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Abstract | This paper presents results from a rapid evidence review of 23 empirical studies to examine pathways to the onset of contact child sexual abuse (CSA) offending.

Fifteen developmental, individual and situational or facilitating factors were identified as contributing to the onset of contact CSA offending. These factors ranged from adverse childhood experiences and early exposure to pornography and violent media, to problems in adult relationships and atypical or abusive fantasies. Studies varied in quality and methodology, and few focused on the interactions between factors in the pathways to offending.

Primary and secondary prevention approaches should educate young people, parents and carers, mandatory reporters and other adults, and target high-risk individuals through early intervention to disrupt pathways to contact CSA offending.

Pathways to onset of contact child sexual abuse: A rapid evidence review

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Introduction

Child sexual abuse (CSA) is a persistent global issue for law enforcement agencies and society (United Nations Children's Fund 2024). CSA that is committed in person (ie contact CSA) or online is associated with a range of negative short- and long-term physical, psychological and social consequences for victim-survivors (Gewirtz-Meydan et al. 2018; Hailes et al. 2019; Lawrence et al. 2023; Wolbers et al. 2025).

In Australia, over half (56%) of sexual assault offences reported in 2024 involved a victim under the age of 18 (Australian Bureau of Statistics 2024). The true rate of victimisation, however, is expected to be much higher because not all offences are known to law enforcement. The Australian Child Maltreatment Study, which surveyed a random sample of 8,504 Australians, estimated that a quarter (28.5%) had experienced a form of CSA in their lifetime (Mathews et al. 2023). The magnitude of this problem, and its impact on individuals and society, has motivated concerted efforts to better prevent and respond to CSA (Royal Commission into Institutional Responses to Child Sexual Abuse 2017; Seto et al. 2024), although it remains prevalent.

Preventing and responding to contact CSA offending

The focus of this paper is contact CSA offending, as opposed to online child sexual exploitation—thus the background review of literature also has this focus. Historically, two strategies have predominantly been employed to reduce rates of contact CSA offending: education programs to prevent victimisation and offender management to reduce reoffending (Finkelhor 2009). Despite the success of some of these efforts (Fryda & Hulme 2014), the high prevalence of contact CSA offending suggests more work needs to be done. Furthermore, offender management initiatives focus on reducing reoffending after an offence has been committed. By such time, however, a child has already suffered abuse, in some cases multiple times.

Primary and secondary prevention initiatives, which target the entire population or groups at high risk of offending, focus on preventing CSA offending before it occurs or escalates. Such initiatives have historically received less funding than offender management but are attracting growing interest (Assini-Meytin, Fix & Letourneau 2020; Seto et al. 2024). For example, Stop It Now! recently received funding from the Australian Government to expand their anonymous support services for people concerned about their sexual thoughts or behaviours towards children (Jesuit Social Services 2025). This intervention is based on the UK-based Stop it Now! Intervention, which has expanded in recent years (Brown 2014). For these approaches to be effective in preventing CSA offending before it occurs or escalates, it is crucial to reliably identify factors and individuals to target for secondary prevention, as well as factors relevant to the general population.

Onset of contact child sexual abuse offending

To date, researchers have drawn on various theoretical models to explain contact CSA offending. Seto's (2019) motivation-facilitation model suggests that a combination of three factors contribute to the risk of CSA offending:

- motivations (eg sexual interest in children, paraphilia);
- trait (eg antisocial personality) and state (eg intoxication) facilitation factors that can lower inhibition and enable offenders to act on their motivations; and
- situational factors (aspects of a person's environment that can provide opportunities to offend, such as access to children and an absence of effective guardians).

Smallbone and Cale (2016) note that CSA offending is more likely to occur when situational factors (eg access to children) interact with factors unique to an individual that increase susceptibility to offending. Other theories aim to map the factors that contribute to either the onset or continuation of contact CSA offending, although such theories have not undergone stringent testing of their causal mechanisms (Dangerfield, Ildeniz & Ó Ciardha 2020). Understanding the factors underpinning the onset of contact CSA offending, as distinct from its continuation, is crucial for primary and secondary prevention efforts.

Clayton et al. (2018) conducted a review of empirical evidence focused on risk factors for CSA offending, finding that certain background characteristics of victims (disability status, sexuality, family circumstances) and offenders (psychological factors, criminal history, prior victimisation) play an important role in increasing such risk. However, that review, as with most research in the area thus far, did not examine the onset of contact CSA specifically. Moreover, it remains unclear how the evidence base has progressed in the years since Clayton and colleagues' (2018) review. To the authors' knowledge, no systematic or rapid evidence review to date has specifically focused on factors preceding the onset of contact CSA offending.

Study aims

Given that prevention and early intervention efforts are gaining traction in Australia and elsewhere, this evidence review is intended to provide a snapshot of evidence-based knowledge on factors associated with the onset of contact CSA offending. Further, this review aims to identify areas for future research efforts to inform these prevention measures. Specifically, this study focuses on pathways to contact CSA, defined as sexual offences against a child under the age of 18 that occur in person (as opposed to online offences), including penetrative or non-penetrative contact. A rapid evidence review was conducted, guided by the following research questions:

- Which factors contribute to the onset of contact CSA offending?
- What gaps exist in the current research on factors that contribute to the onset of contact CSA offending?

