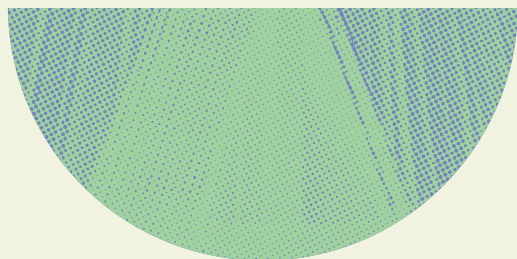




**National Centre for Action
on Child Sexual Abuse**




The Australian child sexual abuse attitudes, knowledge and response study: Insight – Why attitudes matter



October 2024

Attitudes, behaviours and social norms



Social norms are behavioural ‘rules’ shared among people in a particular society, community, or group, and define what is considered “normal” and appropriate behaviour within the group.¹ These behavioural ‘rules’ influence what people do (and don’t do) in relation to many aspects of life, including preventing and responding to child sexual abuse. Even though few Australians would consider child sexual abuse normative behaviour, there are norms that contribute to the alarming prevalence of child sexual abuse by governing behaviour related to the use and acceptance of sexual violence against children and the reporting and intervening in such violence.² It is therefore critical to examine these elements to appropriately and effectively prevent and respond to this complex social problem.

Though people hold individual attitudes, they also observe the behaviour and beliefs of others and react to them.³ When individuals act under the influence of what they think others expect of them, they operate in the realm of social norms. Individual choice, power dynamics, norms and values also intersect in different ways to influence people’s behaviours and actions.¹ Harmful behaviours and practices associated with child sexual abuse can be maintained by a combination of norms and beliefs that make the behaviours and practices difficult to shift, even if they are not considered normative.³

Globally, there is evidence of such norms existing. As part of the current study, the National Centre reviewed and synthesised 49 studies reporting data on child sexual abuse-related attitudes and behaviours collected from 23,729 participants in 25 countries. Despite some limitations of the studies reviewed, several important general observations can be made. Across the globe there were differing levels of harmful perceptions and attitudes, including victim-blaming and stigmatising attitudes towards victims and survivors of child sexual abuse. There was also a general inability and low confidence to identify risk indicators of child sexual abuse, have preventive conversations with children about risks of child sexual abuse, and respond to identified cases of child sexual abuse. We also found misconceptions around the disclosure process including whether children are truthful when disclosing experiencing child sexual abuse. The research described attitudes which would influence people’s level of acceptance of sexual violence against children, and whether they would intervene to stop or prevent suspected child sexual abuse. The evidence review also highlighted the dearth of comprehensive and contemporary Australian data on community attitudes about child sexual abuse.

The *Australian child sexual abuse attitudes, knowledge and response study* (the **Community Attitudes Study**) was developed in response to this evidence gap. It examines Australians’ attitudes towards, knowledge of, and responses to child sexual abuse and harmful sexual behaviours, and the experiences and needs of victims and survivors, providing nationally representative and contemporary benchmarking data.

Key Findings

The full report describes the methods and findings in detail and contains important and new data to inform both prevention and response efforts. We hope this data will provide additional impetus for much needed action at all levels of society.

Similar to the international literature, we see that some Australians also hold attitudes and behave in ways that act to limit reporting of child sexual abuse, limit intervention to stop it, or lead to an acceptance of child sexual abuse. These aspects of the Community Attitudes Study are discussed below.

Attitudes and norms that limit disclosing or reporting of child sexual abuse

The findings from the Community Attitudes Study suggest that some widely held attitudes which limit reporting of child sexual abuse are entrenched in the Australian community. Some evidence of this is the very low disclosure rates of child sexual abuse by children to adults, and while higher, only about a third of adults had received an adult disclosure about historical child sexual abuse. This is despite 62% telling us they were pretty sure they knew someone who has experienced child sexual abuse, suggesting underlying forces that limit reporting and disclosure of child sexual abuse.

