

Who is the workforce who respond to victims and survivors of child sexual abuse in Australia?



Why is it important to understand more about the workforce who respond to victims and survivors of child sexual abuse in Australia?

The [Australian Child Maltreatment Study 2023](#) found that child sexual abuse in Australia is widespread, and that its impacts are often enduring and intolerable. It reported that child sexual abuse across the Australian population (16 years and above) is prevalent with 28.5% of Australians experiencing some type of sexual abuse.¹

This alarming picture requires meaningful, sustained and co-ordinated responses if efforts to improve the lives of victims and survivors and stop child sexual abuse are to be effective.

To do so, there needs to be a more in depth understanding of the profile of the workforces and networks of organisations and service providers that victims and survivors connect with over their life. This Knowledge Summary provides a sense of the scope, breadth and size of the workforce who respond to child sexual abuse in Australia. It is informed by a rapid workforce review undertaken by Nous Group in collaboration with the Blue Knot Foundation and the Australian Childhood Foundation and commissioned by the National Centre for Action on Child Sexual Abuse (the National Centre) in 2022, and a recent National Learning and Development Survey² undertaken by the National Centre.

Who is the workforce who respond to victims and survivors of child sexual abuse ?

The Royal Commission segmented the workforce who respond to victims and survivors of child sexual abuse into mainstream, community and specialist services. Mainstream services include mental health service providers, alcohol and other drugs services, community health services and general practitioners. Community support services include services for specific populations such as Aboriginal Community Controlled Health Services, multicultural organisations, and peer-based survivor support groups. Specialist services include child and adult sexual assault services.³

Victims and survivors, whether children, young people or adults, require, seek and access support and services from a diverse range of professionals and organisations in different ways, at different points during their life. Ideally, they contact and connect with respective practitioners and service providers as they require.

The needs of victims and survivors over time, shape the scope of the workforce to include professional groups from across government, non-government, and community settings and sectors including child protection, schools and early education, police and legal, youth, health and mental health, emergency services, alcohol and other drugs, domestic and family violence, disability and aged care.

The following table provides examples of some, but not all, segments of the workforce within this broad landscape.

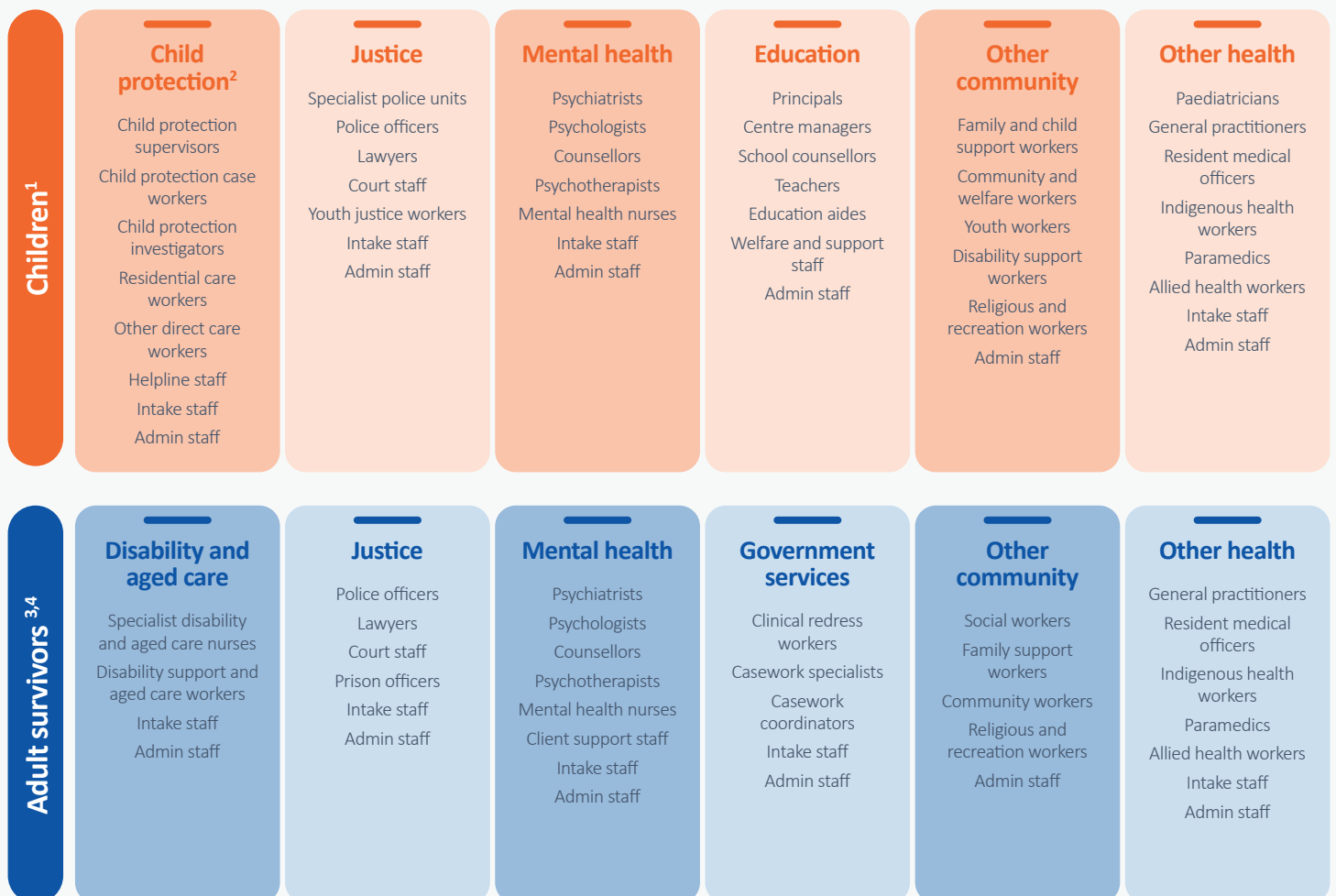
In the recent National Centre Learning and Development Survey, the National Centre heard from 1,398 people working in these diverse cohorts. Responses to questions about sectors in which people worked, and their main area of work, underscored a breadth of formal and informal roles. There was also a clear appreciation for the importance of volunteers in supporting children and adults at different points in their lives. Volunteers were involved in areas such as sports, social clubs and the creative arts.



