



# Child sexual abuse: Complexities and contexts

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Child sexual abuse (CSA) has long been a scourge on our global society. The sexual victimisation of the vulnerable by the more privileged and powerful is not a new concept, but rather appears to be a fundamental characteristic of the human race (Conte & Vaughan-Eden, 2018). Internationally, commissions of inquiry and task forces looking into the victimisation of children, historical and present, have broadened the scope and understanding of CSA. Through the widespread public and professional attention devoted to the sexual maltreatment of children and other vulnerable persons, we have come to realise that the sexual abuse of children can be institutional, virtual, and global, extending its reach far beyond the confines of the family.

The complexity of childhood sexual abuse demands that we examine the nature of these broad contexts and integrate this understanding into our practice and our research agendas. This chapter seeks to set the scene for this edited volume, to revisit our traditional

understanding of CSA, and building on this, introducing readers to the current contexts of CSA. The chapter discusses intrafamilial, extrafamilial, and stranger-perpetrated abuse, as well as abuse which occurs in care and institutional settings. The chapter reviews characteristics of victims and perpetrators and the methods of abuse employed by perpetrators in the commission of an abusive act, including grooming behaviours. This chapter is an introduction to typologies and definitions, a foundation on which the collection of contributions in this book will expand and further explore the intricacies of CSA.



## Definitions

### Defining child sexual abuse

Broadly speaking, abuse is complex and multifaceted, posing significant dilemmas for definition and measurement. No less so in the case of CSA, in which researchers and practitioners have attributed dissimilar meanings to the term across disciplines and professions. According to [Fergusson and Mullen \(1999\)](#) defining CSA is a two-part process involving the gathering of information about sexual experiences, then the evaluation of such accounts against some explicit or implicit normative standard to establish the extent to which the experience would be considered abusive. In considering these two stages, it is important to acknowledge both the *heterogeneity* of CSA experiences—they vary across individual, circumstances, and period of time—and the *indeterminacies* of the criteria for defining abuse ([Fergusson & Mullen, 1999](#)).

Extensive literature has tackled the dilemma of defining CSA; however, no single, universal, cross-cultural definition exists, due to the subjective nature of the normative and moral standards, by which we judge unacceptable childhood sexual experience. There has been a fundamental shift in the last few decades from conceptualisations that attempt to reify CSA as a set of indicators and presentations, to a deconstructed definition of CSA which takes into account the multitudinous nature of CSA experiences. Exhaustive evidence attests to the view that both the harm perpetrated and harm incurred through the acts and behaviours classified as CSA inhabit a spectrum of diversity. The complex nature of the CSA experience can be articulated as a prime example of both *multifinality* and *equifinality*. In the case of multifinality, similar initial conditions may lead to dissimilar outcomes, depending on the particular mix of ecological risk and protective factors. Equifinality holds that multiple causal pathways can result in the same outcome, in this case, maltreatment ([Feiring & Lewis, 1987](#); [MacKenzie, Kotch, Lee, Augsberger, & Hutto, 2011](#)).

The meanings practitioners attribute to the events, experiences, actions, and problems associated with CSA profoundly influence the way these situations are understood and addressed publicly and professionally ([Conte & Vaughan-Eden, 2018](#)). Legal definitions tend to be the most widely utilised, particularly in government policy, child protection, policing, and welfare practice; however, these tend to be fragmented across jurisdictions. Across Australian criminal law for example variations exist pertaining to the age which

classifies abuse as *child* sexual abuse (under 16 years or under 18 years) (Quadara, Nagy, Higgins, & Siegel, 2015). Academic literature often places limitations on the categorisation of child sexual abuse, such as the perpetrator being an ‘adult’ (over the age of 18), the exclusion of non-contact abuse (such as online grooming and CEM), or non-penetrative action (Quadara et al., 2015). Institutional and organisational definitions of CSA tend to be broader, reflecting a public health model, such as that proposed by the World Health Organisation (WHO) (1999):

*The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust, or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to:*

- *the inducement or coercion of a child to engage in any unlawful sexual activity;*
- *the exploitative use of a child in prostitution or any unlawful sexual activity;*
- *the exploitative use of a child in a pornographic performance and materials (p. 62).*

Following a comprehensive review of the issues present in defining CSA, Mathews and Collin-Vézina (2019) concluded that

*Child sexual abuse should be considered to exist when: (1) the person is a child (from either or both developmental and legal standpoints); (2) there is no true consent (due either to lack of capacity to provide consent, or presence of capacity but lack of consent in fact); (3) the acts are sexual (being contact or non-contact acts done to seek or obtain physical or mental sexual gratification, whether immediate or deferred in time or space, or otherwise legitimately experienced by the child as a sexual act); and (4) the acts constitute abuse (due to the presence of a relationship of power, the child's position of inequality, and the exploitation of the child's vulnerability) (p. 41).*

For the purpose of this chapter, these aforementioned considerations are accepted and the following definition provided by WHO is adopted, with further clarification stipulated by Conte and Vaughan-Eden (2018) in APSAC Handbook on Child Maltreatment:

*...including contact such as touching (with or without penetration) of a child's genitals, anus, or breasts, and/or having a child touch the sexual parts of a person's body. It also includes non-contact sexual behaviour such as exhibitionism, voyeurism, involving children in the making or watching of pornography, and propositioning or harassing a child in a sexual manner. The presence of force, manipulation, or coercion makes it abuse, regardless of the age difference between the child and the instigator. Additionally, state laws define any kind of sexual contact between a child and a person in a position of authority or caretaking role with the child as sexual abuse (Finkelhor, 1994) (Conte & Vaughan-Eden, 2018, p. 95).*

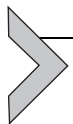
It is also important to note at this juncture that CSA will not be discussed in terms of its relationships to domestic violence (DV) as DV relates to an *unlawful act* within a *lawful relationship*, and the presence of CSA would indicate both an *unlawful act* and an *unlawful*

*relationships*, thus CSA as an abusive action within a domestically violent relationship is then ‘re-categorised’ as child sexual abuse. DV is, however, acknowledged as a risk factor for sexual victimisation throughout this book.

