

Raising Awareness of Child Sexual Abuse: The Wisdom of Advocates

Report on Breaking the Silence on
Child Sexual Abuse: A Survey of Advocates

Valerie Braithwaite, Katie Wright,
Shurlee Swain, Danny Taggart,
Sari Braithwaite

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Survey codebook

The survey codebook for “Breaking the silence on child sexual abuse: A survey of advocates” is available here: DOI: 10.26181/30608426

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Executive Summary

A networked sample of 78 advocates working to raise awareness or prevent child sexual abuse completed an online survey of 176 questions exploring their views and experiences of awareness raising and advocacy.

Participants were invited to provide a mixture of quantitative and qualitative responses. This report summarises some of the key findings from the quantitative component of the survey. The initial purpose was to identify areas in which advocates shared similar experiences and views. From these areas of commonality, a high-level summary emerged that proved useful in shaping the next stage of the “Creating Safer Futures” research project: developing a digital storytelling tool to raise awareness and prevent child sexual abuse.

The survey not only provided guidance in relation to the form the digital storytelling tool should take, but also evidence for why developing the tool was so important, particularly for younger people. Advocates agreed that the ease of talking about child sexual abuse was on a downward trajectory from its highpoint immediately after the Australian Royal Commission into Institutional Responses to Child Sexual Abuse (2013-2017).

The advocates, through their responses to an extensive set of quantitative questions, presented a clear and nuanced picture of the work that they do to raise awareness and clear the path for prevention of child sexual abuse. Their accounts have both transactional and relational elements, both of which can be understood as strategic.

Advocates agree on what messages need to be communicated, whether it be through a public campaign or one-on-one or small group interaction. The fundamental message is that child sexual abuse could happen to a child close to you, it is more common than people think, child sexual abuse does enormous harm, everyone is responsible for its prevention, and prevention is possible.

Advocates are adamant that clear and direct (though sensitive) communication about what constitutes child sexual abuse and grooming must take place. The strongest evidence of this was in preferring explicit terminology, “child sexual abuse,” over less explicit terms such as child abuse or CSA. But evidence also comes from their endorsement of conversations about grooming, basic rules, actions to prevent harm, and strategies to prevent abuse. They are very clear and surprisingly unified on their higher-level priorities and message.

The clarity of what advocates believed they had to communicate could be interpreted by their critics as too narrowly mission-focused and too transactional in the types of approaches taken to gain visibility and enact change. The survey provided an opportunity to delve into a more relational side of advocacy that shows there is also considerable sensitivity to context and circumstance.

Most importantly, 'hard talk' was tempered by care for victim-survivors and their loved ones who may be in their audience. Advocates prioritised giving people the gift of their time, listening, assuring possible victim-survivors that they should not feel shame or blame themselves, and creating a safe space for them to reach out to someone who they could trust and who would listen and believe them.

Advocates prioritised giving hope and confidence for the future. Telling stories about individuals and insisting on victim-survivors being centre stage humanised the journeys of other victim-survivors and shared the experiences of real people who led meaningful lives with their trauma. In short, the 'hard talk' was wrapped in warm blankets of understanding, care and support.

Finally, the advocates who responded to this survey were resilient. They looked in the eye the obstacles to their progress in raising awareness of child sexual abuse: They recognised how much child sexual abuse remains a socially stigmatised and taboo topic and felt the "othering" of victim-survivors and their supporters.

They saw some groups as harder to reach and more difficult to communicate with than others, namely faith-based communities, people with English as a second language, those who had never heard of child sexual abuse, over 55-year-olds, males, people in rural communities and politicians.

The advocates felt the barbs of being talked at, not with, of others over-simplifying complexity, of trivialising or denying child sexual abuse. But, despite their acknowledged challenging role, they remain true to their mission.

We thank them sincerely for their generosity in sharing their reflections, experience and wisdom with us through this survey.

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Introduction

The evidence is clear that child sexual abuse is a persistent problem and adversely impacts the development of children and adults across the lifespan. Australia's advocates against child sexual abuse have been at the forefront of action to build awareness of these harms, increase accountability, and urge redress for victim-survivors. Advocates have been tireless in media campaigning, lobbying, educating, counselling and advising government, community and professional groups. Their collective wisdom is shared within their networks of practice and research.

