

# Child abuse, neglect and sexual assault: Prevalence, characteristics and responses<sup>1</sup>

Presented by

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at the

**NSW Health**

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Forensic and Medical (CASAFAM) Symposium**

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<sup>1</sup> The views expressed in this paper are those of the authors and may not reflect the views of the Australian Institute of Family Studies or the Australian Government.



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# Overview

- **Who are the clients?**
  - ◆ Prevalence
  - ◆ Vulnerable groups
  - ◆ Outcomes
- **How do we respond?**
  - ◆ Different approaches for different clients
  - ◆ Systemic challenges in responding



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# Who are the clients?



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# Child protection statistics

- In 2007-08, there were 317,526 reports to statutory child protection services nationally
- Approx. three times the number of reports received 10-years ago (103,302)
- Of these, 55,120 were substantiated
- Most commonly substantiated maltreatment types: neglect and emotional abuse (includes witnessing DV)
- There were 31,166 children in out-of-home care on 30 June 2008



# Child abuse and neglect prevalence

- No national prevalence or incidence data
- Australian Temperament Project (ATP)
- 1000 participants (aged 23-24 years)
- Reported retrospectively experiences of abuse and neglect
  - ◆ 24% reported maltreatment
  - ◆ 8.4% reported multiple types



# Prevalence of maltreatment sub-types

- **Specifically the rates for each maltreatment type were:**
  - ◆ Emotional abuse 18%
  - ◆ Neglect 3%
  - ◆ Physical abuse 6%
  - ◆ Witnessing domestic violence 4%
  - ◆ Sexual abuse 6%
    - Intra-familial sexual abuse 4%
    - Extra-familial sexual abuse/sexual assault 2%



# Prevalence of sexual assault

- 1 in 6 adult women (almost 1.3 million women) have experienced sexual assault (since 15)
- 1.3% of women (101 600) over 15 years had been sexually assaulted in a 12-month period
- 5.5% of men (or 1 in 20) have experienced sexual assault in their life time
- .6% of men had been sexually assaulted in the last 12 months



# Vulnerable groups

- **Age-based vulnerability**
- **Gender-based vulnerability**
- **Disability**
- **Substance abuse**
- **Domestic violence**
- **Mental health**
- **Aboriginal and Torres Strait Islanders**
- **State care and custodial facilities**



# Age-based vulnerability

- **For child abuse and neglect:**
  - ◆ Infants more physically vulnerable: most likely to be fatally abused and represent almost 42% of children removed
  - ◆ Vulnerability changes over time: neglect vs. sexual abuse
- **For sexual assault:**
  - ◆ 18-34-years is the peak age for sexual assault
  - ◆ Adolescence crucial time as young people are beginning relationships and socialising differently
  - ◆ Older women continue to experience sexual assault (both by partners and in aged care facilities)



# Gender-based vulnerability

- **For both groups gender is a key vulnerability for sexual abuse/assault:**
  - ◆ Males and females experience child sexual abuse and sexual assault
  - ◆ Girls 3 times more likely to be the subject of a substantiated case of child sexual abuse than boys
  - ◆ Women 3.5 times more likely to be sexually assaulted than men over their lifetimes
  - ◆ Sexual assault against men decreases dramatically after 45 years of age



# Disability

- **For both groups disability is a key factor:**
  - ◆ Vulnerability increased by individuals' cognitive impairment and inability to communicate clearly
  - ◆ US population-based study, children with disabilities 3.4 times more likely to be maltreated than non-disabled peers
  - ◆ Women with an intellectual disability are 50-90% more likely to be subjected to a sexual assault than women in the general population
  - ◆ Perpetrators are more likely to target disabled for child sexual abuse and sexual assault as they are less likely to be detected



# Substance misuse

- **For child abuse and neglect:**
  - ◆ Parental alcohol and drug (licit and illicit) misuse is **the** most common characteristic in child protection cases
- **For sexual assault:**
  - ◆ Alcohol remains a central facilitator voluntarily consumed in social contexts
  - ◆ Most common form of drink-spiking is the addition of extra alcohol in drinks (rather than drugs).



