

RESPONDING TO DISCLOSURES OF SEXUAL ABUSE BY CHILDREN AND YOUNG PEOPLE



CHILD WISE
creating child safe communities



Children and Young People
with Disability Australia

About Children and Young People with Disability Australia

Children and Young People with Disability Australia (CYDA) is the national representative organisation (peak body) for children and young people with disability, aged 0 to 25 years. The organisation is primarily funded through the Department of Social Services and is a not-for-profit organisation. CYDA has a national membership of 5,500.

CYDA's vision is that children and young people with disability are valued and living empowered lives with equality of opportunity.

About Child Wise

Established in 1991, Child Wise has over 30 years of pioneering experience in keeping children and young people safe from harm, specialising in preventing and responding to child abuse.

We are a not-for-profit subsidiary of Save the Children Australia, an entity which shares our foundation in child rights.

Now a global organisation, Child Wise is active in every state and territory of Australia, as well as across New Zealand, the Pacific, Asia and the US.

We empower organisations to honestly say “this company has done everything it possibly can to make sure that children are safe from abuse and harm– and children’s views and voices are listened to seriously in our business”.

Purpose of this resource

This resource has been developed for organisations and staff working with children and young people with disability. It is intended to provide a greater understanding about sexual abuse of children and young people, and provide practical information about how to respond when a child or young person discloses abuse, or you suspect harm has occurred.

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Acknowledgments:

Children and Young People with Disability Australia wishes to acknowledge its’ Redress Support Service funding received by the Department of Social Services, which has been used to develop this resource.



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Impacts and self-care

Content note

This resource includes content about child abuse including definitions, indicators and impacts, which may be distressing. Please contact any of the below support services for further information, referral and support:

- Lifeline: 13 11 14
- 1800 737 732 (1800 RESPECT)
- Beyond Blue: 1300 224 636
- Blue Knot helpline: 1300 657 380
- Your organisation's Employee Assistance Program

Context

Children and young people's rights - understanding risks of abuse

The **United Nations Convention on the Rights of the Child** is the main international rights treaty on the rights of children and was ratified in Australia in 1990. It recognises that all children and young people may be at risk of abuse, neglect or exploitation due to significant power imbalances, cultural and historical attitudes towards children and multiple other factors and considerations (eg: age, stage of development, where they live etc).

The **United Nations Convention on the Rights of Persons with Disabilities** is an international human rights convention which sets out the fundamental human rights of people with disability, and was ratified by Australia in 2008. Article 7 requires State Parties to take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children. Article 16 requires State Parties to take all appropriate measures to protect persons with disabilities from all forms of exploitation, violence and abuse.

The Royal Commission into Institutional Responses to Child Sexual Abuse also recognised that there are some children and young people who may be at additional risk of abuse, including:

- Aboriginal and Torres Strait Islander children
- Children from culturally and linguistically diverse backgrounds
- Children with disability

Child Wise has also identified that the following groups of children are also at higher risk of abuse:

- Children who identify as LGBTIQ
- Children in out-of-home care
- Very young children (0-2 years)

It is important to note that while children and young people with disability experience harm at far higher rates than their peers without disability. Disability does not of itself make a child or young person vulnerable. Other features in young people's environments may have a greater part to play in how vulnerable (or otherwise) they are to abuse. The focus must be on systems and structures to adequately put in place mechanisms to empower and safeguard effectively.¹

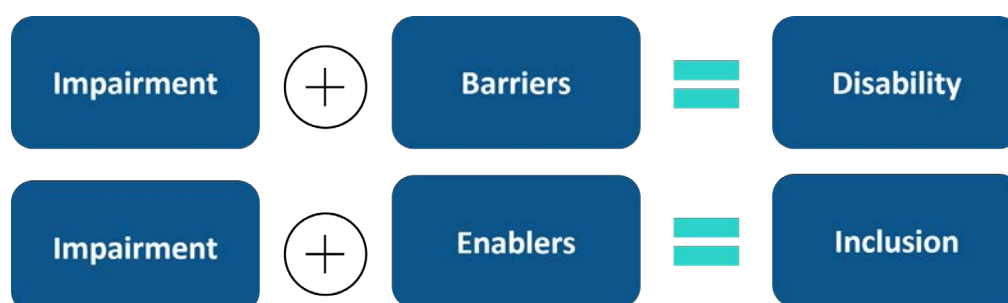


Figure 1: Illustration of the difference between disability and inclusion.
Adapted from Save the Children International.

¹ <https://bit.ly/3ip9Fzt>



Children with disability may have additional risks to abuse due to systems, structures and people not meeting their needs, including:²

- the voices of children and young people with disability are often missing from policy development
- staff lack awareness about safeguarding and how to reduce/remove barriers for children with disability
- children with disability may not have had safeguarding information communicated to them in appropriate ways
- segregated settings and overrepresentation in institutional settings
- organisational culture and attitudes - poor leadership and governance
- harmful community attitudes resulting in a lack of appropriate recognition and response to abuse
- reliance on others for intimate personal care and lack of appropriate oversight of staff
- little or no choice over who provides care
- communication needs not met (e.g. alternative communication needs not properly supported)
- not given tools/language to be able to communicate abuse.

