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## Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey

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## ABSTRACT

**Background:** Little evidence exists about the prevalence of child sexual abuse (CSA) inflicted by different relational classes of perpetrators (e.g., parents; institutional adults; adolescents), and by individual types of perpetrators (e.g., fathers and male relatives; male teachers and male clergy; known and unknown adolescents).

**Objective:** To generate evidence of the prevalence of CSA by different perpetrators, and trends by victim gender and age group.

**Participants and setting:** The Australian Child Maltreatment Study collected information about CSA victimisation from a nationally-representative sample of 8503 individuals aged 16 and over.

**Methods:** We analysed data about 42 perpetrator types, collapsed into eight classes. We generated national prevalence estimates of CSA inflicted by each perpetrator class and individual perpetrator type, and compared results by victim gender and age group.

**Results:** Australian CSA prevalence was 28.5%, with the following prevalence by perpetrator classes: other known adolescents (non-romantic): 10.0%; parents/caregivers in the home: 7.8%;

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other known adults: 7.5%; unknown adults: 4.9%; adolescents (current/former romantic partners): 2.5%; institutional caregivers: 2.0%; siblings: 1.6%; unknown adolescents: 1.4%. Women experienced more CSA by all perpetrator classes except institutional caregivers. Age group comparison showed significant declines in CSA by parents/caregivers, and other known adults; and increases in CSA by adolescents (current/former romantic partners). Individual perpetrator type comparison showed declines in CSA by fathers, male relatives living in the home, non-resident male relatives, and other known male adults; and increases in CSA by known male adolescents, current boyfriends, and former boyfriends.

*Conclusions:* CSA by adults has declined, indicating positive impacts of prevention efforts. However, CSA by adolescents has increased. Further declines in CSA by adults are required and possible. Targeted prevention of CSA by adolescents must be prioritised.

## 1. Introduction

The problem of child sexual abuse (CSA) has an extensive research and popular literature that documents among other things its prevalence and its harms (Simon, Luetzow, & Conte, 2020), and its association with a range of adverse mental and physical health outcomes and health-risk behaviours through life (Gardner, Thomas, & Erskine, 2019; Guiney et al., 2022; Noll, 2021; Teicher & Samson, 2013; Trickett, Noll, & Putnam, 2011). However, its variety of contexts and dynamics are not as well understood by policy makers and the public for reasons relating to the history of its emergence and the varied perspectives of different stakeholders and institutions.

CSA emerged in academic and public policy discussions as a serious and prevalent form of child maltreatment in the 1970s (Myers, 2008). Prior to that time, CSA—usually referred to as child molesting—had been primarily discussed as typified by strangers who lured or attacked children, particularly young children in quasi-public environments (Jenkins, 2004). The new narrative and accompanying research coming into prominence in the 1970s implicated large numbers of family perpetrators, particularly fathers, stepfathers and other adult male family members (Giarretto, 1977; Herman, 1981; Kempe, 1978; Rosenfeld, Nadelson, & Krieger, 1979; Russell, 1986; Summit & Kryso, 1978). This narrative was highly critical of the so-called earlier “stranger danger” perspective.

As time went on, high profile cases in the media gradually extended attention to other relational settings of sexual abuse with a strong emphasis on perpetrators who were adult acquaintances (Finkelhor, 1979, 1984, 1986; Kempe & Kempe, 1984; Russell, 1983; Summit, 1983). There were periods of focus on abuse in day care settings (Finkelhor, Williams, & Burns, 1988), youth-serving organizations (Boyle, 1994), religious organizations (Boston Globe, 2002; John Jay College Research Team, 2004), and youth sports (Hartill, 2016). Recently, much new attention has been drawn to sexual abuse via the Internet, interestingly with a return to a characterization emphasizing strangers who lure children into sexual encounters (Wolak, Finkelhor, Mitchell, & Ybarra, 2008). This constantly evolving focus has created uncertainty about which categories of perpetrators are responsible for the majority of CSA, and the relative frequencies of offending by these groups. This information is critical to inform policies to protect children.

Complicating the picture even further, one of the stronger ongoing critiques of the popular narratives about CSA has been their tendency to ignore juvenile perpetrators: youth who commit sex offenses against other youth (Vizard, Monck, & Misch, 1995). This omission has been a result of several factors. One has been some ambiguity about whether the term CSA, given its history, actually encompasses sexual abuse inflicted by peers and juveniles (Greijer & Doek, 2016). Several widespread definitions of CSA emanating particularly from child protective systems specify adult perpetrators consistent with concepts like physical abuse (Haugaard, 2000; Mathews & Collin-Vézina, 2019). This is connected to some hesitation about burdening juveniles with the same stigma that adheres to a term like child sex abuser or child molester, and instead using such terms as children with sexual behavior problems (Swisher, Silovsky, Stuart, & Pierce, 2008). Many peer sexual assaults are also typified by other terms like date rape or dating partner violence that appear at odds with CSA stereotypes (Taquette & Monteiro, 2019). These cases also tend to be handled by the juvenile justice system, which does not afford the same opportunities for media coverage as adult perpetrator cases. Statistical summaries of cases from child protection and police authorities because of their priorities tend to systematically undercount juvenile perpetrators (Finkelhor, Ormrod, & Chaffin, 2009). By contrast, population surveys asking about all sex offenses during childhood show high rates of victimisation by older juveniles and peers, in some cases exceeding the prevalence of CSA by adults (Finkelhor, Shattuck, Turner, & Hamby, 2014).

These ambiguities create misunderstandings in the epidemiology of CSA. Population surveys of victimisation experiences used as the basis for prevalence estimates typically include large proportions of juvenile and peer perpetrated experiences (Gewirtz-Meydan & Finkelhor, 2020). If audiences interpret the generally high prevalence rates as being entirely cases of adult abuse, family abuse, or family and youth-serving organization abuse, these would be mistaken inferences.

Many widely-cited compilations of prevalence studies of victimisation do not delineate rates by perpetrator context (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Pereda, Guilera, Forn, & Gamez-Benito, 2009; Stoltenborgh, Van Ijzendoorn, Euser, et al., 2011). Competing assertions thus persist that family members are the most frequent class of perpetrator, or that it is actually non-family acquaintances. Other assertions claim sexual abuse in youth-serving organization occurs at very high or relatively low rates (Shakeshaft & Cohan, 1995; Shattuck, Finkelhor, Turner, & Hamby, 2016). Some studies find peer perpetrators outnumbering adults, while others find adults predominating (Sutton & Finkelhor, 2023).

Thus, evidence about the relative frequency of different perpetrators of sexual violence is lacking or equivocal (Devries et al., 2017). There is a strong need for an epidemiology of sexual abuse that is able to break down rates into subcategories of perpetrator

contexts. These contexts have dramatically different implications for prevention strategies, and legal and policy responses; for example, different policy responses and educational messages are required for prevention of adult acquaintance grooming, stranger assaults, and peer sexual aggression. Unfortunately, many epidemiological studies lack the sample size to identify the specific categories of CSA perpetrators that can inform public policy. Effective targeted public health approaches to prevent CSA require rigorous evidence about who the perpetrators are.

The Australian Child Maltreatment Study (ACMS) is a nationally representative epidemiological study that gathered detailed information about CSA, along with information about other forms of child maltreatment. The information collected about perpetrator identity was particularly specific. The large size and detailed information from this survey allowed disaggregation of perpetrators along a number of dimensions that have not been well-explored previously.

