Breaking the Silence: Defining an Age Threshold and Scoping Child Sexual Abuse Across the Australian Community

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Executive Summary

Defining an Age Threshold for CSA

- One of the main inconsistencies amongst definitions of CSA is the varying age threshold. Some definitions say that CSA is sexual contact up to the age of 18, while others say it must occur or begin to occur before the age of 15 or 16.

- Stepping Out defines CSA as sexual contact with a child aged 16 or under that they cannot consent to, involving a gross power imbalance in age and/or authority, and a grooming process. This definition is grounded in the legal definitions of 'child' versus 'young person' in NSW, the legal age of consent, and attachment theory.

- The strong foundation for the age threshold within Stepping Out's definition provides a compelling rationale for adopting their definition consistently across policy frameworks and within research methodologies. Thus, future research should distinguish between CSA perpetrated against children up to the age of 16 from the sexual abuse of young people between the ages of 16-18.

Prevalence Rates Across the General Population

- There are two primary reputable data sources which provide insights into the prevalence of CSA across Australian communities: the Australian Bureau of Statistics Personal Safety Survey (2023) ('ABS PSS') and the Australian Child Maltreatment Study (2023) ('ACMS').

- The ABS PSS defines CSA up to the age of 15, while the ACMS defines CSA up to the age of 18. Because of this, each study has found a very difference prevalence rate for CSA in the general population: 7.5% in the ABS PSS, and 28.5% in the ACMS.

- Both studies found that CSA disproportionately impacts women (11% of females versus 3.6% according to the ABS PSS, compared to 37.3% of women and 18.8% of men in the ACMS).

- Both studies found that CSA was more likely to be chronic or experienced multiple times, rather than on one occasion. 69% of women and 52% of men said they experienced CSA multiple times in the ABS PSS, compared to 78% of the overall sample in the ACMS.

- The largest perpetrator group varied between both studies. In the ABS PSS, family members made up the highest proportion of perpetrators (45%), compared to known adolescents in the ACMS (41%). This variation is likely because the ACMS includes the sexual abuse of young people in their sample, who may be more likely to be victimised by peers, whereas children are more likely to be victimised by trusted adults.

- The ABS PSS highlighted the strong correlation between females experiencing CSA, and then going on to experience physical or sexual violence in adulthood (71%), including intimate partner violence (47%). Women who were physically and sexually abused as children were three times more likely to experience emotional abuse by their partner in adulthood (57%, compared to 18% who did not experience childhood abuse).

Prevalence Rates Amongst Marginalised or Minority Groups

- There are large gaps in the national datasets regarding the prevalence of CSA in marginalised or minority groups, including First Nations, CALD, children living with disability, homeless populations, and populations involved in the criminal justice system. This is despite general understandings that these groups may be more vulnerable to CSA. It reflects that policy and research efforts have not considered intersectionality sufficiently.

- Front-line services do not collect data about CSA upon intake, furthering the existing data gaps.

- This research project therefore sourced statistics about child abuse or maltreatment more generally in relation to these groups, or statistics from smaller, independent research projects.

- There are no nationally representative figures indicating the prevalence of CSA experienced by First Nations children. Child protection data indicates that in 2022-2023, around 13,700 First Nations children (40 per 1,000) were subjects of substantiated child protection notifications, compared to around 30,300 non-Indigenous children (5.6 per 1,000) (AIWH, 2025). Amongst First Nations children, 7% of substantiations were for sexual abuse, or around 2.4 per 1,000 children (AIWH, 2025; Productivity Commission, n.d.). Furthermore, police information management indicate that reporting rates of CSA against First Nations children were two to four times higher than for non-Indigenous children (Bailey et al., 2017, p. 77). However, these figures are based on reported instances of CSA to child protective services and the police, and do not adequately reflect the scope of the issue, given most instances go unreported. Critically, CSA against First Nations children needs to be contextualised within the context of colonialism.

- Children who are CALD may be more vulnerable to CSA, because of different understandings of child abuse and child rearing, pre-migration experiences, visa status, mistrust of government or community services, and a lack of culturally appropriate services (DCYJMA 2022 in AIHW, 2024; Sanjeevi et al., 2018, pp. 632-635). To date, there is no data on prevalence rates of CSA amongst CALD children.

- The ACMS (2023) found that CSA is more prevalent amongst gender-diverse (51.9%, compared to 37.3% of women and 18.8% of men) and sexuality diverse

people (51.9%, compared to 20.1% of heterosexual participants). As these rates reflect the experiences of people up to the age of 18, they may be lower amongst people up to the age of 16.

- There is no national data on the prevalence of CSA amongst children and young people living with disability. The *Royal Commission into Institutional Responses to Child Sexual Abuse* relied on a figure based on international data: that between 9 and 14 of every 100 children living with disability experience CSA (Llewellyn et al., 2016, p. 67). This figure was relied upon in the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*.

- While there is no national figure, research indicates that people in Australia who are or have experienced homelessness or housing instability experienced CSA at higher rates compared to the general population. Keane et al. (2016) found that 15.2% experienced CSA before the age of 14 by someone in their primary care environment, while 23% experienced CSA by someone outside of their primary care environment (p. 46). However, other international studies have found it affects a much greater proportion.

- Similarly, there is no national figure on the prevalence of CSA amongst people who have encountered the criminal justice system. However, the ACMS found that 75% of those who had been arrested had experienced child maltreatment, compared to 25% who had not experienced child maltreatment (Mathews et al., 2023, p. 6). Furthermore, smaller studies on CSA rates amongst people in youth detention and adult prisons indicate that the proportion reporting they experienced CSA is far higher than it is in the general population.

- The ACMS plans to collect data and report on the prevalence of CSA amongst First Nations and CALD groups and people living with disability in future waves: an important step forward in addressing the data gaps (*National Strategy*, p. 51).

Introduction

About Stepping Out

Stepping Out is an organisation dedicated to supporting adult female survivors of CSA (Stepping Out, n.d.). They are a longstanding practice, and have been operating since 1986. Their mission is to 'break the cycle of sexual violence and intergenerational trauma for women through connection, community and compassion' (Stepping Out, n.d.). Stepping Out runs workshops and provides counselling to victim-survivors, and offers specialist training for front-line community and disability services (Stepping Out, n.d.). They help CSA survivors feel heard, validated, and empowered (Stepping Out, n.d.). Their extensive experience in trauma-informed practice and consultation with victim-survivors of CSA positions them uniquely as leaders in the field, whose expertise should be turned to in terms of understanding CSA and its impacts.

Research Objectives and Methodology

Stepping Out is concerned that in the absence of consistent definitions of CSA, it is being increasingly conflated with sexual assault on young people after the age of consent, leading to ambiguities conceptually, legally, and statistically. Consequently, the unique impacts of CSA risk being lost within broader discourses surrounding FDSV and sexual assault against young people. Ultimately, this inhibits the resources available to help CSA victim-survivors, as well as efforts designed to address the risk factors to CSA.

Therefore, this research sought to:

- Define an age threshold for CSA according to legal definitions of 'child,' 'young person,' and 'consent;'
- Locate reputable, up-to-date statistics of CSA according to that age threshold;
- Gather statistics regarding the prevalence of CSA in marginalised or minority communities, namely First Nations, LGBTQIA+, culturally and linguistically diverse, women presenting to crisis services (such as homeless shelters), and in prisons;
- Generate recommendations for CSA research moving forward.

This research involved an analysis of official statistics and a literature review.

Limitations

In terms of defining CSA, this report focuses on one element of the definition: the age threshold. It does not weigh up other elements that vary within different definitions of CSA, such as types of contact considered CSA, power imbalances, community norms, contact vs non-contact activities, and sexual gratification (Hortle et al., 2024, p. 11).

CSA is an incredibly devastating event that happens to a significant proportion of people. This research identifies that it is happening to so many children across Australian communities, based on existing data. However, because this research uses existing data and did not collect any new statistics, it is somewhat limited, because there is limited

data in circulation relating to the prevalence of CSA in specific subsections of the community.

Furthermore, as Stepping Out supports adult female survivors of CSA, statistics about the female experience of CSA tend to be focused on more throughout this research.

Defining an Age Threshold for Child Sexual Abuse

Definitions Generally

Nationally and globally, there are no consistent definitions of CSA (Hortle et al., 2024, p. 7). This has been criticised as reflecting that 'systematic and sophisticated policy and public health efforts to prevent, identify, and respond to CSA remain in their relative infancy' (Mathews & Colins-Vézina, 2019, p. 132 in Hortle et al., 2024, p. 7).

Table 1: Summary of the definitions of CSA in significant Australian policy and policy-related documents.

Source	Definition, as quoted in the documents
National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030	"Child sexual abuse is "any act that exposes a child or young person to, or involves a child or young person in, sexual activities that: • they do not understand • they do not or cannot consent to • are not accepted by the community • are unlawful. Children and young people are people under the age of 18."
Australian Bureau of Statistics Personal Safety Survey 2023	"Includes any act by an adult involving a child (under the age of 15 years) in sexual activity beyond their understanding or contrary to currently accepted community standards. Excludes sexual abuse perpetrated by someone under the age of 18."
The Australian Child Maltreatment Study 2023	"Sexual abuse includes any sexual act inflicted on a child in childhood [before the age of 18], by any adult or other person, including contact and non-contact acts, for the purpose of sexual gratification, where true consent by the child is not present."
Royal Commission into Institutional Responses to Child Sexual Abuse (2017)	"Any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards. Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism, and exposing the child to or involving the child in pornography. It includes child grooming, which refers to actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a child, to lower the child's inhibitions in preparation for sexual activity with the child."