² <https://bit.ly/3xrxrzg>

Child abuse

Defining child abuse

The Australian Institute of Family Studies (**AIFS**) define child abuse and neglect as “...any acts of commission or omission by a parent, caregiver or other adult that results in harm, potential for harm, or the threat of harm to a child (0-18 years) even if the harm is unintentional³. Child abuse and neglect can be in the form of physical abuse, sexual abuse, emotional abuse, neglect, and witnessing domestic violence”.

While most sources define types of abuse as below, it can be misleading to think that these happen independently of each other. Given the complexity of issues and how interwoven they are, children will usually experience multiple, interrelated forms of abuse and neglect.

- **Physical abuse** – when a person purposefully injures or threatens to injure a child.
- **Emotional abuse** – when a child is repeatedly rejected, ignored, shamed in front of others, or frightened by threats.
- **Neglect** – failure to provide the child with the basic necessities of life, such as food, clothing, shelter, supervision, medical attention or care to the extent that the health, safety, or development of the child is significantly impaired or placed at risk.
- **Family violence** – when a person’s behaviour towards family members include physical violence, threats, verbal abuse, emotional or psychological abuse, sexual abuse, financial and social abuse. A child being forced to hear, witness or otherwise be exposed to the effects of family violence constitutes child abuse.
- **Sexual abuse** – when a child is used by an adult, another child or adolescent for his or her own sexual stimulation or gratification. These can be contact or non-contact acts, including grooming by perpetrators, inappropriate touching, penetrative abuse, and exposure to pornography and accessing child pornography. Perpetrators of sexual abuse use their age, size, authority or position of trust to engage a child in a sexual activity.
- **Grooming** – when a person engages in predatory conduct to prepare a child or young person for sexual activity and exploitation at a later time. This can include:
 - spending special time with a child
 - giving gifts to a child
 - showing special favours to one child but not others
 - allowing the child to step out of boundaries or rules
 - touching the child
 - testing and breaking professional boundaries.
- **Restrictive practices** – a common form of abuse of children and young people with disability is restrictive practices. This can happen in schools, disability services or the home. Restrictive practices involve restricting a person’s rights and freedom of movement. This is mainly through restraint (physical, chemical, social or mechanical) and seclusion.

More detailed information on the different types of abuse can be found here:

- **AIFS:** www.aifs.gov.au
- **Blue Knot Foundation:** www.blueknot.org.au
- **World Health Organisation:** www.who.int

³(Gilbert et al., 2009)

Impacts of child sexual abuse

The trauma of child sexual abuse can have long-term impacts and a range of adverse outcomes for survivor/victims particularly on their mental and physical health as well as social, sexual and interpersonal functioning. This can take the form of the following:

- depression
- anxiety-related disorders
- suicidal behaviour
- alcohol and substance abuse
- eating disorders
- difficulties with self-regulation.

For some this can lead to lack of stable housing and an over-representation within the mental health and judicial systems.

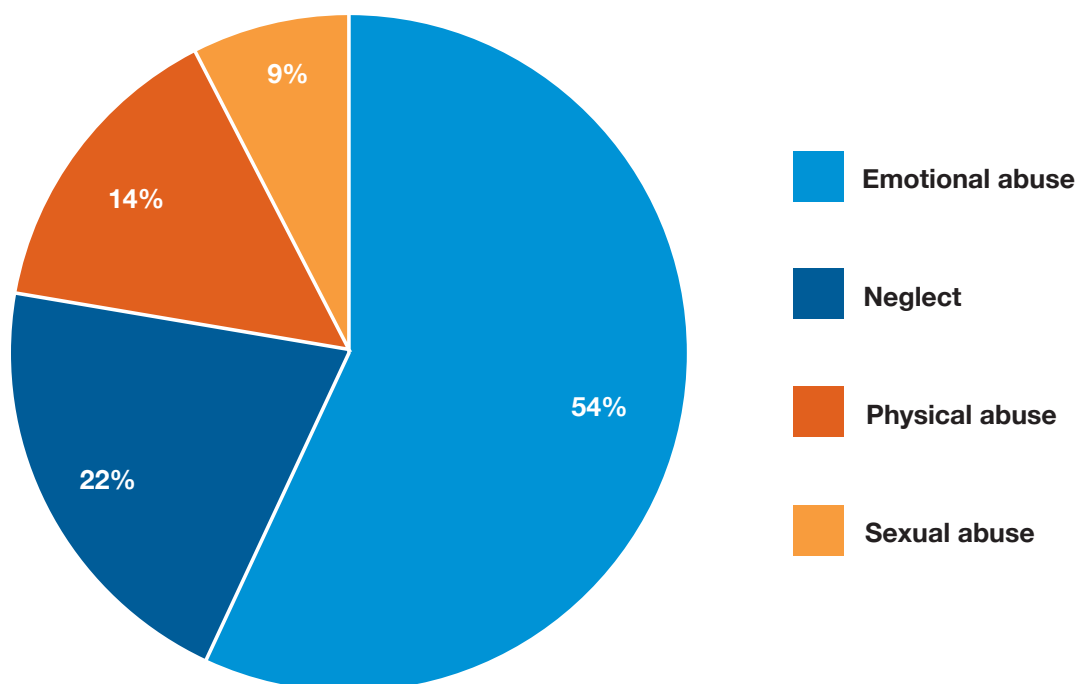
It must be noted that teasing out the effects of child sexual abuse and other trauma experiences in childhood and adulthood (including being victimised again) is complex. Significant factors to consider are the relationship with the perpetrator and the betrayal of trust, the age and gender of the child, and the particular form of abuse as well as the person's more recent and current circumstances and life experiences.