Thus, in this analysis we aim to answer the following research questions:

1. What is the national prevalence of child sexual abuse in Australia by different classes of perpetrator?
2. Do these relative frequencies of CSA by perpetrator class differ for girls and boys?
3. How have the relative rates of CSA by perpetrator class changed over time in Australian society, examining the experience of Australians of different generations?

## 2. Method

### 2.1. Participants

Participants were recruited by random digit dial technology, following an advance text message (Haslam et al., 2023). Interview data were collected in April – October 2021 using computer-assisted telephone interviews. The 8503 participants comprised a broad, diverse sample of the national Australian population aged 16 and over. There were 3500 participants aged 16–24, and 1000 in five older age strata (25–34; 35–44; 45–54; 55–64; 65 years and over). The unweighted sample closely matched the population distribution of most demographic factors, with higher participation among Australian-born and higher-income individuals. To ensure the sample was representative of the population, survey data were weighted by age group, sex, Indigenous status, country of birth, educational attainment, and Socio-Economic Indexes for Areas SEIFA Index of Relative Socio-economic Advantage and Disadvantage quintiles (Haslam et al., 2023). The active participation rate was 14.0%, consistent with contemporary national studies using computer-assisted telephone interviews. Extensive analyses to detect potential bias in the sample were conducted and no evidence of sample bias was found (Haslam et al., 2023). The study was approved by the Queensland University of Technology Human Research Ethics Committee (#1900000477).

### 2.2. Measures

The ACMS administered the *Juvenile Victimization Questionnaire - R2: Adapted Version (Australian Child Maltreatment Study)* to measure child maltreatment. This is an adapted and validated version of an instrument used in national studies in the USA (Finkelhor, Turner, Shattuck, & Hamby, 2015), and other countries (Mathews, Pacella, Dunne, Simunovic, & Marston, 2020). The adaptation and validation process demonstrated the instrument's psychometric properties including the CSA items (Mathews et al., 2023).

The ACMS adopted definitions of each child maltreatment type using rigorous conceptual models (Mathews et al., 2023). For CSA, we adopted the conceptual model established by Mathews and Collin-Vézina (2019), which understands CSA as involving contact and non-contact sexual acts before age 18 by any adult or child in a position of power over the victim, to obtain sexual gratification, when the child either does not have capacity to provide consent, or has capacity but does not provide consent. Informed by this model, and by prior studies using the JVQ, we configured CSA questions to capture self-reported information about experiences of different types of sexually abusive experiences in childhood. Consistent with the approach of the JVQ, and to capture more reliable data about CSA experiences than the use of abstract open-ended questions (Mathews et al., 2020), items were framed as behaviourally-specific questions eliciting a dichotomous yes/no response.

Three items assessed contact sexual abuse experiences: first, contact sexual abuse short of intercourse ("Did anyone ever touch your private parts when they shouldn't have, or make you touch their private parts?"); second, attempted forced intercourse ("Did anyone ever try to force you to have sex, even if it didn't happen?"); and third, forced completed intercourse ("Did anyone ever force you to have sex?"). One item assessed non-contact sexual abuse ("Did anyone ever look at your private parts when they shouldn't have, or make you look at their private parts?"). Preambles added further context; for example, before the questions about attempted forced intercourse and forced intercourse, the interviewer made it clear that these questions included vaginal, oral or anal intercourse, using any body part or object. The ACMS also asked questions about generalised sexual harassment, and about two forms of internet victimisation; these were not included within the estimates of CSA and accordingly are not included within these analyses.

### 2.3. Prevalence of child sexual abuse

Prevalence of child sexual abuse was calculated by counting all participants who endorsed one or more of the four items (Suppl. File, Table 1). The ACMS identified overall prevalence of CSA of 28.5% for the whole sample, with significant differences by gender (37.3% of women: 95% CI, 35.5–39.2%; and 18.8% of men: 95% CI, 17.3–20.3%), and with this gender disparity growing in recent years, as shown by prevalence among those aged 16–24 years (35.2% of women: 95% CI, 32.7–37.8%; and 14.5% of men: 95% CI,

12.6–16.5%) (Mathews, Pacella, et al., 2023). There were differences by age group, with prevalence of 25.7% among those aged 16–24 years, compared with 27.4% among those aged 25–34; 30.3% among those aged 35–44; 29.8% among those aged 45–54 years; 30.7% among those aged 55–64 years; and 27.4% among those aged 65 years and over. The vast majority experienced contact sexual abuse (Mathews, Pacella, et al., 2023). For the current analysis, we analyse trends for all types of CSA, while providing summary tables for contact and non-contact sexual abuse perpetrator classes in a supplementary file (Suppl. File, Tables 2–3).

#### 2.4. Classes of perpetrator, and types of perpetrator

In each instance where a participant endorsed a screener item, follow-up questions identified characteristics of these experiences, including a question asking “Who were all the people who did this to you?” We used 42 response codes for this follow-up question, which were selected by the interviewer based on the participant’s response. These 42 codes comprised 21 different types of perpetrator, demarcated by the relational or situational context of offending, with all 21 types also distinguished by sex (male/female). The full list of response codes appears in Suppl. File, Table 4.

For the current analyses, we collapsed the 42 response codes into eight classes of perpetrator, comprising four classes of adult perpetrators and four classes of adolescent perpetrators. Class 1 (Parents/caregivers in the home) comprised 12 types of perpetrator, including the person’s biological or adoptive father; step-father or mother’s live-in boyfriend; parent’s boyfriend or former boyfriend who did not live in the home; adult male relative who lived in the home; adult male relative who did not live in the home; and the female counterparts to these categories. Class 2 (Institutional caregivers) comprised 16 types of adult perpetrator, including clergy, schoolteachers, and sports coaches. Class 3 (Other known adults) comprised other known male and female adults. Class 4 (Unknown adults) comprised unknown male and female adults respectively. Class 5 (Siblings) comprised a brother or other male child who lived in the home, and a sister or other female child who lived in the home. Class 6 (Adolescents: current or former romantic partner) comprised four different types of perpetrator, namely: boyfriend at the time; former boyfriend; girlfriend at the time; and former girlfriend. Class 7 (Other known adolescents: non-romantic) comprised male or female adolescents aged under 18 who the child knew. Class 8 (Unknown adolescents) comprised male or female adolescents aged under 18 who the child did not know.

#### 2.5. Statistical analysis

Survey-weighted prevalence of CSA in Australians aged 16 years and over, further stratified by gender and age group, was summarised using case numbers and percentages, and their corresponding 95% confidence intervals (CIs) were calculated using a Taylor series method. We compared responses by perpetrator type, collapsed into the eight classes, for the whole sample, and by age group (16–24; 25–44; 45 years and over), and by gender. We generated trends in CSA by perpetrator class by comparing age groups (16–24 vs 25–44 vs 45 years and over) using the Rao-Scott  $\chi^2$  test for survey data. To identify significant differences between age groups, we compared those aged 16–24 with those aged 25–44 to best enable identification of explanatory factors in more recent years and to overcome any potential inaccuracy due to cognitive reframing by participants from older age groups; other observations comparing those aged 16–24 with those aged 45 years and over were made based on non-overlapping CIs. We generated trends in CSA by individual perpetrator type by comparing across all three age groups. We also generated trends in CSA by any adult perpetrator, and by any adolescent perpetrator. Low numbers of participants identifying with diverse genders ( $n = 126$ , with most aged 16–24) and small cell sizes precluded analyses for this group. All analyses were conducted using SAS version 9.4, while STATA version 17 was used for visual representation. All analyses were checked independently by two co-authors. This generated a comprehensive picture of CSA by perpetrator class and type.