What is the proportion of the workforce with their own lived and living experience of child sexual abuse?

Respondents to the National Centre’s Learning and Development Survey highlighted the extent to which many people with lived and living experience of child sexual abuse are also practitioners working with victims and survivors.

Participants were asked if they identified as having a lived or living experience of child sexual abuse (self/family) and to describe the additional supports they had or would like to have in the workplace. Of the 1,186 participants who answered this question, 31% reported having a lived or living experience of child sexual abuse, another 11% of participants preferred not to say.



- 1 Specific roles which work with children exhibiting harmful sexual behaviour require slightly different capabilities.
- 2 Child protection workforce also frequently encounter parents and family members who are also adult survivors of child sexual abuse.
- 3 Adult survivors can present with a wide range of other issues or symptoms across sectors (e.g., other mental health conditions, alcohol and other drugs, family violence)
- 4 Adult survivors can also have experienced systems abuse and be at risk of re-traumatisation when engaging with systems.

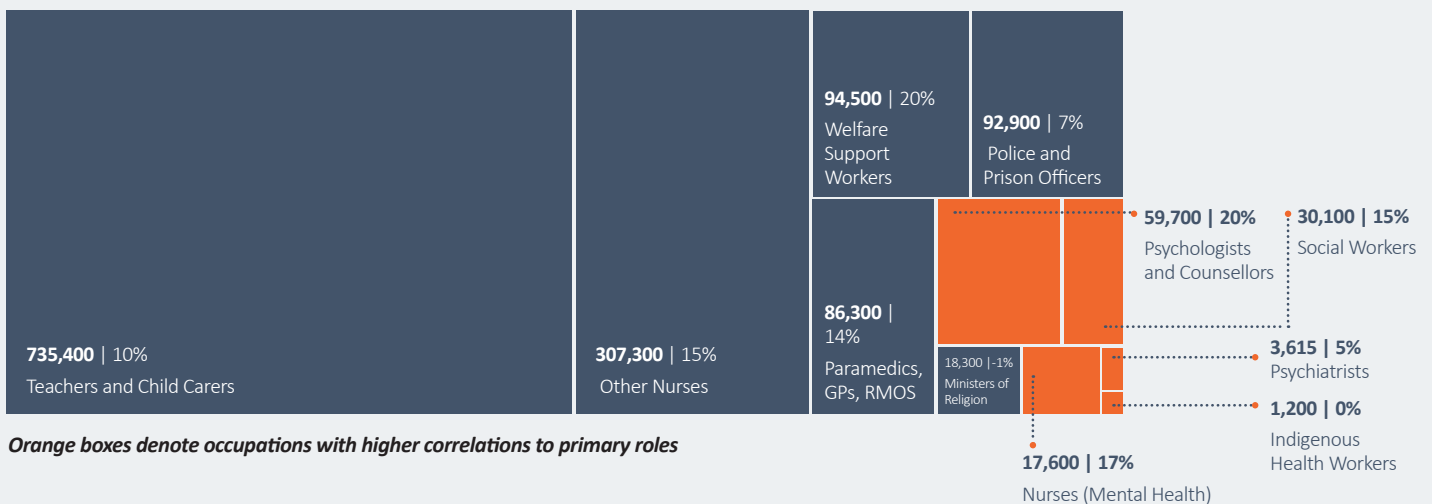


Co-design processes and the development of a peer workforce are considered priority strategies to help embed the expertise of people with lived and living experience into the design and delivery of services as well as organisational systems and operations. Lessons exist from other sectors about how to include the expertise of people with lived and living experience in decision making about services, including most notably from the mental health, alcohol and other drugs and domestic and family violence sectors.

How large is the workforce who respond to victims and survivors of child sexual abuse in Australia?

There is very limited data specific to the size of the child sexual abuse workforce in Australia. Estimates from publicly available data from the 2016 Census and labour force surveys⁴ are that the workforce could include as many as 1.5 million people. This estimate is based on a broad definition inclusive of any Australian and New Zealand Standard Classification of Occupation (ANZSCO) that is anticipated to provide child sexual abuse and harmful sexual behaviour-related responses and interventions at all degrees of specialisation. Obvious limitations exist in this definition and in publicly available data sets, including the absence of nuance or context regarding the degree of focus on child sexual abuse and harmful sexual behaviour in roles within these professional groups.