To the best of our knowledge, this is the first survey that has tried to systematically document the shared knowledge of this community, either in Australia or internationally. The purpose is to form a bridge to a broader community, including government, educators, parents and carers, all of whom play important roles in lifting the silence surrounding child sexual abuse. While differences in the views of advocates are to be acknowledged and respected, there is also merit in looking for commonalities in their views about the best way forward to break the silence.

The purpose of the Breaking the Silence survey was to collect both quantitative and qualitative information on what advocates agreed upon: Based on their experience, what worked best in raising awareness, reducing the likelihood of child sexual abuse and managing harms. Advocates were also invited to share their views on the obstacles to effective messaging and how the public might be best convinced that child sexual abuse is everyone's responsibility.

One of the thought-provoking findings from the survey was that the sample agreed that the Royal Commission into Institutional Responses to Child Sexual Abuse made it 'easy' or 'very easy' to talk about child sexual abuse during the Commission (57%) and for two years afterwards (67%). That upward trajectory of making it easier to talk about child sexual abuse from a base of 17% before the Royal Commission, however, has not continued, with only 58% describing the situation now as 'easy' or 'very easy'.

The advocate survey concluded with questions about advocate resilience. For such a committed group that has been engaged in the fight against child sexual abuse, it was appropriate to recognise the personal struggles they may have. This set of questions asked what could break their determination to fight on and what had they learnt to brush off without distracting them from their work.

The survey was part of a project funded by the National Centre for Action on Child Sexual Abuse, "Creating Safer Futures: Raising Public Awareness of Child Sexual Abuse Among Young Adults through Digital Storytelling". It was also supported by, and is feeding into another project, funded by the Australian Research Council, "Reclaiming Child Rights:

Activism, Public Inquiries and Social Change”.¹ The research for both projects has been guided by an Advisory Committee, comprising 10 survivor advocates and allies actively engaged in the prevention of child sexual abuse and securing justice for victim-survivors.

Survey design

The Advisory Committee played a pivotal role in the development of the survey. They provided feedback on what they had learnt about awareness raising based on their diverse experiences. Many participated in the final survey. One outcome of the discussion with the Advisory Group was to ensure the inclusion of space in the survey for qualitative as well as quantitative responses. There was a strong feeling that some advocates would prefer a qualitative format for providing their input. Given that our goal was to draw out commonalities, while respecting the richness of advocate experience, the survey used a mixed format. This report focuses on the quantitative component of the survey.

The quantitative questions presented statements of experience, opinions or beliefs. Survey participants responded by selecting the answer that best represented their position. Response formats varied, with the most common being selecting a category (for example, yes/no), or five-point or seven-point Likert rating scales (for example, strongly disagree to strongly agree). The survey was administered electronically using the REDCap platform.

In all, there were 176 survey questions relevant to advocating against child sexual abuse. Parts 1 and 6 asked for information on type/s of advocacy work, advocacy experience, and on social demographic characteristics. Part 2 addressed the question of awareness raising through public messaging and campaigns. Part 3 addressed awareness raising with individuals and small groups, bearing in mind that technological advances facilitated a more personal style of awareness raising than was possible in the days of advertising billboards, mainstream print, or televised media. Part 4 addressed the issue of demographic, social and cultural diversity in the groups that advocates had tried to make aware of the nature, prevalence and harms of child sexual abuse. This section was motivated by advocate awareness of the need to tailor the message to the group and that not all groups were equally open to listening to the message. Part 5 was concerned with questions about overcoming obstacles and meeting challenges, including challenges and facilitators to the resilience of the advocates.

Sample selection

The sample of advocates was obtained through a three-stage networking methodology. The first stage involved the network most closely connected with the Advisory Committee and the Principal Researchers connected with the project. Invitations were sent to potential participants, recognised as prominent advocates, to take part in the online confidential survey. The second stage broadened the scope of invitations to include advocacy organisations. The third stage involved a closer look at advocates beyond researcher networks, identified through social media and other online profiles. An initial set of analyses

¹ Approved by the La Trobe University Human Ethics Committee: HEC24062 and HEC23068.

failed to reveal substantive differences between the close network and broader networks, although there were some differences identified below that may reflect a broadening of the advocacy network beyond victim-survivors and their supporters post the Royal Commission into Institutional Responses to Child Sexual Abuse.

