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## A systematic scoping review of indigenous-specific research evidence on child sexual abuse

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### ABSTRACT

**Background:** Child sexual abuse (CSA) is a major public health concern for modern societies. For Indigenous communities this is compounded by the ongoing impacts of colonisation, including inter-generational trauma, persistent socio-economic disadvantages, and the predominant adoption of mainstream approaches used to prevent and respond to CSA in Indigenous communities. **Objective:** This aim of this study was to conduct a scoping review of Indigenous-specific CSA research literature from Canada, Australia, New Zealand and the United States (CANZUS).

**Methods:** A structured scoping review of published and unpublished (grey) literature using the Arksey and O'Malley framework. Six databases were searched (PsychInfo, CINAHL, PubMed, Scopus, Informit and Google Scholar) for articles published in English from 2000 to 2023 (inclusive). Identified studies were classified based on their methods (descriptive, reviews, impact/process evaluation, theory and methodology) and primary focus (prevention, disclosure, treatment, multiple foci).

**Results:** Forty-six peer-reviewed academic papers were identified. Most articles were from Australia (44%), followed by the United States (25%), Canada (23%) and New Zealand (8%). Most articles were descriptive (50%). The focus of publications was comparable across prevention (19%), disclosure and reporting (21%) and treatment or support (25%).

**Conclusion:** Given Indigenous communities have unique conceptualisations of family, community and relationality, evidence used to develop Indigenous-specific prevention and responses to CSA must reflect their own cultural contexts, building on community agency, resilience, and strength. The relative paucity of both process and outcome evaluations highlights significant knowledge gaps, and a need for more evaluation research across prevention, disclosure and reporting and treatment or support.

### 1. Introduction

Child sexual abuse (CSA) is defined by the World Health Organisation (WHO) as “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, for which the child is not developmentally prepared, or else that violates the laws or social taboos of society” (World Health Organisation, 2024). Globally, it is a significant public health concern: it affects one in six women and one in thirteen men aged 17 years or younger worldwide (World Health Organisation, 2016).

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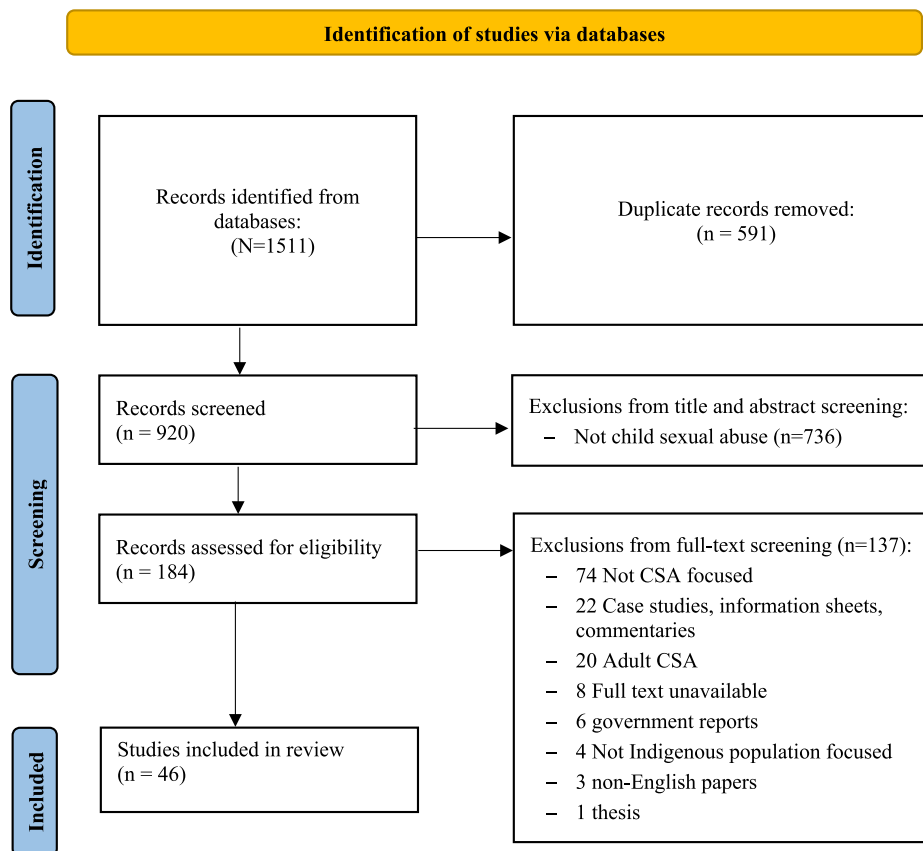
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In addition to short-term trauma and injury (Dye, 2020; Paolucci et al., 2001), CSA is now a well-established risk factor for the development of adverse biopsychosocial outcomes across the life-course (e.g., Australian Institute of Family Studies, 2023; McCrory et al., 2011; Van der Kolk, 2014). Studies (Linde-Krieger et al., 2021), reviews (Johnson, 2004; Maniglio, 2009), and meta-analyses (Paolucci et al., 2001) universally show adverse outcomes of increased psychiatric disorders (e.g., anxiety, depression, disordered eating) and behavioural disorders (e.g., disordered eating), and behavioural risk taking (including substance abuse and sexual risk taking). Other adverse outcomes included impaired self-concept (Linde-Krieger et al., 2021), sexually transmitted infections and blood borne viruses (Johnson, 2004; Maniglio, 2009), and increased risk of revictimisation and perpetration (Johnson, 2004; Maniglio, 2009; Paolucci et al., 2001).

