

**Three essential elements of an effective
Tasmanian Child Sexual Abuse Reform Strategy and Action Plan**

*Evidence prepared by the
Tasmanian Family and Sexual Violence Alliance Steering Committee*

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The content of this document is approved by the following Tasmanian specialist family and sexual violence organisations:



Introduction

The Tasmanian Family and Sexual Violence Alliance Steering Committee (FSVA) seeks to provide the Tasmanian Government with evidence that the following three elements must feature in Tasmania's *Child Sexual Abuse Reform Strategy and Action Plan* ('the CSA Reform Strategy'):

1. The *CSA Reform Strategy* must address child sexual abuse (**CSA**) that occurs in all settings and circumstances in Tasmania. This includes acknowledging and proportionately responding to the fact that most instances of CSA occur in Tasmanian families, neighbourhoods, and communities.
2. The *CSA Reform Strategy* must include responses that reflect **the multiple intersections between CSA and family and sexual violence (FSV)**. Put plainly, any strategy that fails to adequately incorporate the relationship between CSA and FSV will be ineffective in preventing and addressing CSA in Tasmania.
3. The practical measures in the *CSA Reform Strategy* to prevent and address CSA across all of Tasmania's communities must **engage and leverage the existing expertise and deep community connections of Tasmania's specialist family and sexual violence sector**. Government agencies and mainstream services alone cannot generate the cultural change and sustain the long-term, community-based effort required to reduce the incidence and respond to the impacts of CSA in Tasmania.

Of course, the *CSA Reform Strategy* will contain other important elements in addition to the three evidenced in this document, especially those prioritised by victim-survivors of CSA, First Nations people, people with disability, culturally and linguistically diverse people, LGBTIQ Tasmanians, and children and young people. FSVA, however, believes the three elements evidenced in this report are critical to include at this stage of the reform development process.

FSVA respectfully acknowledges and reiterates its profound respect for the victim-survivors of CSA in Tasmania who instigated and provided courageous and compelling evidence to the *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (COI)*.

FSVA recognises the additional funding provided to Laurel House and Sexual Assault Support Service (SASS) to assist the development of the *CSA Reform Strategy*, to address demand surges and to deliver more comprehensive services for children and young people using harmful sexual behaviours.

FSVA is aware of the significant effort currently underway across various arms of the Tasmanian Government to respond to the findings and recommendations of the COI. FSVA expects that the *CSA Reform Strategy* will, quite appropriately, include strategies relating to CSA in institutions. To be clear, FSVA seeks a 'both/and', and not an 'either/or' approach. Too many children continue to be sexually abused in institutions, including both government and non-government organisations.

FSVA is concerned, however, that the weight of political and bureaucratic attention on abuse in institutions could diminish the responses required to prevent and address the more prevalent and equally damaging CSA occurring in Tasmanian families, neighbourhoods and communities.

This document seeks to ensure there can be no doubt or lack of awareness within government that a *CSA Reform Strategy* that does not include at least equal focus on community-based responses to the causes and consequences of CSA will fail to deliver meaningful protection for Tasmania's children.

In so doing, it is offering positive, evidence-based approaches that will be effective, efficient, coordinated, and integrated. It is proposing approaches that will bring about long-term changes in attitudes, behaviours and cultures necessary to prevent CSA. And it seeks to ensure there is appropriate support across all Tasmanian communities to address the life-long impacts of CSA and FSV on victim-survivors.

1. The Tasmanian CSA Reform Strategy must reflect the fact that most Child Sexual Abuse (CSA) in Australia and Tasmania is perpetrated by family, friends, acquaintances, and neighbours in non-institutional settings.

The Australian Bureau of Statistics (ABS) 2021-22 Personal Safety Survey (PSS) estimates that 25,200 Tasmanian women (11% of all Tasmanian women) have experienced sexual abuse *by an adult* before the age of 15¹. This proportion is consistent with the national average in the PSS² and in other longitudinal studies of sexual violence in Australia³.

The PSS estimates that of the 1.1 million Australian women who have experienced childhood sexual abuse before the age of 15, the most common perpetrator was a family member (47%) and nearly all family member perpetrators against women were male, including 25% by a non-immediate adult male relative; 16% by their father or stepfather, and 5.6% by their brother or stepbrother⁴.

In relation to the first incident of CSA for women, 49% were aged 5 to 9 years old; 15% involved more than one perpetrator; and 84% have never told the police about the abuse⁵.

The PSS found that 343,500 Australian men (3.6%) have experienced childhood sexual abuse, which translates to around 8250 Tasmanian men. Most men (82%) who experienced childhood sexual abuse knew the perpetrator(s) of the first incident⁶. The PSS found the most common perpetrators for both men and women who experienced sexual abuse when aged under 15 were ‘family member’, ‘family friend’ and ‘acquaintance/neighbour’ (approximately 75%)⁷.

The Australian Institute of Health and Welfare (AIHW) notes that the PSS *understates* the true extent of child sexual abuse due to some people’s reluctance to disclose information⁸. The PSS also does not include CSA perpetrated by adolescents or abuse occurring to children aged 16 and 17.