One of the major ways that definitions vary is with respect to the age of victim-survivors at the time of abuse (Hortle et al., 2024, p. 11). Some measure CSA as instances experienced up to the age of 15-16; others see it as up to the age of 18 (Hortle et al., 2024). The inconsistencies regarding the age of the victim-survivor at which CSA can occur are perhaps linked to inconsistencies in the definitions of 'child' and 'young person' in child protection legislation across Australian jurisdictions (Table 2), as well as other schools of thought about 'childhood' as a concept.

Table 2: Summary of definitions of 'child' and 'young person' according to child protection legislation across Australia's States and Territories.

Jurisdiction	Legislation and section	Definition of 'child' and/or 'young person'
Australian Capital Territory	*Children and Young People Act 2008* (ACT) sections 11-12	'child' means a person who is under 12 years old. 'young person' means a person who is 12 years or older, but not yet an adult. (Note: 'adult' is a person who is at least 18, as per the *Legislation Act 2001* (ACT)).
New South Wales (NSW)	*Children and Young Persons (Care and Protection) Act 1998* (NSW) section 3	'child' is a person who is under the age of 16. 'young person' is a person aged 16+, but under the age of 18.
Northern Territory	*Care and Protection of Children Act 2007* (NT) section 13	'child' means a person under the age of 18.
Queensland	*Child Protection Act 1999* (Qld) section 8	'child' is an individual under 18 years.
South Australia	*Children and Young People (Safety) Act 2017* (SA) section 16	'child or young person' means a person who is under 18 years of age.
Tasmania	*Children, Young Persons and Their Families Act 1997* (Tas) section 3	'child' means a person under 18 years.
Victoria	*Children, Youth and Families Act 2005* (Vic) section 3(b)	'child' is a person under the age of 17, or under the age of 18 if a protection order or child protection order applies to them.
Western Australia	*Children and Community Services Act 2004* (WA) section 3	'child' means a person under the age of 18.

It is also important to note that a review of crimes legislation in each State and Territory found that the sexual abuse of younger children (e.g., under 10-year-olds or under 12-year-olds) generally attracts higher penalties than the sexual abuse of older children (e.g., those aged under 16, but older than the lower threshold i.e., 10 or 12). However, this research will not examine such differences in detail, as this is out of scope.

The absence of clear, consistent definitions for CSA is a problem. Inconsistent definitions can create different understandings of what constitutes CSA, leading to challenges in measuring, responding to, and preventing CSA (Hortle et al., 2024, p. 7). Such challenges are already evident in the Australian context. As will be demonstrated in subsequent sections, varying interpretations within definitions – particularly regarding the age range of CSA victim-survivors at the time of the abuse – have resulted in significant discrepancies across datasets.

Stepping Out's Definition of CSA

Stepping Out defines CSA sexual contact with a child aged 16 or under that they cannot consent to legally or emotionally, involving a gross power imbalance in age and/or authority, and a grooming process. Through the grooming process, the perpetrator will place shame and guilt and/or encourage secrecy in some way on the victim-survivor, to ensure complacency and silence. Importantly, Stepping Out distinguishes CSA from sexual abuse against young people who are aged between 16-18. They understand the impacts of CSA are different compared to sexual abuse, and that the distinction is necessary to make in a crisis of gendered violence. Stepping Out's definition is grounded in the legal definitions of 'child' and 'young person' in NSW legislation, the age of consent, and principles derived from attachment theory.

NSW Legal Definitions of 'Child' and 'Young Person'

As outlined in Table 2, section 3 of the *Children and Young Persons (Care and Protection) Act 1998* (NSW) defines 'child' as a person who is under the age of 16, and a 'young person' as a person who is aged over 16 but under 18.

Furthermore, in Division 10 of the *Crimes Act 1900* (NSW), which sets out the circumstances in which an adult will be guilty of a sexual offence, a 'child' is defined as a person who is under the age of 16 years. The charges and penalties are different for children (compared to young people and adults): the younger the child is, the higher the penalty (highest for children under 10, followed by children aged 10-14, followed by 14-16).

Age of Consent

The age of consent is a critical concept in defining the age at which CSA can occur, because its primary function is to protect minors from psychological and physical harm from sexual exploitation and abuse (AIFS, 2021; Simpson & Figgis, 1997). Consent laws have been formulated according to understandings about children's cognitive, emotional, and social development, and reflect broader policies on child protection (AIFS, 2021; Simpson & Figgis, 1997). In the majority of States and Territories, the legal age of consent is 16 years, except for South Australia and Tasmania (where it is 17 years) (AIFS, 2021). Children who are under the age of 16 (or 17) are incapable of giving consent, as they do not have the requisite understanding and decision-making capacity to understand sexual activity. As stated in AIFS (2021): "the key difference between child sexual assault and adult sexual assault is that adult sexual assault is based on the absence of sexual consent, whereas in child sexual assault, a child does not have the

decision-making capacity to give consent according to law." If CSA is understood as sexual contact to a child which they cannot consent to, then the legal age of consent form the basis of the age threshold of CSA, as Stepping Out understands it.

Attachment Theory

Attachment theory was coined by John Bowlby in the late 1960s (O'Shaughnessy et al., 2023, p. 1). It theorises that children form bonds with an attachment figure, based on their need for comfort, safety, and protection (O'Shaughnessy et al., 2023, p. 5). Research indicates that the quality of attachment relationships in infancy and childhood significantly impacts brain development (O'Shaughnessy et al., 2023, pp. 35-40). Quality attachment figures provide 'safe havens' or 'secure bases' to a child (O'Shaughnessy et al., 2023, p. 10). If a child does not have this, they are not emotionally regulated, do not feel safe, and do not feel comfortable exploring the world around them, which can have long-term impacts (O'Shaughnessy et al., 2023, p. 10). Attachment experiences in childhood also inform the mental blueprint or map that children work with when going on to form relationships with others in adolescence and adulthood (O'Shaughnessy et al., 2023, pp. 11 & 27). Figure 1 summarises how the attachment relationship morphs from infancy to adolescence, highlighting that positive and negative impacts throughout infancy and childhood have snowball effects.

Sexual violence at any age is always an incredibly traumatic event. However, attachment theory suggests that CSA is the most debilitating start to life because it is a violation of trust which occurs at a formative stage of emotional development. When a child is harmed, or not kept safe, by the people meant to protect them, it has huge implications on a child's capacity to trust anyone, leading to insecure attachment style and the possibility of abusive relationships or social isolation. CSA hampers brain development and undermines a child's sense of safety, their worldview and their educational/employment prospects in life.

Figure 1: Summary of the outcomes to attachment relationships across infancy, childhood, and adolescence, according to O'Shaughnessy et al., 2023.



Stepping Out's Concerns regarding Current Definitions of CSA

Stepping Out is concerned that in the absence of a consistent age threshold across the various definitions of CSA, it is being increasingly conflated with sexual assault on young people after the age of consent (i.e., those aged 16-18). This creates ambiguities for CSA conceptually, legally, and statistically (its prevalence). Consequently, the unique impacts of CSA risk being lost within broader discourses surrounding FDSV and sexual assault against young people above the age of consent. Ultimately, this inhibits the resources available to help CSA victim-survivors, as well as efforts designed to address the risk factors to CSA.

The strong foundation of Stepping Out's definition (NSW legislation, consent laws, and attachment theory) provides a compelling rationale for adopting their definition consistently across policy frameworks and within research methodologies. Thus, future research should distinguish between CSA perpetrated against children up to the age of 16 from the sexual abuse of young people between the ages of 16-18.

Prevalence Generally

Australian Datasets on CSA

There are two primary data sources which provide insights into the prevalence of CSA across Australian communities: the Australian Bureau of Statistics Personal Safety Survey (2023) ('ABS PSS') and the Australian Child Maltreatment Study (2023) ('ACMS').

The ABS PSS collected information from persons aged 18 and older in relation to their experiences of physical and sexual violence, abuse by a cohabiting partner, stalking, sexual harassment, and childhood abuse and witnessing violence before the age of 15 across the 2021-22 reference period (ABS, 2023). It defined CSA as any act by an adult (aged 18 or older) involving a child (aged under 15) in sexual activity that was beyond their understanding, or contrary to community standards (ABS, 2023).

Meanwhile, the ACMS is the first nationally representative study into the five types of child maltreatment in Australia (physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence) (Mathews et al., 2023b, p. 1). It heard from 8500 randomly selected Australians, aged 16 and older, including an oversample of 3500 16-24-year-olds, to ensure the results reflected the nature of child maltreatment in contemporary Australian society (Mathews et al., 2023b, p. 1). It is landmark research, nationally and internationally, representing an incredibly positive step forward in scoping child maltreatment. They defined CSA as sexual acts inflicted on a child (up until the age of 18) by any adult or other person, for the purpose of sexual gratification, in the absence of the child's true consent (Mathews et al., 2023b, p. 6). As part of the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030* ('*National Strategy*'), the Australian Government has committed to future waves of the ACMS (*National Strategy,* p. 49).

In the ABS PSS's technical note on the differences between the ABS PSS and the ACMS, they highlight that both surveys used similar behavioural-based questions to

retrospectively collect data on participants' experiences of childhood exposure to violence, but the ACMS had a broader scope for exposure to FDSV and a broader age range (ABS, 2023). The technical note highlights that as the ACMS has not published disaggregated data based on age at time of abuse and abuse perpetrated by adults only, it is not comparable with the ABS PSS (ABS, 2023). Furthermore, the ABS PSS technical note indicates that the PSS had a 'more robust sampling method and a higher response rate,' (4% response rate to the ACMS, versus 52% response rate to the ABS PSS) ensuring strong statistical quality (ABS, 2023).