Not all survivor/victims experience these difficulties, and research has found that family support and strong peer relationships appear to be important in buffering the impact.⁴

Child abuse statistics

174,700 Australian children received child protection services nationally in 2019–20.⁵

Substantiated child abuse cases: 2019 -2020



⁴ The long-term effects of child sexual abuse | Child Family Community Australia (aifs.gov.au)

⁵ AIHW report released May 2021.



Child sexual abuse statistics

- 1 in 4 girls experience some form of sexual abuse
- 1 in 7 boys experience some form of sexual abuse
- 90-95% of offenders are male
- 5-10% of offenders are female
- International research - children with disability 3.14 times more likely to be sexually abused than children without disability.⁶

Royal Commission⁷ findings

- Over 8,000 people told their story
- 91.5% of child sexual abuse offenders were people the victim knew
- 20.6% described being groomed for sexual contact
- 15.8% had disability at the time of the abuse
- It took survivors of child sexual abuse between 22 - 33 years to 'report' the abuse
- Many perpetrators of sexual abuse are under the age of 18.

It's worth noting that there are no current national figures on the prevalence of abuse and neglect of children with disability and its related impact on the child and their family.^{8,9}

⁶ <https://bit.ly/3xpJH3m>

⁷ Royal Commission into Institutional Responses to Child Sexual Abuse

⁸ <https://bit.ly/3xm3j8o>

⁹ <https://bit.ly/3xIS1kA>

Indicators of abuse

It is important to note that signs of abuse present differently depending on the child's age, developmental stage and experiences. While the presence of a single indicator or even several indicators does not necessarily mean abuse has occurred, everyone should be alert to the possibilities, what indicators to look out for, and how to respond appropriately. The following is a very brief overview of some of the main indicators to be aware of, while a more comprehensive overview is available from the Department of Health and Human Services (DHHS).¹⁰

Common indicators of child abuse and neglect:

- Actual disclosure of abuse
- Unexplained bruises, dislocations, bites etc
- Wearing long jumpers on hot days (covering up)
- Fear of parents/not wanting to go home
- Unexplained absences
- Hunger, dirty/inappropriate clothes, no lunches
- Low self-esteem
- Hypervigilant, jumpy, startles easily – high anxiety
- Passive, compliant
- Lack of boundaries/overly friendly
- Psychosomatic complaints (unexplained headaches, earaches, stomach aches)
- Problems concentrating at school/unable to follow school work/developmental delays
- Aggressive outbursts/inappropriate behaviours
- Difficulty sleeping, nightmares, regression, bedwetting.

¹⁰ <https://bit.ly/3yu3H63>



Sexual abuse specific indicators

- Displaying sexual behaviour or knowledge which is unusual for the child's age
- Sexually transmitted infections
- Genital injuries
- Bleeding
- Pregnancy
- Excessive masturbation; not responding to boundaries/inappropriate sexual play
- Persistent sexual themes in drawing, stories and play
- Experiencing difficulties in sleeping
- Persistent soiling or bed wetting
- Having difficulties in relating to adults and peers
- Unexplained absences, unexplained gifts or money are often signs of sexual exploitation.

Sexually harmful behaviours

In the context of this resource, sexually harmful behaviour (SHB) requires a mention. Please note, this is a complex subject, and a comprehensive overview is beyond the scope of this resource. The following therefore provides a brief definition and some guiding points, followed by links to more comprehensive resources for those who require further information.

One definition states SHB is "...developmentally inappropriate sexual behaviour which is displayed by children and young people and which may be harmful or abusive".¹¹

SHB is harmful to children and young people who display it as well as to those it is directed towards.

It can be an indicator of abuse, so it is imperative to understand what is happening for the child or young person displaying the harmful behaviours.

Organisations have a duty of care to both children/young people in this situation.

