



Child Sexual Abuse in the Disability Sector

Prevalence, Impacts and Trauma-Informed Responses to Disclosures of Child Sexual Abuse

A GUIDE FOR DISABILITY SUPPORT WORKERS AND SERVICE PROVIDERS

Acknowledgements

This booklet was compiled and written by Melissa Holmes, CEO of Stepping Out Program, with Talle Star, senior lived expert advisor, trauma-informed trainer and creative.

Thank you to Amanda Wise for her design and Justine Wahlin for her artwork.

This project was generously funded by NSW Health Department of Communities and Justice for the grant "Responses Matter".

Proudly funded by



**Copyright © 2025 by Stepping Out Program Inc.
All rights reserved.**

No portion of this book may be reproduced in any form without written permission from the authors, except as permitted by Australian copyright law. This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. The advice and strategies contained herein may not be suitable for your situation. You should consult with a professional when appropriate.

Contents

- 1 Introduction**
- 2 CSA in Australia: Statistics and Impacts**
- 3 Recognising the signs**
 - Recognising the signs of trauma
 - Recognising the signs of grooming
 - Supporting disclosure of CSA
 - Understanding the impacts of shame
- 4 Trauma Informed Practice**
 - Core principles and strategies
 - Setting boundaries
 - Vicarious trauma and self-care
- 5 Resources and Referral Pathways**



About this book

This booklet is written for disability support workers and service providers to understand and manage the impacts of child sexual abuse within their client base.

The aim is to apply the principles of trauma-informed practice with a strengths-based approach to clients who may have experienced childhood trauma.

Throughout this booklet, we sometimes refer to child sexual abuse by its acronym CSA. We understand that there is division within the sector regarding the use of this acronym. We use it here for the sake of simplicity.

Likewise, we use the term 'survivor' for victim-survivors of child sexual abuse, acknowledging resilience and empowerment. People may prefer one term, the other or neither - we respect their choice.

We wish to thank all the CSA victim-survivors living with disability, support workers and service providers who have shared their experience within the disability sector. It is our hope that this booklet assists in the ongoing development of services and support for survivors.

Melissa Holmes

CEO OF STEPPINGOUT



Trigger Warning

This booklet contains themes of child sexual abuse within the disability sector. We discuss impacts, rather than incidents. However, discussions of abuse, trauma and systemic neglect may be distressing for some readers.

If you need support at any point, please reach out to the numbers below - they are free, confidential and 24/7:

- Lifeline: 13 11 14
- Full Stop Australia: 1800 385 578
- 1800RESPECT: 1800 737 732
- NSW Mental Health Line: 1800 011 511
- Beyond Blue: 1300 224 636
- 13YARN: 13 92 76
- Qlife: 1800 184 527

More resources are listed at the back of this book.

1 Introduction

Trauma-informed care is vital for supporting survivors of child sexual abuse in the disability sector. Because people with disability often rely on close, ongoing support, workers are in a key position to recognise trauma and respond safely. Many survivors have had their boundaries violated, so even small perceptions of control, neglect or harm can trigger a trauma response. Trauma-informed care helps rebuild trust and create safety, leading to better outcomes for both survivors and the services that support them.

Child Sexual Abuse is more common than you might think

Child sexual abuse is a scourge in Australian society – 28.5% of the population reports sexual abuse before the age of 18. Research shows that people with disability—particularly women and children—are two to three times more likely to experience sexual violence than those without disability. Many rely on others for intimate care, creating situations of vulnerability that can be exploited. The impacts are profound and enduring: survivors face higher rates of trauma, mental health challenges, communication barriers, and distrust in support systems that failed to protect them. Despite the scale of harm, systemic neglect and silence continue to shield perpetrators and isolate survivors.

Trauma-informed care improves outcomes for survivors

Trauma-informed NDIS care is vital for survivors of child sexual abuse because it recognises the profound and lifelong impacts of early trauma on physical, emotional, and social wellbeing. Standard service approaches can inadvertently activate trauma responses which might be framed as challenging behaviour rather than emotional distress. Trauma-informed care prioritises safety, choice, trust, and empowerment. This approach ensures that survivors' experiences are understood, their boundaries respected, and their voices central in planning and decision-making—ultimately promoting healing, independence, and a sense of control over their lives.

Support workers' self-care improves outcomes for all

Self-care is essential for disability support workers because the work is emotionally and physically demanding, often involving high levels of responsibility, stress, and exposure to trauma. Prioritising self-care helps workers maintain their wellbeing, resilience, and professional effectiveness, reducing burnout and vicarious trauma. By looking after their own mental, emotional, and physical health, support workers can provide safer, more consistent and empathetic care while sustaining a long and fulfilling career. This improves outcomes for survivors through consistency and continuity of care, allowing them to build trust with workers.

Survivor stories



Monica's story

Monica has a significant trauma history, including child sexual abuse in the family home and the foster care system, neglect, socioeconomic disadvantage, domestic violence, frequent hospitalisation for suicidal ideation and breast cancer. She lives with complex PTSD and dissociative identity disorder, constituting a psychosocial disability.

With NDIS support, she has benefitted from compassionate care and a sense of routine. This has allowed her to improve her emotional stability and mend her relationship with her adult children who know she is now safe and supported.

Renee's story

Renee is a survivor of intrafamilial child sexual abuse. Despite the privilege of a well-off family, she never felt safe because her father physically and sexually abused her. As a result, she lives with CPTSD and schizoaffective disorder. Her mother was a source of support but died a few years ago, adding profound grief. Estranged from her remaining family, she receives no support and was profoundly lonely before NDIS assistance. Her mental health struggles and yearning for connection placed her at risk of harm and exploitation. With an NDIS service specialising in LGBTQIA+ support, as well as Stepping Out, she now feels more connected to chosen communities through social inclusion, routine, accountability and belonging. She is studying to be a mental health peer support worker.



"The NDIS has transformed my life and allowed me to be much more productive in work and life, and to live independently in my secure affordable housing."