The ongoing impacts of colonisation and racism, include inter-generational trauma, socio-economic marginalisation, and over-representation in out of home and institutional care systems (Fallon et al., 2021). In turn, these factors have increased the risk of experiencing both the occurrence and sequelae of CSA, and created inequitable access to the trauma-informed services that ameliorate its harm (Barsalou-Verge et al., 2015; Funston, 2013; Gibbs et al., 2024). The prevalence of CSA for Indigenous Canadian Peoples in 2023, for example, was estimated to be three to five times higher than the general global prevalence, with 35% of males, 50% of females and 57% of transgender and gender non-conforming Indigenous Peoples reporting CSA (Helmus & Kyne, 2023). Disproportionately high rates of CSA for Indigenous people have also been reported in the USA (Helmus & Kyne, 2023), New Zealand (Marie et al., 2009) and Australia (Bailey, Powell, & Baksheev, 2017c; Moore et al., 2015).

Indigenous Peoples globally are leading the development of culturally safe responses to CSA; partly due to the higher exposure of Indigenous Peoples to CSA but also because Indigenous Peoples have concepts of family and relationality in their communities that differ from those of non-Indigenous people (Funston, 2013; Lawrie & Testro, 2018; Wildcat & Voth, 2023). Indigenous concepts of family and community are critical considerations in preventing and responding to CSA, because CSA typically involves people beyond the individual survivors and perpetrators (Borg et al., 2019; Calma, 2006; Hinds & Giardino, 2020; Mathews & Collin-Vézina, 2019). The dynamic between CSA survivors, perpetrators and communities is especially important for Indigenous Peoples given the cultural connectedness of tight-knit communities and their extended kinships (Bailey, Powell, & Brubacher, 2017a; Mace et al., 2015). As such, notifications and responses to CSA for Indigenous survivors, including the ability to seek professional help and support, is disproportionately dependent on the extent to which they perceive that they are able to covertly or overtly disclose the CSA safely and confidentially (Barsalou-Verge et al., 2015; Bessarab & Crawford, 2010; Braithwaite, 2018; Couture et al., 2001; McElvaney, 2015).



**Fig. 1.** Summary of the search strategy to identify Indigenous-specific CSA research from CANZUS countries.

To support the sustainability of existing Indigenous-led CSA programs globally, and to enhance the development of new programs, the objective of this paper is to synthesise Indigenous-specific CSA research evidence from Canada, Australia, New Zealand and the US (CANZUS countries; Anderson et al., 2022; Gover, 2015; Vosz et al., 2023). Specifically, it aims to: i) identify Indigenous CSA publications; ii) summarise their key characteristics; iii) examine the range of methods that they use; and iv) identify the key aspects of CSA on which they focus (prevention, disclosure and reporting, and treatment or support).

## 2. Methods

### 2.1. Study perspective and design

A scoping review was determined to be the most appropriate method to identify a wide range of literature relevant to Indigenous-specific CSA. This project used Arksey's and O'Malley's scoping review framework to systematically search and synthesise the Indigenous-specific CSA research evidence (Arksey & O'Malley, 2005; Levac et al., 2010). This framework comprises five key stages: 1) identifying the research question; 2) identifying the relevant studies; 3) study selection; 4) charting the data; and 5) collating, summarising, and reporting the results. The application of this framework is reported using the PRISMA reporting guidelines and corresponding checklist (Fig. 1; Page et al., 2021).

The Indigenous authors on this paper (SG, BOD, SH, JW) led the application of this framework using an Indigenist perspective, to ensure that its primary purpose was to inform Indigenous providers of CSA services, Indigenous communities and Indigenous researchers (Rigney, 1999). This paper is limited to CANZUS countries due to their similar history of colonisation by the British, and their current status as developed, wealthy nations, with marginalised, minority Indigenous populations who experience a disproportionately high burden of preventable health and wellbeing harms that are directly attributable to the ongoing effects of colonisation including state sanctioned violence (e.g., The Stolen Generation, Residential schools; Wilk et al., 2017). However, the authors recognise that Indigenous Peoples globally have a shared history of displacement, discrimination, and disadvantage as a direct impact of the violence of colonisation that CSA is a challenging issue that colonisation has disproportionately exacerbated for Indigenous populations throughout the world (Anderson et al., 2022; Gover, 2015).

### 2.2. Search strategy

The search strategy, applied to both published and unpublished (grey) literature, was undertaken in March 2023. The databases searched were PsychInfo, CINAHL, PubMed, Scopus, Informit and Google Scholar. A combination of keywords and MESH terms were used in three groups of terms: i) sexual abuse (sex\* abuse, sex\* assault, sex\* violence, rape, incest, molest\*, groom\*, sex\* offence, sex\* crime, sex\* exploitation, sex\* coercion, sex\* maltreat\*); ii) child (Child\*, infant, toddler, adolescen\*, teen\*, minor, youth, underage); and iii) Indigenous (Indigenous, Native, First Nation\*, Māori, Aborig\*, Torres Strait\*, American Indian, Tribal, Inuit, Iwi, Tangata Whenua, Metis, Native Hawai\*, Hawai\*, Alaskan Native\*). The search was limited to publications published in English from 2000 to 2023 (inclusive).

### 2.3. Inclusion and exclusion criteria

All publications that reported on any aspect of CSA in Indigenous populations in CANZUS countries were included in this review. Publications were excluded if: i) CSA was not a focus; ii) there was only minimal information related to Indigenous Peoples; iii) they were published in a language other than English; iv) the full text was not available; and v) it was a book, book chapter, information sheet, news or media article, lecture transcript or conference paper. Reports identified post peer review were screened for substantive content on Indigenous-specific CSA.

### 2.4. Screening of publications

Studies identified by the search strategy were initially uploaded to Endnote software (Clarivate Analytics, Boston, USA) and then uploaded to Covidence software (Veritas Health Innovation Ltd., Melbourne, Australia) for screening. Duplicates identified electronically were removed. Two authors (SG and SM) conducted the initial search, and three authors (SG, SM and BOD) applied the eligibility criteria to the screening of the titles, abstracts and full text of the studies, independently of each other. Disagreements were discussed and resolved through group meetings. Reference lists from included studies were searched to identify missed papers/reports.

