National Child Safety Campaign

Exploratory and Developmental Research

Final Report

Help and Support

Child sexual abuse is a challenging issue. Reading this document may bring up strong feelings for some people. Please take care of yourself and ask for help if you need it.

If you need help and support contact Lifeline on 13 11 14 or www.LifeLine.org.au, 13YARN or 1800RESPECT as crisis support. Contact the Blue Knot Foundation on 1300 657 380, Bravehearts on 1800 272 831 or the Survivors and Mates Support Network (SAMSN) on 1800 472 676 for child sexual abuse support.

A list of support services can be found at www.ChildSafety.gov.au/Get-Support.

Acknowledgement of Country

We acknowledge the Custodians of this land, the Aboriginal and Torres Strait Islander people, and pay our respects to their Elders past and present. In this space we share to learn and grow, Kantar Public respects the stories, traditions and living cultures of Aboriginal and Torres Strait Islander people acknowledging their continuous connection to Country.

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1. Executive summary and key insights

1.1. Context

Child sexual abuse is a prevalent and pervasive issue in Australia. The Australian Child Maltreatment Study estimates that 28.5% of Australians (aged 16 years and over) have experienced child sexual abuse. Child sexual abuse can occur within families, by other people the child or young person knows or does not know, in organisations and online. Child sexual abuse has been shown to increase the risk of long-term mental and physical health impacts.

The campaign is a key measure under the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030, and addresses recommendation 6.3 of the Royal Commission into Institutional Responses to Child Sexual Abuse.

This report provides an evidence base for the development of the National Child Safety Campaign. It is based on a multi-modal primary research approach, comprising both qualitative and quantitative elements.

1.2. Methodology

This report is based on developmental exploratory research conducted to understand the Australian community's knowledge, understanding and attitudes to inform the development and direction of the National Child Safety Campaign.

A multi-modal approach was conducted, comprising both qualitative and quantitative elements. The qualitative research was conducted in two phases and comprised 91 sessions including standard focus groups, online mini groups and individual depth interviews. Session were conducted across a full range of stakeholders including parents, grandparents, siblings, culturally and linguistically diverse people, First Nations people, experts and those with lived experience. Quantitative research was conducted in two phases. Each phase included a nationally representative sample (by age, gender, geography) with a minimum sample of n=4,000.

All research was conducted between March and November 2022.

1.3. Insight 1: Child safety is an important topic, but not necessarily one that is actively engaged with

There was clear recognition of the importance of the issue with 91% of adults agreeing that 'keeping children and young people safe from sexual abuse' is an important issue for Australia. However, the issue's importance appears disconnected from engagement. Just one third of adults (33%) self-reported active engagement with the topic. Overall, only one third (34%) felt comfortable having conversations with children and young people and, in reality, just one in eight (13%) are likely to have had conversations about child sexual abuse with children and young people.

1.4. Insight 2: There is avoidance of thinking about child safety to protect 'emotional innocence'

Lack of conversations on the topic with children and young people reflect internal discomfort. There was a perception that conversations around child sexual abuse have the potential to unintentionally erode innocence (for self, children and young people, and community). To avoid thinking about the topic, three powerful heuristic / defence mechanisms were present:

- normalising broader societal and historical systemic silence to justify individual silence.

- anchoring to archetypes (e.g. 'stranger danger') to avoid thinking about familial child sexual abuse and reduce personal proximity.

- minimising the extent to which it is a problem individuals need to think about.

1.5. Insight 3: Conflicted morality impedes engagement

Adults also experience a range of rational barriers that serve to create a sense of 'conflicted morality' where adults question whether having conversations on this topic is the 'right' thing to do. These fears revolve around the potential consequences of raising the topic including unintentionally placing responsibility for the problem on children and young people, causing an erosion of trust in all adults, forcing early maturation, the potential for misinterpretation and the risk of being alone in raising the topic. The conflicted morality experienced by many reduces the potential for proactive and preventative conversations – with many feeling highly conflicted in the decision of whether to have a conversation with a child or young person.

1.6. Insight 4: A conversation can feel like 'unknown territory'

Adults experience low self and response efficacy in relation to the outcomes of conversations with children and young people about child sexual abuse. The specific concerns that erode their confidence in a positive outcome included how to best initiate a conversation whether or not there was immediate concern, how to respond to a potential disclosure, the meaning of disengagement from the conversation by the child or young person, and fear of being questioned at a level where they did not feel comfortable answering the child. Overriding this, adults worried that even if they got a conversation right, it remained unknown whether it would have any influence in preventing the problem.

1.7. Insight 5: There is a strong desire for leadership

While adults recognised their personal role in having conversations with children and young people about child sexual abuse, there was strong support, and expectation, for the Government to have a role in facilitating these conversations. This included raising awareness and providing resources to assist with appropriate conversations.

1.8.   Heart of the problem

At the heart of why silence exists around this important topic is a disconnect between how we rationally 'think' about the issue, and the emotions we 'feel' when thinking and talking about child sexual abuse.

In our 'heads' (our rational thought), people believe that keeping children and young people safe from sexual abuse is important. But, talking about it is different. Many don't feel expert, there are concerns there may be more to 'lose' than 'gain' from conversations, and the thought of talking about it is wrapped in deep discomfort. There was concern that elevating the topic might result in 'lost innocence' for children and young people, for adults, and for community. There was a conflicted morality regarding whether having a conversation with children and young people is the right thing to do, whether it would have a benefit to the individual and, ultimately contribute to addressing the problem.

Overriding this is a strong desire for the Government to provide leadership in conversations – with strong agreement that *'Governments need to consistently talk to Australians about child sexual abuse in order to help them protect children'*, and that *'the issue should be prioritised'*. There was also a strong willingness to respond to communications on the topic, with strong agreement that *'hearing from the Government about child sexual abuse would make me engage more with the topic'*.

2. Context of the issue

2.1. The issue

"Child sexual abuse is not just a crime against the person but is also a crime that attacks the social fabric of the nation"[1].

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 and are unlawful.[2]

In early 2023 the Australian Child Maltreatment Study generated the first nationally representative data on the prevalence of all types of child maltreatment including sexual abuse. The study found that one in four (28.5%) of Australians (aged 16-65 years) had experienced some form of child sexual abuse. Further, the data showed a massive gender disparity with girls experiencing double the rate of child sexual abuse (37.3% vs 18.8%)[3].

Research has shown that child sexual abuse is not isolated to institutions. 79% of those who experienced child sexual abuse were abused by a relative, friend, acquaintance, or neighbour. Only 11% were abused by a stranger[4].

Increasingly, sexual exploitation and abuse is occurring in an online environment. In the 2021-22 financial year, the AFP-led Australian Centre to Counter Child Exploitation recorded 36,600 reports of online child abuse, which was more than 60 per cent higher than the previous year's total[5]. The more recent 2022-23 report shows a further increase to 40,232 reports.[6]

Child sexual abuse has been shown to have significant consequences for people throughout their lives. The Australian Child Maltreatment Study found that around half (48%) of people who experienced childhood maltreatment met the criteria for a mental health disorder – double the rate of people who did not experience maltreatment (21.6%). Furthermore, those who experienced some form of maltreatment had higher incidences of smoking, binge drinking, obesity and self-harm[7].

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1 A contributor telling their story to the Royal Commission into Institutional Responses to Child Sexual Abuse in "Message to Australia" https://www.childabuseroyalcommission.gov.au/message-australia
2 National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030
https://www.childsafety.gov.au/resources/national-strategy-prevent-and-respond-child-sexual-abuse-2021-2030
3 Mathews B, Pacella RE, Scott JG, Finkelhor D, Meinck F, Higgins DJ, Erskine HE, Thomas HJ, Lawrence D, Haslam DM, Malacova E, Dunne MP. The prevalence of child maltreatment in Australia: findings from a national survey. Med J Aust 2023; 218 (6 Suppl): S13-S18.
4 Australian Institute of Health and Welfare 2019, Family, domestic and sexual violence in Australia: continuing the national story, page 71. Accessed October 2023 from: https://www.aihw.gov.au/getmedia/b0037b2d-a651-4abf-9f7b-00a85e3de528/aihw-fdv-3.pdf?v=20230605172452&inline=true referencing Australia Bureau of Statistics 2018, Personal Safety Survey 2016, Australia (Cat. No. 4906.0). Findings based on use of ABS TableBuilder data. from: https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safetyaustralia/latest-release#key-statistics. New data due in November 2023
5 Media release: Scale of online child abuse revealed as AFP-led ACCCE marks four years of leading child protection fight, 8 September, 2021
6 https://www.accce.gov.au/sites/default/files/2023-09/ACCCE%20achievements%2022-23.pdf
7 Mathews B, Pacella RE, Scott JG, Finkelhor D, Meinck F, Higgins DJ, Erskine HE, Thomas HJ, Lawrence D, Haslam DM, Malacova E, Dunne MP. The prevalence of child maltreatment in Australia: findings from a national survey. Med J Aust 2023; 218 (6 Suppl): S13-S18.

2.2. Responsibility of the Australian Government

The Australian Government is highly committed to reducing violence against women and children in all forms.

The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) ran from 2013 to 2017. The Royal Commission uncovered widespread child sexual abuse specifically in institutions in Australia. The Royal Commission made 409 recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions.

The National Office for Child Safety (National Office) was established on 1 July 2018 to lead and coordinate the Australian Government's response to the Royal Commission. The National Office leads the development and implementation of national priorities recommended by the Royal Commission. This includes the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 (National Strategy). The National Strategy is a whole-of-nation policy approach that provides the strategic framework for increasing understanding of, better responses to, and prevention of, child sexual abuse. It also supports and complements other Australian Government, and state and territory reforms.

The National Strategy introduces a series of action plans, including the First National Action Plan, which runs from 2021-2024. The First National Action Plan focusses on the actions to be implemented by Australian, state and territory governments. The First National Action Plan is arranged into a series of themes, the first of which is "Awareness raising, education and building child safe cultures". This theme aims to increase education and awareness, provide victims and survivors with access to the information they need, and change the misconceptions and stigma that stop people from asking for help.

The National Child Safety Campaign plays a significant role in the First National Action Plan (Theme 1, Measure 6). The campaign also responds to a recommendation of the Royal Commission, being a need for 'social marketing campaigns to raise general community awareness and increase knowledge of child sexual abuse, to change problematic attitudes and behaviours relating to such abuse, and to promote and direct people to related prevention initiatives, information and help seeking services.' The campaign received $22.3 million over 4 years in the 2020-21 Federal Budget. The National Office is responsible for campaign development, which is designed as a long-term communication effort focussing on primary prevention.

Ultimately, the campaign will:

- Improve understanding of child sexual abuse in Australia,

- Promote changes in behaviour and culture to prevent child sexual abuse,

- Help people to recognise and respond to warning signs that a child or young person is at risk of child sexual abuse,

- Encourage people to access trauma-informed help and support.

As part of the commitment to deliver a national information campaign, a sound and rigorous evidence base is required, which will contribute to existing knowledge on public awareness and sentiment about child sexual abuse and explore effective communication interventions. Fundamentally, this research seeks to provide that evidence base. It provides an understanding of the starting point for child sexual abuse in terms of how it can be communicated, with the long-term goal of driving increased knowledge, open conversation and positive behaviours to keep children safe from child sexual abuse.

2.3. Research methodology

2.3.1. Research approach

A multi-modal approach was conducted, comprising both qualitative and quantitative elements.

2.3.2. Qualitative research

Composition: The qualitative research was conducted in two phases and comprised 91 sessions inclusive of standard focus groups, online mini groups and individual depth interviews. Sessions were conducted among males and females and included:

- Parents and care-givers of young people aged 10-17 years,
- Grandparents of young people aged 10-17 years,
- Adult siblings of young people aged 10-17 years,
- Setting influencers (i.e., teachers, sporting coaches),
- Experts on, and advocates for, keeping children safe from child sexual abuse,
- Experts working with children speaking as proxies for the child's perspective,
- Adults with lived experience of child sexual abuse,
- Dedicated sessions among Culturally and Linguistically Diverse people,
- Dedicated sessions among First Nations people.

Active consent: All adult participants were provided a full brief on the nature of the topic during their recruitment process, and on commencement of their qualitative session and provided active consent prior to participation. All participants were able to withdraw their participation at any point during the session. It is noted that no participants chose to do so.

Ethical protocols: Written ethical protocols were in place to respond to any cases of in-session disclosure. Researchers were trained specifically for the project including training on mandatory reporting requirements. All research participants were informed of mandatory reporting requirements prior to participating in the research.

Timing: All qualitative sessions were conducted between 19 March 2022 – 18 November 2022.

Discussion protocols: Discussion guides for all qualitative sessions were designed by Kantar Public and approved by the National Office prior to their use.

Participant support: Given the topic of this research, all participants were provided contact details for a range of support services that could be accessed post participation.

Quality assurance: All qualitative research was conducted in accordance with ISO20252 standards.

2.3.3.   Quantitative research

Quantitative research was conducted in two phases. Each phase included a nationally representative sample (by age, gender, geography) with a minimum sample of n=4,000. The samples comprised:

Phase 1 quantitative wave:

Total (n=4,011)	Unweighted		Weighted	
	N=4,023	%	N=4,011	%
Males	1,814	45	2,012	50
Females	2,197	55	2,012	50
18-24 years	378	9	443	11
25-39 years	1,291	32	1,114	28
40-49 years	997	25	936	23
50+ years	1,357	34	1,530	38
Parent / guardian / carer of child <18 years	1,361	34	1,267	31
Grandparent of child <18 years	754	19	867	22
Sibling of child <18 years	189	5	195	5
Non-parent/grandparent/sibling influencer	1,805	45	1,779	44
LGBTQIA+	388	10	371	9
People with disability	481	12	482	12
First Nations people	245	6	222	6
Culturally and Linguistically Diverse people	637	16	897	22
Metropolitan	2,849	71	2,884	72
Regional	1,174	29	1,139	28

Phase 2 quantitative wave:

Total (n=4011)	Unweighted		Weighted	
	N=3,992	%	N=4,011	%
Males	2,034	51	2,002	50
Females	1,958	49	2,002	50
18-24 years	508	13	441	11
25-39 years	1,140	28	1,111	28
40-49 years	1,212	30	1,069	27
50+ years	1,151	29	1,390	35
Parent / guardian / carer of child <18 years	1,402	35	1,290	32
Grandparent of child <18 years	603	15	745	19
Sibling of child <18 years	204	5	191	5
Non-parent/grandparent/sibling influencer	1,848	46	1,835	46
LGBTQIA+	430	11	393	10
People with disability	467	12	460	11
First Nations people	206	5	186	5
Culturally and Linguistically Diverse people	660	16	894	22
Metropolitan	2,936	73	2,944	73
Regional	1,075	27	1,067	27

Quotas and weighting: Broad non-interlocking quotas were set for gender, age, and location, to ensure a mix of residents across the country. All data was post weighted to align with ABS 2021 Census data (based on age, gender and location). Weighting was conducted by a RIM weighting technique.

Margin of error: The data has a margin of error (at the 95% confidence level) of ±2.2%.