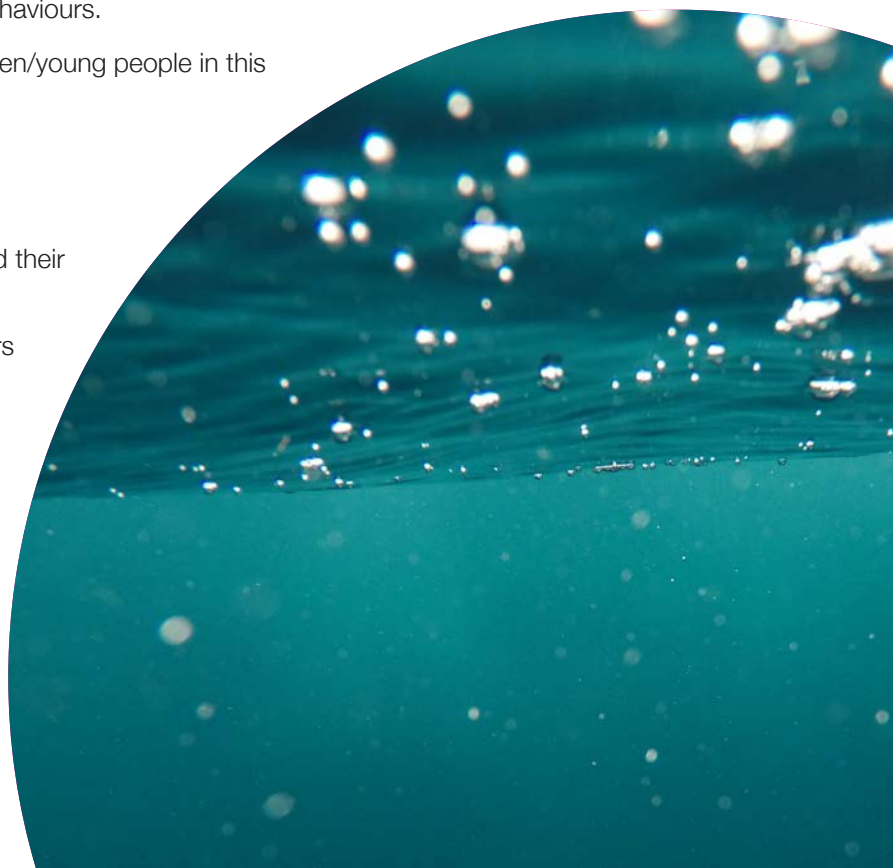
Further resources:

- Children with problem sexual behaviours and their families¹²
- Adolescents with sexually abusive behaviours and their families.¹³

¹¹ <https://bit.ly/3lYm6z>

¹² <https://bit.ly/2U8cMTi>

¹³ <https://bit.ly/3Cw3tOh>



How, when and to whom do children and young people disclose sexual abuse to?

Research indicates that a large number of disclosures may be prompted by family, caregivers and friends asking a child or young person directly if they are being abused.^{14,15} Being asked directly or indirectly about sexual abuse can provide children with the opportunity and purpose for disclosing their abuse. Asking more generally about a child's wellbeing might help them feel more at ease and help them disclose.

It is important to take the time to build a trusting relationship, develop rapport and ensure the child or young person feels safe and in control.

Disclosure is rarely a spontaneous event and is more likely to occur slowly over time. It is therefore important to remain open to a future disclosure when working with children. Some children may disclose abuse and then retract their allegation due to a number of factors including fear of consequences, being threatened or pressured to do so, or their own confusion regarding their relationship with the perpetrator (may not want to get them in trouble or lose the relationship).

Further information on disclosures:

- Disclosures are rarely spontaneous or straight forward – more likely to occur slowly over time – often years later or never.
- Most disclosures are likely, accidental or disguised – to adults they trust.
- As few as 8.3% of children disclosed sexual abuse in formal settings close to the occurrence.¹⁶
- It takes an average of 23.9 years for someone to disclose - men 25.6 years; women 20.6 years.¹⁷
- Influenced by age, developmental stage, age at onset of abuse, disability, gender and cultural background.
- Additional factors include: level of vulnerability, power imbalances and complexity of environments (abuse at home, institutional care etc).
- Younger children are more likely to disclose indirectly.
- Older children may disclose spontaneously at the time of abuse – though still likely indirect.
- Children and young people with disability can experience additional barriers to disclosure (see next section).