# Domestic violence

- **For child abuse and neglect:**
  - ◆ Domestic violence is second most common characteristic in child protection cases
  - ◆ Witnessing domestic violence is a form of abuse
  - ◆ Emotional abuse (which includes witnessing DV) is the most commonly substantiated abuse type
- **For sexual assault:**
  - ◆ For women who had been sexually assaulted in a month period, 21.1% were assaulted by a previous partner, and 7.7% by a current partner
  - ◆ Sexual violence is commonly experienced by women in the context of domestic violence
  - ◆ Women are very reluctant to disclose this form of domestic violence



# Mental health

- **For child abuse and neglect:**
  - ◆ Parental mental health problems is third most common characteristic in child protection cases
- **For sexual assault:**
  - ◆ Mental health problems are often a consequence of sexual assault
  - ◆ Poor mental health is also a factor in re-victimisation for survivors of sexual assault



# Aboriginal and Torres Strait Islanders

- **For child abuse and neglect:**

- ◆ Aboriginal and Torres Strait Islander children over-represented in:
  - child protection (**6 x more likely** to substantiated)
  - out of home care (**9 x more likely** to be in care)
- ◆ Several Inquiries shown sexual abuse is a significant problem - but under-reported

- **For sexual assault:**

- ◆ Aboriginal and Torres Strait Islander women are **35 times more likely** to be hospitalised due to family violence-related assaults (includes sexual assaults) than non-Indigenous women



# State and institutional care

- **For child abuse and neglect:**
  - ◆ Multiple Inquiries highlighted problems of abuse in care (e.g. Qld CMC; SA Mullighan)
- **For sexual assault:**
  - ◆ Women in institutional care experience high levels of sexual violence
  - ◆ Women in correctional facilities have significant histories of child and adult sexual assault
    - 90% of Aboriginal women and 82% of non-Aboriginal women in prison have been sexually abused;
    - 42% of women in Queensland prisons had histories of sexual abuse prior to the age of 16



# Vulnerable groups

- **What is common across many of these populations are experiences of trauma**
  - ◆ Contribute to adverse outcomes for victims of abuse, neglect, and sexual assault
  - ◆ Intergenerational cycles: many parents involved with child protection themselves have experienced
    - childhood abuse and neglect; and
    - sexual assault and domestic violence as adults
  - ◆ Trauma and its symptoms impact on capacity to parent



# Impact of trauma

- **For victim/survivors of child abuse and neglect and sexual assault:**
  - ◆ Experience a major traumatic event
  - ◆ Often repeated maltreatment/assaults (complex/chronic trauma)
- **Trauma is associated with range of adverse outcomes**
  - ◆ Poor physical and mental health
  - ◆ Reduced capacity for social participation and functioning (e.g. labour force participation, social isolation)
  - ◆ Reduced wellbeing
- **'Risky' behaviours often a way of responding or coping with trauma**
  - ◆ (e.g. drugs and alcohol to minimise traumatic memories)



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# How do we respond?



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# Different clients

- **For child abuse and neglect:**
  - ◆ Family-centred
  - ◆ Support parents to care for children
  - ◆ Removal last resort
  - ◆ Focus on immediate safety rather than recovery
- **For sexual assault:**
  - ◆ Victim-centred
  - ◆ Empower victims to make their own decisions
  - ◆ Focus on long-term recovery



# Different challenges for systemic responses

- **For child protection:**
  - ◆ Emphasis on screening and detection
  - ◆ Many children and families who do not receive a service
  - ◆ Need for greater emphasis on prevention / early intervention
- **For sexual assault:**
  - ◆ Sexual assault remains a hidden offence
  - ◆ Historically, little coherence in aims across services
  - ◆ Disproportionate focus on victims and women in prevention and early intervention approaches (e.g. 'self defence' and 'rape avoidance' strategies).
  - ◆ Victim decision-making is central to the service response; but not all responses place the victim centrally (e.g the legal response)



# For child protection ...

- **Internationally, key developments have past 30 years included**
  - ◆ Increased public awareness of child maltreatment and its effects
  - ◆ Broadened scope of what constitutes child protection
  - ◆ Changing thresholds for interventions
  - ◆ Privileging of ‘expert’ over family and community in preventing and responding to child abuse & neglect
  - ◆ Child protection primarily responsibility of one government department
- **Each development increased demand on child protection services**