### 3. Results

#### 3.1. National prevalence of child sexual abuse, comparing all adult and all adolescent perpetrators

Table 1 shows descriptive results (number, %, 95% CI) of the national prevalence of CSA victimisation by any adult aged over 18, and by any adolescent aged under 18 respectively. Overall, offending by adults was significantly more common (18.5% v 13.7%). However, among participants aged 16–24, offending by adolescents was more common (18.2% v 11.7%). Comparison between CSA

**Table 1**

National prevalence of child sexual abuse, by any adult perpetrator and any adolescent perpetrator (n, %, 95% CI).

	Total (n)	Total 16 years and over	Aged 16–24	Aged 25–44	Aged 45+
Any adult perpetrator	1357	<b>18.5%</b> (17.4–19.5)	<b>11.7%</b> (10.5–12.8)	17.9% (16.0–19.8)	20.6% (19.0–22.3)
Any adolescent perpetrator	1312	13.7% (12.7–14.6)	<b>18.2%</b> (16.7–19.6)	14.1% (12.5–15.8)	12.1% (10.8–13.4)

Note: percentages of people who experienced CSA by any adult and by any adolescent add to more than the total prevalence of CSA (28.5%) as some participants reported CSA by adult and adolescent perpetrators. Bolded figures denote significant differences comparing those aged 16–24 with upper age groups.

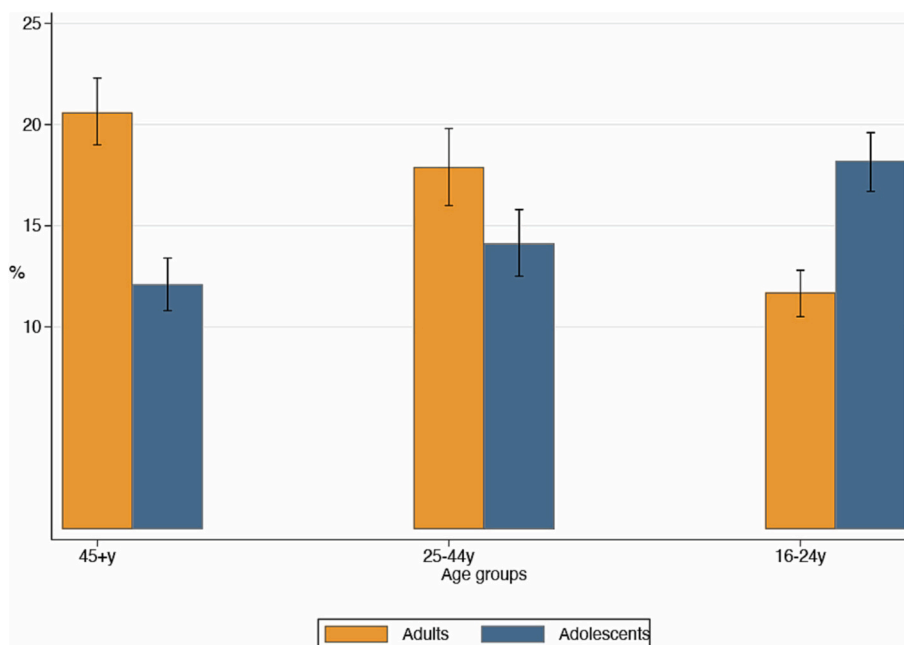


Fig. 1. National prevalence of child sexual abuse by adult and adolescent perpetrators, by age group.

victims' age groups indicates a significant decline in offending by all adults as a single combined perpetrator class, and a significant increase in offending by all adolescents as a single combined perpetrator class (Table 1, Fig. 1).

### 3.2. National prevalence of child sexual abuse, by perpetrator class, sample-wide

Table 2 shows descriptive results of the national prevalence of CSA perpetrated by the eight classes of perpetrators for the entire sample, and by gender. Overall, CSA by three classes of perpetrator was more common: the national prevalence of CSA inflicted by other known adolescents (non-romantic) was 10.0% (95% CI 9.2–10.8), being significantly more common than any other class; by parents/caregivers in the home: 7.8% (95% CI 7.0–8.5); and by other known adults: 7.5% (95% CI 6.7–8.2). The prevalence of CSA by unknown adults was 4.9% (95% CI 4.3–5.5); by adolescents (current or former romantic partners): 2.5% (95% CI 2.2–2.9); by institutional caregivers: 2.0% (95% CI 1.6–2.4); by siblings: 1.6% (95% CI 1.2–1.9); and by unknown adolescents: 1.4% (95% CI 1.1–1.6) (Table 2, Fig. 2).

Table 2

National prevalence of child sexual abuse, by perpetrator class, and victim gender.

Perpetrator class	Total (n)	Total (%), CI)	Women	Men
Parents/caregivers in the home	551	7.8% (7.0–8.5)	<b>11.9%</b> (10.6–13.2)	3.2% (2.5–3.9)
Institutional caregivers	123	2.0% (1.6–2.4)	1.3% (0.8–1.7)	<b>2.7%</b> (2.0–3.4)
Other known adults	535	7.5% (6.7–8.2)	<b>10.3%</b> (9.0–11.5)	4.3% (3.5–5.1)
Unknown adults	397	4.9% (4.3–5.5)	<b>6.4%</b> (5.5–7.4)	3.1% (2.5–3.8)
Siblings	115	1.6% (1.2–1.9)	<b>2.3%</b> (1.7–2.9)	0.8% (0.5–1.2)
Other known adolescents (non-romantic)	966	<b>10.0%</b> (9.2–10.8)	<b>13.1%</b> (11.8–14.3)	6.5% (5.6–7.5)
Adolescents (current or former romantic partner)	303	2.5% (2.2–2.9)	<b>4.3%</b> (3.6–5.0)	0.6% (0.3–0.9)
Unknown adolescents	146	1.4% (1.1–1.6)	<b>2.0%</b> (1.5–2.6)	0.5% (0.3–0.8)
Total	2348	28.5% (27.3–29.8)	<b>37.3%</b> (35.5–39.2)	18.8% (17.3–20.3)

Note: percentages of people who experienced CSA by individual perpetrator class add to more than the total prevalence (28.5%) as some participants reported CSA by individuals from more than one perpetrator class. Bolded figures denote significant differences by total perpetrator class, and by victim gender for perpetrator class.

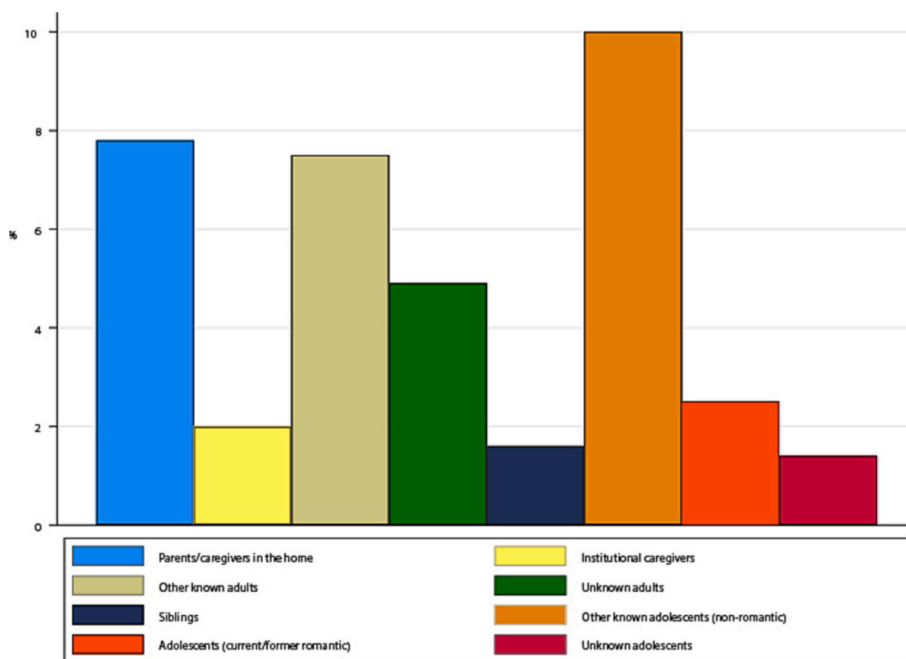


Fig. 2. National prevalence of child sexual abuse, by perpetrator class.