Methods

Search strategy

Rapid evidence reviews are accelerated systematic reviews of research undertaken in a restrictive time frame (Moons, Goossens & Thompson 2021). A rapid evidence review was undertaken rather than a full systematic review, to provide stakeholders and policymakers with a concise overview of the knowledge base on the onset of contact CSA offending in a timely manner. This study draws on research published in English between January 2000 and May 2025. Studies were included if they:

- used primary data; and
- included information on pathways to, or associations with, onset of contact CSA offending.

We defined 'onset' as the first contact CSA offence, based on data that was self-reported or recorded in official criminal records. Notably, we understand the limitations of measuring onset based only on official criminal records, as they do not always reflect the first offence. While nine of the 23 studies used such measures, we feel they contributed valuable findings relating to pathways to the onset of CSA offending.

Studies were excluded if they:

- did not include primary data on the onset of contact CSA offending (eg a review);
- did not explain the study's methodology in sufficient detail (eg did not detail the data source, sample or measures); or
- reported findings that were not clearly relevant to a first contact CSA offence, such as those investigating sexual interest in children or dynamic risk factors (eg a psychological scale administered) after offending had occurred.

Studies were also included if their sample had committed other offences (eg possession or distribution of child sexual abuse material (CSAM), online grooming or solicitation of a child) in addition to a contact CSA offence. When reporting on quantitative findings, we focused on variables found to be significantly associated with the onset of CSA offending, rather than those found not to be associated. In some places in this review descriptive statistics of samples are reported where significance was not tested. For qualitative studies, we described all qualitative variables that were found to contribute to the onset of contact CSA offending.

The Australian Institute of Criminology's JV Barry Library searched eight databases and relevant websites: the JV Barry Library catalogue, the Australian Institute of Criminology website, EBSCO, ProQuest Criminal Justice, DeepDyve, International Centre for Missing and Exploited Children (ICMEC) Australia, ICMEC International, and Google Scholar. The research team also identified six publications that appeared foundational to the topic and screened the sources that cited these papers for inclusion.

Search terms combined keywords (accounting for American and English spelling) from three categories capturing contact CSA offending, onset of offending, and children as the victim-survivors of the offence:

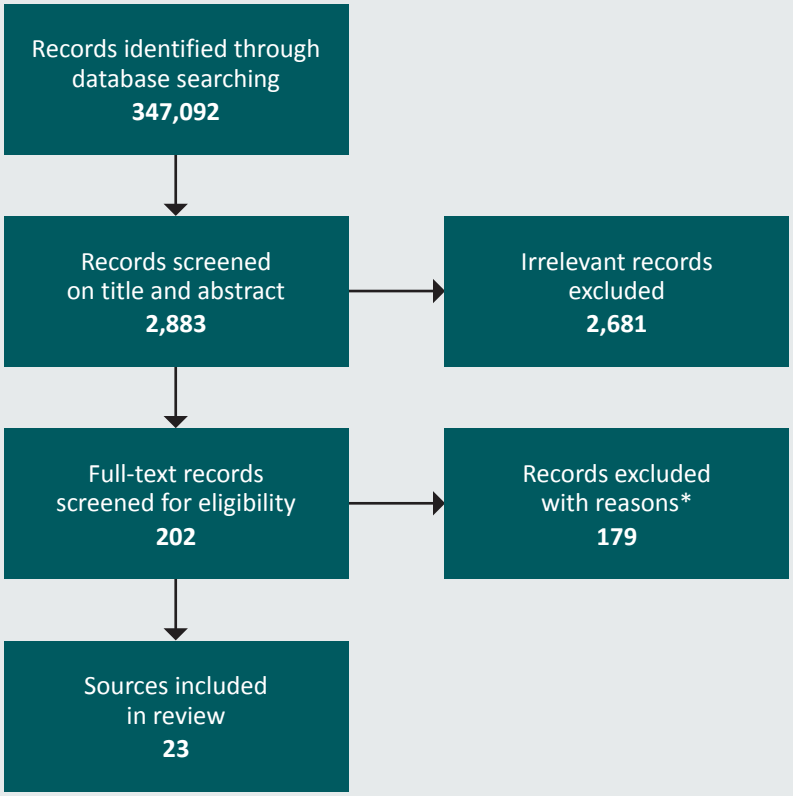
- *Child sexual abuse* (child sex* offend*, child sex* abuse*, child exploitation, child sexual exploitation, contact offend, contact abuse, contact offence, child sexual offence, child molestation, sexual violence, sex* abuse, molest, sex* offending, sex* offence, sex* aggression, harmful sex* behavio?r, problem* sex* behavio?r);
- *Onset of offending* (onset, initiation, pathway, early stage, first time, first-time, early indicator, emergence, risk factor, precursor, predictors, trajectory, pattern, modus operandi, grooming, circumstance, transition, influence, environment, social, childhood, peer, situation, opportunity, profile, psychological, emotional, cognitive, escalation, development, progression); and
- *Child* (child, children, young person, young people, adolescent, teenage*, youth, minor, young adult).