## Defining offenders

The WHO definition is favoured on an international scale due to the inclusion of both victim and perpetrator descriptors. [Feelgood and Schaefer \(2011\)](#) argued the importance of differentiating between paedophiles and child sexual offenders. Paedophilia is a psychopathological classification, while child molester and child sexual abuser are sociolegal terms and comparing the two is both difficult and complex ([Feelgood & Schaefer, 2011](#)). Although some child molesters are paedophiles, not all paedophiles are child molesters, thus the terms are not interchangeable. It should also be noted that subcategories of paedophilia have been presented in the literature; the term *hebephilia* denotes the sexual preference for pubescent children (roughly, ages 11 or 12–14), but has not become widely used ([Gluek, 1955](#); [Blanchard et al., 2009](#)). The term *ephebiphiles* denotes men who prefer adolescents around 15–19 years of age ([von Krafft-Ebing & Moll, 1924](#); [Blanchard et al., 2009](#)).

According to [Feelgood and Schaefer \(2011\)](#), there are in fact three classifications of child sexual abuse perpetrators: paedophiles who perpetrate CSA, detected child sex offenders, and undetected child sex offenders. The undetected child sex offender is also referred to as *Dunkelfeld offender*, due to its association with the Prevention Project Dunkelfeld, in Berlin, which sought to support and treat paedophiles and hebephiles who had not been arrested or convicted of any sex crimes against children, but sought help to prevent the onset of sexual offending behaviour ([Beier, Ahlers, et al., 2009](#); [Beier, Neutze, et al., 2009](#)). Undetected offenders are likely to be well educated, have lower levels of psychiatric disturbance than detected offenders, predominantly paedophiles, perpetrate against male rather female children, and are unlikely to have biological children ([Quadara et al., 2015](#)). Dunkelfeld offenders are unlikely to be intrafamilial abusers, falling more commonly into the category of authority figure, stranger, or non-contact abusers (e.g. online) ([Quadara et al., 2015](#)). For the purpose of this chapter, no distinction will be made between paedophiles and detected or undetected child sexual offenders, rather the focus will be on the broader context, abusive and harmful action or behaviour, and the power relationship between the perpetrator and the child.



## Historical perspectives

The sexual exploitation or maltreatment of children is not a ‘contemporary’ issue. What is new is the widespread awareness and public acknowledgement of the harm caused by CSA. Historically, CSA was approached with scepticism and disinterest, despite the publication of significant prevalence rates ([Kinsey, Pomeroy, Martin, & Gebhard, 1953](#); [Landis et al., 1940](#)). To highlight this attitude of disinterest, [Myers, Diedrich,](#)

Lee, McClanahan Fincher, and Stern (1999) conducted a review of the professional literature from 1900 to 1975, and identified four themes in CSA perspectives during this time: (a) CSA is uncommon, (b) CSA is not harmful, (c) children are responsible for their victimisation, and (d) mothers are culpable.

Although the physical maltreatment of children was brought to the forefront with the pioneering work of Henry C. Kempe (Kempe, Silverman, Steele, Droegemueller, & Henry, 1962), it was not until a decade later, with the commencement of the rape crisis movement of the 1960s and 1970s, that CSA was rediscovered as a social problem of significant proportions (Conte & Vaughan-Eden, 2018; Fergusson & Mullen, 1999). Arising directly and indirectly from the women's movement, a voice was given to survivors of CSA as they recounted their childhood victimisations first hand, a stark contrast to the medicalised and academic approach to the resurgence of childhood physical abuse a decade earlier (Conte & Vaughan-Eden, 2018; Fergusson & Mullen, 1999). From this launching point, seminal books were published, including three key books on the topic of sexual assault of children and case studies of CSA victimisation (Burgess, Groth, Holmstrom, & Sgroi, 1978; Butler, 1978; Finkelhor, 1979). Adult survivors began sharing their stories via media outlets and thus came an upsurge of awareness and recognition.

Following a period of misconceptions about 'profiling' offenders, well-intentioned but ill-informed practices, and issues in definitions of abuse and consent, research began to catch up to the swell of urgency which had emerged from the new wave of awareness and understanding. Over the last 30 years, a solid evidence base has grown and continues to flourish, as evidenced in this book, addressing misconceptions and inaccuracies and allowing practitioners to ground their practice in research and knowledge (Conte & Vaughan-Eden, 2018). This informed knowledge base and awareness began to shine a light on various conclusions like social and familial factors increased the risk of CSA, and exposure to CSA was associated with higher rates of mental health and adjustment problems across the lifespan (Felitti et al., 1998; Fergusson & Mullen, 1999).



## Prevalence of child sexual abuse

A contemporary understanding of the prevalence of CSA was summarised by the findings of Finkelhor (1994) who reviewed the prevalence studies on child sexual abuse from the 1970s to the 1990s and concluded that sexual abuse was a common contributor to childhood maltreatment experiences. Specifically, he confirmed a history of sexual abuse in at least 7% of females and at least 3% of males, with a range of up to 36% for women in Austria and 29% for men in South Africa (Finkelhor, 1994; Pereda, Guilera, Forns, & Gomez-Benito, 2009). According to Finkelhor (1994) and Wynkoop, Capps, and Priest (1995), variations in research methodology (e.g. CSA definitions, measurement tools, populations sampled, data collection techniques) account for most of the differences in prevalence rates between studies. Although prevalence rates vary globally, several

comprehensive studies have been conducted to establish and gauge the magnitude and scope of the issue (Kenny & McEachern, 2000; Pereda et al., 2009; Robinson, 2019; Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011).