This report combines the close (stages 1 and 2) and broader (stage 3) samples. The total number of participants in the sample was 89. Eleven were excluded from the sample for the quantitative analysis because they did not provide sufficient data,² leaving 78 participants for the quantitative analysis.

Data analysis

Data were analysed using the SPSS package. An accompanying codebook provides full details of how participants answered each question and of the descriptive statistics that have been used to identify issues on which advocates largely concur.³ Aggregated percentages of participants who endorsed certain views are used in this report to tell the story of how advocates collectively think we should proceed to break the silence on child sexual abuse.

Who completed the survey?

The sample was predominantly female (66%). Of those providing demographic details, 39 people identified as female, 17 as male and 3 as non-binary. Ages ranged from 21 to 86 years with a mean age of 54. The sample was primarily non-Indigenous (95%). 23% lived with a chronic illness or disability.

Years experience in advocacy work ranged from 1 to 40 years with a mean of 16 years. 62% spent 50% or more of their time in advocacy work focusing on justice for victim-survivors. 62% spent 50% or more of their time in advocacy work focused on prevention and child safety in the future. Advocacy for child safety in the future and advocacy directed towards justice for victims and survivors overlap. Only a minority of advocates (16%) did one or the other. 32% did advocacy work mainly on a voluntary basis, 30% mostly in paid employment, and 38% did their advocacy work as a combination of voluntary and paid employment. 80% worked as an individual speaker, consultant, facilitator, commentator or advisor. 64% worked as an advocate in a larger support service or advocacy organisation. 51% did both. Again, the data showed that people commonly undertake multiple and overlapping advocacy work, both paid and unpaid.

² These 11 records were missing 29 or more data points out of an estimated possible 68 across Parts 1 and 2 of the survey (43% of data points were missing). The pattern of high levels of missing data continued through other parts of the survey. Parts 1 and 2 of the survey were used for this decision so that cases were not excluded on the basis of attrition; that is, cases were not lost if they had completed Parts 1 and 2 dealing with public campaigns, but did not have time or experience to answer more nuanced questions on one-on-one conversations about child sexual abuse.

³ J. Boardman, J. and V. Braithwaite (2025). Codebook for Breaking the Silence on Child Sexual Abuse: A Survey of Advocates. La Trobe University. <https://doi.org/10.26181/30608426>

The lived experience of the sample relevant to child sexual abuse varied. 48% self-identified as a victim-survivor, 20% as a family or kin or carer of a victim-survivor. 6% revealed that they were Care leavers. 18% indicated they did not fall into any of these categories and 6% preferred not to say.

It is important to note that advocacy covers a range of activities. Most fields were represented in the sample: justice for victim-survivors (50%), child safety (47%), legal and law reform (30%), support services (15%), academic (15%), care leaver (10%), journalist (4%). As expected, survey participants often identified with more than one activity: 47% identified with two or more types of advocacy.

Advocacy experience differentiated those sampled from the close and broader networks. Survey participants from the broader network were less likely to be victim-survivors, or carers or kin of victim-survivors, or Care leavers ($r = -.30, p < .05$). While age and years of experience did not differentiate those in the broader network from the close network, it is possible that new advocacy groups with broader membership have been established post the Royal Commission.

How to do public messaging

What term should we use?

Participants were asked about the terms they preferred to see being used in public messaging: child sexual abuse, child abuse, child sexual assault, violence against children, child safety, or CSA. They were asked to rate how favourably they regarded each option on a five-point scale, from 'very unfavourably' (1) through 'unfavourably' (2), 'depends' (3), 'favourably' (4) to 'very favourably' (5).

The second column of Table 1 below shows the percentage of advocates who viewed each option 'favourably' or 'very favourably' for the total sample. In the columns to the right are percentages for the close network and the broader network. This is one of the few questions where the close network sample and the broader network sample showed some differences, although not so great as to change the option that was the most preferred and the option that was least preferred. Most preferred was child sexual abuse. Least preferred was CSA.

