

# **Institute of Child Protection Studies**

Australian Catholic University

## **HELP-SEEKING NEEDS AND GAPS FOR PREVENTING CHILD SEXUAL ABUSE**

A Report for the Royal Commission into Institutional Responses to Child Sexual Abuse

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**March 2017**

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## Project team

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## Disclaimer

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**Royal Commission**  
into Institutional Responses  
to Child Sexual Abuse

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## Preface

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On Friday 11 January 2013, the Governor-General appointed a six-member Royal Commission to inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse.

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) is tasked with investigating where systems have failed to protect children, and making recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions.

The Royal Commission has developed a comprehensive research program to support its work and to inform its findings and recommendations. The program focuses on eight themes:

- Why does child sexual abuse occur in institutions?
- How can child sexual abuse in institutions be prevented?
- How can child sexual abuse be better identified?
- How should institutions respond where child sexual abuse has occurred?
- How should government and statutory authorities respond?
- What are the treatment and support needs of victim/survivors and their families?
- What is the history of particular institutions of interest?
- How do we ensure the Royal Commission has a positive impact?

This research report falls within theme two.

The research program means the Royal Commission can:

- obtain relevant background information
- fill key evidence gaps
- explore what is known and what works
- develop recommendations that are informed by evidence, can be implemented and respond to contemporary issues.

For more on this program, please visit the Royal Commission's Research page:

[www.childabuseroyalcommission.gov.au/research](http://www.childabuseroyalcommission.gov.au/research).

## Definitions

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### **Primary prevention interventions:**

In this report, primary prevention refers to the World Health Organization's definition; that is, primary (or universal) interventions are strategies that target whole communities or populations and attempt to stop maltreatment before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers and decision-makers about the scope and problems associated with child maltreatment. These interventions may focus on changing cultural and societal norms, such as beliefs about the use of corporal punishment. They may also focus on policy and legal reforms, and alleviating social inequalities (Butchart, Harvey, Mian and Furniss, 2006). Primary prevention in relation to child sexual abuse can include school education for children and young people; online safety initiatives for children, young people and their parents; community media campaigns; and help-seeking by people who are attracted to children who have not offended, and by concerned family and community members.

### **Child sexual abuse:**

The definition of child sexual abuse used in this report has been taken from the Royal Commission's official definition. It is any act that exposes a child to or involves a child in sexual processes beyond their understanding or contrary to accepted community standards. Sexually abusive behaviours can include fondling genitals; masturbation; oral sex; vaginal or anal penetration by a penis, finger or any other object; fondling breasts; voyeurism; exhibitionism; and exposing the child to or involving the child in pornography. It includes child grooming: 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.

### **Individuals with problematic sexual thoughts:**

The literature highlights the diversity of adult individuals who sexually abuse children, and that not all individuals who are sexually attracted to children act on these thoughts (Houtepen, Sijtsema and Bogaerts, 2016). The report refers to individuals who have sexual thoughts about children but who have not acted on their thoughts and perpetrated child sexual abuse or have not been convicted of offences as 'individuals with problematic sexual thoughts'.

### **Child sex perpetrator:**

Misperceptions about those who perpetrate child sexual abuse exist within public debate. Not all child sex offenders are paedophiles, and the literature highlights how opportunity can play a key role in the commission of sexual offences against children (Wortley and Smallbone, 2006). In this report the term 'child sex perpetrator' refers to those adults with who have acted on their problematic sexual thoughts and/or who have taken an opportunity to sexually abuse a child but who have but not been reported to the police and/or charged with an offence.

### **Child sex offender:**

For the purposes of this report, the term 'child sex offender' or 'adult offender' refers specifically to those individuals who have been convicted of child sexual abuse.

**Children with sexually harmful behaviour:**

The term 'children with sexually harmful behaviour' refers to children who have harmed other children, or may be at risk of doing so. This language conveys the impact of the harm on victims but does not stigmatise the child as a sex offender. Sexually harmful behaviours in children may include 'self-stimulation, sexual approaches to adults, obsessive interests in pornography, and sexual overtures to other children that are excessive to developmental bounds. For some children, behaviours are highly coercive and involve force; acts that would be described as 'abusive' were it not for the child's age' (O'Brien, 2010, p. 13).

**Children and young people:**

The UN Convention on the Rights of the Child defines a child as everyone under the age of 18 (Office of the High Commissioner for Human Rights, 1989). Australia has ratified this convention. However, there are a number of different laws across Australia that specify age limits in different circumstances. These include child protection, age of consent and age of criminal responsibility. Service provider policy also specifies age limits on children and many treatment services respond to children under 12 years or young people between 10 and 15 years old. Because children under 10 cannot be held criminally responsible for their behaviour, for the purposes of this report, children are defined as being between zero and nine years old, and young people are those aged 10 to 18.

## Executive Summary

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### Research objectives and methodology

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) commissioned the Institute of Child Protection Studies at Australian Catholic University to carry out a research project aimed at developing an understanding of:

- the service needs and help-seeking behaviours of professionals, parents and community members concerned about the behaviour of an adult who is exhibiting potentially sexually harmful behaviour towards a child (including grooming, sexually inappropriate online behaviour and use of child pornography)
- the help-seeking needs and behaviours of professionals, parents and community members concerned about a child who is exhibiting potentially sexually harmful behaviour
- the help-seeking needs and behaviours of individuals concerned that they may sexually harm or sexually abuse a child
- the functions and effectiveness of existing services tasked with responding to the needs of these target groups, including the knowledge, skills and abilities required of practitioners responding to target groups' service needs.

Through developing this understanding, this research project will make an important contribution to informing the Royal Commission about how to better prevent child sexual abuse, including child sexual abuse in institutional contexts.

A literature review highlights that there is limited research about service use among the key target groups relevant to preventing child sexual abuse, including child sexual abuse in institutional contexts. International literature on child sexual abuse offers few insights into the processes of the help-seeking needs and behaviours of these target groups, both prior to referral and outside of the child protection and justice systems.

It is widely acknowledged that for children to be safe, individuals, institutions and communities must understand the concept, dynamics and effects of child sexual abuse; be able to identify child sexual abuse; and then respond effectively. However, national and international research has identified a continuing lack of understanding of child sexual abuse-related issues within the community (Chen, Dunne and Han, 2007; Tucci, Mitchell and Goddard, 2010).

To explore this further, the research group carried out:

- a literature review to inform and provide context to the data collection phases of the research project, and to describe the evidence regarding the needs and help-seeking behaviour of the stated target groups
- a service-mapping exercise
- interviews with 23 existing service providers that respond to the needs of target groups
- focus groups with parents and caregivers, community members and professionals working with and for children.



## Research findings

### The challenges to primary prevention

Current responses to child sexual abuse generally focus on the needs of victim/survivors of child sexual abuse. Service providers reported the concept of 'prevention' in this work as providing responses such as helplines, counselling, support services, face-to-face counselling and/or referrals, which may prevent any further trauma or negative impacts for the child or adult victim/survivor. Statutory services that work with offenders, such as prisons, reported that they understand prevention in a similar way, and that a key part of their work is about deterring and preventing further offending. This conception of prevention by service providers may reflect confusion as to what constitutes primary prevention which aims to prevent child sexual abuse before it occurs.

Since the commencement of the Royal Commission, the community is more aware of the need to protect children from child sexual abuse in institutional contexts and from child sexual abuse more broadly. Yet there remains a lack of awareness among parents and community members about the concept and dynamics of child sexual abuse, and an under-confidence about how to recognise and respond to concerns about this abuse. For many professionals, parents and community members, there is a belief that child sexual abuse is not readily preventable.

There are various primary prevention education, training and information resources available within Australia. However, access to and use of these resources is problematic for professionals, parents and community members. Currently there is no coordination of primary prevention education and training programs, nor is there any quality control for those programs currently being delivered. Research participants reported that program development and provision is unregulated and that the outcomes of these programs are under-evaluated.

### Target groups – help-seeking needs and behaviours

This study identified eight key target groups relevant to the prevention of child sexual abuse in institutional contexts and child sexual abuse more broadly. They are:

- adults with problematic sexual thoughts toward children
- adult child sex offenders
- family members of adult child sexual offenders
- professionals working with children (including teachers, school counsellors and sport coaches)
- parents and family members
- community members
- young people with problematic sexual thoughts and/or behaviours
- children with sexually harmful behaviours.

Each of the target groups described a range of challenges to accessing information and support about preventing child sexual abuse. Such challenges included problems with recognising issues, accessing support services, having a knowledge and awareness of services, and the availability of those services. For those individuals (adults and young people) with problematic sexual thoughts, there was an additional layer of complexity: fear of being reported, fear of persecution, stigma, shame and guilt. Such feelings often prevented these individuals from seeking or accessing services.

## Service delivery

Organisations highlighted a range of challenges they experienced when providing services to these target groups. This included issues with recruiting and retaining staff; the cost of providing adequate staff training and regular supervision; access to funding, specifically to ensure the safety of target groups; and organisational awareness and profiles, to better reach target groups.

## Implications for policy and practice

### 1. Developing a whole-of-community approach to preventing child sexual abuse

The findings of this research indicate a need for broader messages around universal primary prevention. These messages should aim to change the social conditions that excuse, justify or even promote child sexual abuse, and should challenge the notion that child sexual abuse cannot be prevented.

The confusion about what is currently provided at the key points of intervention in a public health approach suggests the need for a clear, high-level government policy that directs either a whole-of-system or whole-of-government approach to preventing child sexual abuse.

### 2. Enhancing service delivery

While considerable effort has been made to encourage the development and evaluation of primary prevention, child sexual abuse programs within Australia and internationally (Letourneau, Eaton, Bass, Berlin and Moore, 2014), there is an evident lack of coordination and quality control in the development and delivery of such programs within Australia. Coordinating program delivery at the national level could help ensure the quality and robustness of prevention programs, as could supporting and implementing evaluations that consider the effectiveness and outcomes of these programs.

There is currently no single service that supports and assists all the identified target groups. There are also numerous other gaps in service delivery and accessibility that may form barriers to accessing support for some individuals. Furthermore, these services experience challenges – including staff recruitment and retention, funding and access to appropriate support staff – in providing well-resourced programs to the target groups. Addressing these gaps and barriers could be considered the foremost priority.

Building the confidence of community members and parents to take action in preventing child sexual abuse is an important step in protecting children. This study suggests that there is a need for existing relevant organisations to develop a broader community reach and greater awareness of their services.

### 3. Supporting better access to primary prevention education and resources

Professionals play an important role in preventing and detecting child abuse, and they require adequate training so they can be aware of the distinctive issues surrounding child sexual abuse victimisation (Kenny and Abreu, 2015). This research highlights that the majority of professionals working with children receive limited specific education and training about child sexual abuse, and have limited knowledge about grooming and sexually inappropriate online behaviours. Furthermore, due to the lack of coordinated information and education provision, there is a 'pot luck' approach to accessing information and resources.

Those working with children and young people need access to regular education and training that focuses on preventing child sexual abuse. This includes building a greater understanding about grooming and sexually inappropriate online and social media behaviours that place children at risk. Many people who engage in harmful sexual behaviour with children do not have a predominant sexual interest in children, so individuals working with children and young people require education and training about how to monitor their own behaviours. There is also a need to ensure that the training, education and information resources used by professionals are credible and evidence-based.

#### **4. Addressing the needs of adults with problematic sexual thoughts and/or behaviours toward children**

As identified in previous studies (Brown et al, 2014; Van Horn et al, 2015), a range of internal and external barriers prevent individuals from accessing support and assistance for problematic sexual thoughts about children. This study reinforces the continued existence of such challenges for individuals who have problematic sexual thoughts and behaviours, and highlights the need for a system-wide approach to address such issues. Denial is high among men accused or convicted of child sexual abuse offences. This denial occurs for a number of reasons including a lack of insight, but also due to fear of the familial, social and legal consequences, and the desire to maintain a positive self-image (Hossack, Playle, Spencer and Carey, 2004).

This research draws attention to the significant gap in the availability of services and support for individuals with problematic sexual thoughts toward children. Although treatment services and models are available to those who have offended, these services do not receive funding to support individuals who have not offended or who have offended but not been charged. Helplines are one form of support available to these individuals, but there is no helpline that provides this kind of specialist support, and there are few widely advertised or accessible external services that offer longer-term support. Providing support services to individuals with problematic sexual thoughts is critical in preventing child sexual abuse.

#### **5. Addressing the needs of family members of adults who have problematic sexual thoughts and behaviours toward children**

The service-mapping exercise revealed that there are currently no relevant programs or services that regularly provide support to family members of individuals who identify as having problematic sexual thoughts and/or behaviours towards children. Furthermore, there is little available information that considers the needs of this population group. Further research is required to explore this issue.

#### **6. Addressing the needs of children and young people with problematic sexual thoughts and behaviours**

Professionals who participated in this study suggested that harmful sexual behaviours in children often occur as a result of other forms of abuse and neglect. To prevent these behaviours, participants suggested taking a broader approach to addressing the risk factors associated with child abuse and neglect.

This study highlights that while telephone helplines can provide an appropriate first point of support for individuals with problematic sexual thoughts involving young people, other local measures need to be developed to meet their longer-term support needs, particularly for those who identify problematic sexual thoughts but have not acted on their thoughts.

Currently, parents have a limited awareness of sexual behaviours appropriate to the developmental stage of children and young people, often relying on their own experiences or advice from family members and peers. Parents need access to age-appropriate education and information so they can respond to and protect their children.

# PART ONE: INTRODUCTION AND BACKGROUND

## 1. Introduction

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The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) commissioned the Institute of Child Protection Studies at Australian Catholic University to carry out a research project, aiming to explore:

- the service needs and help-seeking behaviours of professionals, parents and community members concerned about the behaviour of an adult who is exhibiting potentially sexually harmful behaviour towards a child (including grooming, sexually inappropriate online behaviour and use of child pornography)
- the help-seeking needs and behaviours of professionals, parents and community members concerned about a child who is exhibiting potentially sexual, harmful behaviour
- the help-seeking needs and behaviours of individuals concerned that they may sexually harm or otherwise abuse a child
- the functions and effectiveness of existing services tasked with responding to the needs of these target groups, including the knowledge, skills and abilities required of practitioners responding to target groups' service needs.

The key research questions for this project may be divided into two categories: target groups, needs assessment and current help-seeking behaviour; and existing service provision. The questions and their aims are listed below.

### **Target groups, needs assessment and current help-seeking behaviour**

- What are the specific target groups and hard-to-reach groups relevant to the prevention of child sexual abuse, including child sexual abuse in institutional contexts?
- What are the help-seeking needs of these groups?
- What is the help-seeking behaviour of these groups?
- What, if any, are the limits to confidentiality for each of the target groups potentially accessing advice, guidance or support focused on preventing child sexual abuse?

### **Existing service provision**

- What resources and services already exist – in Australia and internationally – to meet the help-seeking needs of these groups?
- What is known about the effectiveness of these resources and services?
- How is awareness raised regarding the existence of these resources and services, and how are target groups encouraged to access them?
- What knowledge, skills and abilities are required for professionals to meet the help-seeking needs of each target group?

### **In exploring these issues, the research project aimed to:**

- assess the help-seeking needs and behaviours of individuals, professionals, parents and family members concerned about the behaviour of an adult who is exhibiting potentially sexually harmful behaviour towards children (including grooming, sexually inappropriate online behaviour and use of child pornography), or a child who is exhibiting potentially sexually harmful behaviour
- assess the help-seeking needs and behaviours of individuals concerned that they themselves may sexually harm or abuse a child

- map relevant existing services and resources that have a preventative and/or educational focus and are available to the specific target groups; identify the potential gaps in service provision; and where possible, discuss the extent to which existing services and resources directly target and market their services to the specific target groups
- consider the effectiveness and limitations of the services and resources available, including the necessary skills and knowledge required by professionals delivering such services
- develop an understanding of the success and challenges of current efforts to raise awareness, and the subsequent use of services and resources available for specific target groups
- explore the implications of offering confidentiality for each of the groups potentially accessing these services and, where possible, discuss any similarities or differences between different target groups – such as actual versus potential offenders, online-only versus face-to-face offenders, and child versus adult offenders.

This research project will make an important contribution to informing the Royal Commission about how to better prevent child sexual abuse, including child sexual abuse in institutional contexts.

## 2. Background

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Child sexual abuse is considered a global problem, and literature from a range of disciplines has found that the impact associated with this social problem covers a diverse range of negative outcomes for individuals (Cashmore and Shackel, 2013). Experiencing child sexual abuse has led to depression, alcohol and substance abuse, as well as eating disorders for women and anxiety-related disorders for men (Cashmore and Shackel, 2013; Dinwiddie et al., 2000; Kendler et al., 2000). Such outcomes are found to negatively influence the course of life for those who have been abused, and there are substantial accumulated adverse effects on adult developmental outcomes (Fergusson, McLeod and Horwood, 2013). Furthermore, while the negative impacts and trauma of child sexual abuse have been found to adversely affect the victim of the abuse, the effects may also extend to those individuals who support them, such as parents and siblings (McNaughton Nichols, 2012).

Although there seems to be some consensus on the persistent occurrence and impact of child sexual abuse, argument remains as to its overall prevalence (Stoltenborgh, van IJzendoorn, Euser and Bakermans-Kranenburg, 2011). Literature highlights that the scope and extent of child sexual abuse is difficult to determine (Tarczon and Quadara, 2012), and it is considered that much of the abuse that occurs remains unreported (Posch and Bieneck, 2016). In addition, estimates vary widely, often due to methodological issues such as the differing definitions of child sexual abuse, the type of child sexual abuse studied, variations in sampling methods, and the coverage and quality of data (Singh, Parsekar and Nair, 2014).

### 2.1 Public health approach and primary prevention

Child sexual abuse, including child sexual abuse in institutional contexts, is a preventable problem that Commonwealth, state and territory governments have responded to with varying strategies, including inquiries, legislative change, and state-based regulations such as Working with Children Checks (Quadara, Nagy, Higgins and Siegel, 2015). Traditionally, responses have focused on protecting children, treating the effects of abuse and managing offenders, with an emphasis on providing programs that target children, parents and guardians (Brown et al., 2014).

More recently, the issue of child sexual abuse has been positioned within a public health framework (Smallbone, Marshall and Wortley, 2008). A public health approach emphasises the importance of preventing future occurrences of child sexual abuse by improving understanding of the scope and cause of the problem, and providing appropriate responses that motivate collective change (van Horn et al., 2015, p. 855). Interpretation of a public health model of prevention can vary (Australian Institute of Family Studies, 2014), although consistent characteristics of a public health model identify intervention at three key levels: primary, secondary and tertiary. Tertiary interventions respond when abuse has already happened; secondary levels target early signs of abuse; and primary prevention intervenes at a universal level, aiming to stop any abuse occurring (Australian Institute of Family Studies, 2014). To influence the health and wellbeing of the whole population – as is needed with public health problems such as child sexual abuse – interventions are needed across all levels and must be able to reach every level of society including families, communities and governments.

The need to pursue a public health approach to child sexual abuse is reflected internationally in the World Health Organization's policy, 'Preventing Maltreatment: A guide to taking action and generating evidence' (Butchart et al., 2006). Within Australia, policy on child sexual abuse is sited within the Commonwealth Government's commitment to address violence (including sexual violence) against women and girls (the National Plan to Reduce Violence against Women and their Children 2010–2022), and to safeguard children (the National Framework for Protecting Australia's Children 2009–2020). While these nationally endorsed frameworks are underpinned by a public health approach, there is

little overall government policy that directs either a whole-of-system or whole-of-government approach to preventing child sexual abuse (Quadara, Nagy, Higgins and Siegel, 2015, p. 38).

### **2.1.1 Help-seeking and primary prevention of child sexual abuse**

A significant proportion of existing literature about child sexual abuse focuses on prevalence, causes, diagnosis, short- and long-term impacts, support for victim/survivors, and prevention and education programs for children and parents (McKibbin, Humphreys and Hamilton, 2015). The notion of help-seeking regarding concerns about child sexual abuse is most frequently discussed in relation to the process of adults and children disclosing child sexual abuse, and in relation to finding support after disclosure (Crisma, Bascelli, Paci and Romito, 2004; Jonzon and Lindblad, 2004; Ullman, 2002).

Current literature offers limited insights into the processes of help-seeking concerning the prevention of child sexual abuse. There is a lack of research examining the help-seeking needs of parents, professionals and community members who need information about preventing child sexual abuse, including those concerned about sexually harmful behaviours in children. The help-seeking needs and behaviours of perpetrators and child sex offenders are almost always related to secondary and tertiary interventions. The Australian literature reflects confusion and a lack of consensus about what constitutes the primary means of preventing child sexual abuse (Quadara et al., 2015).

There is a substantial amount of literature about psychological help-seeking in relation to mental health issues, and the psychological literature contains a range of models and concepts that explain help-seeking (Rickwood and Thomas, 2012). Despite the notable differences that exist between each of the models, the literature commonly outlines the following three stages of the help-seeking process: problem recognition; the decision to seek help; and actively seeking help – selecting and using services and support (Gross and McMullen, 1983).

