



National Centre for Action
on Child Sexual Abuse

The Australian child sexual abuse attitudes, knowledge and response study: Tasmania

October 2024

Acknowledgments

The National Centre for Action on Child Sexual Abuse (National Centre) respectfully acknowledges and celebrates Aboriginal and Torres Strait Islander Nations on the lands throughout Australia and pay our respects to ancestors of this country and Elders past and present. We recognise that Aboriginal and Torres Strait Islander communities, culture and lore have existed within Australia continuously for over 65,000 years.

We acknowledge the ongoing leadership of Aboriginal and Torres Strait Islander communities across Australia, acknowledging those who have passed and those who continue to work tirelessly to address inequalities and improve Aboriginal and Torres Strait Islander justice outcomes for children and young people. The National Centre is committed to ensuring that the voices of those whose lives are affected by the decisions governments make should fundamentally inform those decisions.

We seek to honour the lived and living expertise of all victims and survivors of child sexual abuse, harnessing all ages, cultures, abilities and backgrounds, and commit to substantially addressing the harm of child sexual abuse, now and well into the future. We recognise that there are children and young people today who are experiencing sexual abuse and dedicate ourselves to doing all we can to promote their effective protection and care.

Our Commitment

The establishment of a national centre to raise awareness and understanding of the impacts of child sexual abuse, support help-seeking and guide best practice advocacy and support and therapeutic treatment was a key recommendation (9.9) of the 2017 Royal Commission into Institutional Responses to Child Sexual Abuse. The Royal Commission identified that ongoing national leadership is necessary to improve outcomes for victims and survivors of past child sexual abuse and prevent future child sexual abuse.

Established in late 2021, the National Centre is a partnership between three respected organisations with strong histories of leadership in responding to child sexual abuse - Australian Childhood Foundation, Blue Knot Foundation and the Healing Foundation (each a Founding Member). The National Centre has an integrated governance structure that embeds the expertise of adults with lived and living experience of child sexual abuse, the rich strength of knowledge of First Nations Peoples and the voices of children and young people, as well as the expertise of researchers, practitioners, justice organisations, corporate entities, government and policy leaders.

At its core, the National Centre is a symbol of hope and an essential vehicle for action for many victims and survivors of child sexual abuse. Its vision is for a community where children are safe and victims and survivors are supported to heal and recover, free of stigma and shame – a future without child sexual abuse.

To achieve its vision, the National Centre:

- ensures the knowledge and voice of victim and survivors of child sexual abuse is at the core of all of its activities
- commissions critical research
- builds the workforce capability of organisations working with victims and survivors of child sexual abuse
- strives to raise community awareness of the nature of child sexual abuse and how to prevent it.

Project Acknowledgements

Suggested citation

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Project team

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We are also grateful to all those who participated in the development, cognitive interview, pilot testing, and main sample phases of the study and those who contributed at different stages of the research process through the project's various advisory structures, including:

- National Centre Founding Members and Board
- National Centre Survivor-led Adult College
- Project Advisory Group
- National Centre First Nations College
- Expert Research Advisory Council
- Practice and Systems Advisory Panel
- National Office for Child Safety
- The Department of Education
- Government Advisory Panel
- National Advisory Group

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Please note: Minor revisions may be made to this report after release.

Content warning: This report may be confronting for some readers.

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Executive Summary

About the study

The *Australian child sexual abuse attitudes, knowledge and response study* is a multi-phase mixed-methods project. The first phase involved the first wave of a comprehensive survey of the Australian community's knowledge, attitudes and responses regarding a range of topics focused specifically on child sexual abuse. The purpose of the study was to measure and benchmark Australians' attitudes towards, knowledge of, and responses to:

- child sexual abuse (CSA)
- victims and survivors' experiences and needs
- harmful sexual behaviours in children and young people (HSB).

The study is exploratory, uniquely providing benchmarking and novel insights to inform prevention, intervention, and support efforts at various levels of society. The National Centre will conduct this survey periodically to track attitudes, knowledge, and responses over time and measure the effectiveness of any programs designed to change and enhance these outcomes.

The Tasmanian Government Response to the Commission of Inquiry included a commitment to oversample Tasmanian data in the 2023 wave of the study. This report presents preliminary results and analysis of the Tasmanian dataset obtained from the first wave of the study, providing an indicator of the current status of community attitudes, knowledge, and capability in the Tasmanian context.

The report includes descriptive statistics and basic tables of item-level data. Additional and more sophisticated statistical analyses will be conducted and publicly promoted, but they are not contained in this report. Further, some of the findings are based on small numbers of responses. They should be interpreted with caution, and not over-interpreted and extrapolated to the broader population.

Methodology

A tailored questionnaire was developed and piloted extensively before collecting data online through a network of established research panels across all Australian states and territories in December 2023. A total of 356 Tasmanian respondents aged 18 years and over completed the questionnaire. Weightings were developed and applied to results to create a Tasmania representative sample.

The questionnaire captured data on key demographic variables and eight topics related to child sexual abuse: prevalence; attitudes and myths; awareness and knowledge; discovery or disclosure of current or recent child sexual abuse; awareness and understanding of lived and living experiences; capacity to understand and respond to adults with lived experience; prevention; and harmful sexual behaviours. For some topics, a split questionnaire approach was used meaning that some sections of the survey were randomly presented to only half the sample.

Key findings

What does the Tasmanian community know about child sexual abuse?

- All (100%) of the Tasmanian sample had heard the term 'child sexual abuse' prior to the survey and 64% were aware of the term 'harmful sexual behaviours'
 - Significantly more of the Tasmanian sample were aware of the term 'harmful sexual behaviours' compared to other Australian jurisdictions.
- There was relatively sound knowledge of:
 - prevalence of child sexual abuse for males (average estimate: 23.5%) and females (average estimate: 37.3%)
 - » the Tasmanian sample estimated significantly higher average prevalence rates for females and non-binary children than other jurisdictions.
 - main types of perpetrators of males (another relative: 57%; parent or step-parent: 44%) and female (parent or step-parent: 63%; another relative: 55%)
- main locations where children are at risk of experiencing child sexual abuse (home of relative or friend: 61%; child's home: 57%)
 - Compared to other jurisdictions, significantly more of the Tasmanian sample selected residential settings as the riskiest locations and significantly fewer identified public places.
- 81% reported it as likely/very likely/certain that they know someone who has been sexually abused as a child.
 - A significantly higher proportion of Tasmanian respondents reported this likelihood as a certainty than other jurisdictions and significantly fewer reported 'unlikely' or 'neutral' compared to the other states and territories.

How well do they recognise the risks?

- A high proportion of Tasmanian respondents identified that the following behaviours would make them suspicious a child was at risk of being groomed and/or sexually abused:
 - An adult sharing pornography with the child: 96%
 - An adult asking the child to keep secrets from other adults: 93%
 - Discovering dishonesty about the nature or frequency of an adult's interactions with the child: 93%
 - Learning about an adult's behaviour towards other children: 91%
 - An adult arranging time alone with the child: 87%

A significantly higher proportion of the Tasmanian sample identified the above five behaviours as suspicious compared to other Australian jurisdictions.

- Fewer Tasmanian respondents identified the following behaviours as suspicious:
 - An adult establishing an unusually strong friendship with the child: 74%
 - An adult going out of their way to become close with the child's family: 65%
 - An adult encouraging a child to believe they were special: 53%
 - An adult giving a child preferential treatment: 48%

- An adult giving the child gifts: **43%**
- The following activities were identified as making children very/extremely vulnerable to online grooming:
 - Accepting friend requests from people they don't know in real life: **86%**
 - Becoming friends with people they met through online gaming but don't know in real life: **69%**
 - Uploading their own content to YouTube: **65%**
 - Posting on social media: **54%**
 - Playing online games with a mix of strangers and friends: **48%**
- Only about half (**54%**) reported that they know what to do to help keep children safe from sexual abuse.

How do they respond to discovery or disclosure of child sexual abuse by a child or adult?

- **78%** reported **never** discovering child sexual abuse or receiving a child's disclosure
 - **14%** reported they had discovered child sexual abuse (without a disclosure)
 - **16%** reported that a child had disclosed child sexual abuse to them
- More Tasmanian respondents reported having received an **adult's** disclosure of child sexual abuse (**50%**)
 - Significantly more of the Tasmanian sample reported receiving an adult's disclosed than other jurisdictions.
- A substantial proportion would not believe a child's disclosure nor recognise other indicators of sexual abuse:
 - About 1 in 5 (**22%**) did not agree that children should always be believed if they disclose child sexual abuse
 - Half (**50%**) were not at all or only slightly confident they could recognise the signs or behaviours a child had been sexually abused (in the absence of a direct disclosure).
- Though not widespread, some Tasmanian respondents held negative and problematic victim-blaming attitudes around the behaviours and appearance of child sexual abuse victims:
 - Almost one-quarter (**24%**) considered (agreed/strongly agreed) that older children have a responsibility to actively resist adults' sexual advances
 - About 1 in 16 (**6%**) agreed/strongly agreed that adolescent girls who wear very revealing clothing are asking to be sexually abused
 - 1 in 20 (**5%**) agreed/strongly agreed that children who act in a seductive manner must be seen as being at least partly to blame if an adult responds sexually.

Significantly fewer Tasmanian respondents agreed with the above three statements compared to other Australian jurisdictions.

- Overall, there is a relatively sound understanding of the lifelong impacts of child sexual abuse, including agreement/strong agreement that victims and survivors:
 - can experience ongoing impacts whether they have disclosed or not: **97%**

- often experience difficulties with personal relationships: **95%**
- often experience alcohol and/or substance use issues: **90%**
- often experience social isolation: **89%**
- often experience poor mental health (**89%**), self-harm (**89%**) and suicide attempts (**87%**).
- However, there was less agreement/strong agreement that victims and survivors often experience less well-known impacts over the life course, including:
 - Disruptions to job security: **77%**
 - Disruptions to religious and spiritual involvement: **76%**
 - Homelessness/housing insecurity: **70%**
 - Poor physical health: **65%**
 - Financial insecurity: **60%**
- Moreover, while **67%** agreed/strongly agreed that they understand the impacts of child sexual abuse well enough to respond appropriately to an adult disclosure, one-third (**33%**) did not.
- About half of those who reported discovering child sexual abuse (**44%**) or receiving a child's disclosure about it (**53%**) reported that they had a supportive conversation with the child.
- Most of those who reported receiving an adult's disclosure of child sexual abuse reported that they provided emotional support (**88%**) and/or asked if the person needed anything from them (**61%**).
- Most respondents expressed agreement/strong agreement with general intention to respond compassionately to the hypothetical scenario of an adult friend's disclosure, including that:
 - they would try to be caring toward the friend (**95%**)
 - their heart would go out to their friend (**95%**)
 - they would like to be there for their friend (**95%**)
 - they would not really be able to connect with their pain (**16%**)
 - they would not think much about their situation (**4%**)
 - they would try to avoid their friend (**1%**)
- There was a lack of confidence in having conversations related to child sexual abuse, including:
 - knowing how to start a conversation with a child suspected of being sexually abused: about 1 in 5 (**19%**) felt very/extremely confident to do this but almost the same proportion reported being not at all confident (**17%**)
 - knowing how to talk to the parent/carer of a child suspected of being sexually abused: **14%** felt very/extremely confident to do this but 1 in 5 (**20%**) were not at all confident.
- There were higher levels of reported confidence in responding to adult disclosures, including in:
 - Talking to the disclosing adult (**92%**)
 - Comforting the disclosing adult (**84%**)

Cohorts of interest (based on national data only)

The national dataset was utilised to examine differences in responses by four subgroups: those who identified as victims and survivors, parents/carers, those who work directly with children, and those who work with adult victims of abuse.

When accounting for other variables (e.g., age, gender), victims and survivors held fewer harmful myths and attitudes; were more confident in responding to current child sexual abuse; were more knowledgeable about the impacts of child sexual abuse; seemed more compassionate; were more confident in community prevention measures; felt it was appropriate to teach safety behaviour topics to younger children; and perceived eSafety measures to be more effective.

Over and above the effect of demographic variables like age and gender, parents/carers held fewer harmful myths and attitudes; were more confident in responding to current child sexual abuse; were more knowledgeable about the impacts of child sexual abuse; seemed more compassionate; felt it was appropriate to teach safety behaviour topics to younger children; and perceived eSafety measures to be more effective.

Finally, when adjusting for demographic variables, those who work with children or work with adult victims of abuse were more confident in responding to current child sexual abuse. Those who work with adult victims were more knowledgeable about the impacts of child sexual abuse; seemed more compassionate; and were more confident in community prevention measures. Interestingly, those who work with children scored higher on harmful myths and attitudes.

It should be noted that although these cohorts scored higher on some measures, the overall levels of many of these outcomes (e.g., compassion, confidence) were relatively average and lower than we would like to ensure effective and appropriate responses.

Overall summary

There was good knowledge and awareness of child sexual abuse as a prevalent and important social issue however, several areas of focus have been identified through this data:

- Victim-blaming attitudes
- Disclosure process and children's credibility
- Impacts and appropriate responses
- Instilling confidence in how to appropriately respond to victims of child sexual abuse
- Protective/preventative actions including the ability to detect risk

Importantly there was strong support for further work to be undertaken with the community. To do this, we will need to draw upon the evidence base of effective ways to build confidence and capacity, and shifting negative and problematic attitudes and behaviours.

Methods & sample characteristics

Using a purposefully developed and psychometrically tested questionnaire, informed by existing survey instruments and child sexual abuse victims and survivors, experts, and stakeholders, an online, population-based survey was administered via a network of established research panels across Australia in December 2023.

There was a total of **356** Tasmanian respondents ('raw n'). However, a split questionnaire approach was adopted such that certain sections of the survey were only presented to half the sample. That is, not every respondent was asked every question. The base numbers (n) indicating how many people answered each item are therefore reported throughout this report and reflect this split questionnaire methodology.

Table A1 in the Appendix presents the full sample characteristics. The following summarises select characteristics of the weighted data (i.e., after sample data were weighted to reflect the population profile):

- Respondents were aged 18-75+
- Respondents were almost evenly split between female and male
- Parents composed half of the sample
- Almost 1 in 5 (18%) identified as victims or survivors of child sexual abuse
- Almost 1 in 5 (18%) worked directly with children
- 14% were living with a disability
- 5% identified as Aboriginal
- Almost 1 in 10 (9%) identified as LGBTQI+
- 4% spoke a language other than English
- 13% were born outside of Australia
- 4 in 10 (40%) were working full-time and 1 in 4 (25%) were retired
- Of those employed (n = 226), 17% worked with adult victims and survivors of abuse
- The highest level of completed education for 26% of the sample was at the secondary level
- 12% were active in church/religious/spiritual organisations and/or groups

The results section is organised according to the eight topics included in the survey:

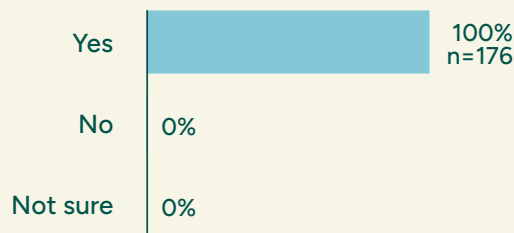
- Prevalence
- Attitudes and myths
- Awareness and knowledge
- Discovery or disclosure of current or recent child sexual abuse
- Awareness of lived and living experiences of child sexual abuse and understanding victims and survivors
- Capacity to understand and meet needs of adults with lived experience
- Prevention
- Harmful sexual behaviours

Results

Prevalence

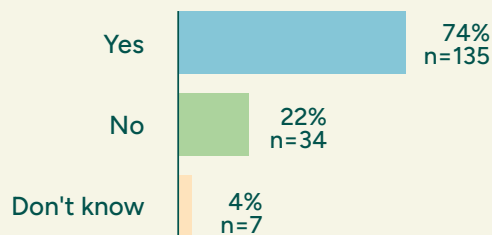
Figure 1 shows that all (100%) respondents (base n = 176) reported being aware of the term 'child sexual abuse' prior to participating in the survey.