Table 1: How favourably do you regard these terms: Percent answering 'favourably' or 'very favourably' in the total, close and broader samples

Terminology	% Total sample N=78	% Close sample N=48	% Broader sample N=30
Child sexual abuse	80	75	87
Child sexual assault	60	56	67
Violence against children	59	52	70
Child safety	59	58	60
Child abuse	56	48	70*
CSA	31	25	40*

*Significantly more favourable

Who does the public trust in national campaigns against child sexual abuse?

Participants were asked how much trust they thought the public would place in a national campaign against child sexual abuse when the message came from six possible sources listed in Table 2.

Table 2: Who is a trusted messenger for public campaigns against child sexual abuse: Percent answering ‘a fair bit’ or ‘a lot’ in the total, close and broader samples

Trusted messenger	% Total sample N=78	% Close sample N=48	% Broader sample N=30
Well-known victim-survivor	88	88	86
Well-known advocacy group	79	85	68
Well-known advocate	75	75	75
Royal Commissions, inquiries	71	81	54*
Sports association	36	38	32
Government	29	31	25

*Significantly less trusted

A well-known victim-survivor topped the list, followed by a well-known advocacy group or advocate. Those who were closer to the issue of child sexual abuse were judged to be the ones that the community was most likely to trust. Royal Commissions and inquiries, sports association or government were well down the list. The Royal Commission into Institutional Responses to Child Sexual Abuse is likely to have lost salience over time and this may be why only 54% in the broader sample endorsed Royal Commissions and inquiries.

Of note is that the close network, which had been involved centrally in the Royal Commission into Institutional Responses to Child Sexual Abuse, was more positive about Royal Commissions and inquiries, with 81% trusting their messaging ‘a fair bit’ or ‘a lot.’

What makes for a successful public messaging campaign?

The close and broader network samples had similar views on what makes for a successful public campaign. The responses for the full sample of advocates are reported in Table 3.

There was high level of agreement on the importance of grassroots engagement with victim-survivors, collaboration between advocacy groups, and messaging that was hopeful in tone, while being direct but sensitive. Table 3 presents the percent of advocates considering these features ‘important’, ‘very important’, or ‘of the utmost importance’.

Table 3: What makes a successful public messaging campaign: Percent answering ‘important’, ‘very important’, or ‘of the utmost importance’ in the total sample

Features of a successful public messaging campaign	% ‘important’, ‘very important’, ‘of the utmost importance’
Grassroots engagement with victim-survivors	100
Direct but sensitive messaging	97
Collaboration between advocacy groups	93
Hopeful messaging and tone	90
Large budgets	82
Government campaign	81
Celebrity involvement	49
Scare tactics	24

Of interest was that only a minority considered scare tactics as a feature of a successful campaign.

The sample of advocates was divided on celebrity involvement. Almost half thought it important, while the other half gave it a lower rating, in spite of it being a central strategy in many public health campaigns.

The sample was also divided on whether public messaging on child sexual abuse should be linked to other social ‘pillars’ such as human rights (60% said yes), the UN Rights of the

Child (47%), opposition to family violence (34%), or tailored to particular social groups defined by age, gender, religion and culture (55%).

If a public campaign against child sexual abuse was to take on a broader message, it appears that respect for human rights and acknowledgement of difference attracts most support.

The content of public messaging: what is important, engaging and successful

Participants used five- and six-point rating scales to rate 24 characteristics describing the content and manner of delivery that would make public messaging campaigns most effective and successful. Tables 4 to 6 present characteristics on which there was high agreement that it would advantage the campaign (see Tables 4 and 5), or alternatively, do little to make an impact (see Table 6).

Table 4: Content for a positive impact: Percent answering ‘important’, ‘very important’, or ‘of the utmost importance’ in the total sample

Content of message	% ‘important’, ‘very important’, ‘of the utmost importance’
Clearly explaining what child sexual abuse is	100
Communicating that child sexual abuse can be prevented	100
Sharing information about where to get help	100
Sharing information about prevention and/or early detection of child sexual abuse	100
Educating the public about the prevalence of child sexual abuse	97
Communicating the harms caused by child sexual abuse	97
Communicating that people can work through the trauma of child sexual abuse	95

Telling real stories of child sexual abuse	93
Profiling a victim-survivor who is easy for the public to empathise with	74*

*A minority reacted strongly against this approach. The approach also received stronger support from the close network than the broader network.