¹⁴ <https://bit.ly/3jvdgv8>

¹⁵ <https://bit.ly/3lzvtul>

¹⁶ <https://bit.ly/3fBoQUC>

¹⁷ <https://bit.ly/37ma2of>

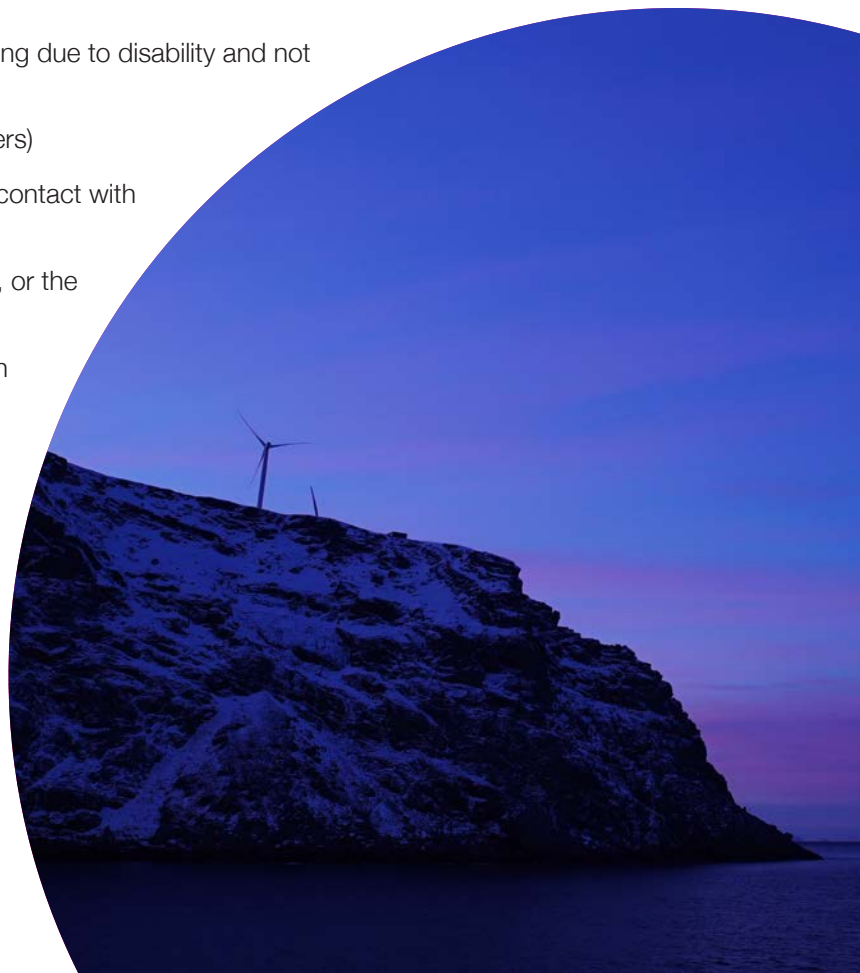
Enablers and barriers to disclosures

Enablers

- Having a trusted relationship with significant, accessible safe adult. Consistency is crucial, though unfortunately with a more casualised workforce this is not always possible (especially if children are in out-of-home care or in other institutional settings)
- Appropriate opportunities and supports to raise and communicate concerns and abuse
- Access to child-friendly, inclusive information about rights and complaints processes developed and based on the principles of universal design. Universal design ensures universal accessibility which is key given it may be difficult to identify some children with disability. Also consider where the information is displayed or how it is presented and in what formats
- Staff awareness and training – consider how much training staff have had, has it been relevant to disability, and do you have systems in place that are inclusive of disability?
- Including children in decisions about how information is presented – children and young people are the best authority on how organisations and services can best present information in an accessible and child-friendly way.

Barriers

- Limited support – specific risks may not be recognised due to lack of awareness or high work demands
- Children and young people may be in segregated settings and more isolated
- Self-blame, embarrassment, shame
- Not knowing their rights, who to raise concerns with and how
- Not understood/believed
- Changes in behaviour may be dismissed as being due to disability and not recognised as an indicator of abuse or distress
- Fear of consequences (for themselves and others)
- Children and young people may have ongoing contact with their alleged perpetrator
- Children not having an understanding of abuse, or the language to explain
- May use a different form of communication than the one used by the person supporting them.



Responding to disclosures

Children and young people are most likely to initially disclose abuse to either a parent or same-aged friend.¹⁸ Although they are less likely to disclose to someone providing services, care or support in a professional capacity, it is important that you are prepared for how to respond as disclosures are always possible.

If a child discloses abuse to you, it is important to calmly listen and provide support while managing the risk and making the appropriate reports to authorities. It is then up to those authorities (child protection/police) to undertake investigations. Children and young people can be referred to a psychologist or counsellor for professional support.

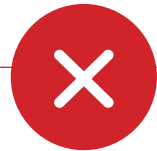
Responding well when a child or young person discloses abuse can make a big difference to their recovery from trauma. The following gives a very brief overview of some of the main 'do's and don'ts' to consider when responding to any disclosures of abuse. A more comprehensive resource is available through **Child Family Community Australia's** publication *Responding to children and young people's disclosures of abuse*.¹⁹

DO



- Find suitable environment if possible
- **Listen** carefully, be calm and patient – let them use their own words/means of communication
- Use open-ended questions – don't be afraid to say the wrong thing
- **Reassure** them it is not their fault – they are not responsible for the abuse or any distress you may feel
- **Reassure** them they did the right thing by telling you and you believe them
- **Respect** that they may not give all details – they need to be in control
- **Respect** them by letting them know what will happen next. Explain you will have to report this to someone else
- Address immediate **safety** concerns
- Advise your line management and report to relevant authorities.

DON'T



- Make promises you cannot keep (e.g: that you will not tell anyone)
- Quiz or push a child or young person into giving details of the abuse. Your role is to listen or make observations - not conduct an investigation
- Discuss the circumstances of the incident with others **not** directly involved with the child or young person.

NB: If a young person over 18 years old with a disability has disclosed abuse to you, this should be treated on a case-by-case basis ensuring:

- Respectful balance between that person's self-determination and rights vs need for protection
- Informing the person's guardian or family if appropriate
- Following NDIS requirements.

¹⁸ Priebe & Svedin, 2008; Shackel, 2009.

¹⁹ <https://bit.ly/3lA2uXf>

Case illustration

“Well, Jack’s obviously delighted to see you” his mum had told Suzy back at the house.