During the review process we decided to remove four papers from the final sample that only included adolescents who had offended against children, as this number was too small to warrant a separate section focused on pathways to onset of CSA offending among adolescents. Adolescent pathways to offending against children differ developmentally from adult pathways (McKillop et al. 2020) and discussing findings relating to adolescents alongside those relating to adults could limit the interpretability of the findings. Thus, this review is focused only on findings from adult samples.

Screening process

The literature search yielded 347,092 hits. Databases that returned a large number of hits were not screened in full—specifically, Google Scholar (750 screened of 337,100 hits) and DeepDyve (300 screened of 8,159 hits). Titles and abstracts of 2,883 records were screened to exclude duplicates and irrelevant studies (*n*=2,681). The remaining 202 records underwent full-text screening to assess eligibility against the selection criteria, and 179 records were excluded. The final sample included 23 sources providing primary information on the onset of contact CSA offending (see Figure 1).

Figure 1: Literature screening process



*Includes 4 studies with adolescent samples

Limitations

Rapid evidence reviews do not provide the same exhaustive depth or detail as a full systematic review due to their accelerated nature (Moons, Goossens & Thompson 2021). For example, databases that yielded a large number of hits were not screened in full (eg Google Scholar; see previous section). However, as results are presented in order of relevance, this approach likely captured the most relevant articles for inclusion and the number of relevant sources missed is probably limited. As the review was designed to be conducted within a restricted time frame, we decided to forgo a methodological quality measure. The level of bias for each study, and the entire sample of studies, is therefore unknown.

Many papers were excluded from the final sample as they did not focus on the onset of CSA offending, or it was unclear whether the factors they examined were present prior to offending (eg sexual interest in children). Therefore, it is likely other important factors are missing due to a lack of research focused specifically on this topic.

Further, seven studies used similar or overlapping samples drawn from Queensland correctional populations (McKillop, Brown, Smallbone & Pritchard 2015; McKillop, Brown, Wortley & Smallbone 2015; McKillop, Rayment-McHugh & Bojack 2020; McKillop et al. 2012; Smallbone & Wortley 2004, 2000; Wortley & Smallbone 2014). The samples were not identical and each study investigated different aspects of offending onset; however, this overlap between samples may introduce bias to the review's findings.

Quality of evidence

Many studies relied on criminal justice populations of CSA offenders, while research suggests that much CSA is not disclosed (eg Mathews et al. 2025) or detected (Beier et al. 2009). Therefore, the findings may not generalise to populations of undetected offenders, who could have different characteristics to detected offenders.

Generalisability is further limited by the lack of representative samples (eg convenience or self-selected samples) and the overlap between samples. Moreover, studies used a diverse range of measures of onset. Some used the first admitted offence (ie through self-reports), while others used the first detected offence or first conviction (ie through official data sources). Both methods have their limitations. Research has found moderate agreement between self-reports of offending and official records (Payne & Piquero 2017). The former is potentially biased by social desirability and poor recall, and the latter may fail to acknowledge previous undetected offences.

Studies were included if the offenders had committed a contact CSA offence, and findings are discussed in relation to the onset of this first offence. In some cases, offenders might have committed prior non-contact sexual offences, and the pathway to contact CSA offending may be different for these 'mixed' offenders than for contact-only offenders. However, few studies included information on prior offending unless it was a variable of interest.

