



**Sexual Assault
Services Victoria**

National Plan to Reduce Violence against Women and Children

Submission
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For further information:

Kathleen Maltzahn

Chief Executive Officer, Sexual Assault Services Victoria

Libby Eltringham

Policy Officer – Sexual Assault Services Victoria

sasvic.org.au

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About Sexual Assault Services Victoria

Formerly CASA Forum, Sexual Assault Services Victoria (SAS Victoria) is the newly incorporated and expanded peak body for sexual assault services and harmful sexual behaviour services.

SAS Victoria shares a vision for a world free from sexual assault and violence. We know that sexual assault is both a consequence and reinforcer of the power disparity that exists largely between men, women and children. It also happens within families and in multiple other settings and types of relationships, including within the LGBTIQ+ community.

Sexual assault occurs along a continuum of violent behaviour, from uninvited sexual behaviour that makes the recipient feel uncomfortable, harassed, or afraid; unwanted touching or remarks; sexual harassment; coerced sexual activity; to rape with physical violence and threat to life. SAS Victoria and our member services work with survivors across this range of sexual abuse.

We believe in the power to prevent sexual assault and violence with coordinated social, cultural and political action. This action exposes the gendered nature of sexual assault and challenges the context in which sexual assault is able to thrive.

We also believe in the possibility of recovery from sexual assault and family violence when systems are in place to provide timely and appropriate support. We advocate for services that address trauma and empower service users through a victims' rights model.

SAS Victoria aims to build a consistent, responsive, quality, coordinated service system, that promotes the rights and recovery of victim survivors of sexual assault and addresses the social and systemic factors that contribute to harmful sexual behaviours in children and young people impacted by violence and abuse. We work with victim survivors of current, recent and historical crime, committed against adults and children, and perpetrated within families, institutions and other groups, settings and contexts.

We provide crisis and therapeutic interventions, conduct community education and training, and client and systems advocacy.

Our work is based on our shared understanding of the causes, consequences and impact of sexual assault.

Our advocacy is founded on service user experiences.

We bring over 30 years of evidence-based practice knowledge, and practice-based evidence wisdom to the task of reforming system responses to sexual assault. We aim to help shape and guide systems to ensure service users are able to get the support they need when they need it.

Introduction

SAS Victoria welcomes the opportunity to contribute to the development of the next *National Plan to Reduce Violence against Women and Children* (the National Plan). This submission speaks to the issues faced by victim survivors (children and adults) of sexual violence and assault; what is required to support people who are experiencing sexual violence; and what needs to happen to prevent sexual violence.

We recognise the significant contribution the fourth action plan made to preventing and responding to violence against women and children, including sexual assault. We acknowledge the significant increases in public exposure and community understanding of violence against women and children in recent years, including, in our state of Victoria, historic investment in work to prevent and respond to family violence. We welcome these changes. The next national plan can build on this foundational work by better acknowledging and responding to sexual assault, in all settings, whether familial, institutional or other, and in all forms, including sexual harassment and rape.

We note previous work to address sexual assault, such as the Commonwealth Royal Commission into Institutional Responses to Child Sexual Abuse, and in terms of sexual assault in the context of family violence, the Victorian Royal Commission into Family Violence. We support the recommendations of these royal commissions, and note the ongoing work needed to prevent these forms of violence, hold perpetrators to account and promote recognition, recovery and restitution for victim survivors.

SAS Victoria is a signatory to the joint letter from a national coalition of specialist family, domestic and sexual violence peak bodies and lead organisations, and supports these recommendations. This submission seeks to highlight issues particular to sexual assault and abuse, based on our work with survivors.

Recommendations

1.	We recommend that the National Plan develop a comprehensive definition of sexual abuse and assault that covers the continuum of sexual violence and promote shared use of this definition.
2.	We note the need for more comprehensive data on the prevalence of childhood sexual abuse in Australia, and we recommend resourcing work to establish prevalence levels of childhood sexual abuse in Australia.
3.	We recommend that that National Plan incorporate key policy areas for action identified in the Women’s National Health Strategy 2020-2030
4.	We recommend that greater data collection and research on the impact of sexual abuse be funded.
5.	We recommend that federal and state funding for specialist sexual assault services be increased to address heightened need for services.
6.	We recommend that services for children and young people include outreach services, mentoring and community-based supports as well as specialist therapeutic services. Such services should be inclusive of supports for parents/carers, both in assisting them to support the recovery of the children and young people, but to also be supported to recover from the impact on them of discovering the sexual abuse of a child or young person in their family.
7.	We recommend greater funding for specialist sexual assault services to provide training and other capacity building in trauma-informed care to service providers.
8.	We recommend that jurors in sexual assault cases are informed about the impact of sexual abuse and educated about myths about sexual assault.
9.	We recommend that legal systems are reformed to ensure victim survivors are not further traumatised by legal and judicial processes, including reducing the hostile and adversarial nature of criminal trials.
10.	We recommend greater funding for community education on communicative consent.
11.	We recommend increased screening for sexual assault by family violence and other services, and support to improve information sharing and referrals between other services and specialised sexual assault services.

	We recommend greater investment in information and access to justice and support services for victim survivors in rural, regional and remote areas.
12.	We recommend the development of mechanisms to provide residents of aged care and disability settings with clear information and safe avenues for lodging complaints and accessing specialist sexual assault services.
13.	We recommend greater collection and public release of data in aged care and disability settings.
14.	We recommend that federal and state governments prioritise research on working with child and youth victim survivors as victims in their own right and improving responses that facilitate recovery from sexual abuse.
15.	We recommend that the national plan recognise the impact of gendered issues such as lack of affordable childcare and the gender pay gap on women's status and the link to violence against women and children.
16.	We recommend that prevention work include an expanded and explicit focus on sexual assault, including sexual assault outside the familial context.
17.	We recommend that funding be provided so that all schools can employ a Respectful Relationships Educator, to allow them to implement a 'whole of school' approach that includes teaching and non-teaching staff, students, and parents.
18.	We recommends that specialist sexual assault services are funded to provide specialist respectful relationships education.
19.	We recommend that the National Plan address the issue of pornography more comprehensively and include strategies for developing this work in more detail. Future research in this area should also consider children under the age of 14.
20.	We recommend that the National Plan support greater investment in national health promotions campaigns that define sexual assault, explain consent and promote a zero tolerance approach to violence against women and children.
21.	We recommend that the investment in communications and campaigns be expanded to consistent messages regarding respectful relationships, sexual assault and clear help-seeking directions.

Sexual assault in Australia

Definition

We note that the fourth action plan defines sexual assault or sexual violence as including rape, sexual assault with implements, being forced to watch or engage in pornography, enforced prostitution, and being made to have sex with friends of the perpetrator. Building on this definition, SAS Victoria further understands the definition of sexual abuse to include a range of behaviours including uninvited sexual behaviour that makes the recipient feel uncomfortable, harassed, or afraid; stalking; unwanted touching or remarks; sexual harassment; coerced sexual activity; rape with physical violence and threats to life. We note the need for a shared and comprehensive definition of sexual abuse and assault, covering the continuum of sexual violence.

We recommend that the National Plan develop a comprehensive definition of sexual abuse and assault that covers the continuum of sexual violence and promote shared use of this definition.