Stoltenborgh et al. (2011) conducted a meta-analysis of 217 publications on CSA involving 9,911,748 participants and calculated the global prevalence of CSA to be around 12%. This rate is consistent with the findings of Pérez-Fuentes et al. (2013) who conducted a large study of the prevalence of CSA in the United States, involving over 34,000 adults aged 18 years and older. Pérez-Fuentes et al. (2013) concluded that approximately 1 in 10 individuals might have experienced sexual abuse in the first 17 years of their lives. Similarly, in Australian studies, prevalence of CSA in children under 16 years of age was between 14% and 34% for girls and 4% and 16% for boys (ABS, 2012; Mamun et al., 2007; Moore et al., 2015; Moore, Romaniuk, Olsson, & Jayasinghe, 2010; Najman, Dunne, Purdie, Boyle, & Coxeter, 2005).

Gender variations exist in the prevalence rates for CSA, both internationally and in Australia, with an estimated 15%–20% of girls and 5%–10% of boys experiencing CSA (Barth, Bermetz, Heim, Trelle, & Tonia, 2013; Mathews, Bromfield, Walsh, Cheng, & Norman, 2017; Pereda et al., 2009; Stoltenborgh et al., 2011). Although girls are reported in the literature to be more frequently victimised than boys, it appears boys are more recurrently abused in certain contexts such as religious institutions and sporting organisations (John Jay College of Criminal Justice, 2004; Parent & Bannon, 2012; Parkinson, Oates, & Jayakody, 2010). While these rates appear quite disconcerting in their magnitude, there have been some promising trends, Finkelhor, Saito, and Jones (2015) noted rates of child sexual abuse markedly dropped since the early 1990s (64%). The reduction in agency-reported cases of child sexual abuse in the United States has been corroborated by a concurrent decrease shown in several prevalence studies (Finkelhor, Turner, Ormrod, & Hamby, 2010). Despite debate and uncertainty surrounding prevalence rates, certain conclusions are clear. Exposure to unwanted, inappropriate, and abusive sexual treatment in childhood is not uncommon, and despite statistics identifying increased occurrence rates in females, the rates of males exposed to CSA are not insubstantial (Fergusson & Mullen, 1999).



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## Theories of CSA

Various theoretical frameworks have been proposed by psychological and criminological disciplines to offer an explanation for child sexual abuse perpetration. Through an ecological and transactional lens, we understand the vast array of factors which contribute to both perpetration and victimisation. Individual, familial, social, community, organisational, political, and societal systems all interact and transact to influence the experience of the individual, both victim and perpetrator, in the world (Belsky, 1993; Bronfenbrenner, 1979; Cicchetti & Lynch, 1993; Sameroff, 1975). In the following, we

explore three aetiological theories to explain the occurrence of CSA: the situational crime prevention model, Finkelhor's Four Preconditions Model, and Ward's Pathway's Model.

### **Situational crime prevention**

Situational crime prevention is a criminological model that emphasises the role of the immediate environment in fostering conditions which are conducive to the occurrence of a crime. According to [Wortley and Smallbone \(2006\)](#), in their application of the model to the prevention of CSA, situational crime prevention is "based on the premise that all behaviour is the result of an interaction between the characteristics of the actor and the circumstances in which an act is performed" (p. 8). The perpetration of a crime is therefore dependent on both the dispositional traits of the individual and the crime-facilitating nature of the immediate environment ([Wortley & Smallbone, 2006](#)). Situational crime prevention acknowledges that crime can occur in patterns, which is of particular relevance to concepts of re-victimisation addressed later in this chapter and covered in more depth in [Chapter 14](#).

Situational crime prevention is based on rational choice theory, which posits that individuals will make a decision to commit a crime, should the benefit outweigh the consequences, and if there is minimal chance of being caught ([Quadara et al., 2015](#)). Furthermore, the theory argues that the cognitive processes at play in the rationalisation and commitment of a crime are logical and goal oriented, with criminals meeting their needs of money, sex, or excitement through whatever means available and attainable.

Of relevance, for its similarity to rational choice and its relevance to situation crime prevention, is routine activity theory, which asserts that without a suitable target, motivated offender, and lack of capable guardian or authority figure, crime and victimisation will occur ([Quadara et al., 2015](#)). Motivations for child sexual offending are discussed in more depth in [Chapter 2](#). Rational choice and routine activity theories can be applied to the occurrence of child sexual abuse, relevant for their emphasis on vital factors which increases vulnerability. In the case of abuse by the same perpetrator, the offender possesses knowledge of the victim's suitability and lack of capable guardians. In abuse by multiple perpetrators, the 'rational' decision to target a specific victim (perceived victim suitability and perceived absence of capable guardian) are those which prompted previous offenders to target the same victim ([Farrell, Phillips, & Pease, 1995](#)). The central tenets of routine activity and rational choice theories are closely aligned with the idea that when an environment is conducive to maltreatment, considering both victim and offender characteristics, risk of victimisation is substantially increased.

