



Child Sexual Abuse

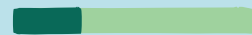
Practice considerations for General Practitioners

Child sexual abuse is a public health issue.

It occurs across all demographics, commonly in the home and by adults known to children and young people.¹ Child sexual abuse causes immense, ongoing pain and trauma that often impacts a child or young person across their entire lifespan. Child sexual abuse is a crime.

General Practitioners have a critical role to identify, report and respond to child sexual abuse, with many children, young people and adults who are victims and survivors having extensive contact with general practice throughout their lives.

28.5%



of people in Australia have experienced or are currently experiencing child sexual abuse.²

"Don't leave them alone with their story anymore."

– Dr. Johanna Lynch

Important statistics about child sexual abuse in Australia

More than 1 in 3 girls and almost 1 in 5 boys experience child sexual abuse

Girls
are twice

as likely to be sexually abused than boys

78%



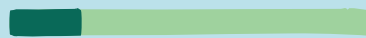
are sexually abused more than once

46%



of female sexual abuse victims and survivors were aged between 10 and 19

20%



of adults with a disability experienced sexual abuse before the age of 15³

Around

57%



of children and young people who are LGBTIQA+ report being sexually abused⁴

On average, it takes

23.9
years



to disclose child sexual abuse⁵

Child sexual abuse:

- occurs where there is an imbalance of power, children always have less power than adults
- can be perpetrated by family members, family, friends, workers, volunteers within organisations and strangers⁶
- can take many forms such as contact (touch), non-contact (no touch) abuse and abuse that occurs online via technology
- generally occurs more than once but sometimes can be a single incident⁷
- can be historical, current or recent for the person who experienced child sexual abuse, and more than one person may have perpetrated the abuse⁸
- includes abuse from other children and young people, often referred to as 'harmful sexual behaviour'
- increases the odds of young people experiencing mental health disorders over their life.⁹

Perpetrators of child sexual abuse take advantage of children and young people to isolate them, place blame and threaten them so they don't disclose.

The consequences for a child or young person to disclose (or tell about) their abuse can be wide reaching and catastrophic on their family and broader social and community network.

They may feel a sense of shame, self-blame, stigma, or a need to protect themselves and others. They may mask their experiences and hold back information about their health.

" Believe them. Believe everyone that tells you something has happened. "

– Craig Mahony, Victim and survivor

A number of intersecting factors make a child or young person more vulnerable to sexual abuse.

Gender, gender diversity and sexuality

Culturally and linguistically diverse background

Living with disabilities

Past experiences of maltreatment

Belonging to the First Nations community

What can you do?

Aligned to the 'Eight steps to intervention – the 8 R's' from the Royal Australian College of General Practitioners (RACGP) White Book,¹⁰ you can 'Recognise, Respond, Refer, and Reflect'.

Recognise

Many children and young people never tell their story of sexual abuse. Be alert to the signs, which will be different for children to young people to adults.

A child or young person will communicate through their body language and behaviour. They may present with physical symptoms such as UTI's and pain around their genitals, and/or experience bed wetting, sleep disturbances, withdrawal from family and/or peers, or have unexplained physical and/or psychological symptoms.^{11,12} Young people may indirectly disclose their abuse through risk-taking behaviours such as disordered eating, use of substances, self-harm, or high adrenaline activities.¹³

Adults who have been sexually abused often experience chronic health issues, which may include pain, trouble sleeping and impacts on their mental health.¹⁴ People may have an increased use of substances, or avoid services, treatment or review such as cervical screening or prostate checks to cope with the impacts of their abuse.¹⁵

" Listen to what I'm saying, and listen to what I'm not saying. "

– Paul Klotz, Victim and survivor

Respond

Active listening, the language you use, your tone, and the pace of your voice all aid in providing a compassionate response.

Create opportunities for people to talk and develop trust. It is critical you believe children and young people when they disclose, and support them to be safe and recover over time. Be aware of who is present in the room, as the person perpetrating the abuse may accompany the child or young person.