### **2.1.2 Problem definition and appraisal**

Recent international research highlights that the key target groups that seek help and are relevant to preventing child sexual abuse – including child sexual abuse in institutional contexts – are parents and family members, professionals, community members, bystanders, perpetrators, and families of perpetrators (Brown et al., 2014). Much of the literature consistently identifies that a major barrier to help-seeking across all target groups is the self-recognition or awareness of problems, and specifically for perpetrators, is the limited recognition for the need for treatment (Clarke, Abbott, DeSouza and Bellringer, 2007; Mojtabai and Crum, 2013).

Denial is high among men accused or convicted of child sexual abuse offences, and occurs for a number of reasons, including a lack of insight, fear of consequences, and the need to maintain a positive self-image (Hossack, Playle, Spencer and Carey, 2004). The literature also highlights that the majority of individuals within the community do not feel adequately knowledgeable or confident in recognising child abuse generally, and while parents are happy to educate their children about this, it is most frequently mothers who adopts this role, and the information and understanding they have about this issue can be limited (Babatsikos, 2010).

### **2.1.3 Decisions to seek help**

Demographic characteristics such as gender and culture influence whether individuals formally seek help (Galdas, Cheater and Marshall, 2005; Farrelly, 2008). Among parents and other adults, help-seeking about child sexual abuse occurs most frequently when an issue arises, such as a concern about the behaviour of an adult or another child. While professionals with concerns about a child are frequently required by law or other regulations to report to child protection authorities, research



demonstrates that mandated reporters often choose not to do so (Feng, Chen, Fetzer, Feng and Lin, 2012) and the research about what enables or prevents other target groups from seeking help about the prevention of child sexual abuse is limited. Interestingly, one key finding of Prevention Project Dunkelfeld (PPD)<sup>1</sup> was that the majority of adults participating in the program had already been aware of their sexual preference since adolescence, and would have wished for earlier therapeutic support but were unable to access this help (Beier et al, 2016).

Broader bystander research focuses on individuals and situations that assist with or prevent an individual helping others. A number of studies have found that there are particular issues that prevent individuals from providing help or assistance (Banyard, 2015). These may include a situation where societal norms dictate that individuals should not get involved; there is a risk of being injured physically, emotionally or socially; there is an assumption that others will intervene and take responsibility; or individuals wish to avoid the awkwardness associated with intervening in a dispute involving people they might not know (Leonard, 2014).

#### **2.1.4 Actively seeking help**

Questions about what prevents certain population groups with particular issues accessing support appeared frequently in the reviewed literature. Much of this literature outlined the barriers and enablers to seeking help for a range of stigmatised issues such as HIV, gambling, and drug and alcohol misuse (Agu, Lobo, Crawford and Chigwada, 2016; Berridge, Cheetham, McKay-Brown and Lubman, 2015; Field et al., 2013; Harding and Fox, 2015). Research demonstrates that there are various barriers that prevent individuals using services and impede access to these services – barriers that include stigma, fear, guilt, a lack of awareness about the service, the cost of the service, waiting times and geographic location. However, much of this research centres on existing service users, rather than hard-to-reach populations.

Offering perpetrators confidentiality and anonymity is an essential element in building individuals' capacity to seek help and use services (Brown et al., 2014). Different countries have different legislation concerning confidentiality and child sexual abuse, and in countries where confidentiality can be assured, individuals who haven't committed an offence are more likely to seek help (van Horn et al., 2015).

#### **2.1.5 Summary of the literature**

To be child-safe, individuals, institutions and communities must understand the concept, dynamics and effects of child sexual abuse, be able to identify it and respond effectively. However, national and international research has identified a continuing lack of understanding of issues related to child sexual abuse within the community (Chen, Dunne and Han, 2007; Tucci, Mitchell and Goddard, 2010). There is limited research about the use of services among key target groups relevant to preventing child sexual abuse, including child sexual abuse in institutional contexts, and current international literature on child sexual abuse offers few insights into the help-seeking needs and behaviours of target groups prior to referral and outside of the child protection and justice systems.

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<sup>1</sup> Prevention Project Dunkelfeld is a program founded in Germany to provide clinical and support services to 17 individuals who are sexually attracted to children and want help.

## 3. Research approach and methodology

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### 3.1 Summary of approach

Our analytical approach to the research project was informed by the research questions outlined by the Royal Commission. We first completed a focused literature review to inform and provide context for the data collection phase (see Appendix A). To develop an understanding of the help-seeking needs and behaviours of the relevant target groups and current service responses, we took a qualitative approach to the research project.

The project was designed to safeguard the rights of all involved, and was conducted with the approval of Australian Catholic University's Human Research Ethics Committee (ACU HREC). All ACU research involving human subjects is subject to clearance by the ACU HREC, and external ethics committees wherever appropriate. This ensures that all research involving human participants complies with the National Health and Medical Research Council National Statement on Ethical Conduct in Human Research (NHMRC, 2007), and that projects involving Indigenous people are consistent with the Guidelines for Ethics Research in Indigenous Studies developed by the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS, 2013). This approach delivers the highest ethical accountability. Information letters and consent forms used for this project can be found in Appendix B.

In collaboration with the Royal Commission, we developed and refined the interview and focus group schedules and data collection and analysis tools to attain insightful answers to each of the key research questions (see Appendix C).

### 3.2 Literature review

We conducted a literature review to inform and provide context for the data collection phases of the research project, and to describe the evidence regarding the needs and help-seeking behaviour of the stated target groups. See Appendix A for the complete literature review.

The literature review addressed the following key research questions.

- What are the specific target groups and hard-to-reach groups relevant to preventing child sexual abuse, including child sexual abuse in institutional contexts?
- What are the help-seeking needs of these groups?
- What are the help-seeking behaviours of these groups?
- What, if any, limits to confidentiality exist for each of the target groups potentially accessing advice, guidance or support focused on preventing child sexual abuse?

#### 3.2.1 Search methods

##### *Search terms*

First, we developed a list of relevant and related search terms. These terms guided the search, and further key words were derived from the literature. We used the following terms and combination of terms: child sexual abuse, child abuse, child sex offender, molester, paedophile/pedophile, child-to-child abuse, problematic child sexual behaviours, juvenile sex offender, prevention, primary prevention, parent, professional, concerned significant other, bystander, public health, help-seeking, information seeking, education, service use, service utilisation and guidance.

We also used synonyms and related terms such as family member, father, mother, counsellor, social worker, helpline, hotline, awareness and child maltreatment.

### **Databases**

We obtained literature no more than 15 years old using government websites, clearing houses, e-journals and databases, including:

- Academic Research Library
- Academic Search Complete
- Australian Academic Press (e-journals)
- Australian Institute of Health and Welfare
- Family & Society Plus
- Gale Virtual Reference Library
- Google Scholar
- JSTOR (e-journals)
- Meditext
- Oxford Reference Online
- ProQuest Social Science Journals
- PsycINFO
- SAGE eReference
- SAGE Journals Online (e-journals)
- Social Work Abstracts PLUS (database)
- Taylor and Francis
- Wiley Interscience
- Scopus

Key journals we searched included:

- Journal of Child Sexual Abuse
- Sexual Abuse in Australia and New Zealand: an interdisciplinary journal
- Sexual Abuse
- Child Abuse and Neglect.

## **3.3 Data collection**

The research project incorporated three data collection phases, outlined below.

### **3.3.1 Service mapping**

The service-mapping exercise aimed to develop an understanding of the available supports for different target groups, and to include a mapping of prevention, early intervention and response services concerning child sexual abuse.

The list of helplines and telephone counselling services compiled by the Australian Institute of Family Studies formed the starting point for the mapping exercise. We identified further services from referrals and linking information provided on the websites of these services.

In addition, we identified other national and international services via various Google searches. Search terms included 'help for perpetrators of child sexual abuse' and 'treatment for child sex offenders Australia'.

Additional search attempts that did not produce any helpful results included 'concerned about child sexual predator', 'child sex offender prevention', 'concerned about possible child sexual abuse' and 'help for child sex offenders Australia'.

Mapping was limited to services that provided information and/or support to one or more of the target groups of interest, these being: parents and family members, professionals, community members and perpetrators.

Information regarding these services and others identified throughout the exercise was sourced solely online. In addition, any information recorded for an organisation or service was limited to that found on the organisation or service's official website, or in reports published by the organisation or service on its official website. We populated a spreadsheet template with the relevant information regarding each identified service if the category was applicable to that service and the information was readily available online.

The information of interest included the following elements:

- Name of service
- Location
- Geographical spread (area covered)
- Target groups (identifies the primary target group) [options: parents and family members, professionals, community members, perpetrators, other]
- Other (beyond those specified within the project parameters)
- Additional target groups (if the service supported more than one of the project's target groups)
- Year established
- Source of funding
- Annual budget
- Hours of operation
- Number of calls received (last financial year)
- Types of services provided [options: prevention, early intervention, other responses]
- Who the helpline targets and/or works with (identifying the primary target group) [options: parents and family members, professionals, community members, perpetrators, other]
- For other, provide further detail.
- Programs and/or resources provided (identifying the primary program or resource) [options: helplines, education, training, workshops, for-profit resources, free resources, counselling, referrals, advocacy, other]
- Other program or resource provided (where more than one program or resource is provided)
- Counselling – type and number of sessions
- Nature of agencies to which referrals are made
- Cold or warm referrals
- Evaluation reports about any of the services provided [options: yes but not publicly available; yes and available; no]
- Link to reports
- Awareness of service – strategies
- Further questions for interviews

### 3.3.2 Focus groups

We conducted focus groups to consider help-seeking needs and behaviours, and possible child sexual abuse prevention and education strategies. We held two focus groups with each of the following target groups.

- Parents and family members with children aged 0–18 years (n = 12):
- Focus Group 1 consisted of one father and five mothers

- Focus Group 2 consisted of six mothers
- Professionals (n = 26):
- Each focus group consisted of 12 participants. They were a broad range of professionals who worked with and for children, including early childhood educators, primary school teachers, counsellors, day care workers, play therapists, child protection workers and youth workers.
- The participants consisted of three males and 23 females.
- Community members (n = 19):
- Focus Group 1 consisted of 12 participants and Focus Group 2 consisted of seven participants. Participants included members of church groups, and retired volunteers and professionals, such as lawyers and doctors.
- The participants consisted of seven males and 12 females.

Focus group participants were recruited by service providers such as family support providers, via online advertisements and with assistance from key institutions. The focus groups were conducted in the Australian Capital Territory, and regional and metropolitan New South Wales.

The focus groups were audiotaped with participants' permission to facilitate detailed notes and transcriptions for analysis. These records were supplemented with notes taken by a researcher during the focus groups, which were written up after each group to document initial impressions.

Participants were given a small gift voucher in recognition of the time involved.

### 3.3.3 Telephone interviews

Informed by the service-mapping exercise and in collaboration with the Royal Commission, we identified 31 key organisations to participate in this stage of the research, 23 of which consented to participate. Additionally, we conducted follow-up consultations with three key experts whom we had identified through the literature search and in interviews with services.

Given the geographic spread of the services, we conducted semi-structured telephone interviews with a focus on key population target groups, a program-wide view of the approaches, models of delivery, required staff attributes, quality assurance, and achieved outcomes and arrangements for implementation of services.

The following services agreed to participate in this research.

Services that provide helplines and which may receive calls relating to child sexual abuse, including:

- |                |                                    |
|----------------|------------------------------------|
| • 1800 RESPECT | • MensLine Australia (On the Line) |
| • Lifeline     | • Kids Helpline                    |
| • headspace    | • Parentline                       |

Services with a focus on preventing or responding to child sexual abuse, including:

- |                |  |
|----------------|--|
| • Bravehearts  | • Child Abuse Prevention Service                                     |
| • Child Wise   | • Darkness to Light (United States)                                  |
| • Blue Knot    | • Statutory Child Protection Services (Australian Capital Territory) |
| • Act for Kids | • Phoenix House (Stop it Now!) (Queensland)                          |
| • Our Watch    | • The Australian Childhood Foundation                                |

Services that respond to children with sexually harmful behaviours, including:

- The Sexually Abusive Treatment Centre (Victoria)
- New Street Adolescent Service Program (Queensland)
- Sparks Clinic
- Services that work with child sex offenders or perpetrators, including:
  - prison-based child sex offender programs – ACT Corrective Services
  - prison-based child sex offender programs – NSW Corrective Services
- Pastoral Counselling Institute – Men Taking Responsibility (Parramatta, New South Wales)
- OARS – The Circles of Support and Accountability Model (South Australia)

Semi-structured interviews were audiotaped with participants' permission. These recordings were supplemented with notes taken by a researcher during the interviews, which were written up after each interview to document initial impressions.

### 3.4 Data analysis

We uploaded interview recordings, notes and transcripts into a qualitative research software package called NVivo. The lead researcher initially coded interview notes and transcripts. This involved listening to and reading through the transcribed interviews and notes, and coding segments of the interviews that addressed the key questions.

The initial broad coding was then analysed to find emerging themes – recurring findings and issues. By using these research and coding techniques, the research team was able to make meaning from the data, draw connections between concepts and issues, and identify areas of difference.

A second researcher from the research team independently reviewed and explored interview notes and transcripts to guard against the potential for lone researcher bias, and to help provide additional insights into theme development. The full research team synthesised data in a workshop-style meeting, which involved testing findings, uncovering assumptions and ensuring a thorough analysis of all data sources.

The research team then used prominent findings that were repeatedly encountered and pertinent to answering the key research questions in interviews with service providers and the focus groups to structure the findings presented in this report. Where relevant, the interview and focus group data are reported together.

Throughout the report, we use quotes that are illustrative and indicative of recurring responses and themes to represent the key findings. The individual quotes are a succinct way to represent the broader findings that emerged in the data analysis process.

We have used participant identifier codes to de-identity participants. Where quotes are provided, the following codes represent the type of service provider interviewed.

- HS** – service providers that manage general helplines
- PS** – service providers that deliver services to adult perpetrators or offenders
- ES** – service providers with a specific focus on preventing or responding to child sexual abuse or sexual violence
- CS** – service providers that respond to children with sexually harmful behaviours

Throughout the report, we have noted themes related to specific service providers where relevant. Where a range of service providers have described a similar issue, we refer to them generally as 'service provider participants'.

### 3.5 Limitations

The research methodology provided a feasible and achievable approach to meeting the outcomes of this project within the limited timeframe available in order to inform the Royal Commission. However, it is important to acknowledge potential limitations.

As described above, the desktop service-mapping exercise reviewed all services that could be found relevant to the scope of the project. There may be services missing that did not appear in this search. There are more services that support victim/survivors of child sexual abuse, but the research team did not map them. We did not include all the primary prevention education programs available as this was not the scope of the project, although participants mentioned some of these programs.

The majority of Australian services available for the target populations relevant to preventing child sexual abuse that participated in this study focus on crisis support or secondary and tertiary interventions. A limited number of participating Australian and international services provide education about preventing child sexual abuse; few services provide primary prevention education and/or service responses for any of the target groups. This means that we obtained limited data about primary prevention responses. Although we gained information about relevant international services through their websites, we were not able to arrange interviews with these services.

We collected limited data about child sexual abuse from existing helplines, in part because most of the helplines offer anonymity to callers. Most organisations interviewed reported that, where possible, they collect demographic data, and where counselling or further services were offered, there were also opportunities for services to collect information about the service user and related issues. Data collected by organisations that specifically responded to issues concerning child sexual abuse was mostly related to the needs of victim/survivors of child sexual abuse. Due to limited data collection by organisations about child sexual abuse, a significant number of the interviews were based on the qualitative experiences of the participants and their colleagues. While this data provides a rich and descriptive understanding of the target groups and the issues that organisations are working with, this report cannot quantify this information.

A further limitation of the study is that we have had to rely on feedback from services working with child sex offenders and individuals concerned about their own sexual attraction to children, rather than speaking with these individuals directly. We chose this method because we would have been unable to obtain ethics approval in time to undertake interviews with such individuals, and because recruiting this group would also have required more time than we had available. While the interviews we did conduct provide some useful information about this population group, they may not accurately reflect the lived experiences.

The proposed sample and sampling strategy did not specifically target subgroups of the population that may be of significance, such as Aboriginal and Torres Strait Islander people, people from a culturally and linguistically diverse background, or people with a disability. The project timeline limited our capacity to use translators and to access diverse populations. While we did not exclude these population groups, there is an apparent lack of diversity in our target population groups.

The majority of parent participants in the focus groups were female – only one father participated – and most of the service provider participants, both in the focus groups and telephone interviews, were

females. It is possible that fathers and male service provider representatives may have different experiences and thoughts to mothers and female service provider representatives.

As can be seen in the demographic data, there were no focus group participants from Western Australia, South Australia, Victoria, Queensland or the Northern Territory, although there were service provider participants from some of these jurisdictions. It is possible that target populations in these regions may have different experiences to those from other states and territories.



## PART TWO: FINDINGS AND IMPLICATIONS

### 4. Service mapping

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#### 4.1 Australian services

##### 4.1.1 National services

In Australia, a range of nation-wide services provide phone-based and web-based information, advice and support to a variety of individuals seeking help with respect to child sexual abuse.

The three key helpline services are the Blue Knot Helpline, Bravehearts Information and Support Line, and the Child Wise National Child Abuse Prevention Helpline<sup>2</sup>, all of which have been operational since the 1990s. These services assist a range of people affected by child sexual abuse, including survivors, parents and family members, community members and professionals. Any person may contact the helplines seeking assistance or support for themselves, if they are currently supporting someone who has experienced child sexual abuse, if they are concerned about the behaviour of another person, or if they are working with survivors and/or suspected victims in a therapeutic or other setting.

These services are free and can be accessed anonymously or with a guarantee of confidentiality. Each service provides support via a free-call helpline or email. Bravehearts also offers users access to real-time online support. The availability of these services varies. The Blue Knot Helpline and Child Wise both provide support from 9am to 5pm (AEST) Monday to Friday. Bravehearts has slightly extended hours and is contactable from 8am to 8pm (AEST) Monday to Friday. Currently, Blue Knot is the only national service offering support over weekend (9am to 5pm AEST). The lack of out-of-hours support is a clear gap in services at a national level.

By contacting any of these services, individuals gain access to:

- information and support from trained counsellors<sup>3</sup> (one-off or short-term counselling support)
- advice and referrals to local services or health and other professionals (for ongoing support)
- support and guidance in engaging with the Royal Commission.

In addition, Bravehearts and Child Wise both provide:

- guidance on concerns about the behaviour of a child or adult that has led to or may lead to the perpetration of child sexual abuse
- guidance and/or assistance with making reports of known or suspected child sexual abuse
- information about the indicators of child sexual abuse including training and information about grooming behaviours
- information about normal child development, including sexual development
- guidance on talking with children about personal safety.

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<sup>2</sup> Until 30 June 2016, the Child Abuse Prevention Service (CAPS) also provided a helpline. However due to the<sup>25</sup> expense, this service was closed due to lack of funding. Expenses of providing the helpline may include the level of supervision, staff training and expertise required. CAPS was established in 1973 and was the only service that also provided support to perpetrators of child sexual abuse and those at risk of offending.

<sup>3</sup> Service providers did not determine the qualifications of counsellors.

Preventing child sexual abuse is the primary mandate of these services. In this regard, it is evident that efforts are targeted at protecting individuals from being the victims of a single offence, and also preventing further offences where sexual abuse has already occurred (also from the victim's perspective). Each service primarily achieves this by providing:

- free information and resources available for download via their websites
- training for professionals working with survivors
- prevention education and awareness raising throughout the community, including among children and teachers (in school-based programs), parents and other interested people
- research and lobbying to better inform efforts to prevent child sexual abuse and support those affected by child sexual abuse.

Funding for these organisations comes from government and non-government sources, including donations and fundraising. Annual operational budgets are just over \$790,000 for Child Wise (2015), just under \$1.9 million for the Blue Knot Foundation (2015), and approximately \$5.8 million for Bravehearts (2015). These budgets cover the entire range of services provided by the organisations, including their helpline and online support services.

Bravehearts received the largest number of calls of all the services over the previous year. At 9,855 calls received (2014–2015), this was more than double that of Blue Knot, which received 4,740 calls in the 2013–2014 financial year (more recent numbers were not available). Child Wise reportedly received only 328 calls in the most recent reported year. These numbers do not include the number of emails or instances of online contact. Publicly available evaluations of these services are limited to what is reported in each organisation's annual report.

Referrals from these helplines to other services facilitate access to further support in the local area of the help-seeker – where these exist. Help-seekers are referred to agencies that can provide counselling, crisis intervention, health and medical support, or legal advice and assistance. However, it is unclear if helplines provide information and contact details about another agency or service so that the client can contact them directly, or if the helplines contact the service on the client's behalf. The Blue Knot Helpline maintains a database of health professionals and agencies around Australia that have expertise and experience supporting adult survivors of childhood trauma. It is reportedly also compiling a database of general practitioners and other health professionals and agencies that provide trauma-informed care.<sup>4</sup> Additionally, Bravehearts offers individuals face-to-face counselling support, although this is limited to individuals living in Brisbane, the Gold Coast and inner-city Sydney.