It’s a sunny Thursday afternoon and Suzy (an occasional fill-in support worker) is taking Jack (14 yrs) for a walk in his wheelchair. Not only will Jack get some fresh air and sunshine but hopefully a few ‘hello’s’ from neighbours and friendly walkers. Jack has an intellectual disability which can affect his communication and being understood by others.

On the way home Jack suddenly goes rigid and is pointing to the toilets in the park. He is clearly distressed and repeatedly mutters what sounds like “Sam” (the name of his usual support worker) and “hurt”, before turning away and rocking back and forth, staring into his lap and becoming fidgety.

Possibilities

- Maybe Jack or Sam hurt themselves when they were in this area?
- Maybe Jack doesn’t like going to the toilet?
- Perhaps Sam harmed Jack here at the toilets?
- Maybe Jack is “just having a bad day”...?

Consider the following responses and possible consequences:

- Suzy decides to bring it up next time she sees Jack’s usual worker Sam – consequences and follow up likely?
- Suzy decides to tell Jack’s parents – consequences and follow up likely?
- Suzy decides to call her manager and discuss Jack’s comments and behaviour – consequences and follow up likely?
- Other responses and actions that would assist Jack?

Reporting child abuse

ANY person who believes, on reasonable grounds, that a child is in need of protection must make a report to authorities.

- You do not have to have proof, just reasonable grounds for your belief
- You do not need permission from parents or caregivers to make a notification
- You do not need to inform parents that a notification is being made
- If you make a notification in good faith, you cannot be held legally liable - regardless of the outcome of the notification
- All states and territories have a child protection authority that you can make a report to
- Reports can also be made to state/territory police.

Over 18 and vulnerable/at risk?

- Report to police
- Case by case
- Respectfully balance rights and level of risk
- Involve person in the process and decisions as much as possible
- Inform legal guardian/family as appropriate.



Child safety related legislation

Please note – the following information on child safety legislation is meant as an overview and guide only.

There are over 60 pieces of child safety legislation across the country, and each state and territory have slight differences in how they have interpreted or implemented them. (eg: regarding failure to disclose/report - in NSW if the age of the child is under 18, in Victoria and Queensland under 16).

Individuals are advised to clarify requirements in their jurisdiction and in relation to state and territory legislation.

Voluntary reporting

Any person who forms a reasonable belief that a child or young person is at risk of harm has a duty of care to make a report and can make a report to a government child protective service in their state or territory.

Mandatory reporting²⁰

Mandatory reporting laws require specifically mandated people to report suspected child abuse and neglect to government child protection services in Australia if they have formed a reasonable belief that a child or young person is at risk of harm.

Mandated reporters are occupation-based (eg: teachers, medical practitioners, early childhood workers etc).

As differences exist across each state and territory regarding who the mandated reporters are and what types of abuse and neglect have to be reported, we encourage individuals to contact the relevant department or organisation in their state or territory to clarify requirements in their jurisdiction, or in relation to legislation.

Grooming

Grooming occurs when an adult engages in predatory conduct to prepare a child or young person for sexual abuse at a later time. Grooming can include communicating and/or attempting to befriend or establish a relationship or other emotional connection with the child, young person or their parent/carer. It is a criminal offence. Sometimes it is hard to see when someone is being groomed until after they have been sexually abused, because some grooming behaviour can look like “normal” caring behaviour.²¹

In Victoria the *Crimes Amendment (Grooming) Act 2014* introduced the offence of grooming a child under 16 years for sexual conduct in person or online. It prohibits an adult from engaging in any form of communication with the intention of sexual conduct.

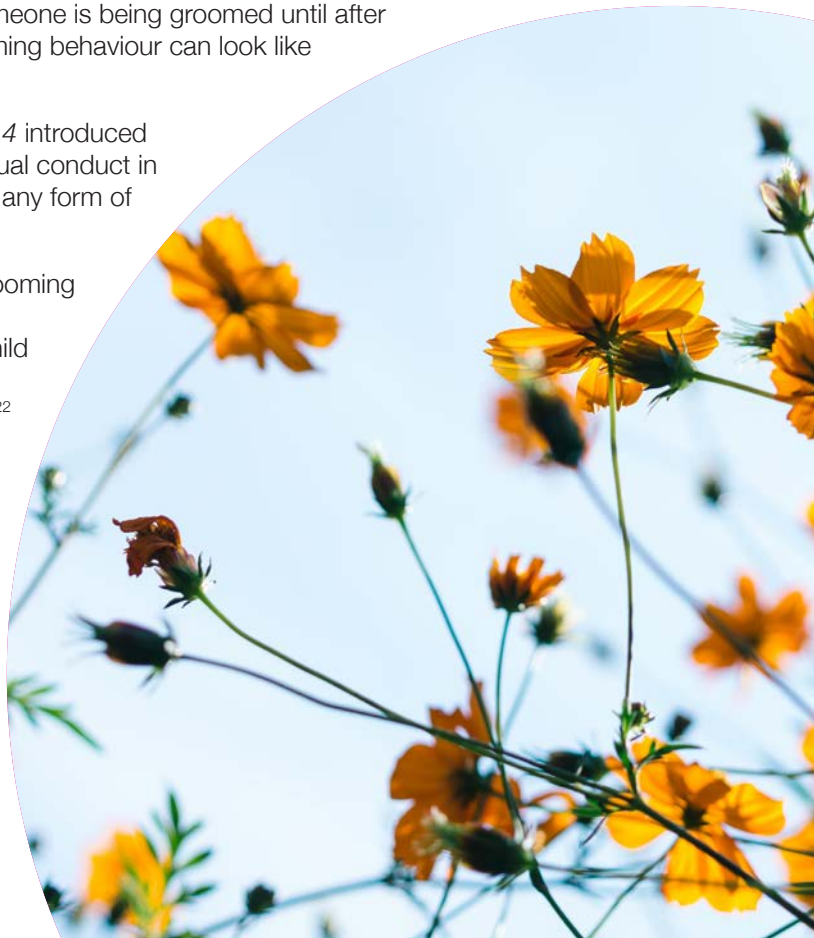
NSW grooming legislation is slightly different in that grooming is an offence when an adult engages in conduct that exposes a child to indecent material or provides the child with an intoxicating substance with the intention of making it easier to procure the child for sexual activity.²²