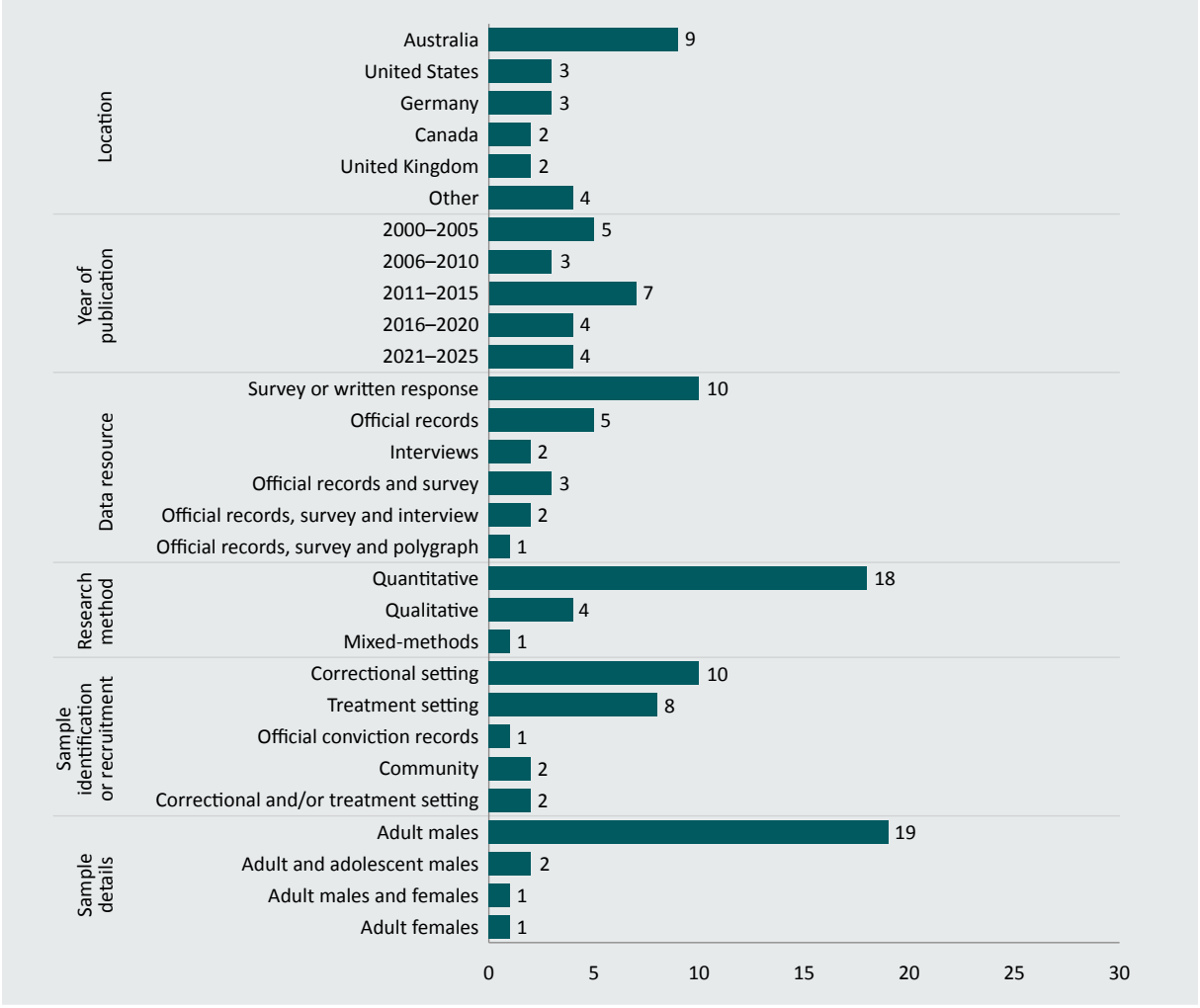
There was also an absence of comparison groups in most of the included studies. It is therefore unclear whether the factors identified are unique to contact CSA offenders. Finally, it is important to note that, due to differences in samples (eg familial vs institutional offenders) and methodologies used, the studies are not directly comparable.

Results

Study characteristics

The review included research from Australia (*n*=9), the United States (*n*=3), Germany (*n*=3), Canada (*n*=2), the United Kingdom (*n*=2), Belgium (*n*=1), New Zealand (*n*=1), Portugal (*n*=1), and South Africa (*n*=1). Most research was published from 2011 to 2025 (*n*=15). Ten studies administered a survey or examined written autobiographies, relied on official records (eg clinical files or police records), two undertook interviews, and six collected multiple forms of data. Most studies were quantitative (*n*=18), four were qualitative and one used mixed methods. Samples were identified or recruited in a correctional setting (ie individuals who were incarcerated or on parole; *n*=10), a treatment setting (*n*=8), via their official criminal records (*n*=1), or in the community (*n*=2). Two studies recruited or identified their sample in both a correctional and treatment setting. Finally, studies primarily examined samples of adult males (*n*=19).

Figure 2: Characteristics of included studies (*n*=23)



Note: Two included studies used samples that comprised both adult and adolescent males, but the findings relating to adolescent males are not presented in this paper

Factors found to be associated with contact CSA offending onset

Table 1 presents a summary of the factors identified as contributing to the onset of contact CSA offending, categorised into three primary domains:

- developmental factors—events that may influence development during childhood and adolescence;
- individual factors—a person's own characteristics, including physical, psychological and lifestyle-related factors; and
- situational or facilitating factors—elements relating to the offender's physical environment, situation or emotional state.

Due to the diversity of methodologies used across studies, we avoid explicit comparisons of studies. Where prevalence statistics are presented, readers are advised to interpret them with caution, particularly when comparing figures across studies.

Table 1: Factors identified as being associated with onset of contact CSA offending

Developmental factors	
Childhood sexual abuse victimisation [1, 4, 7, 8, 9, 10, 13, 18, 19, 22]	Parental attachment difficulties or an absent parent [1, 3, 7, 9, 14, 17, 18, 19, 21]
Non-sexual adverse childhood experiences [1,6, 8, 9, 13, 16]	Early sexual behaviour [4, 18, 19]
Problematic sexual education [4, 9]	Early exposure to pornography or violent media [13, 18]
Individual factors	
Age of onset [14, 20, 21, 23]	Atypical or abusive fantasies [5, 15, 18]
Prior offending [8]	CSAM use [2, 15]
Problems in adult relationships [1, 14, 15]	
Situational or facilitating factors	
Access to children [11, 12, 13, 15, 21, 23]	Location of offending [11, 12, 13, 21]
Life stress [14]	Emotional and physical state [13]