Bravehearts uses the National Relay Service to facilitate support for clients with hearing and speech impediments. Access to phone support for individuals with limited or no English is a clear gap in services.

Beyond these primary prevention services, a number of other helpline-based supports are available for individuals with concerns about child sexual abuse. These services, which include 1800 MYLINE, MensLine, 1800 RESPECT, headspace, Kids Helpline and Act for Kids, while not targeting child sexual abuse specifically, are able to provide support, information and referrals for individuals who are seeking help in this area.

As stated earlier, there are notably fewer services that provide information and counselling support for individuals who are perpetrators of child sexual abuse and wish to stop, or who are concerned that they will perpetrate child sexual abuse at some point in the future. Support services that do exist in

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<sup>4</sup> Trauma-informed care is grounded in and directed by a thorough understanding of the neurological, biological, psychological and social effects of trauma.

this area, for example MensLine, tend to target perpetrators of violence and those at risk of perpetrating violence, rather than child sexual abuse specifically.

Current gaps in primary prevention service provision at a national level include:

- support services that are available outside office hours, during weekends and on public holidays (24 hours)
- access to support for adult perpetrators who are seeking help to not re-offend, or individuals at risk of offending
- access to support for children who have perpetrated abuse against other children or are exhibiting behaviours of concern, and for their parents
- access to support in languages other than English
- access to support for clients with speech or hearing impediments
- access to support for Aboriginal and Torres Strait Islander people
- access to face-to-face support.

#### **4.1.2 State- and territory-based services**

State-wide and local supports for those seeking help in relation to child sexual abuse tend to be limited to government services that primarily facilitate the reporting of an offence or child-at-risk concerns. Additional services are provided through rape crisis centres, family violence agencies and victim support services, which do not focus specifically on child sexual abuse, and which primarily deliver support to adult survivors. Private psychologists and psychiatrists are also available, although there are a limited number with the appropriate expertise in child sexual abuse. Furthermore, those psychologists and psychiatrists who do practise within this field are mostly located in the capital cities such as Melbourne and Sydney.

Table 1 summarises the state and territory-based support services identified as working with perpetrators of child sexual abuse, primarily or in addition to the support they provide to other target groups.

The Canberra Rape Crisis Centre and SAMSSA (Service Assisting Male Survivors of Sexual Assault) are survivor services located in the ACT that have been funded to provide support for individuals who wish to engage with the Royal Commission. This support targets, among others, individuals who have perpetrated child sexual abuse in an institutional setting. These organisations do not provide other support to perpetrators of sexual violence.

**Table 1: Support services providing support to adult perpetrators**

Name of Service	Location	Perpetrators as the Primary or Additional Target Group	Helpline or Program
<b>Canberra Rape Crisis Centre</b>	Australian Capital Territory	Additional (support for Royal Commission engagement only)	Program
<b>Service Assisting Male Survivors of Sexual Assault (SAMSSA)</b>	Australian Capital Territory	Additional (support for Royal Commission engagement only)	Program
<b>Pastoral Counselling Institute (Men Taking Responsibility)</b>	New South Wales (Parramatta)	Primary	Program
<b>Phoenix House (Stop It Now!)</b>	Queensland (Bundaberg)	Additional	Program
<b>Five8 (Circles of Support and Accountability – COSA)</b>	Victoria (Melbourne)	Primary (ex-offenders)	Program
<b>Sexual Offender Treatment Programs (prison-based)</b>	All states and territories	Primary	Program

Table 2 summarises the state- and territory-based support services identified as working with children and young people.

**Table 2: Support services providing support to child and young people**

Name of Service	Location	Perpetrators as the Primary or Additional Target Group	Child or Young Person Client	Helpline or Program
<b>Kaleidoscope – Sexualised Behaviour Program (Keep Them Safe – New South Wales Government)</b>	New South Wales*	Primary. Clinician training and advice.	Young person (> 10 yrs)	Program
<b>New Street Adolescent Services (Keep Them Safe – New South Wales Government)</b>	New South Wales**	Primary. Also supports perpetrators’ families. Additional Indigenous-specific service.	Young person (10–17 yrs)	Program
<b>South Eastern Centre Against Sexual Assault and Family Violence</b>	Victoria	Additional. Also supports parents and carers.	Child and young person (< 17 yrs)	Program
<b>Male Adolescent Program for Positive Sexuality (Department of Human Services)</b>	Victoria	Primary	Young person (adolescent males)	Program

*\*Hunter New England*

*\*\*Sydney, Dubbo, Central Coast and Hunter New England*

Each of the state and territory-based services that provide identified support to perpetrators, children and young people are program-based. They do not offer primary prevention services by way of giving advice and information to the general public, or to people who are concerned about their own or others’ behaviour. This is an identified gap in service provision nationally.

The Five8 service located in Victoria offers support for child sexual abuse offenders who are due to be released from prison. Through this program, individuals can access ongoing support to avoid re-

offending as they settle back into everyday life. This service is founded on the Circles of Support and Accountability (COSA) model of community re-entry that originated in Canada. In addition, each state and territory maintains a prison-based sex offender treatment program.

New South Wales and Victoria were the only states to have established specific services and programs targeting children and young people who display problematic or concerning sexualised behaviours, or who have perpetrated sexual violence. There is an identified gap in service provision in the form of limited support for children and young people concerned about their own thoughts or behaviours; children and young people who offend or are exhibiting behaviours of concern; and the parents of these children and young people.

Currently in Australia, there is no single primary prevention service that offers support, information and advice to all identified target groups regarding child sexual abuse. As outlined previously, there are other identified gaps in service provision that could form barriers to accessing support for some members of the Australian public.

## 4.2 International services

Internationally, there are not many primary prevention information and advice helplines in the area of child sexual abuse. However, many organisations provide online resources, education and referrals to people seeking information regarding child sexual abuse, including parents and family members, community members and professionals working with survivors. When compared to the Australian context, there are also many online information and support services – as well as face-to-face programs – that target perpetrators of any age, and individuals who self-identify as being at risk of offending.

With respect to information, advice and support services in the international primary prevention arena, there is one particularly prominent organisation. ‘Stop It Now!’ has branches in the United States, United Kingdom, Ireland and the Netherlands. This organisation provides support for people affected by child sexual abuse. ‘Stop It Now!’ helplines and websites provide confidential and anonymous support to any individual who is:

- concerned about their own behaviour, including sexually inappropriate online behaviour
- concerned about the behaviour of a child or someone else they know
- an adult or child who has experienced abuse
- a parent, family member or community member who would like advice on how to protect children
- a professional working with perpetrators, or with children and families affected by child sexual abuse.

The support offered by ‘Stop It Now!’ helplines is not accessible at all hours. However, the organisation offers a range of additional information, resources and services via its websites, which are accessible at any time. This includes:

- information regarding available treatment and support options for perpetrators and survivors, as well as legal information
- online training and prevention tools and resources for perpetrators who wish to stop offending, or those at risk of offending in the future
- referral to additional support services
- free information and resources available for download
- training for professionals

- prevention education and awareness for all interested people.

An independent evaluation of the ‘Stop It Now!’ United Kingdom, Ireland and Netherlands helpline services was undertaken in 2014 (Brown et al, 2014). The evaluation findings indicated that:

- a wide range of users were successfully engaged by the helplines
- the design of the helplines enabled them to assist users with different support needs
- helpline services were effective in assisting perpetrators tackle their thoughts, feelings and behaviours
- helpline services were effective in providing all users with strategies to protect children and young people
- users became aware of the service through a range of promotional strategies, including signposting by other agencies, media coverage and an online presence (Brown et al., 2014).

In addition, the evaluation research led to the development of a toolkit to help people across Europe establish helplines specific to their context. While this program has been considered very effective, there are cautions that need to be observed. A rigorous outcome evaluation was not undertaken and, due to the scope of the evaluation, the findings identify some but not all of the ways in which the helplines and ‘Stop It Now!’ may protect children from harm. In addition, an opt-in approach was used for sample recruitment and the findings of the study were based on self-reports by individuals who had been detected by the authorities for child sexual offences (Brown et al., 2014).

Another primary prevention service of note is Prevention Project Dunkelfeld (PPD) operating in Berlin, Germany.<sup>5</sup> A key goal of PPD is to provide therapeutic prevention for individuals who fear they are capable of sexual offending against children and/or early adolescents, and/or feel themselves drawn to child sexual abuse images on the internet. PPD has been in operation since 2002, and within 38 months of being established, there were 808 respondents to national advertisements on television, on radio and in print seeking participants for the project. Individuals who came forward were offered anonymity and promised confidentiality provided they were not currently sexually abusing a child (Beier, Ahlers et al., 2009; Beier, Neutze et al., 2009).

To participate in the program individuals must be aware of the problematic nature of their sexual thoughts directed at children and young people, and need to be self-motivated to engage in therapeutic help of their own accord. PPD integrates psychotherapeutic, sexological, medical and psychological approaches, as well as the option of additional pharmaceutical support (such as chemical castration) to help participants control their thoughts and feelings towards children.

While there is limited data available on the effectiveness of PPD, the project has been able to demonstrate that individuals with problematic sexual thoughts and behaviours towards children can be reached and are likely to seek help provided that a range of conditions were met – such as confidentiality and treatment by experts specialised in the assessment and therapy of their disorder (Beier, Ahlers, et al., 2009). To ensure that the target group was reached while also not alienating support from the German public, the prevention project was advertised through a media campaign using the slogan ‘Do you like children in ways you shouldn’t?’ The message is ‘You are not guilty

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<sup>5</sup> The Berlin location of PPD is the initiator and coordinator of the German Prevention Network ‘Don’t offend’<sup>30</sup> There are project sites in Kiel (Schleswig Holstein), Hamburg, Hannover (Lower Saxony), Leipzig (Saxony), Regensburg (Bavaria) and Stralsund (Mecklenburg-Vorpommern). The network guarantees common quality standards, referral to communication and media, pledge of confidentiality and anonymity, diagnostics, therapeutic approach and qualifications in sexual medicine/therapy. The network aims to build up a comprehensive nationwide therapeutic offering, establishing the primary prevention of traumatic sexual experiences in children and teenagers. <https://www.dont-offend.org/story/86/3886.html>.

because of your sexual desire, but you are responsible for your sexual behaviour. There is help! Don't become an offender!' (Beier, Ahlers et al., 2009; Beier, Neutze et al., 2009).

It is important to note that due to mandatory reporting laws in Australia, it may be difficult to offer confidential support and treatment to individuals who have not yet committed an offence but have problematic sexualised thoughts about children and young people, and to those who have accessed child pornography.

Another primary prevention service of note is Childhelp in the United States. This organisation offers information, advice and support regarding abuse or suspected abuse, 24 hours a day, seven days a week, via its National Child Abuse Helpline, which can provide assistance via interpreters in over 170 languages. Childhelp also maintains a comprehensive resource website, but unlike 'Stop It Now!', its information and support services do not currently extend to perpetrators or those at risk of offending.

From our review it would appear that internationally, there are not many primary prevention information and advice helplines in the area of child sexual abuse. We were able to identify many organisations that provide online resources, education and referrals to a range of people seeking information regarding child sexual abuse, including parents and family members, community members and professionals working with survivors. It would appear that internationally there are many more online information and support services and face-to-face programs compared to Australia.

## 5. Interviews and focus groups

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The following section outlines the research findings from the focus groups with parents, professionals and community members, and the interviews with service provider participants that address or respond to individuals' concerns about child sexual abuse. Each of the helpline organisations that participated in the research study provides different services to different target groups. Despite these organisational variations, we were able to identify key themes in the interviews regarding primary prevention of child sexual abuse, and in the target groups with which the organisations worked.

### 5.1 Primary prevention

#### 5.1.1 Definition and understanding

Findings from the telephone interviews with organisations and from the focus groups with community members, parents and professionals highlight a range of differing definitions and understandings of the primary prevention of child sexual abuse.

Many of the participating service provider participants that currently focus on preventing child abuse focus on the needs of victim/survivors of child sexual abuse. The concept of 'prevention' in this work is reported as providing responses such as helpline counselling and support services, face-to-face counselling and/or referrals, which may prevent any further trauma or negative impacts for the child or adult victim/survivor. Services working with offenders report that prevention is understood in a similar way and that a key part of the work that they do (that is, statutory forensic services) is about deterring and preventing further offending.

*The people we work with have already crossed the line and committed an offence. Our focus is targeting what has put the community at risk and putting resources around that.*  
(Service Provider PS2)

While most of the service provider participants we interviewed focused on secondary and tertiary prevention interventions in their discussions, a small number of organisations highlighted the need for a level of primary prevention that challenges and changes community and social attitudes toward child sexual abuse. Service provider participants that focus on preventing child abuse reported that there are families and communities where intrafamilial child sexual abuse behaviours are embedded in family culture and accepted practice across the generations. A number of these participants noted that such behaviours and attitudes require a level of primary prevention intervention that reaches across communities.

Focus groups with community members, professionals and parents also highlighted that the definition of 'prevention of child sexual abuse' was understood as more about learning to 'pick up the signs' of when a child may have been sexually abused or when an adult had offended, to prevent further offending or trauma. Despite discussing ways in which primary prevention could be undertaken, professional focus group members generally continued to think about prevention in terms of secondary and tertiary interventions. Some community members and parents spoke more about their scepticism that child sexual abuse could be prevented. One parent commented:

*I don't know if you can prevent it – I don't think you can prevent it but you might be able to minimise duration and effect.* (Parent focus group participant)



### 5.1.2 Primary prevention service provision

While this project did not specifically consider the availability or quality of the primary prevention interventions available in Australia, the child abuse prevention services that participated in this study described a range of education and training programs they provide to both children and adults. Some of these programs were designed and developed by the organisations, while others implemented programs developed by external organisations, either in Australia or elsewhere. While participating organisations considered access to primary prevention services important and something that helped prevent child sexual abuse, organisations highlighted the diversity of available programs as challenging for the following reasons.

A number of these child abuse prevention services reported that there is currently no coordination among primary prevention education or training programs, nor is there any quality control for those currently being delivered. These service provider participants argued that there is no way of knowing whether a program is sending the 'right messages' to the target group, as programs are unregulated and under-evaluated.

*I think doing some really rigorous evaluations about the personal safety programs – there is some research out there but not much... I think that there is a lack of rigour there and ongoing evaluation – I think that one of things is what they are actually focusing on – it's stranger danger type of stuff – and even now some of the programs don't adequately address the fact that offenders can be people known to the child or in their family and that can be a little bit missing – we need to ensure that programs we present to our kids is really clear around that without frightening them – that someone even they know and love could hurt them. (Service Provider ES3)*

Some of the child abuse prevention service providers recognised the need to tailor programs to fit local needs. But they also emphasised the need for a coordinated response and consistent, evidence-based messages to the whole community about preventing child sexual abuse.

*What is needed at a national level is coordination of different efforts because there is good work going on, on the ground, but people in New South Wales won't know what's going in Western Australia and the wheel gets reinvented all the time, but also there are programs that are not very good and that are not good practice and that are reinforcing bad practice. (Service Provider ES2)*

Service provider participants described this as particularly relevant when there is a growing demand for services among external authorities. Organisations reported that in Australia and internationally, professional employees working with children are more frequently expected to engage in training and education about child abuse prevention more broadly, so they can provide safer services to children.

Child abuse prevention service provider participants also discussed the key target groups to which their education and training programs were directed, including children and young people, parents, teachers and other professionals. They reported that educating parents and professionals can be challenging, as these groups appear to be time-poor and less able to engage in education programs. Furthermore, service providers identified the need to educate and inform parents as much as there is a need to educate and inform children. They argue that children will often rely on their parent as a 'safe' person to whom they can disclose information, and without adequate training and education, parents may not always be able to adequately respond and keep children safe.

*A lot of the time we neglect to engage and skill parents and teachers – there are some real challenges in terms of making everyone in the child’s life engaged and working towards helping support children being as safe as possible – I would love to see some really positive ads on TV around this sort of thing that raises awareness but doesn’t frighten people – we could be out there doing a lot more. (Service Provider ES10)*

### 5.1.3 Universal primary prevention

Organisations reported that the Royal Commission has created a heightened awareness of the issue of child sexual abuse within the community that hasn’t been there before, and that because of this, all participating service providers have received more calls about the issue. Many service providers stated that although there is a greater awareness within the community for the need to protect children in institutions and from child sexual abuse more broadly, there remains a sense of acceptance that child sexual abuse is only a preventable phenomenon because of bystander intervention, such as the development of organisational policy and practices that prevent child sex offenders accessing children, or by developing protective behaviours in children. While these are important strategies, some providers argue that they do not necessarily address the causes or drivers of child sexual abuse, and certainly not the needs of the individuals who perpetrate child sexual abuse. Some highlighted the importance of providing this group of individuals with opportunities to address their thoughts before they act on them. However, working in the primary prevention space can be problematic. A small number of service providers said there are often competing demands between primary prevention services and services responding to the needs of victim/survivors. Those providing primary prevention continually have to protect and advocate for this space.

*It’s hard to work in a primary prevention space and you need to carve that away from the early intervention space, which is where most of the work is currently done and where most of the funding is directed. It’s about trying to turn the conversation back to primary prevention and just trying to keep the focus on that. (Service Provider ES2)*

## 5.2 Adults with problematic sexual thoughts toward children

### 5.2.1 Help-seeking

Some service providers indicated that the significant stigma and societal abhorrence shown towards individuals with problematic sexual thoughts about children – and the lack of appropriate service responses – make it extremely challenging for individuals to seek help. Yet service provider participants reported that the number of calls they receive evidences the demand for help by such individuals in Australia. Many service providers that offer helpline support reported receiving calls from individuals requesting support about a range of issues relating to problematic sexual thoughts about children.

*Well yes, some of them are calling and they’re just like, ‘I’m attracted to children and I want to get help for it’. (Service Provider ES5)*

Currently, these organisations have collected no data that differentiates the issues experienced by individuals or about the reasons for which they are calling. However, helpline service providers reported that to date it has always been men who call about problematic sexual thoughts and

inappropriate online sexual behaviours towards a child. At the time of the interviews, no helpline service provider participant had been contacted by a woman seeking support for this problem.

A small number of helpline service providers reported that often the fear of a negative reaction from family members, the potential loss of relationships and the possible loss of employment prevents individuals who have not perpetrated from seeking help. However, these service providers state that individuals who have not perpetrated are often motivated to seek support due to strong feelings of guilt, shame and fear. Some helpline service providers also reported that men frequently call in distressed state about their use of child pornography, or because of their fear about their sexual interest in a child. Participants reported that men describe such experiences as sometimes just a one-off instance, such as viewing child pornography once and then feeling guilty and ashamed afterwards, or as a more chronic obsessive compulsion, continually thinking about sexual acts with a child.

*We get a mixture of calls but get a small but critically significant number of calls by men recognising that they have these thoughts about children before they do anything. Some of them call because they have looked at child pornography but they say they haven't done anything yet. (Service Provider HL4)*

### 5.2.2 Service responses and service needs

Participating service providers highlighted that there are currently no primary prevention interventions available in Australia that focus on individuals with problematic sexualised thoughts about children. Furthermore, secondary interventions such as counselling and support services – which aim to change the trajectory for those at risk of perpetrating child sexual abuse – are also severely limited. While a range of support programs exist for child sexual abuse offenders within the criminal justice system (discussed below), this study found only one community organisation in Australia that actively offers support to individuals to address their sexualised thoughts before they act on them. Helpline service providers stated that they have limited places to refer these individuals.

*We have over 4,000 organisations to refer to [for other callers], but there is definitely a lack of specialist support services for these callers – they are a bit thin on the ground. (Service Provider HL4)*

It is evident from the experiences of many helpline service providers that men with problematic sexual thoughts towards children do access telephone helplines as a means of support. In fact, one helpline service provider stated that if a telephone helpline were established specifically to respond to the needs of this group, 'it would be flooded'.

*The bottom line is we need more programs to deal with perpetrators... There are hardly any programs anywhere that deal with perpetrators, they are virtually non-existent... you might have a couple in each state... the need is far greater than that. (Service Provider HL8)*

All helplines that reported receiving calls from men highlighted the difficulties they had with referring them on to other services for longer-term counselling and support. As noted earlier (see Section 4.1.2), there are specialist private psychologists available; however, service providers indicated that the costs associated and the lack of services for those living in regional and remote areas is problematic. Some service providers also said that while a Medicare rebate may be available for some individuals to assist

with this cost, the duration of that rebate scheme does not support the long-term work required for this group of individuals.

Focus groups with parents, professionals and community members highlighted a range of responses about providing primary prevention strategies to individuals with problematic sexual thoughts. Many focus group participants agreed that to prevent child sexual abuse, providing services to individuals who may perpetrate could have benefits such as preventing children and young people from becoming victims. However, others disagreed and showed strong feelings about how to respond to individuals who identified such thoughts, suggesting that they 'needed to be locked away'. Many of the focus group participants identified individuals with problematic sexual thoughts as criminals, and said that only a justice response was required. Others said that it was an 'unchangeable psychological condition' and that nothing could or would help them.