Prevalence

Sexual assault is a severe, harmful and traumatic form of violence. It is common in Australia and is largely a gendered crime that occurs across all age groups.

Sexual abuse and assault can occur across a person's lifespan – from childhood, in adolescence, through adulthood, in senior years, and up to their death.

Children and young people experience sexual abuse at the hands of trusted carers, family members, and people known to them.

Many women and girls experience inequality, discrimination, and lack of safety in many domains of their lives - in intimate relationships, in families of origin, educational and institutional settings, workplaces, faith organisations, in sporting associations and in public and other community settings. Most victim survivors are female, and most perpetrators are male¹.

Some of our member services report that they are responding to a growing number of children and young people. One service reports that 13.5% of their clients are aged less than 18 years; 32% are under 24 years; and 47% are under 29.

A 2020 Australian Institute of Health and Welfare InFocus report on 'Sexual Assault in Australia'² noted that the 2016 PSS estimated that about 1.4 million Australian adults (7.7%) experienced sexual abuse **before the age of 15** (ABS 2017).

In relation to child sexual assault, it reported that '*sexual abuse is a broader term than sexual assault and includes any sexual activity beyond the understanding of the child or contrary to accepted community standards. For example, forcing a child to watch or hear sexual acts, taking sexualised photos of a child, and sexually explicit talk, are all forms of sexual abuse*'.

¹ SAS Vic notes that while men are also victims of sexual assault, in this submission we have used the pronoun 'she' in acknowledgment of the largely gendered nature of sexual assault and most victims being female.

² Australian Institute of Health and Welfare 2020. Sexual assault in Australia. Cat. no. FDV 5. Canberra: AIHW

That report also found that *'there is currently no prevalence measure for sexual assault against children aged 0–14 [in Australia].'*³

In Australia⁴, almost 2 million Australian adults have experienced at least one sexual assault **since the age of 15.**

In 2017-18, one in three hospitalised sexual assault cases identified a spouse or domestic partner as the perpetrator; and in 2018, the rate of police-recorded sexual assault was almost seven times as high for females as males. It is also underreported - half of women did not seek advice or support after their most recent incident of sexual assault perpetrated by a male.

Moore et al (2010)⁵ also reported that the prevalence of child sexual abuse was substantially higher among girls (14-20%) than boys (3-10%) amongst their sample of almost 2000 adolescents in Australia.

A 2019 AIFS snapshot of family, domestic and sexual violence reported that children were more vulnerable to family, domestic and sexual violence, and that in relation to sexual abuse perpetrated before the age of 15, women were more likely to have experienced abuse perpetrated by a family member (5.5%) compared to men (0.9%). Women also experienced sexual abuse by a non-family member at higher rates than men (6.0% for women, compared to 3.6% for men)⁶

The Cost of Child Abuse in Australia Report 2008⁷ found that in selected studies of the duration of childhood sexual abuse:

- Among a community sample of women who had experienced childhood sexual abuse, the duration of abuse was more than one year for 43% of episodes (Fleming (1997))
- In a sample of women entering an outpatient treatment program for survivors of childhood sexual abuse, around half of whom reported abuse by more than one perpetrator, with the duration of sexual abuse by the first perpetrator lasting on average 5.05 years (Gold et al (1996)).
- A Canadian study of 775 women enrolled in psychology found that 143 reported a history of childhood sexual abuse and 153 reported a history of child physical abuse prior to age 18, with the duration of the child sexual abuse ranging from two to 14 years (Runtz (2002)),
- A study of homeless and runaway adolescents found that the duration of sexual abuse ranged from less than one year to 12 years. (Tyler et al (2002)).

We note the need for more comprehensive data on the prevalence of childhood sexual abuse in Australia, and we recommend resourcing work to establish prevalence levels of childhood sexual abuse in Australia.

³ Australian Institute of Health and Welfare 2020. Sexual assault in Australia. Cat. no. FDV 5. Canberra: AIHW

⁴ Australian Institute of Health and Welfare 2020. Sexual assault in Australia. Cat. no. FDV 5. Canberra: AIHW

⁵ Moore, E, Romaniuk, H, Olsson, C, Jayasingher, Y, Carlin, J & Patton, G. (2010) the prevalence of childhood sexual abuse and adolescent unwanted sexual contact among boys and girls living in Victoria, Australia. *Child Abuse & Neglect*, 34(5), 379-385

⁶ <https://www.aihw.gov.au/reports/australias-welfare/family-domestic-and-sexual-violence>

⁷ The Cost of Child Abuse in Australia Report 2008 (Access Economics Pty Limited, Australian Childhood Foundation and Child Abuse Prevention Research Australia at Monash University)

Nature, dynamics & drivers of sexual violence

There is widespread community ignorance about the nature, dynamics and prevalence of sexual assault. The public and media narrative is still largely focused on stranger rape, despite the evidence that sexual assault is commonly perpetrated in families, and by people known to the victim.

The reluctance of the system to name intra-familial sexual assault exacerbates the already substantial barriers that victims face in reporting. As with any complex issue or problem, if it's not named, it can't be addressed, or solutions developed. Intra-familial sexual assault must be named in the next National Plan, made more visible and addressed more comprehensively than it was in the last National Plan.

Sexual abuse in other institutions such as schools and other community and religious settings should also be acknowledged and addressed.

Widespread gender-based inequality enables and perpetuates violence against women and children at all levels of society. The perpetrator's sense of entitlement to power and control sits behind all forms of abuse and violence, including sexual assault.

The National Community Attitudes Youth Survey⁸ highlighted that while young men support gender equality for women in public life, many still think it's right for them to be 'in charge' in the private domains of their relationships with girlfriends. There is a need for a clear theory of change to understand how to change attitudes at this level, to address such entrenched attitudes and male sense of entitlement to sex and to sexual gratification.

Additionally, however, the dynamics associated with the intrafamilial sexual abuse of children by other children and young people (sibling sexual abuse in particular) also include such factors as significant ruptures in attachment relationships and the impact of relational traumas experienced by young people, typically in the context of family violence (Caffaro & Conn-Caffaro, 2013⁹; Sroufe, 2005¹⁰; Worling, 1995)¹¹.

The National Plan must include strategies to reduce sexual assault along a continuum from primary prevention; early intervention; crisis responses; criminal justice interventions; through to support and recovery for all victim survivors.

Preventing and reducing sexual violence will not happen without widespread cultural and attitudinal change across the community and within our institutions. There is a need to 'make the private more public'.

⁸ Politoff, V., Crabbe, M., Honey, N., Mannix, S., Mickle, J., Morgan, J., Parkes, A., Powell, A., Stubbs, J., Ward, A., & Webster, K., (2019). Young Australians' attitudes to violence against women and gender equality: Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS) (ANROWS Insights, Issue 01/2019). Sydney: ANROWS.

⁹ Caffaro J. & Conn-Caffaro, A (2013). Sibling abuse trauma: Assessment & intervention strategies for children, families and adults, Haworth Press:NY

¹⁰ Sroufe, A. (2005) Placing early attachment experiences in developmental context. In K.E. Grossmann, K. Grossman & e. Waters (Eds), attachment from infancy to adulthood: The major longitudinal studies, pp48-70

¹¹ Worling, J.R. (1995) Adolescent sibling-incest offenders: Differences in family and individual functioning when compared to adolescent nonsibling sex offenders. *Child Abuse & Neglect* 19(5), 633-643

Interconnected nature of sexual abuse and other forms of violence

We note that there is a deep connection between sexual abuse and other forms of violence, with many victim survivors experiencing a range of gendered violence, by individual perpetrators as well as by multiple perpetrators.