Active consent: All participants were provided a written brief on the nature of the topic prior to entering the survey and provided active consent prior to participation. All participants were able to withdraw their participation at any point during the survey.

Timing: The quantitative surveys were conducted from 29 March 2022 – 4 April 2022 and 25 August 2022 - 5 September 2022.

Survey instruments: The survey instruments were designed by Kantar Public and approved by the National Office prior to use. The average survey duration was 19 minutes in Phase 1 and 15 minutes in Phase 2.

Participant support: Given the topic of this research, all participants were provided contact details for a range of support services that could be accessed. This was available at any point during survey completion, and on final completion.

Quality assurance: All quantitative research was conducted in accordance with ISO20252 standards.

2.3.4.   Reporting notes

Qualitative direct quotes: Direct quotes from the qualitative research have been included to reflect findings in the report where relevant. All quotes are de-identified.

"This is a direct quote example."

Quantitative significance testing: Significance testing was carried out at the 95% confidence level. This means there is a less than 5% probability that a difference occurred by chance. Where sample sizes allow (minimum n =30) significance testing was undertaken between subgroups such as male/female or within location. Significant differences are indicated using the symbol ^ for a significantly higher result and * for a significantly lower result.

Analysis and reporting: Following the completion of qualitative and quantitative inputs, all data were analysed and triangulated to determine main themes and issues. Researchers drew on the findings from both qualitative and quantitative components to consider their implications in terms of study objectives.

3. Insight 1: Child safety is an important topic, but not necessarily one that is actively engaged with

3.1. Summary

At its broadest level, **the vast majority of adults (91%) agreed that '*keeping children and young people safe from sexual abuse*' is an important issue** for Australia to address. However, **perceived importance of the topic at a general level does not necessarily translate to engagement** with the topic. There is:

- **Low active engagement:** Only one third of Australians (33%) self-reported active engagement with the topic (by either looking for information or having conversations).

- **Low awareness and knowledge:** Only three in ten (29%) indicated some level of awareness, and one quarter (23%) a high level of self-assessed understanding / knowledge.

- **Perceived low personal proximity:** One quarter (24%) recorded feeling low personal proximity – indicating they feel '*pretty far removed*' from the topic.

- **Low propensity to have conversations:**

  o Only half believed it is a topic they, in theory, *should* talk to other adults (52%) and to children and young people (54%) about.

  o Even fewer felt *comfortable* having a conversation with other adults (39%) and with children and young people (34%).

  o The data suggested that only one in eight (13%) adults were, in reality, likely to be having conversations about child sexual abuse with children and young people.

It is clear from the National Strategy that **conversations are considered an essential component to addressing the issue** because "in failing to talk, *our collective silence perpetuates suffering*"[8]. In order to drive commitment to having conversations, there are complex attitudinal barriers that need to be understood. These are summarised below, and full discussion is provided in later chapters:

- **Loss of innocence** – that talking about child sexual abuse risks negatively impacting the innocence of children and young people, our own innocence as adults, and that of the broader community (Chapter 5).

- **Conflicted morality** – the uncertainty of whether having a conversation about child sexual abuse and raising awareness of it with a child or young person is actually the right thing for an adult to do (Chapter 6).

- **Low self-efficacy**– uncertainty around how to approach the conversation and how to be confident in the child's response (Chapter 7).

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8 https://www.childsafety.gov.au/system/files/2022-09/national-strategy-2021-30-english.pdf, page 15

3.2. The issue's importance appears disconnected from engagement

At the broadest level, the vast majority of adults (91%) agreed that '*keeping children and young people safe from sexual abuse*' is an important issue for Australia to address. However, perceived importance of the topic at a general level does not necessarily translate to engagement with the topic (for a complex suite of reasons described fully in later chapters of this report).

Fundamentally, **only one third of Australians (33%) self-reported active engagement with the topic** (either by looking for information or, by talking to others). As shown in Figure 1, not all Australians are engaging with the topic equally:

- **males** were significantly less likely than females to actively engage (26% compared to 39% respectively). This difference by gender is consistent through much of the quantitative and qualitative data and, is expanded on in further sections.

- **those aged over 40 years** were less likely than those under 40 years to actively engage. Those aged 40-49 had the lowest levels of engagement across all cohorts – with one third (31%) indicating they had not 'seen, heard, read anything' on the topic (not engaged).

- Those in the **LGBTQIA+** community, **people with disability** and **First Nations people** recorded higher levels of self-reported engagement. Their areas of engagement are described further in Section 4.3 and, appear primarily related to greater awareness of educational / information resources rather than necessarily feeling a sense of personal proximity to the issue.

Figure 1: Rational engagement

Rational engagement	Importance to Australia	Actively engaged	Passively engaged	Not engaged
	Q8	Q9	Q9	Q9
	n=4,011	n=4,011	n=4,011	n=4,011
	%	%	%	%
All respondents	**91**	**33**	**43**	**24**
Males (n=1,814)	90	26*	48^	26^
Females (n=2,197)	92	39^	38	23
18-24 years (n=375)	90	45^	41	14*
25-39 years (n=1,283)	86*	37^	35	28^
40-49 years (n=997)	90	29*	40	31^
50+ years (n=1,356)	95^	29*	50^	21*
Parent / guardian / carer of child <18 years (n=1,359)	88*	38^	37	25
Grandparent of child <18 years (n=754)	96^	33	51^	17*
Sibling of child <18 years (n=187)	93	50^	38	13*
Non-parent/grandparent/sibling influencer (n=1,797)	91	28*	43	28^
LGBTQIA+ (n=382)	88	42^	39*	19*
People with disability (n=476)	88	43^	35*	22
First Nations people (n=242)	86*	50^	38*	12*
Culturally and Linguistically Diverse people (n=636)	88*	32	41	26
Metropolitan (n=2,841)	90*	31	44	26^
Regional (n=1,170)	94^	39^	41	21*

Q8:   On a scale of 0-10 where 0 is 'not at all important', and 10 is 'extremely important', how important is it that Australia addresses the following issues? (table shows 8-10/10)

Q9:   Have you heard or seen any information on the issue of child sexual abuse? (active engagement = 'had conversations with family/friends' and/or 'searched for information on the topic'; passive engagement = seen / heard in news / media / social media only; not engaged = not seen, heard, read anything on the topic)

^   Significantly higher relative to other sub-groups at 95% confidence interval

*   Significantly lower relative to other sub-groups at 95% confidence interval

3.3. Aligned with low overall engagement, there are low levels of awareness and knowledge of the specific issues and topics surrounding child sexual abuse

Within the quantitative survey, participants were asked to spontaneously identify the first things that came to mind about child sexual abuse – be it things they had thought, seen, heard, read, talked about. This revealed **the vast majority hold only a basic level awareness** – people were significantly more likely to be aware of general descriptions, and to default to negative emotional responses than they were to think about prevention or about having conversations with children and young people.

Figure 2: Spontaneous awareness

Spontaneous awareness	Total	Example responses
	Q10	Q10
	n=4,011	n=4,011
	%	verbatim examples
Definitions / descriptions	29	inappropriate touching of a child / child abuse
Condemning child sexual abuse	22	disgusting, abhorrent, horrible
Impact on children	11	physical and psychological trauma / devastating
Describing / condemning perpetrators	9	moral sickness / cruel / cowards
Familial child sexual abuse	5	incest / parents / in the home by someone known
Institutional child sexual abuse	5	schools / religious institutions
Online grooming / online abuse	4	online pornography and paedophiles / dark web
Grooming (general)	2	manipulation / children being trained
Too confronting to consider	3	sickening / repulsed
Courts, judicial process	3	insufficient penalties / weak laws / no deterrents
Disclosures	2	time taken / some never disclose
High profile cases	1	national / international references
Proactively addressing / protecting	2	who to report to / bringing a child to safety
Support services	1	Bravehearts / beyondblue

Q7:   When you think about the topic of child sexual abuse, what are the first three things that come to mind. Please give as much detail as you can – it can be any thoughts you have on the topic …things you've seen, heard or read about the issue or topic …conversations you've had etc …anything that comes to mind. Excludes null response

Qualitatively, a similar pattern was evident. Early in each session, participants were asked what they had seen, heard or knew about child sexual abuse. During this stage of the discussion, it appeared that many understandably, but actively, avoided thinking deeply about the topic (those who were 'passively' or 'not' engaged quantitatively). When this occurred, rather than identifying things they may have seen or heard, many people **default to a tolerable acceptance that the topic has low awareness within the community**:

*"I don't hear a great deal about it but I'm sure it goes on quite a lot. Like the general people that don't know the behind-the-scenes part of it, I **probably don't really know much** about it at all." (Mother)*

*"You **don't seem to hear much** about it on a day-to-day basis. It seems to be off the front page and is not highlighted. We **talk more about sugary soft drinks**." (Father)*

"There is less awareness and more sweeping it under the rug." (Mother)

*"**No one likes to talk about it openly** because it's so terrible." (Father)*

*"If you don't have the information, people might just kind of **brush it to the side**…that's not possible, that doesn't happen in Australia." (Mother)*

*"It feels like **it's hidden from the public view** a lot." (Mother)*

Even when prompted with a list of topics and issues related to child sexual abuse (from specific forms such as grooming, ways it can occur, risk factors, preventative factors, frequency, negative impacts, resources and supports), **average levels of awareness and self-assessed understanding / knowledge were low**. As shown in Figure 3, on average only three in ten (29%) recorded some level of awareness, and one quarter (23%) some level of self-assessed understanding / knowledge. Given the issue of child sexual abuse has not previously been the focus of a nationally coordinated communications strategy, this is not unexpected.

Similar differences exist as those described relating to engagement, whereby:

- **males** were less likely than females to be aware of, and understand, the topics prompted – one in five males (22%) indicated they had not read, seen or talked about any of the topics in relation to child sexual abuse (compared to 16% of females).

- those **aged 18-24 years** reported higher levels of self-assessed knowledge when compared to all other age groups.

- consistent with their higher levels of self-reported engagement, those in the **LGBTQIA+** community, **people with disability** and **First Nations people** recorded higher levels of self-reported awareness and knowledge.

Figure 3: Self-assessed awareness and knowledge

Self-assessed awareness and knowledge	Average awareness	Not aware of any	Average knowledge
	Q10	Q10	Q12
	n=4,011	n=4,011	n=4,011
	%	%	%
All respondents	**29**	**19**	**23**
Males (n=1,814)	26*	22^	21
Females (n=2,197)	32^	16*	26^
18-24 years (n=375)	34^	9*	31^
25-39 years (n=1,283)	26*	19	22
40-49 years (n=997)	26*	23^	22
50+ years (n=1,356)	31	20	23
Parent / guardian / carer of child <18 years (n=1,359)	28	17*	27^
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Sibling of child <18 years (n=187)	36^	9*	33^
Non-parent/grandparent/sibling (n=1,797)	26*	22^	20*
LGBTQIA+ (n=382)	32^	14*	29^
People with disability (n=476)	31	17*	30^
First Nations people (n=242)	33^	7*	32^
Culturally and Linguistically Diverse people (n=636)	27	19	27^
Metropolitan (n=2,841)	27	19	23
Regional (n=1,170)	32^	18	25

Q10: Have you read, seen, or talked with other people about any of the following topics or issues in relation to child sexual abuse? (table shows: claimed awareness of at least one of the prompted topics – 'awareness'; those unaware of all topics – 'not aware of any')

Q12: How much do you think you know and understand about each of these areas? (table shows 8-10/10 'I know / understand a lot about this')

^ Significantly higher relative to the overall average at 95% confidence interval

* Significantly lower relative to the overall average at 95% confidence interval

When it came to the specific topics adults had heard, read, seen or talked about, there appeared to be **a considerable gap in awareness for the vast majority of those prompted**:

- **Unaware:** One in five (19%) reported they had not heard, read, seen or talked about any of the issues.

- **Grooming:** Two in five had heard, read, seen or talked about information relating to '*online grooming of children*' (44%) and '*grooming*' (43%) – however, the majority had not.

- **Perpetration:** Only two in five had heard, read, seen or talked about information relating to child sexual abuse occurring '*in institutions / organisations*' (41%), '*by family members*' (41%), '*by known individuals, who are not family*' (38%). There was significantly lower awareness of child sexual abuse by '*another child*' (16%).

- **Risk, recognition and frequency:** Between one in four and one in five were aware of '*risk factors*' (27%), '*ways to recognise grooming / sexual abuse*' (22%), and '*ways to recognise signs of a potential perpetrator*' (21%) – however, the majority were not aware. Only one in five (21%) had heard, read, seen or talked about the '*frequency of child sexual abuse in Australia*'.

- **Education and support:** Only one in five were aware of '*ways to reduce risk*' (21%), '*educational programs to protect children and young people*' (20%), '*help seeking if it has occurred*' (17%) or '*help seeking if it may be occurring*' (17%).

The previously cited higher reported levels of active engagement on the topic among those in the **LGBTQIA+** community, **people with disability** and **First Nations people** appears driven primarily by greater awareness of '*educational programs to protect children and young people*', and '*ways to seek information / support / help*'. First Nations people were also comparatively more likely to be aware of '*ways to reduce the risks*' and '*ways to recognise*', which aligned with their greater awareness of educational programs and supports.

Figure 4: Heard / read / seen / talked about information relating to……

Heard / read / seen / talked about information relating to…	Total awareness		LGBTQIA+	People with disability	First Nations people
	Q10		Q10	Q10	Q10
	n=4,011		n=382	n=476	n=242
	%		%	%	%
Average awareness across all topics	**29**		**32**	**31**	**33**
Not aware of any topics	**19**		**14***	**17**	**7***
Online grooming of children	44		48	41	45
Grooming	43		48	42	47
Online child sexual abuse	35		38	34	34
Child sexual abuse occurring …					
…in institution/organisation	41		43	44	36
…by family members	41		46	45	42
…by known individuals (not family)	38		39	40	37
…by strangers	29		33	32	33
…by another child	16		25^	20^	29^
Negative impacts on victims and -survivors	40		47^	42	41
Risk factors	27		31	30	33
Royal Commission	23		27	25	20
Ways to recognise …					
…grooming / sexual abuse	22		26	25	32^
…signs of a potential perpetrator	21		25	25	33^
Ways to reduce the risk	21		22	25^	32^
Educational programs protecting children	20		19	24^	25^
Ways to seek information / support / help …					
…if it has occurred	17		22^	22^	25^
…if you think it may be occurring	17		21^	22^	25^
The frequency in Australia	21		23	24	27^

Q10:   Have you heard, read, seen or talked with other people about any of the following topics or issues in relation to child sexual abuse? (multiple response)

^   Significantly higher relative to other sub-groups at 95% confidence interval

*   Significantly lower relative to other sub-groups at 95% confidence interval

While parents were comparable to other audiences in their claimed level of knowledge regarding different topics related to child sexual abuse, when presented with statements and asked whether they were 'true' or 'false', validated **knowledge of child sexual abuse appeared lower among parents, who are a key intended target audience of the campaign**. Specifically, among parents:

- two in five (38%) believed that '*child sexual abuse occurs mainly in institutions / within organisations*'. As reported in the National Strategy, in a study of people who experienced sexual abuse before they were 15 years old, 79% were abused by a relative, friend, acquaintance or neighbour9. This belief has the potential to reduce parents' perceived personal proximity to the issue, particularly among those who are not connected with institutions or organisations.