### 2.5. Identifying the key characteristics of publications

Data were extracted into an excel spreadsheet by two authors (SG & SM). The key characteristics of publications were tabulated: author and year of publication; title; country of origin; number and characteristics of participants; gender; the proportion of the participants that were Indigenous; and age. Included publications were also reviewed for the stated evidence of Indigenous leadership (either in the authorship team or external partnerships) and the acknowledgement of the colonial context in which Indigenous-specific CSA occurs (Supplementary materials).

## 2.6. Classification of publications by their methods

Publications were classified by their methods using definitions adapted from previous research (Calabria et al., 2011): *theory and methodology* were publications focused on theories of CSA in relation to perpetrators or survivors, models of care, and the development of methods (e.g. testing the psychometric properties of measures); *literature reviews* were reviews of existing CSA literature, including scoping, narrative, systematic, meta-analysis and reviews of reviews; *descriptive studies* were attempts to quantify the incidence, prevalence or burden of harm of CSA, or identify sub-groups at increased risk of CSA, or increase understanding of the experiences and perceptions of CSA from the perspective of survivors, perpetrators and key stakeholders; *process evaluations* detailed the process of implementing a program/service using quantitative data (e.g. numbers of participants who commenced/completed a program, or ratings of their levels of program satisfaction/acceptability of a program) or qualitative data (e.g. the perceptions or experiences of key stakeholders in relation to a program or service); *impact evaluations* estimated the impact of a program/service on one or more outcomes (e.g. improved resilience among survivors), or were economic evaluations of the benefits and costs of a program, or described the perceptions of key stakeholders about the impact of a program/service.

Four authors (SG, SM, JD, AS) developed the definitions and two (SG, AS) applied them to the identified publications to determine the methodological categorisations. Two additional authors (SH, KM) who were blinded to the original categorisations then used the provided definitions to re-categorise a subset of publications. A block randomised procedure was used in Microsoft Excel to randomly select 30% of publications from within each block (methodological category). This method mitigated potential bias in selecting category exemplars for secondary review and ensured that all methodological categories were adequately represented. Agreement between the original and blinded coders was 70%. The discrepancies were resolved in discussion, and minor changes were made to improve the clarity of these definitions.

## 2.7. Classification of publications by their key area of focus

Publications were also classified by their key area of focus: *prevention* studies focused on preventing the occurrence of CSA, or modifying the processes that increase the likelihood of CSA occurring, or preventing the re-occurrence of CSA; *disclosure and reporting* studies focused on the process of formally reporting CSA to the justice or child protection systems, or the interview processes for survivors/perpetrators/other persons of interest, or the process for retracting an allegation, or disclosures where no formal report has occurred; *treatment or support* studies focused on treatment and support for those involved in CSA, including survivors, perpetrators, siblings, families, caregivers, clinicians/therapists, or other stakeholders; *multi* focused studies were those that have a substantial focus on more than one of the above categories; and *no specific focus* studies were those that do not have a specific area of focus (e.g. they report estimates of the prevalence or incidence of CSA, or describe the characteristics of survivors or perpetrators).

The inter-rater reliability with which the publications were classified by their key areas of focus was assessed using the same process that was used for the classification of papers by their methods: re-classification of a randomly selected 30% of publications by blinded reviewers. Agreement between the original and blinded coders for these key areas of focus was 84%. The discrepancies were resolved in discussion and minor changes to the definitions were made to improve their clarity.

## 3. Results

### 3.1. Identification of Indigenous CSA publications

As summarised in Fig. 1, 1511 publications were retrieved by the database search. After duplicates were removed ( $n = 591$ ), the titles and abstracts of the remaining publications were examined ( $n = 920$ ) and a further 736 publications were removed because they were not about CSA. The full text of the remaining 184 articles were examined and a further 138 were removed for the reasons specified in Fig. 1. This process left 46 publications for data extraction.

### 3.2. The key characteristics of Indigenous CSA publications

As summarised in Table 1, more publications were conducted in Australia ( $n = 21$ )<sup>1</sup> than in the United States ( $n = 12$ ), Canada ( $n = 11$ ) and New Zealand ( $n = 4$ ). Two publications involved two CANZUS countries (Barker-Collo et al., 2012; Barsalou-Verge et al., 2015). A total of 3721 Indigenous participants were included in all publications, ranging from 2% to 100% of the total participants in each individual study. The study participants ranged from community members (22%), survivors alone (20%), perpetrators alone (9%), family members/caregivers (4%), service providers (4%). The remaining 41% of studies had mixed samples comprising combinations of two or more of these participant groups. Forty-three percent of the studies included both girls and boys in their samples, 24% had an unspecified mixed sample, 20% focused on all female survivors, 9% involved all male participants with a history of sexual offences, and 4% did not report the sex of the participants.

Both previous literature reviews identified reported on the incidence or prevalence of CSA: one in Canada (Collin-Vézina et al., 2009), and the other in the US and Canada (Barsalou-Verge et al., 2015). The latter also reported on risk factors predisposing an

<sup>1</sup> Including one publication conducted in Australia and a non-CANZUS country outside the scope of this review (UK; Firmin & Rayment-McHugh, 2020).