As an example of this, our services report that when women seek support for their children in relation to experiences of sexual abuse, or for harmful sexual behaviours (HSB), this can often lead to them disclosing their own experience of childhood sexual abuse for the first time. Related to this, we note that children using harmful sexual behaviours have frequently been exposed to family violence, with Quinton (2009)¹² noting that 94% of the young people referred to in a study of harmful sexual behaviour clients had experienced family violence.

We note the need for more data about co-occurring forms of violence against women and children, whether perpetrated simultaneously or over time, or by one or multiple perpetrators.

¹² Quinton, V (2009). Towards an understanding of children and young people who exhibit sexually abusive behaviour. The introduction of therapeutic treatment orders in Victoria. Unpublished Masters thesis.

Issues for people experiencing sexual violence

Impact of sexual assault

The impact of sexual assault on the lives of victim survivors is multi-faceted and complex, with emotional, social, psychological, legal, health and political consequences. The impact can be compounded by other factors including sex, gender, culture, race, ethnicity, age, sexuality, religion, geography, ability and socio-economic class. It can also be influenced by factors such as the victim's relationship to their abuser; the age at which the abuse first occurred; the severity of the physical abuse; the extent of psychological abuse; length of time between the assault and reporting; the frequency of the assault (one off or repeated); dealings with police, health system and courts following the assault; personal history, including previous exposure to sexual abuse; and responses from family and friends.

Impacts on adults

Shame, anxiety and intense fear are the most common responses following sexual assault. If the victim has previously experienced the world as a safe place, this assumption can be shattered. She may now feel the world is untrustworthy and unsafe. This can lead to avoidance of social activities, work and her community. This is particularly profound when the perpetrator is her intimate partner. For some women, a sexual assault may reinforce any thoughts she had about herself as a person with no value. She may already think the world is a dangerous place and that women like her aren't safe anywhere. She may feel that she has no control over this happening again, and not only does the sense of shame leave her feeling that she in fact deserved this assault, but it is one of the primary factors, along with a fear of being disbelieved, that prevents women from disclosing sexual assault.

It is not uncommon for victims of sexual assault and violence to also feel blame for what occurred to them based on societal beliefs and attitudes that a victim's behaviour, dress or sexual history contributed to her being assaulted.

Impacts on children

Children and young people may take months or years to talk about the abuse. The abuser may have made threats about what would happen if they told. Some children may lack the language to describe what they experienced. They often feel overwhelmed by the trauma of the abuse; may feel anger towards the abuser, or even more often ambivalence towards the abuser and about their own (misguidedly) perceived part in what occurred; anxiety in relation to people and other triggers that remind them of the abuser; feel betrayed by other adults because they failed to stop it; and be angry at themselves for not stopping the abuse. They may experience a sense of shame because the abuser has made them believe it was their fault, or, as what typically happens through a process of grooming, primed them to believe that they were special and complicit. Withdrawal from family and friends and disengaging from school and social activities can be common.

Some children, however, may become focused on and committed to high achievement and aim for perfection. In doing so they aim to singlehandedly expunge their experience of abuse

and the negative sense of self that comes with that experience, yet in fact they often set themselves up for disappointment and what becomes a self-fulfilling prophecy of their perception of themselves as failures.

There is also significant evidence regarding the neurological impact of child sexual abuse (Fisher, 2003¹³; Perry, 1997¹⁴, 1999¹⁵; Schore, 2011¹⁶; Solomon & Seigel, 2003)¹⁷. Children who have experienced particularly chronic sexual abuse are more likely to develop attachment templates and neurological sensitivities that leave them struggling to engage in meaningful, trusting relationships as they develop and which make them prone to engaging in reactive behaviours and mental health difficulties (Perry, 1997, 1999)¹⁸.

Impacts related to reporting abuse and its aftermath

Legal proceedings, medical examinations, being with men or in a location that reminds the victim of the assault can trigger flashbacks and feelings of dread. Fears of future attacks and other harm can follow sexual assault. For children and young people, the fear of becoming a perpetrator, confusion about their sexuality and a sense that they will for ever be identified as a sexual abuse victim and different from their peers, is significant.

Impacts on mental and physical health

Fears of contracting a sexually transmitted disease, HIV, or becoming pregnant are also common. Women who experience intimate partner violence or sexual violence are more likely to report poorer mental health, physical function, and general health, as well as higher levels of bodily pain.¹⁹ Mental health difficulties, including depression and anxiety disorders, have been consistently linked to experiences of child sexual abuse, especially in adolescents (Cashmore & Shackel, 2013²⁰; Gilbert et al., 2009²¹; Harkness & Lumley, 2008²²; Segal, 2013)²³. Frederico, et al (2008)²⁴ found that 62% of children referred to a therapeutic health service for children who had been abused or neglected (Take Two Program) met the criteria for at least one mental health diagnosis.

¹³ Fisher, J. (2003). Working with the neurobiological legacy of early trauma. Paper presented at American Mental Health Counsellors Annual Conference.

¹⁴ Perry, B (1997). Incubated in terror: Neurodevelopmental factors in the cycle of violence. In J. Osofsky (ed.) Children in a violent society, pp 124-149. Guilford Press:NY

¹⁵ Perry, B. (1999). Memories of fear: How the brain stores and retrieves physiological states, feelings behaviours and thoughts from traumatic events. In M.M> Goodwin and R. Attias, (Eds.), Splintered reflections: Images of the body in trauma, pp 27-52. Guilford Press:NY

¹⁶ Schore, A. (2011). The science and art of psychotherapy. WW Norton:NY

¹⁷ Solomon M.F. & Seigel, D.J. (2003). Healing trauma: Attachment, mind, body and brain. WW Norton:NY

¹⁸ Ibid (Perry, B.1997, 1999)

¹⁹ Loxton D, Dolja-Gore X, Anderson AE, Townsend N. Intimate partner violence adversely impacts health over 16 years and across generations: A longitudinal cohort study. PLoS One, 2017; 12(6): e0178138.

²⁰ Cashmore, J. & Shackel, R. (2013) The long-term effects of child sexual abuse. CFCA Paper No. 11

²¹ Gilbert, R., Spatz-Widom, c., Browne, K. & Fergusson, d. (2009). Child maltreatment: burden and consequences of child maltreatment in high-income countries. The Lancet 373(9657), 68-81

²² Harkness, K. & Lumley, M. (2008). Child abuse and neglect and the development of depression in children and adolescents. In J.R.Z. Abela & B.L. Hankin (Eds.) Handbook of depression in children and adolescents Guildord Press, pp466-488

²³ Segal, L. (2013) Where to invest to improve health and wellbeing in children? What are the best busy for supporting families? Health Economics collaborative Seminar Series

²⁴ Frederico, M, Jackson, A & Black, C. (2008). Understanding the impact of abuse and neglect on children and young people referred to a therapeutic program. Journal of Family Studies, 14, 342-261

Thoughts about suicide are more common amongst those who have experienced sexual assault than in the general population. Younger women have a higher risk of attempting suicide following rape. Studies that have explored the aftermath of child sexual abuse have noted significant rates of suicidal ideation and suicide attempts associated with such experience (Lopez-Castroman, et al., 2013²⁵; Schroder et al., 2018²⁶; Sigurdattottir et al, 2014²⁷; Sigurdattottir & Halldorsdottir, 2018)²⁸.