Table 5: Content for a positive impact: Percent answering ‘likely’, ‘very likely’, or ‘extremely likely’ in the total sample

Content of message	% ‘Likely’, ‘very likely’, ‘extremely likely’
The message is that child sexual abuse could happen to a child close to them	92
The message focuses on harms caused by child sexual abuse	89
The message is that everyone is responsible for keeping children safe	87
The message focuses on children as innocent victims	80
The message is that child sexual abuse is common	80
The message is that child sexual abuse can be prevented	79
The story focuses on an individual victim-survivor	79
The message is that child sexual abuse is a crime	78
Emotions are openly displayed (e.g. anger, sadness)	78

The message is that people can work through the trauma of child sexual abuse	74
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Tables 4 and 5 provide evidence of an advocacy community that strongly believes in action on awareness raising and seeking help, and education and prevention. The direct but sensitive messaging recommended in Table 3 is reinforced in Tables 4 and 5 through recognising the harms of child sexual abuse, how common it is, and how it can affect someone close to you.

Hopeful messaging from Table 3 is echoed in Tables 4 and 5 through prevention, working through the trauma, early detection and getting help. The inclusion of victim-survivors, real stories, the criminal nature of child sexual abuse and the innocent nature of children who have been sexually abused, all contribute to making the need for action on child sexual abuse a credible and real problem in our society. The messaging is tied together by the shared belief that keeping children safe is everyone's responsibility.

While most characteristics received strong support for inclusion in a public messaging campaign, two received very little support: demonising perpetrators and presenting upsetting detail or distressing images. These approaches were among those that advocates thought would turn people away from the message rather than engage with it (see Obstacles, Table 11).

Table 6: Characteristics that would make little impact: Percent answering 'likely', 'very likely', or 'extremely likely' in the total sample

Content of message	% 'Likely', 'very likely' 'extremely likely'
The message demonises perpetrators	30
The message presents upsetting detail or distressing images	27

How to be effective when talking about child sexual abuse one-on-one or in small groups

Forty-one questions tapped into how advocates engaged individuals and small groups in discussing child sexual abuse (Table 7), the strategies they used when talking to individuals or a group for the first time (Table 8), and what were their priorities in a relational sense in their conversations (Table 9). Some of the questions overlapped with public messaging, others were designed to capture advocates' views on how more intimate conversations should proceed.

The final goal of the Creating Safer Futures project, to develop a digital storytelling tool, required insight into the best way to conduct one-on-one conversations while connecting with a range of unknown individuals. Thus, insights into both public messaging and one-on-one engagement and conversation style were important.

Table 7 reveals advocates' views on how to engage people in conversations about child sexual abuse, that is, how to prevent them from turning away. Table 7 reveals what advocates thought worked well, based on their experiences, that is, was this content 'likely,' 'very likely' or 'extremely likely' to engage people in a conversation. Table 7 lists content endorsed by more than 70% of advocates. This represents 10 of the 15 characteristics presented to participants for rating.

Two additional characteristics stood out because they were considered most unlikely to engage a listener. Speech that demonises perpetrators or reveals upsetting details were not considered likely to engage individuals or small groups in conversations. A minority, 28% and 26% respectively, thought this approach likely to work. Of interest was a generational difference with older advocates more open to this approach. Other age differences on messaging suggested this to be a generational difference.

Older advocates were more favourably disposed to emphasising the criminal aspects, the harms caused by child sexual abuse and the innocence of children. Older advocates considered it easier to talk about child sexual abuse during the Royal Commission and were favourably disposed to celebrity advocacy.

Younger advocates were more focused on the message of prevention and finding ways to reduce emotional stress. These differences were small: The overall data trends on what was likely to raise awareness of child sexual abuse and its prevention were similar regardless of age.

