Australian Government
Australian Institute of Criminology

Trends & issues in crime and criminal justice

No. 721 November 2025

Abstract | Child sexual abuse (CSA) victimisation has been linked to a greater risk of engaging in juvenile offending broadly, and sexual offending specifically, for male youth. This study used both administrative youth justice data (*n*=7,800 youth) and clinical information from a specialised service providing interventions to youth who perpetrate sexual offences (*n*=377 youth) to examine the links between CSA victimisation experiences and sexual offending. CSA victimisation was more prominent among young people who sexually offended than those with non-sexual offences. CSA typically co-occurred with other forms of maltreatment and adverse developmental experiences. Findings highlight the need for early intervention to prevent the emergence of sexual harm.

The links between childhood sexual abuse victimisation and adolescent offending

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Introduction

Child sexual abuse (CSA) has serious and long-term repercussions for health and wellbeing across the life course, including an increased risk of engaging in antisocial behaviour and contact with the criminal justice system (Baglivio et al. 2015; DeLisi et al. 2014). There is a longstanding and popularly held belief that victims of CSA are at increased risk of becoming perpetrators of sexual harm themselves; the 'sexually abused–sexual abuser hypothesis' (Seto et al. 2010). Australian research is needed on this topic. There is a particular need for studies exploring this relationship for Aboriginal and Torres Strait Islander youth, who are over-represented in both the child protection and criminal justice systems (Australian Institute of Health and Welfare 2019).

CRG CRIMINOLOGY RESEARCH GRANT

Child sexual abuse and offending

Several studies have demonstrated that the risk of crime, violence and subsequent victimisation is elevated among youth who experience CSA (DeLisi et al. 2014; Leach, Stewart & Smallbone 2016; Noll 2021; Papalia, Luebbers & Ogloff 2020). Retrospective evidence demonstrates that there is a higher rate of historical sexual victimisation among young people who encounter the criminal justice system than in the general population (DeLisi et al. 2014).

Available evidence suggests that the relationship between sexual abuse and perpetration of harmful sexual behaviours (HSB) is found almost exclusively among males (Drury, Elbert & DeLisi 2019; Plummer & Cossins 2018). Jespersen, Lalumiere & Seto (2009) reported 3.36 higher odds of CSA victimisation among sexual offenders than non-sexual offenders. Further, Jespersen, Lalumiere and Seto (2009) and Seto and Lalumiere (2010) both found that those who sexually offended against adults were less likely to have been sexually abused than those who sexually offended against children.

In their longitudinal study of 224 males who experienced CSA, Salter et al. (2003) found that 12 percent subsequently committed sexual offences, in almost all cases against children. Their sexual offences typically took place only a few years after CSA victimisation (mean age of CSA victimisation=11; mean age of sexual offence=14), highlighting adolescence as a particularly salient developmental period when considering CSA as a risk factor for perpetration of HSB among males. Ogloff et al. (2012) found that, although most CSA survivors were not charged with sexual offences, CSA survivors were 7.6 times more likely to be charged with sexual offences than the general population.

In a prospective population-based study of males, Leach, Stewart and Smallbone (2016) found that it was poly-victimisation (the experience of multiple types of abuse), rather than sexual abuse specifically, that was significantly associated with sexual offending. Jespersen, Lalumiere and Seto (2009) note that it is difficult to determine the unique association CSA may have to engagement in HSB, because CSA is almost always accompanied by other adverse childhood experiences (eg other forms of abuse, neglect, family violence, parental substance misuse). Further research is required to examine how CSA co-occurs with other forms of victimisation and adverse experiences to influence HSB perpetrated by youth.

Current study

The aim of this research is to examine the link between CSA and youth offending outcomes, with a specific focus on youth sexual offending. The nuances of the relationship between CSA and youth sexual offending, including the role of other adverse childhood experiences, are not yet well understood. This is especially the case in the Australian context, where Indigenous Australian youth are over-represented in child protection and criminal justice systems (Cunneen & White 2007). We examine two sources of data: a large cohort of male and female youths in contact with the Queensland youth justice (YJ) system; and a smaller cohort of male youths receiving specialised treatment services delivered by the Griffith Youth Forensic Service (GYFS) following perpetration of sexual offences. The use of two separate datasets allowed for exploration of the victimisation–offending relationship from both broad (adolescents who experience contact with YJ) and focused (youth who have perpetrated sexual offences) perspectives.