- three in ten (30%) believed '*most perpetrators of child sexual abuse are someone who doesn't know the child*'. As reported in the National Strategy, in a study of people who experienced sexual abuse before they were 15 years old, only 11% were abused by a stranger10. This belief has the potential to reduce parent's perceived personal proximity, particularly among those who believe they have full knowledge or control of their child or young person's network.

- one quarter (26%) believed '*child sexual abuse occurs mainly online*'. This belief has the potential to reduce personal proximity, particularly among parents who believe they have full knowledge or control of their child or young person's online activities.

- one in five (18%) believed '*children don't sexually abuse other children*'.

Figure 5: True / false attribution to statements

True/false attribution to statements	Knowledge assessment	Parent / guardian / carer of child <18 years+	Grandparent of child <18 years	Sibling of child <1 years	Non-parent / grandparent / sibling
	Q17	Q17	Q17	Q17	Q17
	n=4,011	n=1,359	n=754	n=187	n=1,797
	%	%	%	%	%
Child sexual abuse occurs mainly in institutions / within organisations	35	38^	29*	42	35
Most perpetrators of child sexual abuse are someone who doesn't know the child	24	30^	17*	36^	22
Child sexual abuse occurs mainly online	23	26^	15*	41^	22
Children don't sexually abuse other children	14	18^	14	17	12*

Q17:   For this next section, there are a series of statements …and we'd like you to choose whether you think each one is 'true' or 'false'? (figure shows proportion indicating 'true')
^   Significantly higher relative to other sub-groups at 95% confidence interval
*   Significantly lower relative to other sub-groups at 95% confidence interval

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9 Australian Institute of Health and Welfare 2019, Family, domestic and sexual violence in Australia: continuing the national story, page 71. Accessed October 2023 from: https://www.aihw.gov.au/getmedia/b0037b2d-a651-4abf-9f7b-00a85e3de528/aihw-fdv-3.pdf?v=20230605172452&inline=true
10 Australian Institute of Health and Welfare 2019, Family, domestic and sexual violence in Australia: continuing the national story, page 71. Accessed October 2023 from: https://www.aihw.gov.au/getmedia/b0037b2d-a651-4abf-9f7b-00a85e3de528/aihw-fdv-3.pdf?v=20230605172452&inline=true referencing Australia Bureau of Statistics 2018, Personal Safety Survey 2016, Australia (Cat. No. 4906.0). Findings based on use of ABS TableBuilder data. from: https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safetyaustralia/latest-release#key-statistics

3.4. There is a difference between rational acknowledgement of importance and emotional engagement - awareness does not necessarily translate into personal proximity

Despite its overarching importance to the majority, **one quarter (24%) of Australians had a sense of low personal proximity** – indicating they feel *'pretty far removed from the issue of child sexual abuse, which is probably one of the reasons I don't think or talk about it that much'*.

*"I feel like sometimes with [high profile offenders], **it can seem removed from what's normal or people's actual reality."** (Father)*

*"One of the first things that comes to mind is just how almost desensitised to it we've become over the years, to the point **where when you find out that someone is sexually abused...it's almost not a surprise anymore**." (Mother)*

*"Seeing things in the media helps short term, but **you forget about it**. You have your conversation with your friends and then it's gone. Watching the Jeffery Epstein documentary didn't make me stop and think I need to have a talk to my children about it." (Mother)*

*"The problem is that when the media only focusses **on these high-profile individuals, it really makes you think it's not in your own world**." (Mother)*

*"The media could make the link better that even though they are talking about high profile cases, **this is a real issue that's big in society**." (Father)*

*"One of the things that worries me is, we have heard over the years of high-ranking people... **I think a lot of people think it's just a group of really evil men and they don't realise how widespread** ...it is an issue across all ages and class." (Mother)*

As shown in Figure 6, low personal proximity was higher among:

▪ **males**, of whom one third (31%) felt low personal proximity (compared to 17% of females),

▪ those in the **LGBTQIA+** community, **people with disability** and **First Nations People**. As previously cited, while these cohorts indicated greater likelihood to believe the issue is important and have some existing awareness of resources and supports, this evidence suggests **rationally perceived importance and awareness of supports does not necessarily translate to personal proximity**. This disconnect is a result of the range of complex attitudinal barriers which exist across the population, which are described in Chapters 5 through 7 of this report and **highlights the importance of addressing attitudinal and emotional barriers to engagement rather than focussing solely on information provision.**

Figure 6: Importance and proximity

Importance and proximity	Importance to Australia	Proximity: Not a major issue	Proximity: Removed from issue
	Q8	A7	A7
	n=4,011	n=4,011	n=4,011
	%	%	%
All respondents	**91**	**6**	**24**
Males (Q8 n=1,814, A7 n=2,034)	90	7^	31^
Females (Q8 n=2,197, A7 n=1,958)	92	5*	17
18-24 years (Q8 n=375 A7 n=508)	90	11^	22
25-39 years (Q8 n=1,283, A7 n=1,140)	86*	7	25
40-49 years (Q8 n=997, A7 n=1,212)	90	6	21*
50+ years (Q8 n=1,356, A7 n=1,151)	95^	4*	26
Parent / guardian / carer of child <18 years (Q8 n=1,359, A7 n=1,402)	88*	9^	19*
Grandparent of child <18 years (Q8 n=754, A7 n=603)	96^	4*	23
Sibling of child <18 years (Q8 n=187, A7 n=204)	93	14^	20
Non-parent/grandparent/sibling influencer (Q8 n=1,797, A7 n=1,848)	91	4*	29^
LGBTQIA+ (Q8 n=382, A7 n=430)	88	14^	32^
People with disability (Q8 n=476, A7 n=467)	88	14^	28^
First Nations people (Q8 n=242, A7 n=206)	86*	29^	34^
Culturally and Linguistically Diverse people (Q8 n=636, A7 n=660)	88*	9^	22
Metropolitan (Q8 n=2,841, A7 n=2,936)	90*	6	24
Regional (Q8 n=1,170, A7 n=1,075)	94^	7	23

Q8:   On a scale of 0-10 where 0 is 'not at all important', and 10 is 'extremely important', how important is it that Australia addresses the following issues? (table shows 8-10/10 – extremely important)

A7:   And, thinking more broadly about having conversations with other people, including young people, about child sexual abuse, how much do you agree or disagree that …
-     I don't think child sexual abuse is really that much of a major thing in Australia – it's really just among people in positions of power or who are high profile (like celebrities from years ago) and institutions (like churches and sporting codes) where it tends to happen *(proximity: 'not a major issue')* (chart shows 8-10/10 – strongly agree)
-     In some ways, I feel pretty far removed from this issue of child sexual abuse, which is probably one of the reasons why I don't think or talk about it that much *(proximity: 'removed from issue')* (chart shows 8-10/10 – strongly agree)

^   Significantly higher relative to other sub-groups at 95% confidence interval
*   Significantly lower relative to other sub-groups at 95% confidence interval

3.5. Rational acknowledgement of importance of the topic does not necessarily lead to conversation

Despite its importance to the majority of adults, **only one half believed it was a topic they, in theory, *should* talk to other adults (52%) and to children and young people (54%) about. Self-efficacy was even lower** - fewer felt *comfortable* talking to other adults (39%) and, were significantly less likely to *feel comfortable* talking to children and young people (34%) about the topic of child sexual abuse.

In terms of both metrics ('should talk' and 'feel comfortable talking'), as shown in Figure 7:

▪ **Males** were significantly less likely to believe they should talk, and to feel comfortable, when compared to females. Throughout the qualitative research, it was articulated with consistency by many males that there were potentially unique sensitivities and perceived risk around engaging in conversations among this cohort. This is related to a perception that proactive discussions could be misconstrued to indicate an unhealthy or suspicious curiosity or interest in the topic, rather than being motivated by protection of children and young people. Additionally, some women appeared concerned (but, not necessarily opposed) to raise conversations with men to avoid the risk of conversations being considered accusatory.

> *"Having that conversation is so difficult…because then **you could be the one accused of being the perpetrator simply because you're talking about sexualised activity with a child**." (Father)*

> *"It's going to be a hard sell I feel, for men...there will be quite a few eyebrows raised if **a male started that yarn just out of the blue without any context**." (First Nations, Father)*

This highlights the importance of communications demonstrating and normalising the importance of proactive, male-led conversations.

▪ In terms of age, those aged **25-39 years** were the least likely to perceive the need to talk and possess self-efficacy, while those **aged 50+ years (and grandparents)** recorded higher levels. This highlights the importance of including a wide range of ages of adult influencers in any communications.

▪ While qualitatively there appeared a greater propensity for **Culturally and Linguistically Diverse people** to indicate cultural sensitivities around conversations on the topic of child sexual abuse (particularly if there were concerns about the safety of a child or young person), their fundamental belief they 'need' to talk to children and young people and to have self-efficacy to do so appears consistent with that of participants who did not identify as Culturally and Linguistically Diverse.

▪ Those in **regional** locations record higher levels of perceived need and self-efficacy when compared to those in metropolitan locations.

Figure 7: Perceived need and self-efficacy to have conversations about child sexual abuse

Perceived need and self-efficacy to have conversations about child sexual abuse	Adults need to talk to adults	Adults need to talk to children and young people	I feel comfortable talking to other adults	I feel comfortable talking to children and young people
	Q18	Q18	Q18	Q18
	n=4,011	n=4,011	n=4,011	n=4,011
	%	%	%	%
All respondents	**52**	**54**	**39**	**34**
Males (n=1,814)	46*	48*	34*	30*
Females (n=2,197)	57^	60^	43^	38^
18-24 years (n=375)	57	53	38	35
25-39 years (n=1,283)	47*	47*	33*	30*
40-49 years (n=997)	49	52	36	33
50+ years (n=1,356)	56^	61^	45^	37^
Parent / guardian / carer of child <18 years (n=1,359)	51	54	39	41^
Grandparent of child <18 years (n=754)	57^	62^	49^	39^
Sibling of child <18 years (n=187)	54	54	41	36
Non-parent/grandparent/sibling (n=1,797)	50	51	34	27
LGBTQIA+ (n=382)	57	54	40	35
People with disability (n=476)	57	55	40	40^
First Nations people (n=242)	56	55	41	49^
Culturally and Linguistically Diverse people (n=636)	49	52	37	34
Metropolitan (n=2,841)	49*	52*	37*	32*
Regional (n=1,170)	58^	59^	43^	38^

Q18:   For this question, there are a series of statements …and we'd like to know how much you agree / disagree with each statement in relation to the issue of child sexual abuse in Australia, and your own current knowledge of the topic. (table shows: 8-10/10 'strongly agree')
^   Significantly higher relative to other sub-groups at 95% confidence interval
*   Significantly lower relative to other sub-groups at 95% confidence interval

3.6. Fundamentally, the majority of adults are currently 'uncommitted' to having conversations with children and young people about child sexual abuse

While half of adults believed child sexual abuse was a topic they, in theory, *should* talk to other adults and to children young people about (as referenced previously), the connection between needing / wanting to, and actually having conversations is not always linear. This is because metrics associated with perceived need and desire are mediated by a range of attitudinal barriers which can impede an individual's likelihood, in reality, to have conversations.

To understand whether perceived need and self-efficacy have the potential to translate into action, a measure of commitment to having conversations was included. Well-established behavioural theory points to the significance of 'commitment' to perform or undertake a specific behaviour as being a powerful way to determine the likelihood of action. The more strongly an individual is committed to an action, the more likely they will be to undertake that action.

Our measurement of commitment includes multiple domains, inclusive of:

▪ **Dissonance**: how much discomfort someone feels with their current behaviour (having / not having conversations about child sexual abuse with children and young people),

▪ **External influence**: the automatic appraisal of circumstance and attitudes that may make it more difficult to engage in conversation,

▪ **Ambivalence**: the extent to which someone is attitudinally conflicted about having conversations and,

▪ **Involvement**: how personally important or relevant having conversations about child sexual abuse is.

Multivariate analysis of these domains allocates respondents into six different categories of commitment intensity – from those that are 'advocates' for having conversations, to those that are highly unwilling to accept the need for their participation ('denial').

As shown in Figure 8, this analysis reveals that:

▪ Only around **one in eight (13%) adults were, in reality, likely to be having conversations about child sexual abuse with children and young people**. There were 7% who advocate for themselves, and others, to have proactive conversations with children and young people ('advocates') and a further 6% were committed to having conversations themselves but were likely to do so without encouraging other adults to do the same ('attainers').

> "*I have proactive conversations with my children* – as a precaution in case anything might happen." *(Mother)*

> "*Absolutely I have those conversations*. I talk to them about it to make sure that my children, both my daughters and sons, know about sexual predators. That they are aware that those predators could also be family members." *(Father)*

▪ Fundamentally, the vast majority of adults held **weak commitment to having conversations with children and young people** – being emotionally torn between perceived reasons 'to' and 'not to' have conversations.

- One third were in a '**follower'** state (33%), who may participate in a conversation if initiated by someone else, but not necessarily start a conversation unless there is a clear impetus or a new community norm emerges which supports that having conversations is a desirable response.

> *"It's **not a conversation I would seek out**,*
> *but **absolutely not a conversation I would shut down**." (Father)*

> *"Like when I go to work unless someone brings it up or it's a big thing in the media*
> ***it's not something I would bring up** as a topic". (Mother)*

- A further 45% were in a '**fluctuating'** state, holding many points of tension and an intrinsically held conflict regarding whether a conversation about child sexual abuse is the 'right' or 'wrong' thing to do. Adults appeared significantly more likely to hold these points of tension in relation to having conversations with children and young people (45%) than they were to having conversations with adults (35%).

> *"You sit there and talk to your friends about breast cancer and you'll sit there and talk*
> *to your friends about prostate cancer, but **you don't sit there and bring up sexual abuse***
> *…are you worried about sexual abuse or something?" (Mother)*

> *"I can't recall having any conversations with any of my friends and **I can't imagine it***
> *...because **it might ring alarm bells**." (Father)*

- Around one in twelve (8%) adults were in '**denial'** they should have proactive conversations around child sexual abuse with children and young people. This was half the level of 'denial' when compared to their commitment to have conversations with other adults (16%), indicating a rational understanding they 'should' have conversations with children and young people, but a difficulty in circumventing circumstantial and attitudinal barriers.

> *"I read about it in the paper but it's not something you talk about with my mates. It's*
> *not a conversation I like having. **I won't talk about it** with my wife, my workmates, my*
> *older kids. **I won't touch it** as a subject to talk about." (Father)*

> *"I think there's two sides to it. Number one **we don't talk about it** because it's usually*
> *removed from us, not in our actual circle but also because we don't know where to go*
> *further with that conversation. Progressing the conversation further **doesn't really do***
> ***anything when it's an abstract person somewhere**." (Mother)*

> *"To be honest, and no disrespect, but if this comes up, **I would probably shut the***
> ***conversation down or just walk away because it's something for me I'm uncomfortable***
> ***to discuss**." (First Nations, Father)*

- Expectedly, given the topic, a negligible minority (1%) were considered '**difficult'**. These are the people who will actively advocate against the need to have proactive conversations with children and young people.