Figure 1: Awareness of CSA terminology before survey



Almost three-quarters (74%) of respondents (base n = 176) had read, seen, or heard about child sexual abuse cases in the three months prior to the survey (see Figure 2). About one-fifth (22%) reported they had not been recently exposed to cases and 4% reported being unsure.

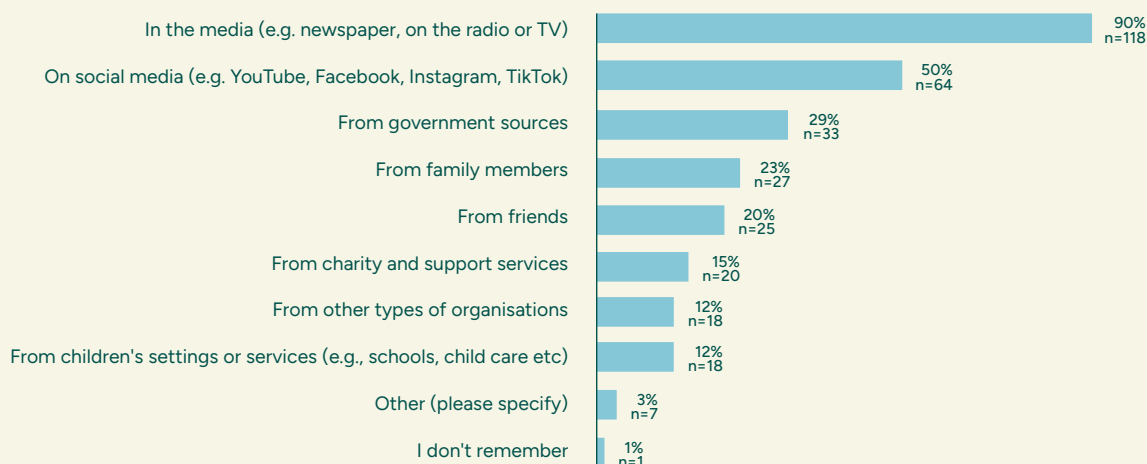
Figure 2: Recent exposure to CSA cases



Broader comparisons indicate that a significantly higher proportion of Tasmanian respondents reported having recently heard of child sexual abuse cases than other Australian jurisdictions.

Those who reported reading, seeing, or hearing about child sexual abuse cases recently (n = 135) were asked about their source/s of information; respondents could select multiple sources if applicable. Figure 3 shows that mainstream media (i.e., radio, TV, newspaper) was the most commonly reported source of recent knowledge about child sexual abuse cases (90%; n = 118). Respondents also commonly learnt of information via social media (50%; n = 64). This was followed by government sources (29%; n = 33); family members (23%; n = 27) and friends (20%; n = 25).

Figure 3: Sources of recent exposure to CSA cases



Respondents also provided other options in their written responses, which predominantly included hearing about cases through their workplaces. One respondent identified documentaries as their source. Significance testing revealed that the proportion of Tasmanian respondents who reported recently hearing of cases from government sources was higher than other Australian jurisdictions.

Participants were asked to estimate the prevalence of child sexual abuse in Australia for children who are male, female, and non-binary. Some responded that they 'do not know' and they did not estimate the prevalence rates for male (12%; n = 39), female (11%; n = 38), and non-binary children (40%; n = 141).

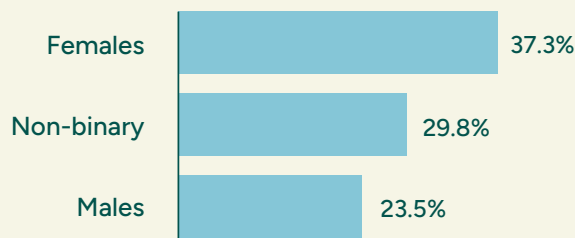
Figure 4 shows the mean prevalence estimates made by respondents. When compared to the recent findings from the Australian Child Maltreatment Study (ACMS), Tasmanians overestimated rates for boys (23.5% vs. 18.8% ACMS; from base n = 313), but were more accurate in estimating the prevalence of child sexual abuse of girls (37.3% vs 37.3% ACMS; from base n = 318).¹ The ACMS also found that 51.9% of participants with diverse genders had experienced child sexual abuse.² In the present study the Tasmanian respondents significantly underestimated the rate of sexual abuse for non-binary children (29.8% vs. 51.9% ACMS; from base n = 215), noting that 40% responded with 'do not know'.³

¹ The prevalence of child maltreatment in Australia: findings from a national survey - Mathews - 2023 - Medical Journal of Australia - Wiley Online Library

² Prevalence of Diverse Genders and Sexualities in Australia and Associations With Five Forms of Child Maltreatment and Multi-type Maltreatment - Daryl J. Higgins, David Lawrence, Divna M. Haslam, Ben Mathews, Eva Malacova, Holly E. Erskine, David Finkelhor, Rosana Pacella, Franziska Meinck, Hannah J. Thomas, James G. Scott, 2024 (sagepub.com)

³ The ACMS 'diverse gender' category was broader than a 'non-binary' classification so the ACMS prevalence rate for diverse genders does not perfectly align to our respondents' estimates of child sexual abuse for non-binary children. Nonetheless, the 'non-binary' classification was the largest cohort within the ACMS 'diverse gender' population and is the most recent and reliable estimate in Australia.

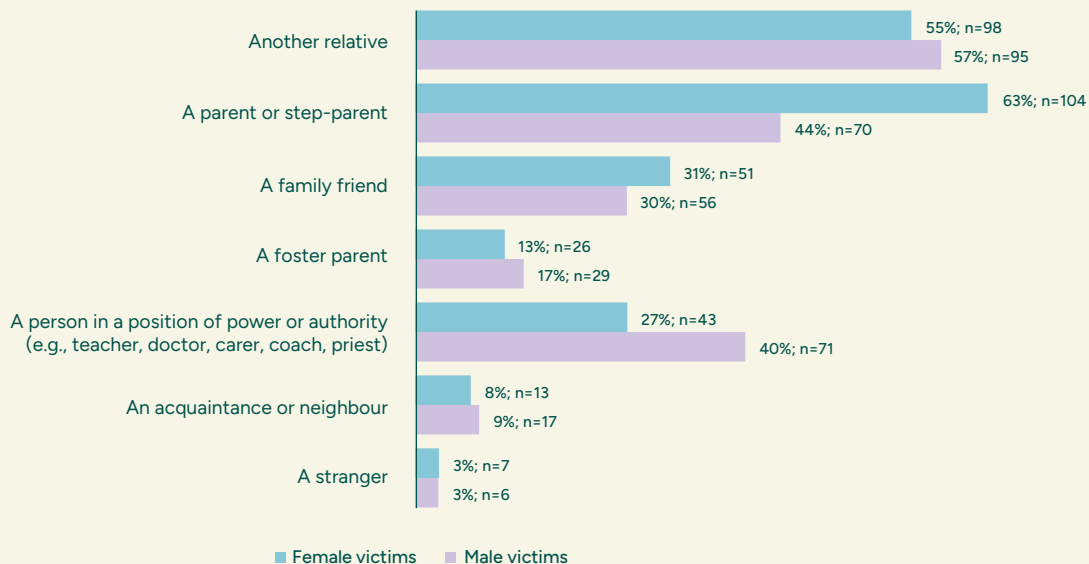
Figure 4: Estimated rates of CSA prevalence



Comparisons showed that the Tasmanian sample estimated significantly higher prevalence rates for females and non-binary children than other Australian jurisdictions. Moreover, significantly fewer Tasmanian respondents reporting not knowing the prevalence rate for males and females than other jurisdictions.

Figure 5 shows the proportion of respondents who identified different types of perpetrators in their top two rankings of those who most commonly sexually abuse children. For example, 55% of respondents selected 'another relative' in their top two most common perpetrators of female victims. Regardless of the child's gender, 'another relative' and 'parents/step-parents' were most commonly selected (base n for female and male conditions was 171 and 172 respectively). Strangers were least commonly and infrequently identified in the top two rankings of individuals who sexually abuse male and/or female children. This is an encouraging result and reflects good knowledge about perpetrators in offline environments (i.e., in-person abuse) among the Tasmanian sample.

Figure 5: Types of perpetrators ranked in the top two most common perpetrators by victim gender

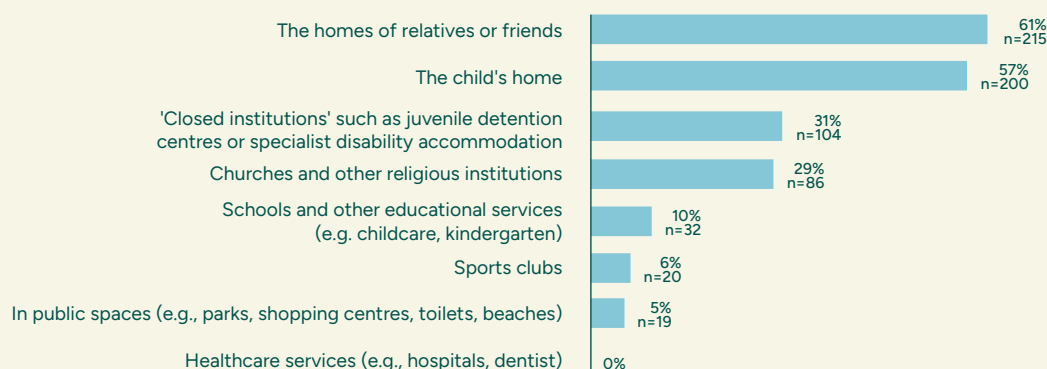


By way of comparison, the identification of the top two types of perpetrators is consistent with the ACMS results about in-person abuse, highlighting that parents and other adult parent-like caregivers in the home are the second most common class of offender⁴. Community members also ranked positions of

authority well in keeping with ACMS, which revealed that institutions were the only type of setting where males experienced more abuse than females. Taken together, the findings from the survey reflect good knowledge among the Tasmanian sample of respondents.

When asked to rank types of offline environments where children are most at risk of being sexually abused, most respondents (base n = 338) ranked the 'homes of relatives or friends' (61%) or 'the child's home' (57%) as the top two riskiest places (see Figure 6). This was followed by 'closed institutions such as juvenile detention centres or specialist disability accommodation' (31%) and 'churches and other religious institutions' (29%).

Figure 6: Types of settings ranked in the top two most risky for CSA to occur



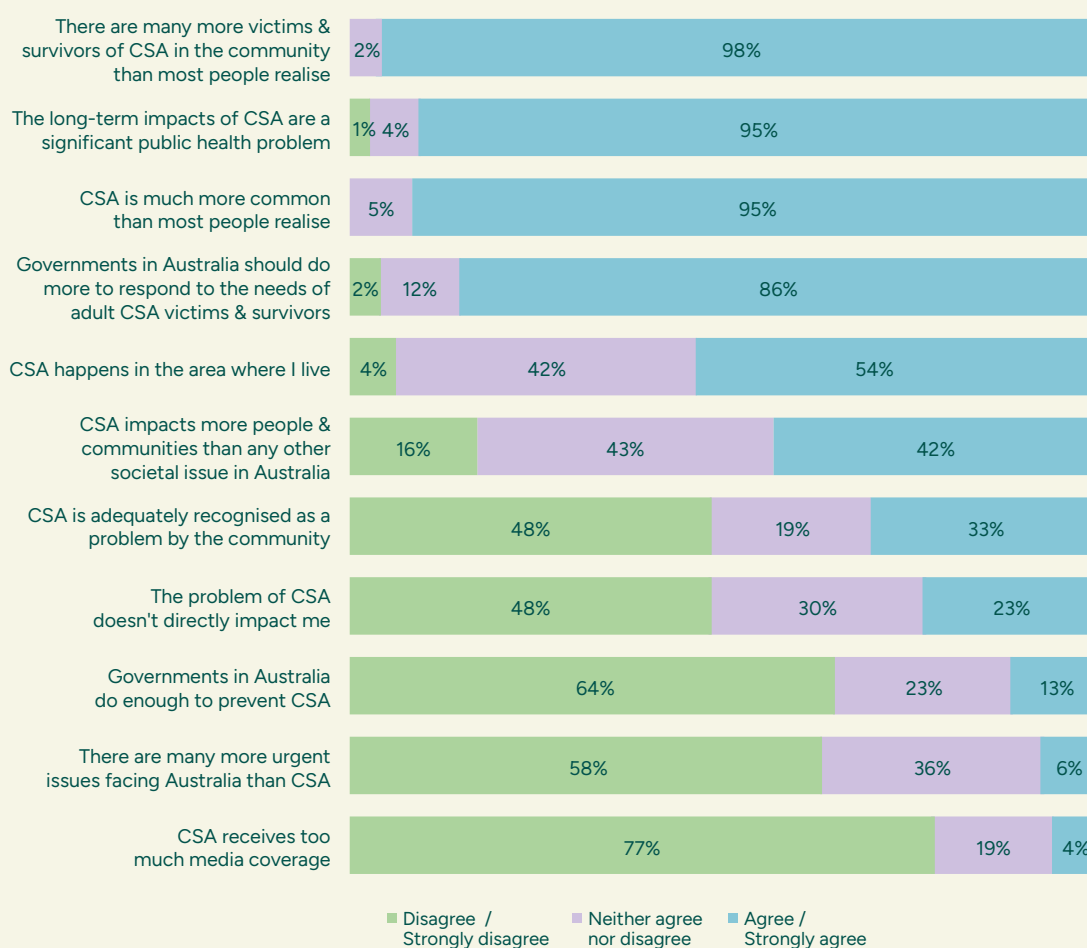
Broader comparisons against other Australian jurisdictions show that significantly more of the Tasmanian sample ranked the 'homes of relatives or friends' or 'the child's home' in their top two riskiest places. Additionally, significantly fewer Tasmanian respondents ranked public spaces (e.g., parks, shopping centres, toilets etc) in their top two riskiest places than other jurisdictions.

As Figure 7 shows, respondents (base n = 352-356) were asked to consider and rate their level of agreement with several statements about child sexual abuse and its impacts:

- The majority of respondents agreed/strongly agreed that there are many more victims than people realise (98%), child sexual abuse is much more common than most people realise (95%), and that the long-term impacts of child sexual abuse are a significant public health problem (95%).
- Only one-third of respondents (33%) agreed that child sexual abuse is adequately recognised as a problem by the community.
- About half of the sample (54%) agreed that child sexual abuse happens where they live but almost one-quarter (23%) agreed that child sexual abuse does not directly impact them.
- Only 13% of respondents agreed that governments in Australia do enough to prevent child sexual abuse and the majority (86%) agreed that Australian governments should do more to respond to the needs of adult victims and survivors of child sexual abuse.

⁴ Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey - ScienceDirect

Figure 7: Level of agreement with statements about scope and impacts of CSA



Significance testing showed that a higher proportion of the Tasmanian sample wanted more action on child sexual abuse. More agreed with the following statements compared to other Australian jurisdictions:

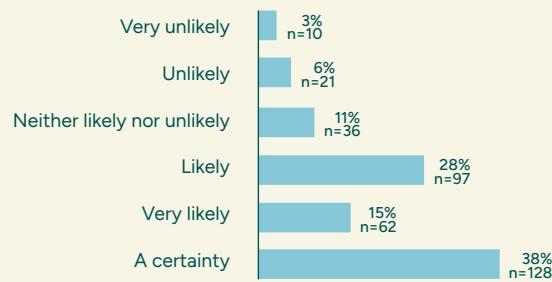
- child sexual abuse is much more common than most people realise
- long-term impacts of child sexual abuse are a significant public health problem
- there are many more victims than people realise
- child sexual abuse happens in the area where I live.

Significantly fewer Tasmanian respondents agreed with the following statements than other jurisdictions:

- child sexual abuse is adequately recognised as a problem by the community
- child sexual abuse receives too much media coverage
- there are many more urgent issues facing Australia than child sexual abuse

About four-fifths (81%) of the Tasmanian sample (base n = 354) reported it was likely/very likely/a certainty that they know someone who had been sexually abused as a child (see Figure 8). About one-tenth of respondents (9%) thought this was unlikely/very unlikely. This suggests some in Tasmania may lack awareness and knowledge of the endemic and pervasive nature of child sexual abuse however this was the minority of the Tasmanian sample.