For the broader YJ cohort, we addressed three research questions:

1. What is the prevalence of CSA victimisation among youth in the YJ system, and is the prevalence of CSA victimisation greater for youth who have perpetrated sexual offences?
2. What are the characteristics of youth with histories of CSA victimisation in the YJ system (eg co-occurrence of other forms of maltreatment)?
3. What is the relationship between sexual victimisation and perpetration of sexual harm?

For the sample of male youths receiving clinical services following conviction for perpetration of sexual harm, we addressed two further research questions:

4. What is the prevalence of CSA victimisation among youth with sexual offences?
5. Are there differences in developmental risk factors experienced by youth with and without CSA victimisation histories?

Across research questions 1 to 3, comparisons between males and females will be made where possible. Comparisons between Indigenous and non-Indigenous youth will be made where appropriate, given that available evidence suggests that experiences and outcomes differ between these groups in important ways that are largely unexplored (Adams et al. 2020).

Method

Youth Justice administrative data

The YJ dataset contained administrative records from the Queensland Department of Youth Justice. Data were provided in two de-identified datasets: Youth Level of Service–Case Management Inventory (YLS–CMI; Hoge & Andrews 2011) assessments; and demographic and proven offence details from finalised court appearances for youth with completed YLS–CMI assessments.

The YLS–CMI is a 42-item structured risk and needs assessment tool that records the absence and presence of factors reflecting Andrews and Bonta's (2010) 'Central Eight' risk and need domains. The YLS–CMI identifies areas needing intervention among youth offenders, and information regarding maltreatment and adverse childhood experiences were drawn from it.

YLS–CMI risk assessments have been compulsory for young people in Queensland since 2007 in most cases where they are on sentenced supervised orders or supervised conditional bail orders or are held in remand for an extended period. YJ caseworkers, who are trained in the administration of the tool, undertake assessments within the first six weeks of a young person starting a new order, and then every six months during continuous supervision. These assessments thus represent each YJ caseworker's knowledge and understanding of the young person's experiences. Where young people had undertaken multiple YLS–CMI assessments, we recorded risk items as present if the young person had ever positively endorsed the item across assessments.

Using our dataset of distinct youths with a YLS–CMI completed between January 2010 and December 2016, we merged demographic and offending data. Merged offence data were drawn from information related to cases finalised from 1 July 2003 to 31 March 2019 where youths were charged with an offence and found guilty. It therefore captures offending up to seven years prior, for youths with the earliest completed risk assessments, and up to three years past for youths with the latest completed risk assessments. Extracted offence data were initially coded according to the Australian Standard Offence Classification—Queensland Extension (Office of Economic and Statistical Research 2008), then categorised as sexual, violent or non-violent.

Measures

Demographic information

Demographic data included birthdate, sex (male or female) and Indigenous status (0=non-Indigenous; 1=Aboriginal and/or Torres Strait Islander).

Childhood maltreatment

Information on child maltreatment was drawn from YLS–CMI assessments and indicated whether the young person had ever experienced sexual abuse, physical abuse and/or neglect. Because no YLS–CMI items directly measure parental emotional abuse, we based this on the YLS–CMI item which asks whether the young person had experienced poor parental relations, in which 'a particularly hostile, alienating or uncaring relationship existed between the young person and their mother and/or father'. We also recorded whether the young person had experienced multiple types of maltreatment. All maltreatment-related items were coded absent/present.

Offending information

Offence data included age at first finalised court appearance and the absence or presence of sexual, violent and non-violent offences, using all proven finalised offences during the study period. A hierarchical approach was used to classify youths by their most serious offence type (descending seriousness: sexual, violent, non-violent).