"NDIS has changed my life significantly for the better. It has provided social inclusion, company, routine, accountability. It's really nice when people check in on me and follow up on incidents."



2. CSA in Australia: Statistics and Impacts

The definition of child sexual abuse in Australia varies between data sources, frameworks, policy responses and organisations. It also varies by state due to differing ages of consent.

Definitions

The *Royal Commission Into Institutional Responses to Child Sexual Abuse (2017)* defines child sexual abuse as any act that exposes a child to, or involves a child in, sexual processes that are beyond their understanding, are contrary to accepted community standards, or are outside what is permitted by law.

Acts of child sexual abuse are criminal acts under Sections 66A, 66B, 66C and 66D of NSW Crimes Act (1900).

The *Children and Young Persons (Care and Protection) Act 1998 (NSW)* is the primary legislation governing child protection in the state. Under this Act, a "child" is defined as someone under 16 years old and a "young person" is defined as someone aged 16 or 17 years old.

At Stepping Out, we work with female survivors of historic child sexual abuse occurring before the age of 16 years old, involved a grooming process and a gross power imbalance in age and/or authority between the perpetrator and child.

Forms of child sexual abuse

Both forms cause deep and lasting harm. Non-contact abuse is sometimes minimised, but its psychological and emotional impacts can be just as severe as contact abuse.

Contact CSA involves physical sexual contact including:

- Fondling or touching genitals, breasts, or other intimate areas
- Penetration or attempted penetration (oral, vaginal, or anal)
- Forcing the child to touch the perpetrator sexually
- Using objects or physical acts for sexual gratification

Non-contact CSA involves sexual acts that do not include physical touch but still exploit or harm the child, including:

- Exposing a child to sexual acts or pornography
- Making sexual comments, propositions, or threats
- Indecent exposure ("flashing")
- Forcing or coercing a child to expose themselves or perform sexual acts online or via digital media
- Voyeurism (watching a child for sexual gratification)

How prevalent is CSA in Australian society?

Statistics are difficult to collect for child sexual abuse because there are so many barriers to disclosure so it is often left unreported due to multiple barriers such as shame, age, disability, stigma.

Statistics also vary due to different parameters. Australian Bureau of Statistics defines child sexual abuse as occurring before the sixteenth birthday. *The Australian Child Maltreatment Study (2023)* broadens this parameter to eighteenth birthday.



28.5%

OF AUSTRALIANS OVERALL HAVE EXPERIENCED CSA BEFORE THE AGE OF 18 YEARS OLD

11% of women report experiencing childhood sexual abuse (CSA) before the age of 15.

37.3% of women reported CSA when the age range is extended from age 15 to 18.

49% of women report first instance of CSA occurring between the vulnerable ages of 5 and 9.

84% of female survivors have never reported the abuse to police

3.6% of men report experiencing childhood sexual abuse (CSA) before the age of 15.

Girls are **twice as likely** as boys to have experienced CSA (37.3% vs. 18.8%).

51% of male survivors report first instance of abuse occurring between ages of 10 and 14.

99% of male survivors have never reported the abuse to police



Child sexual abuse in the disability sector

Children with disability are particularly vulnerable to abuse due to a combination of social, environmental, and systemic factors. Understanding the heightened risks and the unique contexts in which abuse can occur is essential for providing safe and supportive care. The following section outlines these risks, societal attitudes that can exacerbate harm, and the importance of adopting a strengths-based approach when supporting children with disability.

Children living with disability are 14% more likely to be sexually abused in disability because of specific contexts such as respite care, school transport or personal care services which involve unsupervised 1:1 interactions between adults and children. There is increased risk of abuse to people who are dependent on others for assistance, especially services like personal hygiene or bodily functions.

Exacerbating the risk is societal attitudes towards children with disability as being less likely to tell or be believed.

Responses to disclosures of unsafety from people with disability might include “they must be confused”, “they don’t understand”, “they tell stories”. The belief that a person with disability does not have the resources to explain what has happened is a misconception. Instead, we need to adopt a strengths-based approach in order to increase our understanding of a person’s communication methods or needs.

Adults with disability are also more vulnerable

People with disability are more than twice as likely to experience physical or sexual abuse before the age of 15, as people without a disability (23% compared to 11%).

55% of adults with disability have experienced physical or sexual violence, compared to 38% of adults without disability.

Women with disability aged 18 to 64 are three times more likely to have experienced sexual assault than men with disability in the same age group (29% compared to 7.7%)

Who are the perpetrators of child sexual abuse?

Most commonly, the perpetrators of child sexual abuse are known to the child and hold a position of trust and/or power over the child. For women, 47% of child sexual abuse is intrafamilial.

There is no typical profile of a perpetrator of child sexual abuse – it could be family member, teacher, coach, priest, babysitter, neighbour, youth or childcare worker, carer or disability support worker. It could happen online. The abuse might be opportunistic or deliberately planned whereby perpetrators coerce and manipulate their way into positions in the community where they have access to children, such as sporting clubs or youth organisations.

As a support worker, you must be aware of the dynamics of power and control inherent in your role. Even inadvertently mimicking abusive behaviours or responding in ways that activate a trauma response—such as framing a trauma reaction as ‘challenging behaviour’—can cause harm and retraumatise the person you are supporting. Being conscious of this responsibility is central to safe, trauma-informed care.

The *Royal Commission into Institutional Responses to Child Sexual Abuse* found 93.9% of perpetrators were male.



What are the impacts of CSA?

The impacts of CSA are often profound and lifelong. They can vary depending on a child's age, their relationship with the perpetrator, and the severity or duration of the abuse.

Children, by their nature, are vulnerable and cannot provide for themselves. Having a disability heightens this. Children rely on adults to meet every need from food and shelter to care and safety. When the trust of a child is violated, the world becomes a dangerous and confusing place for them. If they can't trust the people who are meant to keep them safe, who can they trust? As they grow into adulthood, the social impacts can be profound and lifelong.