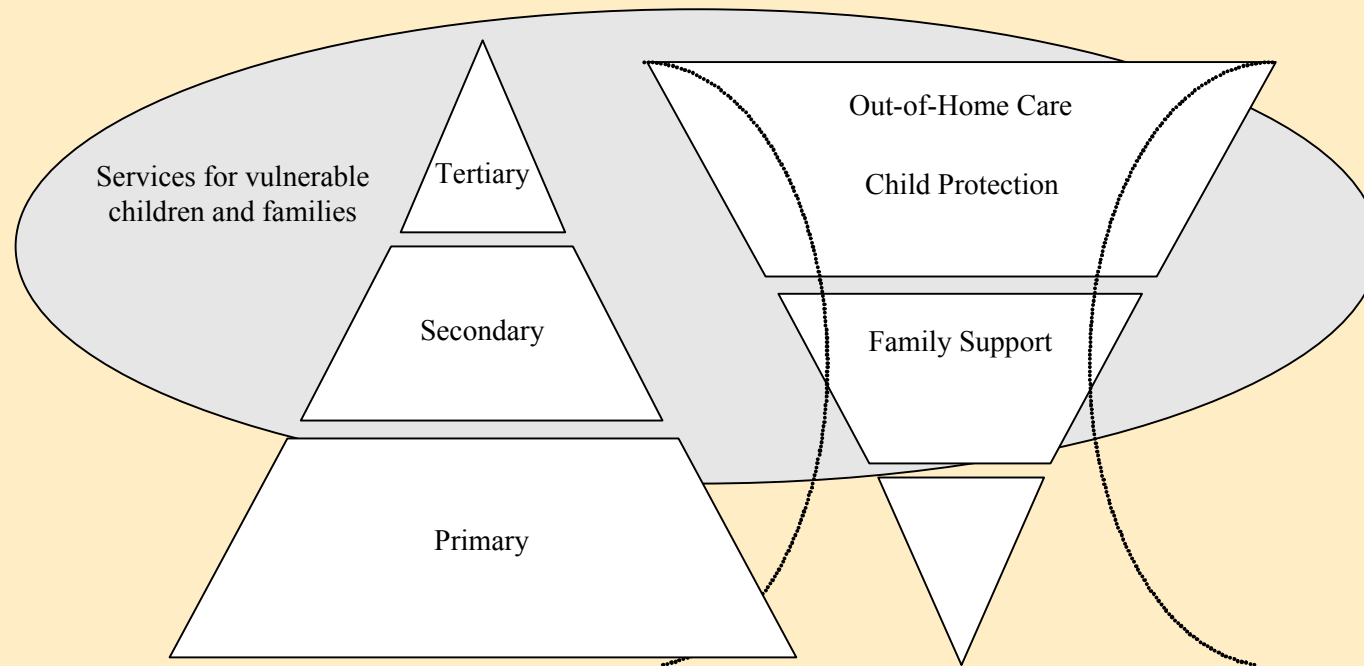


# Child protection and families 'in need'

- High numbers of notifications
- Large administrative burden for processing these
- Total reports comprise relatively small number of children who need a child protection response
- Only 1 in 5 notifications are substantiated
- Majority of families reported are 'in need' and likely to be re-referred if no preventive action is taken



# Public health model versus expenditure



# For sexual assault ...

- **The decision to report a sexual assault to police is not the only or even the most major decision victims will make**
- **Research shows that**
  - ◆ First disclosures are ways of help-seeking
  - ◆ Disclosure is a process rather than a single event
  - ◆ Negative social reactions have negative outcomes for victims
  - ◆ Social responses to disclosure of assault influences future decisions about what to do



# Decision-making points

- **There are various points of decision-making. Victims must decide**
  - ◆ Whether to disclose
  - ◆ To whom?
  - ◆ Seek formal support? If so which?
  - ◆ Proceed with legal action?
  - ◆ Consent to forensic exam?
  - ◆ Consent to SAI Kit being released to police?
  - ◆ Co-operate with police to establish a case?
  - ◆ Continue with legal response?
- **These points are also points at which effective intervention can occur**