Evidence about the health impacts of sexual assault and other forms of violence is also captured in the National Women's Health Strategy 2020-2030.²⁹ That Strategy identifies policy gaps and key priority areas for action that are yet to be implemented, to address and mitigate the health impacts of violence against women and girls. They need to be embedded into the next National Plan to Reduce Violence against Women and Children. Similarly, a study by the Australian Institute of Family Studies has drawn clear connections between adverse childhood events within families (including family violence and sexual abuse) with negative impacts that reach into adulthood (Price-Robertson, Smart & Bromfield, 2010)³⁰.

Both the Australian Institute of Health and Welfare (AIHW)³¹ and the World Health Organisation (WHO)³² reported 'child sexual abuse' as a risk factor for disease and injury in their burden of disease studies while Cashmore & Shackel (2013)³³ reported a range of adverse impacts of child sexual abuse for children and adolescents across multiple domains.

The AIHW reported that child sexual abuse was responsible for 0.9% of the total burden of disease and injury in 2003 for Australia; the majority (68.4%) of which was reported to be through anxiety and depression, suicide and self-inflicted injuries as well as alcohol abuse.

Cashmore & Shackel (2013)³⁴ noted the broad spectrum of impacts of child sexual abuse on children and young people, into adulthood, across the diverse domains of mental health, social, sexual, interpersonal, behavioural and physical health. They noted, however, that more specific understanding of such impacts for boys remains a gap as does a clearer understanding of variables that mediate the impacts for survivors.

It goes without saying, however, that the provision of timely and specialist support that addresses the trauma of sexual assault can prevent long term harms. The potential for timely

²⁵ Lopez-Castroman, J, Melhem, N., Birmaher, B., Greenhill, L., Kolko, d., Stanley, B., Zelaazny, J., Brodsky, B., Garcia-Nieto, R., Burke, A., Mann, J., Brent, D. & Oquendo, M. (2013) Early childhood sexual abuse increases suicidal intent. *World Psychiatry*, 12(2), 149-154

²⁶ Schroder, J., Nick, S., Rcihter-Appelt, H, & Briken, P. , (2018). Psychiatric impact of organized and ritual child sexual abuse: Cross-sectional findings from individuals who report being victimized. *International Journal of Environmental research and Public Health*. 15(11), 2417-2434.

²⁷ Sigurdattottir, S. & Halldorsdottir, S. & Bender, S. (2014). Consequences of childhood sexual abuse for health and well-being: Gender similarities and differences. *Scandinavian Journal of Public Health* 42(3), 278-286

²⁸ Sigurdattottir, S. & Halldorsdottir, S. (2018). Screaming body and silent healthcare providers: a case study with a childhood sexual abuse survivor. . *International Journal of Environmental research and Public Health*. 15(1).

²⁹ National Women's Health Strategy 2020-2030, Australian Government Department of Health 2018. [National Women's Health Strategy](#): (pp41-43)

³⁰ Price-Robertson, R., Smart, D. & Bromfield, L. (2010). *Family Matters*, 85, 7-17

³¹ Australian Institute of Health and Welfare (2007) Begg et al. The burden of disease and injury in Australia 2003, Canberra: AIHW

³² World Health Organization 2009. *Global Health Risks: Mortality and burden of disease attributable to selected major risks*.

³³ Cashmore, J. & Shackel, R. (2013) The longterm effects of child sexual abuse. CFCA Paper No. 11

³⁴ Ibid

and specialist support to make a difference in the future lives of children and young people who have been sexually abused was no more poignantly brought to community attention than by the many respondents to the Royal Commission into Institutional Child Sexual Abuse; many of whom lived with their shame and their secret for decades.

We note that there is a need for a more comprehensive understanding of the impact of sexual abuse, including the relationship between sexual abuse and other forms of violence, including family violence, the impact of multiple occurrences of sexual abuse, the impact of different forms of sexual abuse, including sexual harassment and the factors that mediate outcomes and facilitate recovery. In particular, much of what is understood about the impact of childhood sexual abuse is from what has been learned from adult survivors. Whilst this has provided invaluable learnings, the voices of children and young people have remained relatively unheard. Studies that have sought to understand young people's experiences post disclosure are few in number and generally not from the Australian experience (Nelson-Gardell, 2001³⁵; Staller & Nelson-Gardell, 2003³⁶; Rogers, 1993³⁷). A commitment to hearing, witnessing, understanding and learning from children and young people, however, creates an opportunity to challenge the experiences of dismissal and invalidation that they would have had in being sexually abused.

We recommend that that National Plan incorporate key policy areas for action identified in the Women's National Health Strategy 2020-2030.

We acknowledge the current ANROWS study underway, being led by Prof Deb Loxton - A life course approach to determining the prevalence and impact of sexual violence in Australia: the Australian Longitudinal Study on Women's Health. and **we recommend that greater data collection and research on the impact of sexual abuse be funded.**

Barriers to disclosure, reporting and legal redress

Victim survivors face multiple barriers to disclosing and reporting sexual assault; to accessing suitable supports; and difficulties in seeking and accessing justice even when they do report.

Survivors report feelings of shame, overwhelm, fear of the perpetrator and repercussions; fear they won't be believed; that they will be blamed for the assault; and feeling unable to cope with the additional stress of reporting and of being caught up in lengthy legal processes while being impacted by and recovering from trauma. A common response after recent sexual assault is 'I just want to forget'. This impacts on victim survivors' ability to access therapeutic and justice-related services

In ordinary times, the barriers to disclosing and reporting sexual assault in order to access services and receive support are enormous. COVID-19 has added layers and additional obstacles to reporting particularly in relation to intra-familial sexual assault.

³⁵ Nelson-Gardell, d (2001). The voices of victims: Surviving child sexual abuse. *Child and Adolescent Social Work Journal* 18(6) 401-416

³⁶ Staller, K & Nelosn-Gardell, D. (2003). "A burden in your heart": Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse. *Child Abuse & Neglect*, 29, 1415-1432

³⁷ Rogers, A. (1993). Voice, play and a practice of ordinary courage in girls' and women's lives. *Harvard Educational Review*, 63(3), pp265-295

Victim survivors need information and support: in understanding that what they've experienced is a crime; in knowing where to go for help; in accessing the most appropriate support service; and in navigating the service system.

Our member agencies express concern that intimate partner sexual violence is perceived in the community as less serious than other sexual crimes. When victim survivors of sexual assault that has occurred in an intimate partner relationship context report, it is often seen as 'too hard' to criminally pursue, both by victim survivors and police.

Our services report that few sexual abuse cases relating to children and young people ever get to court. Many cases are reported to Police but do not proceed due to the child's age, the evidence available and judgements made that the report will not succeed in Court.