Arising from routine activity theory and rational choice theory, the situational crime prevention model has been applied to CSA due to its potential for prevention and fostering timely and informed intervention. [Clarke \(1997\)](#) outlined the components of this



prevention model, namely, (a) it is aimed at a very specific form of crime; (b) it involves the management, design, or manipulation of the environment in a systematic and permanent manner; and (c) it ensures that the crime is more difficult or risky to commit, or has fewer rewards. Although situation crime prevention is more commonly used for targeting non-violent crimes such as graffiti, loitering, theft from motor vehicles, property crime, crowd control, and shoplifting, scholars who are researching the applicability of the model to prevent child sexual abuse have presented convincing strategies to reduce child sexual abuse perpetration in organisational or institutional settings (Leclerc, Wortley, & Smallbone, 2011; Smallbone, Marshall, & Wortley, 2008).

### **Finkelhor's four preconditions model**

Finkelhor (1984) argued that sexual offending against children is a multifaceted phenomenon and is related to motivation, as well as important situational and contextual variables (Ward & Hudson, 2001). Finkelhor's Four Preconditions Model was the first theory to move beyond narrow concepts of intrafamilial incest or stranger-perpetrated CSA and identified four underlying factors (preconditions) which explain the occurrence of CSA: sexual contact with children satisfies emotional need (emotional congruence); the child is a source of sexual arousal (sexual arousal); unavailability of more socially appropriate alternative sexual partners (blockage); and these perpetrators become disinhibited and behave in ways they would not normally behave (disinhibition) (Quadara et al., 2015; Ward & Hudson, 2001). According to Finkelhor (1984), the initial three factors offer an explanation as to why some individuals develop a sexual interest in children, and the fourth explains how this interest is manifested in sexually abusive behaviour; these factors can overlap, occur in isolation, or not at all.

In Finkelhor's (1984) theory, these factors are directly associated with four preconditions: motivation to sexually abuse the child; overcoming internal inhibitions; overcoming external inhibitions; and dealing with a child's possible resistance to the abuse. The first precondition relates to the initial three factors of emotional congruence, sexual arousal to children, and blockage, whereas disinhibition is associated with second precondition, overcoming external and internal inhibitions. The remaining preconditions appear unrelated to causal factors, rather they apply to the processes of the maltreatment and environment (Ward & Hudson, 2001). These preconditions are hypothesised to occur in a temporal sequence and each is necessary for the next to occur. Quadara et al. (2015) draw attention to the role of both individual and sociocultural factors in fostering or mitigating these preconditions; the interaction and transactions between the ecological systems influence the environment in which maltreatment might take place. An example of this interaction might lie in the motivation to abuse, a perpetrator might have a fear of adult sexual partners (individual factor) but might also be influenced by erotic portrayal of children in advertising (sociocultural factor); a perpetrator might overcome internal



inhibitions through alcohol misuse (individual factor) and might also be influenced by weak criminal sanctions against offenders (sociocultural factor) (Quadara et al., 2015).

There is some similarity between Finkelhor's model and the theoretical framework proposed by situational crime prevention, and the associated rational choice and routine activity theories in both models emphasise the role of motivation and the role of barriers such as capable guardians or suitable targets (external inhibitors). Although Finkelhor's model has received criticism for its conceptual issues and lack of attention paid to causal factors and pathways, the model draws valuable attention to the importance of acknowledging both individual and environmental factors when considering prevention of CSA. Reflecting an ecological approach, Finkelhor's model highlights the way societal pressures and systemic gaps can foster an environment conducive to CSA.

### Ward's pathways model

Following a critique of three significant theoretical frameworks in CSA, Finkelhor's (1984) Precondition Model; Hall and Hirschman's (1992) Quadripartite Model; and Marshall and Barbaree's Integrated Theory (1990), Ward and Siebert (2002) proposed a 'knitting' approach to these theories. Ward and Siebert (2002) sought to develop a comprehensive theoretical framework (the Pathways Model) integrating both the overlapping and unique elements of these three perspectives with some additional concepts derived from various psychological disciplines. This theory focuses heavily on the role of the individual in the commission of CSA and is particularly relevant to the exploration of grooming methods and strategies employed by perpetrators to foster a relationship, and environment conducive to CSA (Quadara et al., 2015). The model posits that certain 'pathways' are crucial to the perpetration of CSA, and these pathways stem from 'clusters' of problems that are embedded in the psychology of adults who sexually offend against children (Quadara et al., 2015). These clusters are as follows:

- difficulties in identifying and controlling emotional states
- social isolation, loneliness, and dissatisfaction
- offence-supportive cognition (e.g. 'everyone sexually abuses children', 'the child enjoys the abuse')
- deviant sexual fantasies

These clusters are clinical phenomena evident in child sexual abusers and more than one cluster can be apparent in an individual (Quadara et al., 2015; Ward, Polaschek, & Beech, 2006; Ward & Siebert, 2002). Pathways evolving from these clusters are associated with various psychological and behavioural profiles and can overlap (Ward et al., 2006). Five aetiological pathways were identified in the model: multiple dysfunctional mechanisms, deviant sexual scripts and relationship schema, intimacy deficits, emotional dysregulation, and antisocial cognitions (Ward et al., 2006). This model is applicable only to adult perpetrated CSA, not problematic or abusive sexual behaviours of children, and Ward and

Siegert (2002) asserted that the multiple dysfunctional mechanisms pathway is exhibited by ‘pure’ paedophiles, diagnosable with paedophilia. Comparatively, the deviant sexual scripts and relationship schema pathway are applicable to perpetrators with a personal history of child sexual abuse. As in the situational crime prevention model and preconditions model, the pathways model emphasises the role of interactions between the environment and the individual. According to Ward et al. (2006) “in the pathways model situational triggers are hypothesised to interact with the various predispositions of individuals to sexually abuse children. The nature of the situational triggers will vary according to the particular profile of causes underlying each individual’s offence trajectory or pathway” (p. 73).