**Table 1**  
Summary of key characteristics of studies (N=44<sup>a</sup>).

Author (year) <sup>a</sup>	Title	Country	Number and characteristics of participants	Gender (%)	Indigenous participants (%)	Age
Adams et al. (2020)	Developmental and Sexual Offence Onset Characteristics of Australian Indigenous and Non-Indigenous Male Youth Who Sexually Offend	Australia	211 youth sexual offenders	Male (100)	38	11–17
Allan et al. (2002)	Juvenile sexual offenders in Western Australia: Demographic characteristics and offence histories	Australia	334 youth sexual offenders	Male (98)	29	Male: 9–17 Female: 11–15
Bailey et al. (2015)	Evaluation of a Collaborative Operation to Improve Child Sexual Abuse Reporting in Western Australian Indigenous Communities	Australia	124 case investigations (# of participants & offenders unspecified)	Mixed (unspecified)	n/a	Adult
Bailey et al. (2016)	Measuring Community and Service Provider Attitudes to Child Sexual Abuse in Remote Indigenous Communities in Western Australia	Australia	120 service providers	Mixed (unspecified)	18	3.3% <40; almost 60% >40
Bailey, Powell, and Brubacher (2017a)	Evaluation of two databases for tracking cases of child sexual abuse	Australia	Target database (police and child protection): 2267 survivors and offenders;  Verification database: 853 survivors and offenders	Target: Male (22.4) Female (76.9)  Verification Male (21.5) Female (78.5)	Target: 36 survivors 25 offenders.  Verification: 22 survivors 20 offenders	Target Survivors: mean 10.77, Offenders: 29.88  Verification Survivors: 10.86 Offenders: 31.6
Bailey, Powell, and Brubacher (2017b)	Reporting rates of child sexual abuse in Indigenous communities in two Australian jurisdictions	Australia	Jurisdiction A: 566 survivors with offenders.  Jurisdiction B: 617 survivors with offenders	Jurisdiction A survivors: Female (80.6).  Jurisdiction B survivors: Female (86.7)	Jurisdiction A: 22  Jurisdiction B: 59	Jurisdiction A Survivors: 3–16 Offenders: 11–78  Jurisdiction B: Survivors: 3–16 Offenders: 10–81
Bailey, Powell, and Baksheev (2017c)	The attrition of Indigenous and non-Indigenous child sexual abuse cases in two Australian jurisdictions	Australia	Jurisdiction A: 566 survivors with offenders.  Jurisdiction B: 617 survivors with offenders.	Jurisdiction A survivors: Female (80.6).  Jurisdiction B survivors: Female (86.7)	Jurisdiction A: 22  Jurisdiction B: 59	Jurisdiction A: Survivors: 3–16 Offenders: 11–78 .  Jurisdiction B: Survivors: 3–16 Offenders: 10–81
Bailey et al. (2019)	Indigenous Perspectives on Operation RESET: An Initiative to Improve the Identification and Prosecution of Child Sexual Abuse Incidents in Remote Indigenous Communities	Australia	4 family members of victims of CSA and 5 community members	Female (100)	100	Adult
Banyard et al. (2022)	Using photovoice to understand and amplify youth voices to prevent sexual and relationship violence	United States	9 youth from grades 8 and 9	Male (33) Female (67)	66	13–15
Barker-Collo et al. (2012)	Coping strategies in female survivors of childhood sexual abuse from two Canadian and two New Zealand cultural groups	Canada and New Zealand	86 European Canadians, 40 Native Canadians, 129 European New Zealanders, 35 Māori New Zealanders	Female (100)	26	Mean age: 31
Black et al. (2019)	Healing through Connection: An Aboriginal Community Designed, Developed and Delivered Cultural Healing Program for Aboriginal	Australia	36 CSA survivors across 4 programs, 26 family & community members	Not reported	100 for participants, 3 for facilitators	Unclear

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Table 1 (continued)

Author (year) <sup>a</sup>	Title	Country	Number and characteristics of participants	Gender (%)	Indigenous participants (%)	Age
Braithwaite (2018)	Survivors of Institutional Child Sexual Abuse Colonized Silence: Confronting the Colonial Link in Rural Alaska Native Survivors' Non-Disclosure of Child Sexual Abuse	United States	(one program), 13 facilitators 18 survivors	Female (100)	100	Adult
Carrington et al. (2019)	A police-led community response to child abuse and youth sexual violence and abuse in Indigenous communities in Far North Queensland: "Speak Up. Be strong. Be Heard."	Australia	307 participants from 26 Queensland communities.	Not reported	90	Adult
Chenier et al. (2021)	'Cold feet': The attrition of historic child sexual abuse cases reported to the police in a Northern Canadian Territory	Canada	231 historic child sexual abuse complaints	Complainants: Male (28) Female (72) Suspects: Male (99) Female (1)	complainants: 99 suspects: 77	Complainant (at time of report): 18–57  Offender (at time of report): 21–78 Adult
Chenier et al. (2022)	Police interviews with adult reporters of historical child sexual abuse: Exploring the link between verbal rapport and information obtained	Canada	44 survivors	Male (12) Female (88)	100	Adult
Deckert (2020)	Daughters Inside: Toward a theory of structural sexual violence against girls through mass male incarceration	New Zealand	Population and prison sentencing data for Pākehā and Māori Men and Women	General population: Male (~50) Female (~50) Prison sentences: Male (~93) Female (~7)	General population: 17 Prison sentences: 53	17–29
Edwards et al. (2020)	Efficacy of a Sexual Abuse Prevention Program with Children on an Indian Reservation	United States	48 American Indian youth in grades 4 and 5	Male (37) Female (63)	98	9–12
Edwards et al. (2021)	Experiences and Correlates of Violence Among American Indian and Alaska Native Youth: A Brief Report	United States	400 American Indian and Alaskan Native youth	Male (45) Female (55)	100	12–18
Edwards, Banyard, et al. (2022a)	Caregivers' Perceptions of a Youth-led Sexual Violence Prevention Initiative: A Brief Report	United States	19 caregivers of youth from a Youth Voices in Prevention program	Male (5) Female (95)	21	33 to 55
Edwards, Hopfauf, et al. (2022b)	Effectiveness of a Sexual Assault Self-defence Program for American Indian Girls	United States	181 Native American girls 74: treatment group. 107: comparison group	Female (100)	100	12 to 18 (Both groups)
Edwards, Siller, et al. (2022c)	Evaluating the Impact of a Youth-Led Sexual Violence Prevention Program: Youth Leadership Retreat Outcomes	United States	2647 Native American youth	Male (48) Female (52)	21	12 to 18
Fanslow et al. (2007)	Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women	New Zealand	2855 women from urban and rural regions	Female (100)	65	18–64
Firmin and Rayment-McHugh (2020)	Two roads, one destination: community and organizational mechanisms for contextualizing child abuse prevention in Australia and the UK	Australia & UK	Two case studies	Mixed (unspecified)	Unclear	10–13
Funston (2013)	Aboriginal and Torres Strait Islander Worldviews and Cultural safety transforming sexual assault service provision for children and young people	Australia	80 representatives from services for victims and those who sexually harm others	Male (25) Female (75)	Unclear	Adult
Hamilton et al. (2016a)	Expressions of shame in investigative interviews with Australian Aboriginal children	Australia	70 Aboriginal children	Male (14) Female (86)	100	5–16