Different service user groups experience additional barriers to support and justice. Many aspects of a victim survivor's identity and life experience intersect with how they experience discrimination and access to services (eg disability, ethnicity, sexuality, gender identity, class, revictimisation etc). They require targeted solutions to increase agency, support, reporting and access to justice. We address some possible solutions throughout this submission.

Aboriginal and Torres Strait Islander communities

People from Aboriginal and Torres Strait Islander communities are less likely to report sexual assault or proceed through the legal system for a range of reasons. The ongoing impacts of colonisation contribute to a lack of trust of the system in general for First Nations people.

They already face discrimination and other barriers to support and justice and are seriously overrepresented in the prison system. Children are also removed from families by Child Protection at rates that outstrip removals in the non-Indigenous community. Fear of losing family and community members to these systems can deter reporting of sexual assault for sound reasons. For some, lack of reporting can also be due to the perpetrator being in a position of power in the community, increasing fear around their privacy and confidentiality.

Women and people with disabilities

For women and people with disabilities, numerous studies have highlighted particular barriers to accessing justice. Case studies gathered from member services in the preparation of our submission to the Royal Commission into Violence, Abuse, Neglect & Exploitation of People with a Disability³⁸ confirmed the findings of these studies.

A 2018 ANROWS funded project, *Women, disability and violence: barriers to accessing justice*³⁹ Monash University Gender and Family Violence Prevention Centre described a culture of normalisation of violence within service systems; of victim blaming and disbelief within policing response; lack of awareness within the criminal justice system; limited resources in the community legal sector and lack of accessible services; lack of access to, and knowledge of, legal rights for women with disability; and fear of reprisal for both women with disability and workers.

³⁸ CASA Forum submission to the Royal Commission into Violence, Abuse, Neglect & Exploitation of People with a Disability. May 2020.

³⁹ Maher, J. Spivakovsky, C. McCulloch, J., McGowan, J., Beavis, K., Lea, M., Cadwallader, J., Sands, T. (2018).

LGBTIQ+ people

People in LGBTIQ+ communities experience additional and particular barriers both to reporting sexual violence, and to accessing support. Sexual violence can be perpetrated as a form of hate crime, by non-LGBTQ+ people, as well as by other LGBTQ+ people. Additional barriers faced by LGBTQ+ communities to reporting or getting help include reluctance to disclose their sexual orientation or gender identity to service providers, and fear that disclosure may lead to discrimination or being refused a service; fear of having their sexual orientation or gender identity revealed without their consent, or of being outed; and lack of access to resources – this can be particularly true for transgender survivors because some service systems cater only to women. Importantly, all SAS Vic members work with all victim survivors of sexual assault, including non-binary and transgender survivors.

Culturally and linguistically diverse communities and new arrivals

Additional cultural and related factors affect the ability of women and people from CALD communities to report sexual assault, and to seek help. These can include cultural norms about sexual assault and rape in marriage; lack of access to information about laws, support, options in relevant community languages; repercussions of reporting from within their community; and discrimination, racism and other systemic barriers.

We note that older people and regional, rural and remote communities also face barriers to disclosure and access to services and justice.

Inconsistent service responses

Facilitating a victim survivor's recovery from sexual assault requires a specialist trauma-informed and therapeutic sexual assault response, informed by a gendered understanding, evidence-based practice standards, and delivered by trained sexual assault trauma experts.

Untrained and unskilled practitioners and responses can lead to further trauma for victim survivors. It's an area of work that requires specialised & highly skilled practitioners. Many non-specialist practitioners and clinicians can feel out of their depth, and rather than acknowledge that and seek support from sexual assault specialists, they can cause more damage by retraumatising or minimising victim survivors experience.

Where this occurs, victims report being disbelieved; blamed; and not informed about their options. Rowntree (2007)⁴⁰, writing in particular about sibling sexual abuse, outlined a number of ways in which otherwise trained professionals, unwittingly also create secondary levels of trauma for victims through adherence to social and professional discourses that negate or undermine a victim's experience.

Our members report that referrals from police to sexual assault services are more likely to occur with recent sexual assaults; and less likely to occur with reports of past sexual assault, where police referrals are sporadic.

⁴⁰ Rowntree, M. (2007). Responses to SSA: Are they as harmful as the abuse? *Australian social Work* 60(3), 347-361

Supporting people who have experienced sexual violence

All victim survivors must be able to access trauma specialist, culturally safe and violence informed services in a timely manner. This includes equal access for those who are Indigenous; who are from culturally and linguistically diverse backgrounds; people with disabilities; LGBTIQ+ people; who live in rural, regional and remote areas; and for people across the life span, including the very young and older people.

Raising community awareness

There is a need for increased awareness about the range of behaviours that constitute sexual assault, and the settings in which it occurs. This must include awareness raising about the prevalence of sexual assault that occurs within families and as part of family violence; and that children and young people are also victims of sexual harm within families and within their communities. 'Making the private more public' is a challenge for these times.

Community awareness about the nature, dynamics and impacts of sexual assault must be strengthened. Education and training programs are required to target and dispel the myths around sexual abuse; raise awareness about issues of consent; and facilitate the evolution of systems (including the legal system) that are trauma-informed and that eschew victim blaming.

Consistent access to information, support, safety and justice

Victim survivors require ready access to information, advice, safety, specialist support and counselling, justice, recovery and redress.

Sexual assault and family violence disclosures need to be met with a 'no wrong door' approach by any service, including through universal family and child welfare services, in education settings, health services and so on. Improved skills in recognising and responding to disclosures and knowledge of appropriate referral pathways across sectors will lead to greater reporting as sexual assault becomes less of a secretive and stigmatised issue.

Given the significant barriers to reporting cited by victim survivors, it is vital that they are able to access specialist sexual assault counselling and support before they are asked to make decisions about proceeding with legal options. With adequate support and information, more victims may choose to report.

It is essential that in all future tender processes that 1800RESPECT, the national sexual assault, domestic and family violence counselling service is provided by specialist sexual assault and family violence service providers and staffed by specialist counselling and support staff.

Additionally, the successful provider/s of 1800RESPECT must have proven collaborative partnerships with state and territory specialist sexual assault and family violence service providers across all jurisdictions. This is critical in ensuring that victim survivors receive support that is specialised, trauma informed, assists their access to safety and justice, and makes a difference to their journey of recovery following their experience of violence.

Access is needed by victim survivors to flexible support packages, in particular for victim survivors who aren't eligible for the family violence flexible support packages. Services often need to be able to support practical needs before being able to address emotional/psychological needs.

Funding specialist sexual assault services

Sexual assault services (SAS) in Victoria provide extensive and specialist expertise in the area of sexual assault. This includes 24-hour crisis care support to recent victim survivors of sexual assault. Crisis care operates within an established therapeutic model consistent with a victims' rights model supporting the victim to navigate the medical, legal and justice system in a supported and informed way.

Our services also offer free and confidential specialist therapeutic counselling for adults, young people and children who have experienced sexual assault, and their non-offending family and friends. Services for children and young people in particular are child focussed and delivered with the context of the child or young person's family/care system in clear view. Developmental (including attachment) and trauma informed frameworks characterise the services provided to children and young people, with a strong focus on collaboration with not only children, young people and their families/carers, but the service system around them.