## Contexts and characteristics of abuse

As highlighted in theory, child sexual abuse occurs at the intersection of two distinct factors: the person (victim and perpetrator) and the situation (context or setting) (Quadara et al., 2015; Smallbone et al., 2008). According to Quadara et al. (2015) “some forms of CSA are made possible and shaped by the relationships between victims and perpetrators, while other forms of CSA are significantly shaped by the settings and contexts in which victims and perpetrators may meet or engage” (p. 8). The context in which CSA occurs also influences the relationship between the victim and the perpetrator, providing an environment for access and interaction with children and also influencing the rapport and trust being developed and grooming behaviours employed. Quadara et al. (2015) proposed that CSA occurs within the following contexts and relationships, which will be explored comprehensively throughout the book.

- adult perpetrators with no familial relationship with the child
- adult perpetrators who are family members of the child
- adult perpetrators in a position of power or authority over the child
- sexual abuse that is perpetrated by children and young people
- sibling sexual abuse
- online child sexual abuse
- commercial child sexual exploitation

Contexts of CSA are often identified as familial/kinship, community, and organisational/institutional, and are outlined in this chapter, according to categories of intrafamilial, extrafamilial, and stranger-perpetrated abuse.

## Victims vulnerabilities

Victim vulnerabilities are individual traits and circumstances which are often exploited by a perpetrator. According to Smallbone et al. (2008), and reflected in the theories discussed earlier, the opportunity for CSA to occur requires both a motivated offender and a likely victim; thus, while relevant to all contexts of sexual abuse, victim vulnerabilities are particularly salient in extrafamilial and stranger-perpetrated sexual victimisation.

Victim vulnerabilities include social isolation, family dysfunction, attachment difficulties, intergenerational history of child sexual abuse, family violence, age, gender, prematurity, illness, low birthweight, maladaptive personality traits, disability, and impairment (Brown, Cohen, Johnson, & Salzinger, 1998; Browne & Saqi, 1988; Friedrich & Boriskin, 1976; Lynch & Roberts, 1977; Quadara et al., 2015; Starr, 1988).

Many social researchers have evaluated the complex victim-specific factors which might predispose a child to CSA. Brown et al. (1998) sought to identify child-specific factors associated with the risk for child abuse and neglect. In their analysis, child-specific factors were confirmed as risk factors significantly contributing to the occurrence of abuse, with child gender and impairment closely associated with CSA (Brown et al., 1998). When these child-specific factors were combined with other familial and social risk factors, the likelihood of abuse increased from 3% to 24% (Brown et al., 1998). Davies and Jones (2013) highlighted the victim vulnerabilities that perpetrators seek out when targeting victims, with factors including substance misuse by family or victim, being cared for by someone other than parent, a history of sexual activity, and history of psychiatric support. Research indicates that some child sexual offenders search for victims who exhibit traits or characteristics that can be manipulated, others target children with a disability or impairment, or are cared for away from the immediate family (Quadara et al., 2015). This reflects the theoretical perspectives espoused earlier which highlight the critical elements of availability of suitable targets and a lack of capable guardians.

### **Perpetrator characteristics**

The characteristics of the perpetrator and the perpetration, the actor and the action, share commonalities and differences across intrafamilial, extrafamilial, and stranger-perpetrated CSA and will be examined thoroughly throughout the book (see Part One); however, summary of these relationships and contexts are examined here.

#### ***Intrafamilial child sexual abuse***

Intrafamilial CSA is considered to be the most prevalent type of child sexual abuse (Quadara et al., 2015). Perpetrators within this context encompass father, mother, step-fathers, stepmothers, brothers, sisters, aunts, uncles, cousins, and grandparents. Literature on the prevalence of CSA highlights higher rates of interfamilial CSA for females as compared to males, although there is still substantial occurrence of CSA of males by family members. CSA in the context of familial relationships is considered to begin at an earlier age, occur more frequently, be more intrusive, continue over prolonged periods, and be less likely to be reported to authorities than other forms sexual abuse causing considerable cumulative harm (Fischer & McDonald, 1998; Quadara et al., 2015; Smallbone & Wortley, 2004; Wakeling, Webster, Moulden, & Marshall, 2007). CSA within familial relationship adds a layer of complexity to the harm experienced by the victim. Due to the attachment of the victim to the perpetrator, trauma is increased when a child's source of harm is also their source of safety and attachment (Cook et al., 2005).

Intrafamilial CSA can occur in biological and blended family structures. Biological familial structure includes the father, mother, grandparents, aunts and uncles, cousins, and siblings. Blended families are characterised by the inclusion of a step parent, and may also include step siblings, or children who have been born within this new blended relationship (typically referred to as ‘half siblings’). Black, Heyman, and Slep (2001) argued that intrafamilial abuse is highest in single-parent families or ‘blended’ families in which a biological parent and step parent are the main caregivers. Although some studies argue that marital status and family formation are risk factors for CSA (Black et al., 2001), there appears to be debate over whether there is increased risk of sexual abuse for children in blended families versus biological families (Quadara et al., 2015). Wakeling et al. (2007) found no definitive difference in blended or biologically related families with regard to perpetration numbers. In their study, van IJzendoorn, Euser, Prinzie, Juffer, and Bakermans-Kranenburg (2009) concluded that there was no difference in child sexual abuse rates between blended and biological families (4% for both groups). However, McRee (2008) found that the presence of a non-related, non-biological adult increased the risk for physical and sexual abuse when compared to families with two biological parents or a single parent and no other adults. Some researchers consider the rates of reporting and the timing of the ‘blending’ of families to be a factor in data which indicated a variation between prevalence and risk in blended and biological familial structures (Wakeling et al., 2007). Regardless of the debate over the variations in prevalence, familial relationships can foster an environment conducive to maltreatment through the relationships and trust that are forged (attachment), the opportunities presented (residing with the child), and the environments which allow for secrecy and coercion.