How you provide care needs to be trauma informed. Children, young people or adults who appear disengaged or unresponsive may feel overwhelmed. You can support them by regulating your own behaviour and emotions, and embedding principles of safety, trustworthiness, choice, collaboration and empowerment.¹⁶

" Gentle questions would have helped. Survivors want to be heard and seen. Shame can be crippling - there is nothing shameful in what we have gone through. "

– Malika Reese, Victim and survivor



Refer

General Practitioners refer, collaborate, and coordinate care with other services.

Involve the child, young person, or adult in decisions about their care (as appropriate) including whether and when a referral is made, the choice of in-person or online services, gender of the practitioner, or location of the service. This will depend on what services are available in your area.

Make a warm referral and follow-up and remain connected as their primary health care provider. Connect with local or national services who provide specialised responses to child sexual abuse to refer and gain advice.

"The referral that GP did is the only reason I am here today."

– Paul Klotz, Victim and survivor



Reflect

An ongoing part of clinical practice is to reflect on the care you provide. This should occur before, during, and after each appointment.

Consider the questions you asked, didn't ask or could have asked differently, your body language, how you used the power and authority you hold, whether you need to seek secondary consultation or undertake further training on trauma informed care.

Case conferencing, multi-disciplinary discussions and seeking feedback are important aspects of your practice. It is also important that you, as a General Practitioner and a person, seek advice and support for yourself.

"Don't rob yourself of the opportunity to act in a simple but powerful way by believing that child sexual abuse is such a complex, sensitive area that you will fall short somehow."

In reality, whether you are a loved one, friend, colleague or professional, mindfully listening, acknowledging and supporting the person, has an incredibly healing effect in the lives of victim-survivors."

– Angela Obradovic, Victim and survivor

You can make a difference, we all can.

One child is a tragedy, millions are a statistic.

Sexual violence and child sexual abuse are serious crimes and should be reported to agencies responsible for investigating and prosecuting criminal activity and ensuring the safety of children who experience it. These include police in every state and territory, the Australian Centre to Counter Child Exploitation for online child sexual abuse, and statutory child protection agencies in each state and territory.

Your organisation and/or professional body may require you to report concerns in addition to legislative requirements. Please seek advice from relevant professional bodies, including but not limited to the Royal Australian College of General Practitioners and your Medical Defence Organisation.

The National Centre for Action on Child Sexual Abuse acknowledges funding received from the Australian Government Department of Health and Aged Care.

¹ [The Australian Child Maltreatment Study \(ACMS\)](#) accessed 16 February 2024

² [The Australian Child Maltreatment Study \(ACMS\)](#) accessed 16 February 2024

³ [The Australian Child Maltreatment Study \(ACMS\)](#) accessed 16 February 2024

⁴ [The prevalence of child maltreatment among those with gender and sexuality diverse identities - The Australian Child Maltreatment Study \(ACMS\)](#) accessed 16 February 2024

⁵ [Identifying and disclosing child sexual abuse - Royal Commission into Institutional Responses to Child Sexual Abuse](#) accessed 16 February 2024

⁶ [Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey - Child Abuse & Neglect](#) accessed 16 February 2024

⁷ [The Australian Child Maltreatment Study \(ACMS\)](#) accessed 16 February 2024

⁸ [Identifying and disclosing child sexual abuse - Royal Commission into Institutional Responses to Child Sexual Abuse](#), accessed 16 February 2024

⁹ [The Australian Child Maltreatment Study \(ACMS\)](#) accessed 16 February 2024

¹⁰ [RACGP - White Book - Useful tools](#) accessed 16 February 2024

¹¹ [Signs and indicators of child sexual abuse - National Office for Child Safety \(NOCS\)](#) accessed 16 February 2024

¹² [Signs of sexual abuse in children & teens - Raising Children Network](#) accessed 16 February 2024

¹³ [Responding to children and young people's disclosures of abuse - Australian Institute of Family Studies \(AIFS\)](#) accessed 16 February 2024

¹⁴ [Long-term outcomes of childhood sexual abuse: an umbrella review - The Lancet Psychiatry](#) accessed 16 February 2024

¹⁵ [Adult survivors of childhood trauma - RACGP](#) accessed 16 February 2024

¹⁶ [Talking about trauma: Fact sheet for General Practitioners and Primary Health Care Providers - Blue Knot Foundation](#) accessed 16 February 2024