There were significant gender differences across all classes. Girls were more likely than boys to experience CSA by all classes of perpetrator except institutional caregivers, being twice as likely to experience CSA by other known adolescents (non-romantic): 13.1% (95% CI 11.8–14.3); 3.5 times more likely to experience CSA by parents/caregivers (11.9%; 95% CI 10.6–13.2); and seven times more likely to experience CSA by adolescents (current or former romantic partners) (4.3%; 95% CI 3.6–5.0). Boys were twice as likely as girls to experience CSA by institutional caregivers (2.7%; 95% CI 2.0–3.4).

### 3.3. National prevalence of child sexual abuse, by perpetrator class, by age group

Table 3 shows the national prevalence of CSA by the eight classes of perpetrators for the entire sample, and stratified by three age groups (participants aged 16–24 years, 25–44 years, and 45 years and over).

**Contemporary trends.** Results for the 16–24 year age group indicate contemporary trends in CSA by perpetrator type. Among participants aged 16–24, the prevalence of CSA by other known adolescents (non-romantic) was 13.2% (95% CI 11.9–14.4); by adolescents (current or former romantic partners): 5.7% (95% CI 4.8–6.5); by unknown adults 4.4% (95% CI 3.6–5.2); by parents/

**Table 3**  
Prevalence of child sexual abuse, by perpetrator class, by age group.

Perpetrator class	Total (n)	Total 16 years and over (%), CI	Aged 16–24	Aged 25–44	Aged 45+
Parents/caregivers in the home	551	7.8% (7.0–8.5)	<b>4.4%</b> (3.7–5.2)	8.0% (6.6–9.3)	8.5% (7.4–9.7)
Institutional caregivers	123	2.0% (1.6–2.4)	0.5% (0.3–0.8)	1.2% (0.7–1.8)	2.8% (2.2–3.5)
Other known adults	535	7.5% (6.7–8.2)	<b>4.4%</b> (3.6–5.1)	7.5% (6.1–8.9)	8.3% (7.2–9.4)
Unknown adults	397	4.9% (4.3–5.5)	4.4% (3.6–5.2)	5.5% (4.4–6.7)	4.6% (3.8–5.4)
Siblings	115	1.6% (1.2–1.9)	0.7% (0.4–1.0)	1.2% (0.7–1.7)	2.1% (1.5–2.6)
Other known adolescents (non-romantic)	966	<b>10.0%</b> (9.2–10.8)	13.2% (11.9–14.4)	10.9% (9.4–12.4)	8.5% (7.4–9.6)
Adolescents (current or former romantic partner)	303	2.5% (2.2–2.9)	<b>5.7%</b> (4.8–6.5)	2.6% (1.9–3.3)	1.7% (1.2–2.2)
Unknown adolescents	146	1.4% (1.1–1.6)	2.4% (1.8–3.0)	1.4% (0.8–1.9)	1.1% (0.7–1.5)

Note: subtotal percentages by the classes of perpetrator add to more than the total prevalence sample-wide and by age group because some participants experienced CSA by individuals from more than one perpetrator class. Bolded figures denote significant differences by age group comparing 16–24 year olds with 25–44 year olds.

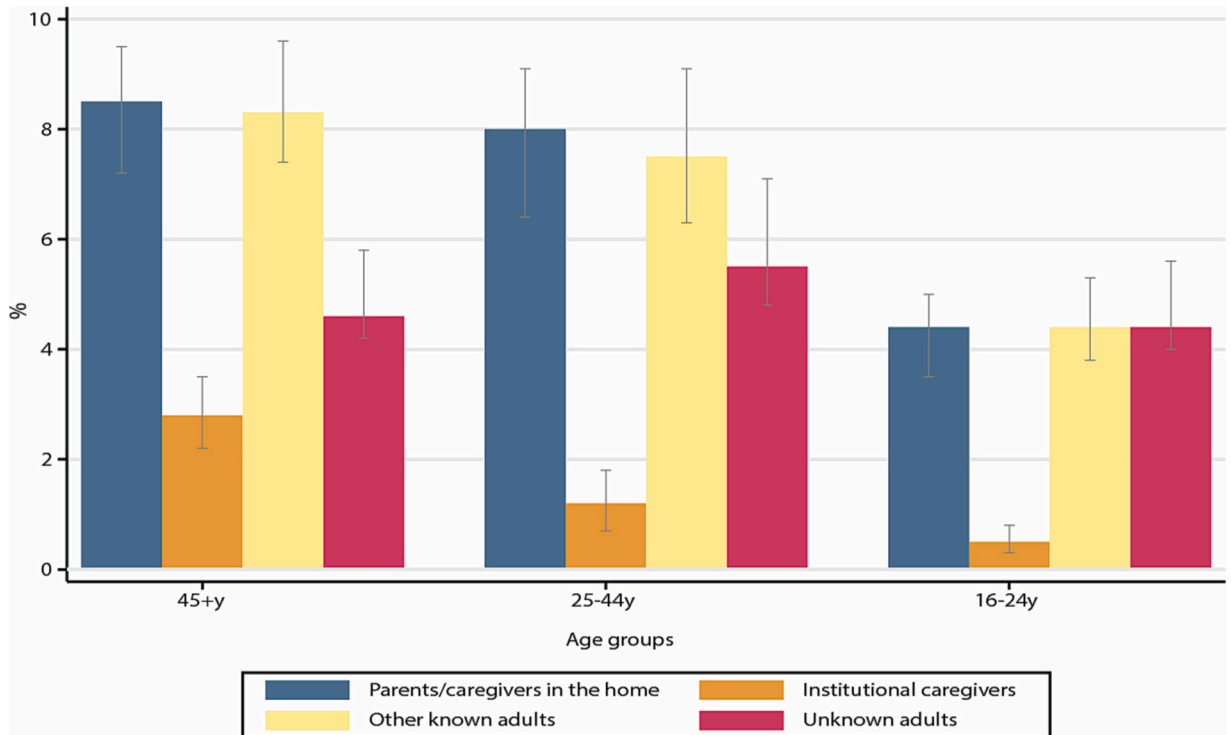


Fig. 3. Prevalence of child sexual abuse by adult perpetrator classes, by age group.

caregivers in the home: 4.4% (95% CI 3.7–5.2); by other known adults: 4.4% (95% CI 3.6–5.1); by unknown adolescents: 2.4% (95% CI 1.8–3.0); by siblings: 0.7% (95% CI 0.0–1.0); and by institutional caregivers: 0.5% (95% CI 0.3–0.8).