*It's funny until I had thought about these men being able to get help for this I had always thought of it as a crime and that it was their decision as to whether or not they could stop – but maybe if they got help from someone to help them stop that would be okay. You would need lots of proof that that could happen though. (Parent focus group participant)*

### 5.2.3 Barriers and enablers to accessing support

A large number of service providers across all categories of services said they believed there were significant barriers to accessing support services for individuals with problematic sexual thoughts towards children.

Child abuse prevention service providers and service providers working with adult offenders said that for some individuals, a permitting family or organisational culture of child sexual abuse created an environment where individuals could offend without being challenged. This meant that individuals did not necessarily question their behaviour or were not helped to understand that it was wrong, and were therefore not encouraged to seek help to address it.

Service provider participants also reported that the lack of available specialised counselling and support services was a significant barrier to assisting individuals who reach out for support to deal with problematic sexual thoughts prior to any perpetrating. Many of the services that do support adults with problematic sexual thoughts and behaviours are funded to work with individuals who have been charged with sexual offences. Individuals with 'only thoughts' about a child have limited support options. Some service providers highlighted the fact that 'it is not a crime to have a thought', and that until an individual demonstrates problematic behaviour they are unlikely to be able to access help from specialist services.

*Thoughts in and of themselves are often given a lot of weight – yet there are many sexual thoughts that people have – but this doesn't necessarily mean they will act on them. The context and history is really important as are the behaviours. (Service Provider PS2)*

Some service providers explained that when they had tried to refer individuals (adults and young people) to specialist services that work with individuals who have problematic sexual behaviours, they have been refused access, as these individuals are only eligible to receive help if they have been charged or are a client of corrective services.

Service providers had a lesser understanding of enablers to accessing support for individuals with problematic sexual thoughts. Nonetheless, they said that individuals accessing services need a protected and judgement-free environment, and that the offer of anonymity is a key enabler to men seeking support.

*The availability of a service that is safe and confidential and can guarantee someone's security if they don't disclose any offending... and if there was a service that could provide such a thing I think that would be a really good thing to do.*  
(Service Provider PS8)

A number of helpline service providers described how individuals called their helplines using blocked phone numbers, and rarely provided their name or any other identifying information. Another participant said that men calling to access support would often ask if the workers were mandated reporters and if they said 'yes' then men would frequently hang up. As a result of this, the service provider changed its practice to ask the caller if there was a child at risk, and to then discuss how they could support them.

#### 5.2.4 Limits to confidentiality

Existing helplines currently offer anonymity and confidentiality to all individuals calling for support and information. However, a small number of 'more general' helplines reported that if they had concerns about the safety of a child and/or considered that the individual intended to act on their sexualised thoughts, the helpline would report this to the police and could apply to have the phone number traced. Helplines reported that this would only occur if they could not obtain information from the caller to help ensure the child's safety, and that the caller would be informed of this action being taken. One helpline also reported that undertaking this form of action would involve considerable legal processes. The helpline reported that this information is not readily provided to callers at the beginning of their call.

All service providers and helplines indicated that they worked frequently with callers, encouraging them to provide some identifying information so that they could receive assistance in accessing further support.

*If someone has thoughts about this then we want to encourage them to talk about this – a referral to the police will shut off the process completely – if we feel there is any harm – we are very careful to check for historical risk and for any intent to do anything and we look at the possible current risk.* (Service Provider HL4)

### 5.3 Adult child sex offenders

#### 5.3.1 Pre-incarceration needs and supports

Service providers working with convicted sexual offenders said the supports men usually relied on prior to incarceration were often their general practitioners and other community services such as men's groups. However, most of the community service support available to men was targeted toward individuals who were unemployed, and service provider participants argued that this was not necessarily appropriate for this particular group of adult offenders. Although participants described this group of offenders as frequently having cognitive difficulties and considerable needs, they were also usually employed prior to incarceration and often highly manipulative. Service providers reported

that the 'usual' risk factors identified for prisoners prior to incarceration were not the same for this group of offenders, who were often socially well-connected and usually employed.

### 5.3.2 Current service responses for adult offenders of child sexual abuse

Once in prison, service providers working with convicted sexual offenders reported that it was quite common for individuals to justify their sexual behaviour with children and young people, and there was frequently a level of denial about what they had done. Participants said that even being found guilty did not mean that individuals would admit what they had done was wrong, and failing to recognise the problem was one of the biggest barriers preventing individuals reoffending.

*We have some who are found guilty and vehemently deny what they did. Their mental perception is so distorted. Until someone honestly accepts responsibility for behaviour, they cannot move forward, they need to own that behaviour in first instance.*  
(Service Provider PS1)

These participants further stated that individuals on remand in prison were not provided with programs that work specifically with their problematic behaviours. Participants said that after individuals have been sentenced, risk assessment tools were used to identify what interventions should be provided, although involvement in these programs is voluntary. Service providers working with offenders reported that specialist sexual offender programs that aim to address thinking, attitudes, behaviours and feelings that lead to offending are available to medium- to high-risk offenders. Those assessed as low-risk would be unlikely to receive these services.

Participants mentioned that the Custody-Based Intensive Treatment (CUBIT) program is available in the Australian Capital Territory and only at key sites in New South Wales, but that not all sexual offenders could participate in the program due to limited resources. Additionally, service provider participants said that some offenders might not be suitable to participate, and others might refuse to volunteer. One reason why individuals may refuse to participate is because they would need to move prisons to undertake the program and this might mean moving away from family and friends. Others may volunteer to participate as a motivation to be released. Participants from corrective services in New South Wales and the Australian Capital Territory noted that those with the highest risk of offending would get the opportunity to participate in the program. However, another service provider who worked with offenders highlighted how overcrowding and constant moving between prisons resulted in many men experiencing disruption in engaging and completing their prison programs.

Organisations working with offenders mentioned that in the prison environment, adult offenders had access to psychologists and welfare officers. Furthermore, specialist staff work with those who have not been convicted of a sexual offence, but who show problem behaviours, such as masturbating with pictures or to fantasies of children. These participants reported that treatment is also provided for behaviours and emotions such as aggression, anxiety and depression, which occur as offenders struggle with their thoughts and feelings. Participants from corrective services in the Australian Capital Territory and New South Wales identified strong links between justice and forensic mental health services.

### 5.3.3 Post-release support

Participants from corrective services in the Australian Capital Territory and New South Wales said that there is limited support available to an offender after they are released from prison. In addition where

the state or territory placed no further obligations on the offender regarding parole conditions, the offender's decision to access and maintain support was voluntary.

*After release in community – in real terms there is probably very little... no-one is mandated, there is no mandated treatment. In the community there is a maintenance group that some offenders may be required to attend whilst under court orders for supervision. When the order is over that is it – there are some psychologists that do one on one if they want. They disappear from our radar but may be on [the] sex offender radar. (Service Provider PS1)*

A program developed to support adult offenders of child sexual abuse after their release from prison is currently being piloted within Australia. The COSA program (see Section 4.1.2) is described as having a direct role in the restoration, reintegration and risk management of people who are often perceived by others with only fear and anger. The organisation managing this program describes it as follows.

*There are a small number of child sexual offenders in our program at the moment and they are telling us that they don't want to offend; they consider that [this program] is a significant help to them. They have a safe place to be when they leave prison. They have people who understand and have some compassion in relation to their experiences and the offending that occurred and the victimisation that occurred. The availability of that service is really important. This is not something that they can talk about because of the fear and stigma attached to this. (Service Provider PS8)*

## 5.4 Professionals

### 5.4.1 Responding to child sexual abuse

Professionals participating in the focus groups widely held the belief that the primary prevention of child sexual abuse was about assessing, recognising and stopping any current abuse; few indicated that the public health definition of primary prevention was relevant to their professional role.

The majority of professionals who attended the focus groups identified themselves as mandatory reporters. These professionals said that if there was any concern about a child being subjected to sexual abuse or if sexually harmful behaviours were identified, they would make a report to statutory child protection services. Other participants said that this was not always appropriate or helpful, considering the needs of the child. As one participant commented:

*The child protection helpline is all about ensuring that there is no evidence contamination. (Professional Focus Group 2)*

Furthermore, professionals identified a range of scenarios involving children and adults that were not 'clear cut'. For these, most of the professional focus group participants said that they would rely on their supervisors and the organisational hierarchies for assistance. Some professional participants described using the NSW Online Mandatory Reporter Guide 'decision-making tree', which helped them make decisions about responding to possible instances of child sexual abuse or sexually harmful behaviours in children.



*There are a number of services we can contact [to discuss our concerns] but the decision-making tree is available to all organisations and I use that semi-regularly. If I come out of a counselling session and I think something didn't sit right then I use that to consider my next course of action. (Professional Focus Group 2)*

*When we are in these situations our own anxiety rises and you don't know the next course of action but the 'tree' helps people move forward. It doesn't often come to a dead end – even if you don't report you may [be] referred to other places. (Professional Focus Group 1)*

Helpline and child abuse prevention service providers also said professionals would frequently contact them about their concerns about children being victims of child sexual abuse, or when children were demonstrating sexually harmful behaviours.

*We get heaps of calls from Victorian professionals, particularly in the education system because apart from our service, there really aren't many services where people can ring up and say 'I just want to discuss it with someone and maybe you can help me work out whether I need to make a report or not' and so that's where the helpline that we run has been quite invaluable because most of the time when professionals ring any department in any state, and they're not sure about whether to report or not, they'll be told 'Well call us back when you're sure' so our service has enabled professionals to be able to ring up and say 'Can I just discuss it with you and run it by you?' (Service Provider ES5)*

#### 5.4.2 Education and training needs

Professionals working with or for children and young people said that while the professional training they undertook included some information about child sexual abuse, most of their training was about responding to risk factors associated with child abuse and neglect more broadly. Many spoke about how they collaborated with other colleagues and shared information such as online training resources, for example the Queensland Family Planning Traffic Lights System.<sup>6</sup> Much of the education and training available to professionals was costly and time-consuming, which prohibited them from accessing this with any regularity.

Professional participants also spoke about their lack of knowledge about adult grooming behaviours, and their limited capacity to recognise some of these behaviours. Most participants reported a general lack of confidence in responding to child safety issues concerning another adult's behaviour, suggesting they needed a more tangible guide for assessing whether or not an adult's behaviour should be reported or challenged.

*It would be interesting to learn about perpetrators of grooming behaviours because that would be quite preventative. (Professional Focus Group 1)*

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<sup>6</sup> The Queensland Family Planning Traffic Lights System describes healthy sexual behaviours (green), concerning behaviours (orange) and harmful behaviours (red) for children aged 0–17. It also explains possible reasons for specific behaviours, suggested responses and provides case studies. <http://www.true.org.au/relationships-sexuality>



*What we need is something like the reporting tree, but a grooming tree that says these are concerning behaviours, red flag behaviours, and you need to report to a manager.*  
(Professional Focus Group 2)

### 5.4.3 Preventing child sexual abuse

Professional focus group participants recognised that as difficult as it was to understand the risk factors and protect children, it was also very difficult for the parents they worked with. Professionals said that having a 'layer between the police and or child protection' for parents to consult with might make talking about their concerns easier, and enable earlier interventions for children and young people.

Professional participants also spoke about the challenges of sharing and accessing information about individuals with problematic grooming behaviours but who had not been charged or found guilty. They had significant concerns that individuals could still continue to be employed to work with children and young people, despite serious concerns about their behaviour towards children. They noted that while a Working with Children Check reports any past criminal charges, they were not aware of any processes for tracking and monitoring individuals against whom complaints had been made, but where no charges were laid.

Professional participants were also concerned about challenging an individual who displayed possible grooming behaviours, worrying about a 'backlash' from the person being identified and reported. This was particularly important for individuals living in more rural or remote areas. Professionals described the need for organisations to have a comprehensive whistle-blower protection policy.

Professionals highlighted the need for easy access to education and resources about preventing child sexual abuse, for themselves as professionals, but also for parents and caregivers. They suggested that this would create a more prevention-focused community, and would enable those with concerns about child sexual abuse to access support and information more readily.

They suggested a number of strategies including:

- access to online and real-time information via a specific organisation responsible for preventing child sexual abuse
- a community awareness campaign highlighting the issue of child sexual abuse and awareness of this responsible organisation
- building community awareness about the signs of online and face-to-face grooming
- access to support that can guide decision-making about reporting.

## 5.5 Parents and family members

### 5.5.1 Talking about child sexual abuse

It was evident in the conversations with parent focus group participants that in day-to-day life, they and their children rarely discuss or consider the prevention of child sexual abuse. A small number of parent participants were aware that their children had participated in programs at school, although they said that they were not familiar with what the program had taught their children. Only one parent described receiving a letter that outlined what types of questions a child might ask a parent after participating in this program. Most parents believed that their children had not participated in any form of protective behaviour program since being at school.

No parents said they had engaged in any form of training or education about how to prevent child sexual abuse. They also described feeling ambivalent as to whether they would or could have conversations with their children about protective behaviours and how to prevent child sexual abuse. Parents spoke about how they would not feel comfortable talking with their children about this issue as they did not want to ‘take away their innocence’, but at the same time recognised that this might be a conversation they would need to have at some time. Many parents were concerned about the developmental appropriateness of such conversations and felt unsure about how to go about this.

*I just think of myself as the person who protects my children. I can control who they see. I wouldn't know how to talk about this with them and wouldn't want them be scared or frightened about something that probably just wouldn't happen to them anyway. I am not sure how I would talk about this in a developmental way. (Parent Focus Group 2)*

### 5.5.2 Information and help-seeking

Parents across the two focus groups had very little awareness about where they would access information if they had concerns about child sexual abuse or how to access further information so they could speak to their child about this issue. If they had concerns or questions, they said they may possibly turn to friends and family for advice first, but would most likely contact relevant authorities such as the police or child protection services if they had a concern about a specific issue. No parent could identify a service or organisation outside of those mentioned that might provide them with information or support about these issues.

Most parent participants also felt that they had no real understanding about age-appropriate sexual development. While they acknowledged that this was a considerable knowledge gap, they said they relied on and used their intuition, gut feelings, and general knowledge derived from peers and their own sexual development to make assessments about whether or not a child would have sexual behaviours that could be described as problematic. Participants said that if they did have concerns about a child's problematic sexual behaviours they would rely on advice from doctors, teachers or pre-school education staff, and would search the internet for information.

*I think I might talk to my child's teacher, but then that could be awkward if they know the other child. Maybe my GP. I might Google it and see what Dr Google has to say. (Parent Focus Group 1)*

Child abuse prevention service providers said the calls they received from parents (and family members) were frequently about requests for information and support concerning children as victims of child sexual abuse. Parents in these cases needed support making the decision to report, or had made a report and needed to ‘debrief’ about it. These service providers said that some family members called because they had concerns about a partner's behaviour toward a child. Child abuse prevention service providers said this frequently included instances where the Family Court was involved and statutory child protection services were not working with the family, so the mother felt unsupported and concerned about the risks to the child(ren).

*Well we get a lot of calls nowadays from separated parents who have been given our number from places like Relationships Australia where a parent is concerned that the other parent is harming the children. And they say the child protection isn't really interested in dealing with it, that they see it as a custody issue rather than a potential child abuse issue. So we get lots of calls on that. (Service Provider ES5)*

### 5.5.3 Primary prevention responses

Many of the parent participants mentioned how busy they were, and felt that because of this they were unlikely to engage in any training program about keeping children safe. However, all parents indicated their interest in learning and knowing more about how to keep their child safe. Key areas of interest included knowledge about the grooming behaviours of adults and how to keep children safe online.

Parents put forward some suggestions about services that might help them access information or follow up on concerns, including:

- access to online and real-time information via a peak body responsible for preventing child sexual abuse;
- access to support that has authority to act when needed
- the provision of information from schools via letters or email, particularly at the same time as children are being taught about protective behaviours
- a community approach similar to drug education to increase understanding of appropriate sexual behaviours
- building community awareness about the signs of online and face-to-face grooming
- training for parents and other individuals when they apply for the state- or territory-based Working with Children Check.

## 5.6 Family members of adult child sexual offenders

Only one service provider who worked with adult offenders of child sexual abuse briefly identified the needs of the family members of these offenders. This organisation said that family members were frequently distraught and confused, and suffered considerable distress upon finding out about the offending. Because of the stigma and shame associated with the offence, these family members had considerable difficulty reaching out and finding support. Furthermore, some spouses decided to stay and support the offender, which could cause further family conflict and loss of supportive relationships.

*We have a support group for wives so there is adjunct work that goes out with the ripple effects of this. Women want to know the warning signs and what they could have done to stop their husbands offending. Often women lose the support of other family when they choose to stay with their husbands. Their kids can't understand why they would want to stay. (Service Provider PS5)*

## 5.7 Community members

### 5.7.1 Talking about child sexual abuse

As with parents, community member focus group participants said they rarely considered the issue of child sexual abuse, and it was only through the awareness created by the Royal Commission that they have developed an understanding of the extent to which it has occurred and affected the Australian community.

Community members reported being aware of 'stranger danger' messages provided as a part of safer community campaigns, and more recently, the need for child-safe organisations so that children are

protected in schools and other institutions; however, few community members reported being aware of the issue of children having sexually harmful behaviour.

*I remember there were those little yellow triangles on people's houses and you knew if you were being followed by a stranger then you could knock on that door and you'd be safe. I don't think they have those anymore. Now you teachers can't give kids hugs in case they're a kiddie molester. (Community Member Focus Group 1)*

### 5.7.2 Information and help-seeking

Many of the community members spoke about how they had not engaged in any formal training about preventing child sexual abuse; however, some who were in volunteer leadership positions were aware of organisational policies to protect children, such as the Working with Children Checks.

Older community members and those who volunteered for services working with children and young people said they would be very hesitant to report concerns about an adult's behaviour, as they were aware of the damage that vexatious or incorrect reports could have on an individual's life. Community members said they would need 'concrete evidence' to warrant calling an organisation to discuss this. Most community members spoke about how they would first use friends or family to discuss any concerns or to seek information about this issue. Where there were significant concerns about a child or adult, community members said they would call the police.

*You hear about these poor people who have had their lives ruined, where young girls have accused them of all sorts of things, they lose their jobs and their families and then years later they own up and say it was because they weren't given the attention they wanted, you have to be so careful. Children lie; I would need real proof before I did anything. (Community Member Focus Group 2)*

### 5.7.3 Accessing services

When asked about the kinds of services they were aware of that might be able to provide information and support about concerns of child sexual abuse – including grooming and online pornography – most community members spoke about contacting the police or child protection authorities. A small number of community members who had children or grandchildren said they would approach schools to access information about children's sexualised behaviours. Others mentioned calling Commonwealth services – such as the Department of Social Services, or services such as Centrelink – to find out where they may be able to access additional information or assistance.

Community members also mentioned the internet and online resources as places to access information, although few knew of any specific organisations to contact. Furthermore, some said they had concerns about searching for information about child sexual abuse support, in case they came across inappropriate images or websites.

### 5.7.4 Primary prevention responses

When considering the types of services that would be most helpful and informative for community members to access if they had concerns or needed further information about child sexual abuse prevention or related matters, the majority of community members mentioned:

- real-time support and information via a telephone helpline

- access to services that can help them make decisions about the need to report
- online resources provided by a national authority on child sexual abuse.

Community members said that building community awareness about child sexual abuse – including the signs of online and face-to-face grooming – was critical if child sexual abuse was to be stopped. Community members said this information needed to be provided through television advertisements, such as those being provided about family violence. Furthermore, they felt there was a need for a specialist phone number for people to contact that could be provided after news articles about child sexual abuse. Community members said that currently Lifeline and Kids Helpline were the two most frequently identified support lines; however, they were aware that these numbers were more aligned with crisis support than information and support about child sexual abuse.

## 5.8 Young people with problematic sexual thoughts

Service providers who deliver services targeted at children and young people said that while they receive calls from victim/survivors of child sexual abuse and other family members, they also receive calls for assistance from children and young people about their own sexual interest in other children. Organisations targeting children and young people said that as with adult offenders, only those with more complex presentations that include problematic behaviours can access a therapeutic counselling response. Children and young people with problematic sexual thoughts do not have the same access to specialised services, and organisations said they have difficulty finding other services to refer them to.

*It's very tricky, particularly outside metro regions – I knew one person who we referred to a specialist organisation in Melbourne but he couldn't be picked up by them because while he had problematic [sexual] thoughts there were no behaviours and they need a level of behaviour – it very difficult. The place in Melbourne is a forensic service and 'cause there is nothing criminal about thinking things he couldn't go there. The sector needs better information as to where to send people. (Service Provider HL14)*

## 5.9 Children with sexually harmful behaviours

Interviews with service providers and the focus groups with parents, community members and professionals demonstrate that there is limited recognition and understanding about children's appropriate sexual development, as well as what constitutes appropriate behaviour for different developmental stages.

Focus group participants identified some situations where they found it difficult to assess and know how to respond, including knowing when children and young people's behaviour is 'normal' and when it is harmful. Professional participants highlighted gaps in their knowledge and understanding about how to address child sexual abuse, and how to respond to children with sexually harmful behaviours, particularly those behaviours related to online and social media content and sharing.