The penalty for grooming holds a maximum of 10 years imprisonment.

²⁰ Mandatory reporting of child abuse and neglect | Child Family Community Australia (aifs.gov.au)

²¹ Child Wise – Parent/Carer/Guardian Fact Sheet – Sexual Abuse and Grooming

²² <https://bit.ly/3xochBV>

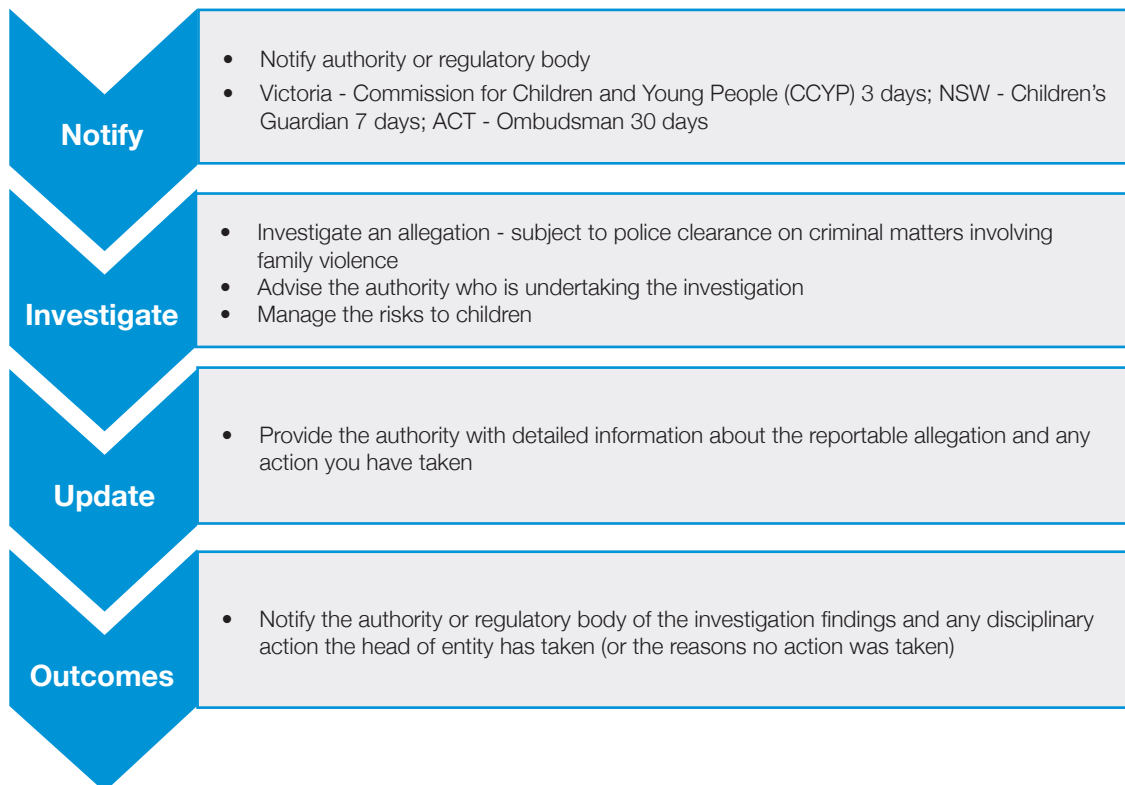


Reportable Conduct²³

Reportable Conduct Schemes currently operate in NSW, Victoria and the ACT.

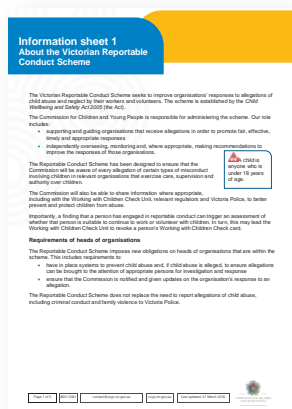
All schemes require the head of their organisation to report to a specific external authority within a set period, if they become aware of an allegation of child abuse or child-related misconduct being made against an employee, director, volunteer or contractor. Conduct which is deemed 'reportable' is specified by each scheme - see fact sheets below.