Norms and attitudes that both limit reporting of abuse and limit intervention to stop it

Problematic belief: Child sexual abuse is a private matter

One aspect of this norm relates to people believing that **family matters are private**, and family members should not disclose child sexual abuse. In the Community Attitudes Study, the majority of people identified that child sexual abuse occurs in close proximity to the child (eg their home) and is perpetrated by a family member or other close person. While the majority (83%) did not hold the view that child sexual abuse in the family is a private matter, of those who discovered or received a child's disclosure about sexual abuse, less than half had a supportive conversation with the child (about 40%) and/or reported to authorities (police or child protection: about 30%). Also, almost a third (31%) were 'not at all' confident in knowing how to talk to the parent or carer of a child who they suspected had been sexually abused and more than a quarter (28%) were 'not at all' confident in knowing how to start a conversation with a child they suspected had been sexually abused. This limited response, discussion and reporting maintains secrecy around child sexual abuse and can send a message to victims and survivors not to talk about it. A social norm that family matters are private may also be reflected in the low confidence of adults to have necessary conversations with children they want to help and support.

Another aspect of this norm relates to people having the view that **community matters are private**, and community members should not disclose child sexual abuse. The associated attitudes and beliefs relate to what goes on at a community level and the types of community issues or problems that are identified as needing action to solve. Community members not wanting to identify or discuss a problem may be an indication of lack of readiness for addressing the issue within the community. In our survey, about one-third (31%) felt they were not directly impacted by child sexual abuse, and another 30% were neutral on whether they were impacted or not. More than half (56%) did not agree that child sexual abuse happens where they live, and 11% felt that child sexual abuse receives too much media coverage. Attitudes that child sexual abuse is not a problem in the community, doesn't impact individual community members lives, or gets too much attention can also send the message that child sexual abuse is private matter and not for wider discussion, nor worthy of intervention when it is suspected.

Norms and attitudes that both limit reporting and increase acceptance of child sexual abuse

Problematic belief: Child sexual abuse is not to be discussed

This norm relates to people believing or holding the view that it's not acceptable for someone who experiences child sexual abuse to discuss it, and that talking about child sexual abuse is shameful.

Shame is a powerful emotion and limits reporting of child sexual abuse because the victim perceives that reporting or discussing child sexual abuse violates morals or societal norms and attitudes, that it is wrong to discuss it, or that they were somehow to blame. In our study, in response to a disclosure by an adult friend, about 1 in 10 people (11%) thought it was very/extremely important to tell their friend it is best not to talk about it at all. Others (5%) would actively turn away from their friend after the disclosure. We also saw that about 60% of adults didn't talk to or support a child who disclosed to them, and while this may relate to lack of confidence it may also relate to attitudes around children's trustworthiness and that they shouldn't challenge, let alone implicate, adults in serious matters like child sexual abuse. We found that 22% were unsure or non-committal (neutral) about whether children should always be believed if they disclose child sexual abuse, or if they were too unreliable to take their word over an adult's (18%). We don't know why adults in our survey would doubt or distrust the child in this situation, but this response sends implicit messages that it's unacceptable for children to talk about child sexual abuse. Further it means that reporting it may be unsafe for the child victim survivor because if they are dismissed or disbelieved there may be no intervention or there may be negative repercussions. Entrenched distrust of children also sends a message to adults that it's acceptable not to intervene in cases of suspected child sexual abuse.

Problematic belief: Victim-blaming

This norm relates to people believing that children who are sexually abused in some way deserved it. These attitudes can limit reporting of sexual violence because they misdirect the blame for the abuse onto the victim, making it unsafe for victims and survivors to disclose. In our study, around 1 in 10 (12%) believed that adolescent girls who wear very revealing clothing are asking to be sexually abused. Additionally, 40% believed that older children are responsible

for actively resisting an adults' sexual advances, and 13% had the view that children who act in a seductive manner are at least partly to blame if an adult responds to them in a sexual way. Some (8%) also had the view that obedient children are less likely to experience child sexual abuse, implying that if children are 'good' they won't be sexually abused. Such harmful attitudes serve to maintain high rates of child sexual abuse because people attribute abuse to a victim's behaviour, rather than the perpetrator's.