Figure 8: Likelihood of knowing someone sexually abused as a child

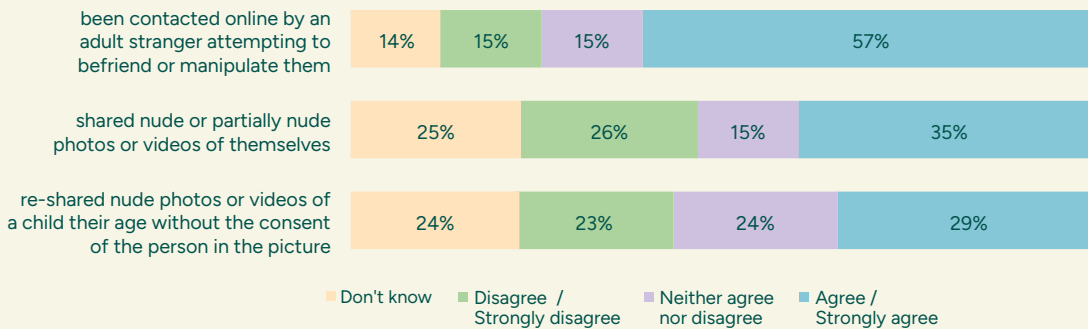


Broader comparisons revealed that significantly more of the Tasmanian sample reported being ‘certain’ that they knew someone who had been sexually abused as a child than other jurisdictions. Moreover, significantly fewer Tasmanian respondents reported that it was ‘unlikely’ or being neutral (‘neither likely nor unlikely’) on the question.

Risk factors by child age group

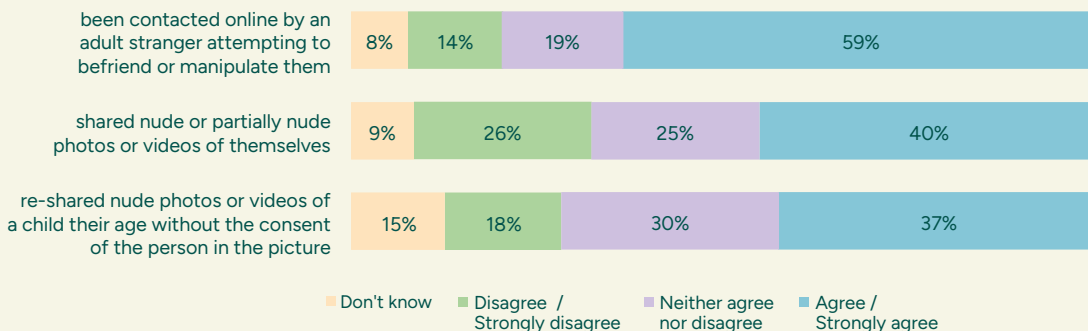
Figure 9 shows that between about one-third and half of respondents (base n = 90) agreed/strongly agreed that children aged 11-14-years old have experienced or engaged in risky online behaviours.

Figure 9: Level of agreement with online safety statements (11-14 yo)



When considering the same statements for 15-17-year-olds, between about one-third and half of respondents (base n = 86) agreed that this age group have experienced or engaged in these online behaviours (see Figure 10).

Figure 10: Level of agreement with online safety statements (15-17 yo)



Attitudes and myths

Overall, there was evidence of sound knowledge and few widespread stereotypical attitudes among the Tasmanian sample. Problematic myths, misconceptions and attitudes were assessed via two sets of questions. Results from the first set (base n = 354-356) are depicted in Figure 11 and included, for instance, that:

- 98% disagreed that only men perpetrate child sexual abuse
- 96% disagreed (disagreed/strongly disagreed) that child sexual abuse in the family is a private matter
- 90% disagreed that victims of child sexual abuse are only abused one time
- 86% disagreed that adolescents who wear revealing clothing are 'asking' to be sexually abused
- 15% agreed (agreed/strongly agreed) that child sexual abuse usually happens in poor or disadvantaged families.

Worryingly, almost one-quarter (24%) agreed that older children have a responsibility to actively resist adults' sexual advances.

About one-fifth (22%) of respondents agreed that most perpetrators of child sexual abuse have a mental illness. Relatedly, almost one-fifth (18%) agreed that perpetrators can be rehabilitated but 48% disagreed/strongly disagreed and 34% were neutral.

- Child sexual abuse in the family is a private matter
- Most perpetrators of child sexual abuse have mental illness
- Most victims of child sexual abuse are only abused one time
- Obedient children are less likely to experience child abuse
- Only men perpetrate child sexual abuse
- Sexual contact between an adult and child that is wanted by the child and which is physically pleasurable for them cannot really be described as abuse
- Children who act in a seductive manner must be seen as being at least partly to blame if an adult responds in a sexual way
- Adolescent girls who wear very revealing clothing are asking to be sexually abused
- Older children have a responsibility to actively resist sexual advances made by adults.

Figure 11: Level of agreement with CSA myths and misconceptions (first set)

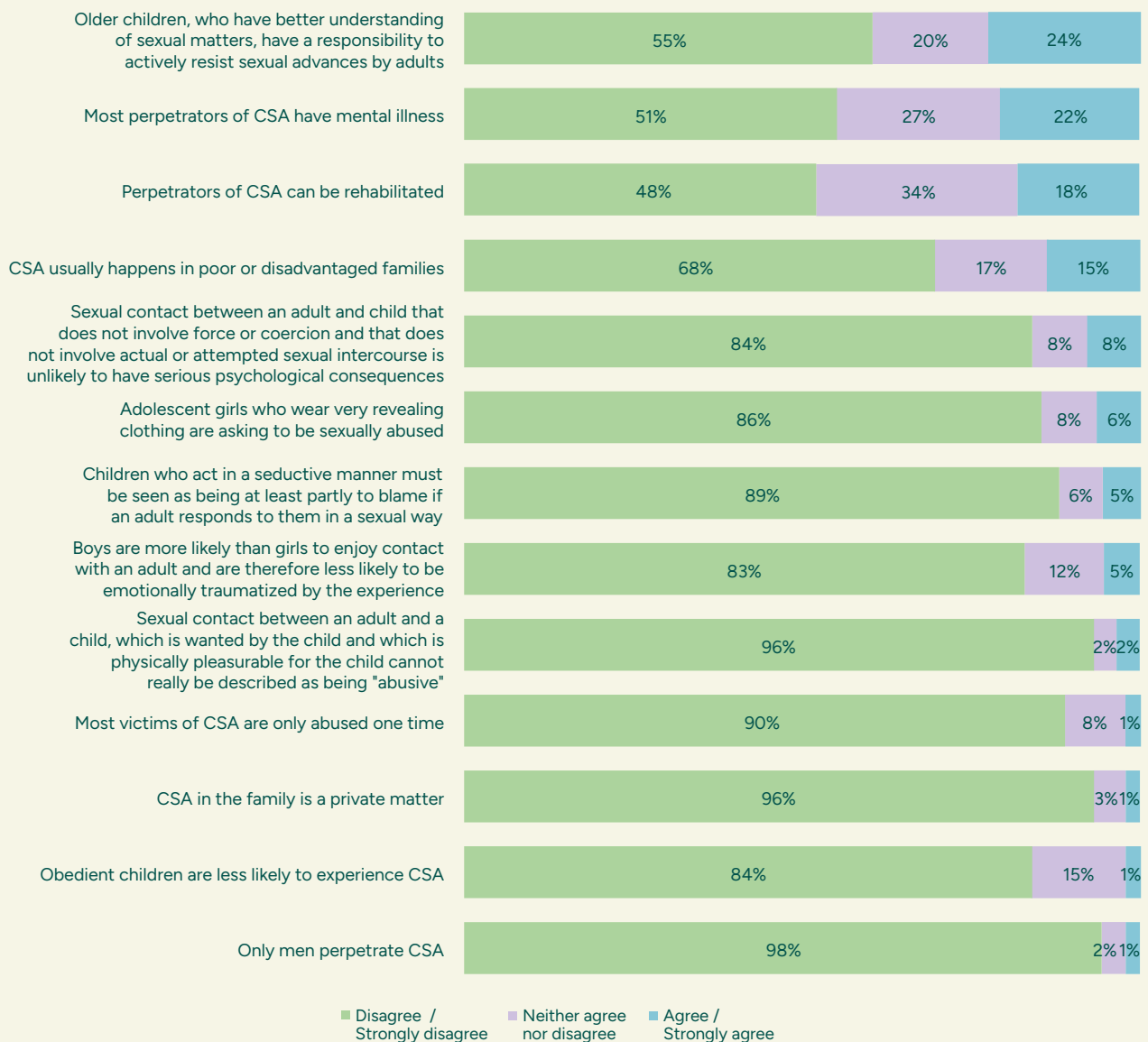


Figure 12 illustrates the second set of questions and demonstrates some evidence of sound knowledge among the Tasmanian sample (base n = 353-356), including for example:

- 79% agreed (agreed/strongly agreed) that children’s disclosures of child sexual abuse should always be believed and relatedly, almost all (96%) respondents agreed that not being believed is a damaging aspect of child sexual abuse
- 91% disagreed (disagreed/strongly disagreed) that children are unreliable and lack credibility compared to adults
- 97% disagreed that female-perpetrated sexual abuse is less harmful than that perpetrated by males
- Almost half (47%) agreed that children with disability are more likely to experience child sexual abuse.

However, results indicated that respondents were generally unsure (neutral) about whether some factors increase the risk of child sexual abuse or not, particularly in relation to priority groups such as those with a disability, LGBTQIA+, and CALD populations:

- Being a child of gay or lesbian parents (24%)
- Being a child with a disability (39%)
- Being a child from a non-English speaking family (47%).

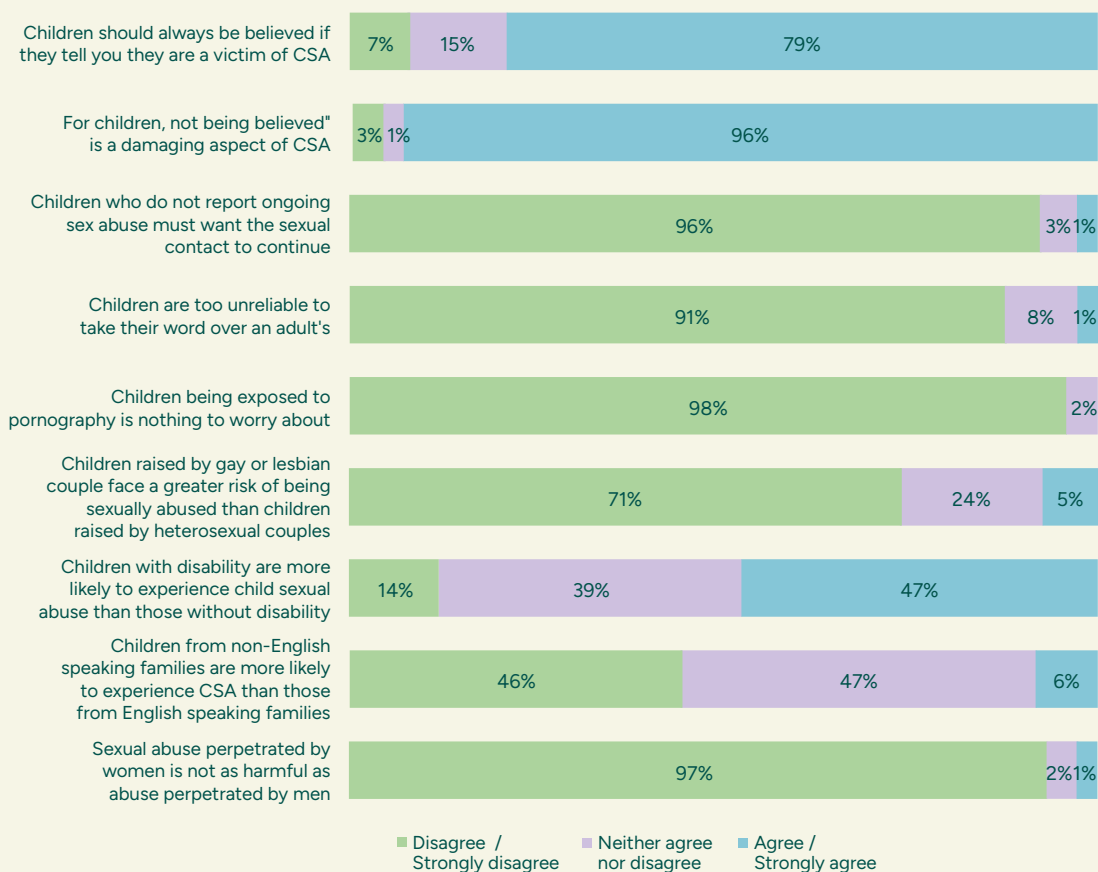
Broader comparisons against other jurisdictions indicate that significantly more Tasmanian respondents agreed with the following statements:

- Children should always be believed if they tell you they are a victim of sexual abuse
- Not being believed is a damaging aspect of child sexual abuse.

When compared to other states and territories, significantly fewer Tasmanian respondents agreed with these statements:

- Children who don't report ongoing sexual abuse must want it to continue
- Children are too unreliable to take their word over adult's
- Children being exposed to pornography is nothing to worry about
- Children raised by gay or lesbian couples face a greater risk of being sexually abused than those of heterosexual couples
- Female-perpetrated child sexual abuse is less harmful than that perpetrated by males.

Figure 12: Level of agreement with CSA myths and misconceptions (second set)



Awareness and knowledge

Respondents were asked to consider whether certain incidents constitute child sexual abuse for children of three different ages: 10, 14 and 17-years-old.

Figure 13 shows that respondents consistently agreed/strongly agreed that the following hypothetical adult-perpetrated incidents constituted child sexual abuse, regardless of age:

- Being shown pornography by an adult
- Adult family friend exposing their genitals
- An adult asking a child to participate in sexual activity even if it doesn't eventuate
- Adult persuading a child to show them their genitals
- Adult sending a sexually explicit text message to a child
- Adult stranger discussing their sexual activity with a child.

However, child age influenced the level of agreement for some scenarios, with more respondents agreeing that the scenarios constituted child sexual abuse for younger children rather than older children, including:

- children viewing online pornography by themselves (10 yo: 37% vs 14 yo: 25% and 17 yo: 24% respectively)
- similar-aged peers sending sexually explicit text messages (35% vs 23% and 15% respectively)
- sex between an 18-year-old and 10- and 14-year-old (94% and 81%) than with a 17-year-old (18%)

Interestingly, more respondents (36%) considered three children under the age of 17 taking it in turns to touch each other's genitals as child sexual abuse than the same behaviour by 10- and 14-year-olds (32% and 24% respectively).