Figure 8: Commitment Segments (Talking to other adults and children)

Commitment segments	Talking to other adults	Talking to children and young people
	n=2,101	n=1,891
	%	%
Denial	16	8
Difficult	1	1
Fluctuating	35	45
Followers	40	33
Attainers	4	6
Advocates	1	7

Question: Four domains (referenced above) inform the commitment allocation, with responses ranging from n=1891 to 2101

As can be seen in Figure 9, there is some variation by cohort:

- Overall **males** were less committed to conversations with children and young people compared to **females**. A significantly high 10% of **males** were in the **'denial'** segment. **Males** also had a higher proportion in the **'follower'** segment (37%) and were less likely to be **'advocates'** (4%).

- Commitment segmentation was consistent across age groups with the exception of a higher proportion of **those aged 50+ years** who were in **'denial'** (10%).

- **Parents**, a key target for the behaviour had a lower incidence of being in **'denial'** (6%) and were more likely than others to be in the **'attainer'** segment (8%) where they were having these conversations, but not advocating the practice to others.

- **First Nations people** had a significantly higher proportion in the **'advocate' segment** (15%) reflecting higher levels of awareness and of feeling comfortable talking to children and young people among this group. There was a high proportion of **'attainers'** among **people with disability** (12%) also reflecting higher levels of feeling comfortable talking to children and young people among this group, although this segment is not advocating the behaviour to others. Those in **culturally and linguistically diverse people** had a low proportion in 'denial' but were otherwise aligned to the broader community.

Figure 9: Commitment to conversations with children and young people

Commitment to conversations with children and young people	Denial	Difficult	Fluctuating	Followers	Attainers	Advocates
	n=148	n=22	n=844	n=634	n=120	n=130
	%	%	%	%	%	%
All respondents	**8**	**1**	**44**	**33**	**6**	**7**
Males (n=969)	10^	1	42	37^	7	4*
Females (n= 922)	5*	1	47	30*	6	10^
18-24 years (n= 178)	6	1	49	31	6	6
25-39 years (n= 489)	8	2	44	34	7	6
40-49 years (n= 649)	5	1	47	33	7	7
50+ years (n=582)	10^	1	42	34	5	8
Parent / guardian / carer of child <18 years (n=907)	6*	1	47	30	8^	8
Grandparent of child <18 years (n=444)	11	1	42	34	5	7
Sibling of child <18 years (n=82)	7	3	42	34	5	8
Non-parent/grandparent/sibling (n=498)	8	2	44	36	5	6
LGBTQIA+ (n= 157)	7	1	46	28	10	9
People with disability (n=197)	7	2	43	28	12^	9
First Nations people (n=109)	2	1	45	25	11	15^
Culturally and Linguistically Diverse people (n=315)	4*	2	48	32	8	5
Metropolitan (n=1,390)	7	1	44	35	6	6
Regional (n=508)	9	1	45	30	7	9

Question: Four domains (referenced above) inform the commitment allocation, with responses ranging from n=1891 to 2101
^   Significantly higher relative to other sub-groups at 95% confidence interval
*   Significantly lower relative to other sub-groups at 95% confidence interval

3.7. To drive commitment to having proactive and preventative conversations, attitudinal barriers need to be addressed

As referenced throughout this chapter, **while there was strong endorsement among adults that child sexual abuse is an important issue for Australia to address, this does not necessarily translate to adults having conversations with children and young people, nor with other adults**. However, it is clear from the National Strategy that conversations are considered an essential component to addressing the issue because in failing to talk, *our collective silence perpetuates suffering11*.

In order to drive commitment to having conversations, there are complex attitudinal barriers that need to be understood. These are summarised below, and full discussion is provided in the chapters that follow:

- **Chapter 5: Loss of innocence:** That talking about child sexual abuse risks negatively impacting the innocence of children and young people, our own innocence as adults, and that of the broader community.

- **Chapter 6: Conflicted morality:** The uncertainty of whether having a conversation about child sexual abuse and raising awareness of it with a child or young person is actually the right thing for an adult to do.

- **Chapter 7: Lack of self-efficacy:** Uncertainty around how to approach the conversation and how to be confident in the child's response.

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11 https://www.childsafety.gov.au/system/files/2022-09/national-strategy-2021-30-english.pdf, page 15

4. Insight 2: There is an avoidance of thinking about child safety to protect 'emotional innocence'

4.1. Summary

For most adults the topic and issue of child sexual abuse generates discomfort. There is a perception that conversations around child sexual abuse have the potential to unintentionally erode innocence (for self, children and young people and community):

- One quarter (27%) strongly agreed that such conversations *might be too much to handle*'.

- One in five (22%) strongly agreed that knowing more about prevalence *might make me less trusting of others around me*'.

- One in five (18%) strongly agreed they are worried that the more than is known about the topic, the *'harder it is to enjoy your childhood and trust people'*.

- One in seven (14%) strongly agreed that if we think and know too much about the topic, *'it could damage our trust in each other as adults and might end up being bad for us as a society'*.

In order to avoid having to think or talk about the topic, and experience a potential erosion of innocence, many unconsciously default to three powerful heuristics or 'defence mechanisms':

- **Normalisation of broader societal silence to justify individual silence:** Some referenced an observed norm of *not* talking about child sexual abuse as a reason to not talk about it as individuals.

- **Anchoring to archetypes to reduce personal proximity:** Others defaulted to archetypal or stereotypical profiling of offenders such as the 'stranger in the park', a 'powerful member of an organisation exerting power' or a 'high profile individual' using their status to influence children and young people, as a way to reduce the extent to which it is considered a problem they need to personally think and talk about because each of these archetypes feel distant.

- **Minimisation to remove a sense of reality:** Some unconsciously distanced themselves through making heedless observations which serve as viable defence mechanism as an 'emotionally safe' way to think about the topic.

Each of these heuristics exist unconsciously, unintentionally and are automatic. They serve as a way for adults to protect themselves from the necessity of thinking and talking about child sexual abuse, such that they can preserve innocence.

4.2. There is a perception that conversations around child sexual abuse have the potential to unintentionally erode innocence (for self, children and young people, community)

For the vast majority of adults, the topic and issue of child sexual abuse is one that, understandably, generates discomfort and, this was observed qualitatively and quantitatively. One element of this discomfort relates to the perception that **thinking or talking more about the topic erodes a sense of innocence (for self, others, children and young people, and even the community), which there is a strong desire to protect**.

As shown in Figure 10:

- One quarter (27%) strongly agreed that thinking and knowing too much *'might be too much to handle'*.

    > *"I think education is such a tricky line between needing to educate people without traumatising them along the way…**hearing those types of stories just makes me sick to my stomach** so I don't want to hear it all the time, but knowing about it is so important."* (Mother)

    > *"…it is unthinkable …**it is too much to handle**." (Father)*

- One in five (22%) strongly agreed that knowing more about prevalence *'might make me less trusting of others around me'*.

    > *"If it's going to be families sitting around, my cousins, and my close family ...**it's going to be a hard conversation because it is literally reflecting on them** ...if I'm having the conversation and saying 'this particular thing happens 90 percent of times with close contacts." (Father)*

    > *"It's kind of like **we don't want to upset parents by bringing the topic** up." (First Nations, Influencer)*

- One in five (18%) strongly agreed they are worried that the more you know about the topic, the *'harder it is to enjoy your childhood and trust people'*.

    > *"You know, raising children it's a hard conversation, how would you say it without, you know, **destroying their innocence**." (Mother)*

    > *"How can we not **tarnish our children's innocence** while also letting them know its ok to talk about and make them trust us. Such a delicate communication line with kids and parents." (Father)*

    > *"There is a barrier of **keeping your child's innocence** and having them knowledgeable and smart enough to detect or be aware of such dangers. Finding the balance is hard." (Father)*

    > *"You try and **shield them** for as long as you can from pretty dark, taboo subjects like this. Often to the point where you shield them forever and then it's too late." (Father)*

- One in seven (14%) strongly agreed that if we think and know too much about the topic, it *'could damage our trust in each other as adults and might end up being bad for us as a society'*.

> *"People are bombarded…I just don't think it's healthy for someone to be reading so much negative news.* **I'm not saying it's not important, it's absolutely important, but it's not good for anyone's wellbeing to be constantly reading about child sexual abuse.**" *(Father)*

> *"You can't start reporting every little thing that happens in the world because then people would start taking their own lives because they are so depressed. It's a fine line between what is responsible reporting and social awareness and just* **scaring the shit out of everyone**.*" (Father)*

> *"We had a family friend, an old gentleman, and I didn't like the way he was looking at my daughter and the way he was talking to her. I told my husband and he said 'that's not a nice thing to say, you don't know him, we can't assume anything.'* **They treated me like I'm an idiot and put me down and don't even want to talk about it. Nobody wants to talk about it.**" *(Mother)*

Figure 10: Attitudinal barriers – loss of innocence

Attitudinal barriers – loss of innocence	Strongly disagree	Strongly agree	Differential (+/-)
	A7	A7	A7
	n=4,011	n=4,011	n=4,011
	%	%	pp
For some people, thinking and knowing too much about child sexual abuse (particularly when it happens within a family or from people who are known by the victim / their family), it might be too much to handle	9	27	+18pp
Knowing more about how often child sexual abuse happens might make me less trusting of others around me	16	22	+6pp
I'm a bit worried that the more you know about things like child sexual abuse as a kid, the harder it is to just enjoy your childhood and trust people	19	18	-1pp
If we think and know too much about child sexual abuse (particularly when it happens within a family or from people who are known by the victim / their family) it could really damage our trust in each other as adults and might end up being bad for us as a society	32	14	-18pp

A7: And thinking more broadly about having conversations with other people, including children and young people, about child sexual abuse, how much do you agree or disagree that …
   Strongly disagree = 0-21-3/10, strongly agree = 8-10/10
   Differential = percentage point (pp) difference between 'strongly agree' and 'strongly disagree'
^   Significantly higher relative to the overall average at 95% confidence interval
*   Significantly lower relative to the overall average at 95% confidence interval

While loss of innocence appeared a common concern across all audiences, there were some differences between cohorts, whereby:

- **Parents** were significantly more concerned that knowing more about child sexual abuse '*might make me less trusting of others around me*' (28% strongly agreed) and, that it can make it '*harder for kids to just enjoy childhood and trust people*' (23% strongly agreed).

- Those in the **LGBTQIA+** community, **people with disability**, **First Nations people** and those who are **Culturally and Linguistically diverse people** were significantly more concerned that thinking / knowing more '*could be too much to handle*' (34%,35%, 42%, 30% strongly agreed respectively) and, that it may end up '*being bad for us as a society*' (18%, 23%, 39%, 18% strongly agreed respectively).

Figure 11 refers to the following statements:

- **Statement A:** For some people, thinking and knowing too much about child sexual abuse (particularly when it happens within a family or from people who are known by the victim / their family)), it might be too much to handle.

- **Statement B:** Knowing more about how often child sexual abuse happens might make me less trusting of others around me.

- **Statement C:** I'm a bit worried that the more you know about things like child sexual abuse as a kid, the harder it is to just enjoy your childhood and trust people.

- **Statement D**: If we think and know too much about child sexual abuse (particularly when it happens within a family or from people who are known by the victim / their family) it could really damage our trust in each other as adults and might end up being bad for us as a society.

Figure 11: Attitudinal barriers – loss of innocence by cohorts

Attitudinal barriers – loss of innocence by cohorts	Statement A	Statement B	Statement C	Statement D
	A7	A7	A7	A7
	n=4,011	n=4,011	n=4,011	n=4,011
	%	%	%	%
All respondents	**27**	**22**	**18**	**14**
Males (n=2,034)	27	19	18	15
Females (n=1,958)	26	25^	17	13
18-24 years (n=508)	28	26	23^	16
25-39 years (n=1,140)	28	25	18	16
40-49 years (n=1,212)	25	21	15*	13
50+ years (n=1,151)	26	19	17	12
Parent / guardian / carer of child <18 years (n=1,402)	28	28^	21^	18
Grandparent of child <18 years (n=603)	25	18	16	13
Sibling of child <18 years (n=204)	28	23	23	20
Non-parent/grandparent/sibling (n=1,848)	27	19	16	12
LGBTQIA+ (n=430)	34^	26	21	18^
People with disability (n=467)	35^	32^	26^	23^
First Nations people (n=206)	42^	45^	34^	39^
Culturally and Linguistically Diverse people (n=660)	30^	25	20	18^
Metropolitan (n=2,936)	27	22	17	13
Regional (n=1,075)	27	22	19	16

A7:   And thinking more broadly about having conversations with other people, including children and young people, about child sexual abuse, how much do you agree or disagree that …
^   Significantly higher relative to the overall average at 95% confidence interval
*   Significantly lower relative to the overall average at 95% confidence interval

4.3. In order to avoid having to think or talk about the topic, and experience a potential erosion of innocence, many unconsciously default to three powerful heuristics ('defence mechanisms')

While there is widespread agreement of the need to address child sexual abuse, **the desire to protect or preserve 'innocence' leads to an avoidance of talking about the topic with others** (adults, children, young people), **as well as in thinking about the topic as individuals**. This avoidance occurs via a range of automatic defences or excuses (heuristics) which ultimately impede the likelihood for engagement. These heuristics are present with consistency across all cohorts and are related to the automation of:

A. Normalisation of broader societal **silence** to justify individual silence.

B. Anchoring to **archetypes** to reduce personal proximity.

C. **Minimisation** to remove a sense of reality.

A. Normalisation of broader societal silence to justify individual silence

The degree to which there is silence is acknowledged in the National Strategy, which refers to a 'collective silence' around the topic of child sexual abuse. Throughout this research, this silence was evident across the community. When people were asked to think about child safety and whether it is something that should be talked about, **many said they actively avoiding thinking or talking about it, and intentionally remain silent**.

Often, their silence was explained or linked to a perceived norm of much broader systemic silencing of the topic. This was described as providing an external role model of expectations for the community and individuals to engage with the topic. When this occurred, there were references to:

- a perceived lack of a consistent leadership voice from **Government.** Given the Government has not previously communicated on the issue of child sexual abuse, this could be considered an expected assumption. However, it is noted that when the perception that Government is not actively engaging in the topic exists, people unconsciously consider it acceptable for individuals to also avoid active engagement.

> *"I think the fact that **we try to silence** …so when people are talking about sexual abuse, or they try to …**it's happened recently with the Government, they will silence what you can and can't talk about**." (Mother)*

- perceptions that while **high-profile national processes** to address child sexual abuse (specifically, the Royal Commission into Institutional Responses to Child Sexual Abuse) were positive, they followed decades of perceived silencing and avoidance of the topic at a systemic level. When this perception exists, it unconsciously drives validation for the silence of individuals and community.

> *"The enquiry [Royal Commission] was far reaching and the systemic abuse that was swept under the carpet, and the amount of people that are complicit in it …yet, for all of the evidence put before the administrators of these organisations…**largely they tried to sweep it all under the carpet decade after decade**." (Father)*

- **victims and survivors**, and the acknowledged challenges prior, during and post-disclosure. Participants acknowledged the difficulties of disclosure and showed an understanding of why disclosures take time, and sometimes do not eventuate. However, this drives a default belief that people without lived experience may not have legitimacy to talk about something that those affected are not talking about.