Sample characteristics

The YJ dataset contained 7,800 youths (77.5% male; 48.3% Aboriginal and/or Torres Strait Islander), aged between 10 and 18 at the date of their first finalised court appearance, who had complete YLS–CMI assessment information. The most serious offences for youths were most often violent offences (53.1%) or non-violent offences (41.3%), with 5.6 percent (*n*=438) having been convicted for sexual offences.

Griffith Youth Forensic Service clinical data

GYFS operates as a partnership between Griffith University and the Queensland Department of Youth Justice. A statewide service, it provides specialised clinical and forensic assessment, treatment and consultation services for young people adjudicated for, and convicted of, serious sexual offences. Consistent with the risk-need-responsivity model of offender assessment and rehabilitation (Andrews & Bonta 2010), GYFS prioritises treatment referrals for youths determined to be at highest risk and/or to have foremost treatment needs. Therefore, GYFS clients tend to consist of youths with more serious offences and/or more complex needs, compared with the wider population of youth who commit sexual offences (Ogilvie et al. 2023).

During the process of GYFS service delivery, clinical case files are created which contain in-depth information on clients, including assessment reports prepared by clinicians, developmental histories, records of official contact with child protection or YJ and details of offending behaviours. The GYFS database comprises information extracted from these clinical files for young people referred to the service between 2001 and 2018. There is some overlap of cases within the YJ and GYFS datasets; however, the YJ data do not allow for the identification of youth referred to GYFS.

Measures

Demographic information

Demographic details included birthdate, sex (male or female), Indigenous status (0=non-Indigenous; 1=Aboriginal and/or Torres Strait Islander) and age at referral.

Family characteristics

Information on family characteristics included binary measures of whether the young person had been raised in a sole parent household or one where there was residential overcrowding (the number of people residing in a home exceeds capacity; each was coded as absent or present). Residential instability (three or more residences during childhood) and caregiver inconsistency (instability of caregivers, indicated by two or more changes in caregiver, where the young person was in their care for at least six months) were also captured. Indicators of family functioning included family conflict (frequent arguments and fighting between caregivers and/or other family members) as well as exposure to domestic violence (including direct or indirect exposure to verbal, physical or sexual violence toward another family member with whom the child has a significant relationship) within the home. In addition, we recorded whether young people had been exposed to pornography in the home (exposure by parent or guardian to pornography through magazines, films or the internet) and where there had been a sexualised home environment (eg frequent exposure to sexual acts of others, lack of personal boundaries, sexualised talk and behaviour).

Maltreatment data

Child maltreatment data were recorded by clinicians (coded as absent or present) where there was convincing evidence within client clinical files of harm having occurred, including whether the young person had ever experienced sexual victimisation, physical abuse, emotional abuse and/or neglect at the hands of a caregiver. We also recorded whether the young person had experienced contact with child protective services, including a child protection notification and an out-of-home placement (such as when removed from the family home and placed with a kinship carer or foster carer).

Developmental vulnerabilities

Other developmental history risk factors included social factors, such as whether the young person had engaged in bullying behaviours (fighting, bullying or intimidating others), had been the victim of bullying or had experienced social isolation (a lack of quality, age-appropriate peer relationships and/or interaction). Additionally, we recorded where the young person inappropriately accessed pornography, such as where consumption was frequent or intensive; featured violence, exploitation (eg animals or children), coercion or rape; or where pornographic materials were exchanged with peers.

We also recorded substance abuse, including alcohol use, cannabis use, use of glue, aerosols or inhalants and use of speed, cocaine, heroin or ecstasy. Juvenile justice histories included where the young person had previous sexual offences or non-sexual offences.

GYFS sample characteristics

The GYFS database included 377 male youths aged between 12 and 19 at the time of referral. Participants were predominantly Anglo-Australian (57.6%), with 34.2 percent identifying as Aboriginal and/or Torres Strait Islander. Among youths referred to GYFS, the most serious sexual offence for which most were convicted was aggravated sexual assault (89.1%). Over a quarter (27.9%) were convicted of non-sexual offences alongside their conviction/s for sexual harm. The index offence was the first conviction for sexual harm for most youth (92.6%), though 37.8 percent had prior convictions for non-sexual offences.