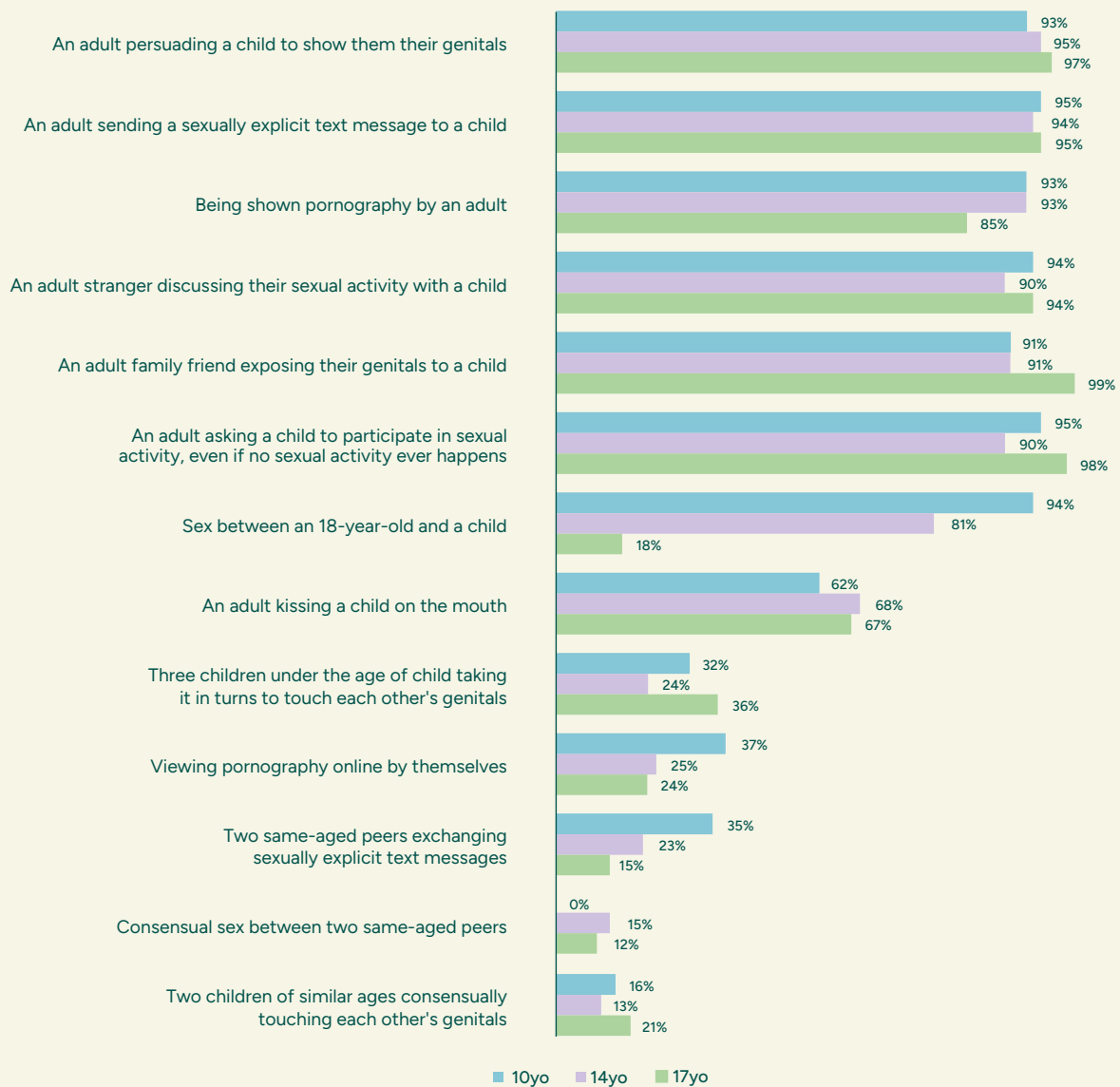
Significance testing revealed that a higher proportion of the Tasmanian sample agreed that the following constitutes child sexual abuse of a 17-year-old compared to other jurisdictions:

- An adult family friend exposing their genitals to the child
- An adult stranger discussing their sexual activity with the child
- An adult asking the child to participate in sexual activity even if it doesn't eventuate
- An adult persuading the child to show them their genitals.

⁵ Base n's ranged between the following for the three different conditions: 10 yo: 118-119; 14 yo: 117-118; and 17 yo: 118-119.

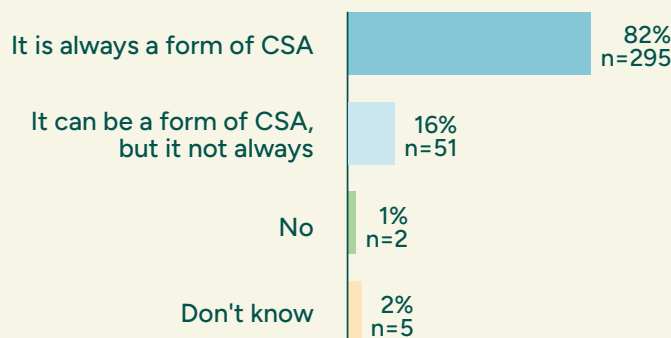
⁶ Respondents were not presented with an equivalent scenario of 'consensual sex between two 10-year-olds' so it appears as 0 in Figure 13.

Figure 13: Level of agreement that scenarios constitute CSA for children of different ages



The majority (82%) of respondents (base n = 353) considered grooming to always be a form of child sexual abuse (see Figure 14). About 1 in 6 (16%) thought grooming can be a form of child sexual abuse but is not always.

Figure 14: Classification of grooming as CSA

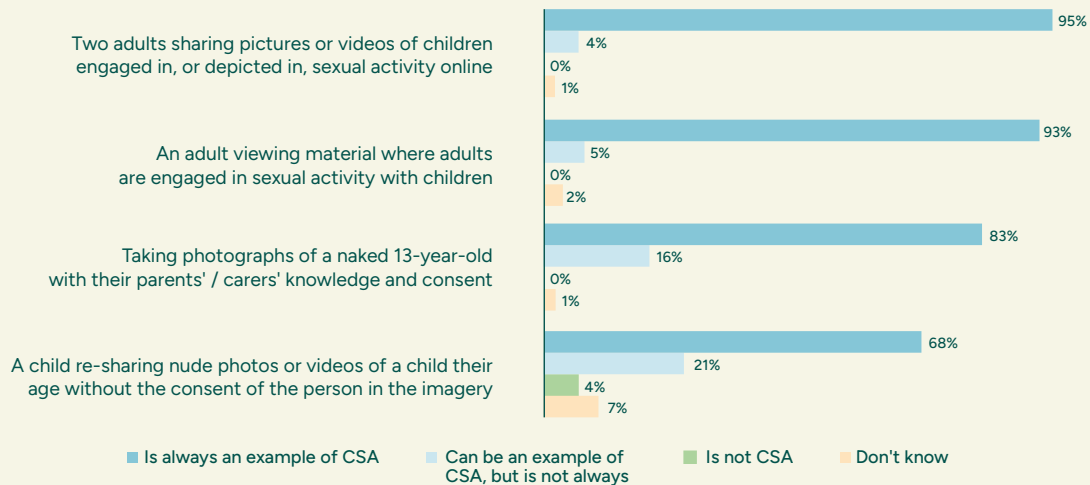


Respondents (base n = 355-356) were asked to consider whether four incidents were examples of child sexual abuse (see Figure 15). The majority of the sample considered the following adult-perpetrated incidents as always constituting child sexual abuse:

- sharing digital material of children engaged in, or depicted in, sexual activity online (95%)
- viewing material where adults are engaged in sexual activity with children (93%)
- taking photographs of a naked 13-year-old with their parents’/carers’ knowledge and consent (83%).

Fewer respondents deemed a child resharing nude digital material of a peer without their consent as always constituting child sexual abuse (68%). About one-fifth (21%) thought this can be child sexual abuse but is not always.

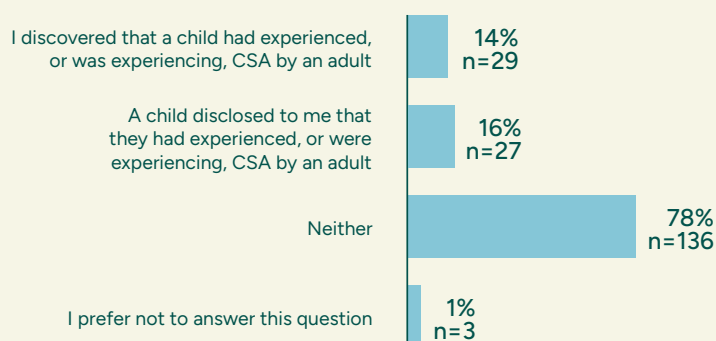
Figure 15: Level of agreement that digital/virtual scenarios constitute CSA



Discovery or disclosure of current or recent child sexual abuse

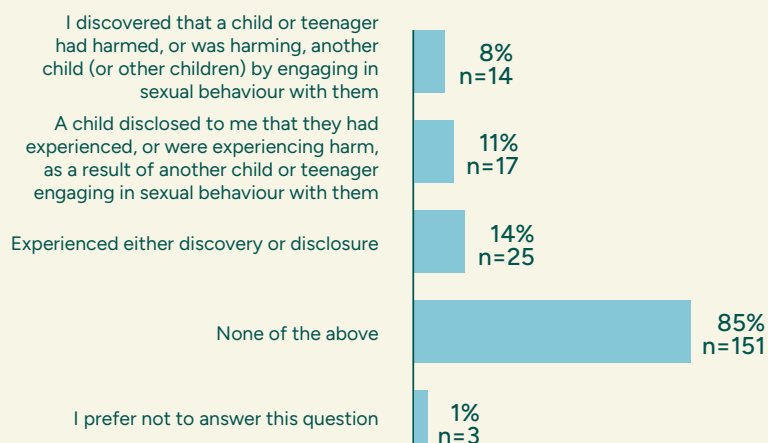
Figure 16 illustrates that almost 8 in 10 (78%) respondents (base n = 180⁷) reported having never discovered or received a child's disclosure about child sexual abuse. About 1 in 7 respondents (14%) reported they had discovered that a child had experienced, or was experiencing, child sexual abuse by an adult (without a child disclosing it). A similar proportion of respondents (16%) reported that a child had disclosed child sexual abuse to them.

Figure 16: Rates of CSA discovery or receipt of disclosure



Similar results were reported for harmful sexual behaviour (refer to Figure 17). Slightly more than 8 in 10 (85%) reported having never discovered or received a disclosure about harmful sexual behaviours (base n = 180⁸). Almost 1 in 10 (8%) of respondents reported they had discovered that a child or teenager had harmed, or was harming, another child (or other children) by engaging in sexual behaviour with them (without a child disclosing it). Similarly, 11% reported that a child had disclosed to them about experiencing harmful sexual behaviours displayed by someone else.

Figure 17: Rates of HSB discovery or receipt of disclosure



⁷ Respondents could select both discovery of child sexual abuse and receipt of disclosure which is why proportions in Figure 16 total more than 100% and the 'n' totals more than the base n of 180.

⁸ Explanation at footnote 6 also applies to discovery of harmful sexual behaviours and receipt of disclosure as reflected in Figure 17.

The following results should be interpreted with caution as they are based on small numbers.

Of the 29 respondents who reported discovering child sexual abuse, the most common actions in response included :

- having a supportive conversation with the child (44%)
- reporting to child protection authorities (33%)
- reporting to the relevant person in my workplace (30%)
- asking the child for more information about what happened (26%)
- reporting it to police (25%).

Small numbers reported looking for advice online (2%), phoned a helpline for advice (4%), and talking to the person suspected of harming the child (7%).

No respondents reported doing nothing and none reported telling the child to forget about it.

Sixteen percent of respondents indicated that they undertook an action other than what was listed in the responses, and included:

- reporting directly to authorities
- Reporting to parents/guardians
- Confirming action already undertaken by others
- death of perpetrator prior to knowledge.

Sixteen percent of respondents indicated that they undertook an action other than what was listed in the responses, and included:

- having a supportive conversation with the child (53%)
- reporting to the relevant person in my workplace (39%)
- discussing the abuse with a professional (33%)
- arranged professional support for the child (29%)
- reporting to the police (28%)
- reporting to child protection authorities (25%).

Small numbers reported discussing it with a friend, partner or family member (6%) and phoning a helpline for advice (7%).

No respondents reported doing nothing and none reported telling the child to forget about it.

Six percent of respondents indicated they took an action not listed, which included reporting to school authorities and informing the parents.

Though these were the most commonly reported actions for both conditions, about half or less than half of the respondents reported undertaking them.

Responses for both discovery of child sexual abuse and receipt of disclosure about it are depicted in Figure 18.

⁹ Respondents could select all that apply (i.e., multiple responses).

The number of respondents who reported their actions in response to discovering that a child or teenager had harmed another child by engaging in harmful sexual behaviour (n = 14) and/or receiving a disclosure about harmful sexual behaviours (n = 17) were too small to present reliable results.

However, the findings again indicate that the majority of the most frequently undertaken actions were reported by less than half of the respondents. This suggests that most cases would go unreported to authorities and that supports would be implemented for few children and young people.

Figure 18: Reported actions undertaken in response to CSA discovery or receipt of disclosure

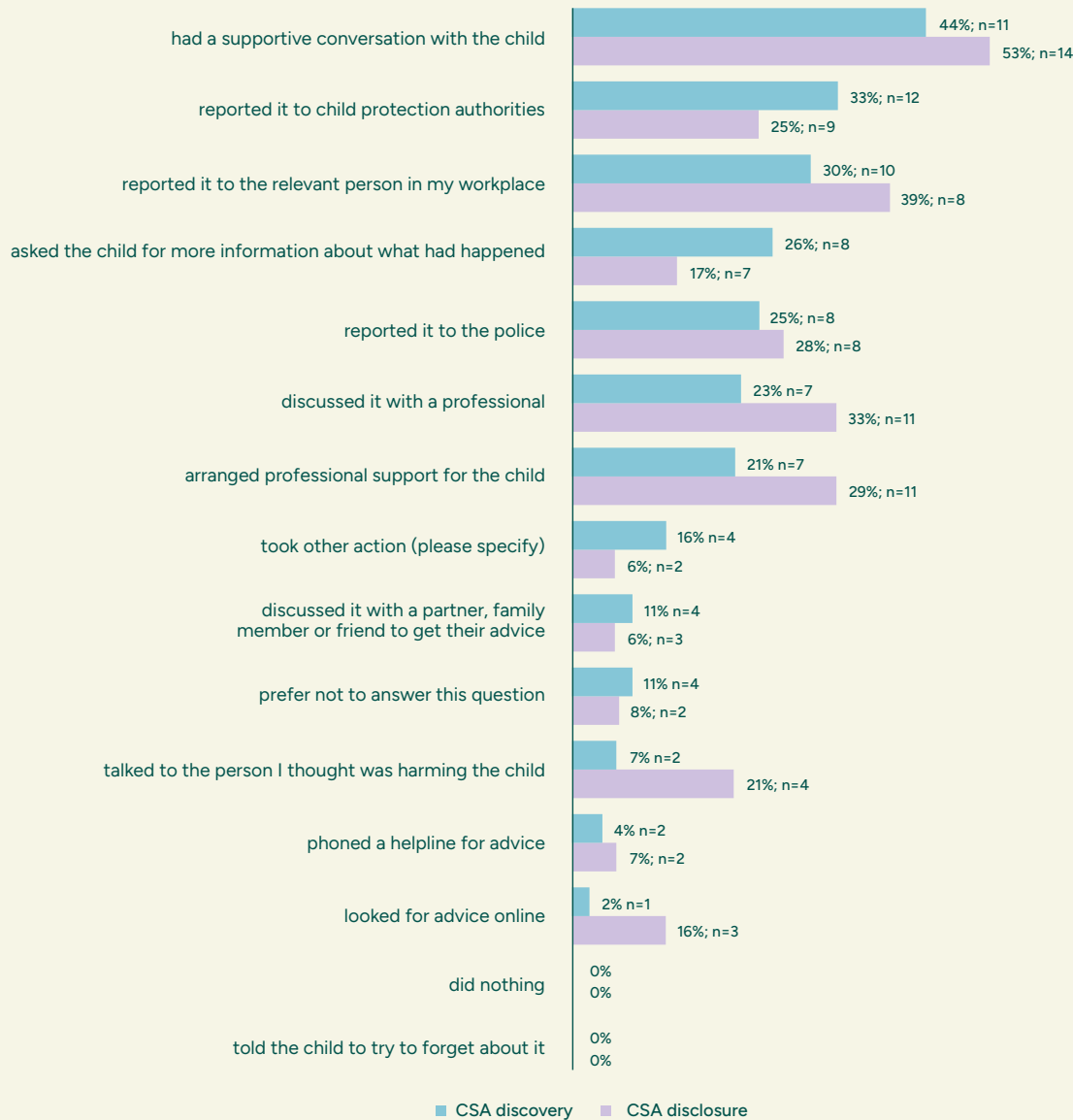


Figure 19 illustrates respondents' reported confidence in undertaking a range of actions related to child sexual abuse (base n = 178-180). The highest levels of confidence (very/extremely confident) were reported about knowing:

- how and when to talk to the authorities after discovering that a child had been sexually abused (54%)
- which authorities to report child sexual abuse to (48%)

- knowing who to turn to first after discovering that a child had been sexually abused (39%).
- knowing how to keep the child who has disclosed safe (31%).