> *"**You can understand why people don't come forward** when you see what media do to them. They crucify them …the perpetrator's not because he's protected." (Mother)*

> *"**Victims cop a lot of heat, questioning and doubt**. After the act itself they get a raw deal in the media and cop a lot of grief. If people see that, they might think do I put my hand up? It might have happened to me but look at the amount of grief that these people do cop for it. I think that's a problem." (Father)*

B. Anchoring to archetypes to reduce personal proximity

Throughout the qualitative research, when people talked about the topic of child sexual abuse, there were consistently described beliefs about child sexual offenders that linked to stereotypes or archetypes. These archetypes related to a small, recognisable cohort of offenders, for example – the '**stranger in the park** trying to entice children', 'a **powerful member of an institution or organisation** exerting power', or 'a **high-profile individual** using their status or fame to influence children and young people'.

These archetypes were **articulated with default and, were unintentionally described at the exclusion of acknowledging other higher prevalence offenders** – particularly familial, or people who may be known to the child or young person. When this default archetypal attribution occurred, an individual's sense of personal proximity to the issue (the need to think or talk) was reduced, thereby making the topic easier to ignore.

> *"With **stranger danger**, it's easier to talk about because I'm more removed from it. No-one wants to talk about their neighbour, or the uncle, or the sports coach touching their kids." (Father)*

> *"Normally you would think **it's an old guy trying to play with younger children**." (Influencer)*

> *"…it's the 'Hey Dad' example …**the people in power**." (Father)*

> *"There was a fairly large case in the last couple of weeks …**it's guys that are working together that are doing this, and it seems to be people with money and influence and power**." (Father)*

> *"There's a lot of things been put in place and that we've learnt from. **Most of those institutions...the orphanages...the boys' homes are gone – a lot of the opportunities have now been removed.** It's good to learn from the mistakes of the past... society has moved and values have changed." (Father)*

> *"**We think it's scumbags… but it's not**… it's judges and teachers and priests and politicians and business owners and doctors." (Grandparent)*

> *"The problem is that when the media only focuses on these high-profile individuals it really **makes you think it's not in your own world**." (Mother)*

C. Minimisation to remove a sense of reality

While there was no active intent to be disrespectful or cause harm to victims and survivors, some sought to distance themselves from the reality and the potential for lost innocence through minimising and deflecting the topic. While not universal, this can present in the form of making heedless observations about the topic – which are recognised as 'wrong', but nonetheless served as a viable defense mechanism for some and/or potentially an 'emotionally safe' way to think about it.

> *"Growing up, everyone was like …you want to become a Scout leader …and **there will be these jokes about it** …the community now associates Scout leader or Priest with the connotation of sexual abuser almost." (Father)*

> *"You feel like you've been demonised because you work in Catholic school. **There were a lot of jokes in the media …you get sent whole episodes of South Park and shows like that**." (Male teacher)*

> *"**There's a joking way to deal with this** – people say that he looks like a paedophile. And with kids, whether they're a bit older, and I've tried to minimise it, but you know, **you don't hear them just joke about someone being a rapist, but you can call someone a paedo**, and you know it's kind of minimising that." (Mother)*

> *There was also evidence that minimisation to some extent reflects previous attitudes. One quarter of adults (25%) strongly agreed with the statement "I think there are probably people my age who might have known, or have heard a story of someone, who was relatively close (e.g. something in their school or sporting club, or something) who was exposed to some form of child sexual abuse when they were younger …but it was something we, on some level, just seemed to dismiss …I'm not sure why, but it didn't really seem to feel like as much of a big deal back then." (Mother)*

As can be seen in Figure 12, the level of agreement with this statement showed:

- higher levels of agreement among **females** with 28% strongly agreeing compared to 23% of **males**,

- higher levels of agreement were also evident among young adults with one in three adults **aged 18-24 years** strongly agreeing with the statement,

- higher levels of agreement among **parents** (28% strongly agreed) and **siblings** (33% strongly agreed) of children aged 10-17 years,

- this historical minimisation was also evident among those in the **LGBTIQA+ community** (32% strongly agreed), **people with disability** (25% strongly agreed) and **First Nations people** (44% strongly agreed).

Figure 12: Response to statement about historic personal proximity

Response to the statement "I think there are probably people my age who might have known, or have heard a story of someone, who was relatively close (e.g. something in their school or sporting club, or something) who was exposed to some form of child sexual abuse when they were younger …but it was something we, on some level, just seemed to dismiss …I'm not sure why, but it didn't really seem to feel like as much of a big deal back then"	Strongly disagree	Strongly agree	Differential (+/-)
	QA7	QA7	QA7
	n=4,011	n=4,011	n=4,011
	%	%	pp
All respondents	**14**	**25**	**+11**
Males (n=2,034)	13	23*	+10
Females (n=1,958)	14	28^	+14
18-24 years (n=508)	12	31^	+19
25-39 years (n=1,140)	13	27	+14
40-49 years (n=1,212)	12	24	+12
50+ years (n=1,151)	16^	23	+7
Parent / guardian / carer of child <18 years (n=1,402)	13	28^	+15
Grandparent of child <18 years (n=603)	16	24	+8
Sibling of child <18 years (n=204)	11	33^	+22
Non-parent/grandparent/sibling (n=1,848)	13	24	+11
LGBTQIA+ (n=430)	13	32^	+19
People with disability (n=467)	15	35^	+20
First Nations people (n=206)	10	44^	+34
Culturally and Linguistically Diverse people (n=660)	12	25	+13
Metropolitan (n=2,936)	13	25	+12
Regional (n=1,175)	14	28	+14

QA7:   And thinking more broadly about having conversations with other people, including young people, about child sexual abuse, how much do you agree or disagree that… (table shows: 8-10/10 'strongly agree' and 0-2/10 'strongly disagree')
Differential = percentage point (pp) difference between 'strongly agree' and 'strongly disagree'
^   Significantly higher relative to other sub-groups at 95% confidence interval
*   Significantly lower relative to other sub-groups at 95% confidence interval

5. Insight 3: Conflicted morality impedes engagement

5.1. Summary

While loss of innocence, and the heuristic responses attached to it are experienced automatically for many adults, there are also a range of rational barriers that serve to create a sense of 'conflicted morality' where adults question whether having conversations on this topic is the right thing to do. This sense stems from doubts as to whether greater acknowledgement and discussion of the issue will result in a net benefit.

These feelings of 'conflicted morality' reflect a cost-benefit equation which for many, feels weighted towards 'cost' or risk. This is based on a number of consequences that adults fear might be the result of introducing this topic to children and young people:

- **Unintentionally placing responsibility for the problem on children and young people:** Some adults worried that children may interpret the information as meaning they become responsible for keeping themselves safe.

- **Erosion of trust in all adults:** Adults feared that the conversation may increase anxiety and be generalised by the child to a fear of all adults creating problems for the child's development.

- **Early maturation of children and young people:** There was a concern that speaking on this topic was forcing children and young people 'grow up too fast' or take on adult concepts.

- **Misinterpretation by children and young people causing confusion:** Adults worried that children would repeat and misrepresent the conversation to others. This could create fear in other children, or result in adults needing to justify and explain their actions to authorities or other parents.

- **The risk of being the only one to raise the topic:** The perceived silence around this issue created fear of being singled out as someone who raised this subject or wanted to have proactive conversations.

To avoid the potential costs of the conversation, some deferred the educational component of child safety to the education sector. One in five adults strongly agreed that *'the best place for young people and children to learn about staying safe from child sexual abuse is at school'.*

While loss of innocence, and the heuristic responses attached to it, are experienced automatically for many adults, there are also a range of more rationally processed attitudes which impact an individual's likelihood to engage in a conversation regarding child sexual abuse with children and young people, as well as with adults. The first of these is a sense of "conflicted morality", where people question whether having a conversation is the right thing to do.

5.2. Many adults felt a sense of "conflicted morality" in relation to conversations with children and young people

As described previously when exploring adults' commitment to having conversations with children and young people, many questioned whether talking to other adults and children about staying safe from child sexual abuse was the "right" thing to do. While people believed keeping children safe from child sexual abuse was extremely important, they hold **doubts regarding whether greater acknowledgement and discussion of the issue result in net benefit – a sense of "conflicted morality"**.

> *"**Do we actually want to talk to kids about this** and try and protect the minority of kids that are being affected by it by talking to all the kids about it?" (Father)*

> *"Some of this is exploring things that some **kids don't even have a concept about and you could be putting things into their head**." (Father)*

> *"I'm fifty fifty on [talking to grandson] because he **questions everything** and I would never want to suggest to him that there is **something he needs to be scared of**" (Grandparent)*

Seven percent (7%) of adults strongly agreed *"I sometimes feel like there is more at stake to lose when having conversations with kids about staying safe from child sexual abuse, than there is to gain"*.

As can be seen in Figure 13, there were some significant differences between cohorts:

- **males** were less likely than females to feel there is a net benefit in having conversations with children and young people – 9% strongly agreed with the statement compared to 6% among females.

- **young adults** recorded higher agreement that there is more to lose than gain with 13% of those aged 18-24 years and 10% of those aged 25-39 years strongly agreeing with the statement.

- **parents** (13%) and **siblings** (10%) of children aged 10-17 years had higher levels of agreement that there is more to lose than gain.

- those in the **LGBTQIA+ community** (15%), **people with disability** (13%), **First Nations people** (33%) and those from **Culturally and Linguistically Diverse people** (11%) communities all had higher incidences of agreement with the statement suggesting fear of net loss from a conversation. Thus, while these cohorts may have greater levels of awareness and access to educational materials (as outlined in previous chapters), they are less likely to currently believe that using this knowledge to drive conversations would be effective.

First Nations people appear to have the highest conflicted morality – with equal proportions agreeing and disagreeing with the statement and, while many of the reasons for this are similar to other cohorts, there are additional factors of influence. These reflect that conflicted morality appears to exist in a broader context which includes:

- the **concern of being the initiator of a conversation within community**, alongside the moral conflict of having a conversation with a child or young person.

> *"It is a **topic that is very taboo** and not spoken about. It is hidden in families and the community." (First Nations, Father)*

- a desire to **protect victims and survivors from experiencing shame** by not having conversations.

> *"I think people would be more comfortable in talking about this issue if there was more awareness. It's really sad but **there is a lot of shame in people coming forward** who have experienced abuse." (First Nations, Influencer)*

> *"It's **not spoke about much** because people are aware of the impacts on children." (First Nations, Father)*

Figure 13: Response to statement on net gain or loss

Response to the statement "I sometimes feel like there is more at stake to lose when having conversations with kids about staying safe from child sexual abuse, than there is to gain."	Strongly disagree	Strongly agree	Differential (+/-)
	QA7	QA7	QA7
	n=4,011	n=4,011	n=4,011
	%	%	pp
All respondents	**41**	**7**	**-34**
Males (n=2,034)	36*	9^	-27
Females (n=1,958)	47^	6*	-41
18-24 years (n=508)	36	13^	-23
25-39 years (n=1,140)	39	10^	-29
40-49 years (n=1,212)	44	7	-37
50+ years (n=1,151)	43	4*	-39
Parent / guardian / carer of child <18 years (n=1,402)	41	11^	-30
Grandparent of child <18 years (n=603)	46^	4*	-42
Sibling of child <18 years (n=204)	39	15^	-24
Non-parent/grandparent/sibling (n=1,848)	40	6*	-34
LGBTQIA+ (n=430)	42	15^	-27
People with disability (n=467)	40	13^	-27
First Nations people (n=206)	30*	33^	3
Culturally and Linguistically Diverse people (n=660)	36*	11^	-25
Metropolitan (n=2,936)	40	7	-33
Regional (n=1,175)	44	8	-36

QA7: And thinking more broadly about having conversations with other people, including young people, about child sexual abuse, how much do you agree or disagree that… (table shows: 8-10/10 'strongly agree' and 0-2/10 'strongly disagree')
Differential = percentage point (pp) difference between 'strongly agree' and 'strongly disagree'
^ Significantly higher relative to other sub-groups at 95% confidence interval
* Significantly lower relative to other sub-groups at 95% confidence interval

5.3. Feelings of 'conflicted morality' reflect a cost-benefit equation which many feel is weighted towards the potential experience of 'cost' or risk

When describing the conflicted decision of whether having a conversation about child sexual abuse is the 'right thing to do', many identified a range of potential costs, or risks, which could be experienced and the which made potential benefits appear relatively distant. These costs included:

A. **Unintentionally placing responsibility for the problem on children and young people**. Some adults held a concern that having conversations about child sexual abuse with children and young people would risk the interpretation that the problem needs to be mitigated or controlled by children or young people themselves. When this perceived cost is present among parents and adult influencers, it is often a result of uncertainty in how to have effective conversations, and it results in a strong desire to avoid conversations.

> *"When my daughter was younger, we all wanted to explain things to her about how to keep herself safe but when you're talking to a **very young child it's hard to be sure you aren't making her think she has to deal with anything that happens**." (Mother)*

> *"It's a really dangerous topic to discuss if you don't understand it yourself. It is very easy to tell children the wrong thing and they will believe it implicitly because trust is how they build their world, if you get it **wrong it will have horrible repercussions later in life."** (Father)*

> *"I like to think there are ways of talking to young people– as **long as we are not creating more fear**." (Mother)*

B. **Erosion of trust in *all* adults**. Some adults hold concern that a conversation around child safety with children and young people may be misinterpreted by young people, generate fear and result in an erosion of trust in *all* adults. When this occurred, there was a perception that conversations may not be protective, and may rather create additional problems for children and young people.

> *"I would try to relay this information … **but you worry about putting too much fear into them so they isolate themselves and become distrustful of everybody**." (Mother)*

> *"Sometimes, I worry that … **the children maybe, find it hard to trust people …you don't want it to be so much of an issue that it interferes with their ability to socially connect either."** (Mother)*

C. **Early maturation of children and young people**. Some adults were concerned that openly talking about staying safe from child sexual abuse risks pushing children to mature too quickly, 'grow up' or take on adult perspectives and knowledge before they, or their parents / guardians, may feel ready to do so.

> *"As soon as a child hears a message about 'this' [child sexual abuse], then it matures them …**there's that transition with the child growing up, and that can be challenging because …once that awareness is there, it can never go back …that loss of innocence …knowing that the world isn't the Wiggles and happy kids**." (Mother)*

"Apart from educationally talking about the birds and the bees, how do you really bring it up with a child without really disclosing anything…you are covering a topic that doesn't happen until later in life. You're crossing between adulthood and what children should and shouldn't be exposed to." (Father)

"You mute the news because you know what the pictures are, and you don't want them to see what's happening. You want to shield them away from what's happening- they don't need to know that. In my case, she [my child] is a girl, so I don't want her to see that. If I shield her from it, I'm hoping it doesn't affect her." (Father)

D. Misinterpretation by children and young people causing confusion. When thinking about talking to children about staying safe from child sexual abuse, some adults (particularly parents) were concerned that children and young people may repeat or misinterpret information they had learned about child sexual abuse. There was concern this could unintentionally lead to formal reports against the parents, or uncomfortable discussions where the parent needed to justify and clarify the nature of the conversation with the child to other adults (for example, other adults or school staff).