*That's where I have the least amount knowledge in terms of what constitutes risk and what is reportable – Those are the kinds of situations that don't fit with the decision tree and that is where I feel the most uncomfortable – I have a lot of conversations with colleagues about what to do and because this so new there isn't the research to back it*

*up. For example, I had a girl steal an image of another girl and post it – of course she may be identified as a perpetrator but of course she wouldn't see it like that – I wasn't sure what to do. (Professional Focus Group 1)*

Some professional participants said they believed they were working more frequently with families where children were being identified as having sexually harmful behaviours. Kids Helpline reported that in 2015 it was contacted 53 times by children or young people who identified as having sexually harmful behaviours, or had described sexual offending behaviours against others. Furthermore, professional participants noted that they were receiving more calls from and having more contact with parents concerned about their own children's behaviours, but had few service options to refer them to.

*Parents just don't know when something happens to their three-year-old whether this is normal, they just don't know where to access information – the mother just called our service but I just didn't really know where to refer her to – she wanted support so I gave her some helpline phone numbers. (Professional Focus Group 1)*

Telephone helplines also indicated that they received calls from parents and professionals about concerns for children and young people displaying sexually harmful behaviours. Some service providers reported that parents also phoned up frequently about their child being the victim of another child, or because their child was displaying behaviours that the parent was unsure about. Service providers said parents also called helplines to 'check out' their concerns regarding the age-appropriate sexual behaviours of young people.

*People call you know for example 'I don't know whether I should report this, it involves a 16-year-old girl and her boyfriend is 19 and I know that they're having sex. Do I need to report that?' or 'there's a child in my childcare centre and he keeps pulling down the pants of other children and trying to touch their private parts, I don't know whether to report that or not?' and you know, the staff on the helpline will talk them through that and often we will use – if we're also not entirely sure, often we will work with the person to use the NSW mandatory reporter guide. (Service Provider ES5)*

These organisations said parents often do not know where to access information or support that will address their questions, or what appropriate actions to take when they have concerns.

Professional participants and some service providers spoke about the need for consistent, national, early intervention programs focused on appropriate sexual behaviours and respectful relationships in early childhood education, schools and colleges. They said appropriate services need to be available for the general community, victims and perpetrators to help prevent abuse. Furthermore, in developing and providing education programs that focus on respectful relationships, organisations identified the need for cultural awareness and the use of appropriate language and modes of delivering such programs.

*You are never going to break those cycles of sexual violence and sexual abuse unless you have services for the victims of these acts, services for the perpetrators of these acts and services for families about better parenting and care and an overarching change of*

*culture in our community to respectful relationships that can be started in schools.*  
(Service Provider HL8)

Some service providers who worked with children with sexually harmful behaviours reported that problematic sexualised behaviours in children were often a result of other abuse or neglect the child has been subject to. These children were frequently clients of statutory child protection services.

*If you want to get rid of children’s problematic sexual behaviours you need to address all the other issues in their lives first – just start by looking at all the drivers that cause child abuse and neglect.* (Service Provider CS17)

Professional participants spoke about referring parents of younger children to online resources such as the Queensland Family Planning Traffic Lights System, and professionals working with young people said they provided training such as the LOVEBiTES<sup>7</sup> Respectful Relationships program. Only one professional participant said they had received training on this issue, and many professionals said it was hard to access training due to difficulties getting time away from work, and the limited availability and prohibitive cost of professional training courses.

## 5.10 Service delivery

The helpline and child abuse prevention services interviewed differed considerably in their public profile, annual budget, use of paid staff and volunteers, capacity to meet helpline demand and provision of other counselling support and prevention programs (see Section 4). Nonetheless, the helpline programs all indicated that a diverse group of individuals contacted them about the issue of child sexual abuse, which presented their organisations with particular challenges that needed to be addressed at an organisational level.

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<sup>7</sup> The LOVEBiTES program is a respectful relationship program for young people aged 14–17 years that was developed in 2003 on the mid-north coast of New South Wales by the Mid North Coast Women’s Health Service. LOVEBiTES is currently owned by the National Association for the Prevention of Child Abuse and Neglect. 47



### 5.10.1 Staff recruitment and retention

Some child protection–focused organisations said recruiting skilled staff was problematic. They said they aimed to recruit staff with social work, psychology or counselling qualifications, but were not always able to attract the staff they needed due to the type of work and less competitive salaries available for skilled staff, compared to those offered in government or consultancy work.

Service providers also said many of the graduates seeking employment – such as social workers – had received a broad generalist training that only provided a basic understanding of the issues surrounding child sexual abuse, and many graduates were not skilled or confident working in this area. Some service providers working with children with sexually harmful behaviours said new graduates frequently lacked skills and that on-the-job training was not appropriate.

*Recruitment is really difficult. For example we frequently get applications from people fresh out of uni, who only have placement experience and this is not the world to begin your professional career in. (Service Provider CS18)*

Retention of skilled staff was also problematic. Service providers working with child sexual abuse issues said that despite providing training and supervision, they frequently had high staff turnover rates. One service provider said this included staff who did not directly work with victim/survivors.

*I think that this is down to the type of work that they do – people disclose all sorts of things when they know you work in this [organisation] and we try and provide them with support but they just burn out. (Service Provider ES3)*

### 5.10.2 Providing education, training and supervision

All service providers described the need to provide orientation and ongoing training opportunities for staff members. No organisation was able to present an annual budget to support this, although larger programs and organisations said they did have a budget for professional development. Organisations said that much of the training available to staff was internally led, and that staff were offered a range of programs related to child protection, duty of care, risk assessment, trauma-related counselling and leadership programs.

Many service providers said that staff received regular supervision, ranging from weekly to monthly meetings. A smaller number of service providers reported providing external supervision as well as internal supervision. Some service providers said that working on a telephone helpline demanded a great deal of emotional energy from their staff, and that it was critical to provide real-time support and regular supervision, to avoid burnout.

Helplines noted that staff working directly on calls from individuals with problematic sexual thoughts and behaviours required particular support. They mentioned that only experienced counsellors took these calls and had opportunities to debrief immediately afterwards.

*It's a difficult call for us to take, these calls. We would only have the most experienced counsellors working with these men. It is difficult to listen to this stuff and we need to look after our staff. (Service Provider HL4)*



### 5.10.3 Funding

Although it falls under 'prevention services' for service providers rather than the 'primary prevention' definition of this project, participating organisations said that providing services to victims and offenders presents a range of practical issues that require appropriate funding. Service providers working to prevent child abuse said the range of programs needs to be broad so it encompasses the needs of victim/survivors and perpetrators. Programs also need to be developmentally appropriate and often need to cover large geographic areas. An example raised by organisations working with young people with sexually harmful behaviour as well as with victim/survivors of child sexual abuse was the need for adequate funding to keep both groups safe.

*We are really conscious about the fact that we didn't want adolescents who had acted out sexually to be coming to the same building with young children who had been sexually abused, so just being able to assign the resources and the funding to obtain a separate space was essential. (Service Provider ES3)*

Continued funding is also a source of concern for service providers; many organisations stated that they rely on short-term funding and philanthropic donations. One helpline ceased to exist within the duration of this research project due to limited funding, but other helpline and child abuse prevention service providers are funded with support from the Royal Commission.

Many of the organisations reported that they have funding eligibility criteria, so they are only funded to work with certain clients. One helpline service provider participant said that this was a particular issue for individuals who called with problematic sexual thoughts. The participant said that while their helpline could provide immediate support, the other programs they managed were only funded for specific issues, so they were unable to refer these callers further.

### 5.10.4 Challenges for reaching and responding to target groups

Many of the service providers said that over time they had developed a profile and community awareness of their organisation, and this greatly influenced their capacity to reach their intended target groups, including children and young people; individuals working with children, such as teachers; parents; and general community members. Some service providers said this gave them a fixed identity, for example, as 'an advocate of victim/survivors of child abuse'. Other participants said that the name of their organisation attracted individuals other than those targeted to seek help from them. More frequently, service providers said it was local and national inquiries, reviews and commissions that raised community awareness of the issue of child abuse, and often sparked an increased demand for services.

Dealing with this demand could be problematic for organisations, and many of the broader crisis helplines identified demand management as a key challenge. Smaller helplines said they experienced key times of demand, such as between 8 am and 10 am, midday and after 6 pm. Alongside the demand for helpline services, some organisations had trouble maintaining the integrity of the other programs they provided during a significant growth period, such as after the Queensland Carmody Child Protection Review (Queensland Child Protection Commission of Inquiry, 2013).

Some service providers said they were not necessarily reaching out to specific target groups but were working to provide services to whoever needed them. They noted that one of the challenges was developing awareness within the community that it was 'ok to talk about this'.

*At the end of stories in the media you often see our phone number or Lifeline or Kids Helpline. This helps let people know we are out there and can talk about this stuff.*  
(Service Provider ES10)

Service providers said that marketing activities, fundraising, media interviews and attending community events all contributed to raising their profile. A number of child protection-focused organisations also spoke about the resources, products and training their organisations had developed, and how they continued to create an awareness of their organisation and the issues of child abuse by marketing these supports. Many of the organisations had mailing lists and regularly contacted local and state-based organisations and institutions working with children, to advertise their training and education resources. One organisation said there were sometimes challenges in providing training and education to organisations.

*We find that some organisations are reluctant to have training for staff about child sexual abuse... it's about if they had engaged in that process or brought in training then that might imply that that there is a problem within the organisation – it's about reputational damage and it is something that they don't need to deal with.*  
(Service Provider ES3)

## 6. Implications for policy and practice

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This qualitative study provides in-depth and contextualised data about the help-seeking needs and behaviours of the target groups relevant to preventing child sexual abuse and were groups that had not been examined to date by the Royal Commission. It provides a snapshot of how helplines and specialised services currently work with target groups to protect children and prevent child sexual abuse. It also gives an overview of the current understanding of primary prevention, identifying what is lacking and suggesting what is needed to facilitate improved prevention of child sexual abuse.

The findings of this study have implications for both policy and practice. This section outlines the possible implications of the research findings relevant to the prevention of child sexual abuse.

### 6.1 Developing a whole-of-community approach to preventing child sexual abuse

A public health approach emphasises the importance of preventing future occurrences of child sexual abuse by understanding the scope and cause of the problem, and providing appropriate responses that motivate collective change (van Horn et al., 2015, p. 855). It is evident among the organisations and professionals interviewed that this approach is often confused with early intervention services for victims and offenders. Consistent characteristics of a public health model identify intervention at three key levels: primary, secondary and tertiary. Primary prevention intervenes at a universal level, aiming to stop any abuse occurring; secondary levels target early signs of abuse and tertiary interventions respond when abuse has already happened (Australian Institute of Family Studies, 2014). To influence the health and wellbeing of the whole population – as is needed with public health problems such as child sexual abuse – interventions are needed across all levels and must be able to reach every level of society including families, communities and governments. The confusion about what is currently provided at the three levels of intervention in a public health approach suggests the need for a clear, high-level government policy that directs a whole-of-system or whole-of-government approach to preventing child sexual abuse.

This study further reflects the findings in the literature that there is a limited understanding within the broader community as to how child sexual abuse may be prevented (Tucci et al, 2010). As Letourneau and colleagues (2014) identify, the ‘monster’ frame of offenders coupled with the complexity of child sexual abuse can contribute to the perception that child sexual abuse is ‘the result of forces outside ourselves, forces largely unpredictable and uncontrollable’ (p. 223). As identified in the literature, one of the challenges of preventing child sexual abuse is the inconsistent public awareness, knowledge and beliefs about child sexual abuse (Calvert Jr and Munsie-Benson, 1999). Currently, there is no coordinated response that provides prevention messages to empower parents, community members and individuals with problematic sexual thoughts toward children, to help them understand that child sexual abuse can be stopped. Broader (universal) primary prevention messages need to be provided, and should aim to change the social conditions that excuse, justify or even promote the sexual abuse of children, challenging the notion that child sexual abuse cannot be prevented.

### 6.2 Enhancing service delivery

While considerable effort has been made to encourage the development and evaluation of primary prevention child sexual abuse programs within Australia and internationally (Letourneau, Eaton, Bass, Berlin and Moore, 2014), there is a lack of coordination and quality control over the development and delivery of these programs within Australia. Nationally coordinating the delivery of programs may help

with quality assurance and robustness, as would support for and implementation of evaluations that consider the program effectiveness and outcomes.

The findings of this research study indicate that while there are national services that aim to raise awareness of and communicate best ways to respond to concerns about child sexual abuse, there is currently no single service that provides support and assistance to all the identified target groups. These services experience various challenges in providing well-resourced programs to their target groups, including difficulties recruiting and retaining staff, securing funding, and finding appropriate support staff.

One possible response is to develop a new national primary prevention service, resourced and available to address the help-seeking needs of individuals from each of the target groups. Services operating internationally, such as 'Stop It Now!' may be good models upon which to base a new service. The evaluation outcomes of 'Stop It Now!' could also be valuable in informing the development of a service to fit the Australian context.

A possible response may be to explore opportunities to extend an existing service, or resourcing partnerships among existing national primary prevention services

Additional knowledge and experience in addressing some of the existing gaps in service delivery – in particular, support for perpetrators – may also be drawn from the international arena. A model of a helpline or service could be developed supplemented by online resources (as with those provided by 'Stop it Now!'). A model such of this will need to meet the needs of help-seekers from culturally and linguistically diverse backgrounds, those with a hearing or speech impediment, and/or Aboriginal and Torres Strait Islander individuals.

Similar to the findings in the research literature (Babatsikos and Miles, 2015; Penn Schoen and Berland Associates, 2008), parents and community members in this study said that if they were concerned about possible incidences of child sexual abuse, they would be unlikely to report concerns but would instead use their own strategies. This was often due to not knowing where to go, or because of a fear of what would happen if they did get involved. Building the confidence of community members and parents to take action is an important step in protecting children. This study suggests that existing relevant organisations need to develop a broader community reach and awareness of their services.

### **6.3 Supporting better access to primary prevention education and resources**

Professionals such as counsellors, teachers, psychologists and social workers are in a unique position, in that they often have direct contact with children. These professionals play an important role in preventing and detecting child sexual abuse, and therefore need adequate training so they are aware of the distinctive issues surrounding child sexual abuse victimisation (Kenny and Abreu, 2015). This research highlights that the majority of professionals working with children receive limited specific education and training about child sexual abuse, and professionals indicate that they have limited knowledge about grooming and sexually inappropriate online behaviours. Furthermore, due to the lack of coordinated information and education, there is a 'pot luck' approach as to where professionals may access information and resources.

Those working with children and young people need access to regular education and training that focuses on preventing child sexual abuse, including a greater understanding about grooming and online and social media behaviours that place children at risk. There is also a need to ensure that the training, education and resources used by professionals are credible and evidence-based.

## **6.4 Addressing the needs of adults with problematic sexual thoughts and/or behaviours towards children**

The findings in this study regarding individuals with problematic sexual thoughts and behaviours towards children focus on the experiences of men. However, the literature does highlight that a much smaller number of women also perpetrate against children and young people (Brown et al., 2014; Beier et al., 2015). This is an area of research that requires further exploration. The lack of cultural diversity and the barriers and enablers to support that may exist for this group are also under-represented in this project, but require further exploration.

As identified in previous studies (Brown et al., 2014; Van Horn et al., 2015), various internal and external barriers prevent individuals from accessing support and assistance for problematic sexualised thoughts about children. A key issue for these individuals is that current legislation and mandatory reporting has a significant impact on their help-seeking behaviour. This study indicates the continued existence of these challenges, and highlights the need for a system-wide approach to address them.

This research also draws attention to the significant gap in the availability of services and supports for individuals with problematic sexual thoughts. While a range of treatment services and models are available to those who have offended, these services are currently not funded to support individuals who have not offended. While helplines are one form of support available to these individuals, the findings from this project identified that no helpline provides specialist support for these individuals, and there are few widely advertised or accessible external services that offer longer-term support.

## **6.5 Addressing the needs of family members of adults with problematic sexual thoughts toward children**

This research has not identified a program or service that consistently provides support to family members of individuals who identify as having problematic sexualised thoughts or behaviours towards children. Furthermore, little information is available that considers the needs of this population group. Further research is required to explore this issue.

## **6.6 Addressing the needs of children and young people with problematic sexual thoughts and behaviours**

A recent study concerning a prevention project that offers therapy to young people with sexually harmful behaviours aged 12–18 in Germany reports that first contact with the services was initiated most frequently by parents, carers or professionals working with the young people, and that only a small number of young people made contact themselves (Beier et al., 2016). Service providers who participated in this study said children and young people are cognisant of problematic sexualised thoughts and behaviours towards other children, and seek help and support for this. This study suggests that while telephone helplines can provide an appropriate first line of support for these young people, other local measures need to be developed to meet their longer-term support needs, particularly for those who identify problematic sexual thoughts but have not acted on their thoughts.

Service providers and organisations report that there is an increasing awareness of children and young people experiencing problematic sexual behaviours. The views of professionals interviewed for this study suggest that there is a need for earlier education programs for children and young people, emphasising respectful relationships.

This research also suggests that the causes and drivers of problematic sexualised behaviours in children are understood as occurring for a range of reasons, but that often these behaviours are a symptom of other forms of abuse and neglect. To prevent these behaviours, organisations suggested taking a broader approach to addressing the risk factors associated with child abuse and neglect.

Currently, parents have a limited awareness about appropriate developmental sexual behaviours of children and young people, relying on their own experiences or advice from family members and peers. Parents need to be able to access age-appropriate education and information so they can respond to and protect their children.

## 6.7 Future research

International literature on child sexual abuse offers few insights into the processes of the help-seeking needs and behaviours of the target groups before they are referred to and outside of the child protection and justice systems. While this research study adds to the understanding about the help-seeking needs and behaviours of these groups, a number of gaps remain and there is a need for further research.

- Research about adults and young people who have problematic sexual thoughts about children but who have not acted on their thoughts is extremely limited and there is little understanding about how these individuals seek help, or about the type of help they access and the outcomes of doing so. Further research is required.
- Limited research is available identifying how families of individuals with problematic sexual thoughts and/or those who have offended seek support for themselves or the individual at risk of harming a child. Understanding how families seek help and support individuals to not perpetrate is an important factor in preventing child sexual abuse.
- The literature highlights the importance of gender as a contributing factor in whether help or information is sought about an issue. It is apparent in this research that mothers are the key people who provide information to their children about preventing child sexual abuse. Further research is needed to understand how fathers may engage with this issue.
- Culture is also another contributing factor as to what motivates individuals to seek help. Further research is needed about help-seeking in Indigenous and culturally and linguistically diverse populations in relation to preventing child sexual abuse.
- This research highlights a need for the Australian community to understand that child sexual abuse can be prevented. Further research is required to understand the community- and society-level factors and possible strategies that that will contribute to changing attitudes and knowledge about child sexual abuse prevention.
- Research on education programs about preventing child sexual abuse remains at an early stage of development. Despite the progress that has been made, there is still a large gap in knowledge about how prevention programs should be designed, delivered and evaluated. There is, however, a strong consensus among researchers that more high-quality evaluation studies into prevention and education programs are needed.

## 6.8 Concluding comment

What is evident from this research project is that the way child sexual abuse is constructed and responded to has significant implications for the way it is prevented. A key issue identified in this report is the tension in how current policy responds to individuals with problematic sexual thoughts and behaviours towards children. While there has been some change in the discourse concerning children and young people with sexually harmful behaviours, the findings from this project highlight

the continued strong emotional response, from both the community and within policy, to adults with problematic sexual thoughts about children. This strong response means that for adults, the issue is only addressed through criminal redress. In other words, to receive any formal support or help for problematic sexual thoughts about children, adults need to offend. Maintaining this legal approach to policy fails to allow for preventative responses to this group of individuals and may further put children at risk. The findings show that it is important for a public health approach to incorporate a comprehensive and holistic approach to child sexual abuse that involves a continuum of strategies, and where prevention efforts are integrated with early intervention and response initiatives for all target groups.

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## Appendices

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### Appendix A: Literature Review: Help-seeking needs and gaps for preventing child sexual abuse

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## Executive summary

The purpose of this literature review is to inform and provide context to the second phase of the research project, the data collection phase, and to describe the evidence regarding the needs and help-seeking behaviour of the stated target groups. The literature review addresses the following key research questions.

- What are the specific target groups and hard-to-reach groups relevant to preventing child sexual abuse, including child sexual abuse in institutional contexts?
- What are the help-seeking needs of these groups?
- What is the help-seeking behaviour of these groups?
- What if any limits to confidentiality exist for each of the target groups potentially accessing advice, guidance or support focused on preventing child sexual abuse?

This exploratory literature review identified that a significant proportion of existing literature about child sexual abuse focuses on the prevalence, causes, diagnoses, short- and long-term impacts, supports for victim/survivors, and prevention and education programs for children and parents. Most recently, child sexual abuse has been discussed within a public health framework. Evidence concerning child-to-child sexually harmful behaviours has only recently begun to emerge over the past three decades.