Table 3 highlights some of the main differences between the two studies, which will be discussed further in subsequent sections.

Table 3: Demonstration of inconsistencies between the ABS PSS and the ACMS.

	ABS PSS	**ACMS**
Definition (Note: emphasis in added to highlight differences in the definitions.)	Any act by an adult (aged 18 or older) involving a child (aged under 15) in sexual activity that was beyond their understanding, or contrary to community standards.	Sexual acts inflicted on a child (up until the age of 18) by any adult or other person, for the purpose of sexual gratification, in the absence of the child's true consent.
Prevalence of CSA before the age of 15	7.5%	n.a.
Prevalence of CSA before the age of 18	n.a.	28.5%
Prevalence by gender	11% of girls (aged under 15), 3.6% of boys (aged under 15)	37.3% of girls (aged under 18), 18.8% of boys (aged under 18)
CSA occurred more than once	69% of women, 52% of men	78% of overall sample
Top perpetrator group	Persons overall: adult family member (45%)	Persons overall: known adolescents (non-romantic) (41%)

The ABS PSS survey aligns better with Stepping Out's definition of CSA because it does not define CSA as occurring up to the age of 18 (though the threshold is only up to the age of 15, contrary to Stepping Out's preference of up to the age of 16). Though the ACMS is a rigorous and groundbreaking study which breaks the silence around CSA, there is concern that broadening the scope both conflates statistics and dilutes the experience of children by including young people.

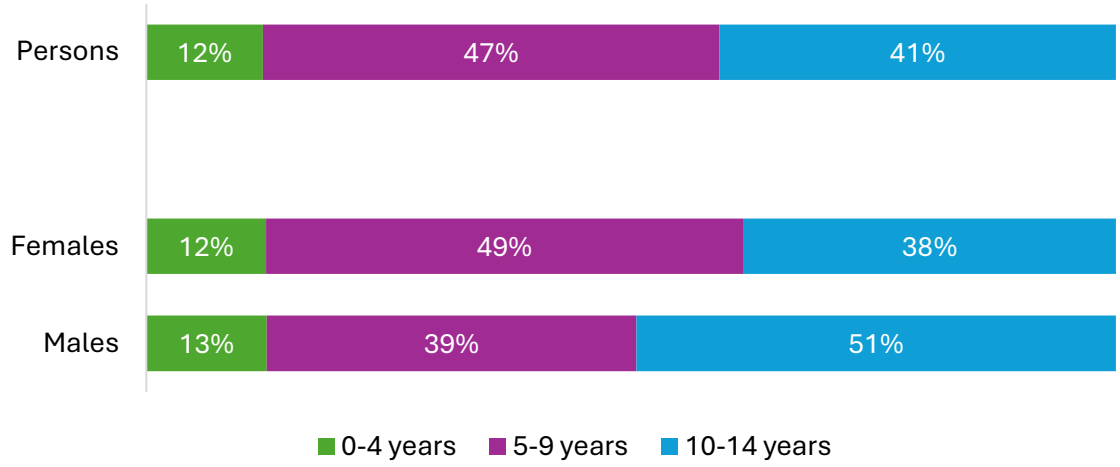
The ABS Personal Safety Survey

The ABS PSS (2023) revealed that 7.5% of persons (1.5 million) experienced CSA before the age of 15. The following statistics discussed in this section are all attributed to ABS (2023).

CSA is extremely gendered: females were significantly more likely to have experienced CSA (11%, or 1.1 million) compared to males (3.6%, or 343,000).

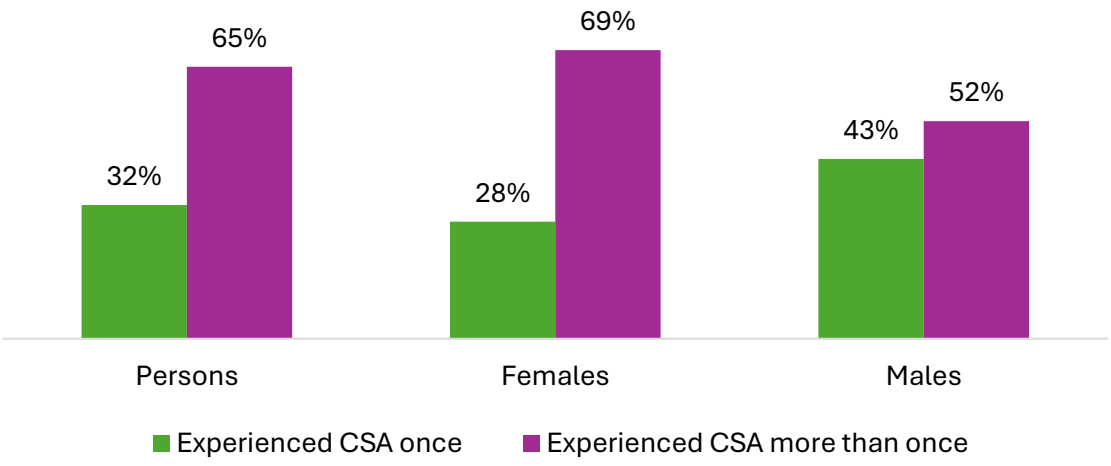
Females tended to be younger when the abuse started. Nearly half of females (49%) were aged between 5-9-years when they first experienced CSA, while just over half of males (51%) were aged between 10-14-years (Figure 2).

Figure 2: Persons aged 18 years and over who experienced sexual abuse before the age of 15, age abuse first occurred. (ABS, 2023)



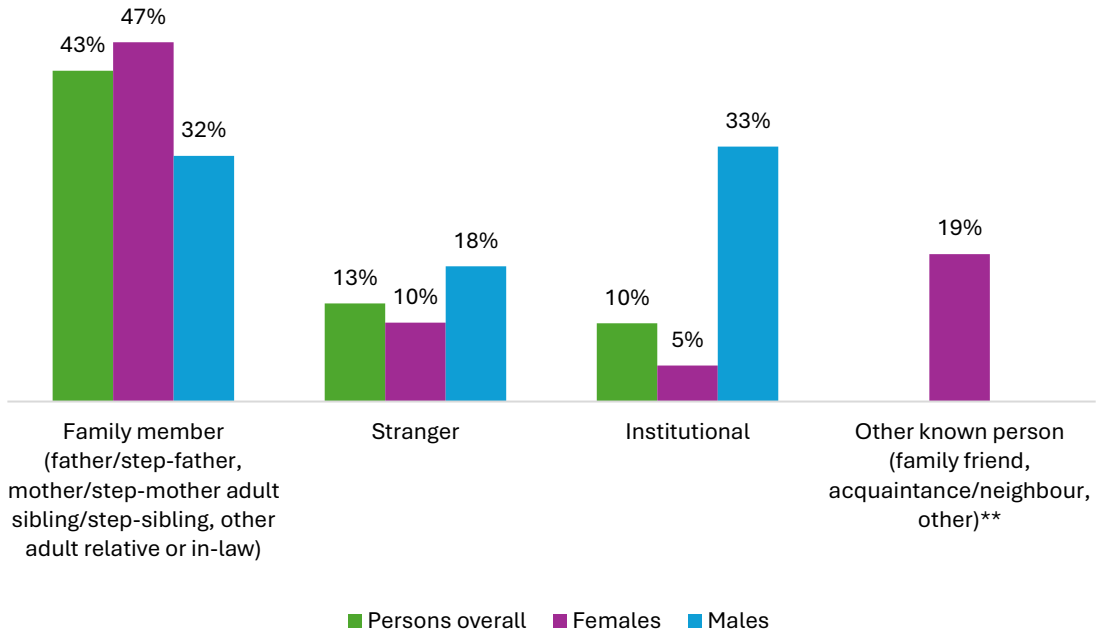
CSA frequently occurs more than once (Figure 3). Females were more likely to say they experienced more than one instance of CSA (69%) compared to males (52%).

Figure 3: Number of times victim-survivors experienced CSA, by sex. (ABS, 2023)



In relation to their first instance of CSA, most victim-survivors knew their perpetrator (88% of females; 82% of males) (Figure 4). The most common perpetrators for the first instance of CSA for females were family members, including non-immediate adult male relatives (25%), their father or stepfather (16%), and their brothers or stepbrothers (5.6%). A smaller proportion of males said the perpetrators of the first instance of CSA were family members (32%). Males were more likely to say that they experienced CSA in institutional settings (32%) than females (5%). Furthermore, 15% of females said their first CSA experience involved more than one perpetrator, compared to 6% of males.