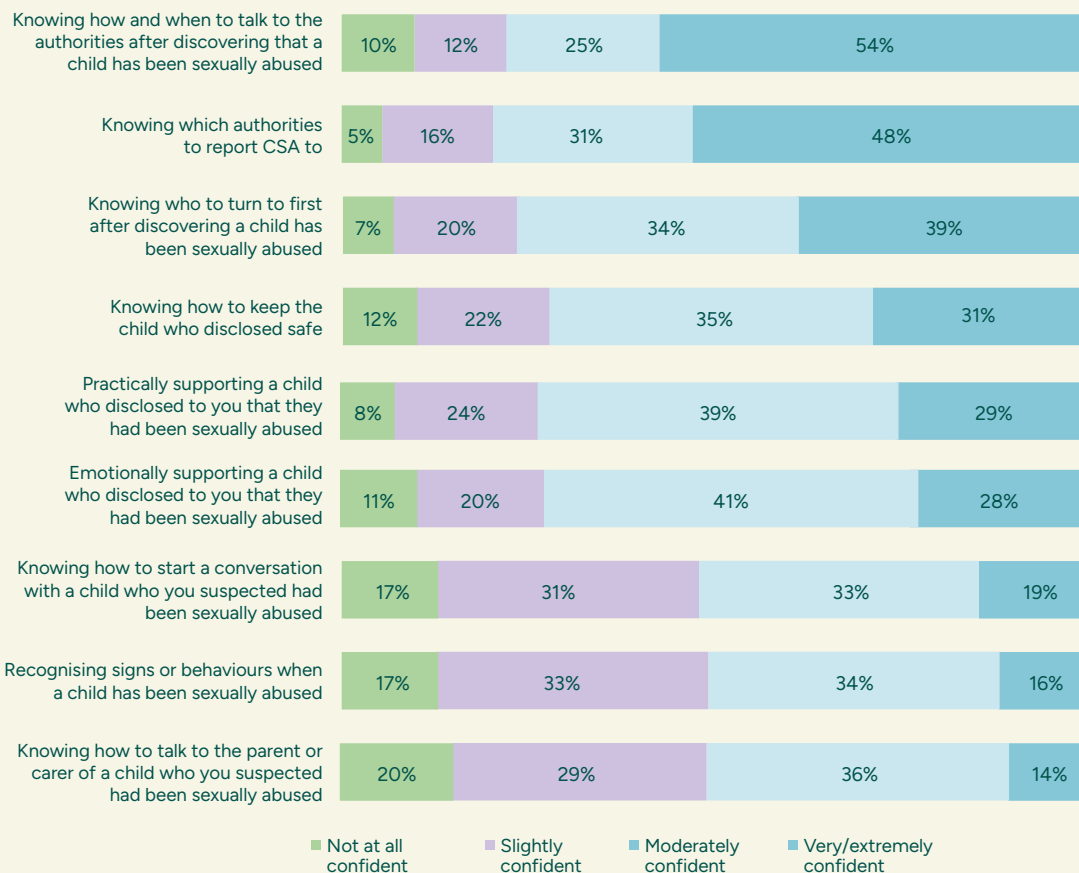
Despite being the actions with the highest levels of reported confidence, the majority of respondents did not report this high level of confidence. That is, about half or less than half of Tasmanian respondents were confident in taking these actions.

Worryingly, fewer respondents reported feeling very/extremely confident to undertake the following actions:

- recognising signs or behaviours when a child has been sexually abused (16%). Indeed, almost 1 in 5 (17%) reported being 'not at all confident' to do this.
- knowing how to start a conversation with a child they suspected had been sexually abused (19%). Again, about the same proportion (17%) reported that they were 'not at all confident' to do this.
- knowing how to talk to the parent or carer of a child that they suspected had been sexually abused (14%). One in five respondents (20%) reported they were 'not at all confident' to do this.

This lack of confidence is concerning. Being able to identify indicators of abuse offers a critical opportunity to intervene and protect children and almost one-fifth of respondents do not feel confident in being able to do that. Urgent work

Figure 19: Reported levels of confidence to respond to various situations



to upskill community members and to instil confidence is required to help keep children safe. These results also have implications for being able to undertake appropriate and compassionate responses to victims and families.

A total of 86 respondents provided a response to the optional question canvassing what might stop them from acting in cases of suspected child sexual abuse (based on something a child had told them).

Overall, 58 respondents stated that there would be nothing that would stop them from taking action. The remaining respondents highlighted several concerns that may affect how and when they would respond including the following:

- Believability/credibility of child: Several respondents referred to doubts around the believability/credibility of the child in question and their overall character. Respondents were concerned that some children were known liars and made-up stories to manipulate adults or the system. As a result, respondents were fearful of misinterpreting the situation or making false accusations and would seek to investigate further or question the child before taking any actions.

"Perhaps the only thing would be if I knew the child to be a chronic liar and other knew them to be too. I would take this into account and ask the child very specific questions to see if I could ascertain the truth and/or lies."

"On occasion children/young people can make up stories about being sexually abused if they are trying to get an adult into trouble, or have been given the option of monetary reward for 'making things up'. Unfortunately most authorities will automatically believe them because it is such a horrible situation."

"Scared of wrongly accusing the perpetrator."

- Concerns around personal consequences: Respondents indicated that any perceived risks to their personal safety, particularly in the form of physical violence, would impact on their action-taking.

"I may have some fear of repercussions (e.g. perpetrator or family seeking revenge).

"If the person who was doing this to the child was violent as I could also be in danger."

"Potential retaliation from the abuser."

- Concerns that any action taken would cause problems for the child: Another barrier to action-taking related to the fear of reporting the abuse 'making things worse' for the child. These impacts predominantly related to the physical safety of the child:

"If the child's imminent safety was at risk that would determine how and when I took action."

"Fear of violence from perpetrator against child."

- Lack of confidence or knowledge in what to do: Two respondents referred to being ill-equipped in terms of the skills or confidence to know what to do and who to speak with:

“Not knowing who to report to, or who can provide support. I would research who to report to, and do my best to keep the child away from the sources of the abuse.”

- Specific request not to disclose: Two respondents noted that they would not report the abuse if any requests were made by victims and survivors to not pursue any further actions:

“I wouldn’t do anything without the child’s permission/agreement.”

“I don’t know what would stop me other than the child requesting I don’t and they are of an age to make such a request (e.g. 16 years old) but I would encourage and support them to speak to authorities themselves.”

- Mistrust of authorities: One respondent noted that they were unsure whether the authorities would react in a timely manner to their reporting of the abuse:

“Fear of no action being taken by authorities and child losing hope.”

- Not wanting to be involved: One respondent felt that they did not want to be associated with the problem, and preferred to keep to themselves:

“Fear of being involved, not wanting the problem.”

Awareness of lived and living experiences of child sexual abuse and understanding victims and survivors

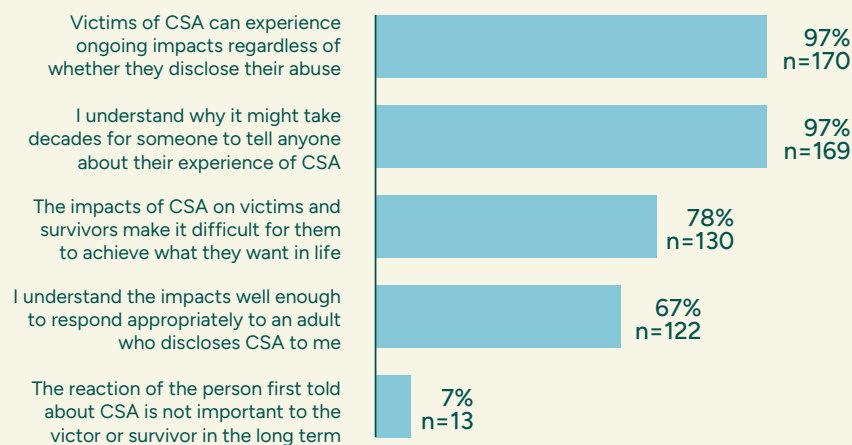
Respondents (base n = 173-176) were asked to consider the impacts of child sexual abuse on adult victims and survivors (see Figure 20). The majority of the sample agreed (agreed/strongly agreed) that victims of child sexual abuse can experience ongoing impacts regardless of whether the abuse is disclosed (97%), and 78% agreed that the impacts of child sexual abuse may make it difficult for victims and survivors to achieve what they want to in life.

When considering the process disclosing child sexual abuse:

- The majority of the sample agreed that they understood why it might take decades for someone to disclose child sexual abuse (97%)
- Less than 1 in 10 (7%) agreed that the reaction of the first person told about child sexual abuse is unimportant to the victim in the long term.

Though two-thirds of respondents (67%) agreed that they understand the impacts well enough to respond appropriately to adult disclosing to them, one-third did not share this level of agreement around their understanding. This result suggests that community members would benefit from upskilling around impacts and appropriate responses to victim survivors.

Figure 20: Agreement with CSA impacts



Broader comparisons showed that significantly more Tasmanian respondents agreed that they could understand why it might take decades for someone to disclose about the sexual abuse they experienced than other jurisdictions.

Overall, Figure 21 shows that Tasmanian respondents' understanding of the diverse and lifelong impacts of child sexual abuse were very good (base n = 173-176). For instance, about 4 in 5 respondents (84%) disagreed/strongly disagreed that there would be no ongoing impacts of child sexual abuse.

Additionally, the majority of the sample agreed/strongly agreed that victims and survivors often experience the following psychosocial impacts over the lifespan:

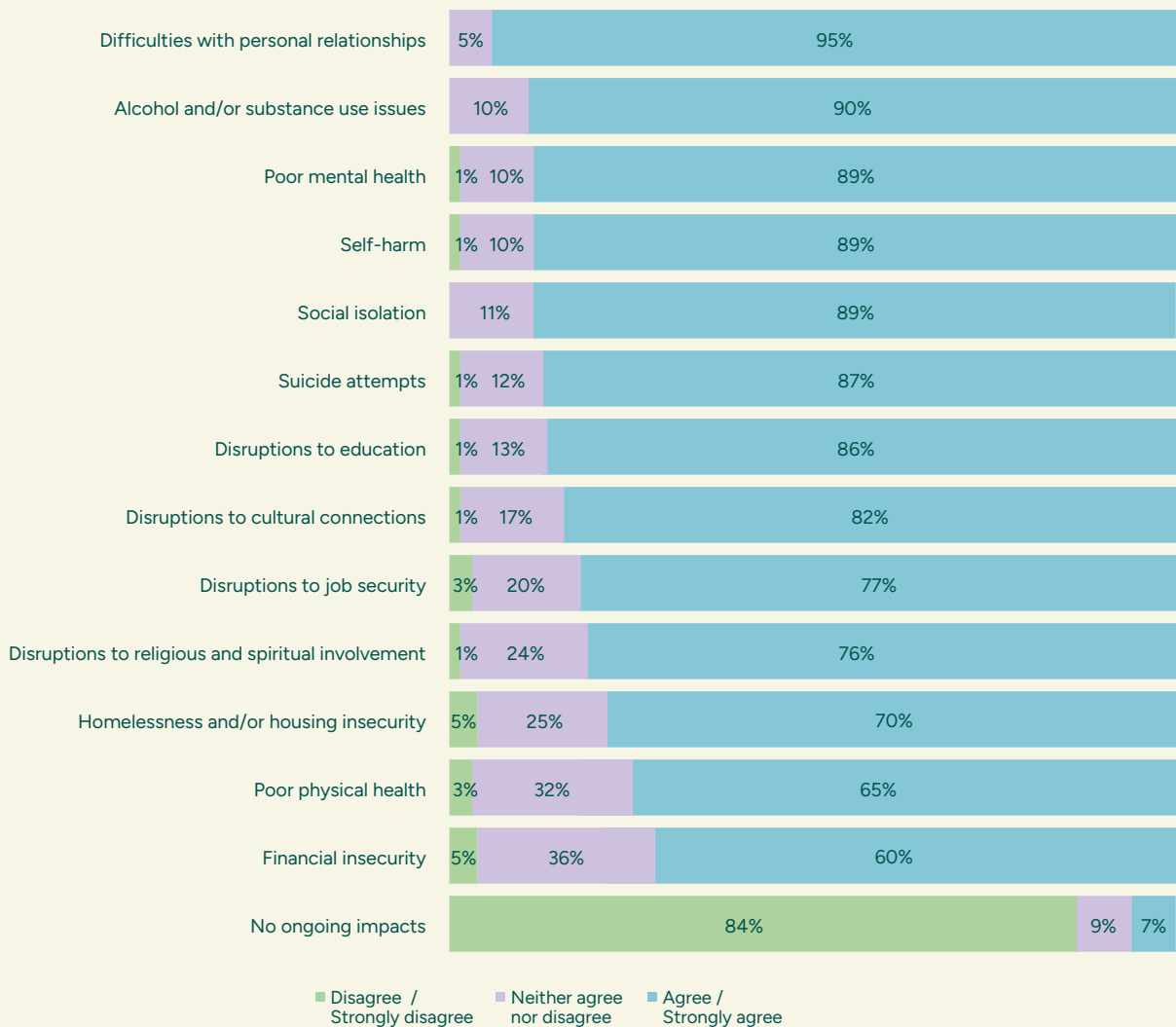
- interpersonal difficulties
- alcohol and/or substance use issues

- poor mental health
- self-harm
- social isolation
- suicide attempts
- disruption to education

However, fewer respondents agreed with a range of impacts that are less widely known to be associated with child sexual abuse. Between one-fifth and one-third of respondents were unsure (neutral) about the following impacts:

- disruptions to religious and spiritual connections and involvement
- job, financial, and housing insecurity
- poor physical health

Figure 21: Level of agreement with diverse range of CSA impacts over the life course



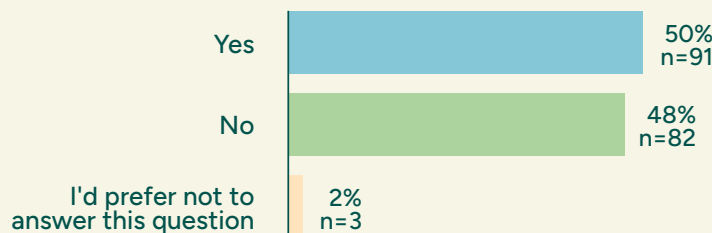
Increasing knowledge of the diverse range of impacts would be beneficial to ensuring compassionate and appropriate responses to victims and survivors.

Significance testing demonstrated that more of the Tasmanian sample agreed that victims and survivors experience disruptions to cultural connections compared to other jurisdictions.

Capacity to understand and meet needs of adults with lived experience

Half of the Tasmanian respondents (base n = 176) reported having received an adult's disclosure of child sexual abuse (refer to Figure 22). Taken together with the earlier results about children's disclosures, results suggest that community members more often receive a disclosure of child sexual abuse from an adult rather than a child.

Figure 22: Rates of receipt of adult disclosure of CSA



Broader comparisons showed that significantly more Tasmanian respondents indicated that an adult had disclosed childhood sexual abuse to them than other jurisdictions.

Of the 91 respondents who reported receiving an adult's disclosure of child sexual abuse, Figure 23 shows that the most common actions taken to support the person included¹⁰:

- providing emotional support (88%)
- asking if they needed anything from them (61%)
- seeking to understand the impacts of the abuse and how to respond respectfully (49%)
- helping them connect with a professional (31%).

No respondents reported not believing an adult's disclosure.

Seven respondents (7%) indicated that they took an action not listed, which included:

- Notifying authorities i.e. police
- Supporting the individual as a part of their job i.e. counsellor
- Provided emotional support as the abuse was historical and other actions had already been taken.
- Seeking legal advice.