Survivors of childhood sexual abuse are more likely to face long-term struggles with relationships, economic stability, and wellbeing if not given the right supports at the time of the abuse.

CSA survivors are more likely to experience:

- Social isolation and loneliness
- Reduced educational and employment prospects leading to socioeconomic disadvantage
- Attachment disorders which can affect relationships, particularly intimate partners and parenting, leading to intergenerational trauma
- Distrust of authority and can lead to involvement in criminal justice system
- Coercive control can become normalised and harder to identify when it is happening.

Adult survivors of child sexual abuse are three times more likely to experience coercive control than women who did not experience abuse – 57% compared to 18%.

Of women who experienced CSA before age 15:

- 31% experienced physical violence by partner (compared to 11.2% of women who were not abused)
- 16.9% experienced sexual violence by partner (compared to 3.8%)
- 43.4% experienced emotional violence by partner (compared to 18.2%)

Mental health impacts of CSA

CSA has profound and enduring impact on survivors' mental health, depending on the type, severity and duration of abuse.

Childhood maltreatment, including CSA, leads to a diagnosis of mental health disorders in **48%** of victims as adults.

SURVIVORS ARE 2.3 TIMES MORE LIKELY TO HAVE ATTEMPTED SUICIDE IN THE PAST YEAR.



It is important to understand that Post Traumatic Stress Disorder (PTSD) and Complex Post Traumatic Stress Disorder (CPTSD) are injuries to a person caused by the abuse.

Social and economic impacts of CSA: Intersecting vulnerabilities

The impacts of child sexual abuse (CSA) are often intensified by other forms of disadvantage. Survivors who experience homelessness, incarceration, or identify as LGBTQIA+ may face overlapping barriers to safety, recovery, and support.

Research shows that structural inequalities such as colonialism, racism, ableism, homophobia, transphobia, poverty, and classism can perpetuate violence against children (Higgins et al., 2025, p. 23). Factors like disability, socio-economic hardship, housing stress, and contact with the justice system can also increase the risk of CSA (AIFS, 2017). These systemic and social disadvantages are reflected in higher rates of CSA among certain populations. Children and adults with disability may experience compounded risk when intersecting with other factors such as socio-economic hardship, housing instability, or discrimination.

Understanding these statistics helps support workers identify at-risk individuals, advocate for appropriate services, and implement prevention strategies tailored to each survivor's context. Intersectionality is a fundamental component of trauma-informed practice.

Social and economic vulnerabilities

- **LGBTQIA+:** 51.9% of gender and sexuality diverse participants report CSA, compared to 28.5% of the general population.
- **Criminal Justice System:** 80–85% of women in Australian prisons report CSA.
- **First Nations:** Rate of CSA is 1.3 to 2.5 times higher for First Nations youth up to 18 years old.
- **Homelessness:** 82% of girls in youth refugees report CSA, with 67% experiencing it before age 11.
- **CALD:** There are no national statistics revealing CSA prevalence among Culturally and Linguistically Diverse (CALD) children (Rahim et al., 2023).

The importance of data collection

Reliable and inclusive data collection is essential to understand the full scope and impact of childhood sexual abuse (CSA) and to shape effective policy and services. While research provides useful insights into people experiencing homelessness, disability, LGBTQIA+ individuals, CALD and those involved with the criminal justice system, these studies are often fragmented and not nationally representative.

This booklet aims to provide skills for confident, clear and compassionate communication around CSA to promote data collection.

3. Recognising the signs

Frontline and disability support workers need to understand trauma because many clients have experienced trauma that shapes how they think, feel, and respond. By recognising the impact of trauma and avoiding re-traumatisation, we can create safety, build trust, and support recovery more effectively.

What is trauma?

Trauma is defined by the impact that an experience has had on an individual, rather than just the event itself. The immediate response following a traumatic event determines whether it has lasting impacts.

When a child is sexually abused at a formative age, they experience the world as hostile and they feel unsafe. If they tell someone about the abuse, they should be able to trust that they will be heard. However, if a child's disclosure is minimised, dismissed or disbelieved, survivors say that such negative experiences of disclosure can be worse than the abuse itself because they feel that nobody cares about them.

Complex trauma

Complex trauma occurs when children face repeated, invasive trauma—such as abuse or severe neglect—often within caregiving relationships. These experiences can deeply disrupt development, sense of self, and the ability to form secure, trusting attachments.

Understanding how childhood trauma can lead to ongoing complex psychosocial impacts is key to supporting survivors of CSA.

Trauma informed care

Here are three key things for support workers to remember about trauma-informed care:

- **See behaviour through a trauma lens** – Understand reactions as possible trauma responses, not as defiance or resistance or attention-seeking.
- **Trust and choice matter** – Be transparent, respect boundaries, and offer choices to rebuild a client's sense of control.
- **Prioritise safety** – Foster an environment where clients feel physically and emotionally secure at all times.

Childhood trauma and attachment theory

Children need to feel safe in order for their emotional development to thrive. This is the essence of attachment theory. Understanding attachment theory helps explain how early experiences of safety or harm shape a person's behaviours, triggers and capacity for trust.

Attachment theory (Bowlby, 1969) says that infants have an innate drive to form emotional bonds with primary attachment figures and this bond is vital for their survival and development. It highlights the importance of early relationships and the impacts they have on later social and emotional functioning.

Adverse experiences in childhood can be profound, depending on the child's age, the type of abuse and their relationship with the perpetrator. The toxic stress of adverse childhood experiences can change brain development and affect how the body responds to stress. As survivors move into adulthood, they are at risk of further abuse and complex trauma.



Recognising the signs of trauma



Recognising trauma signs helps support workers respond with care, creating safe environments where survivors feel understood, respected, and empowered to heal.

DIFFICULTY TRUSTING OTHERS

Survivors may struggle to trust, especially authority figures, and may sometimes push people away to test loyalty.

- Be consistent and reliable
- Let them set the pace
- Be transparent
- Don't make promises you can't keep
- Own your mistakes

BOUNDARY CHALLENGES

Some fear rejection and over-accommodate, while others set rigid boundaries or struggle to recognise harm. Boundaries can feel like rejection.