Intrafamilial abuse can also be perpetrated by children and young people in the context of sibling abuse or abuse perpetrated by a young person with a familial relationship. A distinction is often made between peer to peer sexual assault (sexting, harassment, date rape/acquaintance rape) and child sexual abuse due to variations in risk factors and perpetrator characteristics. However, it is important to acknowledge the sexual abuse of same age familial relative, both blended and biological, that can occur in the context of intrafamilial abuse. A relationship has been established between CSA victimisation and perpetration of CSA in the circumstance of sibling abuse; Stathopoulos (2012) noted that certain family environments could have a negative effect on a child’s sexual development, causing the child to behave in a sexually inappropriate manner towards siblings. Child on child sexual offending is explored in Chapter 7.

### **Extrafamilial CSA**

Extrafamilial child sexual abuse is sexual abuse that is perpetrated by acquaintances of the child victim or the child victim’s family and may include neighbours or extended family members not related to the child (Quadara et al., 2015). Again, debate exists as to accurate prevalence rates for extrafamilial CSA, with some researchers indicating that females are

more likely to experience CSA perpetrated in non-familial relationships and that extrafamilial abuse accounts for a majority of CSA (Bolen, 2000). This is disputed by other research which indicates higher rates of victimisation for boys by strangers or in institutional contexts (Foster, Boyd, & O'Leary, 2012). However, research does highlight important risk factors associated with extrafamilial CSA, emphasising that children under 13 years of age are at higher risk for abuse by acquaintances, family friends, or neighbours, that abuse often takes place in close proximity to the victim's home, and that girls between 10 and 13 years of age are more likely to be abused by an offender under the age of 20 years (Bolen, 2000).

Extrafamilial abuse can also encompass non-sibling sexual CSA, in which a non-familial acquaintance, such as the child of a family's friend, a sibling's friend, or same age non-familial peer, offends against a child known to them. Rates of perpetration are higher for males than for females in this context and perpetrators were likely to have experienced childhood sexual abuse themselves (Fineran & Bolen, 2006; Seto & Lalumiere, 2010).

### ***Care and institutional settings***

CSA in the context of care and institutional setting possesses a unique characteristic, that of authority and power. Perpetrators within this context often include educators, clergy or those in religious leadership, sporting coaches, adults working in residential care facilities (including those working for children with disabilities or children in out-of-home care), and adults in a position of authority over children such as scout leaders, youth leaders, or other such roles. These contexts are considered susceptible to CSA due to the environment fostered through both the nature of the relationships between victim and perpetrator, and the opportunities afforded by the situation (Quadara et al., 2015).

The lack of supervision, the trusting relationship between the caregiver and the authority figure, and the accessibility to the victim provide an environment suitable for grooming (Quadara et al., 2015). CSA in this context is often shorter in duration, with fewer penetrative acts (Quadara et al., 2015). Professional perpetrators are defined as abusers who "use either institutions or organisations within which they work to target and abuse children" (Sullivan & Beech, 2002, p. 153). Australian Organisation *Child Wise* (2013) further identifies professional perpetrators as those who employ far more sophisticated techniques to manipulate their organisational settings and their victims. These definitions demonstrate the way in which professional perpetrators can operate within a care or education setting.

Numerous commissions of inquiry have been set up worldwide to investigate the occurrence and impact of institutional abuse, and have focused on out-of-home and residential care, faith-based settings, and schools (Higgins, Kaufman, & Erooga, 2016; Powell, Geoghegan, Scanlon, & Swirak, 2012; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). This includes the establishment of the Royal Commission into Institutional Responses to Child Sexual Abuse by the Australian

Government (2012–2017) which uncovered the widespread sexual abuse of children and young people in youth-serving organisations, historically and in modern times (Higgins & Moore, 2019; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). Although certain settings are considered high risk, Gallagher (2000, p. 796) notes, “It is likely that sexual abuse has occurred in most, if not all, types of institutions for children”.

Institutional child sexual abuse refers to abuse that is perpetrated by an adult within an institutional context. Gallagher (2000) defined it as

*The sexual abuse of a child (under 18 years of age) by an adult who works with him or her. The perpetrator may be employed in a paid or voluntary capacity; in the public, voluntary or private sector; in a residential or non-residential setting; and may work either directly with children or be in an ancillary role (p. 797).*

According to Higgins and Moore (2019), the definition has been broadened in recent times to include youth-to-youth sexual assault when the victimisation either occurs on-site or when the two young people are engaged in activities conducted by the institution. CSA within the context of institutions is explored in Chapter 4.

### **Stranger-perpetrated abuse CSA**

Stranger-perpetrated abuse, in which the offender has no relationship whatsoever with the victim, can be separated into two distinct types: contact and non-contact offending. Contact CSA by a stranger includes any abusive action which involves some form of physical contact with the victim, such as rape and molestation. Although research on stranger-perpetrated contact CSA is limited, this form of CSA is considered more violent than other forms of child sexual abuse and more likely to result in the death of the child (Rebocho & Gonçalves, 2012). Child sex tourism and trafficking would also be considered stranger-perpetrated contact CSA and is discussed in detail in Chapter 5.