Analytic plan

We first examined the sample of youths in contact with the YJ system. Descriptive analyses include identifying the prevalence of sexual victimisation and exploring differences across sex, Indigenous status and offence type, using ANOVA and chi-square tests. Next, we examined co-occurring maltreatment for YJ youths with CSA victimisation experiences. Finally, the offending characteristics of youths in contact with the YJ system were examined in relation to CSA experiences. Descriptive analyses were repeated for clients in the GYFS dataset, where, in addition to exploring prevalence of sexual victimisation and co-occurring maltreatment, we examined differences in other developmental risk factors for youths with and without histories of CSA.

Results

Youth Justice cohort

What is the prevalence of CSA victimisation among youth in the YJ system?

Just over eight percent of the total YJ sample had experienced CSA victimisation (see Table 1). CSA victimisation was more prevalent among female justice-involved youths (18.7%) than males (5.0%). There was no significant difference in CSA victimisation prevalence by Indigenous status. When prevalence according to Indigenous status was further examined by sex, non-Indigenous females had the highest rates of CSA histories (20.7%), although this was not significantly higher than the rate for Indigenous females (17.1%) (χ^2=3.63, *df*=1, *p*=0.057, Cramér's *V* [ϕ_c]=0.05).

Is the prevalence of CSA victimisation greater for youth who perpetrated sexual offences?

While 5.1 percent of youths convicted only for non-violent crimes had experienced sexual victimisation, 9.1 percent of youths with violent offences had CSA histories. Rates of CSA victimisation among young people convicted for sexual offences were considerably higher still, at 19.9 percent. Such patterns were consistent across males and females, although differences were not as stark for females. Specifically, sexual victimisation among males who perpetrated sexual harm was 4.1 times greater than for young males with violent offences and 6.3 times greater than for males with non-violent offences, compared with 2.6 and 2.9 times respectively for females. However, the small number of females convicted for sexual offences must be noted.

Table 1: Prevalence of CSA victimisation among justice-involved youth

	CSA victimisation prevalence		Group difference	
	n	%	χ^2	ϕ_c
Male	6,047	4.96		
Female	1,753	18.65	344.68*	0.210
Indigenous	3,765	8.29		
Non-Indigenous	4,035	7.81	0.61 (NS)	0.009
Total	7,800	8.04		
Offence category			126.53*	0.127
Sexual offences	438	19.86		
Male	427	18.97		
Female	11	54.55		
Violent offences	4,144	9.07		
Male	3,017	4.67		
Female	1,127	20.86		
Non-violent offences	3,218	5.10		
Male	2,603	3.00		
Female	615	18.65		

*statistically significant at *p*<0.001; ϕ_c=Cramér's *V*; χ^2=Pearson's chi-square

What are the characteristics of youth with histories of CSA victimisation in the YJ system?

Co-occurring maltreatment

CSA almost always co-occurred with other types of childhood maltreatment (see Table 2); 93.9 percent of sexually victimised YJ-involved youths also experienced physical abuse, emotional abuse and/or neglect. Around a quarter of sexually victimised youths had been exposed to either one (24.1%) or two (27.6%) additional harm types, and 42.3 percent had experienced all four harm types.