- Reinforce their right to say no
- Model and respect healthy boundaries
- Ensure boundaries are flexible rather than rigid.

LOW SELF-ESTEEM & SHAME

Survivors may feel unworthy or blame themselves.

- Challenge negative self-talk
- Reinforce their worth without dismissing feelings

DISCOMFORT WITH SEXUALITY

Some engage in risky behavior to regain control, while others avoid intimacy entirely.

- Avoid assumptions about comfort with affection
- Support safe, consensual relationships at their pace

STRUGGLES WITH AUTHORITY

Survivors may mistrust professionals, resist control, or struggle to self-advocate.

- Empower them to make choices
- Validate their feelings while encouraging advocacy

COPING THROUGH SUBSTANCE USE

Some turn to alcohol, drugs, or self-harm to numb and/or help manage the pain.

- Approach with compassion, not judgment
- Offer resources for professional support

OVERPROTECTIVENESS

Survivors may be hypervigilant about preventing harm, especially to children.

- Validate their instincts while balancing fear with practicality
- Acknowledge their experiences without reinforcing paranoia
- Survivors do have good instincts in this area, help them to navigate triggers and being in the here and now

Recognising grooming

It is vital that frontline workers understand the grooming process in order to avoid mimicking the abuse for your client and inadvertently causing emotional distress by activating a trauma response .

Child sexual abuse is not a random, compulsive act that perpetrators have no control over. Grooming is a deliberate and exploitative process used by offenders to gain trust and manipulate children into silence and compliance, establishing secrecy through threats to avoid disclosure.

It is this manipulation and betrayal of trust that is the most damaging aspect of child sexual abuse, leaving a legacy of shame, mistrust and low self-worth. It is also referred to as conditioning or betrayal trauma.

Grooming happens in-person or online. Perpetrators will groom the people around a child to ultimately gain unsupervised access to the child and to manage the possibility of disclosure by making the adults around the child doubt or dismiss their story.



The six stages of grooming

1 Targeting vulnerable children

Perpetrators seek children they already have access to, such as their own children, students, or children in care. They target children with vulnerabilities like low self-esteem, loneliness, disability, fractured family relationships, lack of supervision, or unstable living conditions. Children with prior maltreatment are especially susceptible, as the perpetrator offers the “safe, loving” support the child craves.

2 Building trust

Perpetrators gain a child's trust by giving attention, gifts, favoritism, or emotional support. They may also groom adults around the child to gain unsupervised access. Online, they pose as peers with shared interests to form connections and build trust.

3 Filling the Need

Perpetrators identify and exploit a child's emotional or practical needs—like attention, affection, or validation—and present themselves as the only person who can meet their unmet needs. This deepens dependency and strengthens control over the child.

4 Isolating the Child

By manipulating adults and undermining supportive relationships, perpetrators create isolation. They seek opportunities to be alone with the child—through one-to-one lessons, camps, or volunteering—and reinforce secrecy with messages like “this is our special secret.”

5 Desensitisation and Sexualisation

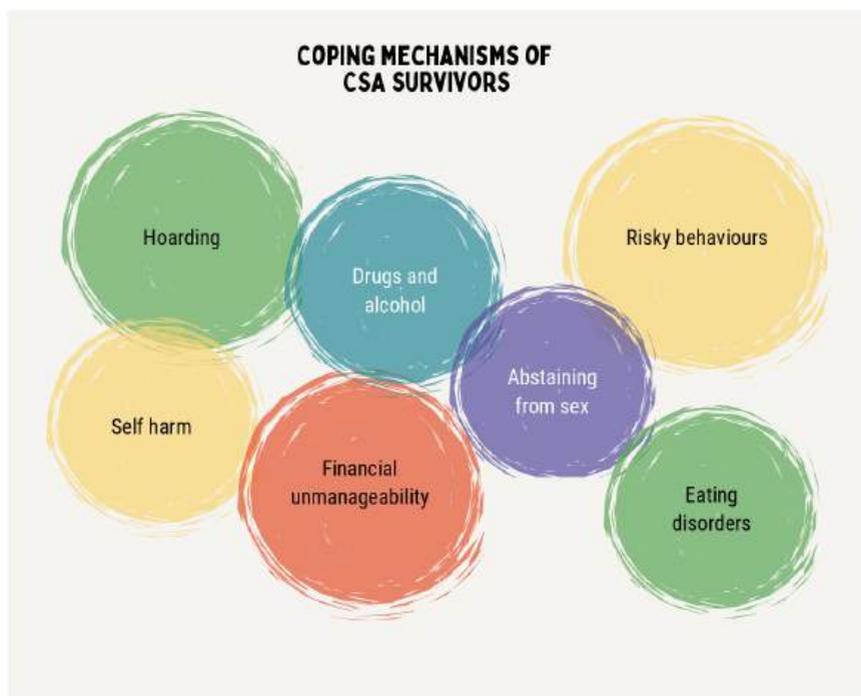
Perpetrators gradually normalize sexual behaviour, testing boundaries with inappropriate touch, sexualised talk, pornography, or online requests. They often frame these acts as jokes or education, slowly escalating until the child may feel powerless to resist.

6 Control through Secrecy and Manipulation

Perpetrators maintain control by enforcing secrecy, making the child feel responsible for keeping the abuse hidden. They manipulate the child's perception of others, often telling them that adults won't understand or care, increasing fear and dependence on the perpetrator.

Recognising coping strategies

The grooming process of manipulation and coercive control, betrayal of trust and violation at a formative age can fracture emotional development and lead children to develop coping strategies to keep themselves safe.



As survivors move into adulthood, these coping strategies need to be carefully reframed and replaced by more helpful adaptive strategies to manage feelings. These behaviours cannot be taken away until the person feels safe and has the right supporters and tools that work for them.