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Table 1 (continued)

Author (year) <sup>a</sup>	Title	Country	Number and characteristics of participants	Gender (%)	Indigenous participants (%)	Age
Hamilton et al. (2016b)	Investigative Interviewing of Aboriginal Children in Cases of Suspected Sexual Abuse	Australia	70 Aboriginal children	Male (14) Female (86)	100	5–16
Hamilton et al. (2017)	Professionals' Perceptions Regarding the Suitability of Investigative Interview Protocols with Aboriginal Children	Australia	28 participants	Male (32) Female (68)	29	Adult
Heilbron and Guttman (2000)	Traditional healing methods with First Nations women in group counselling	Canada	Three Ojibway, First Nations Women and two non-aboriginal women	Female (100)	60	35–45
Kemp et al. (2014)	Equine Facilitated Therapy with Children and Adolescents Who Have Been Sexually Abused: A Program Evaluation Study	Australia	15 children and 15 adolescents	Children: Male (40) Female (60) Adolescents: Female (100)	27	8–11 12–17
Lewis (2001)	American Indian/Alaska Native sexual abuse perpetrators: A quantitative study in two parts	United States	Phase 1: 20558 participants from correctional facilities  Phase 2: 250 surveys from treatment providers	Mixed (unspecified)	phase 1: 2. phase 2: unclear	Mean age: 19.03
Mace et al. (2015)	Evaluation of Operation RESET: An initiative for addressing child sexual abuse in Aboriginal communities	Australia	64 across all 12 communities	Mixed (unspecified)	40	Adult
Payne et al. (2013)	Pathway to Hope: an Indigenous approach to healing child sexual abuse	United States	400 individuals who completed the pathway to hope training	Mixed (unspecified)	30	Adult
Ralph et al. (2006)	Transgenerational Trauma, Suicide and Healing from Sexual Abuse in the Kimberley Region, Australia	Australia	747 participants	Mixed (unspecified)	48	12–25
Reeves and Stewart (2017)	Healing the spirit: Exploring sexualized trauma and recovery among Indigenous men in Toronto	Canada	Group 1: 10 mental health frontline workers  Group 2: six male survivors	Group 1: Male (50) Female (49) Other (1) Group 2: Male (100)	100 (for both groups)	20–60
Rojas and Gretton (2007)	Background, offence characteristics, and criminal outcomes of Aboriginal youth who sexually offend: A closer look at Aboriginal youth intervention needs	Canada	359 youth sexual offenders	Male (100)	72	12–18
Sedehi (2019)	Witnessing the Unspoken Truth: On Residential School Survivors' Testimonies in Canada	Canada	10 case studies	Male (50) Female (50)	100	Adult
Shields et al. (2019)	The Decline of Child Sexual Abuse in Canada: Evidence From the 2014 General Social Survey	Canada	34,470 respondents of General Social survey	Mixed (unspecified)	unclear	15–99
Signal et al. (2013)	Whispering to horses: childhood sexual abuse, depression and the efficacy of equine facilitated therapy	Australia	15 children 15 adolescents 14 adult women	Children: Male (40) Female (60) Adolescents: Female (100)	23	Child group: 8–11 Adolescent group: 12–17
Siller et al. (2022)	An Examination of Bystander Opportunity and Behaviour Among Adolescents on an Indian Reservation	United States	144 middle and high school students living on an Indian reservation	Male (29) Female (71)	100	12–18
Siller et al. (2021)	"I learned that I am worth defending": A process evaluation of a sexual assault prevention program implemented on an Indian reservation	United States	Survey-102 adolescent girls Interview-18 community members	Survey: Female (100) Interview: Mixed (unspecified)	100 for survey respondents and interviewees	Survey: 12–18 Interview: 18–65

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Table 1 (continued)

Author (year) <sup>a</sup>	Title	Country	Number and characteristics of participants	Gender (%)	Indigenous participants (%)	Age
Smallbone et al. (2009)	Improving therapeutic engagement with adolescent sexual offenders	Australia	159 male adolescent sex offenders	Male (100)	35	11–18
Smith (2022)	Is this discursive Yentling? A critical study of an RCMP officer's interaction with a child sexual assault complainant	Canada	Interview with Royal Canadian Mounted Police and a female Indigenous minor	Survivor: Female (100) Officer: Male (100)	100	Adult and child
Van Toledo and Seymour (2016)	Caregiver Needs Following Disclosure of Child Sexual Abuse	New Zealand	59 families and 62 children	Male (11) Female (89)	31	Mean age 9.6
Weeks (2002)	Access and equity in services against sexual violence	Australia	66 services	Mixed (unspecified)	47	Adult

<sup>a</sup> The two literature reviews are not included in this table.

individual to experiencing CSA in Indigenous communities: being female; living with parents with substance misuse behaviours (particularly alcohol); having an “unhealthy” parent-child relationship; little or no parental supervision; and being subjected to overcrowded living conditions (Barsalou-Verge et al., 2015).

Despite all included publications addressing Indigenous-specific CSA, the majority of the publications did not disclose Indigenous leadership through author identity, governance, steering groups, or community partners. Moreover, almost half the publications included no or minimal context regarding the role of colonialism and historical oppression in creating the context for increased CSA risk among Indigenous people (Supplementary table S1).