Table 7: How to speak about child sexual abuse if you want to engage an individual or small group: Percent answering ‘likely’, ‘very likely’, or ‘extremely likely’ in the total sample

Content of message	% ‘Likely’, ‘very likely’ ‘extremely likely’
The person’s message is that it is everyone’s responsibility to keep children safe	83
The person speaking explains that child sexual abuse can be prevented	83
The person speaking focuses on harms caused by child sexual abuse	82
The conversation is happening at a time when the media is sharing a high volume of child sexual abuse stories	81
The person speaking notes that child sexual abuse could happen to a child close to them	80
The person speaking explains that people can work through the trauma of child sexual abuse	79
The person speaking describes victims as innocent children	78
The person speaking stresses that child sexual abuse is common	78
Person speaking emphasises how society is failing children	76
The person speaking focuses on prevalence rates	70

The messages recommended in Table 7 overlap substantially with the messages recommended for a public campaign for raising awareness and prevention. One exception, ‘how society is failing children’, is probably more of an empathetic plea to establish relational connection in one-on-one conversations. The other, having these conversations

when the media is focusing on child sexual abuse, makes sense because advocates can build awareness and understanding after the media has captured people's attention.

Overall, the findings in Table 7 build a picture of commonality to guide the development of a digital tool that speaks to individuals, while being available to a community en masse: Table 7 reinforces the message that this is a problem in our society, it is harmful, and we can all play our part in prevention and support those affected.

Table 8 presents the priority ('medium priority' or 'high priority') assigned to 14 strategies that advocates used when talking for the first time to individuals or small groups about child sexual abuse. The purpose was to gain some insight into how advocates managed the unknown range of experiences of those they were speaking to. The priority for all 14 are presented in Table 8 because their relative importance tells a story, and because they capture the relationality of advocates' first conversations with individuals and small groups.

Table 8: Strategies to engage people when talking for the first time to an individual or small group about child sexual abuse: Percent answering 'medium priority' or 'high priority' in the total sample

Strategic intent	% 'Medium priority' or 'high priority'
I emphasise that it is not the child's fault	96
I note that it is a more common experience than people think	93
I am careful about the language I use in order to create a safe space for everyone	89
I note that there is nothing to be ashamed of	86
I use plain and direct language	86
I emphasise the harms caused by child sexual abuse	85
I talk about strategies for prevention of child sexual abuse	80
I warn people that I am going to say things that are hard to hear	75

I focus on hope through stories of resilience and recovery	70
I avoid being too explicit or graphic in the way I talk about child sexual abuse	64
I talk about what has improved in child safety after the Royal Commission	51
I will sanitize to some extent details of child sexual abuse	32
I use dark humour when it feels appropriate	31
I use the term 'child abuse' rather than 'child sexual abuse'	12

Many of the strategies to engage new audiences reinforce the messages recommended for public campaigns and one-on-one conversations: Child sexual abuse is a more common experience than people think, people need to know what it is, child sexual abuse is harmful, and prevention is possible. The innocence of children message is echoed in the strategy of communicating to a child that it is not their fault. Speaking of fault, shame, creating a safe space and offering hope are relational and particularly relevant to the intimate messaging of one-on-one storytelling and conversation.

Of importance is that advocates do not shy away from calling child sexual abuse what it is. Substituting child abuse for child sexual abuse was not acceptable for the vast majority. But through the answers to these questions, advocates were acknowledging their sensitivity to unknown audiences. The pattern of answers to these questions suggests there is more than one way of addressing child sexual abuse with new audiences.

Of particular interest is the finding that most advocates in this sample did not use 'dark humour' as a go-to strategy for building connection, even in situations where it may have been appropriate. But 31% were open to it, which may surprise some who work in this field. This finding is a reminder that not all groups whose lives have been affected by child sexual abuse will speak the same language and that humour, whether socially sanctioned or not, is a coping strategy for some. Engagement is about relational connection which means knowing and speaking the language of the other.

Table 9 presents a description of the priorities that advocates place on building relationships when speaking to individuals or small groups. The elements of relationality that advocates prioritised involved creating an atmosphere in which people felt comfortable to share their experiences in their own time. Listening, calmness, warmth and hope

enveloped an advocacy style of storytelling, reassurance, and acknowledgment. Establishing a healthy relationship enabled conversations about unhealthy relationships, that is, those involving grooming and unsafe behaviours. Establishing a positive relationship between advocates and their audience was a priority, but not to the detriment of direct and honest messages that would raise awareness and contribute to prevention.