Supporting disclosure of CSA

Support workers should be alert to any indicators of CSA in their clients' behaviour or environment and be prepared with strategies for supporting early disclosure.

Early disclosure: How children may indicate disclosure

Often children do disclose but, if they do not have verbal skills or cognitive capacity, they are not heard. There are other ways that children might disclose.

Behavioural Changes

- **Regression:** Bedwetting, thumb-sucking, separation anxiety.
- **Aggression or withdrawal:** Sudden mood swings, fighting, or isolating themselves.
- **Sexualised behaviours:** Using sexual language or acting out sexual scenarios that are not age-appropriate.
- **Fear responses:** Becoming fearful of certain people, places, or routines without clear explanation (note: that this can also be because the person is a perpetrator and the child knows or sense this).

Play-Based Disclosure

- **Symbolic play:** Using dolls, drawings/art, sand play or roleplay to act out scenes involving harm, secrecy, or touching.
- **Repetitive themes:** Play that repeatedly involves hiding, rescuing, or punishing may reflect inner distress.

Emotional and Psychological Signs

- **Depression or anxiety:** Expressions of sadness, hopelessness, or fears that seem out of proportion.
- **Self-harm or risky behaviour:** Especially in older children and teens.
- **Low self-esteem:** Statements like "I'm bad," "I don't like myself" or "you don't like me"

Physical Indicators

- **Unexplained injuries or infections,** especially in the genital area (out of normal changes).
- **Sudden fear or shame around nudity or personal hygiene.**
- **Somatic complaints** (e.g., stomach aches, headaches) without a medical cause.

Disclosure

Verbal Hints or Partial Disclosures

Saying things like:

- "I have a secret but I can't tell."
- "Someone did something bad to me."
- "I don't like [person's name]."
- "It hurts down there."
- Stories told as "fiction" or "about a friend" might actually be about themselves.

Recognising undisclosed child sexual abuse in adults

While disclosure is often discussed in the context of children, many survivors are not able to recognise, understand, or speak about their abuse until adulthood. Those who did not receive support early in life may carry long-term impacts that surface in their relationships, emotional wellbeing, and daily functioning. Adults may show signs such as difficulties with trust, anxiety, depression, dissociation, low self-worth, or challenges regulating emotions. Life events—such as entering a new relationship, or engaging with services—can trigger memories or awareness that was previously suppressed.

These lifelong impacts are common, and delayed disclosure is the norm rather than the exception. This is why recognising behavioural indicators in adulthood is essential. Support workers must approach these signs with sensitivity, validation, and trauma-informed care.

Behavioural Indicators

- Anxiety, depression, or complex PTSD symptoms. Diagnosis of BPD.
- Difficulty trusting others or establishing or sustaining relationships with friends or lovers.
- Compulsive caretaking or people-pleasing behaviours.
- Avoidance of certain people, places, or situations
- Self-harm, eating disorders, addiction, hoarding
- Hypervigilance or exaggerated startle response
- Unable to regulate Emotions (outbursts, numbness)
- Difficulties with sexual intimacy or boundaries



These behaviours provide clues but are not evidence of CSA - they indicate a need to build trust and work within trauma-informed framework so that, if they are a survivor, they can disclose.



Understanding the impacts of shame

CSA survivors often hear “it happened so long ago, why can’t you just get over it?” The answer to this question is shame that is deeply entrenched until the healing journey begins and they start to realise that it is not their shame to carry.

How does shame become so deeply entrenched?

CSA often happens over long periods, during formative years, in a context of silence, secrecy and manipulation. This embeds shame into a child’s developing sense of self. It can become less a reaction to an event and more a chronic state of being. Rather than thinking “I am ashamed”, they will think “I am shameful.”

Factors that reinforce shame:

- **Grooming:** Because grooming occurs in secrecy—often with threats, manipulation, and emotional control—perpetrators convince children that they are complicit in their own abuse. They silence children by telling them no one will believe them, no one cares, or that their lack of resistance means they “wanted it.” These harmful messages create the foundation for lifelong shame.
- **Developmental Egocentrism:** Children blame themselves because, developmentally, they are the stage of being egocentric. They interpret events in relation to themselves so, when traumatic or confusing events happen, they are often internalised as “I made this happen, I must deserve this, I must be a bad person to deserve this.”
- **Societal stigma:** The taboo nature of CSA can create discomfort, disbelief and victim-blaming, and survivors internalise cultural narratives that question victims’ credibility based on the impacts of their abuse. Myths that CSA only occurs in certain situations or to certain types of children, or that survivors are “damaged goods,” reinforce silence and shame. These narratives exacerbate self-blame rather than anger toward the perpetrator or the culture that enabled the abuse.
- **Betrayal Trauma:** CSA most often involves someone known to and trusted by the child. This betrayal of trust by an adult who was meant to protect them from harm creates a deep sense of confusion and self-blame.
- **Confusing physical and emotional responses to sexual abuse:** Survivors may feel complicit because their body responded physiologically or they formed a complex emotional attachment to their abuser through grooming, leading them to believe their body betrayed them. This can create deep disconnection and distrust in their own body.

Shame is a critical barrier to disclosure

There is a lack of opportunities for early disclosure and validation, as well as many missed opportunities when the child tries to tell someone. Poor responses can reinforce shame through minimisation, dismissal or disbelief and it could take many years before they try to tell another soul. The longer it takes to disclose, the longer the shame is unchallenged and internalised and the harder it becomes to speak up.

The Royal Commission into Institutional Responses to Child Sexual Abuse (2023) found it takes survivors an average of 23.9 years to disclose.

Shifting the shame

Shame can feel entrenched, but it can be healed. Therapeutic relationships, survivor communities, and trauma-informed approaches and education about how abuse affects the brain and body can help survivors externalise the shame:

"This happened to me. It wasn't my fault. The shame belongs to the perpetrator and the society that protected them. This is not my shame to carry, I can give it back to them."



We know that healing is possible and neural pathways can be rebuilt. The process is often long, but it's possible.

