



RESEARCH REPORT

Realities of Child Sexual Assault: Findings from data collected from Bravehearts' Therapeutic Team

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About the Authors

Carol Ronken worked as a researcher and Associate Lecturer at Griffith University in the School of Criminology and Criminal Justice before joining Bravehearts in May 2003. With a BA(Psych) and Masters Applied Sociology(Social Research), Carol is the Director of Research for Bravehearts and is passionate about ensuring the organisation's active involvement in research, policy and legislative development that aims to prevent, respond to, and ultimately reduce the incidence of child sexual assault in the community. In 2011 she received an award from the Queensland Police Service Child Protection and Investigation Unit for her contribution to child protection. Carol has also co-authored *The Bravehearts Toolbox for Practitioners working with Child Sexual Assault* (Australian Academic Press, 2011).

Carol is a member of the Australian and New Zealand Society of Criminology, the International Society for the Prevention of Child Abuse and Neglect, and the Child Protection Practitioners Association of Queensland. She sits on the Federal e-Safety Commissioner's Online Safety Consultative Working Group, the Queensland Victim Services Interagency Organisation Network, the Queensland Child Protection Advocates Group and Twitter's Trust and Safety Council. In January 2017, Carol accepted a 3 year position as a Visiting Fellow in the School of Justice, Faculty of Law, at Queensland University of Technology.

Dr. Nadine McKillop specialises in the prevention of sexual violence and abuse. Working within a holistic framework her experience includes the clinical assessment and treatment of victims and offenders of crime; their families and criminal justice personnel. She also provides professional supervision, training and consultation. Nadine is actively engaged in research, presenting her findings in peer-reviewed journals and at conferences both nationally and internationally. Nadine has also co-authored *The Bravehearts Toolbox for Practitioners working with Child Sexual Assault* (Australian Academic Press, 2011).

Bravehearts Foundation Limited
ABN: 41 496 913 890 ACN: 607 315 917
PO Box 575, Arundel BC, Qld 4214
Phone 07 5552 3000 Email research@bravehearts.org.au
Information & Support Line 1800 272 831
bravehearts.org.au

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About Bravehearts

Bravehearts has been actively contributing to the provision of child sexual assault services throughout Australia since 1997. As the first and largest registered charity specifically and holistically dedicated to addressing this issue in Australia, Bravehearts exists to protect Australian children against sexual harm.

Our Mission

To prevent child sexual assault in our society.

Our Vision

To make Australia the safest place in the world to raise a child.

Our Guiding Principles

To, at all times, tenaciously pursue our Mission without fear, favour or compromise and to continually ensure that the best interests, human rights and protection of the child are placed before all other considerations.

Our Guiding Values

To at all times, do all things to serve our Mission with uncompromising integrity, respect, energy and empathy ensuring fairness, justice, and hope for all children and those who protect them.

The 3 Piers to Prevention

The work of Bravehearts is based on *3 Piers to Prevention: Educate, Empower, Protect* - Solid Foundations to Make Australia the safest place in the world to raise a child. The 3 Piers are:

Educate Education for children and young people

Empower Specialist counselling and support

Training for adults, professionals, business and community

Risk Management 'ChildPlace Health & Safety' Services

Community engagement and awareness

Protect Lobbying & Legislative Reform

Research

Abstract

The data reported in the following paper is based on a preliminary analysis of information collected from 556 clients who have attended Bravehearts therapeutic service between 2002 and 2008.

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Interim Findings

Victims

Research, both nationally and internationally, has consistently shown that girls are more likely than boys to be victims of child sexual assault. Those who work in the sector agree that this is more likely to be due to likelihood or willingness to disclose, rather than actually victimisation. A national survey in the US conducted through researchers in South Carolina found that more females (74%) than males (46.5%) disclosed having been sexually assaulted. The study showed that the gender of the adolescent is related to disclosure of sexual assault with boys less likely to speak out (Hanson et al, 2003).

Official sexual assault data in Australia show that the high rate of sexual assault recorded for girls 10-14 years of age (at 516 per 100,000 females in that age group). For males, rates were highest for those aged 10-14 (88 per 100,000) and under 10 (70 per 100,000). Males made up 30% of sexual assault victims aged less than 10 years and 15% or less in older age groups (Australian Institute of Criminology, 2006).

Research on the average age when sexual assault first occurs consistently shows that for most victims the first incident occurred prior to puberty. While sexual assault is most commonly reported by teenagers, studies show that they have often been victimised for many years prior to reporting (Daugherty, 2007):

- The average age for first sexual assault is 9.9 years for boys and 9.6 years for girls (Finkelhor, 1986).
- Average age: 8.47 years (65% 10 years of age or younger) (Lang, Rouget & van Santen, 1988).
- Victimization occurs before age eight in over 20 percent of the cases. Another study found 24 percent of female child sexual assault survivors were first assaulted at age five or younger (Boyer & Fine, 1992).
- The most vulnerable ages for children to be exposed to sexual assault appears to be the ages from three to eight years of age, with the majority of onset of sexual assault happening between these ages (Browne & Lynch, 1994).
- Age of victim: 0-8 (24.6%); 9-12 (36.6%); 13-16 (39.0%) (Smallbone & Wortley, 2000).
- 0-3 y/o: 10% of victims; 4-7 y/o: 28.4% of victims; 8-11 y/o: 25% of victims; 12 and older: 35.9% of victims (Putnam, 2003).