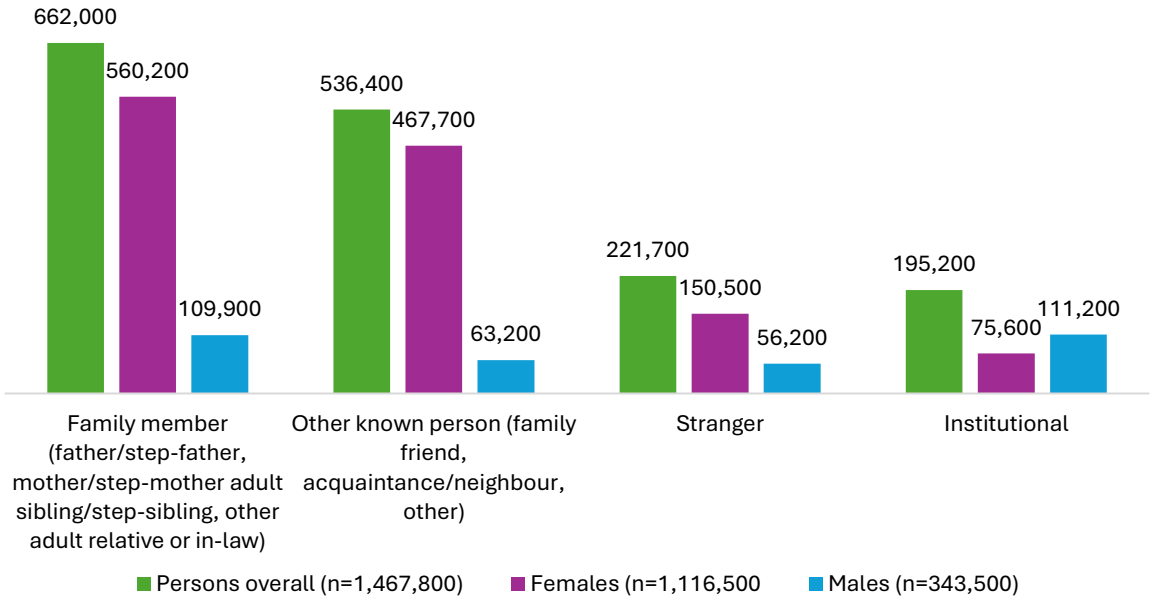
Figure 4: Relationship to perpetrator group of first instance of CSA, by sex. (ABS, 2023)



*Note: proportions may not add to 100%, as abuse may have been experienced from more than one perpetrator type.
**Note: results for males and persons overall not published.

Figure 5 shows population estimates of perpetrator groups generally (not just the first instance of CSA).

Figure 5: Population estimates of the number of people who experienced CSA before age 15. (ABS, 2023)



*Note: the ABS PSS notes that perpetrator groups of family members, institutional, and other known persons for male victim-survivors are based on estimates that have a relative standard error of 25% to 50%, so should be used with caution.
**Note: the ABS PSS notes that perpetrator groups of strangers for male victim-survivors is based on an estimate with a relative standard error greater than 50%, and is considered to be too unreliable for general use.
***Note: the figures may not add to the total sample, as victim-survivors could have experienced abuse from multiple people.

CSA is very much underreported to authorities. Females were more likely to disclose the abuse to police than males, though most have never disclosed their experiences to police (84% of females have never told police, compared to 99% of males).

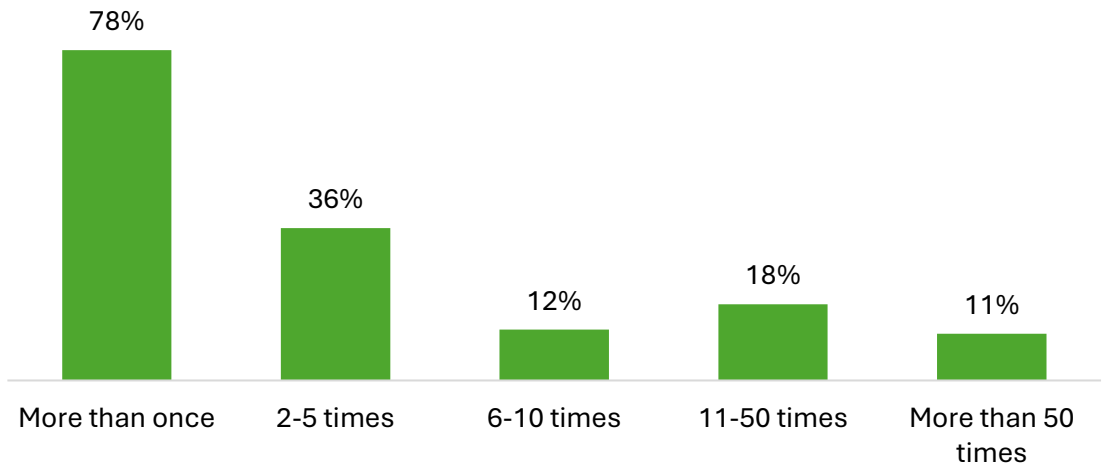
Furthermore, the ABS PSS demonstrated that there is a strong correlation between experiencing child abuse before 15, and experiencing FDSV in adulthood. Around 1.2 million people (43%) aged 18 years and over who experienced childhood abuse generally (including sexual and/or physical abuse by an adult) also experienced abuse or violence by a cohabiting partner in adulthood. Around 793,100 (71%) females who experienced CSA before 15 experienced physical and/or sexual violence since the age of 15, mostly at the hands of intimate partners (around 524,900 females, or 47%). Females who experienced CSA before age 15, who subsequently experienced violence since the age of 15 by a cohabiting partner, experienced violence in various forms, including physical (32%), sexual (18.7%), emotional abuse (45.7%), and economic abuse (36.7%). Women who were physically and sexually abused as children were three times more likely to experience emotional abuse by their partner in adulthood (57%, compared to 18% who did not experience childhood abuse).

The Australian Child Maltreatment Study

According to the ACMS, around 1 in 4 (28.5%) members of the Australia population aged 16-65-years and older experienced sexual abuse before age 18 (Mathews et al., 2023b, p. 14). This figure is substantially larger than the result found in the ABS PSS (7.5%), and it suggests to the researchers that this dramatic increase is because the ACMS includes what Stepping Out considers to be the sexual abuse of young people (16-18-years), rather than children (up to 16 years), in their definition of CSA.

Like the ABS PSS, the ACMS found CSA was more likely to be chronic or have occurred multiple times, with 78% of victim-survivors saying they experienced CSA more than once (Mathews et al., 2023b, p. 19) (Figure 6).

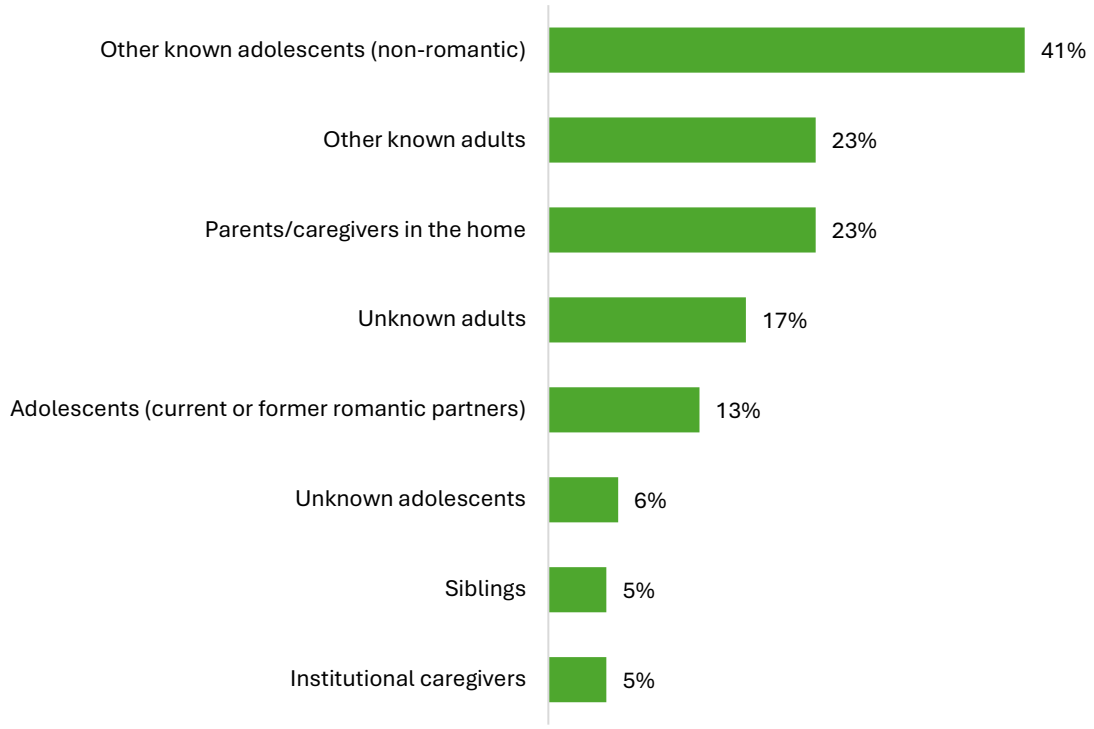
Figure 6: Number of times the ACMS survey respondents who experienced CSA said it occurred.



Like the ABS PSS, the ACMS revealed a large gender disparity in CSA: more than 1 in 3 girls (37.3%) experienced CSA, compared to almost 1 in 5 boys (18.8%) (Mathews et al., 2023b, p. 17). Put another way, girls experience 2.4 times the rate of CSA compared to boys.

A study by Mathews et al. (2024), which was done as part of the ACMS study, revealed trends regarding perpetrator type and class. Interestingly, adolescents were the largest group of perpetrators of CSA (taking all three classes of adolescents together) (60%), with other known adolescents, other than current or romantic partners, constituting a significantly higher proportion of perpetrators (41%) (Figure 7). Furthermore, the ACMS points out that their research has demonstrated a reduction in CSA perpetrated by parental figures over time, and a substantial increase in CSA perpetrated by other adolescents, especially within romantic relationships (Mathews et al., 2023b, p. 18).

Figure 7: Proportion of CSA perpetrator class, overall (Mathews et al., 2024, p. 5, n=2,348)



*Note: percentages do not add to 100%, as victim-survivors may have experienced CSA from more than one perpetrator class.

Mathews et al. (2024) also found that girls were more likely than boys to experience CSA by all classes of perpetrator, except for institutional caregivers (p. 6). Girls were seven times more likely to experience CSA by adolescents who were current or former partners, 3.5 times more likely to experience CSA from parents or caregivers, and twice as likely to experience CSA from other known adolescents (Mathews et al., 2024, p. 6).