**Trends by age group: declines and increases by perpetrator class.** Comparison between those aged 16–24 years and those aged 25–44 years showed significant declines in CSA by two perpetrator classes: parents/caregivers in the home: 4.4% (95% CI 3.7–5.2) for 16–24 year olds compared with 8.0% (95% CI 6.6–9.3) for 25–44 year olds; and other known adults: 4.4% (95% CI 3.6–5.1) for 16–24

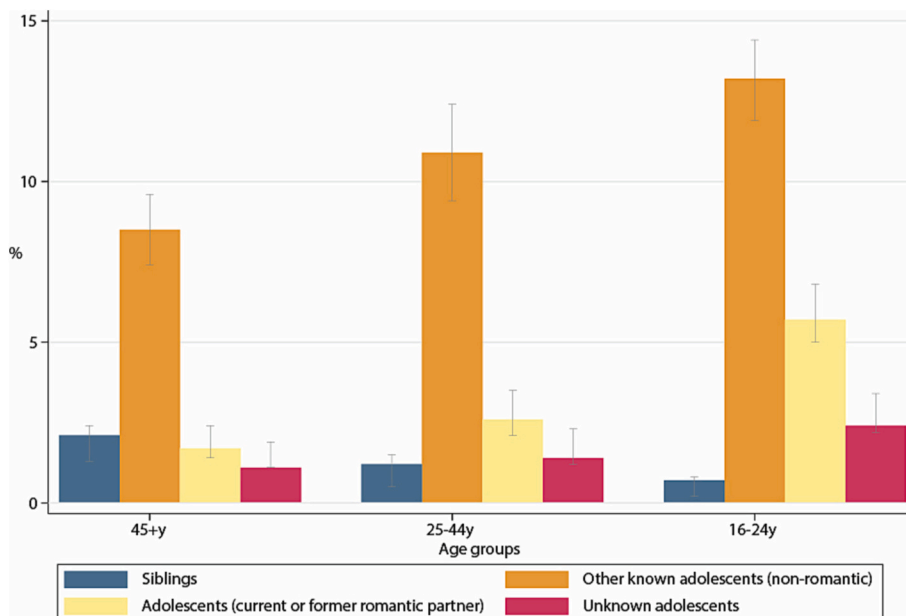


Fig. 4. Prevalence of child sexual abuse by adolescent perpetrator classes, by age group.

**Table 4**  
Prevalence of child sexual abuse of girls, by perpetrator class, by age group.

Perpetrator class	Total (n)	Total 16 years and over (%; CI)	Aged 16–24	Aged 25–44	Aged 45+
Parents/caregivers in the home	407	11.9% (10.6–13.2)	<b>6.4%</b> (5.1–7.7)	12.8% (10.4–15.1)	12.6% (10.8–14.5)
Institutional caregivers	42	1.3% (0.8–1.7)	0.5% (0.1–0.8)	0.9% (0.3–1.5)	1.7% (1.0–2.4)
Other known adults	377	10.3% (9.0–11.5)	7.2% (5.9–8.6)	10.7% (8.4–13.0)	10.7% (9.0–12.4)
Unknown adults	264	6.4% (5.5–7.4)	6.8% (5.4–8.2)	7.8% (5.8–9.7)	5.4% (4.2–6.7)
Siblings	77	2.3% (1.7–2.9)	0.6% (0.2–0.9)	1.2% (0.6–1.9)	3.4% (2.4–4.4)
Other known adolescents (non-romantic)	630	13.1% (11.8–14.3)	17.6% (15.6–19.6)	14.5% (12.1–16.9)	11.1% (9.3–12.8)
Adolescents (current or former romantic partner)	246	4.3% (3.6–5.0)	<b>9.0%</b> (7.5–10.5)	4.3% (3.0–5.6)	3.0% (2.1–4.0)
Unknown adolescents	105	2.0% (1.5–2.6)	3.3% (2.3–4.3)	2.0% (1.1–2.9)	1.8% (1.0–2.5)

Note: subtotal percentages by the classes of perpetrator add to more than the total prevalence sample-wide and by age group because some participants experienced child sexual abuse by individuals from more than one perpetrator class. Bolded figures denote statistically significant differences by age group comparing 16–24 year olds with 25–44 year olds.

year olds compared with 7.5% (95% CI 6.1–8.9) for 25–44 year olds. These data also show a significant increase in CSA by one perpetrator class: adolescents (current or former romantic partners): 5.7% (95% CI 4.8–6.5) for 16–24 year olds compared with 2.6% (95% CI 1.9–3.3) for 25–44 year olds. In addition, comparing 16–24 year olds with those aged 45+, based on non-overlapping confidence intervals, there were significant declines in CSA by all adult perpetrator classes except unknown adults, and by siblings (Table 3, Fig. 3). In contrast, there were significant increases in CSA by other known adolescents (non-romantic), adolescents (current or former romantic partners), and unknown adolescents (Table 3, Fig. 4).

### 3.4. Prevalence of child sexual abuse of girls, by perpetrator class, by age group

Table 4 shows descriptive results for the prevalence of CSA of girls inflicted by the eight classes of perpetrators, sample-wide, and by age group. Overall, three classes of perpetrator were significantly more common. The prevalence of CSA of girls inflicted by other known adolescents (non-romantic) was 13.1% (95% CI 11.8–14.3); by parents/caregivers in the home: 11.9% (95% CI 10.6–13.2); and by other known adults: 10.3% (95% CI 9.0–11.5). The prevalence of sexual abuse of girls by unknown adults was 6.4% (95% CI 5.5–7.4); by adolescents (current or former romantic partners): 4.3% (95% CI 3.6–5.0); by siblings: 2.3% (95% CI 1.7–2.9); by unknown adolescents: 2.0% (95% CI 1.5–2.6); and by institutional caregivers: 1.3% (95% CI 0.8–1.7).

Trends by age group show a significant decline in CSA of girls by parents/caregivers in the home: 6.4% (95% CI 5.1–7.7) for 16–24 year olds compared with 12.8% (95% CI 10.4–15.1) for 25–44 year olds. There was a significant increase in CSA of girls by adolescents (current or former romantic partners): 9.0% (95% CI 7.5–10.5) for 16–24 year olds compared with 4.3% (95% CI 3.0–5.6) for 25–44 year olds. In addition, comparing 16–24 year olds with those aged 45+, based on non-overlapping confidence intervals, there were significant declines in CSA of girls by all perpetrator classes except unknown adults, and a significant increase in CSA by known non-romantic adolescents.

### 3.5. Prevalence of child sexual abuse of boys, by perpetrator class, by age group

Table 5 shows descriptive results for the prevalence of CSA of boys inflicted by the eight classes of perpetrators, sample-wide, and by age group. Overall, CSA by other known adolescents (non-romantic) was significantly more common (6.5%; 95% CI 5.6–7.5). Several perpetrator classes had similar prevalence: other known adults: 4.3% (95% CI 3.5–5.1); parents/caregivers in the home: 3.2% (95% CI 2.5–3.9); unknown adults: 3.1% (95% CI 2.5–3.8); and institutional caregivers: 2.7% (95% CI 2.0–3.4).

Trends by age group show significant declines in CSA of boys by other known adults: 1.3% (95% CI 0.8–1.9) for 16–24 year olds compared with 3.7% (95% CI 2.4–5.0) for 25–44 year olds. Comparing 16–24 year olds with those aged 45+, based on non-overlapping confidence intervals there were significant declines in CSA of boys by all four adult perpetrator classes, and a significant increase in CSA by known non-romantic adolescents.