"If you did this with some six year olds I know, they'd go to school and say 'my mum sexually assaulted me' – it could go completely the opposite way. I think you'd have to have conversations with people that they're going to be around, their teachers, because things could come out of their mouth in the complete wrong way." (Mother)

"So, the kid receives the message but doesn't understand, and will go to school or on a playdate, and start blabbering on …and the other kid may not be on the same level, and they might have not had the chat or discussion or any sort of education from their end, so there may be inconsistencies." (Father)

"Last year I had a call from the school, and my daughter had said 'someone touched my vagina' ..and I was like 'oh my god' …but it was like an accident – someone's bag had unknowingly brushed her as they were walking past. But my daughter took it so literally that someone doesn't touch my private area, and that was great but …we underestimate what they take away." (Mother)

E. The risk of being the only one to raise the topic. As has been previously referenced, the majority of adults did not appear to have proactive, preventative conversations with children and young people about child sexual abuse currently and, this does not go unnoticed by individuals. This extends to disagreements between parents about the most appropriate level of discussion. The 'collective silence' in the community contributes to a perception that initiating a conversation may be counter to an established community norm. This further drove a sense of conflicted morality.

"My husband gets upset with me because I'm always talking about it, whenever I hear about another case; he thinks people are going to stop wanting to be around me but I don't care. This is important." (Mother)

"I see this all the time when I raise it a dinner parties…people just don't want to talk about it." (Expert stakeholder)

"It's interesting. I would feel comfortable saying you shouldn't have let him drive home the other night [drunk driving] but I would never say you shouldn't let grandpa jiggle her on his knee like that. That's a long way from where we are..." (Mother)

*"There's a burden, a sense of obligation …I feel like I might have to be the one to deliver that conversation, when perhaps **I should be supported by my partner** …I feel like it sits squarely on my shoulders." (Mother)*

*"A lot of it's to **do with how you were raised** – if your parents had these conversations with you then it's easier for you to have those conversations with your child." (Mother)*

Quantitatively, one in five (21%) adults strongly agreed that '*I don't really see and hear open conversations about child sexual abuse happening around me …so, I probably wouldn't want to be the one to start the conversation*'. This confirms the value of normalising conversations in communications.

As can be seen in Figure 14:

- **males** were significantly more likely than females to feel a normalised absence of conversations (23% agreement, 11pp differential), whereas females were more divided (2pp differential).

- those in the **LGBTQIA+** community (28% agreement, 15pp differential), **people with disability** (27% agreement, 10pp differential) and **First Nations people** (34%, 19pp differential) were significantly more likely to feel a normalised absence of conversations.

Figure 14: Response to statement about community conversation

Response to the statement "I don't really see and hear open conversations about child sexual abuse happening around me …so, I probably wouldn't want to be the one to start the conversation"	Strongly disagree 0-2/10)	Strongly agree (8-10/10)	Differential (+/-)
	QA7	QA7	QA7
	n=4,011	n=4,011	n=4,011
	%	%	pp
All respondents	**15**	**21**	**+6**
Males (n=2,034)	12*	23^	+11
Females (n=1,958)	17^	19*	+2
18-24 years (n=508)	13	21	+8
25-39 years (n=1,140)	15	22	+7
40-49 years (n=1,212)	14	20	+6
50+ years (n=1,151)	15	22	+7
Parent / guardian / carer of child <18 years (n=1,402)	17	20	+3
Grandparent of child <18 years (n=603)	17	20	+3
Sibling of child <18 years (n=204)	14	22	+8
Non-parent/grandparent/sibling (n=1,848)	13*	23	+10
LGBTQIA+ (n=430)	13	28^	+15
People with disability (n=467)	17	27^	+10
First Nations people (n=206)	15	34^	+19
Culturally and Linguistically Diverse people (n=660)	14	23	+9
Metropolitan (n=2,936)	14	21	+7
Regional (n=1,175)	17	21	+4

QA7:   And thinking more broadly about having conversations with other people, including young people, about child sexual abuse, how much do you agree or disagree that… (table shows: 8-10/10 'strongly agree' and 0-2/10 'strongly disagree')
Differential = percentage point (pp) difference between 'strongly agree' and 'strongly disagree'
^   Significantly higher relative to other sub-groups at 95% confidence interval
*   Significantly lower relative to other sub-groups at 95% confidence interval

5.4. To avoid the potential costs of the conversation, some defer the educational component of child safety to the education sector

One in five adults (19%) strongly agreed that '*the best place for young people and children to learn about staying safe from child sexual abuse is at school*' – this was similar to the proportion who disagreed with this statement (17%). When this attitude is present, it somewhat abdicates responsibility of the adult to have the conversation, thereby resolving their conflicted morality. As can be seen in Figure 15, the perception that the best place to learn about child safety is at school was higher (in terms of absolute values of agreement, and greater proportions in agreement than disagreement) among:

- **males** compared to females (differential of +6pp compared to -2pp).

- **young adults** who were 18-24 and 25-39 years (differential of +14 and +6pp respectively)

- those in the **LGBTQIA+** community (+13pp differential, and 26% agreement), **First Nations people** (+12pp, and 31% agreement) and those in **CALD communities** (+12pp, and 25% agreement). This aligns with a higher incidence among these groups of a fear of net loss from having a conversation on this topic.

- those living in **metropolitan** Australia (+4pp differential and 20% agreement compared to those in regional Australia (+3pp differential, and 16% agreement). This aligns to the previously reported higher levels of perceived need and self-efficacy of those in regional locations to have conversations about child safety with children and young people.

Figure 15: Response to statement about the role of schools

Response to the statement "The best place for young people and children to learn about staying safe from child sexual abuse is at school".	Strongly disagree (0-2/10)	Strongly agree (8-10/10)	Differential (+/-)
	QA7	QA7	QA7
	n=4,011	n=4,011	n=4,011
	%	%	pp
All respondents	**17**	**19**	**+2**
Males (n=2,034)	15*	21^	+6
Females (n=1,958)	19^	17*	-2
18-24 years (n=508)	10*	24^	+14
25-39 years (n=1,140)	15	21^	+6
40-49 years (n=1,212)	17	18	+1
50+ years (n=1,151)	21^	15*	-6
Parent / guardian / carer of child <18 years (n=1,402)	17	20	+3
Grandparent of child <18 years (n=603)	23^	15	-8
Sibling of child <18 years (n=204)	10*	25	+15
Non-parent/grandparent/sibling (n=1,848)	15	20	+5
LGBTQIA+ (n=430)	13	26^	+13
People with disability (n=467)	20	22	+2
First Nations people (n=206)	19	31^	+12
Culturally and Linguistically Diverse people (n=660)	13*	25^	+12
Metropolitan (n=2,936)	16	20^	+4
Regional (n=1,175)	19	16*	-3

QA7:   And thinking more broadly about having conversations with other people, including young people, about child sexual abuse, how much do you agree or disagree that... (table shows: 8-10/10 'strongly agree' and 0-2/10 'strongly disagree')

^   Significantly higher relative to other sub-groups at 95% confidence interval

*   Significantly lower relative to other sub-groups at 95% confidence interval

6. Insight 4: A conversation can feel like 'unknown territory'

6.1. Summary

When it comes to having proactive conversations with children and young people about staying safe from child sexual abuse, most adults have low response efficacy – low confidence in knowing whether conversations have resulted in the desired outcome. Conversations themselves feel like 'unknown entities' with lack of clarity about what to say when and how to interpret the child's response.

There are a series of specific concerns that contribute to this low response efficacy:

- **How to initiate a conversation when there is no concern:** When there was uncertainty about age-appropriate content and perceived risk, there was increased uncertainty about initiating a conversation.

- **How to initiate a conversation when there is a concern:** Even when there was a concern, this can heighten discomfort with the topic and fear of what adults might learn.

- **How to respond if there is a disclosure:** Adults lack confidence in how they should respond both in immediate response to a disclosure and in terms of the next steps.

- **How to respond if there is no response during the conversation:** Adults questioned appropriate interpretation (and any need for subsequent action) of the child's response, or lack of response to the conversation.

- **How to respond to difficult questions or difficult component of the conversation:** Adults worry that they will be required to explain concepts or answer questions that are considered too mature for the child's understanding.

- **Even if I get it 100% right, will it actually have an impact:** There was a sense in the community that ultimately this problem might not be solvable. This was reinforced by the 'othering' of offenders through stereotypes.

Qualitatively, when adults are asked to consider what could happen if they did have a conversation, even if hypothetically, many held low response efficacy – low confidence in knowing whether conversations would result in the desired outcome. Ultimately, conversations about child sexual abuse are felt to be unknown entities – not just in terms of 'what' to say, but 'how' to interpret what may come back from the child or young person. It is noted this was potentially linked to historical silence on the topic at a community level.

The consistent concerns regarding response-efficacy related to:

- **how to initiate a conversation when there is no concern:** For many adults, the question of when to initiate a conversation with a child or young person was an unknown entity, particularly if there was no perceived proximate concern. This links not only to the age of the child or young person, but their perceived level of maturity and perceived potential to be exposed to risk. When the answers to the above are unclear, there is uncertainty regarding how to initiate the conversation:

    *"There's a huge chance **the conversation will go badly but there's only a 0.01% chance your child will be sexually abused**." (Father)*

    *"…so then you weigh up, **if I have this conversation with my kid, and it's not a good conversation, the conversation is done. Probably you weigh up the two evils. What's going to be worse?**" (Father)*

- **how to initiate a conversation when there is a concern:** The presence of concern does not necessarily elevate an adult's perceived ability to have a conversation about child sexual abuse. In some cases it even heightened the discomfort with the topic and the fear about what they might learn.

    *"I think it's really hard because if they don't trust you or don't really want to talk about it, **there's no way of forcing it or getting them to tell you personal things**. A man could bring it up with his daughter, like, this is a thing, don't be shy, don't be ashamed, but it's really hard to open up about it to just anyone." (Sibling)*

    *"**Maybe I wouldn't know how to spot it until it was really obvious and to light**. You know I might pick things up when it's too late. And, whereas if you have more training or awareness or understanding you pick it up earlier" (Mother)*

    *"With young children….we don't want to give too much information and scare them too much…but we also want them to have the information so **they know when they can speak up**" (First Nations, Mother)*

- **how to respond if there is a disclosure:** Adults feared lack of ability to appropriately respond should a conversation result in a disclosure of experience. They did not feel confident about what they should do, how they should respond, how they would cope with the knowledge and how they best protect their child.

    *"Well, **how do you proceed once you find out, what are the next steps**, who do you report it to?" (Sibling)*

    *"Like **where can I go? What is available, who can I speak to?** Is there a safe place within a school system for them to…. you know…. with mandatory reporting and that sort of thing" (Mother)*

> "**What do you do after you have that conversation** if you feel like something is going on?" (Mother)

- **how to respond if there is no response during the conversation:** Some adults questioned how to interpret a scenario where the child or young person may not respond, or appear disengaged, during or post the conversation initiated by the adult. It was considered unknown whether this was a positive, or negative outcome and this uncertainty could create a sense of nervousness in initiating a conversation. For example:

> "**Did they understand?** Will they come to me if there is a problem? **Should I have said more or less…?**" (Mother)

> "**It could be that the child put up a brick wall and didn't want to talk about anything.** That would be a red flag for me. **But afterward, I'd also worry if they seemed to discount it, or if they are too blasé about it too.**" (Father)

- **how to respond to difficult questions or difficult components of the conversation:** In addition to holding concern over 'no questions / no engagement', there was equally weighted concern regarding how to respond to direct questions from children and young people during conversations about child sexual abuse. There was concern around feeling obligated to provide more information than they intended, or that they felt was appropriate. They worried that these answers might scare, confront or confuse a child.

> "You still want to keep your kids safe …so, you tell them about stranger danger, but I can't figure out **how you'd say it could be their uncle or the neighbour** coming over and inflicting this stuff, **it's too difficult to talk about.**" (Father)

> "I'll tell them to protect themselves, especially certain body parts. But **if they ask me what is sexual abuse, I probably wouldn't know how to explain it, as they're still very young and there are things that they don't understand yet.**" (CALD Mother)

- **even if I get it 100% right, will it actually have an impact?** There was a latent belief that the topic itself may not have a 'solution', which can undermine the drive for adults to overcome associated self-efficacy issues. This belief appeared to be linked to ideas about the nature of child sexual offending, such as offenders being 'sick' / 'bad people', mentally ill / disordered, or that they are compelled by an uncontrolled sexual attraction towards children. These assumptions created the conclusion in the minds of many adults that the behaviours of child sex offenders are very difficult or perhaps impossible to address. This highlights the need for communications to avoid archetypes or stereotypes of offenders. Doing so risks diverting attention back to the "othering" of offenders and reducing the perceived proximity of the issue.

> "Sorry to say this…**I don't think we can solve this.**" (Influencer)

> "You can't expect this to be solved with money… **actually It's probably never going to be a problem that you can solve. It's just something that will be an ongoing challenge.**" (Father)

> "Sometimes it feels like even if you do have the conversation about it, **it won't help fix the situation anyway**". (Influencer)

*"In many ways **people actually don't genuinely believe that child sexual abuse is preventable...** instead we should 'throw the book' at those who have offended…but there's very little genuine community conversation about prevention."* (Expert stakeholder)

These concerns were reflected quantitively. The responsibility for protecting children was clear. Two thirds (66%) of adults strongly agreed that '*adults have the leading responsibility to protect children from child sexual abuse*'.

However, the concerns about the conversation aware also clear with one third of adults (33%) having strongly agreed that '*most adults think they will say the wrong thing in a conversation with children about child sexual abuse*'. Further, one quarter (26%) strongly agreed that '*adults to not have enough, or the correct, information or expertise to engage children in a conversation about child sexual abuse*'. These fears acted as real barriers to initiating conversations.

Figure 16 shows a high level of consistency across the different cohorts. The only significant variation was a higher level of agreement among **grandparents** (77%) and those in **regional** Australia (74%) that 'adults have the leading responsibility to protect children from child sexual abuse'.

Figure 16 refers to the following statements:

- ▪ **Statement A:** Adults have the leading responsibility to protect children child sexual abuse.

- ▪ **Statements B:** Most adults think they will say the wrong thing in a conversation with children about child sexual abuse.

- ▪ **Statement C:** Adults do not have enough, or the correct, information or expertise to engage children in a conversation about child sexual abuse.