The differences in perpetrator groups between the ABS PSS and ACMS are not strictly comparable because the ABS PSS did not collect data on CSA perpetrated by adolescents. However, the rise in perpetration by adolescents and decline of perpetration by parental figures could be attributed to the fact that the figures include sexual assaults against young people, meaning there could be more peer-on-peer sexual abuse. Perhaps it is just the case that more adolescents are perpetrating CSA, and that the decline in parental figures as a class of perpetrators reflects the work of successful policies and prevention strategies, as Mathews et al. (2024) suggests. However, it is hard to say that this is the case without seeing disaggregated data based on age at time of abuse. Thus, this could indicate that the sexual abuse of children is being conflated with the sexual about of young people.

Prevalence Amongst Marginalised or Minority Groups

Research has shown that structural and systemic forms of discrimination and disadvantage facilitate and perpetuate violence against children (Higgins et al., 2025, p. 23). This includes colonialism, racism, ableism, homophobia, biphobia and transphobia, and poverty and classism (Higgins et al., 2025, p. 23). Research has also suggested that factors such as disability, socio-economic disadvantage, housing stress, family or child involvement in the criminal justice system, and child temperament (amongst many others) can elevate risks of exposure to CSA (AIFS, 2017). Thus, there is concern that certain groups may experience higher rates of CSA compared to the general population.

However, as will be clear after reading further on, there is largely an absence of data on the prevalence of CSA experienced by marginalised or minority groups. This reflects their absence from research considerations and policy frameworks, and therefore an absence of targeted solutions which address the specific needs of each group.

First Nations Children

Statistical representation of rates of CSA experienced by First Nations people is extremely limited. The ABS PSS did not collect information on Indigenous status (AIWH, 2025). Similarly, the ACMS survey noted that Indigenous Australians were not excluded from the research because it was a general population survey; however, they determined it would not be 'ethically or methodologically appropriate to separately collate, analyse or present data obtained from Aboriginal and Torres Strait Islander participants' (Mathews et al., 2023, p. 9).

However, as part of the *National Strategy,* the Australian Government has committed to conducting a second wave of the ACMS, which will include specific methods to capture representative data for First Nations people: a positive step forward (National Office for Child Safety 2021 in AIWH, 2025).

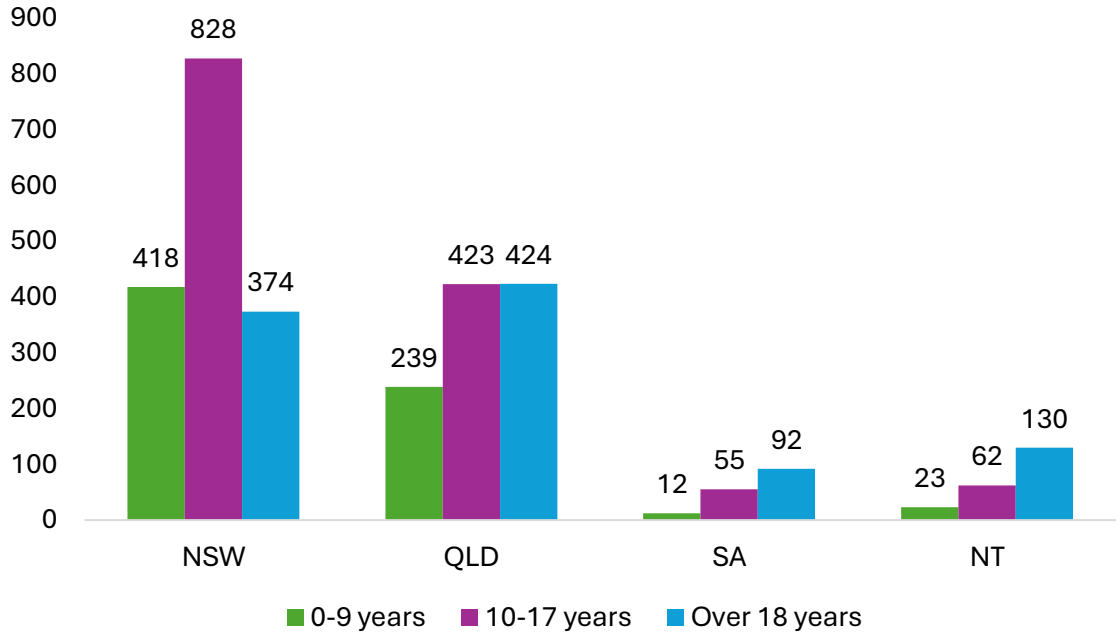
Care needs to be taken when discussing CSA in First Nations communities, and it needs to be contextualised within the ongoing structure of colonisation. Colonisation disrupted traditional cultures and relationships, dispossessed First Nations communities, imposed the colonial patriarchy upon gender roles in First Nations communities, and created persisting racist social norms and power dynamics, resulting in personal and collective trauma (AIWH, 2025). Coupled with high rates of socio-economic disadvantage (also a product of colonialism and systemic racism), personal and collective trauma from systemic racism may heighten risk factors to CSA, such that CSA against First Nations children can be understood as a product of colonialism (AIWH, 2025; Churcher, 2018; Moreton-Robinson, 2009). The over-incarceration of First Nations people and high rates of child removal undermine trust in government bodies and the criminal justice system (Bailey et al., 2017, p. 75). A lack of trust increases the barriers to reporting, which may in turn increase the vulnerability of First Nations children (McGlade & Cripps, 2023; Churcher, 2018; Moreton-Robinson, 2009).

Furthermore, the issue of CSA in First Nations communities has been politicised and weaponised, as demonstrated by the Stolen Generations, the Northern Territory Intervention, and the high rates of First Nations children in out-of-home care and detention (McGlade & Cripps, 2023). This approach is dangerous, and never achieves justice or translates into a positive prevention strategy.

However, there is data available which is somewhat helpful in understanding the prevalence of CSA experienced by First Nations children, to a limited extent.

As demonstrated in Figure 8, across Australia, the rate of sexual assault according to recorded crime victim reports in 2023 was between 1.3 times – 2.5 times higher amongst First Nations children under 18, than First Nations people aged over 18 (ABS, 2024).

Figure 8: Australian Bureau of Statistics Recorded Crime Victims 2024: Aboriginal and Torres Strait Islander victims of sexual assault, by age at the time of the incident, for the 2023 reference period.



*Note: the ABS only revealed results for the States and Territories listed above.

Furthermore, a substantiation of a child protection notification is the conclusion that there was reasonable cause to believe that a child was being maltreated (AIWH, 2022). In 2022-23, 45,400 children across Australia were the subjects of substantiated child protection notifications for maltreatment: of which around 13,700 were First Nations children (40 per 1,000), and around 30,300 were non-Indigenous children (5.6 per 1,000) (AIWH, 2025). This is very disproportionate. Emotional abuse was the most common primary type of abuse substantiated for First Nations children (52%), followed by neglect (29%), physical abuse (12%) and sexual abuse (7.0%) (AIWH, 2025). According to the Closing the Gap Dashboard, 2.4 per 1,000 First Nations children aged 0-17-years were subject to a substantiated child protection notification for sexual abuse (Productivity

Commission, n.d.). It is unclear how this compares to the rate of non-Indigenous children. Additionally, Bailey et al. (2017) found that according to the police information management systems they analysed, reporting rates of CSA against First Nations children were two to four times higher than the reporting rates of CSA against non-Indigenous children (p. 77). However, is estimated that most cases of sexual abuse against First Nations children are undisclosed (Willis, 2011 in AIWH, 2025; Bailey et al., 2017, p. 74).

Sexual violence is also a gendered issue in First Nations communities. In the ABS's 2024 data release regarding victims of recorded crimes in 2023, of the 3,098 sexual assaults committed against Aboriginal and Torres Strait Islander people, most victims were female (between 77% - 91%), and the most common age group was victims aged between 10-17-years at the age of the incident (29%-51%) (ABS, 2024). At least a third of all sexual assaults were FDV related incidents (34%-48%) (ABS, 2024). The most common location for sexual assaults was a residential location (63% - 78%) (ABS, 2024). The variations are attributed to different rates amongst different states.

Amongst First Nations children aged 0-14 who were hospitalised for assault, parents are the largest group of perpetrators (43%) (AIWH, 2025).

As the statistics relayed above are based on CSA being reported to authorities, they cannot be relied upon as indicating prevalence rates generally, given that most instances go unreported. Studies containing self-reported information about CSA are more reliable (Mathews et al., 2023a, p. 2).

Culturally and Linguistically Diverse (CALD) children

Just under a third of Australia's population were born overseas (31.5%), and more than 1 in 5 (22%) speak a language other than English at home (ABS, 2025; ABS, 2022). While CALD status is not explicitly an indicator of risk, children from CALD backgrounds may be more exposed to risk if they have limited access to support services (AIWH, 2024).

However, there are no statistics which reveal insights into the proportion of children who are CALD who have experienced CSA. Even in terms of child abuse generally, little is known about the nature and extent that children from CALD backgrounds have with child protective services (Rahim et al., 2023, p. 645). This indicates a clear need for further research.

Given that CALD communities are not homogenous, there may be different factors within groups which increase the risks or impacts of FDSV or impact access to support services, such as cultural understandings of child abuse and child rearing, pre-migration experiences, visa status, mistrust of government or community services, and a lack of culturally appropriate services (DCYJMA, 2022 in AIWH, 2024; Sanjeevi et al., 2018, pp. 632-635).