The 2023 Australian Child Maltreatment Study (ACMS), using a different approach to the PSS (including children up to age 18 and adolescent perpetrators) found 28.5% of Australians had experienced CSA. The ACMS found the two most common perpetrators of child sexual abuse were adolescents aged under 18, and adult parent-like caregivers in the home.⁹ About one-third of all sexual abuse of children was committed by adult family members and the ACMS found a recent and disturbing increase in the prevalence of child sexual abuse by other adolescents who are or were in a romantic relationship with the child victim¹⁰. The ACMS found this was consistent with a body of research demonstrating most sexual abuse being inflicted by adults and adolescents known to the child.¹¹

¹ Australian Bureau of Statistics (2023a), *Personal Safety Australia, 2021-22*, Data table “Women aged 18 years and over, Experiences before the age of 15, By state and territory: Estimate” from 2021-22 Personal Safety Survey

² Australian Bureau of Statistics (2023b), *Personal Safety Australia, 2021-22*, Data table “Persons aged 18 years and over, Experiences since and before the age of 15: Estimate” from 2021-22 Personal Safety Survey

³ See Townsend, N., Loxton, D., Egan, N., Barnes, I., Byrnes, E., & Forder, P. (2022). *A life course approach to determining the prevalence and impact of sexual violence in Australia: Findings from the Australian Longitudinal Study on Women’s Health* (Research report, 14/2022). ANROWS (which found the prevalence of sexual violence during childhood was 12 to 15 per cent of women, depending on the age cohort)

⁴ Australian Bureau of Statistics (2023d), *Childhood abuse: Statistics about childhood physical/sexual abuse and witnessing parental violence, including prevalence, relationship to perpetrator and disclosure*, accessed from www.abs.gov.au/statistics/people/crime-and-justice/childhood-abuse/latest-release, 24 March 2024

⁵ Ibid.

⁶ Ibid.

⁷ Australian Bureau of Statistics (2023c), *Childhood Abuse 2021-22*, Data table “Persons aged 18 years and over, experiences of abuse before the age of 15, by relationship to perpetrator: Estimate and proportion” from 2021-22 Personal Safety Survey

⁸ Australian Institute of Health and Welfare (2024a), *Family, domestic and sexual violence – Child Sexual Abuse*, “Personal Safety Survey measurement of child sexual abuse”, accessed from www.aihw.gov.au/family-domestic-and-sexual-violence/types-of-violence/child-sexual-abuse, 25 March 2024

⁹ Haslam D, et al (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. *Australian Child Maltreatment Study*, Queensland University of Technology.

¹⁰ Ibid.

¹¹ Mathews, B., et al (2023). The prevalence of child maltreatment in Australia: findings from a national survey. *Medical Journal of Australia*, 218, S13-S18

In the PSS, reported perpetrators from or within institutions, were approximately 12%¹². In the ACMS, CSA by ‘institutional caregivers’ was 5.2% for all children, and 3.5% for girls.¹³

The data about CSA in families and communities in the PSS and ACMS correlates with crime data. Most recorded sexual assault victims in Australia (59%, or about 18,900 victims) in 2022 had an age at incident of under 18 years¹⁴. Offenders of sexual assault crimes were known to most recorded victims with an age at incident of 0–9 years (87%) and 10–17 years (79%). A family member was the most common offender to victim relationship for victims aged 0–9 years (57%), with 21% involving parents.¹⁵

There is strong evidence to suggest that family settings are also sites for production of Child Sexual Abuse Material (CSAM)¹⁶. A study of 150 CSAM survivors found 42% identified their biological or adoptive/stepfather as the primary offender. More than two-thirds of such images appear to have been made at home.¹⁷ There is concern among criminologists that parental perpetrators of CSAM have been overlooked as governments have instead focused on online threats outside the family.¹⁸ Parental abusers are especially difficult to detect¹⁹. They have constant access to their victims and almost total control over them. Children abused by a parent are the least likely group to tell anyone²⁰, and the shame and fear caused by victimisation makes it extremely difficult to speak out²¹.

Tasmania has a dispersed regional population and recent Australian research has demonstrated that rural settings can create an environment where perpetrators are emboldened to perpetrate due to reduced visibility and decreased chances of detection.²² The study observed that the perpetrator was usually a male family member, or close male friend of the family, and families chose to disregard participants’ disclosures due to “fear of fracturing tight-knit social networks, which were the sole source of support for many isolated rural communities”.²³

The above is just a sample of the overwhelming evidence that, to be effective, Tasmania’s *CSA Reform Strategy* must explicitly respond to child sexual abuse in all settings, explicitly including within families; by other adults the child or young person knows; by other adolescents with whom the child or young person has a relationship; by those the child or young person does not know; in organisations; and online. Among other things this would ensure consistency with the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*.

The *Royal Commission into Institutional Responses to Child Sexual Abuse* noted that the impacts of institutional child sexual abuse are similar to those of child sexual abuse in other settings²⁴. These

¹² ABS (2023c). Op.Cit. (includes perpetrators who are foster carer, guardian or other person associated with care placement, doctor, nurse or other health professional, disability support worker or carer, teacher, other school-related staff, childcare worker, recreational leader, priest, minister, rabbi, nun or other person in an official position associated with a place of worship, staff in a children’s home, residential care or orphanage, corrective services or detention facility personnel, and other staff member in an institution).