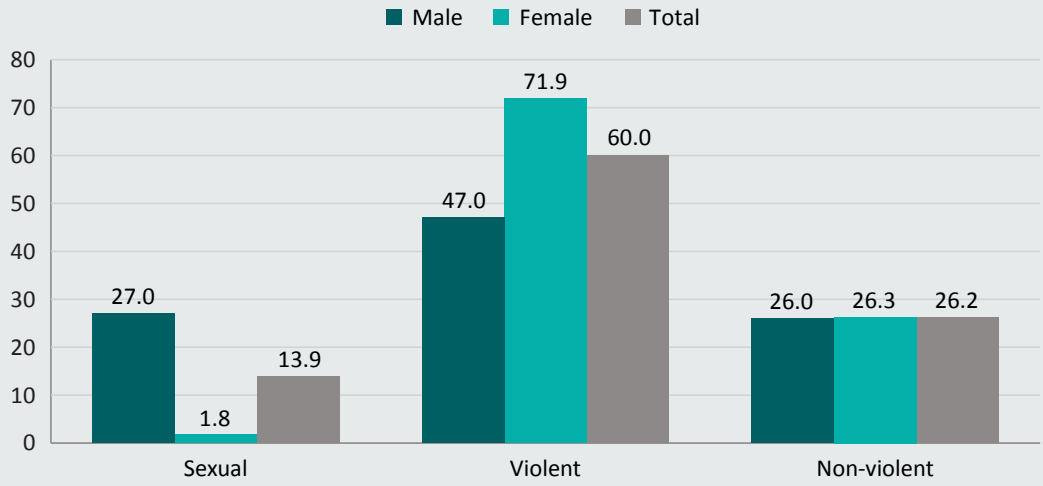
Table 2: Prevalence of co-occurring maltreatment for sexually victimised youth in contact with the youth justice system

	Prevalence of harm (%)		
	Male (*n*=300)	Female (*n*=327)	Total (*n*=627)
Sexual abuse only	4.67	7.34	6.06
Sexual abuse plus 1 other harm type	21.00	26.91	24.08
Sexual + physical abuse	1.67	5.20	3.51
Sexual + emotional abuse	17.33	20.49	18.98
Sexual abuse + neglect	2.00	1.22	1.59
Sexual abuse plus 2 other harm types	28.00	27.22	27.59
Sexual + physical + emotional	9.33	13.15	11.32
Sexual + physical + neglect	8.00	2.75	5.26
Sexual + emotional + neglect	10.67	11.31	11.00
All 4 harm types	46.33	38.53	42.26

Offending characteristics

Violent offences were typically the most serious convictions for CSA-victimised youth (see Figure 1), with 47.0 percent of males and 71.9 percent of females with sexual victimisation histories convicted of violent offences. Just over a quarter of sexually victimised males and females had been convicted for offences which did not feature violence or sexual violence. Sex-based differences in the relationship between sexual victimisation and sexual offending were evident, with 27.0 percent of males with CSA histories convicted for sexual harm, compared with 1.8 percent of females.

Figure 1: Prevalence of most serious offence type for youth who had experienced sexual abuse, by sex (%) (*n*=627)



What is the relationship between sexual victimisation and perpetration of sexual harm?

The relationship between sexual victimisation and youth perpetration of sexual offences was investigated using binary logistic regression. Participants were classified as having been convicted of a sexual offence or not having been convicted of a sexual offence (ie violent or non-violent offence). Since only 11 females had convictions for sexual offences, we controlled for sex. Results demonstrated that, within the sample of youths convicted of offences, CSA experiences significantly increased the likelihood of conviction for sexual (versus non-sexual) offences (χ^2=1.75, p<0.001), with sexually victimised youths over five times (OR=5.75) more likely to have perpetrated sexual crimes than violent or non-violent crimes (95% CI [4.39, 7.53]), (Nagelkerke R^2=0.101, p<0.001).

Griffith Youth Forensic Service cohort

What is the prevalence of CSA victimisation among youth with sexual offences?

Of the 37 young males receiving GYFS services following perpetration of sexual harm, 26.5 percent had themselves been sexually victimised prior to engaging in offending behaviours. This varied by Indigenous status, with 20.2 percent of Indigenous and 29.8 percent of non-Indigenous GYFS youths having experienced CSA (see Table 3).

Co-occurring maltreatment

As in the YJ sample, co-occurring maltreatment was frequently experienced by sexually victimised GYFS youths (Table 3). While 51.7 percent of youths in the total GYFS cohort had experienced two or more types of maltreatment before sexual offending, 81.0 percent of sexually victimised GYFS youths had also experienced at least one other harm type. Further, while 13.0 percent of youths in the entire GYFS cohort had experienced all four kinds of maltreatment, this was the case for 49.0 percent of sexually victimised youths. In contrast to the larger YJ sample, for sexually victimised GYFS youths, emotional abuse was the least frequently co-occurring maltreatment type. For Indigenous youths receiving GYFS treatment, neglect most often accompanied sexual abuse (73.1%); for non-Indigenous youths, physical abuse was the most frequently co-occurring harm (73.0%).