**Table 5**  
Prevalence of child sexual abuse of boys, by perpetrator class, by age group.

Perpetrator class	Total (n)	Total 16 years and over (%; CI)	Aged 16–24	Aged 25–44	Aged 45+
Parents/caregivers in the home	122	3.2% (2.5–3.9)	1.8% (1.1–2.6)	3.0% (1.9–4.2)	3.8% (2.7–4.9)
Institutional caregivers	78	2.7% (2.0–3.4)	0.6% (0.1–1.0)	1.5% (0.6–2.4)	4.2% (3.0–5.4)
Other known adults	140	4.3% (3.5–5.1)	<b>1.3%</b> (0.8–1.9)	3.7% (2.4–5.0)	5.6% (4.3–6.9)
Unknown adults	113	3.1% (2.5–3.8)	1.3% (0.8–1.9)	3.1% (1.9–4.3)	3.7% (2.6–4.8)
Siblings	33	0.8% (0.5–1.2)	0.5% (0.2–0.9)	1.3% (0.5–2.0)	0.6% (0.2–1.1)
Other known adolescents (non-romantic)	309	<b>6.5%</b> (5.6–7.5)	8.3% (6.8–9.8)	7.2% (5.5–9.0)	5.6% (4.3–6.8)
Adolescents (current or former romantic partner)	36	0.6% (0.3–0.9)	1.8% (1.0–2.6)	0.8% (0.2–1.4)	np
Unknown adolescents	33	0.5% (0.3–0.8)	1.3% (0.5–2.1)	0.6% (0.1–1.0)	0.3% (0.05–0.6)

Note: subtotal percentages by class of perpetrator add to more than the total prevalence because some participants experienced CSA by individuals from more than one perpetrator class. np - not published because of small cell size but included in totals. Bolded figures denote significant differences by total perpetrator class, and by age group comparing 16–24 year olds with 25–44 year olds.

### 3.6. Prevalence of child sexual abuse by individual perpetrator type

Table 6 shows prevalence of CSA by ten specific individual perpetrator types taken from perpetrator classes, sample-wide and by age group. These perpetrator types are selected based on contextual significance (referring to numbers of participants experiencing CSA by these perpetrators) and trends in offending by age group. This analysis enables identification of salient trends in CSA by individual perpetrator types, and comparisons by age group. Data for all 42 perpetrator types are in Suppl. File (Table 4).

Overall, substantial amounts of CSA were inflicted by these types of perpetrator, including 8.5% of the sample experiencing CSA by a male adolescent/child <18 who the child knew; 7.3% by other known male adults; 4.7% by unknown male adults; 3.6% by a male relative who did not live with the child; 2.4% by a female adolescent/child <18 who the child knew; 1.9% by a male relative who lived with the child; 1.4% by a brother or male child who lived with the child; and 1.2% by a father (biological or adoptive). All except one of these perpetrator types are male.

These data also show discernible trends by age group. Comparing those aged 45+ with those aged 16–24, significant and consistent declines are evident, with a halving of national CSA prevalence by four adult perpetrator types: fathers (biological/adoptive); male relatives who lived in the child’s home; male relatives who did not live in the child’s home; and other known male adults. Prevalence of CSA by male siblings also more than halved. In contrast, significant increases are evident in CSA by three adolescent perpetrator types: male adolescent/child <18 who the child knew (one and a half times as high: 7.4%–11.2%); the child’s boyfriend at the time (three

**Table 6**  
Prevalence of child sexual abuse by selected individual perpetrator types, by age group (%; 95 % CI).

Perpetrator class	Selected individual perpetrator types	16 years and over	16–24	25–44	45+
Parents/caregivers in the home	Father (biological/adoptive)	1.2% (0.9–1.4)	<b>0.7%</b> (0.4–1.0)	1.0% (0.5–1.4)	1.4% (1.0–1.9)
	A male relative who lived in your home	1.9% (1.5–2.3)	<b>0.9%</b> (0.5–1.3)	1.7% (1.1–2.4)	2.2% (1.6–2.8)
	A male relative who did not live with you	3.6% (3.1–4.2)	<b>2.1%</b> (1.6–2.6)	3.3% (2.5–4.2)	4.3% (3.5–5.1)
Other known adults	Other known adults: male	7.3% (6.5–8.0)	<b>4.0%</b> (3.3–4.8)	7.3% (5.9–8.6)	8.1% (7.0–9.2)
Unknown adults	Unknown adults: male	4.7% (4.1–5.3)	4.2% (3.4–4.9)	5.1% (4.0–6.3)	4.6% (3.7–5.4)
Siblings	Brother, or other male child who lived with you	1.4% (1.1–1.7)	<b>0.5%</b> (0.3–0.7)	1.0% (0.5–1.4)	2.0% (1.4–2.5)
Other known adolescents (non-romantic)	A male adolescent/child <18 who you knew	8.5% (7.8–9.3)	<b>11.2%</b> (10.0–12.3)	9.2% (7.8–10.6)	7.4% (6.4–8.4)
	A female adolescent/child <18 who you knew	2.4% (2.0–2.9)	3.2% (2.5–3.8)	3.0% (2.2–3.8)	1.9% (1.3–2.5)
Adolescents (current or former romantic partner)	Your boyfriend at the time	1.7% (1.4–2.1)	<b>3.4%</b> (2.7–4.0)	1.8% (1.2–2.4)	1.3% (0.8–1.7)
	Your former boyfriend	0.7% (0.5–0.9)	<b>2.1%</b> (1.6–2.6)	0.6% (0.2–0.9)	0.4% (0.1–0.7)

Bolded figures denote statistically significant differences by age group comparing 16–24 year olds with those aged 45 and over.

times as high: 1.3%–3.4%); and the child's former boyfriend (five times as high: 0.4%–2.1%).

#### 4. Discussion

This research identifies the prevalence of CSA from age 0–18 by multiple classes of perpetrator, and across different victims' age groups. In doing so, it extends national studies with narrower scope in instrument design and perpetrator class (Langeland et al., 2015), sample and/or span of childhood assessed (Hussey, Chang, & Kotch, 2006; McGee, Garavan, De Barra, Byrne, & Conroy, 2002; Mohler-Kuo et al., 2014; Speizer, Goodwin, Whittle, Clyde, & Rogers, 2008), and capacity for age group analysis. It advances prior Australian research into CSA prevalence (De Visser, Badcock, Rissel, et al., 2014; Dunne, Purdie, Cook, Boyle, & Najman, 2003; Mills, Kisely, Alati, Strathearn, & Najman, 2016; Moore et al., 2010; Rosenman & Rodgers, 2004). It builds on a pooled analysis of 15–17 year olds from three similar surveys to identify trends in CSA by five perpetrator groups: adults; juveniles; family members; acquaintances; and strangers (Finkelhor et al., 2014).

Four broad themes are salient.

##### 4.1. Child sexual abuse perpetrators remain diverse

The historical trends identified in our analysis by age group show CSA perpetrators have always been diverse, albeit with some more prominent than others (Table 2, Fig. 2). No single perpetrator class contained a majority of cases, and there was a broad representation of CSA by multiple classes, including other known adolescents (non-romantic) (10.0%); parents/caregivers in the home (7.8%); other known adults (7.5%); unknown adults (4.9%); adolescents (current or former romantic partners) (2.5%); and institutional caregivers (2.0%). As shown by findings from our younger participants aged 16–24, this diversity remains across all children (Table 3), and especially for girls (Table 4), with boys in contemporary Australia more vulnerable to concentrated perpetrator types (Table 5). Since girls in contemporary Australia are 2.5 times as likely as boys to experience CSA (Mathews, Pacella, et al., 2023), the key message is that it remains essential for social scientists, policy-makers and practitioners across diverse portfolios, law enforcement, and the public to understand this diversity of perpetrators, and not to typify perpetrators as primarily strangers, family members, or institutional abusers. This variety poses substantial challenges for prevention and prevention education, to ensure all risk environments and persons are covered.