Two respondents (1%) indicated that they did nothing in response to an adult disclosure for the following reasons:

- Assistance (unclear whether in the form of legal action, therapeutic support or something else) had already been undertaken by the victim and survivor
- The disclosure was made through work commitments i.e. a survey, and the recipient of the disclosure did not feel it was their place to take further actions.

¹⁰ Respondents could select all that apply (i.e., multiple responses).

Figure 23: Reported actions undertaken in response to adult disclosure of CSA

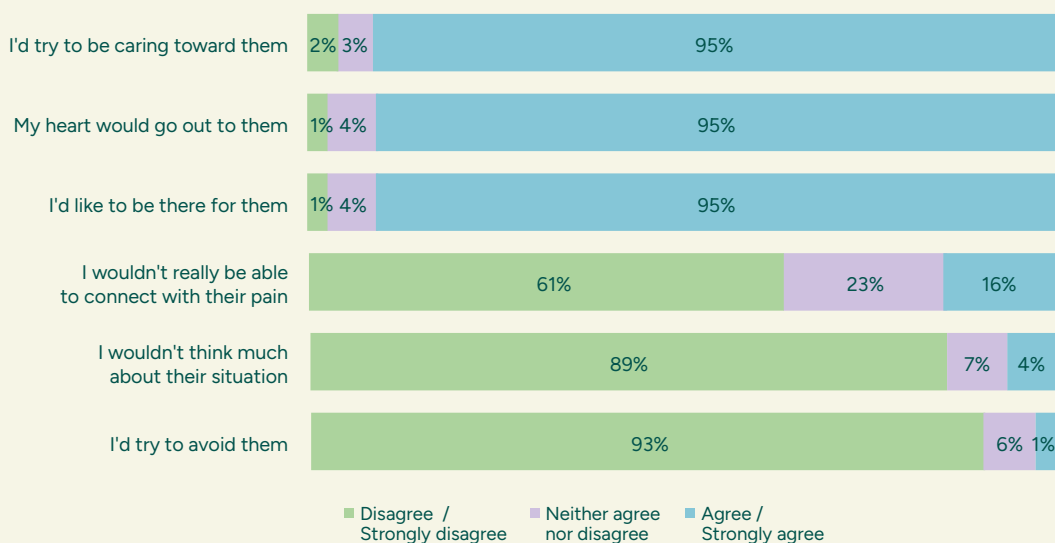


Respondents (base n = 176) were presented with a hypothetical scenario describing an adult friend disclosing child sexual abuse and were asked to rate their level of agreement with a series of statements (see Figure 24).

Overall, most respondents expressed agreement/strong agreement with statements of intent to be compassionate in response to their friend, including trying to be caring toward the person (95%), their heart going out to the victim and survivor (95%), and wanting to be there for them (95%).

Less than one-fifth (16%) of respondents agreed/strongly agreed they would not really be able to connect with their friend's pain and almost one-quarter (23%) were unsure about this (neutral). Taken together then, slightly more than one-third of the respondents felt they might be unable to relate to a victim, which might impact their overall empathy and compassion toward a victim. However, this was an anomaly among the list of compassionate responses in the Tasmanian sample.

Figure 24: Level of agreement with statements expressing compassionate intent



When thinking about the same scenario with their adult friend disclosing, respondents were asked how important a range of responses would be (base n = 175-176).

Again, the overall responses were promising. As Figure 25 illustrates, the majority (> 86%) of respondents agreed that the following would be very/extremely important:

- telling them they're not to blame
- communicating belief of the person's account
- acknowledging their courage in disclosing
- acknowledging how difficult this must have been to deal with
- encouraging to seek professional support
- asking what they need from them.

When compared against other jurisdictions, significantly more Tasmanian respondents agreed it would be very/extremely important to tell their friend that they are not to blame for what happened.

Figure 25: Perceived importance of actions in response to an adult friend's disclosure

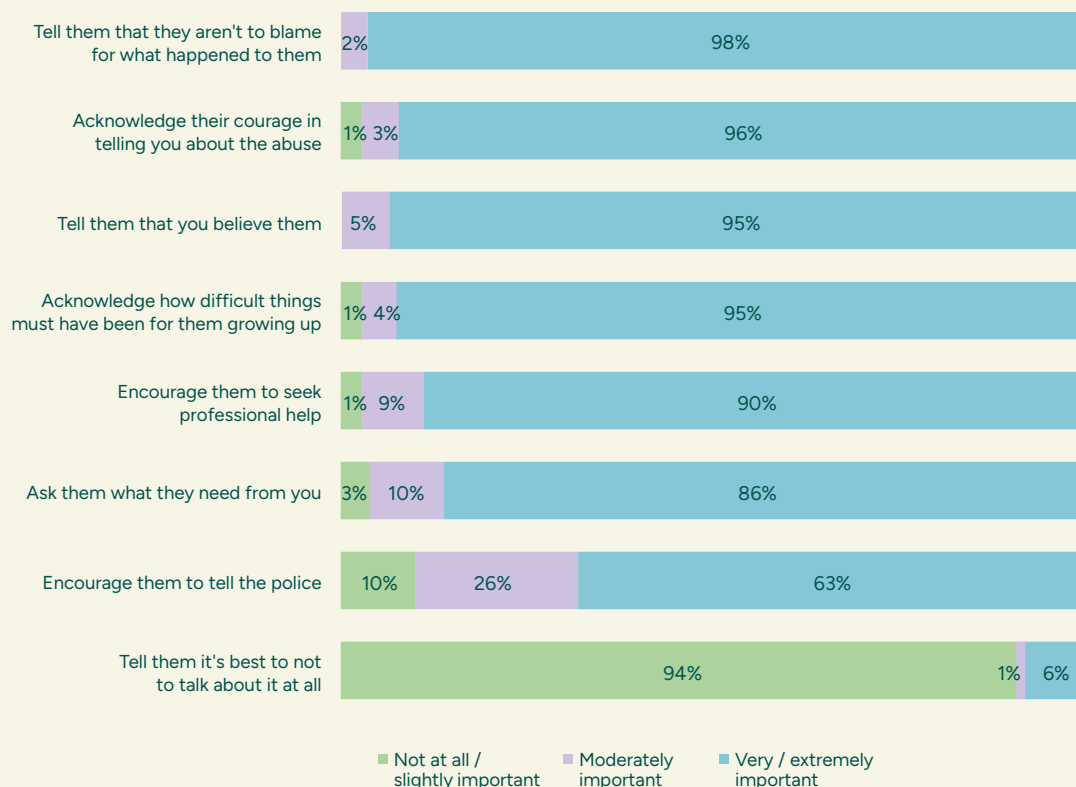


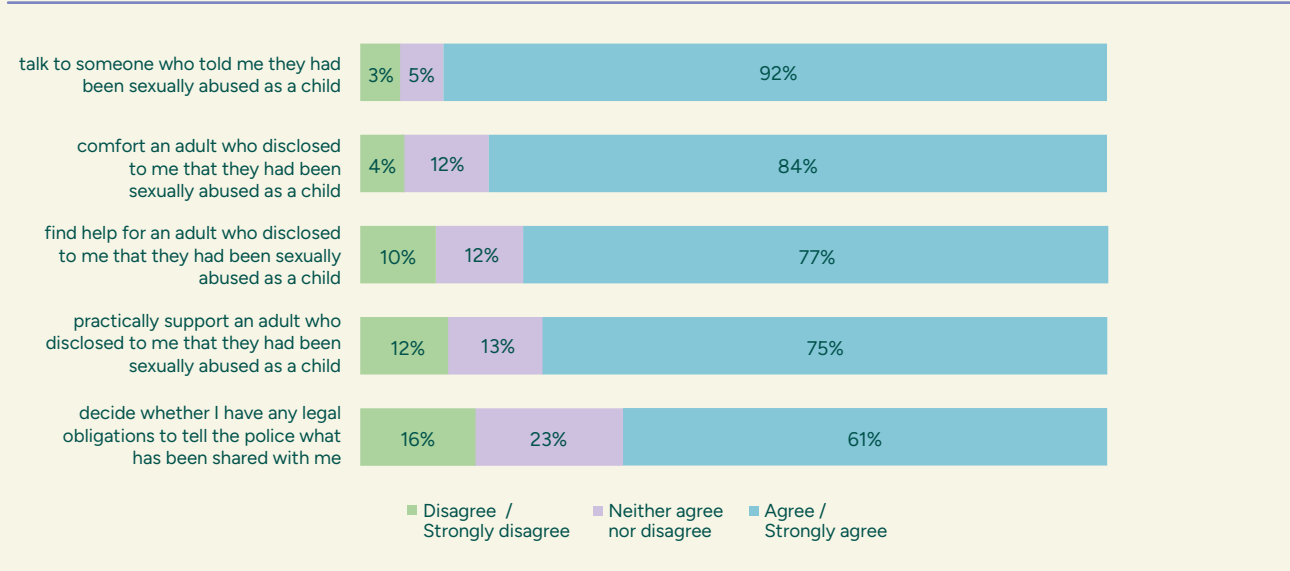
Figure 26 shows that respondents (base n = 175-176) generally reported high levels of agreement/strong agreement that they were confident to undertake the following actions in response to an adult's disclosure of child sexual abuse:

- talking to someone who had told them about the abuse (92%)
- providing comfort (84%)
- finding appropriate help (77%)
- providing practical support (75%)

There was a lower level of agreement in respondents' confidence in deciding whether there is a legal obligation to tell police (61%).

By way of reminder, this high level of reported confidence contrasts with the previous finding that one-third of respondents did not agree that they understood the impacts well enough to respond appropriately to an adult's disclosure (see Figure 20).

Figure 26: Reported levels of confidence in knowing how to respond to an adult's CSA disclosure



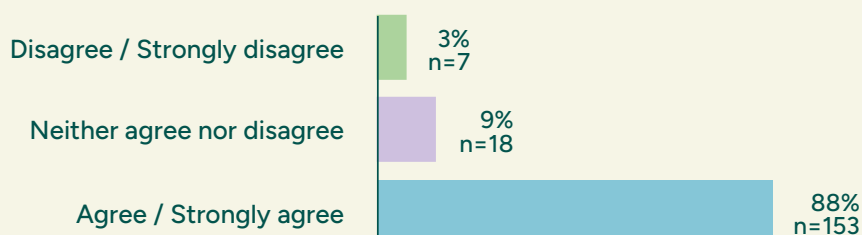
Significance testing indicated that more Tasmanian respondents indicated agreement in being confident to talk to someone who had disclosed child sexual abuse compared to other jurisdictions.

Prevention

As shown in Figure 27, almost 9 out of 10 respondents (base n = 178) agreed/strongly agreed that there are things we can do as a community to reduce the number of children sexually abused. This suggests an appetite for adopting community-wide prevention strategies among the general public.

Most of the remaining respondents (9%) were neutral on this statement rather than explicitly disagreeing.

Figure 27: Level of agreement that there are things the community can do to reduce CSA



For respondents who agreed/strongly agreed to this statement, the majority highlighted that wider community awareness and public action are important in reducing the frequency of sexual abuse, improving the frequency of reporting, promoting better support of victims and survivors and destigmatising abuse:

"We need to talk about it more and promote helplines to call as much as we promote those for mental health. Child abuse is not promoted as a helpline due to it being taboo, and we need to get over that, normalise it and extend more help that's quick to refer to."

"We need to be more open to having the discussion and conversation. It is uncomfortable, and that's why do many people in the community lurk in the shadows and get away with these disgusting acts. We can implement more scaffolded supports in schools, increase visibility, awareness and knowledge."

"More education of the community and highlighting what child abuse is and how/when/to whom to do if it is discovered. It is covered in workplaces in safeguarding training but not everyone works or has access to training. A lot of people in the community don't have access to that sort of training but it gives confidence to people to know these things that they will know what to do if the situation arises."

"I believe in making people aware of how to report. We should all be caretakers and mandatory reporters. People should know exactly who to report to, and how."

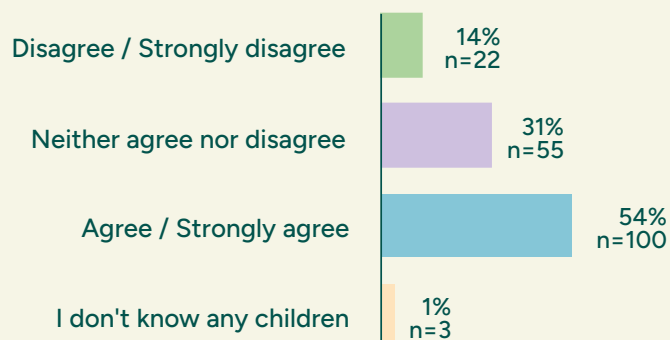
Respondents who were neutral or disagreed/strongly disagreed with this statement were unsure whether anything could be done from a community perspective to prevent abuse in homes etc and believed that individuals needed to be dealt with through the justice system rather than via community interventions.

There's not much the general public can do about CSA in their own homes/ safe places. Most times no one knows about it."

"I think communities can only put systems in place to minimise risk. Individuals need to be pinpointed and dealt with."

"There is not very much that can be done from a community perspective to protect children in their own homes when, likely, that is where the abuse is taking place."

Figure 28: Level of agreement that respondent knows how to keep children they know safe from CSA



Alarming, only about half (54%) of respondents (base n = 180) agreed/strongly agreed that they know what do to help keep children known to them safe and one-third of respondents (31%) reported being neutral (see Figure 28). These results suggest there is work to be done to inform the public on protective and preventative strategies.

Of those who agreed/strongly agreed that they know how to keep children safe, 80 respondents reported on prevention strategies that they implement to keep children safe, which included:

- Engaging their own children in education about a range of topics including: warning them about strangers, inappropriate behaviours, consent, body safety, personal boundaries.
- Respondents emphasised the importance of having open conversations and ensuring that their children felt comfortable in talking to their parents about any subjects/topics and would be able to disclose sexual abuse if it ever happened.
- Being vigilant and shielding their child from risky places or people
- Not allowing children to be alone with strange or unfamiliar adults (e.g. sleepovers)
- Reporting grooming and any concerning behaviours to the authorities
- Being observant of children's behaviours and any changes
- Monitoring and limiting children's access to online devices and platforms.

Respondents (base n = 180) were asked to select the circumstances that would make them suspicious that a child was at risk of being groomed or sexually abused by an adult.¹¹ Figure 29 shows that most respondents identified the following adult-perpetrated risk behaviours as suspicious:

- sharing pornography with the child (96%)
- asking the child to keep secrets from other adults (93%)
- discovering dishonesty about the nature or frequency of interactions with the child (93%)
- finding out something about their behaviour towards other children (91%)
- arranging time alone with the child (87%).

The behaviours identified as less suspicious include:

- An adult going out of their way to become close with a family (65%)
- An adult encouraged a child to believe they were special (53%)
- An adult gave a child preferential treatment (48%)
- An adult gave gifts to a child (43%).