Table 9: The advocate-audience relationship: How do advocates offer support?
Percent answering 'medium priority' or 'high priority' in the total sample

Relational characteristic	% 'Medium priority' or 'high priority'
Listening carefully	99
Being comfortable with silence, giving people time to process what is happening	97
Speaking directly and clearly about the problem	96
Adopting a warm and calm tone	95
Giving people safety to tell their story and to be believed	92
Giving hope and confidence that there is a way through painful experiences of child sexual abuse	90
Finding ways to reduce emotional stress	88
Making clear that child sexual abuse is common	88
Talking about grooming	85
Speaking in terms of actions that will prevent future harm	84
Talking about basic rules for safe and unsafe behaviours	78

Telling stories that are about individuals and that people can relate to on a human level	77
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Which groups are most difficult to engage in child sexual abuse awareness raising?

A caveat for this report is that not all advocates agree on everything, not all practice their advocacy in the same way, and by extension, not all groups in society respond to efforts to raise awareness about child sexual abuse in the same way.

This section of the report presents the views of this sample of advocates on who is most difficult to engage. If an advocate gave a 'don't know' response to this question, their data were treated as missing. It was not uncommon for around 20 participants to use the 'don't know' category, suggesting that they had not had experience with this group as a group (as opposed to individuals who may belong to the group).

Table 10 lists the groups that were rated by advocates and the percent who found them 'difficult' or 'very difficult' to engage. Half or over half the advocates considered it 'difficult' or 'very difficult' to engage faith-based communities, people with English as a second language, those who had never heard of child sexual abuse, over 55-year-olds, males, people in rural communities and politicians. When asked if they had more success in awareness raising with people who were similar to them in age, religious background, geographic background and cultural identity, 45% replied yes.

Table 10: Percent finding it 'difficult' or 'very difficult' to engage certain social-demographic groups

Social-Demographic group (from most difficult to least difficult)	% 'difficult' or 'very difficult' (N = 50-64)
Faith based communities	78
People with English as a second language	72
Those who have never heard of child sexual abuse	70
Over 55 year olds	56
Those who identify as male	55

People in rural communities	53
Politicians	50
Those who identify as First Nations People	35
School aged children	32
Young adults (under 25s)	30
Journalists	29
Those who identify with a disability	28
People in urban areas	25
25-55 year olds	21
Survivors of child sexual abuse	17
Those who identify as female	10
Those who identify as LGBTIQ+	9

Obstacles to awareness raising

Why avoid the topic?

Advocates were asked 7 questions on why they thought people avoided the topic of child sexual abuse. On 4 of the questions, as many people were agreeing as disagreeing or sitting on the fence. The three questions that showed high levels of agreement appear in Table 11. Advocates perceived resistance to talking about 'hard stuff' and a desire to pass the problem on to authorities.

Table 11: Why do people avoid the topic of child sexual abuse? Percent answering ‘agree’ or ‘strongly agree’ in the total sample

Obstacles	% ‘agree’, ‘strongly agree’
It can give rise to intense discomfort or strong emotions, such as horror, shame or disgust	100
They think it has nothing to do with them: it is the job for police and government authorities to stop child sexual abuse	86
They don’t want to trigger bad memories for themselves or others	82

Culturally entrenched beliefs and attitudes that block conversation

Table 12 shows the statements which met with high levels of agreement among advocates as culturally entrenched beliefs and attitudes that prevented constructive conversations from taking place.

Agreement on these statements suggests that advocates are constantly dealing with social distancing from the general community. The mode of adaptation used to deal with the horror of child sexual abuse, and possibly collective community shame over the prevalence of child sexual abuse, is through psychologically ‘othering’ those affected and their advocates.

The literature on stigma recognises the transfer of stigma from a stigmatised group to those who are associated with them as carers, family or professionals. In this sense, the perception of advocates becomes a litmus test for how much stigmatisation persists around child sexual abuse in our society, and how much doubt about the truth of the problem continues.