In Victoria there are seven Multidisciplinary Centres (MDC) that are a co-location between sexual assault services, community health nurses, Child Protection and Victoria Police. Some MDCs also have a range of other co-located or sessional services on offer including legal services, family violence and victim assistance programs. MDCs also have capacity for recording victim statements and a forensic suite to conduct forensic medical examinations for recent sexual assaults. This model can assist sexual assault victims to report an assault in an informed, coordinated and supported way.

The continuing national dialogue relating to sexual assault and lived experience of sexual abuse, and the impact of COVID-19 lockdowns, has had a significant impact on case complexity and the demand for sexual assault services. SAS Victoria member services have experienced an increase in demand of between 35-75% over the past six months. Access to services for children and adults accessing SAS is now between 1 to 6 months across the state. Public exposure of current and historic sexual abuse leads to increased request for support from our services: the unprecedented increase in reporting of sexual abuse in recent years has led to a significant increase in demand for our services. Funding increases have not kept pace with increased demand, compromising our ability to provide a service to all those seeking one.

There is a need for increased and longer-term investment in specialist sexual assault services across states and territories. Governments at both state and federal levels need to invest to ensure services are adequately resourced and able to respond immediately when a victim takes the step of seeking support.

We note that the federal House of Representatives Standing Committee on Social Policy and Legal Affairs on the *Inquiry into Family, Domestic and Sexual Violence*, recommended not only an increase to core funding for specialist family violence and sexual assault services but also that Federal and State / Territory governments 'continue to provide increased funding for frontline family, domestic and sexual violence services in the COVID-19 pandemic'.

National Partnership Agreement

SAS Victoria is a co-signatory to a joint letter sent to the National Federation Reform Council Taskforce on Women's Safety on 26 July 2021, by a group of Australia's peak bodies, advocates and leading organisations representing and working in specialist family, domestic and sexual violence services. As noted in that letter:

One of the limitations of the current National Plan is that it hasn't focused on inter-jurisdictional coordination – it is often seen as a Commonwealth Plan. *Commonwealth versus State Government service delivery boundaries are not consequential to people who use or experience violence.* Moving into the next National Plan, better and more formalised coordination is required.

[and] we congratulate the Commonwealth Government for their announcement of a National Partnership Agreement and look forward to seeing intergovernmental cooperation. A National Partnership Agreement recognises domestic, family and sexualised violence as a core activity of all governments – similar to the agreements made in housing, health, mental health.

*We are supportive of the approach of a National Partnership Agreement and urge individual governments to commit to this for the life of the next National Plan – not just for two years - and ensure that increased investment in specialist family violence service is included from all jurisdictions is part of this agreement.*⁴¹

We recommend that federal and state funding for specialist sexual assault services be increased to address heightened need for services.

Targeted specialist responses for children and young people

Children and young people who have been sexually abused, as well as those using harmful sexual behaviours and their families, require integrated and multi-disciplinary supports and responses. Integrated and holistic trauma informed-responses - inclusive of Aboriginal services, health, housing and education systems; and Child Protection, police and justice agencies - are central to preventing further child exploitation and abuse and future harm.

Direct access points for young people are essential – they need access to free and confidential 24/7 specialist sexual assault counselling services that are youth focussed. Mainstream 24/7 services are not adequate.

We recommend that services for children and young people include outreach services, mentoring and community-based supports as well as specialist therapeutic services. Such services should be inclusive of supports for parents/carers, both in assisting them to support the recovery of the children and young people, but to also be supported to recover from the impact on them of discovering the sexual abuse of a child or young person in their family.

⁴¹ Final Parliamentary Joint Letter to Women's Safety Ministers. July 2021

Training in trauma-informed care to victims of sexual assault

Victim-blaming myths are still present in the community, which can lead to responses across different service systems that further traumatise victim survivors.

In 2017 the Australian Institute of Family Studies conducted a literature review to examine Australian and international literature around sexual violence prevention, education, crisis and long-term support, policing and legislative responses, and training and capacity building, to *'provide critical insights and policy learning for possible application within the NSW context'*⁴².

The review identified that *'Services (such as police, medical and mental health) need to offer trauma-informed care to victims of sexual assault (adult and child); that is, to consider the sensitivities and vulnerabilities of individuals who have undergone a traumatic event or ongoing experience'*.⁴³

It also found that most of the training and capacity building for a broad range of services responding to child sexual abuse and adult sexual assault (including health, education, mental health, youth, family, legal etc) was offered by sexual assault services around Australia.

The role of specialist sexual assault services in this essential work needs to be funded and supported, as part of a specialist response across the continuum from primary prevention to crisis and justice responses.

We recommend greater funding for specialist sexual assault services to provide training and other capacity building in trauma-informed care to service providers.

Specialist legal responses

In particular, the work of specialist sexual assault services in building knowledge and capacity of legal and statutory agencies (police, Child Protection, courts) to deliver trauma-informed responses is critical and must be resourced. Trauma informed care is becoming second nature to therapeutic services, but legal, justice and welfare responses are far behind in this regard. This includes ensuring that jurors in sexual assault cases are informed about the impact of sexual assault and are educated about the myths surrounding sexual assault.

Reform of legal systems to ensure that victims who report sexual assault are not further traumatised by the system itself is urgently required. Currently, the reality for many victims who enter the legal system seeking justice leads to prolonged re-traumatisation, and it is seen as 'just not worth it'.

Victoria's County Court specialist sexual assault list is intended to mitigate this, and we support the expansion of sexual assault lists. We note however, as reported in a very recent account by the ABC News, that sexual assault complainants continue to experience high levels

⁴² https://web.archive.org/awa/20161222033606mp_/http://pandora.nla.gov.au/pan/139816/20181221-1059/www.women.nsw.gov.au/__data/assets/pdf_file/00

⁴³ https://web.archive.org/awa/20161222033606mp_/http://pandora.nla.gov.au/pan/139816/20181221-1059/www.women.nsw.gov.au/_data/assets/pdf_file/00 (p54)

of psychological distress within our justice systems.⁴⁴ Ongoing training and education of judicial officers, other lawyers and court staff is required to mitigate against this.

In its inquiry into *Improving the Response of the Justice System to Sexual Offences in Victoria*, the Victorian Law Reform Commission questioned whether there should be a role for an inquisitorial model or features for sexual offences trials, including initiatives that would enable people who have experienced sexual harm to tell their stories and have them acknowledged.

Efforts to reduce the hostile, adversarial nature of criminal trials that victims currently experience are essential. This includes strategies to eradicate behaviour by defence lawyers intended to reinforce myths about sexual assault and leads to victim blaming. Such behaviour is disallowed under current legislation but nevertheless continues. Specialist and ongoing training for judges to contain and reject such lines of questioning is key to building a safer court experience for people who have experienced sexual harm.

We recommend that jurors in sexual assault cases are informed about the impact of sexual abuse and educated about myths about sexual assault.

We recommend that legal systems are reformed to ensure victim survivors are not further traumatised by legal and judicial processes, including reducing the hostile and adversarial nature of criminal trials.

Community education re consent

SAS Vic supports a communicative consent model which requires parties to demonstrate that they took steps to ensure that the other party was consenting to sexual activities or engagement.