4. Trauma informed practice: principles and strategies

Trauma-informed practice is vital when supporting people with disability, especially survivors of child sexual abuse. Many clients may not speak about their trauma, but past abuse can still affect how they react to touch, routines, communication, or changes around them. By understanding how trauma affects the brain, body, emotions, and behaviour, disability workers can reduce the risk of re-traumatisation and support clients with dignity, respect, and empowerment.

Core principles of trauma-informed practice

Trauma-informed practice focuses on creating safety, predictability, and choice – things that may have been taken away during their abuse. It shifts the question from “What is wrong with you?” to “What has happened to you, and what do you need to feel safe?”. Here are the core principles of trauma-informed practice:

- **Safety** – Physical, emotional, and psychological safety is foundational.
- **Trustworthiness and Transparency** – Be consistent and clear about what will happen and who will be involved.
- **Empowerment, Voice, and Choice** – Allow clients to make choices, express preferences, and have input.
- **Collaboration** – Work with the person, ensure you have an alongside approach, not to or for them.
- **Cultural, Historical, and Gender Sensitivity** – Respect how culture, religion, disability, gender identity, and lived experiences shape each person’s understanding of trauma.

Practical strategies for disability support workers

- Explain your actions before you do them.
- Give choices, even in personal care: “Would you like to brush your teeth before or after your shower?” Try not to overwhelm with choice (two choices can be helpful).
- Create consistency in routines and staffing to reduce anxiety and build trust.
- Validate emotions: “You seem upset right now. That’s okay. I’m here to help.”
- Be mindful of triggers: Sounds, smells, language, or certain people may elicit strong reactions, sometimes out of the blue.

Language and cultural considerations

Use person-first or identity-first language as preferred by the individual (e.g. some people like to use either “person with disability” others “disabled person”). Avoid infantilising or patronising speech. Be sensitive to cultural beliefs around disability, gender, and authority, especially in diverse communities or with First Nations peoples.



Trauma informed practice in the disability sector

Trauma-informed responses to disclosures in the disability sector

- Be calm, non-judgmental, and present.
- Use accessible communication methods (AUSLAN, visuals, Easy Read etc) to support disclosure.
- Know your reporting obligations and act in accordance with legislation and policy. Informing the person of what needs to happen.
- Seek clinical advice or support if unsure how to proceed – never ignore or delay a disclosure and do it with sensitivity.
- Ensure you stay centred and do not go into rescuing mode. This can feel very unsafe and confusing for the person.
- Check your own personal triggers before acting. Make sure you know what's happening for you personally.

Setting boundaries

Boundaries are the invisible lines that define what is acceptable and unacceptable in relationships. For people with disability – particularly those who require support with personal care or communication – these lines can often be blurred or violated.

Children and adults with disability may not be taught bodily autonomy in the same way as non-disabled peers, often due to different personal care needs. They are often used to adults having physical access to their bodies – for toileting, bathing, medical care – and this can increase vulnerability to boundary violations and abuse. As a disability worker, you play a key role in modelling and respecting healthy boundaries, both to protect your clients and to empower them with a sense of ownership over their body and space.

Teaching and modelling boundaries

Use age-appropriate language to name body parts and always ask consent and respect their privacy. Even if someone has limited verbal communication, they can learn through repetition, visuals, social stories, and modelling to express their boundaries. Educate about private parts and privacy, using accessible materials such as visuals, picture books or roleplay.

Model respect by always asking for permission before touching. Previous consent does not mean you have consent today – even if the person cannot verbally consent. Use cues like “Is it okay if I help you now?” and observe their response. Support choice and agency in everyday decisions – clothing, meals, activities – to reinforce the right to say no.

Trauma informed practice: your role

When boundaries are crossed

People with disability may not know how to respond when boundaries are crossed, or they may not recognise it at all. They may also have relied on the fawn response, learning to ignore their discomfort to stay safe (fawn response). This is why it's vital for disability workers to be alert to subtle cues that a person feels unsafe or violated and to advocate for them where needed as appropriate.



Your role

- Know and uphold professional boundaries. Avoid dual relationships (e.g., becoming a "friend" outside of work), and maintain appropriate physical and emotional boundaries at all times.
- Maintain transparency in interactions, especially during personal care — explain what you are doing, why, and involve the client as much as possible.
- Be alert to grooming behaviours by others in your workplace and speak up if you see red flags.
- Document and report any concerns of boundary violations immediately, even if unsure. Sometimes organisations/people are resistant to responding to your complaints, be persistent and explore other avenues if you are dissatisfied with the response.

Remember: Your role is to observe, support, and report—not to investigate. Never question the person in a way that could feel blaming or confusing. Provide safety, write down what you observed, and follow organisational and legal reporting pathways.



When staff understands trauma, it makes a big difference. They don't rush me or make me feel like I'm the problem.



Vicarious trauma and self-care for support workers

Vicarious trauma refers to the emotional residue and internal changes that can occur when we engage empathetically with trauma survivors, directly or indirectly experience abuse and/or can be a result of navigating through systems that retraumatise and hurt people rather than help.

What is vicarious trauma?

Over time, exposure to distressing stories or witnessing pain and suffering can lead to burnout, compassion fatigue, and secondary trauma.

Signs of vicarious trauma:

- Feeling emotionally drained or numb
- Avoiding certain clients or work tasks
- Irritability, sleep disturbances, or intrusive thoughts
- Feeling hopeless or cynical
- Decreased job satisfaction

Why self-care matters

Working in the disability and trauma sector requires emotional resilience. You can't pour from an empty cup. Self-care isn't indulgence — it's prevention.

As a tree needs water so do we. If we continue to water our roots and provide deeply for the tree it will continue to thrive, if we neglect or only lightly attend to the surface of the tree it will go into stress and break down.