Note: 1—Aslan et al. 2014 (qualitative); 2—Babchishin et al. 2022; 3—Bogaerts et al. 2010; 4—Connolly & Woollons 2007; 5—Dandescu & Wolfe 2003; 6—Erkan et al. 2024; 7—Glasser et al. 2001; 8—Goodman-Delahunty & O'Brien 2014; 9—Iffland & Thomas 2024 (qualitative); 10—Leclerc & Cale 2015; 11—McKillop, Brown, Smallbone & Pritchard 2015;12—McKillop, Brown, Wortley & Smallbone 2015; 13—McKillop, Rayment-McHugh & Bojack 2020; 14—McKillop, Smallbone, Wortley & Andjic 2012; 15—Naidoo & Van Hout 2021 (qualitative); 16—Ramirez, Jeglic & Calkins 2015; 17—Sigre-Leirós, Carvalho & Nobre 2016; 18—Simons, Wurtele & Durham 2008; 19—Smallbone & McCabe 2003 (qualitative); 20—Smallbone & Wortley 2004; 21—Smallbone & Wortley 2000; 22—Turner et al. 2016; 23—Wortley & Smallbone 2014. Erkan et al. 2024 found no association between childhood maltreatment and contact CSA offending among female offenders. Glasser et al. 2001 found no association between parental attachment difficulties and CSA offending

Developmental factors

Developmental factors received the most attention in the literature (16 studies), with CSA victimisation being the most frequently examined developmental factor. This does not necessarily suggest it was the most common contributing developmental factor; rather, it is the most highly researched. CSA victimisation rates among contact CSA offenders ranged from 35 to 78 percent (Glasser et al. 2001; Leclerc & Cale 2015). Most contact CSA offenders who reported such victimisation were first sexually abused between 8.5 and 10 years of age (Leclerc & Cale 2015; Smallbone & McCabe 2003; Smallbone & Wortley 2000). Only one of these studies explored whether those who had been sexually abused had received psychological help for their victimisation, finding none of the sample (*n*=18) had received such support (Leclerc & Cale 2015).

Studies also examined whether non-sexual adverse childhood experiences are related to contact CSA offending. Ramirez, Jeglic and Calkins' (2015) quantitative study identified a relationship between childhood emotional and/or physical abuse and contact CSA offending. Other studies found that a minority (15.0–27.3%) of contact CSA offenders experienced childhood emotional and physical abuse (Goodman-Delahunty & O'Brien 2014; McKillop, Rayment-McHugh & Bojack 2020), while one study found that most (56% emotional; 63% physical) had experienced these types of abuse (Simons, Wurtele & Durham 2008). In a qualitative analysis of case files, Iffland and Thomas (2024) found that families in which intra-familial contact CSA offending occurred had experienced vulnerability factors including exposure to violence, parental alcohol abuse and placement in out-of-home care. Similarly, a qualitative analysis of interviews with mixed (contact CSA and CSAM) offenders suggested that childhood emotional and physical abuse contributed to the onset of contact CSA offending (Aslan et al. 2014).

The link between contact CSA offending and the quality of parental relationships and resulting childhood attachment style (ie a child's bond with their caregivers) was also highly researched. Quantitative studies found that the majority (51–63%) of contact CSA offenders had experienced attachment issues (McKillop et al. 2012; Simons, Wurtele & Durham 2008), or that contact CSA offenders reported a higher prevalence of parental absence in childhood (47%) compared with non-offenders (39%; Glasser et al. 2001). Another study using self-report data found that CSA offenders frequently reported problems with parental attachment when they were children (for example, having caregivers who were over-controlling and lacking affection) and attachment in adult relationships (eg attachment avoidance), prior to the onset of contact CSA offending (McKillop et al. 2012).

Similarly, the authors of three qualitative studies involving interviews with offenders and analysis of court reports suggested that parental absence or indifference and poor parental attachment can contribute to the onset of contact CSA offending and are common among such offenders (Aslan et al. 2014; Iffland & Thomas 2024; Sigre-Leirós, Carvalho & Nobre 2016). However, not all included comparison groups. In a study analysing self-report data from offenders, Smallbone and McCabe (2003) posited that the pathway was more complex—specifically, that parental attachment issues during childhood led to earlier onset of masturbation and paraphilias and later contributed to the onset of contact CSA offending.

Bogaerts and colleagues' (2010) study used structural equation modelling to identify pathways to the onset of contact CSA offending, including a range of developmental factors. Their model, based on research with 84 male offenders, demonstrated that receiving parental warmth and autonomy (ie parents were not over-controlling) during the first 16 years of life was a protective factor against subsequent contact CSA offending as it built secure attachments and reduced the risk of developing personality disorders. However, their model explained only 29 percent of the variance in offending for intra-familial offenders and 14 percent of the variance for extra-familial offenders. This suggests that many factors that contribute to contact CSA offending were not included in the model.

When studying contact CSA offender populations, several studies found a significant association between CSA victimisation and engagement in harmful sexual behaviours as a child (Connolly & Woollons 2007; Simons, Wurtele & Durham 2008; Smallbone & McCabe 2003). Harmful sexual behaviours are those outside the range of sexual behaviours expected according to the child or young person's age or level of development (Sexual Assault Support Service nd). One study found CSA victimisation was less common among offenders who had committed sexual offences against adults versus those who committed sexual offences against children (Simons, Wurtele & Durham 2008).