As part of the *National Strategy,* the Australian Government has committed to investigating CSA prevalence rates amongst people from CALD backgrounds within the

second wave of the ACMS (p. 51). This is promising, and could be useful in scoping the prevalence of CSA experienced by children who are CALD in the future.

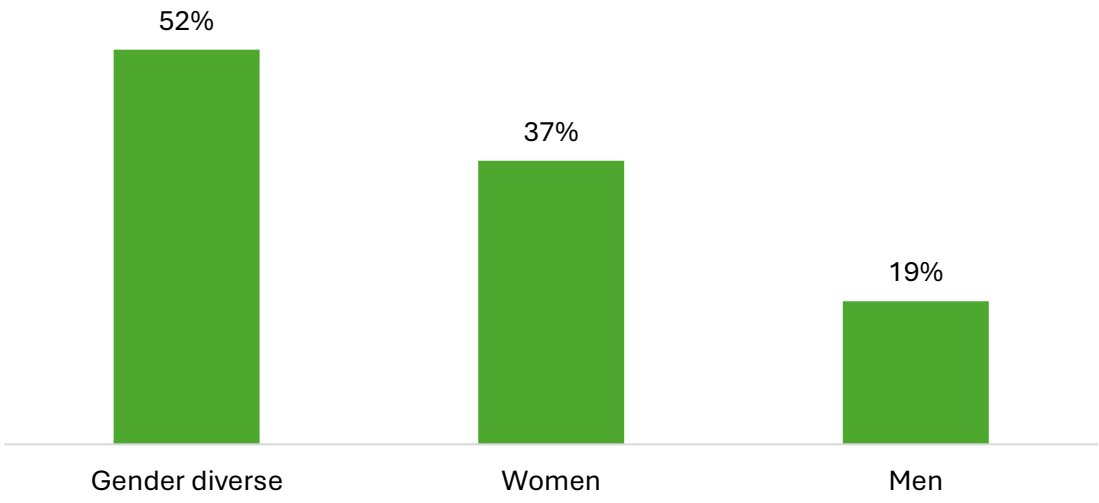
Gender-Diverse and Sexuality Diverse People

Research indicates that children who are gender-diverse and/or LGBTQIA+ are more at risk of experiencing CSA (Higgins et al., 2023, p. 23). Simply being gender-diverse and/or LGBTQIA+ is not a risk factor by itself, but it is the stigma, discrimination, and oppression that individuals face in society because of their gender and LGBTQIA+ status that increase risks of victimisation (Capaldi et al., 2024, pp. 3-4).

The most recent, reputable Australian data on this cohort is Higgins et al. (2023), which was done in tandem with the ACMS. Although the limitations of the ACMS dataset in relation to Stepping Out's own definition of CSA have been previously acknowledged, the ACMS dataset remains relevant, given it is the most rigorous estimate of both gender and sexuality identities and child maltreatment at the population level. However, as the ACMS defines CSA as occurring prior to the age of 18, it is likely that the prevalence rates specifically for CSA experienced by these groups before the age of 16 are lower.

Higgins et al. (2023) found that 0.9% of ACMS participants were gender-diverse (p. 21). The rates of all types of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect, and exposure to DV) were all higher for gender-diverse participants (Higgins et al., 2023, p. 24). This was particularly the case for sexual abuse: 51.9% of gender-diverse participants experienced CSA, compared to 37.3% of women and 18.8% of men (Higgins et al., 2023, p. 29) (Figure 9). Additionally, gender-diverse participants were significantly more likely to experience multi-type maltreatment (51.2%) compared to women (27.6%) and men (18.1%) (p. 29).

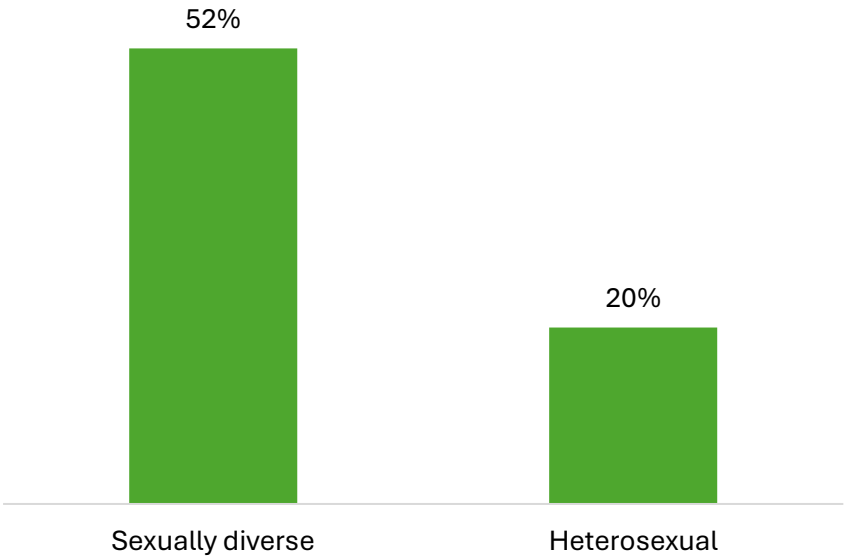
Figure 9: Proportion of participants who experienced CSA, by gender identity. (Higgins et al., 2023)



Furthermore, Higgins et al., 2023 found that 9.5% of ACMS participants identified as having a diverse sexuality (p. 21). Sexuality-diverse participants experienced CSA at over

double the rate of heterosexual participants (51.9% compared to 20.1%) (p. 29). Furthermore, sexuality-diverse participants were more likely to experience three or more types of maltreatment (46.8%) compared to heterosexual participants (21.5%) (p. 29).

Figure 10: Proportion of participants who experienced CSA, by sexuality. (Higgins et al., 2023)



Children living with disability

Globally, children living with disability experience higher rates of CSA (Jones et al., 2012). The UN Special Representative of the Secretary-General on Violence Against Children suggests that children and young people are 3 to 4 times more likely to experience CSA, and further suggested that children with intellectual or developmental disabilities are particularly likely to experience sexual abuse before age 18 (up to 68% of girls and 30% of boys) (UN, n.d.).

In Australia, there is no national data indicating the prevalence of CSA amongst children and young people living with disability (AIWH, 2025a). The *Royal Commission into Institutional Responses to Child Sexual Abuse* examined disability and CSA in institutional contexts (Llewellyn et al., 2016). Given the lack of national data, they relied on international data. The most reliable prevalence figure they found came from an international systemic review and meta-analysis, which found that between 9 and 14 of every 100 children living with disability experience CSA (Llewellyn et al., 2016, p. 67). This figure was relied upon in the *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability*.

Children living with disability are particularly at risk of CSA, in part because they spend a greater amount of time under the supervision of other adults, who may be assisting them with tasks such as day-to-day hygiene and bodily functions (Llewellyn et al., 2016, p. 6). This is not inherently unsafe or problematic, it can create opportunities for abusers

(Llewellyn et al., 2016, p. 6). It may also be hard to distinguish what is acceptable contact (Llewellyn et al., 2016, p. 32). Furthermore, practices such as viewing children living with disability as less capable, more dependent, and less sexual than non-disabled peers can create vulnerability (Llewellyn et al., 2016, p. 7). Views that disability is a negative attribute can create stigma and social isolation, increasing vulnerability and barriers to disclosure (Llewellyn et al., 2016, p. 31). There may also be challenges communicating abuse, depending on the nature of the disability. Furthermore, Llewellyn et al. (2016) were critical of the fact that much of the policy focus is on adults living with disability, as well as the families of children living with disability, rather than the children themselves (pp. 25-27). This is problematic, as it assumes that families will act in the child's best interests, which is not always the case (Llewellyn et al., 2016, p. 27).

Stepping Out has also found that many CSA survivors acquire psychosocial disability due to trauma history, an invisible disability which is often dismissed, but exacerbates trauma.

The second wave of the ACMS will include specific methods to capture representative data for people living with disability as part of the *National Strategy* (p. 49). It is also important to note that disability encompasses a broad range of circumstances, and effective CSA policies would ideally not treat disability as a homogenous characteristic/group.

CSA rates amongst homeless populations

Research suggests that significant proportions of people who are homeless have experienced CSA, and that children who are homeless are at higher risk of CSA (AHRC, n.d.). However, there are also very limited resources which identify prevalence rates of CSA amongst homeless populations.

Keane et al. (2016) suggested that highly vulnerable populations, such as those experiencing extreme social disadvantage and high housing instability, may have experienced trauma in childhood, which has manifested into adversity in adulthood (p. 45). They utilised results from the Journeys Home Study (n=1,672), a national, longitude study of Australians who were homeless or exposed to high risks of homelessness, to determine the proportion who had experienced various types of childhood trauma before the age of 14 (pp. 45-46). They showed that 15.2% of the participants experienced CSA before the age of 14 by someone in their primary care environment, and 23% experienced CSA by someone outside of their primary care environment (p. 46). They pointed out that this discovery could be used to inform policies and intervention strategies for housing instability, insofar as childhood trauma is a risk factor for adversity and trauma in adulthood (pp. 52-53). However, data collection for the Journeys Home survey was completed in 2014, so it is perhaps outdated (Melbourne Institute of Applied Economic and Social Research, n.d.).

However, a UK study suggested that some research has found that CSA prevalence rates amongst some homeless populations can be as high as 77% or 86% (Willis et al., 2015, p. 1484). Furthermore, Sundin & Baguley (2015) analysed a range of studies published

between 1990 and 2013 in Western countries that reported on the prevalence rates of CSA amongst homeless populations, finding that the average prevalence rate was 32% of homeless females and 10% of homeless males (p. 190). They noted that the studies they examined also had huge variations, which were explained by demographic differences such as age, gender, and ethnicity (p. 49). Ultimately, there are evidently inconsistencies and gaps in existing research, which beg the commissioning of new, appropriate, nationally-representative research into the prevalence of CSA amongst homeless and at-risk populations.