Given these high rates of maltreatment, it was perhaps not surprising that sexually victimised youths were more likely than those without sexual victimisation histories to have been the subject of a child protection notification (χ^2=24.96, p<0.001, ϕ_c=0.259) and/or have been placed in out-of-home care (χ^2=9.35, p<0.01, ϕ_c=0.157) prior to perpetrating sexual harm.

Table 3: Prevalence of harm(s) among male youth receiving treatment for sexual offending (%)

	Indigenous (*n*=129)	Non-Indigenous (*n*=248)	Total (*n*=377)
Prevalence of harm			
Child sexual abuse	20.16	29.84	26.53
More than 1 harm type	54.26	50.40	51.72
All 4 harm types	8.53	15.32	13.00
Prevalence of other harm for youths with histories of CSA			
Physical abuse	61.54	72.97	70.00
Emotional abuse	53.85	64.86	62.00
Neglect	73.08	63.51	66.00
More than 1 harm type	84.62	79.73	81.00
All 4 harm types	42.31	51.35	49.00

Are there differences in developmental risk factors experienced by youth with and without CSA victimisation histories?

Differences in other developmental risk factors were examined for GYFS youths with and without histories of sexual victimisation (see Table 4). Significant differences were noted in family environments, with 63.0 percent of sexually victimised youths, compared with 46.6 percent of non-sexually victimised youths, having been raised in single parent households. Further, compared to non-sexually victimised youths, sexually victimised youths were more likely to lack stable residences (59% vs 42%) and consistency in caregivers (51% vs 36%). Family functioning was also poorer for youths with histories of CSA than for non-sexually victimised youths, including higher levels of family conflict (76% vs 59%) and exposure to domestic violence (61% vs 50%).

Stark differences were noted in exposure to sexualised content within the household. Compared with non-sexually victimised youths, sexually victimised youths were twice as likely to be exposed to pornography within the family home (33.3% vs 15.3%) and over three times as likely to live in a sexualised home environment, characterised by poor boundaries where youths are exposed to sexualised talk, behaviours and acts (49.0% vs 14.6%).

While social functioning problems were evident across the whole cohort of youths receiving GYFS treatment, those with histories of CSA were significantly more likely than those without to experience such issues. Around two-thirds of sexually victimised youths had bullied peers and/or experienced social isolation from peer rejection, and over half had been victims of bullying. Sexual behaviour problems were also significantly more common among sexually victimised boys, with close to half demonstrating problematic behaviours such as inappropriate touching, masturbation and sexualised talk before age 10. There were no significant differences in use of alcohol, cannabis, glue, aerosols or inhalants. However, boys with CSA histories were significantly more likely than non-sexually victimised boys to have engaged in more serious substance use, with one in five having used speed, cocaine, heroin and/or ecstasy in the years prior to the referral-based offence.

Table 4: Developmental risk factors of youths receiving treatment for sexual offending

	Prevalence (%)			Group difference	
	Total (*n*=377)	CSA (*n*=100)	No CSA (*n*=277)	χ^2	Effect size (ϕ_c)
Individual characteristics					
Bullying perpetrator	376	67.00	47.10	11.653***	0.176
Bullying victim	370	54.55	38.01	8.119**	0.148
Social isolation	373	65.31	42.55	14.985***	0.200
Sexual behaviour problems before 10 years	372	46.00	19.49	26.320***	0.266
Inappropriate use of pornography	371	34.00	32.47	0.077	0.014
Substance use					
Alcohol	370	44.44	45.02	0.010	0.005
Cannabis	369	42.42	38.89	0.378	0.032
Glue, aerosols or inhalants	370	15.15	15.87	0.280	0.009
Speed, cocaine, heroin, ecstasy	368	20.20	6.69	14.265***	0.197
Family characteristics					
Sole parent residence	375	63.00	46.55	7.945**	0.146
Residential instability	375	59.00	41.82	8.705**	0.152
Residential overcrowding	374	14.00	13.87	0.001	0.002
Caregiver inconsistency	376	51.00	35.51	7.364**	0.140
Family conflict	376	76.00	59.06	9.097**	0.156
Exposure to domestic violence in home	377	61.00	50.18	3.453	0.096
Exposure to pornography in home	373	33.33	15.33	14.676***	0.198
Sexualised home environment	374	49.00	14.60	47.812***	0.358