### 3.3. The primary methods and focus of Indigenous CSA publications

Fig. 2 delineates the distribution of study types by country and year. The majority of studies are descriptive (49% of all studies). Almost 40% of studies were evaluations, comprising process evaluations (18%) and impact evaluations (20%). Process evaluations predominantly focused on prevention programs ( $n = 3$ ; Firmin & Rayment-McHugh, 2020; Siller et al., 2021, 2022) and traditional healing practices (Black et al., 2019; Heilbron & Guttman, 2000; Payne et al., 2013). One study examined caregivers' perspectives on a youth program (Edwards, Banyard, et al., 2022), another explored professionals' views on interview protocols (Hamilton et al., 2017), and a third investigated community perspectives on an intervention aimed at improving the reporting of CSA (Bailey et al., 2019). Impact evaluations either focused on engaging with individuals ( $n = 8$ ) or whole communities ( $n = 2$ ). Programs for individuals focused on: education ( $n = 5$ ; Carrington et al., 2019; Edwards et al., 2020; Edwards, Siller, et al., 2022; Mace et al., 2015; Smallbone et al., 2009); self-defence for youth ( $n = 1$ ; Edwards, Hopfauf, et al., 2022); and equine-facilitated therapy for survivors ( $n = 2$ ), which found statistically significant decreases in psychological stress and depressive symptoms (Kemp et al., 2014; Signal et al., 2013). Community-level program evaluations showed a statistically significant increase in the reporting of CSA (Bailey et al., 2015).

Fig. 2 also shows that few studies ( $n = 3$ ) focused on theory and methods (6%). Two of these studies examined interviewing techniques (Hamilton et al., 2016b; Smith, 2022) while the third investigated attitudes toward abuse in remote Indigenous communities (Bailey et al., 2016).

### 3.4. Distribution of the focus of studies across countries and over time

Table 2 shows the distribution of publications by their key area of focus: 11 publications on treatment and support, 10 on disclosure and reporting, nine on prevention, three on multiple aspects and 13 with no specific focus. Studies on treatment and support were mostly conducted in Australia ( $n = 6$ ), with two in Canada and one in New Zealand, one in the United States, and one in both Canada and New Zealand. Beyond Table 2, these studies examined a range of topics: coping strategies for survivors (Barker-Collo et al., 2012; Smallbone et al., 2009), traditional healing practices (Black et al., 2019; Heilbron & Guttman, 2000; Payne et al., 2013; Reeves & Stewart, 2017), equine therapy (Kemp et al., 2014; Signal et al., 2013), improved access and equity for services (Funston, 2013; Weeks, 2002), and caregiver support (Van Toledo & Seymour, 2016).

Of the 10 publications on disclosure and reporting, nine focused on the need for improved processes surrounding reporting of CSA through better investigative interviewing procedures (Bailey et al., 2015; Bailey, Powell, & Brubacher, 2017a; Bailey, Powell, & Brubacher, 2017b; Chenier et al., 2021; Chenier et al., 2022; Hamilton et al., 2016a; Hamilton et al., 2016b; Hamilton et al., 2017; Smith, 2022), and one study examined the factors associated with non-disclosure among CSA survivors (Braithwaite, 2018). Disclosure and reporting papers were predominantly from Australia ( $n = 6$ ), followed by Canada ( $n = 3$ ) and the United States ( $n = 1$ ).

Nine publications focused on prevention programs: six were educational programs (Carrington et al., 2019; Edwards et al., 2020; Edwards, Banyard, et al., 2022; Edwards, Siller, et al., 2022; Firmin & Rayment-McHugh, 2020; Siller et al., 2022), two were self-defence programs (Edwards, Banyard, et al., 2022; Siller et al., 2022), and one utilised a strengths-based approach aimed to foster agency in youth (Banyard et al., 2022). Nearly all the prevention studies ( $n = 7$ ) were carried out in the United States, with one each

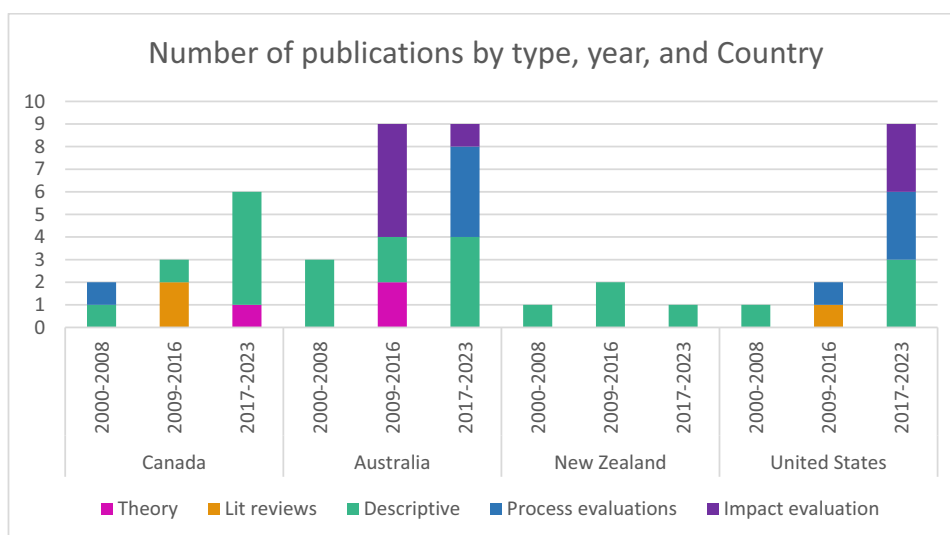


Fig. 2. Distribution of publications by type, year and country.

**Table 2**

Distribution of the focus of studies, by country and year.