The community needs significant and ongoing education about what is expected in terms of consensual sex, and what that means in practice. The following core elements must be included:

- Consent needs to be mutual (both people have to agree) and must be continuous.
- There needs to be widespread recognition that a person has the right to stop at any time or change their mind at any time, and just because someone has said yes to one thing doesn't mean they have consented to anything else.
- Enthusiastic consent should be obtained each and every time people have a sexual encounter, regardless of whether or not they have been intimate before.
- The important part of consent is regularly checking in with your partner to make sure that they are still wanting to proceed.

We recommend greater funding for community education on communicative consent.

⁴⁴ <https://www.abc.net.au/news/2021-07-18/how-a-court-case-put-the-spotlight-on-sexual-assault-trials/100281894>

Law reform

As noted in Chapter 2 of the federal House of Representatives Standing Committee on Social Policy and Legal Affairs report of its Inquiry into family, domestic and sexual violence, there is *'a lack of consistency and coordinated responses to all forms of violence against women and their children across states and territories' [and] This is manifested through policy and legislation (for instance, there is a need to harmonise legislation on sexual assaults across states and territories)*.⁴⁵

Having a national definition of communicative and affirmative sexual consent would underpin criminal justice responses to sexual assault across the country and improve the experiences of victims seeking justice through the courts. It would also help shape prevention efforts. Communicative consent should be enshrined in law.

SAS Vic would like to see law reform that addresses crimes committed against multiple victim survivors by the same offender/s, including exploration of the potential for legal cases covering multiple victims to be held jointly rather than each case being heard individually.

Improving generalist service responses

As in the broader community, education about gender inequality, sexual assault and the impact of trauma is required for those working in mainstream services to ensure victim survivors are treated with respect and understanding, and supported to access appropriate specialist services.

There is a need for increased screening for sexual assault by family violence and other agencies, and improved information and referrals between systems given the frequency of sexual assault within intimate partner relationships.

This requires greater investment in building the capacity of universal service systems to respond earlier to suspected sexual assault and abuse – through health settings, Maternal & Health Services, in early years settings and in schools.

We recommend increased screening for sexual assault by family violence and other services, and support to improve information sharing and referrals between other services and specialised sexual assault services.

Support in rural, regional and remote areas

There is a need for increased investment, information and access to justice and support services particularly in regional, rural and remote areas. Access to service is a significant issue for victims, not just in terms of being able to physically access a service but also in small communities in terms of professionals knowing the victim or the abuser.

Our member agencies located in regional centres offer outreach services in smaller regional towns and rural settings. They also offer clients support to access services by providing fuel

⁴⁵ PARLIAMENT OF THE COMMONWEALTH OF AUSTRALIA Inquiry into family, domestic and sexual violence
House of Representatives Standing Committee on Social Policy and Legal Affairs

cards and taxi vouchers. Funding to regional and rural sexual assault agencies is not calibrated to take into account the distances and time required to access services for the client and to deliver outreach services across the service area covered.

The article published by ABC News and cited earlier in this submission in relation to Nadia Bach highlights some of the barriers to issues reporting as well as issues accessing supports in regional communities⁴⁶.

We recommend greater investment in information and access to justice and support services for victim survivors in rural, regional and remote areas.

Aged care and disability settings

Residents of aged care facilities and in disability settings need access to clear information and safe avenues for lodging complaints, as well as specialist support for deciding whether, how or when they want to report. There is also an urgent need for publicly available data and reporting.

We recommend the development of mechanisms to provide residents of aged care and disability settings with clear information and safe avenues for lodging complaints and accessing specialist sexual assault services.

We recommend greater collection and public release of data in aged care and disability settings.

Data, research and evaluation

There is urgent need for coordinated systems for data collection in Victoria, or for that matter, Australia to enable information sharing between sexual assault services, family violence services, statutory agencies such as Child Protection, specialist police units (SOCIT) and other victim support agencies.

The current data collection system used in Victoria has significant limitations, which makes it inadequate and unable to provide meaningful data to inform research and evaluation of services and client outcomes.

The National Plan should prioritise research around working with children and young people as victims in their own right and improving responses to sexual violence to facilitate recovery.

We recommend that federal and state government prioritise research on working with child and youth victim survivors as victims in their own right and improving responses that facilitate recovery from sexual abuse.

⁴⁶ <https://www.abc.net.au/news/2021-07-18/how-a-court-case-put-the-spotlight-on-sexual-assault-trials/100281894>

Preventing sexual violence

Gender equality, cultural change, changing community attitudes

Gender equality is central to eliminating violence against women and children. We need significant cultural shifts and changes in community attitudes to reduce the tolerance and prevalence of sexual violence.

Previous work, including through the fourth national plan, that acknowledges the gendered drivers of violence against women and children, including rigid gender roles, is very important and must be supported to continue. Additionally, addressing other gendered issues is key. This includes providing affordable and accessible childcare; shifting the burden of unpaid care borne by women; ensuring higher pay for 'caring' roles and professions that typically involve more women; and confronting violence-supportive attitudes is essential foundational work. This will require a whole of community approach and commitment to changes in government policy, structures and to gender-equal budgets to drive changes.

Prevention efforts need to be designed along a continuum from primary prevention to early intervention, prevention of reoccurrence, through to interventions to stop it happening, and recovery - and all efforts need to be underpinned by shared understandings of causes and drivers.

Australia has been able to establish a solid foundation for primary prevention work, supported by funding for Our Watch and other state and territory programs. These initiatives are helping to build the evidence for effective primary prevention and should continue to be supported. These initiatives, however, need an expanded focus on sexual assault prevention.

We recommend that the national plan recognise the impact of gendered issues such as lack of affordable childcare and the gender pay gap on women's status and the link to violence against women and children.

We recommend that prevention work include an expanded and explicit focus on sexual assault, including sexual assault outside the familial context.

Primary prevention, respectful relationships and consent education

Combining an ecological and public health approach draws upon knowledge from a range of disciplines such as medicine, sociology, developmental psychology, epidemiology, criminology, education and economics⁴⁷. This approach identifies the 'problem' of sexual violence is not the result of any single factor, but rather an outcome of multiple risk factors and causes – encompassing individual, community and societal factors, that create the conditions for the occurrence of sexual violence⁴⁸.

From a feminist perspective, issues of patriarchy, power relations and constructions of masculinity and femininity, informed by culture, are described as primary drivers of sexual

⁴⁷ World Health Organization and London School of Hygiene and Tropical Medicine. (2010). Preventing intimate partner and sexual violence against Women: Taking action and generating evidence. Geneva, Switzerland.

⁴⁸ Australian Institute of Family Studies (2016) Current approaches to preventing and responding to sexual assault: A Rapid Evidence Assessment

violence⁴⁹. Therefore, prevention efforts must challenge unequal and discriminatory actions. Researchers in sexual violence prevention have noted that the most effective sexual violence prevention strategies combine a socio-ecological analysis, with a feminist-based and systematic approach to promoting healthy behaviour⁵⁰.

Research⁵¹ suggests many victims/survivors do not align their experience with 'sexual assault' due to the circumstances in which the assault occurred, for instance, on a consensual date, with a known person, potentially in their own home, without physical violence and struggle but with coercion leading to unwanted sex.

Similarly, though for different reasons, perpetrators of sexual assault frequently do not identify their behaviour as 'sexual assault' or name their behaviour as threatening⁵². This means that behaviours and characteristics of the assault need to be named in ways that the target groups recognise and can relate to their own experience and conduct.