##### 4.2. Child sexual abuse inflicted by other adolescents has not been sufficiently emphasized

Our findings show a substantial proportion of all CSA is inflicted by other adolescents. As two prominent examples, the findings for 16–24 year olds revealed over one in eight (13.2%) reported experiencing CSA by an adolescent with whom they were not and had never been in a romantic relationship, and over one in 20 (5.7%) reported experiencing CSA by an adolescent with whom they were in a romantic relationship, or had previously been. These contemporary data indicate increases in adolescent-inflicted CSA – and especially by boys and young men – compared with previous generations, and we discuss this further below. Moreover, our data show that in contemporary Australian society, more children experience CSA by an adolescent perpetrator than by an adult perpetrator; an inversion of the historical trend (Table 1, Fig. 1). However, there remains a concerning prevalence of CSA by adult perpetrator types including parents/caregivers in the home, and other known adults.

Clearly, alongside the challenge of continuing to reduce CSA by adult perpetrators, the next major challenge for Australian society, and likely others, is to reduce CSA by adolescent perpetrators. Insufficient attention has been paid to CSA by adolescents, and this is likely a legacy of the historical development of the CSA concept from the child molester stereotype onwards, as well as the primary focus of child protection systems being on caregivers, and the focus of criminal justice systems being on adult perpetrators. This long-neglected domain requires massive investment in comprehensive prevention efforts beginning in early childhood in a staged developmental approach to reduce the risk of adolescent CSA of peers both when not in romantic relationships, and within romantic relationships. Despite the diversity of adolescents' offending and the settings in which it occurs - including sexual abuse by siblings, by those in dating relationships, and by those who are not in romantic relationships - prevention efforts can be broadly premised on developing key cognitive and affective attributes known to foster protective factors and ameliorate risk factors, especially in boys (Mathews & Collin-Vézina, 2016). Comprehensive sexuality education can be a key component of primary prevention (Schneider & Hirsch, 2020), addressing consent, gender norms, dating and relationship expectations, empathy promotion, and other individual skills and dispositions, may influence the behavior of potential adolescent offenders across these diverse settings. Given the historically widespread and growing prevalence of peer to peer sexual abuse, the health and behavioral impacts associated with CSA by other adolescents, and the potential for subsequent further adverse outcomes, adolescents must be a prime focus of prevention and included in epidemiological studies.

##### 4.3. Trends show declines in offending by some classes of adult perpetrators

Our findings indicate remarkable progress has been made in reducing CSA by important classes of perpetrator. Over approximately two generations, we found a reduction by half in CSA by fathers, male relatives living in the home, male relatives not resident in the home, and other known male adults (Part 3.6). These are laudable and arguably historic gains in social justice and child protection, but prevention efforts must be maintained, as offending by these groups remains substantial.

The declines in CSA by several adult perpetrator classes may be partly attributable to the combined influence of Australian social

developments, policy and programs. Social awareness of CSA especially but not only within institutional settings dramatically increased from the 1990s with numerous major scandals, the initiation of major government inquiries, and widespread media coverage (Mathews, 2019a). From dozens of such inquiries (Mathews, 2014), eight particularly significant inquiries, all preceded by years of media awareness, included national inquiries (Commonwealth Senate Community Affairs References Committee, 2004, 2005), the Royal Commission into Institutional Responses to Child Sexual Abuse initiated in 2013 (Australian Government Royal Commission Into Institutional Responses to Child Sexual Abuse, 2017), and major state inquiries in New South Wales (Wood, 1997, 2008) and Victoria (Cummins, Scott, & Scales, 2012; Victorian Family and Community Development Committee, 2013; Victorian Law Reform Commission, 1988).

This added to the growing scientific awareness of CSA outlined above, and broader social norms solidifying against CSA and violence against children in international law, exemplified by the United Nations Convention on the Rights of the Child, which was ratified by Australia and entered into force on 16 January 1991. Together with media campaigns (initially against “stranger danger”) and expansion of school-based CSA prevention programs (Walsh, Zwi, Woolfenden, & Shlonsky, 2015), this likely developed awareness both among parents (whose protective monitoring role may have helped reduce CSA especially by family members), and children themselves, who may have been able to take protective action in relation to their own experiences, and who may have integrated knowledge and dispositions to reduce their own likelihood of offending (Mathews & Collin-Vézina, 2016).

In addition, a range of legislative reporting initiatives were implemented across all States and Territories, accelerating from the late 1980s, requiring professionals to report CSA occurring within and beyond institutions (Mathews, 2019b). These duties had substantial impacts on reporting and case-finding (Mathews, Bromfield, Walsh, Cheng, & Norman, 2017; Mathews, Lee, & Norman, 2016), which is likely to have increased detection of offenders and diminished the likelihood of their future offending through incarceration and desistance.

Our finding of a decline in CSA by those in the parent/caregiver class and by institutional caregivers is consistent with findings in the USA (Finkelhor & Jones, 2006; Finkelhor, Saito, & Jones, 2023), and others have pointed to the potential influence on such declines of growing public awareness, increasing agents of legal and social intervention, and improved behavioral health treatment including psychiatric pharmacology (Finkelhor & Jones, 2006). Our finding of a decline in CSA by institutional caregivers is also consistent with studies in religious settings (e.g., John Jay College Research Team, 2004; Langeland et al., 2015), and aligns with decreasing attendance in religious institutions over the last several decades, and adds weight to these findings through its use of a larger sample, and assessment of CSA across the entire span of childhood. These declines among several adult perpetrator classes are extremely positive, given the high prevalence of abuse by some of these perpetrator classes and types, and the general association between abuse by parents, caregivers and institutional perpetrators and heightened adverse outcomes (Trickett et al., 2011).

#### 4.4. Trends show increases in offending by several classes of adolescent perpetrators

We found that sexual abuse by adolescent perpetrators both in and out of romantic relationships, typically by males, has long been common in Australia. However, we also found that in recent years, CSA by three classes of adolescent perpetrators has increased. Most significantly, in contemporary Australian society, CSA by known adolescents in non-romantic relationships is by far the single most common category of offending, being reported by 13.2% of all participants aged 16–24, including by 17.6% of young women. There have been significant increases in sexual offending against girls by adolescents – nearly all of whom were male – with whom they are or were previously in a romantic relationship; this rate has doubled in a generation, from 4.3% in those aged 25–44, to 9.0% in those aged 16–24.

Adolescence is a crucial developmental period (Crone & Dahl, 2012), which provides opportunities to develop knowledge, attitudes, psychosocial skills, and healthy sexual scripts. Historically, the consistent absence or inadequacy of comprehensive education in healthy sexual and relational development, especially of boys, has contributed further to the intrinsic risk of adolescent CSA. Society has consistently failed to adequately prepare children and youth to deal with their own sexual development, and to thrive in healthy sexual relationships. While requiring further research to more fully understand their influence, it is plausible that several social factors may explain the recent increase in adolescent child sexual abuse found by this study, both outside and within romantic relationships.

First, sexualization of adolescence in popular media may increase expectations and pressure to have sexual experiences, and influence potential aggressors to press for opportunities. A national survey of 6841 Australian youth aged 14–18 found 40% of girls and 44% of boys reported feeling pressure from peers to have sex (Power, Kauer, Fisher, Chapman-Bellamy, & Bourne, 2022). As indicated by recent movements responding to endemic adolescent-perpetrated sexual abuse in Australia, such as Teach Us Consent (Contos, 2021), it is plausible that a sexualised society expressed through popular and online media may amplify the normative developmental desire of adolescents to conform with peer groups’ attitudes and practices, adding to perceived pressure to have sexual experiences. Connected with this, in contemporary society there may be lower parental supervision of adolescents, especially in higher risk settings such as social gatherings and private parties; together with easy access to alcohol this may increase risk of adolescent offending.

