

# Child Sexual Abuse

Sexual abuse occurs when a person uses their position of authority, force or power to involve or expose a child to sexual activity. Child sexual abuse can be perpetrated by an adult, adolescent or child. Child sexual abuse can occur in person or online, and be perpetrated in a family, organisational or community context. It is against the law for any family member to engage in sexual activity with a child or young person who is a member of their family.

It is illegal for a person in a position of care, trust, responsibility or authority over a child or young person under the age of 18 (e.g. teacher, coach, youth leader, religious leader, employer, health professional) to engage that child or young person in sexual activity, due to the imbalance of power, breach of trust and violation of professional boundaries.

Child sexual abuse within an organisational context remains a risk for children and young people in modern-day organisations (Moore 2018). The Royal Commission into Institutional Responses to Child Sexual Abuse and the Betrayal of Trust Inquiry documented numerous instances of child sexual abuse within organisational settings.

## SEXUAL ABUSE BEHAVIOURS

Sexual abuse may involve both contact and non-contact behaviours such as:

- fondling of genitals
- masturbation
- oral sex
- vaginal or anal penetration by finger, penis or any other object
- voyeurism
- exhibitionism
- sending or posting sexually explicit messages, emails or images
- taking part in sexual activity via the internet or phone
- sexual conversations in person or via phone or text
- exposure to pornography
- involving children in the making of child exploitation materials
- sexual exploitation – where the child receives something in return for participating in sexual activity
- prostitution.

## PHYSICAL INDICATORS

Possible physical indicators of sexual abuse include:

- injury to the genital or rectal areas (e.g. bruising, bleeding, discharge)
- bruising and other injuries to breasts, buttocks or thighs
- discomfort in urinating or defecating
- presence of foreign objects in the vagina or rectum
- sexually transmitted diseases
- pregnancy
- urinary tract infections
- regressive behaviour (e.g. persistent soiling or bed wetting, speech loss).

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## BEHAVIOURAL INDICATORS

Possible behavioural indicators of sexual abuse include:

- sexual behaviour that is persistent and inappropriate to the child's age and stage of development
- sexually explicit drawings and descriptions in stories that are not consistent with the child's age and stage of development
- excessive masturbation
- fear of specific persons or places (e.g. context where the abuse is occurring)
- relationship difficulties with family and peers
- poor self-care or personal hygiene
- obsessive and compulsive washing
- withdrawal
- wariness of physical contact with others
- sleep difficulties
- affection-seeking behaviour
- anxiety and/or depression and related illnesses (e.g. stomach pain, headaches, nausea)
- self-harm and suicide attempts
- promiscuity.

## USEFUL RESOURCES

Identifying perpetrators and impacts of abuse - CPSL interview with Robert Fitzgerald AM (video)

<https://www.youtube.com/watch?v=Vb7cDsMMz0Y&feature=youtu.be>

Office of the eSafety Commissioner resources:

Sexting - <https://www.esafety.gov.au/esafety-information/esafety-issues/sexting>

Offensive or illegal content

<https://www.esafety.gov.au/esafety-information/esafety-issues/offensive-or-illegal-content>

Image-based abuse - <https://www.esafety.gov.au/image-based-abuse>

## REFERENCES

Moore, T 2018, *Promoting safety from sexual abuse and harm in community service organisations*, Barwon Child Youth & Family.



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