Bravehearts Clients

Our client demographics show that:

- 72 % of our clients are female, 28 % male
- The average client age at time of intake (counselling) 8.88 years
- The average age at time of the reported sexual assault was 6.59 years

Offenders

Generally trying to define who are and who are not likely to sexually offend against a child is complex:

- There is no 'simple' or single profile of who child sex offenders are.
- There is no one cause or reason for sexually offending against a child.
- There is no test or easy diagnosis to predict who will offend against a child or predict future behaviour.
- Child sex offenders range in age, socio-economic background, sexuality, race, religion and personality type.

International research suggests that sex offenders are generally older than most other types of offenders. Hanson et al (2002) found the mean age of over 9,000 sex offenders to be approximately 36 years. A Queensland study found that the average age of offenders when they first had sexual contact with a child varied between 29.4 years and 33.1 years (Smallbone & Wortley, 2000).

Studies suggest that males are more likely to offend than women, with Child Wise reporting that female offenders were responsible for 6% of all reported child sexual assault matters (The Australian newspaper, 7th March 2006). Finkelhor and Russell (1984) found that approximately 5% of female victims and 20% of male victims experience sexual assault perpetrated by a female.

Bravehearts Clients

Our client's alleged offenders very much fit the 'profile' we can put together from the research:

- Average age of the alleged perpetrators was 30.57 years
- 27% of alleged perpetrators were under the age of 16, with 9% under the age of 12.
- Of the alleged perpetrators 3.5% female, 96.5% male

Offences

Child sexual assault is a hidden but significant problem in every community in Australia. Experts estimate the prevalence ranging between one in five children (Australian Institute of Criminology, 1993) to one in seven children experiencing some form of sexual assault before they reach the age of 18 (James, 2000). These include a continuum of offending behaviours; based on a review of research conducted on child sex assault cases over an 8 year period, researchers estimated that between 5 and 10% of girls and up to 5% of boys are exposed to penetrative sexual assault, and up to three times this number are exposed to any type of sexual assault (Gilbert, Spatz-Widom, Browne, Fergusson, Webb & Janson, 2009).

Bravehearts Clients

In relation to the alleged offences reported by Bravehearts' clients;

- 66.6% of our clients reported experiencing multiple incidences of child sexual assault

The majority of alleged offences included contact assaults:

- Predominantly fondling / touching 53.2%
- Attempted / actual rape or sodomy 27.3%
- Oral sex 17.6%
- 1.9% of clients disclosed only non-contact behaviours such as witnessed acts/ exposure/being shown pornography

Offender-Victim Relationships

Most children are sexually assaulted by someone they know and trust, although boys are more likely than girls to be sexually assaulted by someone outside of the family. Estimates vary, but research typically suggests that between 10 and 30% of child sex offenders are strangers (National Child Protection Clearinghouse, 2005).

A study in three US states (Langan & Wolf Harlow, 1994) found 96 percent of reported rape survivors under age 12 knew the attacker. Four percent of the offenders were strangers, 20 percent were fathers 16 percent were relatives and 50 percent were acquaintances or friends (Langan & Wolf Harlow, 1994).

Bravehearts Clients

Information on the relationship between survivor and alleged offender through our client data supports the research that the offender is more likely to be known to the victim. Our clients' experience also appears consistent with research that indicates the offender usually (70% of the time) does not live in the house with the child but is someone known, trusted and often loved by the child and child's family. Only 2.8% of alleged offenders was a stranger. Our client data shows that the highest percentage of alleged offenders were parents or step parents (including partners of a parent).

Our client base is derived in large part (72.6%) from Government and non-government referrals and this impacts substantially on this particular statistical analysis. Our statistics in relation to 'relationship to offender' are weighted toward residential family members as 33.1% of our client base are being referred to Bravehearts through the statutory child protection department.

- Parent or step parent 37.2%
- Sibling 11.0%
- Other relative 20.2%
- Known to the child/family 28.8%
- Stranger or someone met on the internet 2.8%

Impacts of Child Sexual Assault

Children and adolescents who have been sexually assaulted can suffer a range of psychological and behavioural problems, from mild to severe, in both the short and long term. These problems typically include depression, anxiety, guilt, fear, sexual dysfunction, withdrawal, and acting out. Depending on

the severity of the incident, victims of sexual assault may also develop fear and anxiety regarding the opposite sex or sexual issues and may display inappropriate sexual behaviour (Briere & Elliot, 2003; Roberts et al, 2004; Spataro et al, 2004; Cutajar et al, 2010).

The initial or short-term effects of sexual assault usually occur within 2 years of the termination of the abuse. These effects vary depending upon the circumstances of the assault and the child's developmental stage but may include regressive behaviours (such as a return to thumb-sucking or bed-wetting), sleep disturbances, eating problems, behaviour and/or performance problems at school, and nonparticipation in school and social activities.

Bravehearts Clients

Some of the common presentations we have seen in our clients include:

- Aggressive behaviours (42.7%)
- Nightmares (37.8%)
- Fearful / avoidant (32.8%)
- Sexualised behaviours (29%)
- Suicidal ideation (15.8%)
- Bedwetting (15.1%)
- Self-harming behaviours (11.3%)

Also common are safety concerns, shame, anger, reduced self-esteem, negative thoughts, inaccurate perceptions of responsibility, betrayal, self-blame and loss of trust.



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