Figure 16: Talking to children and young people

Talking to children and young people (strongly agree)	Statement A	Statement B	Statement C
	Q20	Q20	Q20
	n=4,011	n=4,011	n=4,011
	%	%	%
All respondents	**66**	**33**	**26**
Males (n=2,034)	65	31	27
Females (n=1,958)	67	34	26
18-24 years (n=508)	55	33	25
25-39 years (n=1,140)	56	35	26
40-49 years (n=1,212)	66	34	26
50+ years (n=1,151)	76	31	27
Parent / guardian / carer of child <18 years (n=1,402)	62	31	26
Grandparent of child <18 years (n=603)	77^	30	28
Sibling of child <18 years (n=204)	59	34	24
Non-parent/grandparent/sibling (n=1,848)	64	35	27
LGBTQIA+ (n=430)	63	38	30
People with disability (n=467)	68	37	29
First Nations people (n=206)	60	37	28
Culturally and Linguistically Diverse people (n=660)	60	31	27
Metropolitan (n=2,936)	63	33	26
Regional (n=1,175)	74^	33	26

A7:   And thinking more broadly about having conversations with other people, including children and young people, about child sexual abuse, how much do you agree or disagree that …(figure shows strongly agree 8-1010)
^   Significantly higher relative to the overall average at 95% confidence interval
*   Significantly lower relative to the overall average at 95% confidence interval

7. Insight 5: There is a strong desire for leadership

7.1. Summary

While adults recognised their personal role in having conversations with children and young people, there was strong support, and expectation, for the Government to have a role in facilitating these conversations.

Adults look to the Government to:

- Move beyond policy interventions and service provision into raising awareness,

- Address awareness of the need, and education about how to have these conversations, including encouraging proactive conversations, providing guides and resources, ensuring approaches are inclusive and driving progression over time. This includes support for a National Campaign.

While adults recognised the importance of their personal role in having conversations with children and young people, there was strong support, and expectation, for the Government to have a role in facilitating these conversations. As evidenced in Figure 17:

- Close to half (46%) of adults strongly agreed 'Governments need to consistently talk to Australians about child sexual abuse in order to help them to protect children', and only a minority (3%) disagreed. A similar proportion (43%) strongly agreed that 'Governments should prioritise this issue above others when it comes to keeping young people and adults safe and secure'. Agreement was at comparable levels across sub-groups.

- Equally, close to half (45%) strongly disagreed that 'it is not the place of Government to have a conversation with Australians about child sexual abuse'. Disagreement was at comparable levels across sub-groups.

- One third (32%) strongly agreed that 'hearing from the Government about child sexual abuse would make me engage more with the topic' (61% total agreement, 6-10/10). Agreement was at comparable levels across sub-groups. This is noted in context of the previous discussion regarding the attitudinal barriers that exist among adults, and that encouraging engagement with the topic is a long-term objective.

Figure 17: Perceptions of Government's role

Perceptions of Government's role	Strongly disagree	Strongly agree	Differential (+/-)
	QA7	QA7	QA7
	n=4,011	n=4,011	n=4,011
	%	%	pp
Governments need to consistently talk to Australians about child sexual abuse in order to help them to protect children	3	46	+43
Governments should prioritise this issue above others when it comes to keeping young people and adults safe and secure	3	43	+40
Governments have the leading responsibility to protect children from child sexual abuse	8	34	+26
Hearing from the government about child sexual abuse would make me engage more with the topic	8	32	+24
It is primarily the government's role to educate me and my family on the issue of child sexual abuse	13	23	+10
Governments should not intervene in what families do or say to protect their children from child sexual abuse	33	13	-20
It is not the place of the government to have a conversation with Australians about child sexual abuse	45	9	-36

Q21:   We now want to ask you about the role of the government specifically in relation to protecting children from child sexual abuse. To what extent do you agree with the following statements … (table shows: 8-10/10 'strongly agree')
Differential = percentage point (pp) difference between 'strongly agree' and 'strongly disagree'
^   Significantly higher relative to other sub-groups at 95% confidence interval
*   Significantly lower relative to other sub-groups at 95% confidence interval

Qualitatively, in terms of what people indicated a desire for the Government to communicate about, the evidence suggests a desire for:

- **more than policy interventions and service provision:** There was a stated desire for the Government to raise awareness and communicate directly with adults on the topic.

  *"Just funding an organisation can't be the end of it..,**it's got to be education for every person in society** realistically." (Father)*

- **awareness and education:** There was a desire for information on how to have proactive and preventative conversations about child sexual abuse with children and young people which:

  o will drive awareness and encourage **proactive conversations** with children and young people.

  *"There is a reactive approach, **we need a proactive approach** to deal with these issues before they even happen." (Father)*

  *"I **don't think it's spoken about enough**. My biggest fear is that something will happen to one of my kids." (Father)*

  o can provide **guides**, **tools** or **resources** to support adults through initial conversations.

  *"It is our job as parents, but the Government needs to give us the tools and ammunition to recognise it and tell us what we can do when we do recognise it and get the child to buy in. We need them to **help us how to work it out**." (Father)*

  *"It starts with **not just one person, it starts with the Government** giving everyone tools to discuss it and with people it starts with your family life at home, **knowing how to discuss it with the children**." (Mother)*

  o are **inclusive**.

  *"**Everyone should have a little part**, where we can stop this thing." (Father)*

  o **progress over time** from awareness raising to information that relates to more specific elements of child sexual abuse and hence, content for more specific conversations with children and young people.

  *"The **more people talk about it, the more people are aware of it, and then you can start educating** what you say as you go…grooming type things, especially with kids in social media and phones and what not." (Mother)*

8. Summary: The heart of the issue

While the vast majority of adults (91%) agreed that *'keeping young people safe from sexual abuse'* is an important issue for Australia to address, this agreed importance does not necessarily translate to adults engaging with the topic. This is because 'knowing' the topic is important does not necessarily translate to an ability to have conversations about it. In fact, only around one in eight (13%) adults were likely to be currently having conversations about child sexual abuse with children and young people.

It is, however, clear from the National Strategy that conversations are considered an essential component to addressing the issue because in failing to talk, *our collective silence perpetuates suffering12.*

At the heart of why silence exists is a disconnect between how we rationally 'think' about the issue, and the emotions we 'feel' when thinking and talking about child sexual abuse.

In our 'heads' (our rational thought), people believed that keeping children and young people safe from sexual abuse is important. But, talking about it is different. Many didn't feel expert, there were concerns there may be more to 'lose' than 'gain' from conversations, and the thought of talking about it was wrapped in deep discomfort. There was concern that elevating the topic might result in 'lost innocence' for children and young people, for adults, and for community. There was a conflicted morality regarding whether having a conversation with children and young people is the right thing to do, whether it will have a benefit to the individual and, ultimately contribute to addressing the problem.

Overriding this was a strong desire for the Government to provide leadership in conversations – with strong agreement that *'Governments need to consistently talk to Australians about child sexual abuse in order to help them protect children'*, and that *'the issue should be prioritised'*. There was also a strong willingness to respond to communications on the topic, with strong agreement that *'hearing from the Government about child sexual abuse would make me engage more with the topic'*.

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12 https://www.childsafety.gov.au/system/files/2022-09/national-strategy-2021-30-english.pdf, page 15

9. Additional Context: Specific audiences and expert perspectives

The following chapter covers key insights from a number of audiences including victims and survivors, other experts, proxies for the voice of children and young people, First Nations people and culturally and linguistically diverse people.
The insights are derived from extensive qualitative research across each group, including depth interviews and focus groups.

9.1. Victims and survivors

All victims and survivors who took part in this research were **highly supportive of a national campaign**. Fundamentally, victims and survivors involved in this research had a strong preference for communications that result in preventative outcomes, in order that others can be protected, and levels of harm reduced.

> *"We need to talk more about it…**by not talking about it we keep victims living in shame instead of seeing opportunities to prevent and reduce the incidence**." (Victims and survivors)*

> *"It needs to be a **community wide approach**. This could tackle the assumption that it can only happen in certain areas and to certain children." (Victims and survivors)*

> *"It might **encourage children to come forward** and to see that it's not just happening to them. Help them to realise that there are things they can do and **it's okay to ask for help**." (Victims and survivors)*

> *"A national campaign **makes it easier for us all to be on the same page**. It starts the conversation and acknowledges that the government feels it's important enough to educate people about." (Victims and survivors)*

As a result of their lived experience, and its overarching societal importance, victims and survivors involved in this research felt a sense of urgency to this issue. They strongly indicated that a key role for communications will be to **break the silence around the issue and upend the sense of inertia** they see in the community, and this aligns with the objectives of the National Strategy.

> *"There is still hesitancy around talking about sex and sexual behaviour to children. The chances are that 4 or 5 children in the class have been abused ...**we are doing kids a disservice about their ability to process** ...**we're telling them don't talk about it because it's bad for other people to hear it**." (Victims and survivors)*

> *"We urgently need to **reduce the stigma around child sex abuse from a victim perspective**. Change the acceptance in society around how children are treated." (Victims and survivors)*

There was a perception among victims and survivors involved in this research that the community is more ready to face this topic now than it has been in the past, and this has been driven by increasing numbers of advocates and those with lived experience speaking publicly of their

experiences and advocating for change. The previously described findings among adults supports this perceived readiness.

> *"Community is **more open to know in the last 3 or so years – particularly with people talking publicly about it**. Before that it was very much behind closed doors." (Victims and survivors)*

> *"There is **some willingness in the community now**…..women are more willing than men to address it. There is fear among men that talking about implies accusation of all males." (Victims and survivors)*

Aligning with feedback from experts, victims and survivors involved in this research highlighted the need to upskill the community in how to appropriately respond to disclosure. Victims and survivors involved in this research emphasised the critical importance of appropriate responses to disclosure, and the need for children and young people to have safe environments in which to talk about their experiences and to be supported, believed and not blamed for the abuse.

> *"What you can do is listen and believe a child …**you could save a child's life** …**be the hero by simply listening**." (Victims and survivors)*

> *"Believe children when they say they have been abused. Don't question it – and act on it. The **impacts of not being heard are as damaging as the abuse itself**. Even when people are older." (Victims and survivors)*

> *"The **most frequent response to disclosure is denial** …individuals struggle to believe that people they know are doing this." (Victims and survivors)*

Victims and survivors involved in this research highlighted the importance of avoiding stereotypes of what a typical "survivor" is or the nature of the impact of lived experience. Victims and survivors indicated that the impact of child sexual abuse can manifest in many ways, and the importance of not playing into stereotypes about what sort of person a survivor (or equally, a perpetrator) might be. They indicated that many perpetrators being highly trusted people (or parts of family units) as particularly challenging for the community, and particularly challenging for appropriate response to disclosure. This aligns to the previously described insight that adults can default to stereotypes or archetypes as a defensive mechanism to avoid engaging with the topic.

> *"There are assumptions about what a victim looks like – and that **they can't be highly functioning**." (Victims and survivors)*

> *"People have wrong perceptions of victim survivors. Like with me, people are surprised you have had a traumatic childhood because **you are so normal, so adjusted**. Not enough communication around that damage can present in myriad ways – we're not all junkies. Some people might become control freaks with huge fear of failure." (Victims and survivors)*

Victims and survivors involved in this research highlighted the important role of the media in setting the standards for discussion and appropriate framing for this topic. Given that a national campaign is likely to raise the profile of the issue, victims and survivors suggested consideration be given to providing media guidelines prior to launch. Similarly, victims and survivors emphasised the importance of having sufficient support mechanisms and services in place to assist with a likely uplift in disclosures and support materials for those caring for children.

*"The media has a role here too. Their shitty focus on reporting the insignificant things is terrible. **The media has a lot to answer for on this topic**." (Victims and survivors)*

*"The media has a role in addressing the **tendency to focus on stranger danger** as the key threat." (Victims and survivors)*

*"Breaking the silence is critical but we **must have the support structures in place to deal with the inevitable disclosures**. It can be very destructive – I've lost everything to this. Family, marriage, friends. Support is essential." (Victims and survivors)*

9.2. Other experts

There was strong support for a national, evidence-based campaign (recognised as needing to be long-term with multiple phases) that seeks to create sustained changes in both attitudes and behaviours among adults and parents. There was support that a national campaign is of benefit and would best be targeted to adults and parents. While experts emphasised risks for victims and survivors which are present in any communications on this topic, they agreed a communications campaign as critically important to deliver, as long as topic sensitivities are appropriately addressed:

*"The campaign is a great idea….it will provide **nationally consistent messaging** and demonstrate a commitment to everybody being aligned. It **raises the profile of child sex abuse as an issue**." (Expert)*

*"Benefit of a campaign is that it can **lift knowledge and hopefully elevate attitudes and awareness of the issue** – given it is still a topic that is prone to many myths." (Expert)*

*"Really important – not going to get anywhere **unless we raise community awareness**." (Expert)*

*"It's like there are four things which have changed so much over time…if you think of domestic violence, mental health, suicide….it's like **child abuse is the last thing to be acknowledged and addressed**." (Expert)*

Experts emphasised that child sexual abuse is an adult problem to solve, and care should be taken to ensure that the burden is not shifted (or be perceived to shift) to children and young people. Experts advised that while there are a range of protective behaviours or concepts that children and young people of all ages can be taught, it is not the job of children and young people to understand, process or be responsible for keeping themselves safe from sexual abuse.

*"The people who should be responsible for **addressing the problem is adults**. It's our responsibility to make things safe for children ...we shouldn't say to children that it is their problem to undertake all the checks in order for them to stay safe." (Expert)*

Aligning with the feedback from adults, experts perceived that adults and parents would benefit from increased education in ways to expand the repertoire of protective discussions with children and young people, without having to talk about 'sex' or other more mature concepts. They raised the importance of age-appropriate discussions across childhood and into adulthood that do not require children or young people to think about or understand sexual concepts or harm, but instead are about broad ideas of trust and safety. Experts reiterated that while these protective

ideas and concepts are helpful, they should be taught in a way that, as previously referenced, avoids putting the burden of the problem onto the child.

> *"It **doesn't have to be about sex – it's not "the talk".** We need to reframe it away from sex education and towards **protective behaviours and educating about boundaries**."*
> *(Expert)*

> *"If we haven't created that environment where the fundamentals about conversations about sex and sexuality are comfortable and happening frequently… we're not going to be able to have **free and open disclosures from children and young people about when they're not feeling OK**." (Expert)*

> *Parents are **terrified of those conversations**. How do I have that conversation? Parents **don't know how to do it**…and don't want to get it wrong. (Expert)*

Experts also raised the need for a balance between being honest about the extent of the issue and prevalence …but without creating hyper-vigilance or signalling the problem is intractable. They considered that, in order for progress to be made, adults and parents would need to understand and comprehend the nature and extent of child sexual abuse, but noted this did not necessitate the use of techniques or messages that may inappropriately 'shock' to the community.

> *"I think it has to raise awareness that this [child sexual abuse] is **not an unusual, infrequent and isolated problem that happens in random places**." (Expert)*

> *"A substantial proportion of **abuse is by familial adults** …that's a really important thing that people need to know. A very small proportion is by strangers." (Expert).*

> *"Whole other layer when within the family…we need to lift that taboo. **Prevalence awareness would help to lift that taboo**." (Expert)*

Experts referenced a potential to educate adults and parents about situations, environments or contexts that can make children and young people less safe. This approach was described as having the added benefit of avoiding a focus on 'who' offends, which could inadvertently reinforce community myths and stereotypes about who perpetrators are and where abuse can occur.