Broader comparisons against other jurisdictions revealed that a significantly higher proportion of Tasmanian respondents identified that the following behaviours would make them suspicious a child was at risk of being groomed or sexually abused:

- An adult asked a child to keep secrets from other adults
- An adult arranged time alone with the child
- An adult had been dishonest with them about the nature or frequency of their interactions with the child
- An adult shared pornography with a child
- You found out something about an adult's behaviour towards other children

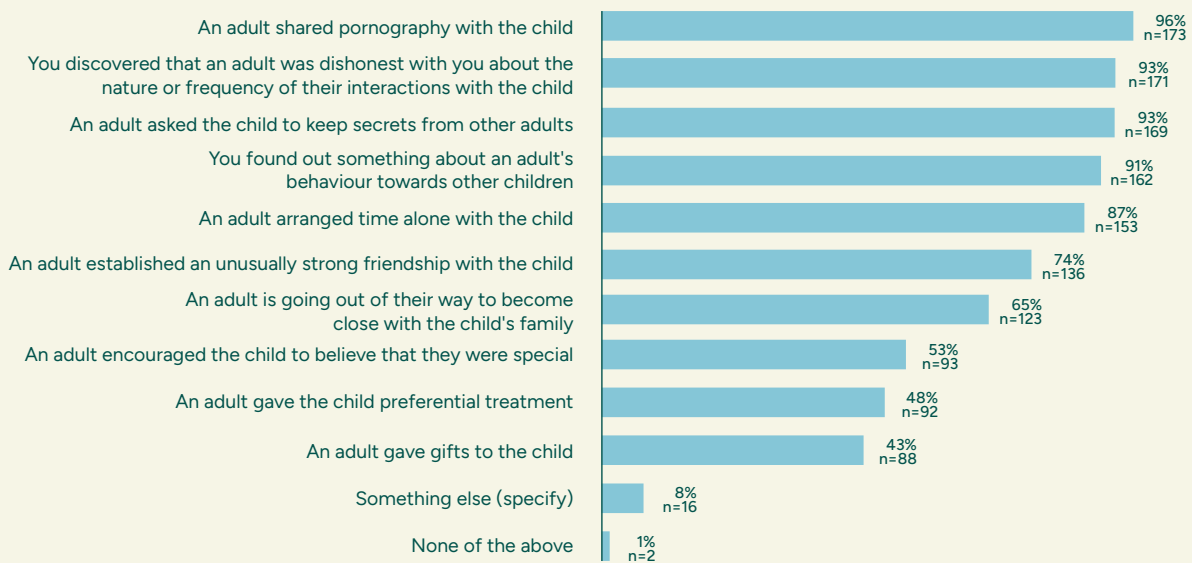
Significantly more Tasmanian respondents also selected the 'something else' option compared to other jurisdictions.

Approximately 16 respondents listed other behaviours not listed that would make them suspicious of grooming or sexual abuse. These included:

- Overly familiar touching i.e. wanting child to sit on their knee, excessive hugging, light petting etc.
- Adults wanting to take children to do certain activities alone i.e. camping, being in their bedroom etc.
- Observing nervous behaviour or discomfort in a child around certain adults
- Adults asking for children's pictures, phone numbers or social media accounts

¹¹ Respondents could select all that apply (i.e., multiple responses).

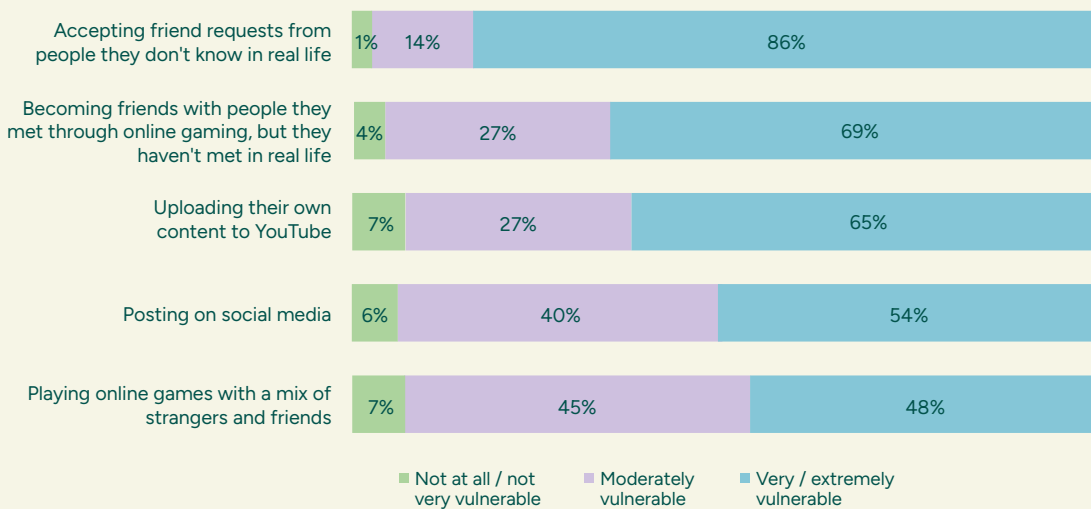
Figure 29: Circumstances identified as suspicious of grooming or risk of CSA



Respondents (base n = 178-179) were asked to consider whether certain online activities would increase a child's vulnerability to grooming (see Figure 30). The risk behaviour most respondents identified as making a child very/extremely vulnerable was accepting friend requests from strangers (86%).

Generally speaking, a range of online activities were perceived as making children moderately to extremely at risk of grooming.

Figure 30: Perceived level of vulnerability to grooming based on online activities

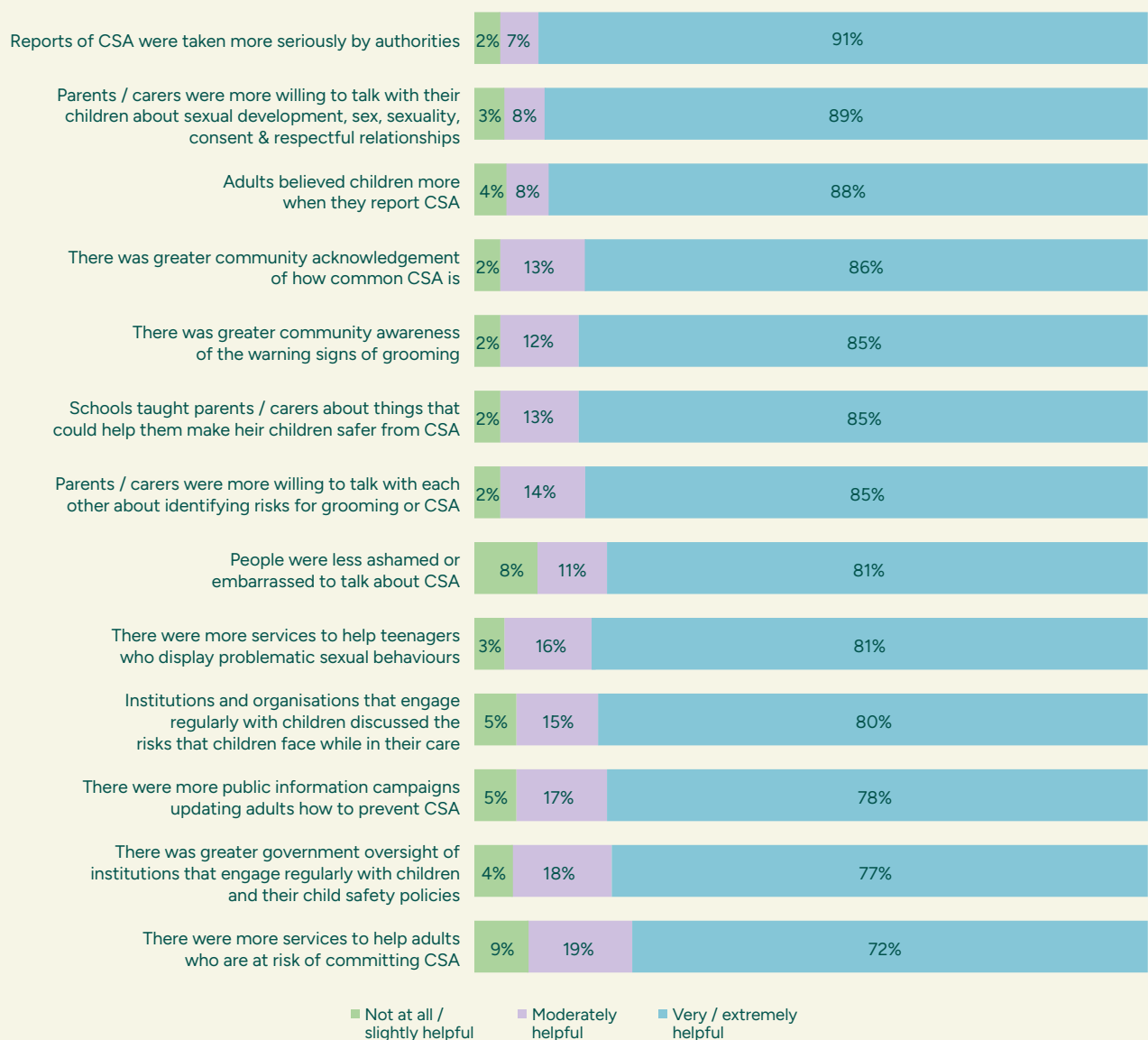


Overall, most respondents (base n = 177-179) thought all of the listed changes within the community would be very/extremely helpful in preventing child sexual abuse (range 72% - 91%; see Figure 31). The top three most strongly endorsed items were:

- Reports were taken more seriously by authorities (91%)
- Parents/carers more willing to talk to their children about topics related to sexual matters (89%)
- Adults believed children more when they reported being abused (88%)

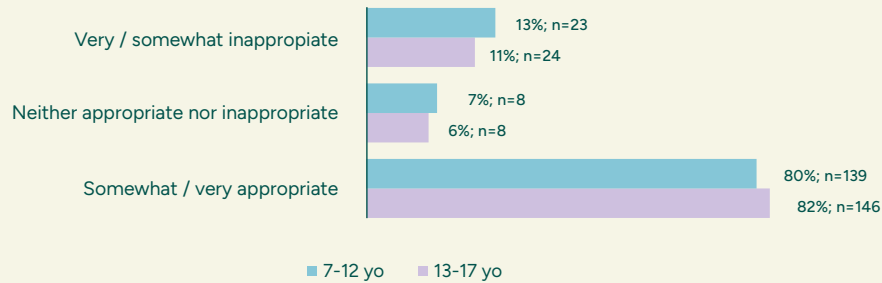
The least strongly endorsed initiative was additional services to help adults at risk of perpetration (72%), but almost three-quarters still thought it would be very/extremely helpful

Figure 31: Perceived helpfulness of prevention initiatives



As illustrated in Figure 32, similar proportions of respondents thought it was somewhat/very appropriate for schools to teach children aged 7-12 years (base n = 170) and 13-17 years (base n = 178) about grooming indicators or risky behaviours.

Figure 32: Perceived appropriateness of schools teaching children about grooming or CSA indicators



Broader comparisons revealed that significantly more Tasmanian respondents considered this strategy to be ‘very appropriate’ to teach children aged 7-12 years than other jurisdictions.

Respondents (base n = 177-179) were asked to nominate the most appropriate age for a **parent/carer** to discuss a range of topics with their child/ren (see Table 1).

The age group most frequently selected as appropriate was 9-12 years, which was chosen by most respondents for eight of the 13 items (e.g., sexuality, grooming, sharing nude images). The next most frequently selected age group was 13-17, which was chosen by most respondents for three of the items (e.g., contraception, healthy relationships, safe sex and STIs). The age of 6 or younger was selected by most respondents for two items: ‘body boundaries and correct terminology for body parts’ and ‘how it is ok for the child to speak up if they feel unsafe or uncomfortable with something that is happening to them or their friends’. The age of group of 7-8 was not the most frequently chosen for any topic.

Five percent of respondents thought it was never appropriate for parents to discuss the topic of pornography with their children.

Overall then, respondents thought it was most appropriate for caregivers to discuss these types of topics when their child/ren were in upper primary and secondary levels of schooling.

Table 1: Age group perceived most appropriate for parents/carers to discuss topics with their child

Topic	It's never appropriate	Most frequently chosen age group
Body boundaries and correct terminology for body parts	0%	6 or younger
How it is OK for the child to speak up if they feel unsafe or uncomfortable with something that is happening to them or their friends	0%	6 or younger
The child sharing nude imagery of themselves	2%	9-12
Sharing nude imagery of someone else	2%	9-12
What consent is	0%	9-12
What grooming is	0%	9-12
Sexual assault	0%	9-12
Pornography	5%	9-12
How to stay safe online	1%	9-12
Sexuality	0%	9-12
What makes a romantic relationship 'healthy'	1%	13-17
Contraception	0%	13-17
Safe sex and sexually transmitted diseases	0%	13-17

Respondents (base n = 178-179) were asked to nominate the ages it would be appropriate for schools to teach children about similar topics (refer to Table 2).

The age group most frequently selected was 6 years or younger, which was chosen by most respondents for all but one of the items. The only item selected by most respondents for older children (7-8 as the most frequently chosen age group) was how to stay safe online.

Two percent of respondents thought it was never appropriate for schools to teach children that it's not their fault if they're abused and that an adult shouldn't ask a child to touch the adult's genitals.

Significance testing showed that fewer Tasmanian respondents thought it was never appropriate for **schools** to teach children six of the 11 items compared to other Australian jurisdictions, including:

- That if an adult makes them feel uncomfortable, they should tell a parent/ carer or trusted adult
- That it's not okay for adults to touch their genitals
- Which parts of their body are private
- That they can say "no" to adults if they're uncomfortable with something
- What consent is, without mentioning sex specifically
- How to leave a situation with an adult that makes them uncomfortable

Overall then, respondents thought it was most appropriate for educators to teach these types of topics to pre-primary and primary aged school children. Taken together with the previous finding, Tasmanian respondents thought it was more appropriate for educational professionals to deliver these topics to younger children in an educational setting than it was for caregivers to discuss such information with their children of the same age.

Table 2: Age group perceived most appropriate for schools to teach topics to children

Topic	It's never appropriate	Most frequently chosen age group
That if an adult makes them feel uncomfortable, they should tell a parent/ carer or trusted adult	0%	6 or younger
That it's not okay for adults to touch their genitals	0%	6 or younger
That it's not their fault if they are abused	2%	6 or younger
That an adult shouldn't ask a child to touch the adult's genitals	2%	6 or younger
Which parts of their body are private	1%	6 or younger
How to report when an adult has asked them to keep something about their body secret	0%	6 or younger
That they can say "no" to adults if they're uncomfortable with something	0%	6 or younger
That no one should take photos of their genitals	1%	6 or younger
What consent is, without mentioning sex specifically	0%	6 or younger
How to leave a situation with an adult that makes them uncomfortable	0%	6 or younger
How to stay safe online	0%	7-8

Respondents (base n = 177-179) were asked to rate their level of agreement that a range of strategies can protect children from online sexual abuse. Figure 33 shows that the most strongly endorsed (agreed/strongly agreed) protective actions included:

- Caregivers discussing with children the specific risks faced online (100%)
- Caregivers closely monitoring online activity (92%)
- Caregivers blocking websites and apps on children's devices (87%)
- Children not using private messaging apps (87%).