Other research suggests that poor or problematic sexual education may contribute to the onset of contact CSA offending. Connolly and Woollons (2007) used a self-report questionnaire to examine contact CSA offenders' levels of sexual education. They found CSA offenders were more likely than sexual offenders against adults to have learned about sex from pornography (22% vs 15%), as opposed to formal sex education or education from parents. Similarly, Iffland and Thomas (2024) analysed 10 court reports, finding that contact CSA offenders had often received sex education that reinforced intolerant and negative views of common sexual practices, including that sex was taboo and that masturbation, pornography and premarital sex were forbidden.

Individual factors

Nine studies examined individual factors that contribute to the onset of contact CSA offending. These included age, prior sexual and non-sexual offending, CSAM use, sexual fantasies that are atypical or abusive, and adult relationships.

Self-reports from convicted contact CSA offenders suggest that most start sexually offending against children in their late twenties to mid-thirties (*M*=32.2 years, Smallbone & Wortley 2004; *M*=32.4 years, Smallbone & Wortley 2000; 28.0–34.5 years, Wortley & Smallbone 2014). Goodman-Delahunty and O'Brien (2014) found that age at first CSA conviction was slightly higher (36.3 years). The age of onset for contact CSA offending, although reported here as an individual factor, could also be classed as a situational factor, given these ages are when many adults have increased access to children (their own or those of adults in their networks; Hanson 2002).

One quantitative study examined prior criminal offending. Goodman-Delahunty and O'Brien (2014) found that 45.5 percent of adult contact CSA offenders had a prior criminal conviction; most often these were for non-sexual and non-violent offences (40.4%).

Two studies specifically examined whether CSAM offending was a gateway to contact CSA offending. Babchishin and colleagues' (2022) 20-year longitudinal study found that, among their sample of 255 CSAM offenders, only 10 (4%) had a subsequent recorded contact CSA offence. This means it was very unusual for detected CSAM offenders to progress to (or be detected for) subsequent contact CSA offences. Conversely, in a qualitative study some offenders self-reported that prior to their first contact CSA offence, their continuous exposure to CSAM facilitated distorted perceptions, which helped to reduce guilt and led to the onset of contact CSA offending (Naidoo & Van Hout 2021).

Another individual factor associated with the onset of contact CSA offending was atypical or abusive fantasies. These are fantasies involving children, sex using violence or force, the offender's own childhood abuse, bestiality or other paraphilia. Two quantitative survey studies (Dandescu & Wolfe 2003; Simons, Wurtele & Durham 2008) and one qualitative study (Naidoo & Van Hout 2021) found that atypical or abusive fantasies and poor regulatory control commonly preceded and contributed to the onset of contact CSA offending, and that these fantasies sometimes began in adolescence (Simons, Wurtele & Durham 2008). For example, Dandescu and Wolfe (2003) found that among 57 contact CSA offenders undergoing 'sexual deviancy' treatment, almost two-thirds (*n*=37) reported having masturbatory fantasies involving children prior to their first contact CSA offence, and almost one in five (*n*=10) reported having between 100 and 500 such fantasies. Some offenders who experienced their own childhood sexual abuse reported masturbating to these fantasies as a coping mechanism or a means of exerting control, a behaviour that ultimately led to contact CSA offending (Simons, Wurtele & Durham 2008).

Three studies investigated the role of adult relationships in the onset of contact CSA offending. McKillop and colleagues (2012) found three-quarters (76%) of contact CSA offenders had adult attachment issues, making them less likely to build strong bonds in adult relationships; however, those in a relationship had a later onset of offending. In two qualitative studies contact CSA offenders self-reported that rejection from or dissatisfaction with an adult relationship led to them seeking sexual contact with children (Aslan et al. 2014; Naidoo & Van Hout 2021). Some offenders said that children were less likely to reject them sexually and were easier to control and manipulate (Naidoo & Van Hout 2021). Although not reported, it is possible that for some offenders their sexual attraction to children contributed to their relationship difficulties in the first instance.

Situational or facilitating factors

Seven studies described how situational or facilitating factors contributed to the onset of contact CSA offending, with access to children being the key factor identified. For most offenders, their first victims were known to them and many reported establishing a relationship with their victim for over a year before their first offence (Leclerc & Cale 2015; McKillop, Brown, Wortley & Smallbone 2015). First-time offenders tended to exploit power imbalances in these relationships to facilitate offending; this often occurred in parent–child relationships or where the offender was an authority figure (McKillop, Brown, Smallbone & Pritchard 2015; McKillop, Brown, Wortley & Smallbone 2015; Naidoo & Van Hout 2021). McKillop and colleagues (2012) found that contact CSA offenders in an adult relationship were more likely to offend against their own child or stepchild than offenders not in a relationship, suggesting relationships can facilitate offending for some individuals by increasing access to children.