¹³ Mathews, B., et al (2024). Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey. *Child Abuse & Neglect*, 147, 106562.

¹⁴ Australian Institute of Health and Welfare (2024b), *Family, domestic and sexual violence – Child Sexual Abuse*, “Child Sexual Abuse Reported to Police”, accessed from www.aihw.gov.au/family-domestic-and-sexual-violence/types-of-violence/child-sexual-abuse, 24 March 2024

¹⁵ Australian Institute of Health and Welfare (2024c), *Family, domestic and sexual violence – Children and Young People*, accessed from www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/children-and-young-people, 24 March 2024

¹⁶ Salter M et al. (2021). Production and distribution of child sexual abuse material by parental figures. *Trends & issues in crime and criminal justice* no. 616. Canberra: Australian Institute of Criminology.

¹⁷ Canadian Centre for Child Protection (2017), *Survivors Survey Full Report 2017*

¹⁸ Salter M et al. (2021). Op. Cit.

¹⁹ Salter M (2013) Grace’s story: prolonged incestuous abuse from childhood into adulthood. *Violence Against Women*. Feb;19(2):146-65.

²⁰ McElvaney, R. (2015). Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice. *Child Abuse Review*, 24(3), 159-169.

²¹ Gewirtz-Meydan, A., Walsh, W., Wolak, J., & Finkelhor, D. (2018). The complex experience of child pornography survivors. *Child Abuse & Neglect*, 80, 238-248.

²² Corbett, E., Power, J., Theobald, J., Edmonds, L., Wright, K., & Hooker, L. (2023). The normalisation of sexual violence revictimisation in regional and rural areas: Our failure to respond. *Australian Journal of Social Issues*.

²³ Ibid.

²⁴ Australian Institute of Health and Welfare (2024d), *Family, domestic and sexual violence – Child Sexual Abuse*, “Impacts”, accessed from www.aihw.gov.au/family-domestic-and-sexual-violence/types-of-violence/child-sexual-abuse, 24 March 2024

include diagnoses of lifetime major depressive disorder, alcohol use disorder, generalised anxiety disorder and post-traumatic stress disorder.²⁵ The ACMS reports victims of CSA were 2.7 times more likely to have self-harmed in the prior 12 months and 2.3 times more likely to have attempted suicide in the prior 12 months than those who had not experienced abuse.²⁶ The ACMS also indicates that victims of CSA are strongly associated with higher rates of multiple health risks in adulthood including self-harm, smoking, binge drinking,²⁷ and hospitalisation.²⁸

FSVA members work with victim-survivors of CSA perpetrated in families and communities who have experienced life-long harmful impacts.

Laurel House reports that more than half of its clients, who include survivors, parents and supporters, seek support for the profound effects of child sexual abuse. Those affected by institutional child sexual abuse are outnumbered considerably by those who have experienced child sexual abuse within familial contexts where the perpetrators are almost always male family members.

Chantel Peters is part of Engender Equality's **Advocates for Change**, a diverse collective of victim-survivors from across Tasmania who share their lived experience to raise awareness, challenge attitudes and change policy and legislation. For this FSVA document, Chantel wanted to share "something that is going to make you feel very uncomfortable. And that uncomfortable feeling is exactly why this subject isn't spoken about enough."

I'm here to help people understand that rape comes in many different forms, just like abuse. My name is Chantel and I'm a survivor of family, domestic and sexual violence. No one wants to know that it is happening and that is why people make excuses, ignore it and even victim blame. But the truth is it does happen, and it happens more often than you know. I didn't want to tell anyone what was happening to me because I knew the repercussions of speaking up. I felt guilty and that I deserved it. It was what I learnt to do from a very young age.

I have been sexually abused since I was 5 by my two brothers, then by two husbands and multiple other men who thought that they had a right to my body. I didn't realise that what they were doing was actually classed as rape until I found an amazing counsellor.

.....

[The experience of child sexual abuse and marital rape] for most of my life led to bad choices and shattered esteem and self-worth making it even harder to leave. But I did. I had had enough of him doing what he wanted. It was a very hard process with a lot of other issues, but I did it. I managed to get away from all the abuse I had been put through, and so can you.

I'll tell you why we can do it. It's because we are strong. And we are resilient. It has taken me the last two years to realise my worth and what I have done is not my fault. WARRIORS we need to stand up and inform everyone that non-consensual sex is rape. Education is the key to legalisation...

*I want to leave you with a phrase that helped me get through everything I have been through, and I hope that you will use it also. **Never feel ashamed of anything you did when you were learning to heal, because that's how we grow and learn to become the strong warriors we are now. Always be proud of yourself and what you have and can accomplish.***

Chantel Peters, Advocates for Change (edited transcript of speech delivered in November 2023)

²⁵ Ibid.

²⁶ Haslam D, et al (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. *Australian Child Maltreatment Study*, Queensland University of Technology.

²⁷ Lawrence, D. M., et al. (2023). The association between child maltreatment and health risk behaviours and conditions throughout life in the Australian Child Maltreatment Study. *Medical Journal of Australia*, 218, S34-S39.