# Key points of victim decision-making

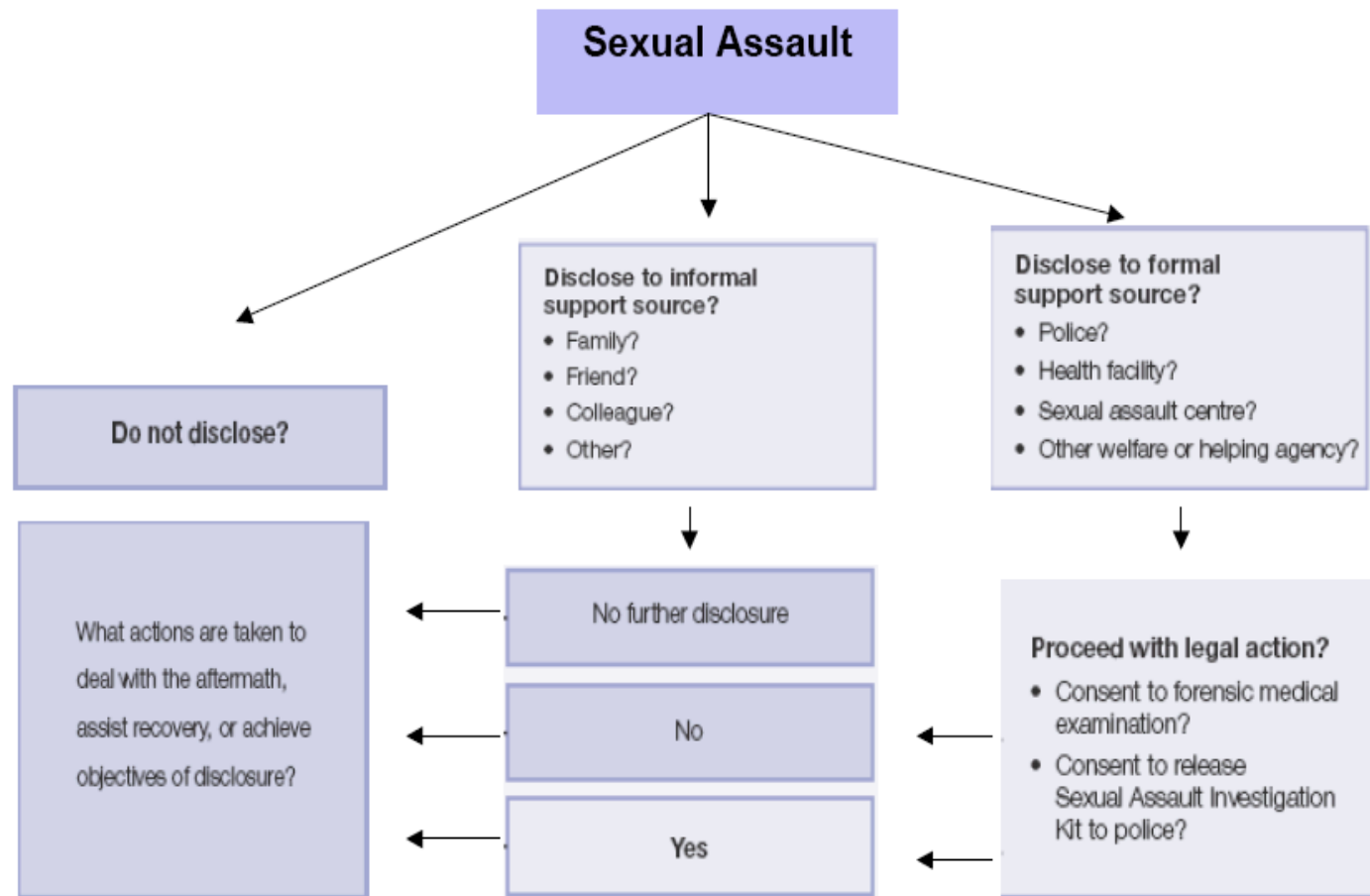


Figure 1. Key points of victim decision-making



# Factors to consider at point of crisis

- **Victims' pathways into services depend on personal, interpersonal and social factors that impact decision-making**
- **For example**
  - ◆ Whether to disclose?
  - ◆ To whom?
  - ◆ Whether to seek formal support?  
If so, which?
  - ◆ Whether to proceed with legal action?



# Service responses

- **What does this mean for service responses?**
  - ◆ Capacity building frontline staff
  - ◆ Appropriate referral
  - ◆ Practical assistance
  - ◆ Flexibility in pursuing options
  - ◆ Coordinating responses
  - ◆ Specialisation



# Conclusion

- **Victims of child abuse and neglect and adult survivors of sexual assault share many things:**
  - ◆ Experiences of trauma and its effects
  - ◆ Sometimes experiences of both child abuse and sexual violence
- **BUT, there are differences in:**
  - ◆ The needs of these client groups (e.g. best interests of the child vs empowerment of victims)
  - ◆ And how services can be shaped to respond to these needs
- **Finally, the outcomes sought are the same:**
  - ◆ Safety and long-term recovery of victims of child abuse, neglect and sexual assault



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