Four studies investigated the location of first offences. Smallbone and Wortley (2000) found that most (94%) intra-familial offenders lived with their victims, affording them the high levels of access and privacy needed to offend. For both intra- and extra-familial offenders, McKillop and colleagues found that first offences most commonly occurred in a domestic setting (McKillop, Brown, Smallbone & Pritchard 2015; McKillop, Brown, Wortley & Smallbone 2015; McKillop, Rayment-McHugh & Bojack 2020). Most often this was the offender's home (80%) and more specifically a bedroom (60%). Despite these locations being selected for privacy and an absence of effective guardians, McKillip and colleagues found that in most (56.4–61.0%) onset offences another person was nearby but not close enough to witness the offence (McKillop, Brown, Wortley & Smallbone 2015; McKillop, Rayment-McHugh & Bojack 2020).

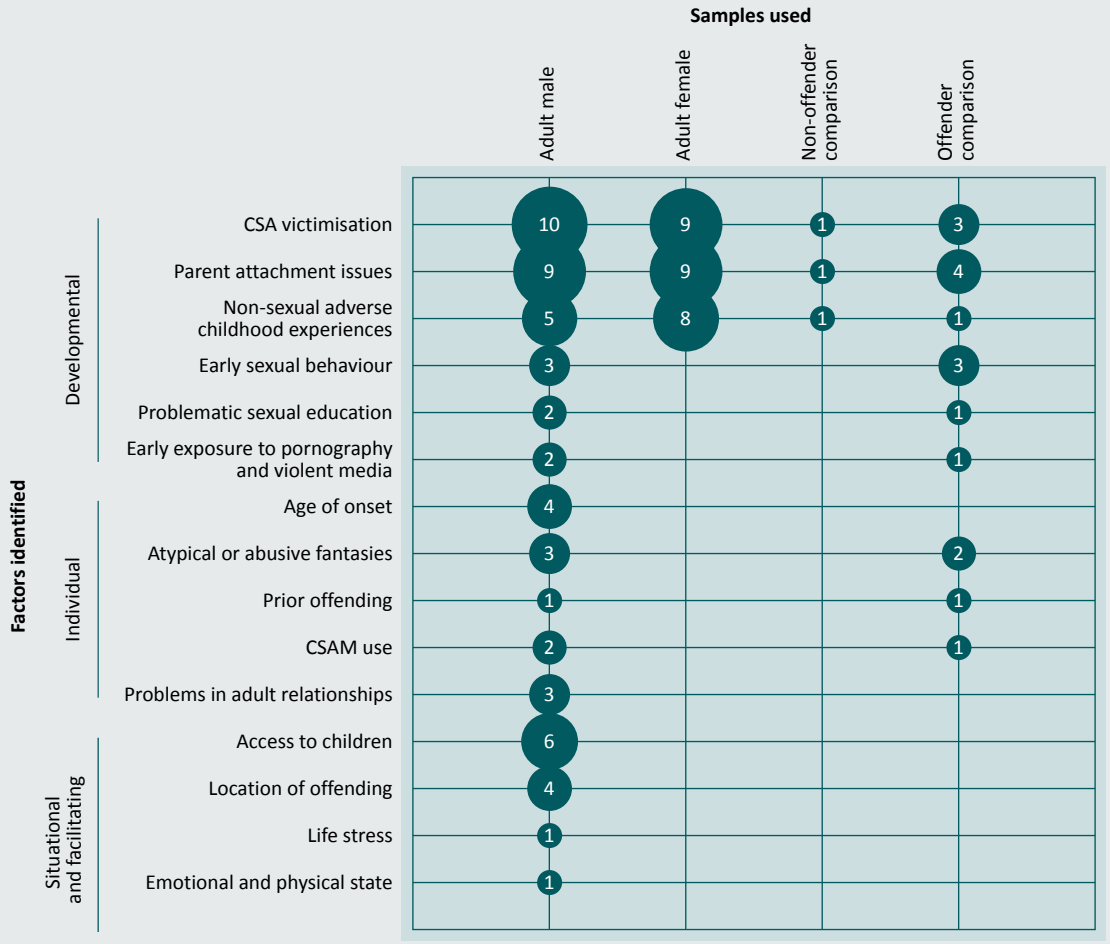
Research also identified that life problems and stress were key factors in the lead-up to the onset of offending. Specifically, a study based on self-report data found that relationship problems (52%), financial problems (40%) and sexual difficulties (28%) were common in the month before the onset of contact CSA offending (McKillop et al. 2012). Few contact CSA offenders sought help for these problems; they more commonly relied on avoidance strategies such as self-isolation (55%) or substance misuse (40%).

Finally, one quantitative study found that a substantial proportion of contact CSA offenders reported being in a negative mood state (31%), being sexually aroused (42%) or having ingested drugs or alcohol (19%) immediately prior to the onset of offending (McKillop, Rayment-McHugh & Bojack 2020).

Evidence and gap map

Figure 3 presents an evidence and gap map based on the domains and factors identified in the current review. Most research examined childhood experiences and access to children, while there remains a dearth of research in other domains.

Figure 3: Evidence and gap map for research on the onset of contact CSA offending



In addition to the gaps identified in Figure 3, we identified only four papers that examined factors contributing to the onset of sexual offending among male adolescents (excluded, as noted in *Methods*), and no studies examined such factors among female adolescents. Given the difference between adult and young people who offend against children, it is crucial that future research examine these populations.