²⁸ Pacella, R., et al. (2023). Child maltreatment and health service use: findings of the Australian Child Maltreatment Study. *Medical Journal of Australia*, 218, S40-S46.

2: The Tasmanian CSA Reform Strategy must acknowledge the overwhelming evidence that CSA and FSV are intersecting, co-occurring and cyclical. Awareness, prevention, intervention, and support responses should reflect this reality.

Gender inequality, gender privilege, and exploitative masculinity are primary drivers of both child sexual abuse (CSA) and broader family and sexual violence (FSV). Of women who reported childhood sexual abuse by a family member in the 2021-22 ABS PSS, more than 90% were by male relatives.²⁹ Nearly all perpetrators of CSA and FSV are men. Of the victims and survivors who told the *Royal Commission* about sexual abuse by an adult, almost all (93.9%) said they were abused by a man³⁰.

Women are overwhelming victims of FSV, and are also much more likely to have been victims of CSA than men. The Australian Child Maltreatment Study (ACMS) found a “massive gender disparity in child sexual abuse, which has been an enduring feature of Australian society, but which in contemporary society is becoming even more pronounced”. Of the 8500 participants in the ACMS (including a representative sample of Tasmanians), more than 1 in 3 girls experienced child sexual abuse (37.3%) compared to almost 1 in 5 boys (18.8%).³¹

An Australian study examining 82 cases of parental production of child sex abuse material (CSAM) found an overwhelmingly gendered pattern of abuse. Men were offenders in 90% of cases, and girls were victims in 84% of cases. Boys were victimised in one-fifth of cases, with multiple children abused in some cases.³² The FSVA notes a disturbing increase in boys being victims of extortion-related CSAM.

Australians who have experienced childhood abuse (physical and sexual) are much more likely to go on to experience violence and abuse by a partner as an adult (42.8%) than those who have not experienced childhood abuse (17.4%).³³ Australian research has shown that, compared with women of the same age who did not report experiencing sexual violence in childhood:

- Women aged 24 to 30 in 2019 who had experienced childhood sexual violence were twice as likely to have experienced recent sexual violence, 59 per cent more likely to have experienced recent domestic violence and approximately 60 per cent more likely to have experienced recent physical violence.
- Women aged 40 to 45 in 2018 who had experienced childhood sexual violence were twice as likely to have experienced recent sexual violence, 33 per cent more likely to have experienced recent domestic violence and 63 per cent more likely to have experienced recent physical violence.³⁴

An analysis of data from 2,759 Australian girls and boys who were medically confirmed to have been sexually abused between 1964 and 1995 found these victim-survivors were five times more likely to have been victims of sexual assault later in life, twice as likely to be victims of physical assault, four times as likely to be threatened with violence and twice as likely to be stalked than the study’s control group.³⁵

Australian research has also observed that a wide range of communities, including Aboriginal and Torres Strait Islander women, LGBTIQ+ people, women from culturally and linguistically diverse backgrounds and women with a disability, have discrete patterns of victimisation, including distinct behaviours and

²⁹ Ibid.

³⁰ Royal Commission into Institutional Responses to Child Sexual Abuse (2017), *Final Report – Preface and Summary*, p.9

³¹ Haslam D, et al (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. *Australian Child Maltreatment Study*, Queensland University of Technology.

³² Salter M et al. (2021), Op. Cit.

³³ Australian Bureau of Statistics (2023e), *Childhood abuse: Statistics about childhood physical/sexual abuse and witnessing parental violence, including prevalence, relationship to perpetrator and disclosure*, “Relationship between childhood experiences and partner violence and abuse”, accessed from www.abs.gov.au/statistics/people/crime-and-justice/childhood-abuse/latest-release, 24 March 2024

³⁴ Townsend, N. et al (2022), Op. Cit. p. 8

³⁵ Papalia, N., Mann, E., & Ogloff, J. R. (2021). Child sexual abuse and risk of revictimization: Impact of child demographics, sexual abuse characteristics, and psychiatric disorders. *Child maltreatment*, 26(1), 74-86.

norms that may increase the risk of victimisation.³⁶ Across all cohorts, sexual violence in childhood was found to be a risk factor for experiencing further violence.³⁷

There is research demonstrating a link between exposure to parental intimate partner violence in childhood and experiencing childhood sexual violence. It has found that children exposed to intimate partner violence within their parents' or caregivers' relationships were at greater risk of being sexually abused during childhood, with the prevalence of the co-occurrence ranging from 12 to 70 per cent.³⁸

Among males, the risk of being a CSA perpetrator correlates with being a CSA victim.³⁹ Further, a major Australian Institute of Criminology Study found male CSA victims were much more likely to be convicted of sexual offending than the control group. By contrast, for girl victims of CSA, there was no increased likelihood of going on to being convicted of a sexual offence⁴⁰. However, CSA victims were 4.97 times more likely than their peers from the general population to have been charged with any offence and this difference remained significant for both male and female victims. This is consistent with observations by FSVA members of the ongoing impact of CSA on both women and men in Tasmanian prisons, and children in youth detention.