Although there is a substantial amount of literature about people seeking psychological help in relation to mental health issues, current research offers limited insights into the processes of help-seeking for child sexual abuse. There is lack of literature that examines the help-seeking needs of parents, professionals and community members requiring information about how to prevent child sexual abuse, including those who are concerned about sexually harmful behaviours in children. The help-seeking needs and behaviours of perpetrators and child sex offenders are almost always part of secondary and tertiary interventions, and the literature reflects confusion and a lack of consensus in Australia about what constitutes primary prevention of child sexual abuse.

The psychological literature provides various models and concepts to explain help-seeking. However, the three stages of the help-seeking process that are most commonly outlined in the literature are problem recognition; the decision to seek help; and the selection and use of services and supports (Gross and McMullen, 1983).

The key target groups that seek help and are relevant to preventing child sexual abuse – including child sexual abuse in institutional contexts – are parents and family members, professionals, community members or bystanders, perpetrators and families of perpetrators.

Much of the literature consistently identifies that one major barrier to individuals seeking help is a failure to recognise or be aware of problems, and the low occurrence of perceived need for treatment. The literature shows that the majority of individuals within the community do not feel adequately knowledgeable or confident recognising child abuse generally, and while parents are happy to educate their children about this, it is most frequently the mother who adopts this role and the information and understanding they have about this issue can be limited.

While demographic characteristics such as gender and culture have been identified as influencing whether an individual formally seeks help, help-seeking by parents and other adults regarding child sexual abuse occurs most frequently when an issue arises such as concern about the behaviour of an adult or another child. Professionals who are concerned about children are frequently required by law to report to child protection authorities. This project has not identified literature about how professionals respond to concerns about perpetrators.

Barriers to seeking help are consistent with other research on issues such as gambling, HIV, and drug and alcohol use. Fear, stigma, problem recognition, cost of services, waiting times and geographic location all reduce formal service uptake. However, much of this research centres on service users and there are some unanswered questions about hard-to-reach populations.

The offer of confidentiality and anonymity, especially for perpetrators, is an essential element in building capacity to seek help and engage in the uptake of services. Different countries have different legislation concerning confidentiality and child sexual abuse, and in countries where confidentiality can be assured, perpetrators who haven't committed an offence are more likely to seek help.

# 1. Introduction

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) has commissioned the Institute of Child Protection Studies at the Australian Catholic University to carry out a research project that aims to explore:

- the service needs and help-seeking behaviours of professionals, parents and community members concerned about the behaviour of an adult who is exhibiting potentially sexually harmful behaviour toward a child
- the help-seeking needs and behaviours of professionals, parents and community members concerned about a child who is exhibiting potentially sexually harmful behaviour
- the help-seeking needs and behaviours of individuals concerned that they may sexually harm or otherwise abuse a child
- the functions and effectiveness of existing services tasked with responding to the needs of these target groups, including the knowledge, skills and abilities required of practitioners responding to target groups' service needs.

This research project will make an important contribution to informing the Royal Commission about how to better prevent child sexual abuse, including child sexual abuse in institutional contexts.

## 1.1 Purpose of the literature review

The purpose of this literature review is to inform and provide context to the second phase of the research project, the data collection phase, and to describe the evidence regarding the needs and help-seeking behaviour of the stated target groups. By drawing on current national and international research, this literature review also provides an analysis of the nature and extent of current research to identify research gaps, needs and priorities for future research.

The literature review addresses the following key research questions,

- What are the specific target groups and hard-to-reach groups relevant to preventing child sexual abuse, including child sexual abuse in institutional contexts?
- What are the help-seeking needs of these groups?
- What are the help-seeking behaviours of these groups?
- What, if any, limits to confidentiality exist for each of the target groups potentially accessing advice, guidance or support focused on preventing child sexual abuse?

## 1.2 Definitions

### Primary prevention interventions

In this literature review, primary prevention refers to the World Health Organization's definition. That is, primary (or universal) interventions are strategies that target whole communities or populations and attempt to stop maltreatment before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers and decision-makers about the scope and problems associated with child maltreatment. These interventions may focus on changing cultural and societal norms, such as beliefs about the use of corporal punishment. They may also focus on policy and legal reforms, and alleviating social inequalities (Butchart, Harvey, Mian and Furniss, 2006).



## Child sexual abuse

The definition of child sexual abuse used in this report has been developed from the Royal Commission's official definition; that is: any act that exposes a child to or involves a child in sexual processes beyond their understanding or contrary to accepted community standards. Sexually abusive behaviours can include the fondling genitals; masturbation; oral sex; vaginal or anal penetration by a penis, finger or any other object; fondling 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.

## Child sex offender or perpetrator

Not all child sexual abusers have a sexual preference for children and not all adults who are sexually attracted to children may act on these feelings. The literature highlights the diversity of individuals who abuse children. This review does not aim to differentiate between types of offenders; rather, we refer to non-convicted individuals with problematic sexual thoughts and potential behaviours about child sexual abuse as 'perpetrators'. The term 'offenders' refers specifically to those individuals who have been convicted of child sexual abuse.

## 1.3 Search methods

### Search terms

First, we developed a list of relevant and related search terms. These terms guided the search and we derived additional key words from the literature. We used the following terms and combination of terms: child sexual abuse, child abuse, child sex offender, molester, paedophile/pedophile, child-to-child abuse, problematic child sexual behaviours, juvenile sex offender, prevention, primary prevention, parent, professional, concerned significant other, bystander, public health, help-seeking, information seeking, education, service use, service utilisation and guidance.

We also used synonyms and related terms such as family member, father, mother, counsellor, social worker, helpline, hotline, awareness and child maltreatment.

### Databases

We obtained literature no more than 15 years old using government websites, clearing houses, e-journals and databases, including:

- Academic Research Library
- Academic Search Complete
- Australian Academic Press (e-journals)
- Australian Institute of Health and Welfare
- Family & Society Plus
- Gale Virtual Reference Library
- Oxford Reference Online
- ProQuest Social Science Journals
- PsycINFO
- SAGE eReference
- SAGE Journals Online (e-journals)
- Social Work Abstracts PLUS (database)

- Google Scholar
- JSTOR (e-journals)
- Meditext
- Taylor and Francis
- Wiley Interscience
- Scopus

Key journals we searched included the Journal of Child Sexual Abuse; Sexual Abuse in Australia and New Zealand: an interdisciplinary journal; Sexual Abuse; and Child Abuse and Neglect.

## Search results

The initial scan of the literature identified that there is a significant body of literature about the issue of child sexual abuse. The literature comprises a range of domains that include the prevalence, causes, diagnosis, short- and long-term impact, support for victim/survivors, and prevention and education programs for children and parents. Most recently, child sexual abuse has been discussed within a public health framework (as discussed below).

Although there is a substantial amount of literature about seeking psychological help in relation to mental health issues, current literature offers limited insights into the processes of help-seeking involving child sexual abuse. There is a shortage of literature that examines the help-seeking needs of parents, professionals and community members who require information about preventing child sexual abuse including those concerned about sexually harmful behaviours in children. Our research found that the help-seeking needs and behaviours of perpetrators and child sex offenders are almost always related to secondary and tertiary interventions. While these papers provide some information, for the purposes of this review, we did not include papers that focused only on sex offender management and treatment.

Although we referred to a range of literature, two key studies and their associated reports and papers inform this review.

- Prevention Project Dunkelfeld is an innovative German primary prevention strategy aimed at paedophiles and hebephiles who have not been arrested or convicted of any sex crimes against children but are seeking help and treatment. A number of papers have been published about the project (Beier, Ahlers et al., 2009; Beier et al., 2015; Beier, Neutze et al., 2009).
- The ‘Stop It Now!’ telephone helpline operates in the United Kingdom and Netherlands, and is based on the United States ‘Stop It Now!’ helpline. This helpline was established to allow individuals who were worried about their thoughts and actions around children to anonymously speak with helpline staff about their concerns. It also provides advice and support to offenders’ or potential perpetrators’ relatives and family members, and concerned others including the public, professionals and parents. Our research refers to two key reports and papers (Brown et al., 2014; van Horn et al., 2015), which demonstrate the findings from an independent evaluation and economic analysis.

Both these studies provide relevant data and findings about the target groups relevant to preventing child sexual abuse. No similar study is available in Australia.

In anticipation of the limited literature on these issues, the review included Australian and international research about help-seeking needs and behaviours in other subject areas that may

experience similar stigma and associated issues, such as barriers to seeking help. These were restricted to:

- gambling
- domestic and family violence
- drugs and alcohol
- HIV.

## 2. Background

Child sexual abuse is considered to be a global problem and literature from across various disciplines has found that the associated impacts include a diverse range of negative outcomes for individuals (Cashmore and Shackel, 2013). Experiencing child sexual abuse has led to depression, alcohol and substance abuse, eating disorders for women and anxiety-related disorders for men (Cashmore and Shackel, 2013; Dinwiddie et al., 2000; Kendler et al., 2000). Such outcomes are found to negatively influence the course of life for those who have been abused and there are substantial accumulated adverse effects on adult developmental outcomes (Fergusson, McLeod and Horwood, 2013). Furthermore, the negative impacts and trauma of child sexual abuse have also been found to adversely affect the victim of the abuse, and the effects can extend to those individuals who support them such as parents and siblings (McNaughton Nichols, 2012).

Although there seems to be some consensus on the persistent occurrence and impact of child sexual abuse, argument remains as to the overall prevalence of child sexual abuse (Stoltenborgh, van IJzendoorn, Euser and Bakermans-Kranenburg, 2011). Literature highlights that the scope and extent of child sexual abuse is difficult to determine (Tarczon and Quadara, 2012) and it is considered that much of the child sexual abuse that occurs remains unreported (Posch and Bieneck, 2016). In addition, estimates of child sexual abuse vary widely, often due to methodological issues such as differing definitions of child sexual abuse, the type of child sexual abuse studied, variations in sampling methods, and the coverage and quality of data (Singh, Parsekar and Nair, 2014).

Nonetheless, international studies highlight that one in five women and one in 13 men report having been sexually abused as a child (World Health Organization, 2014). In Australia, almost 1 million women and 337,400 males have reported experiencing sexual abuse before the age of 15 (Australian Bureau of Statistics, 2006). Two-thirds of all child sexual abuse victims (68 per cent) reported being sexually abused before the age of 11. More than 90 per cent of female victims and 80 per cent of male victims knew the perpetrator (Australian Bureau of Statistics, 2006). Both males and females reported experiencing sexual abuse as a child, perpetrated by someone known to them. Recent reports from the United States and the United Kingdom described a decline in rates of substantiated child sexual abuse (Finkelhor and Jones, 2012). In Australia, the rate of substantiated sexual abuse rose slowly over 2012-2013 period although has remained fairly stable over the past two years (AIHW, 2016). Between 2013 and 2014, 14 per cent of substantiations of harm or risk to children in Australia were related to sexual abuse (AIHW, 2015).

The prevalence of individuals that commit sexual offences towards children also remains unclear. A significant number of perpetrators remain unknown to authorities and they frequently have no contact with preventative services (Beier et al., 2015). What the research does indicate is that there is considerable diversity among sex offenders with regard to their victim target group, motivation and way of operating (see Smallbone, Marshall, Wortley and Seto, 2013 for further information). Brown et al. (2014) also highlights the growing problem of online child abuse. It is unclear how many individuals engage in online child sexual abuse offences, including accessing online child abuse images,

although data derived from the National Crime Agency in the United Kingdom in 2012 estimated that at least 50,000 known individuals had downloaded or produced child abuse images (Brown et al., 2014, p. 9).

Although much of the literature discusses the perpetration of child sexual abuse by adults, there is an increase in literature that highlights the number of children who demonstrate concerning sexually harmful behaviours and who commit sexual offences towards other children (Boyd and Bromfield, 2006; McKibbin, Humphreys and Hamilton, 2015). Indicators suggest that between one-fifth and one-third of all child sexual abuse in the United Kingdom involves other young people as perpetrators (Smith et al., 2014). Beier et al. (2016) reports that a central finding of Prevention Project Dunkelfeld was a large number of adult participants reporting to have already exhibited child abuse behaviours during adolescence, many of whom wished they had been able to receive therapeutic support earlier. In Australia, Boyd and Bromfield (2006) report mixed accounts of the rates of child sexual abuse perpetrated by other children. They highlight that although data obtained from police and health reports demonstrates that the sexual abuse committed by young people is relatively consistent (between 9 per cent and 16 per cent), other authors have argued that rates are much higher, and that sexual abuse by young people accounts for up to 50 per cent of offences against children and 30 per cent of rapes of adolescent girls and adult women (Boyd and Bromfield, 2006).

The literature indicates that a significant number of men's sexual fantasies involving children begin before the age of 20 (Beier, Neutze, et al., 2009). Between 30 per cent and 50 per cent of child sexual abuse offenders reported already being aware of their sexual preference for children since puberty (Abel et al., 1987; Elliott, Browne and Kilcoyne, 1995; Marshall, Barbaree and Eccles, 1991 as cited in Beier et al. (2016)). However, research also indicates that most children do not continue to sexually offend and most do not develop into adults who sexually abuse children (Smith et al., 2014). In fact, most children will stop engaging in sexually abusive behaviour, and children who have participated in treatment to address their sexual offending are approximately 12 per cent less likely to reoffend sexually than children who have not participated in such treatment (Rothman, 2016).

## **2.1 Public health approach**

Child sexual abuse, including child sexual abuse in institutional contexts, is a preventable problem that Commonwealth, state and territory governments have responded to varying strategies, such as inquiries, legislative change, and state-based regulations including Working with Children Checks (Quadara, Nagy, Higgins and Siegel, 2015). Traditionally, responses to child sexual abuse have focused on protecting children, treating the effects of abuse and managing offenders. Emphasis has been placed on providing programs that target children, parents and guardians (Brown et al., 2014).

More recently, the issue of child sexual abuse has been positioned within a public health framework (Smallbone, Marshall and Wortley, 2008). The public health approach emphasises the importance of preventing future occurrences of child sexual abuse by understanding the scope and cause of the problem and providing appropriate responses that motivate collective change (van Horn et al., 2015, p. 855). Interpretation of a public health model of prevention can vary (Australian Institute of Family Studies, 2014), although consistent characteristics of a public health model identify intervention at three key levels: primary, secondary and tertiary. Tertiary interventions respond when abuse has already happened; secondary levels target early signs of abuse; and primary prevention intervenes at a universal level, aiming to stop any abuse occurring (Australian Institute of Family Studies, 2014). To influence the health and wellbeing of the whole population – as is needed with public health problems such as child sexual abuse – interventions are needed across all levels and must be able to reach every level of society including families, communities and governments.

The need to pursue a public health approach to child sexual abuse is reflected internationally in the World Health Organization's policy 'Preventing Maltreatment: A guide to taking action and generating evidence' (Butchart et al., 2006). However, within Australia, policy on child sexual abuse is sited within the Commonwealth Government's commitments to address violence (including sexual violence) against women and girls, in the National Plan to Reduce Violence Against Women and their Children (2010–2022) and to safeguard children, in the National Framework for Protecting Australia's Children (2009–2020). While both of these nationally endorsed frameworks are underpinned by a public health approach, there is little overall government policy that directs either a whole-of-system or whole-of-government approach to child sexual abuse prevention (Quadara, Nagy, Higgins and Siegel, 2015, p. 38).

## 2.2 Primary prevention and child sexual abuse

To be child-safe, individuals, institutions and communities must understand the concept, dynamics and effects of child sexual abuse, and be able to identify it and then respond effectively. However, national and international research has identified a continuing lack of understanding of child sexual abuse-related issues within the community (Chen, Dunne and Han, 2007; Tucci, Mitchell and Goddard, 2010). This includes a limited understanding about perpetrators' grooming behaviours, and limited knowledge and skills required to identify child abuse in a timely and appropriate way.

A primary prevention approach to child sexual abuse promotes safe, healthy environments and behaviours, reducing the likelihood of abuse in the first place. This approach is often confused with early intervention services for victims and perpetrators. Quadara et al. (2015) report that the prevention approaches available in Australia are located at either end of the spectrum of prevention: on the one end are prevention strategies involve educating and informing individuals about child sexual abuse before any abuse is perpetrated, and at the other, there is considerable focus on working with offenders to prevent re-offending.

While it is not the purpose of this paper to consider the range and quality of primary prevention strategies available in Australia and internationally, it is important to note that there has been considerable international effort to encourage the development and evaluation of primary prevention child sexual abuse programs (Letourneau, Eaton, Bass, Berlin and Moore, 2014).

What is also important to note is the limited research reviewing the effectiveness of many existing primary prevention programs; it has been argued that many of these existing programs are ineffective (Letourneau et al., 2014). Letourneau et al. (2014) highlight the limited implementation settings, ineffective program content and insufficient skills contributing to the failure and limitations of such programs. Furthermore, funding for these programs is precarious and there is a general failure to target adults who might protect children while also targeting potential offenders.

## 3. Help-seeking

One of the primary challenges of child sexual abuse prevention is enabling adults and children concerned about themselves or others to overcome cultural and practical barriers to seeking advice, help or guidance (van Horn et al., 2015, p. 861). The importance of gaining insights about help-seeking appears across a number health and welfare fields, and a common concern is that those who may need help or guidance (or be perceived to need help) do not ask for it (Broadhurst, 2003).

## Help-seeking behaviour

The literature review reveals a range of existing definitions of help-seeking. The majority derive from psychological and health literature, and emphasise the need for communication with others to obtain assistance in response to a question, problem or distressing experience (Rickwood and Thomas, 2012). Rickwood, Deane, Wilson and Ciarrochi (2005) define help-seeking as ‘a form of coping that relies on other people, and is therefore often based on social relationships and interpersonal skills’ (p. 4).

Seeking help is considered one of the most important problem-solving strategies that an individual can use, and the type of assistance required by help-seekers can be broad and far-reaching (Wilson and Deane, 2001). The type of assistance sought may include specific information, education, support or treatment to address the specified problem or question. Help can be and is usually obtained from a variety of known places and people. However, the level of formality varies. The literature highlights that individuals usually engage in informal help-seeking with friends and family, and formal help-seeking with professionals such as counsellors, health professionals and teachers. More recently, literature has described the use of technology such as online counselling, self-help apps and computer-assisted programs (Best, Foye, Taylor, Hazlett and Manktelow, 2013).

The study of help-seeking behaviour reaches across various disciplines that include sociology, health and medicine, education, psychology and social work, and there are many theories, models and concepts to explain why and how individuals seek help. Hess and Tracey (2013) report that theory in psychological help-seeking tends to fall into one of two categories: a global approach where all help-seeking is understood as similar or, a distinct approach in which help-seeking is viewed as problem-specific (p. 321). Early-stage models of help-seeking such as those described by Broadhurst (2003) – together with models such as the Behavioural Model of Health Service Use (Andersen, 1995), the Health Belief Model (Janz and Becker, 1984) and the Social Organization Strategy (Pescosolido, 1992) – are frequently cited, and continue to hold place among more contemporary research (Henderson, Evans-Lacko and Thornicroft, 2013)

While there is clearly variation between these models and approaches, the literature commonly outlines three stages of the help-seeking process: problem recognition; decision to seek help; and selection and use of services or supports (Gross and McMullen, 1983). These stages are not necessarily a linear process, although most individuals are unlikely to seek help unless they have recognised that they have a problem (Gross and McMullen, 1983).

Much of the available literature about help-seeking focuses on the uptake of services (from the practitioner perspective) and service utility, and rarely considers the processes prior to accessing support. However, by considering the nature of help-seeking as a dynamic and interactive process, Broadhurst (2003) draws attention to the notion that such stages enable the help-seeker to be understood as an active participant in recognising their own problems, and in making the decision about how they may respond to or seek help for the problem.

## 4. Help-seeking and child sexual abuse

### 4.1 Problem definition and appraisal

Much of the literature highlights the difficulties individuals have in self-recognising or being aware of problems such as gambling and alcohol and drug use (Clarke, Abbott, DeSouza and Bellringer, 2007; Mojtabai and Crum, 2013). The low occurrence of a perceived need for treatment has been



consistently identified as a major barrier to help-seeking for both mental health and drug and alcohol issues, and there has been a call to focus on improving problem recognition and appreciation of need for treatment or responses for these problems (Mojtabai and Crum, 2013).

Differing definitions and cultural understandings of a problem are also apparent in the literature, and Lowe, Pavkov, Casanova and Wetchler (2005) highlight that what is labelled as deviant or problematic behaviour varies not only from nation to nation, but also from culture to culture, and from subculture to subculture (p. 148). Although sexual abuse occurs in all cultures and societies, certain cultural beliefs and values may contribute to accepted community practices in which children can be abused or that may promote silence and secrecy about abuse (Reitsema and Grietens, 2016, p. 331)

Certainly one of the limitations of existing research on child sexual abuse is the underlying assumption that all communities share the same definition as other groups, even though the literature also highlights that current definitions of child sexual abuse are problematic and there are calls by researchers for a more universally accepted definition of child sexual abuse (Hunter, 2006).

### **Community members**

One of the challenges of preventing child sexual abuse is the inconsistent public awareness, knowledge and beliefs about child sexual abuse (Calvert Jr and Munsie-Benson, 1999). In spite of the positioning of this issue as a public health problem, child sexual abuse is often not seen as a major community issue (Chen, Dunne and Han, 2007; Tucci, Mitchell and Goddard, 2010).