Several qualitative studies identified in this review (Aslan et al. 2014; Naidoo & Van Hout 2021; Smallbone & McCabe 2003) illustrate the multifaceted pathways to CSA offending. However, few quantitative studies consider the complex and interrelated nature of many of these contributing factors. Multivariate studies with larger samples are required to understand the many trajectories that lead to contact CSA offending.

Finally, many of the included and excluded studies examined factors not mentioned in this review that likely contribute to the onset of CSA offending. However, these studies did not specify whether the relevant factors were present prior to onset or if they contributed to it. For example, sexual interest in children was often inferred from characteristics of the offence or measured after the first offence occurred (Babchishin et al. 2022; Erkan et al. 2024).

Discussion

This rapid evidence review identified 23 eligible empirical studies describing a range of developmental, individual and situational or facilitating factors that contribute to the onset of contact CSA offending. Importantly, this study could only document factors that research has examined, so results reflect what has been focused on in research rather than all factors linked to the onset of contact CSA offending. However, the study also identified several important research gaps (see Figure 3).

Factors found to contribute to the onset of contact CSA offending

Research predominantly focused on developmental factors as contributors to contact CSA offending onset. Childhood sexual abuse victimisation rates among contact CSA offenders ranged from 35 to 78 percent (Glasser et al. 2001; Leclerc & Cale 2015). Although CSA offenders were not compared with non-offenders, these proportions are higher than general population estimates (eg 28.5%; Mathews et al. 2023). Non-sexual adverse childhood experiences and poor parental attachment also appeared to be common in study samples of contact CSA offenders. Offenders rarely received psychological treatment for their victimisation.

Individual factors were the next most prominent category researched. Studies found the age of the offender (onset typically occurred in the late twenties to mid-thirties), prior offending, atypical or abusive sexual fantasies, and CSAM use contributed to contact CSA offending onset. While quantitative findings based on criminal justice measures suggest those who commit CSAM offences seldom progress to contact CSA offences (Babchishin et al. 2022), offender self-reports suggest that some CSAM offenders do progress to contact offending (Naidoo & Van Hout 2021).

Research also found that situational and facilitating factors contribute to the onset of contact CSA offending, predominantly in the form of access to children through familial relationships (ie the offender's own children or stepchildren) or through work or other means. Offenders often spent long periods of time building trust with the victim they had access to, and exploited power imbalances in these relationships to facilitate offending. Life stress, emotional and physical state, and locations (domestic settings, especially bedrooms, where there was an absence of effective guardians) were also found to facilitate the onset of CSA offending. Life problems (ie relationship, financial, sexual) were common prior to the onset of CSA offending. It was uncommon for offenders to seek help for these problems, instead relying on strategies that could exacerbate offending risk such as self-isolation and substance misuse.

Importantly, the range of factors identified suggest that perpetrators of CSA are a highly heterogeneous group, and each perpetrator likely experiences unique pathways to offending. Furthermore, although it was not the focus of the literature reviewed, previous research suggests that the interactions between factors (eg individual and situational) play an important role in contact CSA offending, rather than any specific factor on its own (Seto 2019; Smallbone & Cale 2016).

Implications

These findings have several implications. First, there is a clear need to bolster efforts to support victims of childhood maltreatment to prevent later contact CSA offending. Interventions can focus on preventing the development of mental health problems, harmful sexual behaviours, and sexual fantasies involving children. Further, research identified that, prior to their first offence, contact CSA offenders rarely sought help for factors relating to their own childhood sexual abuse (Leclerc & Cale 2015) or other life stressors (McKillop et al. 2012). This suggests support programs need to proactively target those at risk who have experienced stressors or who are engaging in behaviours that increase their risk of offending (eg masturbating to atypical or abusive sexual fantasies) for intervention.

Second, it is crucial that prevention efforts address offending that emerges in adolescence, including early intervention and treatment for young people who exhibit harmful sexual behaviours (Vosz et al. 2022). While interventions offering face-to-face treatment for young people exist, in Australia Jesuit Social Services (2025) propose the development of a national online early intervention program aimed at young people concerned about their own sexual thoughts and behaviours. Such interventions can potentially prevent offending before it occurs or escalates and will appeal to young people who are not comfortable discussing their sexual thoughts and behaviours face-to-face.

Third, access to children, particularly in private settings with an absence of effective guardians, was found to contribute to the onset of contact CSA offending. This indicates a need for increased primary prevention efforts, such as early consent/body safety training for children, education on mandatory reporting of CSA, blanket rules in institutions to restrict adults' access to children in private, and population-level media campaigns about CSA.

Conclusion

This review identified a range of factors that contribute to the onset of contact CSA offending, and therefore opportunities to disrupt offending pathways. Prevention approaches should target common individual and situational risk factors through primary prevention and early intervention with high-risk individuals. Notably, effective evidence-based and timely interventions for victims of child maltreatment, as well as children engaging in harmful sexual behaviours, appears to be a key opportunity to reduce the onset of CSA offending.

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