Implications



The findings from the *Australian child sexual abuse attitudes, knowledge and response study* suggest there is an undercurrent of norms and attitudes that function to perpetuate unacceptable levels of child sexual abuse and prevent reporting, disclosure and third parties from disrupting sexual abuse of children when it's occurring. To create change, we need to target these norms, build confidence and capability to intervene, and shift negative and problematic attitudes towards children and victims and survivors of child sexual abuse. Evidence suggests that mobilisation programs intervening directly at the community level and those that work with specific populations who hold harmful and problematic attitudes are promising in preventing child sexual abuse.⁴

Although directed at the broader issue of violence against children, the INSPIRE framework also gives us some guidance on how shifting norms can change behaviours.⁵ *INSPIRE: Seven strategies for ending violence against children* is the first-ever global package for preventing and responding to violence against children. Many of the norms-related interventions included in INSPIRE challenge inequitable norms around gender, power and masculinity, and promote norms of equitable relationships, protection, and shared responsibilities.

Examples of interventions across the seven domains in the framework include promoting norms and values for protecting children to support implementation of laws addressing violence, promoting positive norms on child-rearing, discipline, and gender roles in parenting, integrating gender norms and sensitivity into training for front-line responders, challenging norms that discourage help-seeking for violence, and promoting positive norms around education, relationships, and gender equity to help make learning environments safe and accessible.

Further, INSPIRE identifies several factors that influence norms change, such as:

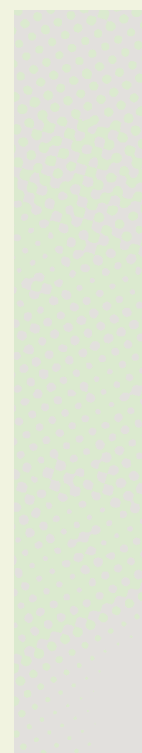
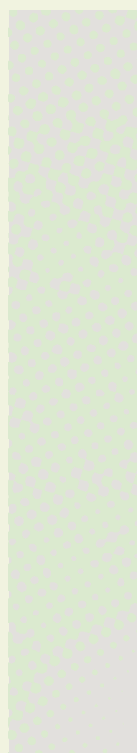
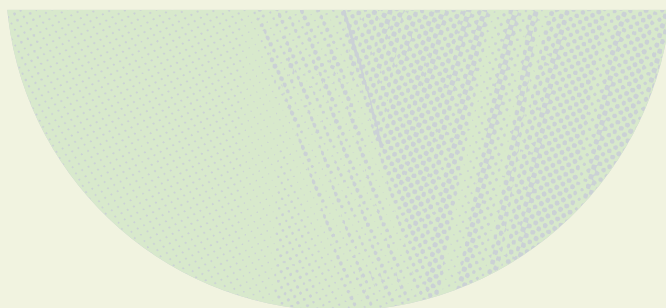
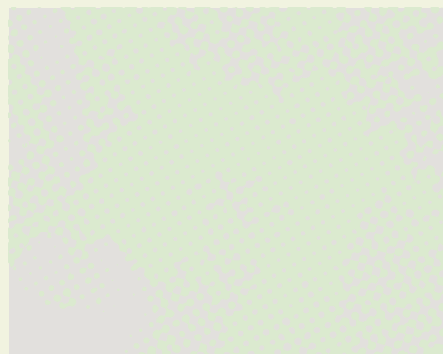
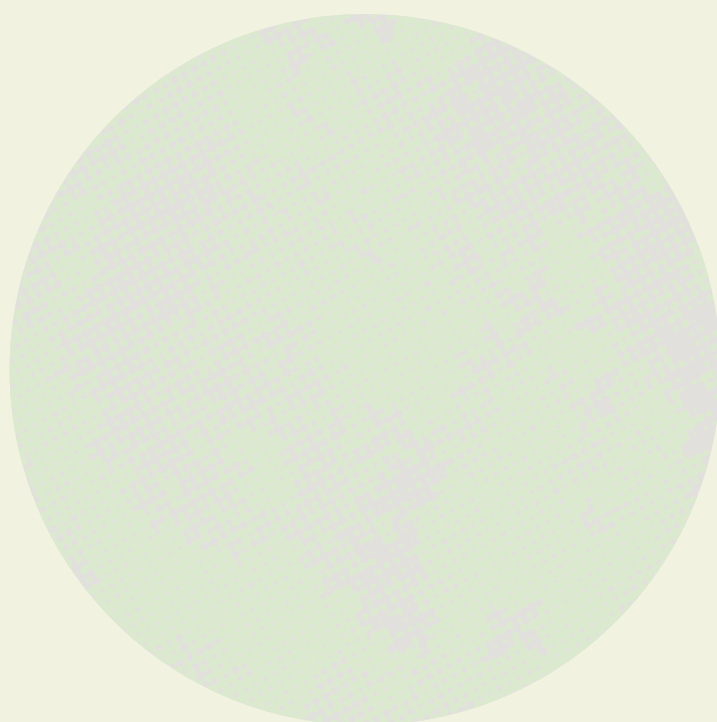
- environmental forces such as culture, religion, laws, policies and regulations, and economic conditions that can help perpetuate or change norms
- lived experience, particularly exposure (as victim or witness) to intimate partner violence or community violence which can contribute to the acceptability of violence
- individual factors, such as confidence, skill or agency, which influence whether people conform to or act against norms
- introduction of new behaviours which can promote changes in norms (as well as vice versa).