The literature highlights that there seems to be a lack of knowledge of what constitutes abuse and this in turn has led to a significant underestimation of the problem (Tucci, Mitchell and Goddard, 2010). A survey conducted by the Australian Childhood Foundation about community attitudes to child abuse reports that between one in 10 and one in three people were unclear about the actions or behaviours that constituted child abuse. This report highlights that a 'community unable to identify the potential for children to be at risk of abuse and harm is a community unable to act to protect them' (Tucci et al., 2010, p. 19).

### **Parents**

The literature acknowledges that parents are often the most readily accessible and important source of information for their children when it comes to preventing child sexual abuse (Walsh and Brandon, 2012). Yet a recent systematic review about child sexual abuse prevention education (Hunt and Walsh, 2011) reports that many parents lack information about child sexual abuse, and many continue to believe that child sexual abuse is perpetrated by strangers (Sanderson, 2004). Furthermore, parents lack the confidence, vocabulary and resources to talk with their children about child sexual abuse, and some still question the accuracy of children's reports (Chen et al., 2007; Walsh and Brandon, 2012).

A study by Walsh and Brandon (2012) reports that parents in Australia demonstrate an interest in providing child sexual abuse education to their children, and support the use of protective education programs in school. However, these parents received limited education about child sexual abuse themselves. Overseas research has found that many parents report wanting to educate their children about child sexual abuse, although the number of parents that have these conversations with their children is fairly low and parents' basic knowledge and understanding can be quite limited (Chen et al., 2007; Thomas, Flaherty, Binns and Group, 2004).

A recent Australian qualitative study conducted by Babatsikos and Miles (2015) focused on how parents managed the risk of child sexual abuse. Although parents were recruited using a general sampling criteria, 25 of the 28 interviewed reported at least one incident where their child had experienced what they had considered to be a 'sexual boundary-crossing incident'. A key finding from this study highlighted the difficulties that parents experienced when deciding whether some incidents were normal and healthy or abnormal and possibly harmful to their child (p. 65). Babatsikos and Miles point out that defining what is 'acceptable' or what is 'a problem behaviour' is a subjective experience and may differ from parent to parent. What was evident in this study was that parents frequently experienced a feeling or an instinct that something was wrong but had considerable difficulty proving or documenting this. In addition, many of the incidents happened to children when they were with an adult that was known to the child and parents. Babatsikos and Miles point out that parents are reluctant to make accusations about inappropriate behaviour because of the negative consequences if they are wrong. Hence it is a problematic situation when parents are weighing their decision to keep the child safe and maintain social cohesion.

## **Professionals**

Professionals such as counsellors, teachers, psychologists and social workers are in a unique position because they often have direct contact with children. These professionals play an important role in detecting and preventing abusive situations, and therefore need adequate training so they can be aware of the distinctive issues surrounding child sexual abuse victimisation (Kenny and Abreu, 2015).

Professionals have reported that there have been issues working out what is a problematic behaviour or identifying individuals that pose a risk to children. Over the course of one year (2012–13), 5 per cent of calls to the 'Stop It Now!' helpline in the United Kingdom were from people identifying as professionals. Brown et al. (2014) report that professionals working in a wide range of disciplines have a role in preventing child sexual abuse, yet it is evident from the results of this questionnaire that despite having good knowledge of protective actions, professionals may not feel confident identifying adults and children who are at risk of committing child sexual abuse.

## **Individuals concerned about their own behaviour**

Denial is high among men accused or convicted of child sexual abuse offences. This occurs for a number of reasons, including a lack of insight, fear of consequences and the need to maintain a positive self-image (Hossack, Playle, Spencer and Carey, 2004). The literature about child sex offenders also discusses how offenders minimise their offending and sexual attraction to children by denying the harms caused (Cooper, 2005; Marshall, Anderson and Fernandez, 1999).

Conversely, Beier et al. (2009) reported that a considerable number of men volunteered to participate in the Berlin Prevention Project Dunkelfeld. Through the media campaign associated with this, they were able to demonstrate that these individuals could be reached provided that a range of conditions were met, such as confidentiality and treatment by experts who specialise in assessing and treating their disorder. Furthermore, the literature reveals that child sex offenders have been found to display high levels of other mental health issues (Stinson, Becker and Tromp, 2005), potentially due to the distress associated with their sexual preference. This may indicate that they are more likely to seek help (Beier, Ahlers et al., 2009)



## **Children with sexually harmful behaviours**

It was not until the early 1980s that the severity of the sexual behaviour of children towards other young children was recognised. According to Smith, Allardyce et al. (2014), society and professionals denying and minimising the significance of child abuse perpetrated by young people has been a significant issue. According to Oliver (2007), the fact that many children and young people do not understand what inappropriate sexual contact with children is – and the damage it may cause – partly explains this abuse. However, adults do not always know how to approach this problem either, and many offenders, including juvenile sex offenders, persist in denying the extent of their involvement in the offence or that it even took place (Goodman-Delahunty, 2009).

## **4.2 Demographic factors and help-seeking**

The literature discusses two key demographic characteristics: gender and culture. A review of the broad literature about help-seeking and service use indicates that the majority of service users are women and that men are frequently reluctant to seek help and use services (Galdas, Cheater and Marshall, 2005). According to Yousaf, Popat and Hunter (2015) traditional masculine behaviour and men's masculinity ideals are a significant barrier to them seeking psychological help. However, an interesting observation relating to the pattern of help-seeking and service use by men suggests that when men initially seek help it tends to be indirect, and that men tend to view their partners and friends as a primary resource for help. According to Clarke, Abbott, De Souza and Bellringer (2007), male problem gamblers most frequently turn to partners, friends and family members for help before accessing formal support services. In the area of child sexual abuse education, Babatsikos and Miles (2015) said the fathers in their study gained much of their information from their female partners, who explained to them the risks and concerns about child sexual abuse.

Previous research has demonstrated that cultural differences also considerably influence formal help-seeking. Cultural understandings of accessing support, language barriers, trust of formal authorities, hierarchy and gender norms all influence whether some ethnic groups access formal support (Sheikh-Mohammed, MacIntyre, Wood, Leask and Isaacs, 2006; Stewart et al., 2008). In addition, some research highlights the value conflict in help-seeking behaviours for collectivist cultures, arguing that western individualistic cultures frequently have a more positive attitude to seeking professional help (Kanukollu and Mahalingam, 2011).

Farrelly (2008) reports that Aboriginal help-seeking among those with mental health issues can be complicated and even obstructed by issues relating to the close-knit nature of Aboriginal communities and the inappropriateness of using western frameworks. Furthermore, other research concerning Aboriginal service uptake for issues of family violence (Lumby and Farrelly, 2009) reports that these issues need to be considered in the context of cultural, historical and contemporary factors affecting Aboriginal people's help-seeking skills and knowledge of available services.

## **4.3 Decision to seek help**

### **Community members**

Literature on help-seeking behaviour and bystander interventions has concentrated on emergency situations, bullying and sexual violence prevention (Banyard, Moynihan and Plante, 2007; Trach, Hymel, Waterhouse and Neale, 2010). Bystander research focuses on individuals and situations that help or prevent the helping of others, and studies have found that there are particular issues stopping

individuals from providing help or assistance (Banyard, 2015). These may include a situation where societal norms dictate that individuals should not get involved; there is a risk of being injured physically, emotionally or socially; there is an assumption that others will intervene and take responsibility; or individuals wish to avoid the awkwardness associated with intervening in a dispute with people they might not know (Leonard, 2014).

According to Christensen, Sharman and Powell (2015) attrition rates of child sexual abuse reports overseas is partly due to the misinformed beliefs among the general public about the nature of child sexual abuse, which may prevent reports being made. An Australian study by Tucci et al. (2010) reported that there is a general lack of confidence in responding to child safety issues, and similar concerns were echoed in a survey of 1,500 adults specifically in New South Wales (Corrigall, Grealy, Rintoul and Schwartzkoff, 2006). People reported that they did not think they had a responsibility or a role to play in child safety and protection, and only 2 per cent of respondents mentioning anything about child protection. However, the research also recognised that even when individuals have a basic awareness of the need for child protection, they do not always become involved and there remains a gap between ‘knowing and doing’ (Australian Institute of Family Studies, 2012).

## **Parents**

The literature defines parental help-seeking as encompassing the full range of activities parents may engage with to improve their parenting. However, parental help-seeking has most often been defined as seeking assistance – typically from professional mental health services – to address an existing problem (Redmond, Spoth and Trudeau, 2002).

The ‘Stop It Now!’ program evaluation highlights the range of circumstances that may trigger an individual’s decision to seek help, and shows that having a clearer understanding of such ‘catalysts’ may enable services to improve their capacity to respond to the needs of the individuals (Brown et al., 2014). Brown et al. (2014) report that over a 10-year period, 4 per cent of calls were from concerned parents concerned about a child or young person’s sexual behaviour. A number of parents were concerned about individuals or situations so they sought advice and guidance. The need to speak with an expert about possible instances of abuse and how to prevent or minimise the risk of this occurring was a significant catalyst for parents seeking help. Parents and other adults were also prompted to seek help when they had concerns about the sexually harmful behaviour of a child. Adults frequently sought information and support in other situations, including after they had made a report about a child to a statutory agency, when they needed to understand a young person’s behaviour, when they needed to obtain advice on how to work with other agencies, and when they wanted to know what else could be done to prevent further offending.

## **Professionals**

Mandatory reporting is legislated in all states and territories in Australia. The legislation generally specifies that all suspicions of child sexual abuse must be reported without requiring the reporter to exercise any discretion concerning the extent of harm resulting from their report (Australian Institute of Family Studies, 2016).

The literature indicates that disclosure of sexual abuse to professionals is limited by various factors, including individuals being scared that authorities (such as child protection or the police) may become involved and may result in family dissolution, or the victim/survivors simply not being aware that professional help is available (Breckenridge, Cunningham and Jennings, 2008). Furthermore, De Visser, Smith, Rissel, Richters and Grulich (2003) found that although participants who had been sexually

abused (one-third of the people in their study) had talked to others about their experience, few had spoken to a professional.

### **Individuals concerned about their own behaviour**

Brown et al. (2014) reported that being arrested by the police for child sexual abuse offences is frequently the catalyst for many of the adults living in the United Kingdom who have concerns about their own behaviour deciding to seek help. These men described feeling ‘acutely distressed and ashamed’ (p. 37) and this sometimes led to feelings of suicide and self-harm. Seeking support was one way to cope with these feelings. Individuals concerned about their behaviour also said their decision to seek support was underpinned by a motivation to address their behaviour, and the need to understand what support was available and how this may help them to prevent further offences. Of the 56 per cent of calls in the United Kingdom that related to child sexual abuse and were placed by adults seeking help about their own behaviour, 8 per cent of these callers had not previously committed an offence.

In addition, family members and relatives of those who had been charged with child sexual abuse offences were often compelled to seek help when they had found out about the crimes committed by their relative. Relatives described having a multitude of feelings on finding out about the arrest of their relative, and described their need to seek emotional and practical support – emotional support to deal with the complexity of feelings they had for someone they loved but who had committed a crime they could not understand, and practical support to understand the involvement in statutory child protection and the criminal justice process. Family members also described the shame and stigma they experienced and the need to access support and advice within a safe space (Brown et al., 2014).

### **Children with sexually harmful behaviours**

A recent study concerning a prevention project offering therapy to 12-to-18-year-old young people with sexually harmful behaviours in Germany reported that first contact with the services was initiated most frequently by parents, carers or professionals working with the young people. However, a small number of young people contacted the project office on their own. While participants reported that they were prompted to contact the project after becoming aware of it through the media campaign, only a minority of the young people contacted the project of their own accord. Subsequently, the motivation for young people to seek support remains unclear (Beier et al., 2016).

## **4.4 Actively seeking help**

A broad range of literature has outlined the barriers and enablers to seeking help for stigmatised issues such as HIV, gambling and drug and alcohol use (Agu, Lobo, Crawford and Chigwada, 2016; Berridge, Cheetham, McKay-Brown and Lubman, 2015; Field et al., 2013; Harding and Fox, 2015). The literature describing the barriers to seeking help about child sexual abuse has fundamentally focused on adult and child victim/survivors seeking help after disclosure (Crisma, Bascelli, Paci and Romito, 2004; Jonzon and Lindblad, 2004; Ullman, 2002).

Questions of what prevents certain population groups (with particular issues) gaining access to support have frequently appeared in the literature (Bhana, McKay, Mellins, Petersen and Bell, 2010; Clarke et al., 2007; Gates, 2015; Hing, Tiyce, Holdsworth and Nuske, 2013). Research identifies various barriers preventing the uptake of services and impeding access to services. These issues include

stigma, fear, guilt, a lack of service awareness, the cost of services, waiting times and geographic location (Digiusto and Treloar, 2007; Maguire-Jack and Negash, 2015; Ou, Chen, Garrett and Hillman, 2011). Most of the research on the uptake of services (or barriers to taking up services) involves people engaged in services, although Broadhurst (2003) noted that relying on information from those who access services may present problems. In particular, as few studies focus on these individuals, questions remain about hard-to-reach populations and populations that do not use these services.

## **Community members**

A United States survey based on a nationally representative telephone poll conducted in 2008 identified key barriers for community members who could prevent or report child abuse (Penn Schoen and Berland Associates, 2008). Penn et al. report that individuals were prevented from accessing support or getting involved due to:

- a limited ability to identify the warning signs
- a fear of reprisals or of being sued
- a fear that reporters could be wrong
- a general fear of what would happen if they did get involved.

In Australia, Tucci et al. (2010) reported that just under half the respondents in their survey took direct action by reporting their concerns to statutory child protection authorities or the police. Other responses were less direct and involved seeking advice from appropriate others in the community or discussing concerns with the parent. Only a small number of respondents spoke about the concerns directly with the child, or raised the issue with the person who was suspected of being the perpetrator of the abuse. This study found that respondents had the following reasons for not taking action (Tucci et al., 2010 p.15).

- I was unsure that the abuse was actually taking place (33 per cent)
- I didn't know what was the right thing to do (30 per cent)
- I didn't want to get involved (24 per cent)
- I didn't know who to contact (23 per cent)
- I didn't know what would happen if I did something (17 per cent)
- I thought I might make the situation worse if I did something (13 per cent)
- Someone else I spoke to advised me to do nothing further (7 per cent)
- I had fears for my own safety if I did something (7 per cent)
- I didn't think the authorities would help (7 per cent)
- I was worried that the family would be broken up (7 per cent).

## **Parents**

According to Babatsikos (2010), parents receive information about child sexual abuse issues from a range of sources, including mass media, workplaces, pamphlets and formal training, although they were least likely to access helplines (Rheingold et al., 2007). Parents concerned about possible incidences of child sexual abuse were unlikely to report incidents to the authorities when they involved individuals well known to the family, and were most likely to develop and use their own strategies rather than seek help from formal services (Babatsikos and Miles, 2015). When parents did describe accessing supports or further information about child sexual abuse, they contacted their child's school, accessed online information and read pamphlets from community organisations.

## Individuals concerned about their own behaviour

For individuals concerned about their own behaviour, much of the existing literature is related to research about treatment for offenders. Programs are available in correctional and community settings for child sexual abuse offenders. The literature indicates that models of support such as Circles of Support and Accountability (COSA) (R. J. Wilson, Cortoni and McWhinnie, 2009) and the Good Lives Model (Ward, Mann and Gannon, 2007), provide offenders with support on their release from custody, to help them reintegrate into the community and to prevent re-offending. The COSA model developed in Canada is available in the United Kingdom and the United States, and in 2015 a pilot model was arranged for implementation in South Australia. To date, no further information has been provided about this program.

As noted earlier, international experience ('Stop It Now!' and Prevention Project Dunkelfeld) demonstrates that many people with sexual attractions to children and early adolescents can be motivated to access support to help them avoid committing sexual offenses against children and/or early adolescents (Beier et al., 2009). There is limited research concerning the uptake of prevention strategies for individuals who are sexually attracted to children. This is partly because engaging individuals in research is problematic in the context of this illegal, highly stigmatised and confronting issue.

The findings from the 'Stop It Now!' evaluation (van Horn et al., 2015) revealed a number of barriers to the uptake of services, including external barriers that incorporated practical, procedural or presentational matters, and internal barriers that relate to prospective users' own attitudes, beliefs and fears (Brown et al, p.35). The key external barriers related to a lack of awareness of the service and what it provided; a lack of profile for the service meant that those actively looking for it did not always find it and when participants did find it, they often had trouble accessing the services. Key internal barriers for those concerned about their own behaviours include denial and minimisation, particularly for those who had been convicted for looking at child sexual abuse images or pornography. According to Brown et al., (2014) these offenders reported never considering seeking help because they minimised the abuse and may not have considered it illegal or harmful. This is similar to other studies where feelings of shame and guilt also inhibited seeking help.

Furthermore, van Horn et al. (2015) also reported that perpetrators are reluctant to seek help because of the fear of possible consequences if they admit to have a sexual interest in children. This has considerable implications for those who contact the 'Stop It Now!' helpline; van Horn (2015) argues that the influence of the legal and cultural context contributes enormously to whether individuals seek help prior to any offending. Findings from the evaluation of the 'Stop It Now!' program report that men request help much earlier in the Netherlands than in the United Kingdom (van Horn et al, 2015). The Dutch helpline is particularly accessible because it receives mainstream advertising (on television and elsewhere in the media) while the United Kingdom program relies more on referrals from the justice system, and receives more calls from those who have offended than from those who haven't. Furthermore, confidentiality laws also differ between the two countries. In the United Kingdom there is no offer of anonymity unless the individual is known to the police for past offences, while in the Netherlands counsellors are not allowed to breach confidentiality unless there are specific risks of future abuse. This is similar to laws in Germany, where therapists in Prevention Project Dunkelfeld have higher levels of confidentiality than would be available in Australia, due to laws preventing them from disclosing clients' offences to the authorities. It is argued that such confidentiality laws provide an opportunity to engage with perpetrators earlier (van Horn, 2015).

## Children with sexually harmful behaviours

This review has not identified any studies that consider how families and children seek help for children with sexually harmful behaviours. However, a recent systematic literature review describes how preventing children from being harmed happens largely through school-to-child, parent-to-child education programs (usually involving the mother) and early intervention or treatment (McKibbon, Humphreys and Hamilton, 2015). According to McKibbon et al., intervention is often understood in terms of early intervention (early in the life of the child and early in the life of the problem) and focuses on a developmental or a situational crime prevention model.

## 5. Conclusion

International approaches to child sexual abuse prevention have highlighted the help-seeking needs and behaviours of concerned adults, parents, perpetrators and offenders. The help-seeking behaviour of professionals is mostly linked to reporting obligations. While Australia has various child and parent education programs about child sexual abuse, access to prevention programs for perpetrators appears to focus more on those who have already offended, and there appears to be some confusion and a lack of consensus in Australia about what constitutes the primary prevention of child sexual abuse.

In this review, we have attempted to provide an understanding of the available evidence concerning the help-seeking needs and behaviours of key target groups relevant to preventing child sexual abuse. Although there is limited literature on this specific issue, this review has considered a broad range of empirical and non-empirical literature across a range of disciplines, to provide a snapshot of the relevant evidence and inform the next phase of the project.

Given the significance of preventing child sexual abuse across our community, this review has sought to underline the importance of questions about how people in these situations seek help. There is limited research about the use of services among the referred target groups, although current international literature on child sexual abuse offers some insights into the help-seeking needs behaviours of target groups before they are referred to and outside of the child protection and justice systems.

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## Appendix B: Ethics – Information Letters and Consent Forms

### PARTICIPANT INFORMATION LETTER FOR FOCUS GROUPS WITH ‘SERVICE USERS’

#### HELP-SEEKING NEEDS AND GAPS FOR PREVENTING CHILD SEXUAL ABUSE

**Investigators:** Vicky Saunders and Morag McArthur

We are writing to invite you to participate in a study being conducted by the Institute of Child Protection Studies. We would like you to participate in a focus group that will take approximately 60–90 minutes. The focus group is asking people to consider how they would seek help, information or ask questions about child sexual abuse.

#### ***What is the project about?***

The Institute of Child Protection Studies has been commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse to undertake a research project about the primary prevention of child sexual abuse. One of the aims of the research project is to develop an understanding from individuals about how they would seek information on this issue and about the types of education and resources they may be aware of or might want to access. This research will inform the Royal Commission about how to better prevent child sexual abuse.

#### ***Who is undertaking the project?***

This project is being conducted by experienced researchers from the Institute of Child Protection Studies. The focus groups will be facilitated by the research team, which is made up of experienced researchers who are social workers or youth workers and who have passed police checks.

#### ***What will I be asked to do?***

You will be asked to participate in a focus group to consider the types of information or resources you might wish to access if you had concerns or questions regarding child sexual abuse. You will not be asked about your past experiences, but to respond to hypothetical questions about seeking help and support. The focus groups will explore what the help-seeking needs of the general community are and explore what the help-seeking behaviours look like – who would they call or how would they seek help?