This estimated 1.5-million-person workforce includes more than 11,000 First Nations peoples⁵ employed in healthcare related occupations. Of these, over 3,500 are employed by Aboriginal Community Controlled Health Organisations.⁶ Percentage estimates can be found in the below diagram of respective sizes of some the various workforce groups within this broad profile picture.





National Centre Insight

Building and supporting large and disparate workforces matched to the diverse needs of victims and survivors of child sexual abuse is challenging. Inadequate responses to victims and survivors of child sexual abuse can lead to re-traumatisation and subsequent lifelong effects resulting in permanent disengagement from seeking support.⁷ Continued and nuanced efforts to map and segment workforce groups is required to understand the size, characteristics and demographics of the workforce and to inform the diverse strategies needed to build the capability of professionals and organisations across sectors, roles, services and jurisdictions.

Help us understand your learning needs

The National Centre's Learning and Professional Development Plan aims to build and strengthen the capability of workers and organisations in how they respond to and support victims and survivors of child sexual abuse through training, learning, development and knowledge exchange resources and activities. Please help us to understand your learning needs by emailing us your feedback at: practice@nationalcentre.org.au.

- 1 Matthews B et al. 2023. The prevalence of child maltreatment in Australia; findings from a national survey. *Med J Aust.* 218 (6).
- 2 National Centre for Action on Child Sexual Abuse, 2023. Learning and Professional Development Survey Report 2023. Sydney, Australia. The National Centre for Action on Child Sexual Abuse.
- 3 Volume 9, Advocacy, support and therapeutic treatment services, Royal Commission into Institutional Responses to Child Sexual Abuse, Canberra, 2017, p. 10.
- 4 Australian Bureau of Statistics, 2016 Census, ABS website, <https://www.abs.gov.au/websitedbs/censushome.nsf/home/2016>
- 5 Australian Institute of Health and Welfare, 2020. Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Cat. No. IHPF 2. Canberra: AIHW <https://www.indigenoushpf.gov.au/publications/hpf-summary-2020>
- 6 About Us, National Aboriginal Community Controlled Health Organisation, 2022.
- 7 Royal Commission into Institutional Responses to Child Sexual Abuse (2017). Final Report: Advocacy, support and therapeutic treatment services Volume 9. Barton, Australia. Commonwealth of Australia.