It is clear is that there is a strong link between FDSV and homelessness for women and girls, with 45% of women and girls presenting to homeless shelters identifying FDSV as the cause (AIWH, 2022-23 in Homelessness Australia, 2024). Furthermore, it is also clear that there is a strong link between experiencing CSA and abuse or violence by a cohabiting partner in adulthood (ABS, 2023). An inference can therefore be drawn that if high rates of women and girls are homeless because of FDSV, and high rates of FDSV victim-survivors experienced CSA, then high rates of homeless women would too have experienced CSA. Unfortunately, homelessness services do not collect data on childhood trauma experienced by those presenting to them; though they enquire about DV.

Ultimately, there are limitations and gaps regarding the proportion of people who are or have been homeless and/or face housing instability, who have also experienced CSA. However, at the very least, there appears to be a link between the two adversities.

CSA rates amongst those involved in the Criminal Justice System

Research has found a correlation between CSA and criminal offending in adolescence and adulthood, and that the proportion in prisons who have experienced CSA is higher than the general population (Mathews et al., 2023a, pp. 1-2; Thomsen et al., 2024, p. 466; Papalia et al., 2018, p. 81).

One of the most recent, reliable datasets on populations who experienced child maltreatment and have also been involved with the criminal justice system was done in tandem with the ACMS main report, and therefore uses its data, by Mathews et al. (2023a). However, it does not specifically talk about CSA, but rather examines the prevalence of child abuse / maltreatment generally amongst people who have been involved in the criminal justice system. The ACMS asked participants whether they had been arrested, convicted of an offence, or imprisoned (and how many times) (Mathews et al., 2023a, p. 5). They found that arrest rates were higher for those who had experienced child maltreatment: 15.3% of those who experienced child maltreatment had been arrested (23.2% of men, 8.6% of women, and 23% of gender diverse participants), compared to 8.1% who had been arrested but who had not experienced child maltreatment (p. 6) (Figure 11 and Figure 12). Mathews et al. (2023a) found that there were not statistically significant differences between women who experienced maltreatment, versus women who did not, in terms of rates of conviction and imprisonment (p. 6).

Figure 11: Proportion of ACMS participants who have been arrested, convicted, or imprisoned, by whether they experienced maltreatment before 18. (Mathews et al., 2023a, p. 7)

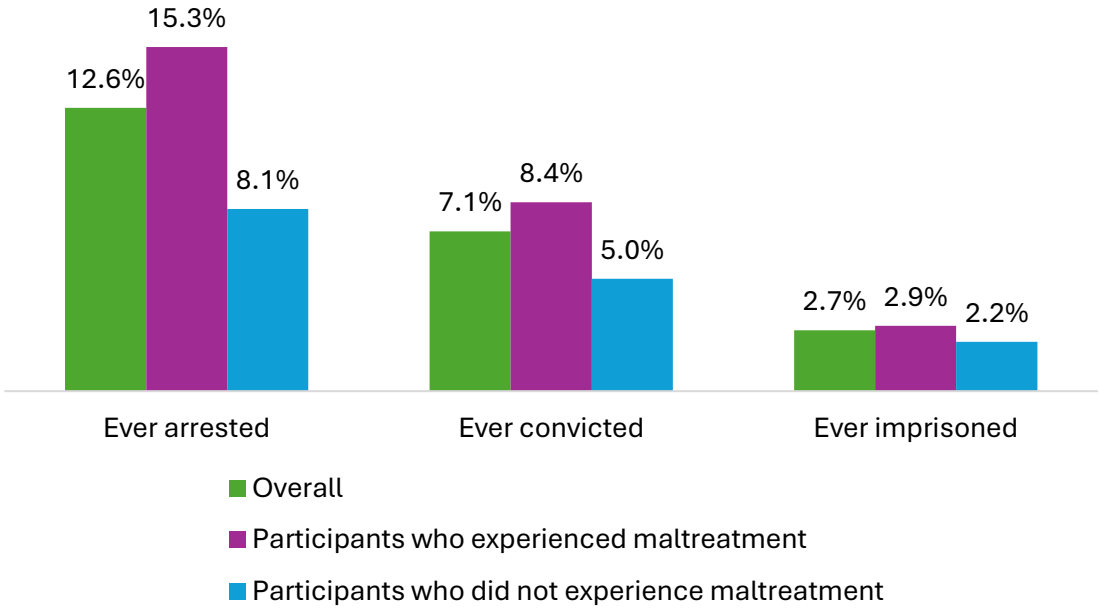
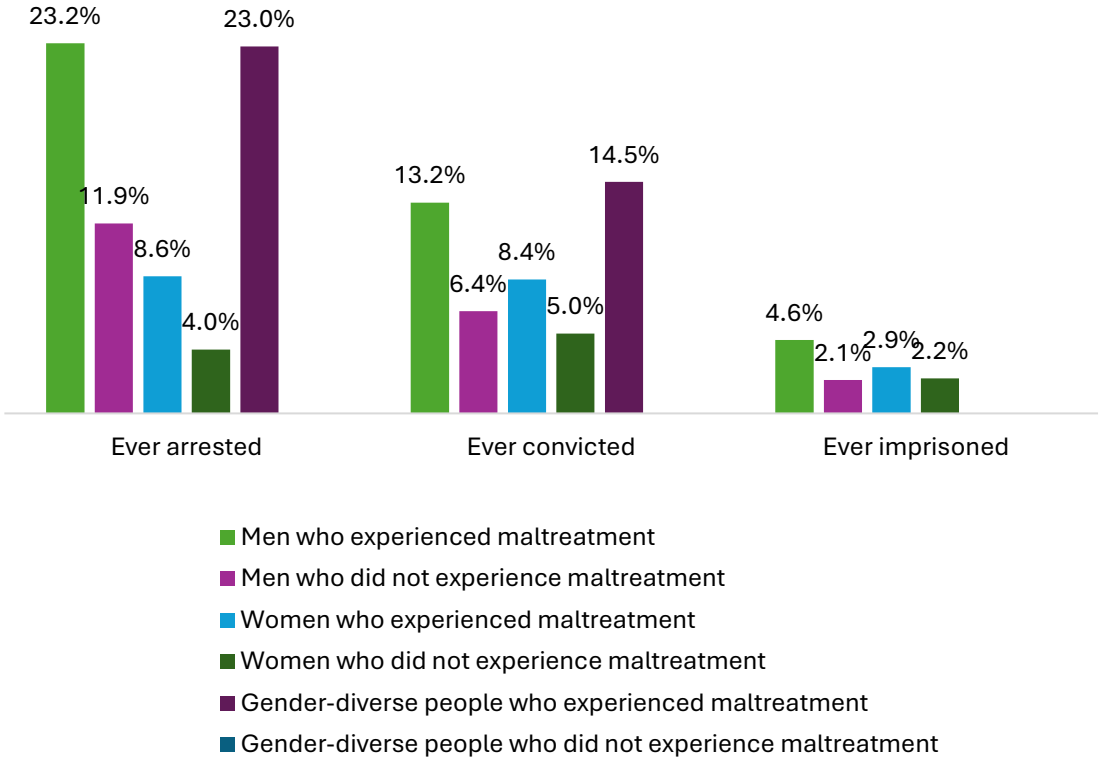


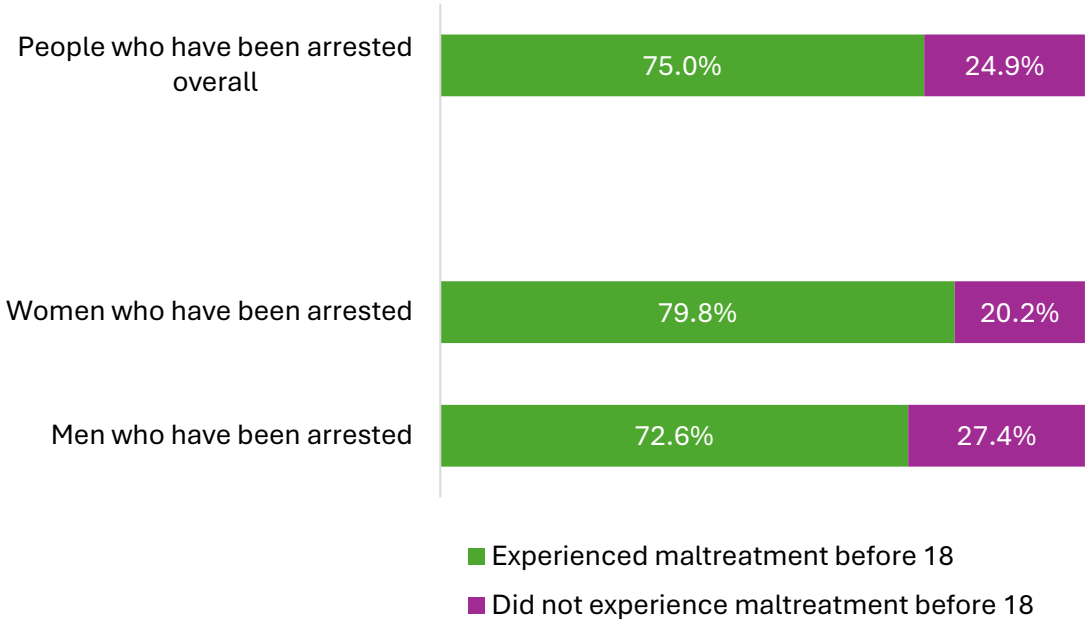
Figure 12: Proportion of ACMS participants who have been arrested, convicted, or imprisoned, by gender identity and whether they experienced maltreatment before 18. (Mathews et al., 2023a, p. 7)



*Note: results for gender-diverse participants who did not experienced maltreatment were not published.