INSPIRE also identifies the success factors⁶ for effective norms interventions as including being grounded in theory and evidence-based; having associated social rewards and sanctions that keep positive norms in place; messages that are reinforced through multiple pathways and exposures; using credible messengers and positive role models; creating opportunities for people to practice alternative behaviours that reflect positive norms; environmental and structural changes that make it easier for people to adopt new behaviours; and implementing both collective and community approaches.

With the growing global movement to end child sexual abuse and violence against children, and mounting Australian evidence about the scale and nature of the problem, the time to re-double our efforts to address child sexual abuse is here. Importantly future waves of the Community Attitudes Study provide a mechanism for assessing whether current and future community-based and policy- and practice-related strategies are effective in shifting problematic norms and attitudes and other child sexual abuse related outcomes in Australia.

Endnotes

- 1 Ben Cislighi, Karima Manji and Lori Heise. 2018. Social Norms and Gender-related Harmful Practices, Learning Report 2: Theory in support of better practice. Learning Group on Social Norms and Gender-related Harmful Practices, London School of Hygiene & Tropical Medicine. <https://researchonline.lshtm.ac.uk/id/eprint/4646973/1/2018%20Social%20norms%20theory%20report.pdf>
- 2 Leah Kenny, Ben Cislighi et al. 2019. Addressing Social Norms at the VAW/VAC Intersection Learning Group on Social Norms and Gender-related Harmful Practices Convened by the Gender, Violence and Health Centre (GVHC) of the London School of Hygiene & Tropical Medicine (LSHTM). https://www.alignplatform.org/sites/default/files/2020-02/2019_social_norms_vawvac_report.pdf
- 3 Ben Cislighi and Lori Heise. 2016. Measuring Gender-related Social Norms, Learning Report 1. Learning Group on Social Norms and Gender-related Harmful Practices of the London School of Hygiene & Tropical Medicine. [Learning report 01: Measuring gender-related social norms \(lshtm.ac.uk\)](https://www.lshtm.ac.uk/research/learning-report-01-measuring-gender-related-social-norms)
- 4 Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019). What works to prevent sexual violence against children: Executive Summary. Together for Girls. [What-works-to-prevent-sexual-violence-against-children-Executive-summary.pdf \(togetherforgirls.org\)](https://www.togetherforgirls.org/what-works-to-prevent-sexual-violence-against-children-Executive-summary.pdf)
- 5 See [INSPIRE: Seven strategies for Ending Violence Against Children | INSPIRE \(inspire-strategies.org\)](https://inspire-strategies.org/)
- 6 See [INSPIRE Competency Framework | INSPIRE \(inspire-strategies.org\)](https://inspire-strategies.org/)



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