Second, contemporary youth have greater access to pornography, including violent pornography, than youth in former generations. Adolescent viewing of online pornography is common in Australia, with 14.1% of youth aged 14–18 viewing it daily or almost daily (Power et al., 2022); and 57.3% of boys reporting first exposure when aged 12–14, and 28.2% when aged 9–11 (Bernstein, Warburton, Bussey, & Sweller, 2023). Adolescent pornography consumption can influence adolescent sexual violence (Rostad, Gittins-Stone, Huntington, et al., 2019; Waterman, Wesche, Morris, Edwards, & Banyard, 2022; Wright, Tokunaga, & Kraus, 2016; Ybarra, Mitchell, Hamburger, Diener-West, & Leaf, 2011; Ybarra & Thompson, 2018), with this tendency heightened when the material is violent (e.g., Ybarra et al., 2011). The impact of violent pornography is consistent with theoretical explanations of the detrimental influence of such modelling on sexual scripts and associated cognitive schemas, attitudes, and behaviours, including behaviours

involved in negotiating consent (Rittenhour & Sauder, 2023; Waterman et al., 2022; Wiederman, 2015; Wright et al., 2016). Adolescent consumption of pornography, especially when violent (e.g., Ybarra et al., 2011), may lead to distorted sexual scripts that legitimise sexual coercion and abuse, enhance its likelihood in lived experience, and undermine sexual activity with full, free and voluntary consent.

Third, girls and young women in contemporary Australian society have lived through a recent period of social awareness surrounding sexual coercion, including the broader Me-Too movement since 2017, and more local developments including high-profile cases that captured national media attention and influenced the enactment of new “affirmative consent” laws (Milligan, 2018). Use of behaviourally-specific questions minimises the likelihood of inaccurate responses about abusive experiences, but to the extent that cognitive reframing has any impact on responses, this broader awareness surrounding sexual coercion may help girls identify non-consensual experiences and recognize sexual violations.

#### 4.5. Limitations

Despite its strengths, this study has limitations. First, while self-report data responding to behaviourally-specific questions provide reliable prevalence estimates (Mathews et al., 2020), they are limited to what participants can remember, and so will exclude events occurring in early childhood. Second, it is possible that some participants, especially those aged 65 and over, may have forgotten some incidents, or cognitively reframed them, and hence not endorsed sexual abuse screeners despite their experiences; this may have a slight impact on analysis of trends by age group. However, two thirds of the upper collapsed age group ( $n = 3000$ : 45 years and over) were aged 45–64, so such an impact is likely minimal. Similarly, some bias in underreporting in higher age groups may be influenced by early death, although is likely minimised by this upper collapsed age group. Third, it is possible that some youth participants, especially those aged 16–17, were reluctant to identify parental offenders, fearing involvement of police or child protection services. However, those aged 16–24 and those aged 25–44 reported similar levels of abuse by key individual perpetrator types within this class (fathers, step-fathers), indicating any such effect was marginal. Fourth, we did not determine with certainty that two self-reported classes of adolescent perpetrator – siblings, and current or former boyfriends – were aged under 18, so some perpetrators in these classes may possibly have been aged over 18; however, based on typical ages of victimisation and offending, it is reasonable to assume the majority of these were under 18 so that our categorisation of these as adolescents is sound. Fifth, studies with younger boys have found they are less likely to acknowledge sexual victimisation in interviewer-administered questionnaires (Artz et al., 2016); however, in our study, interviewers were not physically present, our male respondents were aged 16–24, and the decline we found in sexual abuse of boys was significant. Finally, the youngest participant age grouping spanned ages 16–24 ( $n = 3500$ ), meaning participants aged 16 ( $n = 151$ ) or 17 ( $n = 226$ ) could not provide responses about experiences across the entire span of childhood up to 18. Prior research has found a substantial proportion of child sexual abuse first occurs in those aged 15–17 (Finkelhor et al., 2014) and so our reported prevalence for this group may be a slight underestimate. However, any underestimate is likely modest, since 89.2% ( $n = 3122$ ) of participants aged 16–24 were aged 18–24, and those aged 17 (6.4%,  $n = 226$ ) could report on the great majority of the span of childhood to age 18, while those aged 16 (4.3%,  $n = 151$ ) could report on slightly less.

## 5. Conclusion

This research has advanced the epidemiology of CSA, and holds significance for public health policy and prevention, and for education, health, child protection, and criminal justice systems. To our knowledge, this is the first study to analyse nationally representative data of CSA prevalence by multiple classes and types of perpetrator, over a substantial period of time in a society, through capturing CSA experiences across the entire span of childhood to age 18, and with comprehensive information about an extensive range of perpetrator classes and types.

CSA by some classes of adult perpetrators has declined in Australia, indicating the positive influence of prevention efforts and the need to maintain them. In particular, substantial declines in CSA by parents and caregivers in the home, institutional caregivers, and other known adults, demonstrate substantial success in reducing CSA over the last several decades, influenced by public policy, social awareness, protective action by parents and caregivers within and beyond the home. Given the profound suffering and often devastating effects of CSA, and viewed through the prism of historical lived experience, these declines are remarkable achievements in advancing children’s rights and gender equality. The momentum gained in reducing CSA in these domains must be maintained through continued investment and support, and repeated prevalence studies can further examine the nature and continuance of this decline.

However, CSA by three classes of adolescent perpetrators has increased. Most significantly, CSA by other known adolescents in non-romantic relationships, and by adolescents who are or were in a romantic relationship, are now major public health concerns. In contemporary Australian society, CSA by known adolescents in non-romantic relationships is by far the single most common category of offending. As a society, we have never done enough to ensure healthy sexual and emotional development of our youth, and especially of boys; this is particularly concerning as the vast majority of CSA is inflicted by males. The toll of this neglect is accelerating, exacerbated by social and technological challenges.

These findings have major implications for families, communities, and whole of government approaches to CSA prevention, and the promotion of healthy sexual development. This evidence should inform precision public health approaches by social, education, health, and legal systems to enhance prevention of CSA by distinct perpetrator classes, including adolescents within and beyond romantic relationships. This also enables the development of multiple, more nuanced, customised approaches to prevention, that can satisfy the need for different theories of change to respond to different relational and situational settings of CSA, which could be further informed by future research identifying risk factors for children and youth who experience more chronic and severe victimisation.

Examples can readily be seen in the need for customised approaches to maintain declines in sexual abuse by parents and caregivers and institutional caregivers, in contrast to differently-tailored approaches to prevent CSA by adolescents – and particularly by boys and young men – both within and beyond romantic relationships. Meta-analyses have found adolescent dating violence prevention programs can reduce sexual violence, increase knowledge, and foster prosocial attitudes (Lee & Wong, 2022; Russell, Voith, & Lee, 2021). Strategic investment in adolescence, informed by developmental science, can develop major advances in precision public policy and precision public health (Dahl, Allen, Wilbrecht, & Ballonoff Suleiman, 2018). Multiple factors, and contemporary challenges including the widespread availability and consumption of technology and pornography, indicate the need for development of comprehensive theoretically supported prevention initiatives, founded on sound theories of change accommodating specific perpetrator classes and individual perpetrator types. These can support children and youth in developing emotional and sexual literacy and healthy sexuality, enhance the capacity of parents and community agents such as schools in achieving these aims, and promote social norms of gender equality, freedom from violence, and healthy relationships.

## Data availability

Data will be made available on request.

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## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chiabu.2023.106562>.

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