While the head of the organisation is legally responsible to report to the external authority, there is also an expectation that any person within an organisation can notify the external authority of a reportable allegation.



Please note: The reportable conduct schemes do not interfere with mandatory reporting obligation. If employers suspect criminal conduct has occurred, they should still report to child protection or the police in the first instance.

Reportable conduct fact sheets



VIC - <https://bit.ly/3CeDPxz>



NSW - <https://bit.ly/3luybKR>



ACT - <https://bit.ly/3rWrMAf>

²³ Child Wise – Reportable Conduct Schemes – Legislation Guide.

Failure to disclose/report

In NSW, Victoria, the ACT and Queensland (as of July 2021) it is a criminal offence for any adult not to report sexual offending against a child by another adult to police.²⁴ All adults have the responsibility to report sexual offences against children to police.

Slight differences may occur within each state and territory (e.g. in NSW the age of the child is under 18, in Victoria and Queensland under 16), and individuals are advised to clarify requirements in their jurisdiction and in relation to state and territory legislation.

Failure to protect

In NSW, Victoria, the ACT and Tasmania, any adult in a position of authority within an organisation commits a criminal offence if:

- they know of the risk of abuse to a child or young person and have the power or responsibility to reduce or remove the risk, but negligently fail to do so and/or
- they know another adult working there poses a serious risk of abusing a child or young person, and they have the power to reduce or remove the risk, and they negligently fail to do so.

Again, slight differences may occur within each state and territory (e.g. in NSW the age of the child is under 18, in Victoria and Queensland under 16), and individuals are advised to clarify requirements in their jurisdiction and in relation to state and territory legislation.

National Disability Insurance Scheme (NDIS) Quality and Safeguarding Commission

The NDIS Quality and Safeguarding Commission is an independent agency established to improve the quality and safety of NDIS supports and services. It brings together various quality and safeguarding functions under a single agency for the first time, with a suite of education and regulatory powers that apply across Australia.²⁵

It has multiple roles and tasks, including:

- responding to concerns, complaints and reportable incidents, including abuse and neglect of NDIS participants
- working in collaboration with states and territories to design and implement nationally consistent NDIS worker screening
- monitoring compliance against the NDIS Code of Conduct and NDIS Practice Standards, including undertaking investigations and taking enforcement action.

²⁴ <https://bit.ly/3fBnUzA>

²⁵ <https://www.ndiscommission.gov.au/>

Staff wellbeing and self-care

Organisational duty of care

- Clear protocols, policies and processes
- Appropriate training and support – including Employee Assistance Program (EAP), supervision and debriefing if required
- Relevant referral resources/information if needing to make a report to authorities
- External supervision, counselling or informal supports to debrief and reflect on the incident/disclosure.

Staff self-care

- Access supports available
- Work-life balance – it's ok to take some time out for yourself
- Do things that make you happy/regenerate you
- Validation of impact – permission to feel the impact and know it is a normal response – especially if there has been previous trauma.



The National Redress Scheme

The National Redress Scheme provides support to people who have experienced institutional child sexual abuse. The Scheme acknowledges abuse that has occurred and holds institutions accountable for this abuse. The Scheme provides access to three things:

1. counselling and psychological care.
2. a redress payment of up to \$150,000.
3. a direct personal response (i.e. an apology) from the institution/s responsible for the abuse.

The National Redress Scheme began on the 1 July 2018 and will remain open until 30 June 2028.

Who can apply?

A person can apply to the National Redress Scheme if:

- they experienced institutional child sexual abuse (see below for further information)
- the abuse occurred before 1 July 2018
- they were born before 30 June 2010
- they are an Australian citizen or permanent resident.



What is institutional child sexual abuse?

In relation to the Scheme, child sexual abuse is when someone involves a person under the age of 18 in sexual activities that they do not understand, or that are against community standards. This may include (but is not limited to):

- sexual touching or activity of any kind with a child
- preparing, encouraging, convincing or forcing a child to take part in sexual activity
- a child witnessing someone else being sexually abused.

An institution refers to any organisation or entity that provides activities or services, through which it has contact with children. This includes:

- schools
- churches or religious organisations
- clubs
- orphanages or children's homes
- disability service providers
- out-of-home care providers.

Institutions are held responsible for child sexual abuse if they brought the abuser into contact with the child who experienced abuse. Examples include when the abuse happened on the institution's premises, where the activities of the institution take place, or by an official of an institution (e.g. employee, volunteer).

How to apply

To apply to the National Redress Scheme, an application form must be submitted. The application form can be downloaded from www.nationalredress.gov.au, or an application can be made online through myGov.

Redress Support Services

Redress Support Services are free services available in each state and territory who can provide people with further information and advice about the Redress Scheme and assist them with their application. The National Redress Scheme website lists support services available in each state and territory - see www.nationalredress.gov.au/support.



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