Child sexual abuse is often disclosed by victims in adult service settings, particularly family and sexual violence services. The *Royal Commission* found that of the people who provided information about disclosure, 57% first disclosed as an adult and on average, it took victims-survivors of child sexual abuse 23.9 years to disclose the abuse to anyone.⁴¹ FSVA member organisation Laurel House reports it frequently receives requests for service from victim-survivors in their 40s, 50s and 60s who are seeking support after disclosing child sexual abuse for the first time. Laurel House counsellors notice that delayed disclosure is often associated with multiple forms of victimisation including exposure to family violence in childhood and further experiences of family violence in adulthood.

There is strong evidence that family and sexual violence is a major contributor to harmful sexual behaviours (HSB) in adolescents, which is in turn one of the major causal factors in CSA. A recent review identified 13 separate research efforts that demonstrated that living with domestic and family violence is a driver of HSB onset⁴², with studies finding 49% to 84% of the research subjects exhibiting HSB having lived with domestic and family violence. Sexual coercion perpetrated by fathers against mothers was found to be an amplifier for young children under the age of 5 years for HSB onset.⁴³

Women with a history of childhood sexual violence have reported being ignored, not being believed and being threatened with retribution following disclosure to adult family members. They have also reported self-blame, betrayal and psychosocial vulnerability.⁴⁴ Sexual violence during childhood is a factor that reduces the likelihood of good general health and good mental health among all women who had experienced sexual violence.⁴⁵

In rural and regional areas, CSA victims experiencing FSV revictimization face specific challenges. Lack of support services, transport options and close-knit communities can create barriers to victim-survivors

³⁶ Cox, P. (2015). *Violence against women in Australia: Additional analysis of the Australian Bureau of Statistics' Personal Safety Survey, 2012*, Horizons Issue 1. Australia's National Research Organisation for Women's Safety (ANROWS)

³⁷ Townsend, N. et al (2022), Op. Cit. p.69

³⁸ Bidarra, Z. S., Lessard, G., and Dumont, A. (2016). Cooccurrence of intimate partner violence and child sexual abuse: Prevalence, risk factors and related issues. *Child Abuse & Neglect*, 55, 10–21 (as cited in Townsend, N. et al, Op. Cit. p.15)

³⁹ Glasser M, Kolvin I, Campbell D, Glasser A, Leitch I, Farrelly S. Cycle of child sexual abuse: Links between being a victim and becoming a perpetrator. *British Journal of Psychiatry*. 2001;179(6):482-494

⁴⁰ Ogloff, J. R., et al (2012). Child sexual abuse and subsequent offending and victimisation: A 45 year follow-up study. *Trends and issues in crime and criminal justice*, (440), 1-6.

⁴¹ Commonwealth of Australia (2021), Department of the Prime Minister and Cabinet, *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*

⁴² McKibbin, G., Green, J., Humphreys, C., & Tyler, M. (2023). Pathways to Onset of Harmful Sexual Behavior. *Victims & Offenders*, 1–39.

⁴³ Cale, J., & Lussier, P. (2017). Sexual behaviour in preschool children in the context of intra-parental violence and sexual coercion. *Criminal Behaviour and Mental Health*, 27(2), 176–190

⁴⁴ Rees, S., Simpson, L., McCormack, C. A., Moussa, B., & Amanatidis, S. (2019). Believe #metoo: Sexual violence and interpersonal disclosure experiences among women attending a sexual assault service in Australia: A mixed methods study. *BMJ Open*, 9(7),

⁴⁵ Ibid.

seeking help.⁴⁶ In an Australian study of women from rural and regional areas who had experienced FSV, 13% reported that after escaping violence, they discovered their children had been sexually abused by their former partner. Rural and regional victim-survivors highlighted particular barriers and failings in responses to the abuse their children experienced, including lack of counselling services for children and dismissive and/or ineffective responses from authorities.⁴⁷

National and international data points to both a co-occurrence and cycle of family violence and child abuse, with childhood trauma leading to violence against women and further child maltreatment, which in turn increases the risk of experience or perpetration of violence during adulthood.⁴⁸

Violence against children and violence against women have shared risk factors. Child maltreatment and partner violence often co-occur within the same household; produce intergenerational effects; and have common and compounding consequences across the lifespan. Violence against children and violence against women intersect during adolescence, a time of heightened vulnerability to certain kinds of violence.⁴⁹

Recent research by Our Watch and the Queensland University of Technology has observed that high levels of pornography consumption is likely to have “a significant influence on Australian young people’s, and particularly boys’ and young men’s, sexual attitudes and behaviours”⁵⁰. It observed pornography consumption was associated with “sexually objectifying and stereotypic gender views of women, rape myth acceptance, sexual coercion and aggression, and sexual and dating violence victimisation”,⁵¹ and that “given that young men aged 15-19 years are the demographic most likely to perpetrate sexual violence, young women of that age group are the most likely to be victims of sexual violence, and pornography use is associated with both perpetration and victimisation” the links between pornography, CSA and FSV require increased attention.