Table 12: Are there beliefs and attitudes blocking conversation? Percent answering ‘agree’ or ‘strongly agree’ in the total sample

Entrenched beliefs and attitudes	% ‘agree’, ‘strongly agree’
Child sexual abuse is a socially stigmatized and taboo topic	95
People believe that child sexual abuse is not going to happen to a child close to them	89
There is a view that people need to stop focusing on the past and just get on with their lives	88
People believe stories are fabricated, exaggerated or sensationalized by victim-survivors	68

Advocate resilience

The above findings suggest that the work of advocates, which often is performed on a voluntary basis, does not come without risks to personal wellbeing.

Table 13 lists circumstances in which advocates may feel like disengaging. Advocates reported whether they felt the need to personally disengage ‘a fair bit’ or ‘a lot’ in relation to each of these 10 circumstances.

The majority were remarkably resilient when facing circumstances that challenged their knowledge, their experience, their patience, and their emotional fortitude, or when they saw disrespect or ignorance.

Particularly affronting was oversimplifying complex situations, or trivialising or politicising child sexual abuse, or denying its prevalence, or being talked AT rather than WITH. More than half the advocates found these circumstances of advocacy difficult to put aside in their work.

Table 13: When do advocates feel like disengaging? Percent answering “a fair bit” or “a lot” in the total sample

Circumstances leading to feeling the need to disengage	% ‘a fair bit’, ‘a lot’
When a complex situation is oversimplified, e.g., for a media bite	66
When child sexual abuse is trivialised or politicised	57
When there is denial about the existence or prevalence of child sexual abuse	54
When someone is talking AT me, not WITH me	54
When only a certain type of victim or group is acknowledged	44
When someone wants to draw me into a conversation that feels unsafe	42
When I’m burnt out because change is taking too long	38
When the person is not sensitive and responsive to what I am saying	38
When I feel manipulated by someone else’s agenda	37
When I’m burnt out because I’ve heard too many stories	28

Summary

The advocates, through their responses to an extensive list of quantitative questions, presented a clear and nuanced picture of the work that they do to raise awareness and accelerate the path to prevention of child sexual abuse. Their accounts have both transactional and relational elements.

Advocates agree on what message needs to be communicated, whether it be through a public campaign or one-on-one or small group interaction. The fundamental message is that child abuse could happen to a child close to you, it is more common than people think, child sexual abuse does enormous harm, everyone is responsible for its prevention, and prevention is possible.

Advocates are adamant that clear and direct (though sensitive) communication about what constitutes child sexual abuse and grooming must take place. The strongest evidence of this was in preferring explicit terminology, “child sexual abuse,” over less explicit terms such as child abuse or CSA. But evidence also comes from their endorsement of conversations about grooming, basic rules, actions to prevent harm, and strategies to prevent abuse.

The clarity of what advocates believed they had to communicate could be interpreted by their critics as too narrowly mission-focused and too transactional in the types of approaches taken to gain visibility and enact change. The survey provided opportunity to delve into a more relational side of advocacy that shows there is also considerable sensitivity to context and circumstance.

Most importantly, ‘hard talk’ was tempered by care for victim-survivors and their loved ones who may be in their audience. Advocates prioritised giving people the gift of their time, listening, assuring possible victim-survivors that they should not feel shame or blame themselves, and creating a safe space for them to reach out to someone who they could trust and who would listen and believe them.

Advocates prioritised giving hope and confidence for the future. Telling stories about individuals and insisting on victim-survivors being centre stage humanised the journeys of other victim-survivors and shared the experiences of real people who led meaningful lives with their trauma. In short, the ‘hard talk’ was wrapped in warm blankets of understanding, care and support.

Finally, the advocates who responded to this survey were resilient. They looked in the eye the obstacles to their progress in raising awareness of child sexual abuse: They recognised how much child sexual abuse remains a socially stigmatised and taboo topic and felt the ‘othering’ of victim-survivors and their supporters.

Advocates saw some groups as harder to reach and more difficult to communicate with than others, namely faith-based communities, people with English as a second language, those who had never heard of child sexual abuse, over 55-year-olds, males, rural communities and politicians.

They felt the barbs of being talked at, not with, of others over-simplifying complexity, of trivialising or denying child sexual abuse. But, despite their acknowledged challenging role, the advocates remain true to their mission.

We thank them sincerely for their generosity in sharing their reflections, experiences and wisdom with us through this survey.