Stranger-perpetrated CSA is more commonly observed in non-contact types of sexual victimisation and can include not only grooming children in a virtual environment and accessing child exploitation material (CEM), but also producing and distributing exploitation material without necessarily having a sexual interest in children. The scope and magnitude of non-contact stranger-perpetrated CSA is unknown; however, some research estimates that 20% of children between the age of 10 and 17 had been approached and sexually solicited online (Beech, Elliott, Birgden, & Findlater, 2008). Beech et al. (2008) noted that online child sexual abuse is perceived as being less harmful than traditional forms of child sexual abuse, as it does not involve physical contact. However, the online environment (see Chapter 6) provides a network for abusers, which often encourages escalation of offending behaviour. Krone (2004) argued that once a paedophile makes contact with a paedophile network, the

seriousness of their offence increases. Research also highlights the high rates of ‘cross-over’ between non-contact and contact offending (15%–55%) (Beech et al., 2008). According to Quadara et al. (2015)

*Online communication facilitates contact with a large number of children, allows for the initiation and continuation of grooming, allows the perpetrator to detach from the behaviour in which they are partaking; and helps them to remain anonymous in a way that is not otherwise possible (p. 16).*

### **Female sexual offenders**

Women sexually abuse children on a much smaller scale and are motivated by different factors to men. Prevalence research suggest that between 3% and 10% of child sexual abuse is committed by women (Denov, 2003; Peter, 2009), most often in care or institutional settings, by those in late adolescence or early adulthood (16–25 years) who are emotionally immature, or who have low education or a mental illness (Gannon & Alleyne, 2013; Knoll, 2010). Chapter 9 investigates the complexity of this perpetrator typology.

### **Behaviours and strategies in perpetrating CSA**

Sexual abuse behaviours can also be categorised as contact and non-contact, encompassing penetrative acts, non-penetrative acts, use of physical force, use of emotional force, use of spiritual or religious force, enticements, and secret keeping (Quadara et al., 2015). Perpetrators often devote significant attention to target selection and rapport building with a potential victim, and employ a range of grooming strategies to do so. These include identifying the most vulnerable child, identifying vulnerable or receptive families, isolating the child from other children or their guardian, offering the child ‘special status’, desensitising the child to sexual touching, and becoming an indispensable or integral part of the family unit (Craven, Brown, & Gilchrist, 2007; Herman, 1992; Leberg, 1997; Smallbone & Wortley, 2001; van Dam, 2006). Perpetrators will often use threats and bribes to coerce their victims and secrecy is commonplace (Paine & Hansen, 2002). Many of these behaviours are context specific that is certain strategies are more effective and more commonly utilised due to their applicability to the relationships and environments in that context. For example, victims of CSA within religious settings have often reported experiencing spiritual coercion. Likewise, emotional force or emotional blackmail is commonly seen in sexual abuse within familial and interpersonal relationships, and also in online and institutional/educational settings (Quadara et al., 2015). Alternatively, limitations on accessibility to the victim in extrafamilial or institutional abuse may foster the use of threats or physical force to achieve compliance.





## Cumulative risk and harm in CSA

Much has been said in this chapter on the role of risk factors, both individual and environmental, in the nurturing of circumstances conducive to CSA. Risk, defined as “a combination of an estimate of the probability of a target behaviour occurring with a consideration of the consequences of such occurrences” (Towl & Crighton, 1997, p. 55), provides the predication of harm occurring in order to inform action. As clearly identified in the literature, risk and harm are best understood in a dose–response relationship, this means the more adversity accumulates, the more the harm caused, which increases the risk of further victimisations, perpetuating the accumulation as a persistent lifelong condition (Edwards, Holden, Felitti, & Anda, 2003; Felitti, 2017; Felitti et al., 1998; Finkelhor, Ormrod, & Turner, 2007b). This persistence is particularly poignant in the context of CSA, when we consider the prevalence of repeated and prolonged experiences of sexual abuse in childhood and the likelihood of lifespan re-victimisation following CSA (for further exploration of re-victimisation see Chapter 14).

There is a consensus that chronic maltreatment, including CSA, is more common than single, isolated, and episodic maltreatment in childhood, and that such chronicity can manifest as poly-victimisation (experiencing more than four childhood victimisations in 12 month period), multi-type maltreatment (the concurrence of multiple abuse types), and re-victimisation (the likelihood that a victim of childhood maltreatment will experience further victimisation across their lifespan) (Bromfield & Higgins, 2005; Finkelhor, Ormrod, & Turner, 2007a; Finkelhor et al., 2007b; Higgins & McCabe, 1998). Finkelhor et al. (2007a) proposed that for many children “victimisation is more of a condition than an event” (p. 9).

*Persistence is a pathway in which child maltreatment, domestic violence, family conflict, and disruption propel children into an intensively and generalised victimised condition that in turn generates anger and aggression, which, by fuelling and sustaining defiant, challenging, rule-violating behaviour, tends to lock them into an even more persistent victimised condition (Finkelhor et al., 2007b, p. 493).*

Cumulative risk assumes that the accumulation of risk factors, rather than single particular risk factor, has a higher predictive power for negative outcomes (Li, Chu, Ng, & Leong, 2014; MacKenzie, Kotch, & Lee, 2011; MacKenzie, Kotch, Lee, Augsberger, et al., 2011). The cumulative risk hypothesis argues that the greater the number of risk factors, regardless of their type or nature, the greater the prevalence of clinical and developmental issues (Rutter, 1979; Rutter, Tizard, Yule, Graham, & Whitmore, 1976; Sameroff, 2000; Sameroff, Seifer, Zax, & Barocas, 1987). The groundbreaking Isle of Wight Study (Rutter, 1979; Rutter et al., 1976) revealed that no single factor was associated with increased risk for disorder, rather an accumulation of two factors, of any type, contributed a fourfold increase in the likelihood of mental disorder, and four or more factors

presented a 10-fold increase. Complimentary findings from the Rochester Longitudinal Study (RLS) (Sameroff, 2000; Sameroff et al., 1987) demonstrated multiple risk factors potentiated progressively poor outcomes.

