - what does the research tell us?* Department of Family and Community Services, Sydney; Esposito, C.; Office of the Senior Practitioner (2014). *How children disclose sexual abuse.* Department of Family and Community Services, Sydney; Esposito, C.; Leadership Council on Child Abuse, *Eight common myths about child sexual abuse*, from http://www.leadershipcouncil.org/1/res/csa_myths.html (accessed 16 September 2016).

[11] The Traffic Lights resource was developed by Family Planning Queensland and is provided in the kit. It contrasts age-appropriate behaviour with concerning sexual behaviour in children.

[12] Oral and digital child sexual abuse includes putting objects or body parts (like fingers, tongue or penis) inside the vagina, the mouth or the anus of a child.

[13] Heger, A., Ticson, L., Velasquez, O., & Bernier, R. (2002). Children referred for possible sexual abuse: medical findings in 2384 children. *Child abuse & neglect,* 26 (6), 645-659.

[14] Sjöberg, R. L., & Lindblad, F. (2002). Limited disclosure of sexual abuse in children whose experiences were documented by videotape. *American Journal of Psychiatry*, 159(2), 312-314.

[15] Finkelhor, D., Turner, H., Ormrod, R., & Hamby, S. L. (2010). Trends in childhood violence and abuse exposure: evidence from 2 national surveys. *Archives of pediatrics & adolescent medicine*, 164(3), 238-242.

[16] Hanson, R. F., Self-Brown, S., Fricker-Elhai, A., Kilpatrick, D. G., Saunders, B. E., & Resnick, H. (2006). Relations among parental substance use, violence exposure and mental health: the national survey of adolescents. *Addictive behaviors*, 31(11), 1988-2001.

[17] Righthand, S., & Welch, C. (2004). Characteristics of youth who sexually offend. *Journal of Child Sexual Abuse*, 13(3-4), 15-32.

[18] Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child maltreatment*, 10(1), 5-25.

Myth	Fact
Mothers who are undergoing divorce proceedings make false allegations of sexual abuse.	The separation of parents may present the first safe opportunity for a child to disclose sexual abuse. Most allegations are not false and the view that mothers make false allegations of sexual abuse has been frequently refuted by the research.[19]
The parent did not immediately believe their child, therefore they are not protective.	It is understandable that it can take parents time to accept what their child tells them. Parents may question allegations, consider alternative explanations and fact check with other people. Initial disbelief does not mean the parent cannot believe their child or will never believe their child. Practical responses for helping to build belief are further explored in the 'Working with parents' chapter.
Each suspected offender has a 'profile' which means they target children of specific genders or age groups and exclude children from other age groups.	While some offenders may target one gender or age group, many do not and there are no absolutes. The gender or age of previous victims does not mean another gender or age group is safe.
People who have perpetrated sexual abuse against children are always compulsive and predatory offenders and will have a criminal record of their offending.	It is true that the more times an offender has committed acts of sexual abuse against children the more likely they are to reoffend. However, not all offenders are compulsive. In 2001, research[20] found that less than one quarter of the surveyed offenders had previous convictions for sexual offences.
All people who sexually harm children are diagnosed as paedophiles.	Paedophilia is a psychiatric disorder.[21] Some people who sexually abuse children are not diagnosed as paedophiles. A lack of diagnosis does not prevent this person from being a risk to the child.
People who sexually harm children are always adults.	Children also sexually harm other children. Australian Police reports show that between nine and 18 per cent of all sexual offences are committed by young people.[22] [23] Other authors have found that the number of offences is likely to be much higher than recorded crime data and may be as high as 50 per cent of child sexual abuse offences.[24]
Community members will quickly believe a suspected offender is guilty even if there is no supporting evidence.	It is difficult to believe a child's disclosure of abuse, particularly when the suspected offender appears 'normal'.[25] This is because believing that a child has been sexually abused is confronting, particularly if we feel responsible for a child's safety. It can also make us question our core beliefs about our safety and the safety of our children and communities. It can be easier to believe a child has lied than to believe that the suspected offender has committed these acts of abuse.

[19] Weston, R., Gray, M., Qu, L., Smyth, B., & Moloney, L. (2007). *Allegations of family violence and child abuse in family law children's proceedings: A pre-reform exploratory study.* Canberra, Australian Institute of Family Studies.

[20] Smallbone, S. W., & Wortley, R. K. (2001). *Child sexual abuse: Offender characteristics and modus operandi (Vol. 193).* Australian Institute of Criminology.

[21] The current diagnosis of paedophilia in the 'American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM- IV)' is: 'over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activity with a prepubescent child or children (generally age 13 years or younger), the person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty, and the person is at least age 16 years and at least 5 years older than the child or children in the first criterion'.

[22] Boyd, C. R., & Bromfield, L. (2006). *Young people who sexually abuse: Key issues*. Melbourne, Australian Institute of Family Studies.

[23] Warner, K., & Bartels, L. (2015). Juvenile sex offending: Its prevalence and the criminal justice response. *UNSWLJ,* 38, 48.

[24] Office of the Senior Practitioner (2016). *Child sexual abuse - what does the research tell us?* Department of Family and Community Services, Sydney; Esposito, C.

[25] Herman, J. (1997). *Trauma and Recovery*, New York: BasicBooks; Salter, A. C. (2003). *Predators: Pedophiles, rapists and other sex offenders: Who they are, how they operate, and how we can protect ourselves and our children*, New York: Basic Books.

Myth	Fact
All children in all communities are equally vulnerable to sexual abuse.	Sexual abuse can happen to any child. However there are particularly vulnerable groups: ■ children in care are almost twice as likely to be sexually abused and children in residential care are almost four times as likely to be sexually abused as other children.[26] ■ there is clear evidence that children with disabilities are more likely to be sexually abused than children without a disability. Large studies have shown that children with disabilities are between two and four times more likely to experience sexual abuse.[27] ■ data collected by NSW Government agencies suggests that Aboriginal girls are almost two and a half times more likely to be victims of child sexual abuse than non-Aboriginal girls. This is likely to be an underrepresentation due to underreporting of child sexual abuse in Aboriginal communities.[28]

[26] Euser, S., Alink, L. R., Tharner, A., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2013). The prevalence of child sexual abuse in out-of-home care: A comparison between abuse in residential and in foster care. *Child maltreatment*, 1077559513489848.

[27] Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, (2012). Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies, *The Lancet*, 380(9845), 899-907. Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child abuse & neglect*, 24(10), 1257-1273. Or Sullivan, P. M., & Knutson, J. F. (2000). The prevalence of disabilities and maltreatment among runaway children. *Child Abuse & Neglect*, 24(10), 1275-1288 cited in Office of the Senior Practitioner (2016). *Child sexual abuse - what does the research tell us?* Department of Family and Community Services, Sydney; Esposito, C.

[28] Taskforce, A. C. S. A. (2006). Breaking the silence: Creating the future. Addressing child sexual assault in Aboriginal communities in NSW. *NSW Attorney General's Department, Sydney*.

Notes

Notes

Notes

Notes