#### ***How much time will the project take?***

The focus group will take approximately 60–90 minutes.

#### ***Are there any risks associated with participating in this project?***

During the focus groups the researcher will ask questions about the types of information or resources that you may wish to access if you had any concerns about potentially sexually harmful or sexually abusive behaviours towards children, or about a child who is exhibiting potentially sexually harmful behaviour. Participants will not be directly asked about their own experiences. However, it is possible that participants will be confronted by considering their responses to suspicions and concerns

regarding child sexual abuse. To ensure that you are looked after we will make sure that each researcher has access to information about services that can be contacted to provide support to you following your participation. The research team will also be available in case participants would like to talk about any concerns and decide, together, what might need to happen.

If you have any concerns or questions following participation in the research, please contact either the research team (details below) or *Child Wise* on **1800 001 099**. The *Child Wise National Child Abuse Helpline* is a toll-free number providing Australians with access to expert advice from trained counsellors and an opportunity to speak up about child abuse.

### ***What are the benefits of the research project?***

Participants will have the opportunity to participate in a project that will influence how to respond to concerns about child sexual abuse. Your participation will help inform the Royal Commission's recommendations for how to prevent and better respond to concerns regarding child sexual abuse.

### ***Can I withdraw from the study?***

Participation in this study is completely voluntary. You are not under any obligation to participate and can withdraw from the study at any time without adverse consequences. You do not have to give a reason, you just need to let the researcher know at any time in the process that you no longer wish to participate. You will provide verbal and written consent prior to your participation in this study.

### ***Will anyone else know the results of the project?***

The research will be used to write a final report about the research findings. This report and the information you provide may be used to develop some articles, which we will publish for others to read in academic journals or conference presentations. We will ensure that any information that might identify particular families, services, workers or individuals will be removed from any articles and will not be accessible to anyone outside of the research team. Any information provided by you is confidential, unless you tell the researcher something that concerns them about your safety.

### ***Will I be able to find out the results of the project?***

At the end of the project, we will send interested individuals a copy of our findings. If you would like a copy of this summary, please indicate this on your consent form.

### ***Who do I contact if I have questions about the project?***

If you have any questions about the project, please contact the principal researcher:

Vicky Saunders  
Australian Catholic University  
Institute of Child Protection Studies  
Phone: (02) 6209 1219  
vicky.saunders@acu.edu.au  
or  
Professor Morag McArthur  
Australian Catholic University  
Institute of Child Protection Studies

Phone: (02) 62091225  
morag.mcarthur@acu.edu.au

***What if I have a complaint or any concerns?***

The study has been reviewed by the ACU Ethics Committee (review number 2016-122E). If you have any complaints or concerns about the conduct of the project, you may write to the Chair of the Human Research Ethics Committee care of the Office of the Deputy Vice Chancellor (Research).

Manager, Ethics  
c/o Office of the Deputy Vice Chancellor (Research)  
Australian Catholic University  
North Sydney Campus  
PO Box 968  
NORTH SYDNEY, NSW 2059  
Phone: (02) 9739 2519  
Fax: (02) 9739 2870  
resethics.manager@acu.edu.au

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

***How might I indicate my interest in participating?***

If you would like to participate please fill in the consent form.

Yours sincerely,

**Professor Morag McArthur**  
**Director**  
**Institute of Child Protection Studies**



## **PARTICIPANT INFORMATION LETTER FOR TELEPHONE INTERVIEWS WITH 'SERVICE PROVIDERS'**

### **HELP-SEEKING NEEDS AND GAPS FOR PREVENTING CHILD SEXUAL ABUSE**

**Investigators:** Vicky Saunders and Morag McArthur

Dear colleague,

We are writing to invite you to participate in a study being conducted by the Institute of Child Protection Studies at Australian Catholic University. We would like you to participate in a telephone interview that will take approximately 60–90 minutes. The telephone interviews will be conducted with 'service providers' who (a) may provide information and/or resources to people concerned about potentially harmful or sexually abusive behaviours and/or (b) provide services for perpetrators or potential perpetrators of child sexual abuse.

#### ***What is the project about?***

The research project, commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse, investigates the help-seeking behaviours, needs and potential service responses for a range of target groups concerned about potentially sexually harmful or sexually abusive behaviours. The results of this research are expected to inform the Royal Commission's work informing ways to best prevent child sexual abuse.

#### ***Who is undertaking the project?***

This project is being conducted by experienced researchers from the Institute of Child Protection Studies. The telephone interviews will be conducted by the research team, which is made up of social workers and youth workers who have passed police checks.

#### ***What will I be asked to do?***

You will be asked to participate in a telephone interview at a time and on a day that is convenient for you. The researcher will ask questions that investigate the following questions:

- What services already exist to meet the help-seeking needs of individuals?
- What kinds of information or resources do clients require about this issue?
- What is known about the effectiveness of existing services?
- How is awareness raised regarding the existence of these services?
- What are the knowledge, skills and abilities required for professionals to meet the help-seeking needs of different members of the community?
- What limits to confidentiality exist for potentially accessing advice, guidance or support focused on preventing child sexual abuse?

#### ***How much time will the project take?***

The telephone interview will take approximately 60–90 minutes.

#### ***Are there any risks associated with participating in this project?***

During the telephone interview the researcher will ask questions about how people seek information or support about child sexual abuse. Though unlikely, it is possible that participants will be confronted



by considering responses to suspicions and concerns regarding child sexual abuse. To ensure that you are looked after we will make sure that each researcher has access to information about services that can be contacted to provide support to you following your participation. The research team will also be available in case participants would like to talk about any concerns and decide, together, what might need to happen.

### ***What are the benefits of the research project?***

Participants will have the opportunity to participate in a project that will influence how to respond to concerns about child sexual abuse. Your participation will help inform the Royal Commission's recommendations for how to prevent and better respond to concerns regarding child sexual abuse.

### ***Can I withdraw from the study?***

Participation in this study is completely voluntary. You are not under any obligation to participate and can withdraw from the study at any time without adverse consequences. You do not have to give a reason, you just need to let the researcher know at any time in the process that you no longer wish to participate. You will provide verbal and written consent prior to your participation in this study.

### ***Will anyone else know the results of the project?***

The research will be used to write a final report about the research findings. This report and the information you provide may be used to develop some articles, which we will publish for others to read in academic journals or conference presentations. We will ensure that any information that might identify particular families, services, workers or individuals will be removed from any articles and will not be accessible to anyone outside of the research team.

The name of your service or organisation may be used in the report and publications. While your name will not be used, there are limits to confidentiality due to the participating organisations being identified.

### ***Will I be able to find out the results of the project?***

At the end of the project, we will send interested individuals a copy of our findings. If you would like a copy of this summary, please indicate this on your consent form.

### ***Who do I contact if I have questions about the project?***

If you have any questions about the project, please contact the principal researcher:

Vicky Saunders  
Australian Catholic University  
Institute of Child Protection Studies  
Phone: (02) 6209 1219  
vicky.saunders@acu.edu.au

or

Professor Morag McArthur  
Australian Catholic University  
Institute of Child Protection Studies  
Phone: (02) 62091225  
morag.mcarthur@acu.edu.au

***What if I have a complaint or any concerns?***

The study has been reviewed by the ACU Ethics Committee. If you have any complaints or concerns about the conduct of the project, you may write to the Chair of the Human Research Ethics Committee care of the Office of the Deputy Vice Chancellor (Research).

Manager, Ethics  
c/o Office of the Deputy Vice Chancellor (Research)  
Australian Catholic University  
North Sydney Campus  
PO Box 968  
NORTH SYDNEY, NSW 2059  
Phone: (02) 9739 2519  
Fax: (02) 9739 2870  
resethics.manager@acu.edu.au

Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

***How might I indicate my interest in participating?***

If you would like to participate please fill in the consent form.

Yours sincerely,

**Professor Morag McArthur**  
**Director**  
**Institute of Child Protection Studies**

## CONSENT FORM FOR PARTICIPANT – FOCUS GROUPS

Copy for participant

### HELP-SEEKING NEEDS AND GAPS FOR PREVENTING CHILD SEXUAL ABUSE

**Principal investigator:** Morag McArthur

**Co-investigator:** Vicky Saunders

I, ..... (participant) have read (or had read to me) and understand the information provided in the Information Letter to Participants. Any questions I have asked have been answered to my satisfaction. I agree to participate in:

- an audiotaped focus group
- a focus group that is not audiotaped.

The focus group will take around 60 minutes and will be held at \_\_\_\_\_.

Realising that I can withdraw my consent at any time, I agree that research data collected for the study may be published or may be provided to other researchers in a form that does not identify me in any way.

- I would like a summary of the report to be sent to me at the end of the project.

NAME OF PARTICIPANT: .....

SIGNATURE: .....

DATE: ...../...../.....

SIGNATURE PRINCIPAL INVESTIGATOR.....

DATE...../...../.....

If you have any concerns or questions following participation in the research please contact either the research team (details on the Information Letter) or *Child Wise* on **1800 001 099**. The *Child Wise National Child Abuse Helpline* is a toll-free number providing Australians with access to expert advice from trained counsellors and an opportunity to speak up about child abuse.

**CONSENT FORM FOR PARTICIPANT:  
TELEPHONE INTERVIEW WITH SERVICE PROVIDER**

Copy for participant

**HELP-SEEKING NEEDS AND GAPS FOR PREVENTING CHILD SEXUAL ABUSE**

**Principal investigator:** Morag McArthur

Co-investigators: Vicky Saunders

I, ..... (participant) have read (or had read to me) and understand the information provided in the Information Letter to Participants. Any questions I have asked have been answered to my satisfaction. I agree to participate in:

- an audiotaped interview
- an interview that is not audiotaped.

If you choose not to participate, you do not need to give a reason nor a justification of your decision.

I agree that research data collected for the study may be published or may be provided to other researchers in a form that **does** identify the name of the service or organisation I represent.

- I would like a summary of the report to be sent to me at the end of the project.

NAME OF PARTICIPANT: .....  
SIGNATURE: .....  
DATE: ...../...../.....  
SIGNATURE PRINCIPAL INVESTIGATOR.....  
DATE...../...../.....

## CHECKLIST FOR CONSENT TO PARTICIPATE IN TELEPHONE INTERVIEW

### HELP-SEEKING NEEDS AND GAPS FOR PREVENTING CHILD SEXUAL ABUSE

#### Introduction:

My name is \_\_\_\_\_. I am a researcher working at ACU.

We would like to invite you to be part of a research project that aims to investigate the help-seeking behaviours, needs and service responses for people who are concerned about potentially sexually harmful or sexually abusive behaviours.

We have previously sent you an information letter and a written consent form – have you read through these?

The telephone interview will take approximately 60–90 minutes to complete.

If you choose not to participate, you do not need to give a reason or a justification for your decision.

The name of your service or organisation may be used in the report and publications. While your name will not be used, there are limits to confidentiality due to the participating organisations being identified.

Do you agree to participate in:

- the telephone interview
- an interview that is audiotaped?

Would you like a summary of the report to be sent to you at the end of the project?

<b>Researcher checklist</b>	<b>Yes</b>
1. The introduction statement has been read to the participant.	<input type="checkbox"/>
2. The information letter has been read and the purpose of the study has been explained to and understood by the participant.	<input type="checkbox"/>
3. The participant agreed to give their consent to participate in the interview.	<input type="checkbox"/>
4. Date of consent	_____
5. Date for interview	_____

Signature of researcher:

Thank you for your participation.

## Appendix C: Interview and Focus Group Schedules

### *Interview schedule – helplines and existing service providers*

#### **Definitions and target groups**

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##### **Target groups**

- Parents and family members concerned about the behaviour of an adult who is exhibiting potentially sexually harmful behaviour towards children (including grooming, sexually inappropriate online behaviour and use of child pornography) OR a child who is exhibiting potentially sexually harmful behaviour.
- Professionals concerned about the behaviour of an adult who is exhibiting potentially sexually harmful behaviour towards children (including grooming, sexually inappropriate online behaviour and use of child pornography) OR a child who is exhibiting potentially sexually harmful behaviour.
- Community members concerned about the behaviour of an adult who is exhibiting potentially sexually harmful behaviour towards children (including grooming, sexually inappropriate online behaviour and use of child pornography) OR a child who is exhibiting potentially sexually harmful behaviour.
- Individuals concerned that they themselves may sexually harm or abuse a child but have not yet acted on their attraction in any way.

##### **Child sexual abuse**

Child sexual abuse means any act that 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 fondling genitals; masturbation; oral sex; vaginal or anal penetration by a penis, finger or any other object; fondling 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.

##### **Primary prevention**

Primary prevention activities are directed at the general population and attempt to stop maltreatment before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers and decision-makers about the scope and problems associated with child maltreatment.

## Section 1: Demographic information

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1. What is the name of your service?
2. What is your role?

## Section 2: Calls about preventing child sexual abuse

---

3. Do you collect any formal data about calls concerning the prevention of child sexual abuse?
4. How many calls per annum do you receive about the prevention of child sexual abuse?
5. Which target group(s) most frequently contact your service?

- Parents/caregivers,
- Professionals working with or for children
- General community members
- Individuals concerned about their own sexual attraction to children
- Other \_\_\_\_\_

6. What are the types of issues most commonly discussed by the different target group(s) that contact your service?
7. What are the types of information, support and education concerning child sexual abuse most frequently requested by the target group(s) or caller(s)?
8. What is generally achieved for the target group(s) or caller(s)?
9. Do you know if the target group(s) or caller(s) have sought assistance from anywhere else prior to contact with your service?
10. What limits to confidentiality exist for the target group(s)?

## Section 3: Services provided about preventing child sexual abuse

---

### Approaches to addressing the prevention of child sexual abuse

11. What services does your organisation offer to address the prevention of child sexual abuse?
  12. Are there different service responses provided for the different target groups that contact your service?
  13. What are some of the challenges in providing these services to the different target groups?
  14. What are some of the barriers for each of the target groups accessing these services?
-



15. What are some of the gaps in primary prevention of child sexual abuse?
  16. What is known about the effectiveness of the services you provide?
  17. What are the knowledge, skills and abilities required for professionals responding to the needs of these target groups (regarding the prevention of child sexual abuse)?
  18. What training and support do you provide to workers providing services to target groups?
  19. How is awareness raised regarding existence of the services (specific to preventing child sexual abuse) you provide? How do the target groups access this information? Does this vary according to the specific target groups?
  20. What are the characteristics of an effective primary prevention service?
  21. Thinking back to question 1.2 where you identified that you worked with these particular target groups, if you don't work with all of them what would need to change in order for you to provide services to the other target groups mentioned?
  22. Are there any other questions or issues you would like to discuss that we haven't discussed?
- Is it okay if we contact you again if we need any more information?

Thank you for your participation.

## **Section 1: Demographic information**

---

1. What is the name of your service?
2. What is your role?

## **Section 2: Help-seeking needs and behaviours**

---

3. What may prompt an individual's (adults or child's) decision to seek help and support about their problematic sexual thoughts and behaviours toward children prior to any offending?
4. What are some of the barriers to them recognising they have a problem?
5. What enables adults and/or children with problematic sexual thoughts and behaviours toward children to recognise that they have a problem prior to offending?
6. What are some of the reasons that stop individuals from seeking help when they know they have a problem?
7. What might be some of the enabling factors that facilitate help-seeking behaviours in adults and children with sexually harmful thoughts or behaviours toward children?

## **Section 3: Current service responses**

---

8. What kinds of support or help currently exist for individuals concerned about their sexual attraction to children before they offend?
  9. How is this service or information currently made available to the general population (and therefore to unknown potential offenders)?
  10. What are some of the barriers and enablers for non-offenders that have problematic sexual thoughts and behaviours toward children, preventing or assisting them to use these services?
  11. How do these services meet the needs of this group?
  12. Are there any noticeable gaps in current service provision? What else needs to be provided?
  13. What kinds of support or help currently exist for individuals concerned about their sexual attraction to children that aim to prevent further offending after they have offended?
  14. What are some of the barriers and enablers for offenders using these services?
  15. How do these services meet the needs of this group?
  16. What are the characteristics of an ideal model of primary prevention service for children and/or adults experiencing problematic sexual thoughts and behaviours related to child sexual abuse?
-

17. Are there any recommendations you would make to enhance current service development and uptake of services by potential perpetrators aimed at preventing child sexual abuse?
18. Are there any other questions or issues you would like to discuss that we haven't discussed?

Would you like a copy of a summary of the report?

Is it okay if we contact you again if we need any more information?

Thank you for your participation.

### *Focus group schedule – Parents and community members*

1. What are the kinds of information, support, education and resources about child sexual abuse that you think you might need to ensure that child sexual abuse does not happen?
2. What kind of information might people need in regard to:
  - concerns about an adult’s behaviour (internet use, grooming etc.)
  - sexualised behaviour of a child
  - concerns about a child being a victim?
3. If you had concerns about someone or a situation that made you feel uneasy ( in regard to child sexual abuse) and needed to access information or advice, where would you go or who would you ask?
4. Where would you go to ask questions or get information if you had concerns or questions about an adult’s behaviour?
5. Where would you go to ask questions or get information if you had concerns or questions about a child being a potential victim of child sexual abuse?
6. Where would you be likely to go or who would you ask if you had concerns about a child’s problematic sexual behaviour?
7. What are the issues that impact where you would go for support or to ask questions? (Privacy, knowledge, confidentiality etc.)
8. How would this change depending on:
  - sexualised behaviour of a child
  - concerns about a child being a victim
  - concerns about an adult’s behaviour (internet use, grooming etc.)?
9. Are there other services and supports that you know of that you could ask any questions about child sexual abuse? (Phone lines, internet, services etc.)
10. How do you know about these supports or services?
11. What would be the ideal child sexual abuse prevention service? What are the characteristics of such a service?
12. Are there any other questions or issues you would like to discuss that we haven’t discussed?

*Demographic survey – Parents and community members*

<p>1. What is your age group in years?</p> <p>&lt; 20 20–29 30–39 40–49 50–59 60–64 65 and over</p>	<p>6. What is your marital status?</p> <p>Single Married or de facto partner Separated or divorced</p>
<p>2. What is your gender?</p> <p>Female Male Other</p>	<p>7. What is your highest degree or level of education?</p> <p>Less than high school High school graduate Bachelor’s degree Graduate or professional degree PhD</p>
<p>3. What is your ethnicity?</p> <p>Australian Aboriginal or Torres Strait Islander Other</p>	<p>8. What is your employment status?</p> <p>Part-time Full-time Unemployed Volunteer work Stay-at-home parent</p>
<p>4. What languages do you speak at home?</p> <p>English</p> <p>Other: _____</p>	<p>9. If you work, what is your profession?</p> <p>_____</p>
<p>5. How would you describe where you live?</p> <p>Rural Regional Metropolitan</p>	<p>10. How many children do you have at home?</p> <p>_____</p>
	<p>11. Age and gender of children</p> <p>_____</p>

### *Focus group schedule – Professionals*

1. What are the kinds of information, support, education and resources about child sexual abuse that you think people working with children might need?
2. What kind of information might people need in regard to:
  - concerns about an adult’s behaviour (internet use, grooming etc.)
  - sexualised behaviour of a child
  - concerns about a child being a victim?
3. If you needed to access information or advice about child sexual abuse, where would you go or who would you ask?
4. Where would you go to ask questions or get information if you had concerns or questions about an adult’s behaviour towards a child and online?
5. Where would you go to ask questions or get information if you had concerns or questions about a child being a potential victim of child sexual abuse?
6. Where would you be likely to go or who would you ask if you had concerns about a child’s problematic sexual behaviour?
7. What are the issues that impact where you would go for support or to ask questions? (Privacy, work place policy, confidentiality etc.)
8. How would this change depending on:
  - sexualised behaviour of a child
  - concerns about a child being a victim
  - concerns about an adult’s behaviour (internet use, grooming etc.)?
9. Are there other services and supports that you know of that you could ask any questions about child sexual abuse? (Phone lines, internet, services etc.)
10. How do you know about these supports or services?
11. What would be the ideal child sexual abuse prevention service? What are the characteristics of such a service?
12. Are there any other questions or issues you would like to discuss that we haven’t discussed?

Demographic survey – Professionals

<p>1. What is your age group in years?</p> <p>&lt; 20 20–29 30–39 40–49 50–59 60–64 65 and over</p>	<p>6. What is your marital status?</p> <p>Single Married or de facto partner Separated or divorced</p>
<p>2. What is your gender?</p> <p>Female Male Other</p>	<p>7. Do you have children?</p> <p>Yes No</p>
<p>3. What is your ethnicity?</p> <p>Australian Aboriginal or Torres Strait Islander Other</p>	<p>8. What is your highest degree or level of education?</p> <p>Less than high school High school graduate Bachelor’s degree Graduate or professional degree PhD</p>
<p>4. What languages do you speak at home?</p> <p>English Other: _____</p>	<p>8a What is your profession?</p> <p>_____</p>
<p>5. How would you describe where you live?</p> <p>Rural Regional Metropolitan</p>	<p>9. In what capacity do you work with children and young people?</p>