According to MacKenzie, Kotch, and Lee (2011), in their comparison of single and accumulated risk indexes, cumulative risk remained the best predictor of maltreatment, and no single risk factor was as powerful as the cumulative level of risk. The cumulative risk perspective highlights a body of literature that advocates for the recognition of the significant contribution accumulation makes to the maltreatment experience. These perspectives clearly articulate the need to move beyond singular and simplistic views of maltreatment trajectories to an acknowledgment of the commonality accumulated CSA experiences and pervasiveness of cumulative contextual and environmental risk. Acknowledging the reciprocal transactional relationship between the individual and the environment in the occurrence and commission of CSA, as outlined in this chapter, we must consider the accumulation of these risk factors.

Comparatively, it is understood that cumulative harm refers to the profound and exponential effects of an accumulation of adverse experience in a child's life (Bromfield, Gillingham, & Higgins, 2007; Bromfield & Higgins, 2005). The literature emphasises the likelihood that harm is not necessarily evident at the initial investigation of a single incident, rather harm and the impacts of multiple abuse events surface after a protracted period of time (Bryce, 2018a, 2018b). Researchers applied the term cumulative harm to the "the impact of patterns of circumstances and events in a child's life, which diminish a child's sense of safety, stability, and well-being" (Bromfield & Miller, 2012, p. 1). Given the prevalence of intrafamilial and extrafamilial child sexual abuse, which is characterised by prolonged and repeated maltreatment, harm, as a result of these experiences, must be considered through the lens of accumulation.



## **Heterogeneity of responses and diversity of management**

Further complexity lies in the near-impossible task of differentiating between the contextual factors in which CSA has occurred, the trauma experienced at the time of the harm, and the later expression of symptoms of traumatic distress. The many risk factors that surround a developing child, their interaction in unpredictable ways, the cumulative nature of experiences, and the mediating influence of protective factors if present, all contribute to the individual's subjective experience. These factors also contribute to the psychological, behavioural, and other problems that impact the functioning and lived experience post harm. For many people born into a system of potent risk factors, life may well develop along a seemingly predetermined trajectory. For some adults, the effects of child abuse and neglect are chronic and debilitating, while others have more positive outcomes as adults, despite their abuse and neglect histories (Miller-Perrin &

Perrin, 2007). If we take the view that trauma is the name given by professionals to a pattern of subjective human experience as reported by the individual concerned, then we must be armed with an equally diverse array of skills, services, and intervention which account for the heterogeneity of CSA.

Various approaches to responding to and preventing CSA are outlined and investigated in Part Three of this book. However, Quadara et al. (2015) conducted a comprehensive review of current approaches to prevent CSA and observed that they were predominantly located in the domains as presented in Table 1.1.

**Table 1.1** Domains of CSA prevention.

<b>Domain of approach</b>	<b>Details of approach</b>	<b>Target population</b>
Protective behaviour education	A primary prevention approach, delivering information and practical skills for self-protection and self-safety	Most commonly used in schools, delivered by school staff or parents, or external experts
Situational crime prevention	A targeted strategy for reducing environmental and situational risks in an organisation or setting	Commonly applied to risky settings, institutions, and organisations
Therapeutic interventions for problematic and abusive sexual behaviours	Targeted interventions used to prevent the onset of offending in young people displaying concerning or abusive sexual behaviour	A program for at-risk children and young people who exhibit problematic or abusive sexual behaviours
Therapeutic prevention of reoffending	Therapeutic interventions with perpetrators of CSA to address behaviours and cognitions	Applied to young people who have engaged in the criminal justice system for sexually abusive behaviour. Also applied to detected and convicted child sexual offenders
Criminal and statutory responses	The identification and monitoring of convicted child sexual offenders and their interactions with children and young people	Sex offender registries maintained and monitored by law enforcement officers
Therapeutic work with children adolescents who have experienced CSA	Tertiary interventions used to reduce the impact of CSA experienced by children and young people and to reduce the vulnerability to victimisation	Child victims are prioritised for receiving specific counselling and therapeutic services for survivors of CSA

Adapted from Quadara, A., Nagy, V., Higgins, D., & Siegel, N. (2015). Conceptualising the prevention of child sexual abuse: Final report (Research Report No. 33). Melbourne: Australian Institute of Family Studies.

Holistic approaches to preventing child maltreatment more broadly are also considered an important means of preventing CSA and recognising the diversity of the lived experience. Child protection has arguably become ‘everybody’s business’, with many policy makers and researchers arguing vehemently that broad social contexts intersect with child welfare and are critical to capacity building and protection. Social and human services such as housing, education, public health, cultural supports groups, family law services, community legal groups, employment and income security, drug and alcohol services, and domestic violence services are critical in the prevention of abuse and protection of children (Higgins & Katz, 2008).

However, as Higgins and Katz (2008) emphasised:

*The challenge for these services is that child protection is not their ‘core business’, and often the families who are at risk of involvement in the statutory child protection system are not high priorities for their services. Only by working together in a multidisciplinary way can these services really come together to protect children (p. 46).*



## Chapter review questions

1. Articulate the issues present when defining child sexual abuse (CSA) and the ways in which this influences practice.
2. Identify key themes in the prevalence rates of CSA.
3. What are the central tenets of the three key models used to explain the occurrence of CSA?
4. Explain the intersection of relationship and context in the occurrence of CSA.
5. What is the difference between intrafamilial, extrafamilial, institutional, and stranger-perpetrated CSA?
6. Define cumulative harm and cumulative risk as they relate to CSA.
7. Summarise the key messages in relation to preventing CSA.

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