***statistically significant at $p<0.001$, **statistically significant at $p<0.01$

Note: ϕ_c=Cramér's *V*; χ^2=Pearson's chi-square

Discussion

In this project, we aimed to extend knowledge about the association between CSA victimisation and sexual offending for Australian youth, drawing on a broad YJ sample as well as a sample of youths receiving treatment for sexual offending specifically.

Key finding 1: CSA victimisation was high among young people who encounter the YJ system generally, especially for females.

One in 12 YJ-involved young people had a history of CSA victimisation. Consistent with CSA victimisation rates in the community (eg Mathews et al. 2023), CSA was higher among YJ-involved females (18.7%) than males (5.0%), although the reduced likelihood of, and increased delay until, disclosure among males must be acknowledged (Gewirtz-Meydan & Finkelhor 2020). These findings highlight the extent of trauma experienced by young people in the YJ system and further reinforce the need for approaches to engagement and intervention that are grounded in trauma-informed practice frameworks (Branson et al. 2017; Malvaso, Delfabbro & Day 2018). Findings also suggest the need for a gendered approach to identifying CSA victimisation and intervening appropriately, because female youth are more likely to have experienced this form of trauma. Papalia et al. (2018) noted that CSA appears to have a more pronounced negative effect on offending for females. Further research is required to better understand the trauma histories of female youth who encounter the YJ system and how these experiences are associated with their offending behaviours.

Key finding 2: CSA victimisation is associated with youth perpetrated sexual offences, but gender matters.

Findings provide tentative support for the sexually abused–abuser hypothesis. Among youths with convictions, those who experienced CSA victimisation were more likely to perpetrate sexual offences than those without CSA histories. Moreover, CSA victimisation was more prevalent among youth with sexual (versus non-sexual) offences. However, patterns varied across gender. Although females were far more likely to be victims of CSA, males were more likely to perpetrate sexual offences (7.1% vs 0.6%), which is consistent with the idea that the sexually abused–abuser hypothesis is more specific to males (Glasser et al. 2001; Ogloff et al. 2012). Indeed, sexual offending was rare among CSA-victimised females (1.8%) but not among CSA-victimised males (27%).

Still, CSA victimisation was markedly higher for both males and females with sexual offences (19.0% and 54.6%) than males and females with violent (4.7% and 20.9%) or non-violent offences (3.0% and 18.7%). While this may suggest a link between CSA victimisation and sexual offending for some females, the rarity of females with sexual offences (*n*=11) prohibits firm conclusions. What is clear is that CSA victimisation was common for YJ-involved females, regardless of offence type; for males, there is a stronger relationship between sexual victimisation and sexual offending. Consistently with Ogloff et al. (2012), our findings highlight the need for early interventions targeted at CSA victims (especially male victims), focusing on healthy sexuality and aiming to reduce the potential risk of victimised youth perpetrating sexual harm. For females, CSA may be salient in pathways to offending more generally (Papalia et al. 2018).

Given that most young people who experience CSA do not sexually offend, more research is needed to better identify the possible markers that distinguish those who are at greatest risk of perpetrating HSB. Nevertheless, we concur with Papalia et al.'s (2018) recommendation that children who experience sexual victimisation should be viewed as potential candidates for immediate support, monitoring and/or intervention to reduce the risks of several poor outcomes beyond criminality (eg further victimisation, psychopathology, substance misuse).