> *"There's lots of things we don't know…sexual abuse is the one [form of childhood abuse or neglect] with the **least knowledge about the risk factors and the causal factors**."*
> *(Expert)*

> *"But it can't just be about the freak incident…stranger danger…the man in the park with the grey overcoat. It's actually gotta be real and related to the more likely risks, such as how **would you [a child] deal with a sexual request from a friend on a device**?"*
> *(Expert)*

> *"But what we can do is **modify the environment that allows someone who has got the motivation to offend to be able to get away with it**, that's the thing that's in all of our control." (Expert)*

Some experts described a potential myth about children and young people lying or making false disclosures. Experts emphasised the challenges for victims and survivors to disclose their experiences and the negative impacts of being not believed. They suggested that, in future phases of the campaign, guidance on how to respond to disclosure appropriately could be provided.

*"The idea that children lie is **fundamental to the whole problem** …children say this to one another …**you won't be believed …so they don't speak up**." (Expert)*

*"**Children don't make up disclosures of sexual abuse**." (Expert)*

*"The myth that kids lie about abuse …**the incidence of lying about it so rare as to be not worth mentioning**." (Experts)*

*"We have an extraordinary history of not believing children – it is **a cultural challenge**. We think that they just make stuff up – evidence suggests otherwise." (Expert)*

9.3. Proxies

Experts who worked directly with children on relevant topics were engaged in the study as "proxies" for speaking directly with children. This approach was taken to ensure that children's perspectives were considered while balancing the ethical considerations of directly engaging with children on this topic. Proxies provided a range of insights as set out below.

Reinforcing the advice from experts, proxies emphasised that children and young people need to be told that the issue of child sexual abuse is not their burden to bear or solve. Proxies saw potential for a national campaign to have a component which engaged directly with children and young people focussing on children's understanding that any abuse or 'grooming' they might experience is not a problem for them to bear alone nor to solve. They talked of the need for all children to have a trusted adult they can approach and were concerned that some children may not understand or have been told that there is support available to them.

*"There should **never be an expectation that children keep themselves safe**, that's the adult's responsibility." (Proxy)*

*"Someone to take the ownership – **not always on the young people to be the driver of the solution**." (Proxy).*

*"**Onus should be on adults, community and anyone engaged with children**. We need to have those conversations with our children….young teenagers tell us this… **why is this up to me**? Why is the focus not on the adults?" (Proxy)*

Proxies suggested that children could be enlisted to inform any standards developed to benefit children. Specifically, proxies suggested that children are provided with an understanding of what they can expect from adults, and what to do if this promise is breached. Some suggested this might be in the form of child-friendly versions of standards and guidelines. It was recommended by proxies that children be engaged in the development of any materials that are intended to target (or to benefit) children.

*"Child safe standards should be published in a **child friendly way and children should be educated on them**. This is the promise to them from society." (Proxy)*

*"Children and young people don't understand **the accepted behaviour of adults … their assumption is that they have no rights**." (Proxy)*

*"**We fail to give kids enough credit** …open the door, stop when they've had enough, and kids will come back to adults with more questions." (Proxy)*

Proxies provided insight to how children and young people might disclose, specifically that they might make small and 'iterative' disclosures. Proxies felt there would be benefit in increasing the understanding of adults about how children and young people can make disclosures in ways which do not conform to a model where all information is volunteered at once. They described that children may seek to "test" the adult response with a small disclosure, or to talk about part of something that has happened to them. Proxies confirmed that children need an environment of trust and acceptance to encourage disclosures, as they often fear that making a disclosure may result in discipline or another negative response. Proxies advocated that adults need to accept the responsibility to act appropriately in response to any form of disclosure. And, that with younger children the onus is even more on adults to proactively watch for warning signs and respond appropriately.

> *"Something clear early is that **children will test adults**…they won't come straight out…they **test to see how the adults will respond**. They might mention I don't like how that person looks at me….and then wait for the adult to lead the escalation." (Proxy)*

> *"Children **pick who they tell very carefully**. They will generally try and seek out other children it has happened to." (Proxy)*

> *"It is **rare for kids to make direct disclosures** …they often say thinks like 'I don't want to go to that babysitter' …'I don't want to play those games with Daddy' …rather than stating directly that they are being abused." (Proxy)*

Proxies considered online abuse as a distinct issue with specific challenges for the safety of children and young people. Proxies noted the benefits of adults understanding the games and apps children are interacting with, with a particular focus on provision for direct messaging, sharing of images, videos, and other forms of communication. Proxies noted that younger children are typically unable to make clear distinctions between the reality and fiction in online and offline life, which is seen to introduce particular risks and vulnerabilities. Proxies also recommended that the solution is not to block or prevent children from using online devices and games as these can be highly beneficial and an important part of modern society.

> *"**Online concerns are focussed on younger kids** …I know of cases where very young children access porn or communicate with adults …the focus needs to be on younger children." (Proxy)*

> *"**Online safety is an absolutely critical part of the campaign** …not only because of the online abuse…but also because of the increasing prevalence of exploitation among young people." (Proxy)*

Throughout discussions, proxies emphasised the benefit of a cultural shift that increases the voice of children. The implementation of the National Principles for Child Safe Organisations was seen by proxies to drive community wide improvements that will benefit and help to keep children and young people safe. Proxies indicated this is a starting point and that a wider cultural shift was required, so that children have greater means of influencing policies, frameworks and standards that are aimed at protecting them.

> *"Kids need to see how the policies are developed from their perspective. We are still at the reactive stage...**we need a culture of safety rather than culture of response**." (Proxy)*

*"At the heart of the matter, **it is all about listening to children**. Not just in relation to specific topics, but at every level of society. It is a fundamental cultural shift that is required." (Proxy)*

*"**Children when empowered are the best advocates for themselves and their own needs**. We tend to educate about safety and abuse from adults to child. But **children should also have a role in peer to peer leadership and conversations** – as long as it's ethical and supported. Like a partnership between the adults and the children." (Proxy)*

9.4.   Culturally and Linguistically Diverse (CALD) people

CALD people indicated a perception that the definition of appropriate physical interactions with children may vary between different cultures, particularly when it comes to the subtleties of potential grooming behaviours. For example, members of CALD groups reported there may be a greater degree of physical affection towards children, which is culturally normal, but could be interpreted as inappropriate in other contexts. This challenges communities to be confident they can define what is, and is not, culturally appropriate and to respond appropriately. This lack of clarity in what constitutes inappropriate behaviours for different cultures can allow people to disengage from the topic, or to excuse observed behaviours based on cultural specificity. CALD communities reported it also discourages cross-cultural interpretation of behaviour for fear of cultural insensitivity. There is a desire for clarity around the definitions of child sexual abuse in Australia so that people can check if there are any differences to their culture and choose to act appropriately.

CALD communities indicated that within some cultures the issue of child sexual abuse can be more strongly taboo than others, particularly to the extent that it may raise questions about others within family or community networks.

*"In our culture, we are an emotional society, we like to kiss and hug each other's kids…like you might hug a kid because he or she looks cute in the shopping centre and offer them candy. **This is not acceptable in the Western world and we need to be careful here**. The Latin society is similar to us. In Spain it is acceptable but not in the UK…. it is hard to identify." (CALD Father)*

*"I might see something in front of me happening **but I'm not sure what is considered unacceptable** and can get me in trouble and what is not, should I report it or not?" (CALD Father)*

*"I think westerners **care more about physical boundaries than us**." (CALD Mother)*

*"I don't know in Australia, **how they define child sexual abuse, physical boundaries and where they draw the line**." (CALD Mother)*

CALD participants indicated a lack of clarity about the prevalence of child sexual abuse in Australia. There were several factors influencing this, including:

- For some, there was a perception that Australia is a comparatively safe place for children and young people compared to other countries.

- Some considered the privacy of offenders as a key focus in Australia, resulting in perception of perpetrators being protected - potentially to the detriment of victims and survivors. This

perceived focus on protecting is, in turn, seen to discourage media coverage and to impact public recognition of the scope of the issue.

> *"**Outside Australia it happens more often**, there is no coverup about these things there. I keep track of these things in my home country. In poor countries it happens a lot and there are no lawyer's games or privacy acts so things float on the surface very quickly, but in the same vein nothing is done about it." (CALD Father)*

> *"It happens everywhere in the world, it happens and it is solved according to the countries laws. **Privacy is a big thing in Australia so these things don't appear as often as they happen**." (CALD Father)*

> *"It is not a big issue everywhere but **more often is an issue in high density areas** like India, Pakistan, and Egypt. In Australia, we mostly live as 1-3 in one house…unlike other countries where 10 live with 1-2 bedrooms…this facilitates odd behaviour and social acceptance of things that are not acceptable in other countries." (CALD Father)*

> *"We often hear that this issue is really bad in some countries. I haven't been in Australia for long and only occasionally hear about it in the news, so I think compared to other places in the world, **it is less prevalent in Australia**." (CALD Mother)*

Among CALD participants, the topic of online child sexual abuse was considered complicated and worrisome. With language and culture as an additional complication, CALD communities talked about increased challenges understanding their children's online activity and many indicated uncertainty of how to manage their children's interactions online.

> *"These days everything is online and it is **hard to keep an eye on your kids online**. They might be talking to their friends or a friend of a friend, you won't be able to know. So I think online is more dangerous and can hook up more kids and the offender can setup his plans more carefully." (CALD Father)*

> *"I think it is more difficult for me to think about online abuse. What is considered online child sexual abuse? **I don't really know much about it**." (CALD Mother)*

> *"It can be **very hidden online** …some stranger might say to a child, I will buy you something, if you send me a picture. The child might not think it is a big deal. Then they will use it to threaten the child, to manipulate them to do something else, otherwise they will leak the photo. Things like this are **very hard to detect** …because **children sometimes don't want their parents to know**." (CALD Mother)*

CALD participants described that if a child raised the topic of child sexual abuse there could be a perceived assumption it is a result of an event that has already happened. This suggests the need to provide CALD communications on the value of proactive preventative conversations and, to highlight that children may start to raise this issue due to the campaign and increased general discussion of the topic, rather than in response to an incident.

> *"If I was approached by my kid about this topic **it will be a panic situation**; you want to know exactly what happened in order to know what path should be taken and how to report it." (CALD Father)*

> *"If the child came to me, and I said 'oh why are you thinking of this at such a young age', and tried to avoid it, **I could have ignored an important signal the child sent me**." (CALD Mother)*

9.5.　First Nations communities

First Nations participants indicated that child sexual abuse is a key issue to community, and one that is important to talk about. First Nations participants highlighted the importance of everyone in the community having a role to play in the prevention of child sexual abuse.

*"Sexual abuse is **hidden and needs to be called out** more." (First Nations, Influencer)*

*"I think people **should know a lot about it** because if people are aware, it might change and it might be prevented from happening." (First Nations, Influencer)*

*"We all know times when it has happened in our families **so it's important to speak about it to stop it**." (First Nations, Father)*

*"**Everyone needs to know what to do, and where to go** when a young person discloses abuse." (First Nations, Influencer)*

First Nations participants indicated a preference for material that is customised and culturally appropriate. They suggested that materials were tailored to recognise and be sensitive to the concerns of the community around misrepresentation of child sexual abuse cases by the media, historical issues around Government interventions in the lives and family structures of First Nations people, and a need to shift focus within the community from punishment of perpetrators to prevention. They indicated importance that materials acknowledge the issue of shame around this topic for both victims and survivors and perpetrators, and that overcoming this might be required to achieve increased discussion, awareness and prevention. They also highlighted the role of kinship arrangements (in addition to the role of parents) for First Nations people.

*"We want to make sure that what we tell our kids is **said in our language and our way**, so it makes sense." (First Nations, Mother)*

*"**We need to use language that we use**…for example did someone touch your budoo [penis]." (First Nations, Mother)*

First Nations participants spoke of existing preventative behaviours and the need to acknowledge these as a basis on which to build. First Nations females, in particular, reported that conversations were commonly occurring with children and ones that move beyond stranger danger to how to talk to adults, protection of body parts, signs of grooming and staying together for protection. This aligns with their stated higher levels of comfort in talking to children and young people, when compared to other cohorts, and their higher incidence of 'advocacy' as a commitment state (refer Section 4.5).

*"Yes, we have **talked with our kids, grandkids, nieces and nephews** and family members." (First Nations, Mother)*

*"We **talk about being safe,** about people not being allowed to touch their private parts." (First Nations, Mother)*

First Nations participants indicated they felt the need for further information and specific tools to increase knowledge and understanding of prevention. Generally, First Nations participants asked for more information about what constitutes child sexual abuse, how to identify it, how to prevent it and what to do if there is awareness of inappropriate behaviour occurring.

*"It's important that **more information is available** for parents and kids." (First Nations, Mother)*

*"Our kids also have access to internet and social media and **we don't think most people understand about the safety they need to tell their kids** about when playing games, watching media and messaging." (First Nations, Mother)*

About Attorney General's Department (AGD)

The Attorney General's Department (AGD) is the central policy and coordinating element of the Attorney-General's Portfolio. The AGD delivers programs and policies to maintain and improve Australia's law and justice framework.

Through the Australian Government Solicitor, the AGD provides legal services to the Commonwealth, including legal advice and representation.

The AGD is working with the National Office for Child Safety facilitating the development of the National Child Safety Campaign.

For further information please contact: 02 6141 6666 or go to www.ag.gov.au.

About Verian

When this research commenced in 2022 it was commenced as Kantar Public. Kantar Public rebranded to Verian in November 2023.

Verian (formerly Kantar Public) is a world leading, independent research, evidence, evaluation, and communications agency, providing services to government and the public realm.

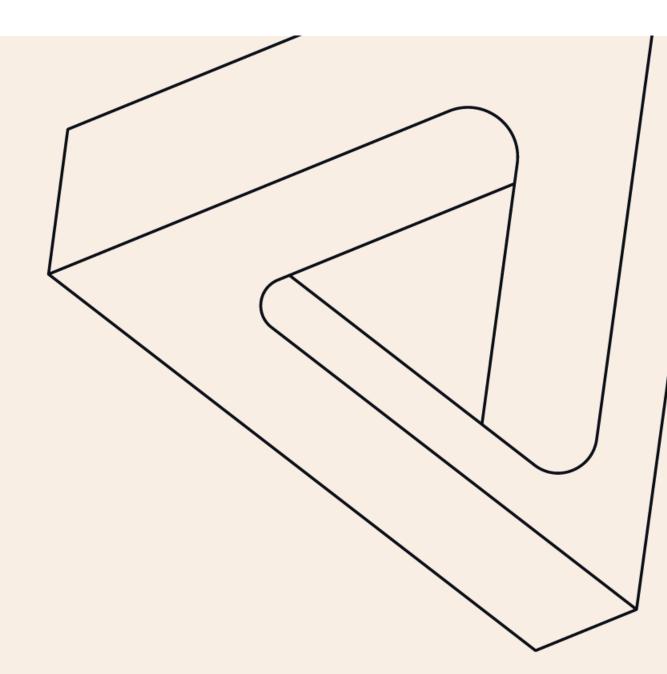We work with our clients to help solve the next generation of public policy challenges.

With offices across Europe, APAC and in the US, our consultants and researchers are supported by our unique global data ecosystem. We provide gold standard data on the economy and society to decision makers and engage directly with many millions of citizens each year on their behalf.

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