Self-care strategies

- Debrief regularly with trusted colleagues or supervisors.
- Take breaks — physically and mentally.
- Set emotional boundaries: It's okay to care deeply and still go home at the end of the day.
- Find practices to switch off. If you work from home you could close the door to your office or close your computer to symbolise switching off.
- If you leave a house you are working in, imagine wiping your feet on the doorstep as if you were leaving behind the stress of the day.
- Practice reflective supervision: Name your emotional reactions and talk through them. Validate and call out yours and each other's strengths.

5. Resources and referral pathways

Contact	Phone	Website
For Survivors of CSA		
Stepping Out <small>COUSSELLING, GROUPS, TRAINING FOR FEMALE CSA SURVIVORS</small>	0450 733 199	steppingout.org.au
SAMSN <small>COUSSELLING, GROUPS AND PLANNED SUPPORT FOR MALE CSA SURVIVORS</small>	1800 472 676	samsn.org.au
The Survivor Hub <small>PEER SUPPORT MEETINGS FOR MALE AND FEMALE SURVIVORS</small>		thesurvivorhub.org
Full Stop Support Line <small>SEXUAL VIOLENCE SUPPORT LINE</small>	1800 385 578	fullstop.org.au
1800RESPECT <small>24/7 COUSSELLING AND REFERRAL</small>	1800 737 732	1800respect.org.au
Blue Knot Foundation <small>SPECIALIST SUPPORT FOR ADULT SURVIVORS OF CHILDHOOD TRAUMA</small>	1300 657 380	blueknot.org.au
Bravehearts <small>SUPPORT FOR CSA SURVIVORS AND EDUCATION RESOURCES</small>	1800 272 831	bravehearts.org.au
For People with Disability		
National Disability Abuse and Neglect Hotline	1800 880 052	
People with Disability Australia (PWDA) <small>ADVOCACY AND SUPPORT</small>	1800 422 015	pwd.org.au
Disability Gateway <small>RESOURCES AND INFORMATION FOR PEOPLE WITH DISABILITY</small>	1800 643 787	disabilitygateway.gov.au
For Workers		
Employee Assistance Program (EAP) <small>CONFIDENTIAL COUSSELLING FOR STAFF</small>	(02) 80077474	employeeassistance.com.au
Your state's mandatory reporting authority, e.g., Department of Communities and Justice (NSW)	132 111	dcj.nsw.gov.au

The Adult Survivors Program

The Adult Survivors Program: integrated services for adult survivors of child sexual abuse with complex needs (‘Adult Survivors Program’) is a new, state-wide NSW Health program which aims to improve outcomes for adult survivors of child sexual abuse with complex mental health and drug and alcohol needs – wherever they engage with the health system. It aims to address the ongoing barriers that adult survivors face when trying to access integrated, trauma-specific, culturally safe health services.

From 2023–24, each Local Health District will establish a local Adult Survivors Program. This program will work with local partners in sexual assault, mental health, drug and alcohol, Aboriginal health and community support services to improve NSW Health responses to adult survivors.

The program will provide strategic capacity building, consultation and support to other health services to improve NSW Health’s response to adult survivors with complex needs and some limited clinical services including specialist trauma counselling, outreach and/or integrated case management.

Proudly funded by



How can I get support from the Adult Survivors Program?

To access counselling and other sexual assault support services contact your local NSW Health Sexual Assault Service.

Sexual Assault Services

Go to our website for a list of support services:
<https://www.health.nsw.gov.au/pa/rvan/sexualassault/Pages/health-sas-services.aspx>

Stepping Out Programs



Stepping Out Program has supported adult female survivors of child sexual abuse since 1986.

Stepping Out was established as a specialist residential program of Dympna House, a counselling service for incest survivors, in response to the domestic violence crisis highlighted by the women's housing movement in the 1970's.

We continue to support female survivors of historic child sexual abuse with clinical expertise through specialist counselling and groupwork programs such as social inclusion, parenting, financial literacy and our signature group, Shift the Shame, on understanding and managing impacts of CSA.

Stepping Out Program Inc.

ABN 49 1477 12531

Registered Charity 0207114

Post Office Box 507
Leichhardt NSW 2040
Australia



Free Support Programs

Group Programs include:

- Social inclusion program
- Healthy relationships workshops
- Understanding and managing the impacts of CSA
- Circle of Security parenting program



NDIS frontline workers

We train frontline disability and community workers with specialist advice on best practice to manage CSA experienced by their clientele.



Counselling & Referrals

We provide CSA-specific counselling and support with accessing Victim's Services counselling.