Put another way, high proportions of people who had been arrested had experienced child maltreatment: 75% of those who had been arrested had experienced child maltreatment, compared to 25% who had not experienced child maltreatment (p. 6) (Figure 13).

Figure 13: Proportions of people who said they had been arrested, by gender and whether they experienced maltreatment before 18 (n=813). (Mathews et al., 2023a, p. 6)



Mathews et al. (2023a) also compared criminal justice system involvement for those who experienced chronic multi-type maltreatment, meaning victim-survivors who experienced 3-5 types of maltreatment, compared to those who did not experience chronic multi-type maltreatment (p. 9). Participants who experienced chronic multi-type maltreatment were almost twice as likely to have been arrested (20% overall, or 32.1% of men, 12.4% of women, and 23.8% of gender-diverse participants) compared to participants who had not experienced chronic multi-type maltreatment (10.4% overall, or 15.4% of men and 4.9% of women) (p. 9).

In another (albeit outdated) study, Butler et al. (2001) revealed 1996 survey data from NSW prisons, finding that of the 789 inmates who participated, 64 women (49%) and 103 men (16%) reported sexual activity with an adult or older person before the age of 16 (pp. 110-111). Of those who reported CSA, over 40% had been abused before the age of 10 (p. 110).

Furthermore, Thomsen et al. (2024) found that individuals who had a history of youth justice detention were 6.4 times more likely to have been the subject of a notification for suspected CSA and 5.3 times more likely to have experienced substantiated CSA than the general population (p. 471). Individuals sentenced to adult prisons before age 30

were 4.1 times more likely to have been the subject of a notification for CSA and 3.6 times more likely to have experienced substantiated CSA than the general population (p. 472).

In their review of literature and records investigating the correlation between criminal justice involvement and CSA, Papalia et al. (2018) found that most studies suggested that people who experienced CSA may be more at risk of future criminal justice involvement (p. 84). However, propensity towards criminal justice involvement varies greatly, depending on severity of the abuse, perpetrator characteristics, age at abuse, level of familial dysfunction, whether the individual had emotional, behavioural, and educational problems, their socio-economic background, and peer relationships (pp. 81-84). This complicates the picture more, but does suggest that an intersectional understanding of CSA would be helpful.

Discussion

Current policies and studies seem to have adopted the view of measuring CSA as occurring up to the age of 18. This is evident in the ACMS and the definition of CSA in the current *National Strategy* (Table 1). A possible reason for this is the varying definitions of 'child' and/or 'young person' across the child protection legislation in various states and territories, with many favouring an understanding that a child is under the age of 18. However, this conflicts with the legal age of consent, which is generally 16 (sometimes 17). The age of consent is critical in defining the age threshold of CSA, because it recognises the need to safeguard children from sexual exploitation and abuse, as they are not at the requisite maturity level in a cognitive, social, and emotional sense. This, alongside attachment theory, recognises the fragility of children's brains.

There is risk that when raising the age limit of CSA to include all persons up to the age of 18, it conflates the issue of the sexual abuse of children (aged under 16, who cannot consent) with the sexual abuse of young people (aged 16-18). This risk seems to have been realised when looking at the vastly different prevalence rates between the ABS PSS and the ACMS. The ACMS result is nearly four times as high as the ABS PSS result (28.5% compared to 7.5%): truly a massive increase. Given the surveys both used rigorous sampling methods to ensure national representative data, and both used similar behavioural-based questions to retrospectively collect data on participants' experiences of childhood exposure to violence, the primary differences between both are the different upper age limit threshold (15 versus 18), and the fact that the ACMS also collected data on adolescent perpetrators. Evidently, inconsistent definitions of CSA, particularly regarding the age at which the abuse is considered to have begun or occurred create major challenges in producing data that consistently reflects the scope of the issue.

Aggregating data into a single, larger statistic may seem beneficial because it emphasises the egregiousness and urgency of CSA, propelling immediate policy action. However, it is critical to distinguish between children and young people, rather than treating them as a homogenous group. Grouping them risks obscuring trends and unique experiences. Children and young people are at very different developmental stages, affecting not only their vulnerability and capacity to understand or report abuse, but also

the impact of the trauma (as attachment theory suggests). Furthermore, the dynamics of abuse, such as the primary perpetrator group, differ significantly. The ABS PSS data indicates that abuse of younger children frequently involves familial or caregiving figures, while the ACMS seems to indicate that adolescents may be more vulnerable to peer or intimate partner abuse. While future research would need to confirm this, theoretically, young people aged 16-18 may be more likely to experience sexual abuse at higher rates, because it is developmentally appropriate for them to be exploring the world around them, having new experiences where there may be an element of risk, and developing new relationships. Reflecting these distinctions is essential for developing effective prevention strategies and tailoring support services which meet each group's specific needs.

There is consensus that certain groups may be more vulnerable to CSA (First Nations children, children living with disability, CALD children, people experiencing homelessness, and people involved in the criminal justice system). However, these groups are largely absent from national datasets, suggesting that to date, there have been failures in policy frameworks around recognising the unique risk factors and impacts of CSA in marginalised groups. Research approaches need to account for intersectionality, to ensure experiences are not rendered invisible. The fact that the ACMS specifically examined CSA experienced by gender-diverse and sexuality-diverse individuals is a very positive step forward. Furthermore, the *National Strategy* articulated that one of its main themes or priorities was improving the evidence base, to better understand the nature, causes, and impacts of CSA (p. 49). They indicated that future waves of the ACMS will incorporate specific methods to gather data from marginalised groups (including First Nations, people with disability, and CALD) (p. 49). As this research highlighted, this is vital, given the significant gaps that exist.

As this research also identified, CSA is very underreported to authorities, so relying on data from police and child protection records will not provide a complete picture. Self-reported, possibly anonymous and confidential, approaches are the most ideal. However, there is also an important opportunity for front-line service workers (such as homeless and FDSV shelters, criminal justice system services, substance use facilities etc.) to collect data from presenting individuals on their exposure to violence in childhood. As part of this research, the researchers contacted various front-line services requesting any data on their clientele's experiences of CSA. However, none collected such information. Stepping Out understands that such organisations already collect information regarding peoples' experiences of FDSV, so it seems like it is a gap that they do not ask about CSA, especially given the strong relationship between CSA and DV. Item 24 in the *National Strategy* includes a plan to 'make recommendations on the feasibility of developing a nationally consistent minimum data collection for relevant support services,' so hopefully this occurs.

One trend was abundantly clear in this research: that CSA is a deeply gendered issue, and deserves space in discussions around gendered violence. Though the proportions differed, both the ABS PSS and the ACMS highlighted that women were far more likely than men to say they experienced CSA during their childhood. Furthermore, the ABS PSS demonstrated that high proportions of women who experienced CSA went on to

experience intimate partner violence in adulthood. Recent years have seen a surge in media and policy discourse around the epidemic of women against women in Australia, leading to greater understandings of the diverse forms of violence against women (Coumarelos et al., 2021). There is a need for CSA to be part of the conversation. CSA should be distinguished from FDSV, but should be conceptualised as a key driver to FDSV against women.

Recommendations

1) **Stepping Out should advocate for its definition of CSA to be adopted.** This is particularly with regard to the fact that CSA is understood as sexual contact that commences before the age of 16, because of the legal age of consent, attachment theory, and the differences in criminal law's treatment of younger children versus adolescents.

2) **Future research should distinguish between CSA inflicted upon children before the legal age of consent (16 years in most States and Territories), and sexual abuse against young people.** Given that the ACMS has been committed to continuing in future waves under the National Strategy, there is an opportunity for Stepping Out to advocate for questions to be asked around when individuals first experienced CSA, so the ACMS could provide disaggregated data on CSA up to the age of 16, and sexual abuse up to the age of 18.

3) **Future research should seek to obtain and report on more specific information on the victim-survivor's age at the first CSA occurrence, relationship to perpetrator, and the frequency and severity of abuse.** This will help to eliminate some of the ambiguities between existing datasets.

4) **Research approaches which collect self-reported data on experiences of CSA in an anonymous and/or confidential way should be prioritised.** This is because reporting rates of CSA are so low, so relying on crime and child protection figures from administrative bodies underestimates the true prevalence.

5) **Culturally safe, trauma-informed, and ethical research needs to be commissioned to investigate the prevalence of CSA across various sections of the community, who may be more disadvantaged or at-risk.** This includes First Nations people, CALD people, gender-diverse and sexuality diverse, and people living with disability. Research methodologies need to be designed in consultation and in meaningful partnership with these groups, to ensure they are trauma-informed, ethical, and appropriate.

6) **The capacity of frontline services to provide trauma-informed responses to CSA needs to be strengthened.** The proportion presenting to these services who also experienced CSA may be higher than the general population. This requires training front line services such as homeless shelters, FDSV shelters, criminal

justice system bodies, mental health facilities, and drug and alcohol facilities in trauma-informed practice, the prevalence of CSA, and the impacts of CSA.

7) **Front-line services such as homeless and FDSV shelters, youth services, gaols and prisons, drug and alcohol facilities, and mental health facilities should collect data on whether presenting individuals have experienced CSA.** Given CSA is often a cause and driver of people presenting in crisis, services should be trained to ask questions to collect data. Such figures could be shared anonymously to a public database, to inform intervention strategies on an individual basis, guide awareness in the community and shape policy decisions.

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