	Prevention (n = 9)	Disclosure and reporting (n = 10)	Treatment or support (n = 12)	Multi (n = 3)	No specific focus (n = 14)	Total (n=48 <sup>a</sup> )
<i>Canada</i>						
2000–2008			1		1	2
2009–2016			1*		2**	3
2017–2023		3	1		2	6
<i>Australia</i>						
2000–2008			1	1	1	3
2009–2016		3	4	1	1	9
2017–2023	2	3	1	1	2	9
<i>New Zealand</i>						
2000–2008					1	1
2009–2016			2*			2
2017–2023					1	1
<i>United States</i>						
2000–2008					1	1
2009–2016			1		1**	2
2017–2023	7	1			1	9

<sup>a</sup> Two of the 46 publications included data from two countries and were counted twice to reflect the focus in each respective country. Asterisks are used to indicate the locations of twice counted publications.

from Australia and multiple countries.

### 3.5. Key findings and recommendation from studies

Supplementary Table S1 provides the detailed findings and recommendations from all studies.

## 4. Discussion

The number of Indigenous-specific CSA studies identified in this review was less than anticipated. This may reflect the sensitive nature of CSA, feelings of shame and anxiety, concerns about stigmatising communities or individuals, a fear of the legal system, and/or an understandable unwillingness to share data due to exploitative and stigmatising research that has undermined trust in non-Indigenous systems, organisations, or individuals (Bailey et al., 2015). For example, a national report from the USA (U.S. Department of Health, and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2025) noted a lack of access to sovereign records on several reservations. The limited literature may also reflect a historic unwillingness to prioritise adequately addressing Indigenous CSA-related consequences of colonisation, particularly in cases of CSA linked with government systems (e.g., out of home care and incidents of institutional abuse). There appear to be relatively few prevention initiatives, poor access to services and a need for culturally safe, multi-disciplinary CSA services for Indigenous

communities. Almost all publications recognise the need for Indigenous Peoples and communities to be actively involved in all steps of service design, development, implementation and evaluation. This could be achieved by creating community-based, Indigenous-led critical incident groups, comprising community members and organisations, and government agencies, to develop and drive local responses to CSA (Anderson & Wild, 2007; Ella-Duncan et al., 2006).

Most publications identified a need to expand Sexual Assault Referral Centres to provide a “one stop shop” service for survivors of sexual assault. The Barnabus model, for example, is designed to provide access to multiple child focussed professionals with expertise across a range of medico-legal issues (Johansson et al., 2017; Rasmusson, 2011). The feasibility of delivering this model is reflected in its wide-scale uptake across Europe and its adaptation and uptake in the United Kingdom (e.g., the Lighthouse Model; Johansson et al., 2017). The provision of a range of CSA services in one location allows survivors and their families to access timely, child-centred support in a non-threatening, community-based setting. This approach reduces the risk of re-traumatisation by avoiding repeated interviewing by different service providers, positively influences the healing and resilience of CSA survivors by including non-offending family members in the process (Borg et al., 2019; Payne et al., 2013), reduces stigma associated with CSA reporting and accessing services, and can strengthen community relationships with authorities (Carrington et al., 2019).

This review identified different ways in which Indigenous-led CSA programs have engaged with communities, to reflect their unique conceptualisations of family, community and relationality. One example is the Hollow Water program developed in Canada (Couture et al., 2001). It prioritises a holistic, comprehensive approach that focuses on primary prevention and continuous support for survivors, with the goal of simultaneously combining the need for healing with the pursuit of justice. This program is based on the concept of four circles: the Ojibwa circle of tradition and change; the “offender circle”, which focuses on current approaches to sex offender treatment and their relevance for Indigenous offenders; the “victim circle”, which emphasises the psychological effects of victimisation and related treatment techniques; and the hollow water circle, which is based on individuals’ reflections on the Hollow Water experience (Couture et al., 2001). Another example, developed in Australia, is Operation RESET (Bailey et al., 2015). This community-driven initiative aims to increase CSA reporting while simultaneously supporting service agencies to more actively prevent, and appropriately respond to, CSA. Operation RESET comprises four distinct strategies: being proactive, by bringing specialised services to communities; building capacity, by improving the skills and knowledge of both professionals and communities; providing holistic and integrated services, to optimise client access and engagement with required services; and building trust, to build genuine engagement with RESET and its associated services.

This review also demonstrates how Indigenous communities have explored restorative justice alternatives for CSA perpetrators, as opposed to solely relying on approaches that are increasingly reactionary and punitive (Anderson & Wild, 2007; Ella-Duncan et al., 2006; Ombudsman New South, W, 2013). New Zealand’s specialist prison program (“Kia Marama”), for example, engaged male perpetrators in a 33-week program that reduced their risk of re-offending by at least 50% (Anderson & Wild, 2007; Hudson et al., 2002). Another example is Hollow Water’s Community Holistic Circle Healing process, in which separate teams engage simultaneously with CSA survivors and perpetrators (Couture et al., 2001; Ella-Duncan et al., 2006). This program gives perpetrators the opportunity to either admit their guilt and undergo a five-year, court-validated healing program, or to not admit their guilt and proceed through the mainstream criminal justice system.

In terms of the international distribution of CSA studies, a disproportionately high number were published in Australia between 2009 and 2016. This most likely reflects the increased attention on CSA in Australia following the 2006 Northern Territory Government inquiry into the Protection of Aboriginal Children from Sexual Abuse (Anderson & Wild, 2007) and jurisdictional reports into CSA that focused on Aboriginal and Torres Strait Islander communities. These were followed by the Royal Commission into Institutional Responses to Child Sexual Abuse from 2013 to 2017 (Commonwealth of Australia, 2017). From 2017, however, the number of Australian CSA publications has decreased while the number of Canadian and USA CSA publications has increased. It is also worth noting that the Australian Child Maltreatment Study (Haslam et al., 2023) did not explore experiences specific to Indigenous children as they lacked the appropriate methods to do so ethically. As such, national level data in Australia, is missing exploration of the socio-economic and colonial context integral to Indigenous-specific CSA.