Find out more

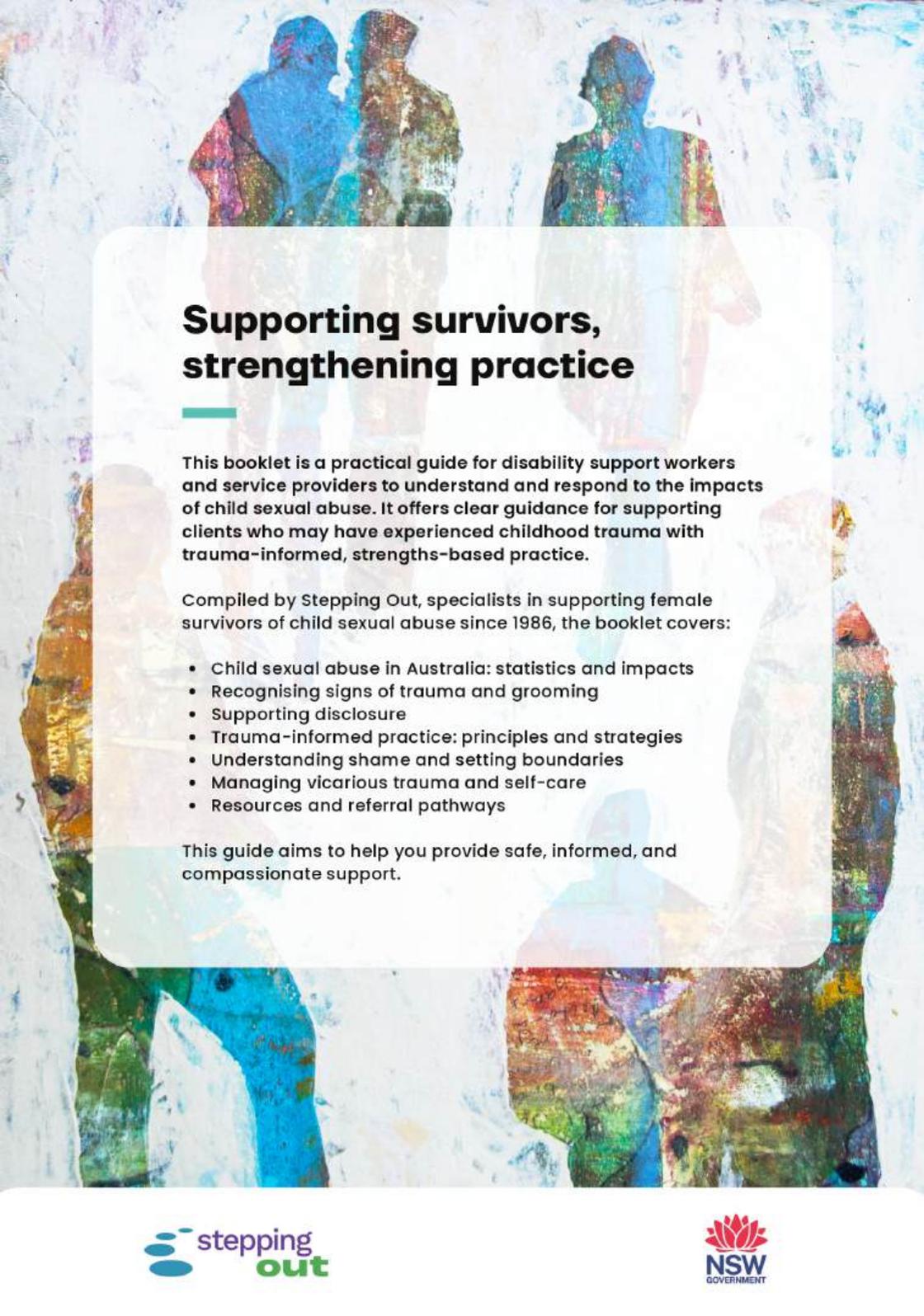
<https://www.steppingout.org.au/>

Contact us

info@steppingout.org.au

References

- Australian Bureau of Statistics. (2023, November 22). Childhood abuse, 2021–22 financial year. <https://www.abs.gov.au/statistics/people/crime-and-justice/childhood-abuse/latest-release>
- Australian Bureau of Statistics. (2025). Childhood experience of abuse. <https://www.abs.gov.au/statistics/measuring-what-matters/measuring-what-matters-themes-and-indicators/secure/childhood-experience-abuse>
- Australian Child Maltreatment Study. (2023). Australian Child Maltreatment Study. <https://www.acms.au/>
- Australian Institute of Family Studies. (2017). Risk and protective factors for child abuse and neglect. <https://aifs.gov.au/resources/policy-and-practice-papers/risk-and-protective-factors-child-abuse-and-neglect>
- Australian Institute of Health and Welfare. (2022). Disability. <https://www.aihw.gov.au/reports/disability>
- Australian Institute of Health and Welfare. (2024). People with disability in Australia: Justice and safety – Violence against people with disability. <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/justice-and-safety/violence-against-people-with-disability>
- Bowlby, J. (1969). Attachment and loss: Vol. 1. Attachment. Basic Books.
- Higgins, D. J., Lawrence, D., Haslam, D. M., Mathews, B., Malacova, E., Erskine, H. E., Finkelhor, D., Pacella, R., Meinck, F., Thomas, H. J., & Scott, J. G. (2025). Prevalence of diverse genders and sexualities in Australia and associations with five forms of child maltreatment and multi-type maltreatment. *Child Maltreatment*, 30(1), 21–41. <https://doi.org/10.1177/10775595231226931>
- Lawrence, D. M., et al. (2023). Association between child maltreatment and health risk behaviours and conditions throughout life. *Medical Journal of Australia*, 218(6 Suppl), S34–S39.
- Rahim, R., Pilkington, R., Procter, A. M., Montgomerie, A., Mittinty, M. N., D'Onise, K., & Lynch, J. (2023). Child protection contact among children of culturally and linguistically diverse backgrounds: A South Australian linked data study. *Journal of Paediatrics and Child Health*, 59(4), 644–652. <https://doi.org/10.1111/jpc.16364>
- Royal Commission into Institutional Responses to Child Sexual Abuse. (2016). Disability and child sexual abuse in institutional contexts. [Research report]. <https://www.childabuseroyalcommission.gov.au/media-releases/research-report-disability-and-child-sexual-abuse-institutional-contexts-released>
- Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final report. <https://www.childabuseroyalcommission.gov.au/final-report>
- Skeffington, M. (2025). Breaking the silence: Defining an age threshold and scoping child sexual abuse across the Australian community. [Manuscript in preparation].
- Winters, G. M., & Jeglic, F. L. (2017). Stages of sexual grooming: Recognizing potentially predatory behaviors of child molesters. *Deviant Behavior*, 38(6), 724–733. <https://doi.org/10.1080/01639625.2016.1197656>
- Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2023). Final report. <https://disability.royalcommission.gov.au/publications/final-report>



Supporting survivors, strengthening practice

This booklet is a practical guide for disability support workers and service providers to understand and respond to the impacts of child sexual abuse. It offers clear guidance for supporting clients who may have experienced childhood trauma with trauma-informed, strengths-based practice.

Compiled by Stepping Out, specialists in supporting female survivors of child sexual abuse since 1986, the booklet covers:

- Child sexual abuse in Australia: statistics and impacts
- Recognising signs of trauma and grooming
- Supporting disclosure
- Trauma-informed practice: principles and strategies
- Understanding shame and setting boundaries
- Managing vicarious trauma and self-care
- Resources and referral pathways

This guide aims to help you provide safe, informed, and compassionate support.