There were lower levels of agreement/strong agreement with the following protective actions:

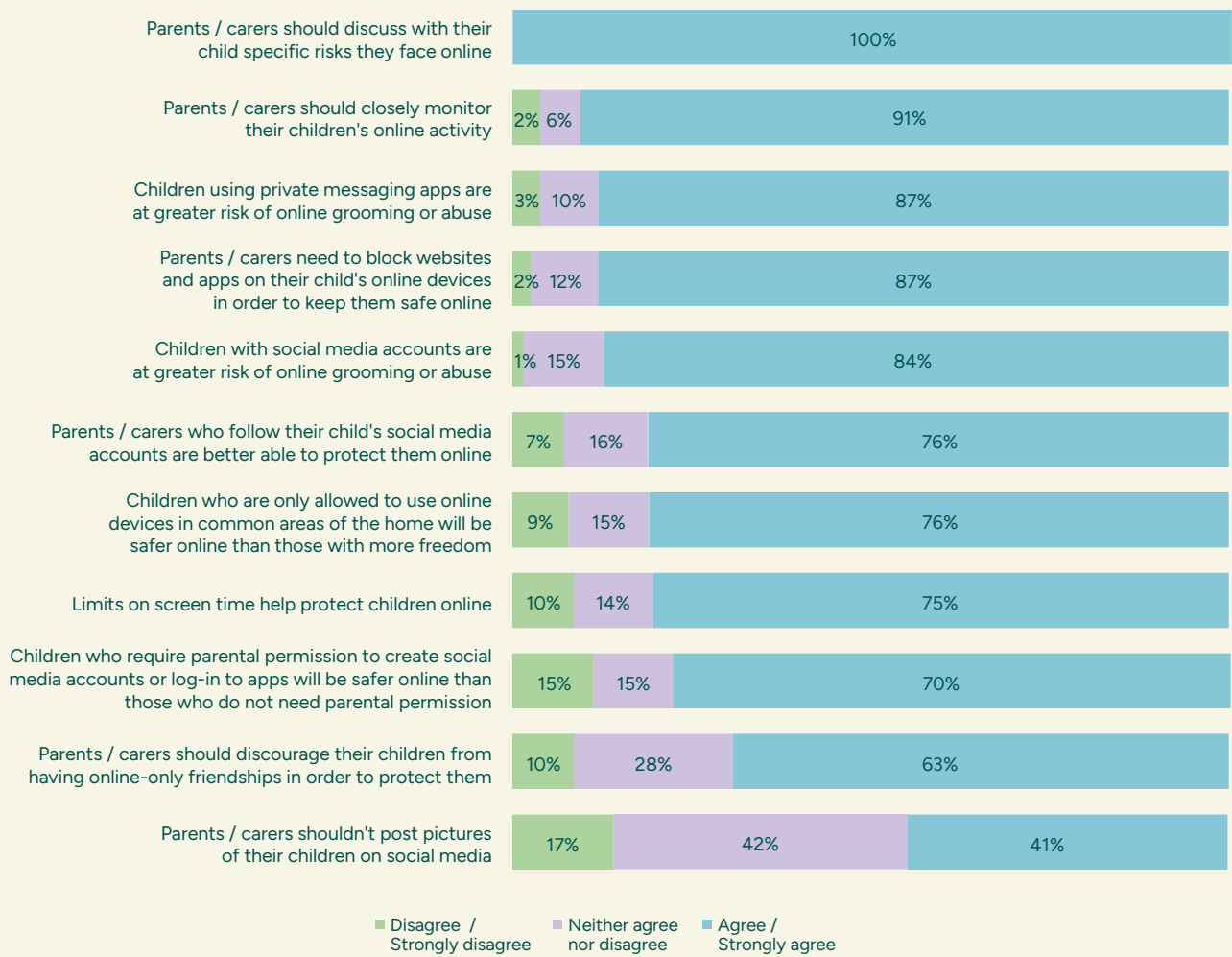
- Caregivers not posting pictures of their children on social media (41%)
- Caregivers discouraging online-only friendships (63%)
- Requiring parental permission to use and access social media accounts (70%).

Compared to other jurisdictions, significantly more Tasmanian respondents agreed/strongly agreed that children can be protected from online sexual abuse by caregivers discussing with their children the specific risks they face online.

A total of 74 responses were received to the question of what else can be done to prevent child sexual abuse. These commented on initiatives or individuals that have influence in protecting children from sexual abuse, including:

- Having technology companies/social media platforms introduce greater surveillance and security online to protect children
- Engaging the child's community i.e. close friends, grandparents, relatives, neighbours in prevention strategies
- Using sporting organisations and coaches, or any organisations that hold extra-curricular activities to educate children
- Maximising the potential for health professionals such as general practitioners, nurses, counsellors etc. to educate children on aspects of abuse and also to act as signallers in reporting suspected abuse
- Introducing government-led mandates in child-friendly organisations to ensure safety
- Introducing legislative reforms to improve the judicial system in dealing with perpetrators
- Improving on community awareness and education campaigns for the general public as well as parents i.e. through social media, general media etc.
- Engaging religious leaders in prevention initiatives.

Figure 33: Level of agreement that strategies can prevent online CSA

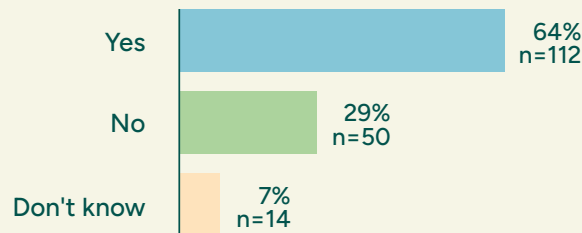


Harmful sexual behaviours

Almost two-thirds (64%) of the Tasmanian sample (base n = 176) reported being aware of the term 'harmful sexual behaviours' prior to the survey (see Figure 34).

Compared to other Australian jurisdictions, significance testing showed that more Tasmanian respondents had heard of the term before.

Figure 34: Awareness of HSB terminology before survey



That almost two-thirds of respondents were aware of the phrase does not necessarily reflect an accurate working definition of the term, however.

A total of 92 respondents commented on what they thought the term 'harmful sexual behaviours' means in a free-text question. Of these, only 6 respondents described harmful sexual behaviours as those that are displayed by children towards other children and young people:

"When under-age people (children) show sexualising behaviours in inappropriate and developmentally inappropriate ways."

"Inappropriate sexual behaviours or acts by children."

"Children engaging in sexual acts or talk that is inappropriate for their age group or stage of development."

The remaining respondents described the term as encompassing sexual abuse across children, youth and adult populations, and referring to both physical and emotional harm. The term was used broadly and was understood to describe any sexually inappropriate behaviours:

"Behaviours relating to sexual actions of individuals which are harmful to the others."

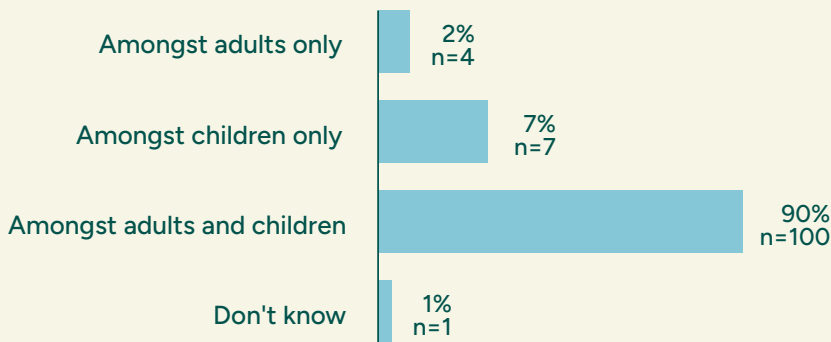
"Behaving in an unsafe sexual way like not using protection or meeting with people in unsafe places"

"I think I view it as non-consensual and/or coercive sexual behaviours."

"When an adult grooms a child to change the child's perception of right and wrong. Encouraging a child to dress and act like an adult."

"Any sexual behaviour that can be harmful – physically or emotionally. Acts, images, texts, words, threats, coercion, grooming."

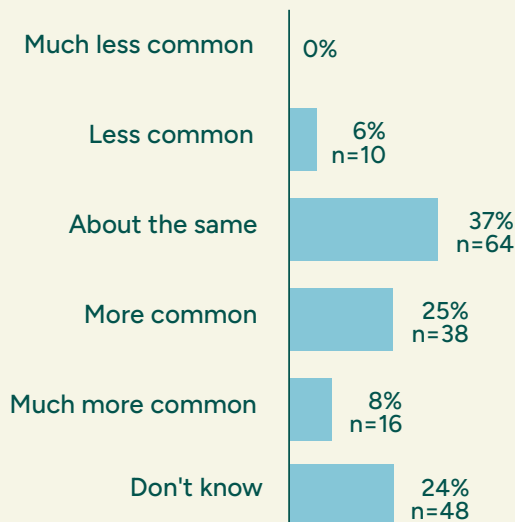
Figure 35: Group of people 'harmful sexual behaviours' terminology thought to describe



When asked to select from a range of options, the majority of 112 respondents who had heard of the term before thought that harmful sexual behaviours described behaviours amongst adults and children (90%; see Figure 35). This suggests that educating the general public on the use and meaning of this term is required.

When presented with the National Centre's definition of harmful sexual behaviours¹², respondents (base n = 176) were asked what they thought the prevalence of harmful sexual behaviours was compared to adult-perpetrated child sexual abuse (see Figure 36). Most respondents (70%) thought that harmful sexual behaviours occur about the same/more often/much more often than adult-perpetrated child sexual abuse. This reflects good knowledge in comparison with recent ACMS results.¹³ However, one-quarter (24%) reported being unsure of the prevalence, indicating a lack of knowledge among a substantial proportion of the general public.

Figure 36: Perceived prevalence of HSB compared to adult-perpetrated CSA



¹² 'Harmful sexual behaviours' are sexual behaviours displayed by children and young people that fall outside what may be considered developmentally, socially and culturally expected, may cause harm to themselves or others, and occur either face to face and/or via technology. When these behaviours involve another child or young person, they may include a lack of consent, reciprocity, mutuality, and involve the use of coercion, force or a misuse of power.

¹³ Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey - ScienceDirect

Respondents (base n = 175-176) were asked to rate their level of agreement with a series of statements about harmful sexual behaviours (refer to Figure 37). The majority agreed/strongly agreed that harmful sexual behaviours are a serious problem (86%).

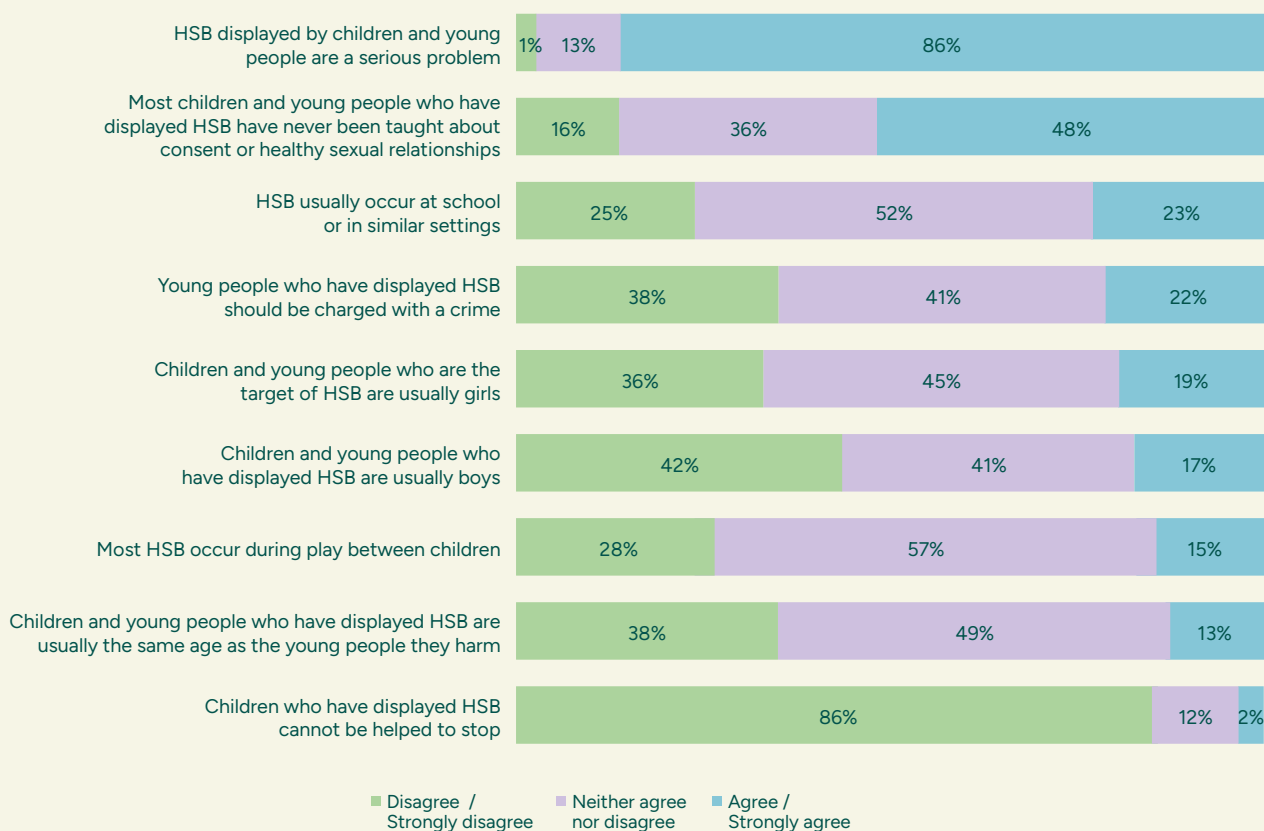
Approximately one-fifth (22%) of respondents agreed/strongly agreed that young people who have displayed harmful sexual behaviours should be charged with a crime. However, more than one-third disagreed/strongly disagreed with this approach (38%), indicating inconsistency and variation in the community's sentiment in how to best respond to and manage this issue.

Overall results indicate uncertainty and a lack of thorough awareness about this topic with high levels of neutral responses recorded for most of the items.

Compared to other jurisdictions, significance testing revealed that fewer Tasmanian respondents agreed/strongly agreed with the following statements about harmful sexual behaviours:

- they usually occur at school or similar settings
- most occur during play between children
- children who display the behaviours cannot be helped to be stopped.

Figure 37: Level of agreement with HSB-related statements



Appendix

Table A1: Sample characteristics^a

Characteristic	Raw n	Weighted %
Demographics		
<i>Region</i>		
Metro	205	56
Regional	151	44
<i>Gender</i>		
Male	121	47
Female	231	51
Non-binary	2	1
Prefer not to answer	1	0
<i>Age</i>		
18-34	47	27
35-49	115	22
50-64	110	25
65+	84	26
<i>Highest level of completed education</i>		
Postgraduate	49	13
Degree or Graduate Diploma	83	26
Apprenticeship/TAFE/technical qualification, Certificate, Diploma or Associate Diploma	131	33
Year 12	38	13
Year 11	9	2
Year 10 or below	45	11
Other	1	0
<i>Lived or living experience as a victim or survivor of CSA</i>		
Yes	69	18
No	274	80
Prefer not to answer	9	2

Characteristic	Raw n	Weighted %
<i>Living with disability</i>		
Yes	52	14
No	296	83
Prefer not to answer	6	2
<i>Sexual orientation</i>		
Straight (heterosexual)	321	89
Gay/lesbian (homosexual)	4	1
Bisexual	22	8
A different term	3	1
Prefer not to answer	4	1
<i>Currently active in church/religious/spiritual organisations or groups</i>		
Yes	41	12
No	312	88
Ethnicity/cultural diversity		
<i>Identifies as Aboriginal or Torres Strait Islander</i>		
Aboriginal	18	5
Torres Strait Islander	1	0
Both	0	0
Neither	330	94
Prefer not to answer	6	1
<i>Born in Australia</i>		
Yes	304	87
No	49	13
<i>Year of arrival</i>		
Prior to 1980	24	50
1982-1997	10	18
2001 onwards	13	32
<i>Language used at home</i>		
English only	345	96
Other	11	4
Family and parenting		
<i>Number of children^b</i>		
0	150	50
1	46	14

Characteristic	Raw n	Weighted %
Number of children^b		
2	84	20
3	49	11
4	11	2
5	8	2
6	5	1
7-8	0	0
Age/s of child/ren (years)^{b, c}		
< 1	5	3
1-4	28	19
5-9	45	21
10-12	41	17
13-14	25	10
15-17	42	15
18+	109	50
Family structure		
Single	60	21
Couple	87	26
Single with child/children	38	8
Couple with child/children	142	37
Prefer not to answer	1	0
Other	28	8
Employment		
Current working/studying status^d		
Working full-time (including self-employed)	130	40
Working part-time (including self-employed)	68	16
Studying full-time	11	5
Studying part-time	8	2
Working casually	31	9
Volunteering	13	3

Characteristic	Raw n	Weighted %
<i>Current working/studying status^d</i>		
Not currently working or studying	26	6
Retired	86	25
Prefer not to answer	4	1
<i>Current profession^d</i>		
Education	41	15
Childcare	2	0
Healthcare	36	16
Mental healthcare	7	3
Social work	15	5
Sports administration or coaching	9	4
Religious ministry or similar	3	1
Legal or justice sectors	16	7
None of the above	116	56
<i>Works directly with children</i>		
Yes	70	18
No	278	80
Prefer not to answer	2	0
Don't know	5	2
<i>Works with adult victims and survivors of abuse</i>		
Yes	40	17
No	160	70
Prefer not to answer	4	2
Don't know	22	12

^a The 'n' refers to raw number of participants and the % to weighted percentages.

^b 1% (n = 3) preferred not to answer/provide details.

^c Proportion totals more than 100% because ages of more than one child were provided.

^d Could select more than one/all that apply.



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