The most frequent types of studies published were descriptive studies, which is consistent with other areas of Indigenous health research (Clifford & Shakeshaft, 2017; Sanson-Fisher et al., 2006). Methodologically robust descriptive studies expand, or increase the precision of, the existing knowledge base and identify key knowledge gaps. The Canadian Incidence Study of Reported Child Abuse and Neglect and the Canadian First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect are notable examples of descriptive studies that facilitates ongoing monitoring, appropriate contextualization and effective dissemination of the impact of child abuse; the latter specifically for First Nations communities (Fallon et al., 2021; Trocmé et al., 2001). The over-representation of descriptive publications identified in this review, however, may suggest that more effort is focused on describing CSA and less on the evaluation of intervention programs designed to prevent or mitigate its occurrence. There does seem to be a small increase in process and impact evaluation research in Australia and the USA, which may suggest growing recognition of the limitations of descriptive publications and the need for high quality evaluations of interventions to inform service delivery and strategic policy settings.

The numbers of publications focused on prevention, disclosure and reporting, and treatment and support are comparable. The prevention literature, however, was almost exclusively generated in the USA from 2017 to 2023, while the Australian and Canadian literature has focused more on disclosure and reporting, and treatment and support. Whilst there is unequivocal value in these secondary (disclosure and reporting) and tertiary (treatment and support) intervention strategies, in terms of reducing reoffending, mitigating the extent of harm experienced by survivors through support, and minimising inter-generational transmission of trauma, the likelihood that they will significantly reduce the short-term incidence of CSA is limited. Consequently, this finding highlights a clear need for more impact and process evaluation of primary prevention programs in CANZUS Indigenous populations.

Across all intervention publications, and consistent with calls from Indigenous communities at the local and international level, the

need to consider culture, and involve Indigenous community members and youth in program development and implementation emerged as a key theme (Anderson & Wild, 2007; United Nations General Assembly, 2007; Braithwaite, 2018; Carrington et al., 2019; Chenier et al., 2021; Institute of Urban Indigenous, 2022; Weeks, 2002). Despite this, only a small proportion of publications prioritised the use of culturally appropriate measures and techniques across all methods and program targets (Black et al., 2019; Heilbron & Guttman, 2000). Further, very few of the included publications explicitly reported Indigenous leaderships and many of the publications failed to acknowledge the role of colonisation in creating the socio-economic context in which CSA is demonstrably more likely to occur.

#### 4.1. Limitations and future research

This review has a number of limitations. First, it was limited to CANZUS countries and had a focus on academic databases. Although a more thorough examination of the grey literature and the inclusion of all countries may have identified other reports or papers that were not included in this review, the availability and methodological quality of any such reports is likely to be highly variable.

Second, the scope of this review was limited by excluding studies where CSA was not the clearly stated focus. This criterion excluded more studies than any other criteria ( $n = 73$ , Fig. 1; 40% of all studies examined for eligibility). This means a number of topics closely related to CSA were excluded, such as peer-to-peer dating violence, sex trafficking, and remote crimes including online exploitation and child pornography. Separate reviews targeting these CSA-related topics would create a more complete picture of the impact of, and responses to, Indigenous-related CSA.

Third, Bailey and colleagues raised concerns about the accuracy of data on the Indigenous identity of both CSA survivors and perpetrators (Bailey, Powell, & Baksheev, 2017c). This issue is further complicated by the occurrence of CSA in multi-racial families and communities. Given the partners of mothers are disproportionately likely to be perpetrators of CSA at home (Deckert, 2020), and that at least 50% of Indigenous women report having had non-Indigenous partners (Biddle, 2013; Wang, 2015), it is likely that many Indigenous children experience CSA from non-Indigenous perpetrators even within home settings. Similarly, a disproportionately high number of Indigenous children are engaged in the child protection system which poses a significant risk of CSA, and this risk is unlikely to be solely linked to Indigenous perpetrators (Commonwealth of Australia, 2017). The extent to which this review captures the full spectrum of CSA-related harm imposed on Indigenous children is unclear, but it is likely to be under-examined.

## 5. Conclusion

This systematic scoping review clearly identified a need for more Indigenous-specific CSA research, especially for high-quality evaluation research to balance the current over-representation of descriptive studies. Evaluations of Indigenous-led CSA prevention programs may be most beneficial given they are relatively scarce, especially in Australia and Canada. The existing literature also highlights the importance of ensuring that Indigenous CSA research is led by Indigenous people and includes their active involvement in all stages of service design, development, implementation and evaluation. Examples of how this can be done were identified, such as Hollow Water and Operation RESET.

### CRedit authorship contribution statement

**Sarah Graham:** Writing – original draft, Methodology, Formal analysis, Conceptualization. **Saira Mathew:** Writing – review & editing, Writing – original draft, Project administration, Methodology, Formal analysis. **Kiara Minto:** Writing – review & editing, Project administration, Formal analysis. **Birri O’Dea:** Writing – original draft, Methodology, Formal analysis, Conceptualization. **Stephen Harfield:** Methodology, Formal analysis. **Judith A. Dean:** Writing – review & editing. **James Ward:** Writing – review & editing, Methodology, Conceptualization. **Anthony Shakeshaft:** Writing – review & editing, Methodology, Formal analysis, Conceptualization.

### Positionality statement

The author team comprises Aboriginal (Kombumerri; Narungga and Ngarrindjeri; Gungalu and Birri-Gubba; and Pitjantjatjara and Narungga) and non-Indigenous researchers. We are a multidisciplinary team with backgrounds in clinical psychology, social psychology, nursing, pharmacy, public health, service provision, and activism. Our areas of expertise include information synthesis, working with abuse survivors, Aboriginal and Torres Strait Islander health, adolescents and young people, sexual and reproductive health and justice, drug and alcohol use, violence prevention, and social, cultural, and commercial determinants of health. Our collective cultural affiliations, expertise, and professional and lived experiences inform the cultural safety, priorities, and synthesis of the information presented in this manuscript.

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## Declaration of competing interest

None.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chiabu.2026.107921>.

## Data availability

The manuscript is a review. Data is held by the original authors of publications.

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