Key finding 3: CSA victimisation typically co-occurs with other forms of maltreatment

Almost all youths who experienced CSA had experienced at least one other form of childhood maltreatment (93.9% in YJ sample; 81.0% in GYFS sample). Further, 42.3 percent of YJ-involved youths and 49.0 percent of GYFS youths with histories of CSA had experienced all four forms of maltreatment. Given the extent of overlap between experiences of CSA and other forms of maltreatment, it remains difficult to determine whether sexual harm acts as a specific risk factor for later offending (Papalia et al. 2017). Regardless, our findings confirm that CSA presents as a marker of severe developmental disruption that often co-occurs with other adversities associated with an increased risk of engagement in the YJ system. Cumulative childhood adversity (the interaction between two or more adverse experiences) is believed to result in greater combined negative effects than the sum of individual effects (Putnam, Harris & Putnam 2013). Consistent with other Australian research (eg Papalia et al. 2018), our findings highlight the need for services and practitioners to be aware of the cumulative and co-occurring harms experienced by criminalised youth that are associated with greater complexity and depth of presenting problems. Practitioners should have the requisite skills and training to assess and address multiple problems simultaneously and/or make referrals to appropriate services. Practitioners and services must also recognise that youth with greater cumulative adversity are often the most difficult to engage and retain in intervention, where greater development of strategies and approaches is needed to effectively engage them (Ogilvie et al. 2023).

Key finding 4: Sexually abused youth receiving treatment for sexual offending had experienced extensive developmental adversity

The GYFS sample, both with and without CSA victimisation, experienced high levels of developmental risk factors and multi-type maltreatment, reflecting childhoods marked by serious adversity. Although family environments of young people who engage in antisocial behaviours tend to be more problematic than those of the general population (Baglivio et al. 2015), among youths who exhibited HSBs, even greater family disadvantage and dysfunction and multi-type maltreatment was found for youths with histories of CSA than for those without. This included being more likely to be raised in sole parent households, experience residential instability and inconsistency in caregivers, be subjected to violent or sexualised family environments, have social/peer difficulties and use more serious substances. Together, these factors may serve as markers of specific needs or necessary supports when intervening with young people who exhibit HSB (eg substance use interventions).

Further, other factors may inform our understanding of pathways to HSB; these might include exposure to financial pressures and stressors that come with single-income households, as well as the reduced capacity for monitoring and supervision (Smallbone 2006; Smallbone & Cale 2016). The lack of caregiver and residential stability during childhood may also impact social bonds (with schools and communities) and attachment relationships with caregivers and increase the risk of engagement in abusive interpersonal behaviours (Adams et al. 2020). Additionally, living environments characterised by instability and caregiver inconsistency (ie poor supervision) probably contribute to conditions that increase the risk of both sexual victimisation and perpetration.

Limitations

Our findings should be interpreted considering some methodological limitations. Firstly, we did not have access to a community comparison group who had experienced CSA victimisation and not offended. Therefore, we were unable to explore resiliency factors for those young people. Secondly, the measure of CSA for the GYFS (as opposed to the YJ) sample was probably more sensitive, given the extent and focus of GYFS assessments on sexual development. While the rate of CSA was somewhat higher for males with sexual offences in the GYFS sample, it is impossible to determine whether this is due to sensitivity of measurement or sample differences relating to offence seriousness or case complexity. Although both measures of CSA represented a hybrid of officially recorded information and self-reports from engagement with young people, the use of officially recorded crime data still probably underestimates the true prevalence of HSB.

The YJ dataset was a snapshot in time and therefore does not capture complete offending history. Some young people who experience CSA victimisation may only start sexual offending as adults. Finally, because of the retrospective nature of the datasets, they could not provide insight into the causal mechanisms linking CSA victimisation and perpetration of HSB.

Conclusion

The results of this research confirm that CSA victimisation is more prominent in the developmental histories of young people who perpetrate sexual offences than in those with non-sexual offences. These findings highlight the need to target intervention to CSA victims as early as possible, to prevent the emergence of HSB or sexual offending. However, further research is required to better identify those victimised youth most at risk of engaging in HSB. The comorbidity of maltreatment and adverse developmental experiences among youth with sexual offences highlights the complexity of delivering interventions and the importance of adopting trauma-informed frameworks.

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ISSN 1836-2206 (Online) ISBN 978 1 922878 00 7 (Online)

https://doi.org/10.52922/ti78007

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