The *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* states: “sexual abuse rarely occurs in isolation. It often happens alongside other forms of child maltreatment. Child maltreatment includes physical, sexual and emotional abuse, neglect, *and exposure to domestic and family violence*” (emphasis added). *The Strategy* includes family violence as a factor that can impact the likelihood of a perpetrator targeting a child or young person. It also observes that children with harmful sexual behaviours are often victims or survivors themselves, affected by one or more adverse childhood experiences including sexual, physical and emotional abuse and *exposure to family violence* (emphasis added).⁵²

The Tasmanian *Commission of Inquiry* report⁵³, which was almost entirely focused on child sexual abuse in institutions, nonetheless included multiple acknowledgements of the links between child sexual abuse and family and sexual violence, including:

“...most children who have experienced sexual abuse have also experienced other types of maltreatment (exposure to domestic violence, emotional abuse, physical abuse and neglect)” (Vol 2 Page 108)

“Prior maltreatment and trauma, such as exposure to domestic violence and neglect, can also intensify the impacts of sexual abuse...” (Vol 2 page 121)

“...research shows children who have experienced family violence or been exposed to sexual activity such as pornography, are at heightened risk of displaying harmful sexual behaviours.” (Vol 4 page 194)

⁴⁶ Campo, M., & Tayton, S. (2015). *Domestic and family violence in regional, rural and remote communities*. Australian Institute of Family Studies.

⁴⁷ George, A., & Harris, B. (2014). *Landscapes of violence: Women surviving family violence in regional and rural Victoria*.

⁴⁸ Fulu, E., Miedema, S., Roselli, T., McCook, S., Chan, K. L., Haardörfer, R., ... and Johnson, S. (2017). Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*, 5(5), e512-e522.

⁴⁹ Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global health action*, 9(1)

⁵⁰ Crabbe, M., Flood, M., & Adams, K. (2024). Pornography exposure and access among young Australians: a cross-sectional study. *Australian and New Zealand Journal of Public Health*, 100135.

⁵¹ Ibid.

⁵² Commonwealth of Australia (2022), *National Plan to End Violence against Women and Children 2022-2032*

⁵³ Commission of Inquiry into the Tasmanian Government’s Responses to Child Sexual Abuse in Institutional Settings (2023), *Report*

The Victorian Royal Commission into Family Violence observed that “children and young people are often described as the ‘silent victims’ of family violence... and the specific needs of children and young people are often overlooked. They are rarely treated as victims in their own right” and that “universal services that work with children and young people—for example, maternal and child health services, early childhood services, schools and health service providers—often lack the knowledge and expertise to identify and respond when children and young people are experiencing family violence”. It found the right of children and young people to live free from violence should be a fundamental element of family violence policy and practice.⁵⁴

The close links between CSA and FSV are also reflected in national datasets. ‘Child sexual abuse’ is one of six inter-related categories of ‘Family, Domestic and Sexual Violence’ in AIHW reporting and analysis, along with ‘Family and Domestic Violence’, ‘Intimate Partner Violence’, ‘Sexual Violence’, ‘Stalking and Intimidation’ and ‘Modern Slavery’.⁵⁵ ‘Childhood abuse’ is one of eight inter-related categories of reporting and analysis associated with the ABS Personal Safety Survey, along with ‘Violence’, ‘Sexual Violence’, ‘Physical Violence’, ‘Cohabiting partner violence, emotional abuse, and economic abuse’, ‘Sexual Harassment’, ‘Stalking’, and ‘Witnessing parental violence during childhood’.⁵⁶

FSVA members and their lived expert partners work at the intersection of CSA and FSV on a continuous basis, across awareness, prevention, intervention, victim support and treatment.

A practitioner from **Engender Equality** stated:

“As a family violence practitioner at Engender Equality, I work with many clients who have experienced childhood sexual abuse and later experience family violence, often starting in adolescence and continuing into adulthood. Through my work, I've gained insight into the profound impact of violence across the lifespan, particularly its disproportionate effect on women in terms of both prevalence and severity.

For many women I work with, the experience of trauma starts with experiencing sexual or family violence as a child. Childhood sexual abuse often manifests as complex trauma, where victims endure multiple traumatic experiences over a prolonged period, leading to profound psychological impacts, disrupted attachment patterns, and developmental setbacks. Unresolved traumas can significantly influence individuals' behaviours and coping mechanisms in adulthood.

The consequences of such experiences are far-reaching and can be debilitating. Survivors of childhood sexual abuse commonly struggle with low self-esteem, poor mental health, and difficulties in forming and maintaining healthy relationships. These challenges can lead to survivors being targeted by family violence perpetrators. Consequently, adult experiences of family violence become entangled with the lingering impact of childhood sexual abuse, perpetuating a cycle of trauma that can extend across generations.”

Laurel House similarly reported that: “It is very common for Laurel House counsellors to see clients who have experienced multiple forms of trauma including generational family violence or experiences of revictimization as adults following sexual abuse as children. We also frequently provide therapeutic support to multiple members of the same family including siblings who have been abused by the same perpetrator, and mothers with their children where the mother has their own experience of sexual assault or family violence, and may be triggered by their child’s experience of abuse.”