ABS self-report surveys⁵³ suggests language of 'unwanted sexual behaviour' far exceed formal reports of 'sexual assault', suggesting language that reflects a continuum of unwanted sexual behaviour may be more useful in prevention efforts.

Walden and Wall⁵⁴ argue effective primary prevention messages needs to address the fundamental links between gendered power relations, inequality, and forms of violence against women. Efforts in prevention need to challenge culturally structured beliefs and norms about heterosexuality, seduction, masculinity and femininity, which are expressed at all levels of the socio-ecological model. As such, successful communications need to:

- move beyond the narrative of rape-avoidance for women;
- move beyond addressing individual beliefs and perceptions about gender;
- avoid focusing on risk factors, such as alcohol consumption and drug taking, in isolation from notions of masculinity, femininity, and peer relationships; and
- highlight the overlap and interconnection between sexual assault and domestic/family violence.

In the 1990s, Victorian specialist sexual assault services initiated then ground-breaking respectful relationship programs such as the Sexual Assault Prevention Program for Secondary Schools⁵⁵. These programs provided an initial platform to interrupt widely entrenched harmful attitudes and behaviours influencing sexual activity in young people.

⁴⁹ Carmody, M. (2009). Conceptualizing the prevention of sexual assault and the role of education (Issues No. 10). Melbourne, Australia: Australian Centre for the Study of Sexual Assault.

⁵⁰ Lee, D.S., Guy, L., Perry, B., Sniffen, C.K., & Mixon, S.A. (2007). Sexual violence prevention. *The Prevention Researcher*, 14(2), 15-20.

⁵¹ Commonwealth of Australia (2004) A National Framework for Sexual Assault Prevention

⁵² Commonwealth of Australia (2004) A National Framework for Sexual Assault Prevention

⁵³ ABS (1998, and 2003) Crime and Safety Survey, ABS, Canberra

⁵⁴ Commonwealth of Australia (2012) What is effective primary prevention in sexual assault? Translating the evidence for action.

⁵⁵ https://thewomens.r.worldssl.net/images/uploads/general-downloads/health-pro/CASA_House_SAPPSS_Report_Summary.pdf

However, it is clear from recent community attitude surveys that an unacceptable percentage of young men, in particular, do not understand what non-consensual sexual activity looks like and how to be aware in their interactions with intimate partners that they are receiving specific and enthusiastic consent. Young men, more than any other group, are more likely to lack clarity about what constitutes abuse in an intimate relationship, including coercive control and tactics that cause fear and dehumanise a partner.

There needs to be more targeted education in education and early years settings about consent and abuse in relationships, delivered from early years and run by individuals who have the expertise.

This is specialist work, and our services report that many teachers are uncomfortable in having these conversations with young people. Educating young people about consent, sexuality, respect, rights and options is specialist work and needs to be adequately resourced. A Respectful Relationships curriculum alone will be insufficient to bring about change. Educating young people about consent, etc is additional work for schools and they must be adequately resourced to undertake this critical task.

We recommend that funding be provided so that all schools can employ a Respectful Relationships Educator, to allow them to implement a ‘whole of school’ approach that includes teaching and non-teaching staff, students, and parents.

However RRE in schools often leads to disclosures of sexual assault by students and needs to be delivered in partnership with highly skilled specialists and content experts.

SAS Victoria recommends that specialist sexual assault services are funded to provide specialist respectful relationships education.

Pornography

Pornography is significantly impacting young men’s and women’s attitudes and behaviour. The average age of first access of pornographic material has been reported as 11-14 years of age (Sliwa, 2017)⁵⁶, with children as young as 5 years old accessing such material and being impacted by it (Tankard-Reist, 2016)⁵⁷.

In their 2020 Background Paper ‘Pornography, young people, and preventing violence against women’, Our Watch found that the *‘literature reveals that due to the nature of contemporary pornography it can contribute to the development of harmful attitudes and behaviours in relation to gender roles and relationships among those who watch it...[and that] This impact can be particularly significant among young people, because adolescence is a time when ideas and attitudes about gender roles, identities and relationships are being developed, and Our*

⁵⁶ Sliwa, J. (2017) Age of first exposure to pornography shapes men’s attitudes toward women, American Psychological Association

⁵⁷ Tankard Reist, M (2016) early sexualisation and pornography exposure: The detrimental impacts on children www.melindatankardreist.com <https://twitter.com/MelTankardReist>

Watch's research shows that both young men and young women are accessing pornography years before their first sexual relationships'.⁵⁸

Our services report that teachers find it very confronting to discuss pornography with students. While we would like to see some regulation of pornographic material online, particularly around ease of access to young people, we support the key findings of the Our Watch paper regarding efforts to address pornography's influence. That paper recommended that *'Work with young people on the issue of pornography should include honest conversations about the harmful messages conveyed in pornography, assistance to build knowledge and skills to think critically about these messages, and support to develop healthy identities and positive, equal and respectful relationships'.⁵⁹*

We recommend that the National Plan address the issue of pornography more comprehensively and include strategies for developing this work in more detail. Future research in this area should also consider children under the age of 14.

[Community education campaigns and prevention messaging](#)

Primary prevention campaigns, cited in the National Framework for Sexual Assault Prevention⁶⁰ suggest sexual assault-specific primary prevention campaigns should include the following types of messages to communities:

- Naming the specific behaviours in readily understood language and redefining these as 'sexual assault'.
- Naming the impacts of sexual assault, including the long-term costs and consequences to victims/survivors.
- Information provision such as where to seek help, with tailored contact points depending on the target audience.
- The message design should reflect the level of taboo in a community and willingness to address the issue of sexual assault. Using community development theory, the campaign needs to 'start where the target community is at'.

Further highlighted, campaigns need to be resourced to include:

- Translation into key community languages, including both Indigenous and ethnic languages.
- Visual and verbal messages should form the basis of campaigns targeting Indigenous communities.
- Electronic media including web-based material is effective in reaching LGBTIQ+ communities and young people in the general population.
- Interactive and novelty-value approaches have been popular with young people.
- Arts and dramatic formats are identified as appropriate media with children and young people, and Indigenous people.

⁵⁸ Our Watch. 2020. Background Paper | Pornography, young people, and preventing violence against women

⁵⁹ Ibid

⁶⁰ Commonwealth of Australia (2004) A National Framework for Sexual Assault Prevention

SAS Victoria calls for more investment in national health promotion campaigns addressing sexual assault, consent and the role of active bystanders. Current campaigns and messages are primarily focused on adult family violence with no reference to sexual assault of adults and children.

Campaign messaging needs to be developed by specialist content experts, and must be direct and clearly name harmful and criminal sexual behaviours. Most critically, all campaign materials must avoid the type of messaging such as that used in the ill-judged 'Good Society' RRE materials which were confusing and harmful. These 'Good Society' materials fell well short of what experts know is needed to effectively change behaviour and prevent abuse.

We also want to see strategies in the National Plan that result in strong, clear, zero-tolerance messages from our political and business leaders.

We recommend that the National Plan support greater investment in national health promotions campaigns that define sexual assault, explain consent and promote a zero-tolerance approach to violence against women and children.

We recommend that the investment in communications and campaigns be expanded to consistent messages regarding respectful relationships, sexual assault and clear help seeking directions.