⁵⁴ Victorian Royal Commission into Family Violence (2016), *Summary and Recommendations*, p.23

⁵⁵ Australian Institute of Health and Welfare (2024e), *Family, domestic and sexual violence – Types of Violence*, accessed from www.aihw.gov.au/family-domestic-and-sexual-violence/types-of-violence, 25 March 2024

⁵⁶ Australian Bureau of Statistics (2023), *Personal Safety, Australia - Rates of physical and sexual assault, family and domestic violence, economic and emotional abuse, stalking, sexual harassment, and childhood abuse*, accessed from www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release, 26 March 2024

The above content is just a sample of the overwhelming evidence that, in order for Tasmania's CSA Reform Strategy to be tackling the causes and consequences of CSA, it must acknowledge and respond to the intersections between CSA and FSV.

3: The Tasmanian CSA Reform Strategy must engage and leverage the existing expertise and deep community connections of Tasmania's specialist family and sexual violence sector.

Tasmania's *CSA Reform Strategy* will need to mobilise a whole of community effort, involving considerable commitment within government institutions, but more broadly implemented in Tasmanian homes, neighbourhoods, community organisations and workplaces.

This document has provided overwhelming evidence that:

1. Child sexual abuse (CSA) is widespread in Australia and Tasmania – including in family, neighbourhood, and community settings.
2. There is a close, intersecting relationship between CSA and family and sexual violence (FSV).

It therefore follows that Tasmania's specialist family and sexual violence sector has a key role to play in preventing and addressing CSA in Tasmania.

For example, a key recommendation arising from the Australian Child and Maltreatment Study (ACMS) to prevent child maltreatment (specifically including CSA), is the 'development of new social norms' including norms that 'condemn violence against women and children and instead promote strong, honourable behaviour'. These cultural changes cannot be mandated by law or driven by bureaucratic processes. They require long-term grassroots efforts, embedded in local communities at every level. A whole of community approach to cultural change across generations, contexts and genders is needed.

FSVA members – with their established, respected and trusted presence across all Tasmanian communities – working closely with victim-survivors, are among the best placed organisations to support local Tasmanian communities develop these 'new norms'.

The ACMS notes that while the rate of CSA in Australian families is 'far too high', there is evidence of some reduction in the prevalence of CSA by parents and parent-like adult caregivers in the home, which it presents as positive evidence to "redouble our prevention efforts". At the same time, the ACMS found that an increase in adolescent intimate partner violence (overwhelmingly perpetrated by young men against young women) has created an urgent need for improved and earlier prevention, including about gender equality.

FSVA members – who have successfully worked hand-in-hand with lived experts in grassroots efforts over decades to prevent family and sexual violence– can utilise existing networks and proven strategies to deliver this 're-doubled' effort to prevent CSA in Tasmania.

For example, the sector is optimistic about the capacity to change gendered drivers of abuse in male adolescents, preventing decades of future harm. Recent important research has directly observed that opportunities for prevention and early intervention of adolescent HSB (especially the growing area of adolescent 'dating violence'), lie in addressing the root causes of family violence and hypermasculinity *through primary prevention efforts to end gender-based violence*.⁵⁷ It specifically noted "prevention and early intervention efforts could focus on how the domestic and family violence and child sexual abuse sectors work together rather than in silos".⁵⁸

⁵⁷ McKibbin, G. et al (2023) Op.Cit.

⁵⁸ Ibid.

The *National CSA Strategy* prioritises ‘awareness raising, education and building child safe cultures’, and providing victims and survivors with access to ‘trauma-informed help from a range of services during their lives and as their needs change’. The *National CSA Strategy* specifically acknowledges the role of the non-government sector in these efforts.

In Tasmania, FSVA member organisations are expert providers of these trauma-informed services, and are at the forefront of building cultures that are free from violence.

Priorities in Tasmania’s *CSA Reform Strategy* that could be delivered by the specialist family and sexual violence sector include:

- **Coordinated and integrated approaches to awareness and primary prevention of both CSA and FSV.**
- **Improved approaches to early intervention in co-occurring CSA and FSV.**
- **Improved support and therapeutic treatments for people experiencing co-occurring CSA and FSV.**
- **More Tasmanian-based research on the intersection between CSA and FSV, including in Tasmania’s rural and regional communities.**

To implement these strategic priorities, the *CSA Reform Strategy* should include targeted investments in:

- **Co-production of ‘joined-up’ CSA and FSV awareness and prevention strategies and campaigns with lived experts already actively organised and supported by Tasmania’s specialist FSV services.** This involves building on ‘what works’, amplifying the authentic voices of victim-survivors, and using limited resources efficiently. It also recognises that specialist FSV services have long-established relationships of trust with individuals, families and communities that cannot be replicated by government agencies. FSVA believes it is critical for specialist FSV services to deliver respectful relationship education in schools, noting that not all teaching staff are comfortable with this material, some teaching staff have their own history of CSA/FSV and many perceive a risk of compromising the teaching relationship by crossing into discussions about sex and consent. Delivery by external services is more likely to ensure that troubling cultural and intergenerational misconceptions, beliefs and attitudes are challenged and interrupted. FSVA members hear from students that they perceive external specialised service providers as having more credibility on these topics. The *CSA Reform Strategy* also needs to acknowledge that many students learning about respectful relationships at schools go home to disrespectful relationships. Individual young people are then burdened with the realisation of FSV being perpetrated in their own home and can feel powerless to act.

Community-based CSA and FSV service coordination via an appropriately resourced Tasmanian FSV peak body. It is noted the *Victorian Royal Commission into Family Violence* specifically recommended funding of specialist family violence and sexual assault services to facilitate their collaboration, including developing guidelines and protocols for facilitating information sharing, participating in joint education and training, and participating in joint service delivery.⁵⁹ The same should occur in Tasmania.

- **Specialist interventions and counselling for FSV clients experiencing intersections with CSA.** For example, many mother–child therapeutic interventions are based on neurobiological and attachment theories that present challenges to both policymakers and services, as they require adequate flexible funding, supportive work environments and appropriately skilled and trained staff.⁶⁰ Research has demonstrated success with specific psychological treatments (including cognitive behaviour therapy, trauma-informed cognitive behaviour therapy and eye

⁵⁹ Victorian Royal Commission into Family Violence (2016), *Summary and Recommendations*, p.54

⁶⁰ Campo, M. (2015), Op. Cit

movement desensitisation and reprocessing interventions) and mother–child psychotherapeutic interventions, that require further investment in Tasmania.⁶¹

- **Collaboration between the FSV and child protection sectors.** This includes early intervention to prevent CSA, and joined-up efforts to address the impact of CSA on both children and protective parents. FSV and CSA often intersect the criminal justice system, state-based child protection systems and the federal family law system. Significant issues have been identified in relation to the interaction of these legal systems in terms of achieving outcomes in the best interests of children.⁶² There is also a problematic intersection between women reporting and assisting prosecution of CSA perpetrated by their intimate partners, in which the incidence of abuse may become an accusation levelled at mothers for ‘failing to protect’ rather than the perpetrators of violence (even resulting in removal of children to out of home care).⁶³ Laurel House reports that Tasmanian mothers accessing its service are often navigating these complexities and systemic flaws. It reports that court processes require mothers to ‘prove’ the abuse of themselves and their child in seeking protection, and such ‘proof’ cannot be provided when the child has not been able to provide police with a clear disclosure. Laurel House has multiple examples of protective parents being forced into mediation with abusive ex-partners and/or decisions upholding the rights of abusive parents despite disclosures from children about child sexual abuse. Disappointingly, it has also seen parenting orders that prevent child victims from having access to specialist counselling for child sexual abuse.
- **Research on the intersections between CSA and FSV, driven by a Tasmanian FSV peak body.** For example, as noted in the *National Plan to End Violence against Women and Children*, “little is known about the impacts of violence and trauma on children over time, and how these impacts may present as they become adults. There is a considerable gap in how services respond to child sexual abuse, support the recovery of child sexual abuse victim-survivors and prevent further harm. There is also further work to do in supporting the recovery efforts of adolescents who use violence, who may also be victim-survivors of gender-based violence.”⁶⁴ In addition, a more in-depth understanding of the type and emotional impact of negative responses to disclosure by parents and other family members, and the barriers to adequate support, validation and trust, may inform strategies to avert much of the longer-term emotional difficulties and risks that survivors encounter following childhood abuse experiences.⁶⁵

It is critical to note that none of the essential initiatives outlined above can be delivered by Tasmania’s specialist family and sexual violence organisations from within existing resources. While FSVA member organisations have been able to increase service levels via the *National Partnership Agreement on Family, Domestic and Sexual Violence Responses* and other one-off investments, demand for services by Tasmanian victim-survivors continues to increase beyond the resources available (through both increased instances of help-seeking and complexity of cases).

It is also important to reiterate that every day, in every part of Tasmania, existing FSV services are preventing and addressing the widespread CSA that has occurred, and continues to occur, in Tasmanian communities.

FSVA looks forward to direct discussions with government about how the issues raised in this document can be included in the *CSA Reform Strategy*, including direct investments made in a sustainable and cost-effective way, leveraging existing specialist FSV expertise, service infrastructure and community networks.

For more information, contact:

⁶¹ Townsend, N. et al (2022), Op. Cit. p. 20

⁶² Campo, M. (2015), Op. Cit

⁶³ Ibid.

⁶⁴ Commonwealth of Australia (2022), *National Plan to End Violence against Women and Children 2022-2032*

⁶⁵ Rees, S., Simpson, L., McCormack, C. A., Moussa, B., & Amanatidis, S. (2019). Believe #metoo: Sexual violence and interpersonal disclosure experiences among women attending a sexual assault service in Australia: A mixed methods study. *BMJ Open*, 9(7)

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Appendix A: Published research used in this document

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Appendix B: Australian plans, strategies and reports used in this document

- *Report of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (2023)*
- *Independent Inquiry into the Tasmanian Department of Education's Responses to Child Sexual Abuse (2021)*
- *Keeping Children Safe and Rebuilding Trust: Government Response to the Report of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (2023)*
- *'Survivors at the Centre': Tasmania's Third Family and Sexual Violence Action Plan 2022-2027*
- *Tasmanian Child and Youth Wellbeing Strategy (2021)*
- *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*
- *National Plan to End Violence against Women and Children 2022-2032*
- *Commonwealth Royal Commission into Institutional Responses to Child Sexual Abuse (2017)*
- *Victorian Royal Commission into Family Violence (2016)*
- *Victorian Family Violence Reform Rolling Action Plan 2020-2023*