



*Submission in relation to the
consultation draft of **Change for Children:**
[Tasmania's 10 year Child Sexual Abuse Strategy]*

30 September 2024

Engender Equality is Tasmania's statewide specialist family violence organisation.

Engender Equality acknowledges, with deep respect, the palawa and pakana people, the traditional owners of lutruwita (Tasmania). We express gratitude for their custodianship and stand with them in the declaration that their sovereignty remains unceded.

Introduction

This submission is in relation to the ‘consultation draft’ of *Change for Children*: “Tasmania’s 10 year Strategy for upholding the rights of children by preventing, identifying and responding to child sexual abuse”. It has been developed utilising the practice wisdom and lived expertise of Engender Equality staff and contractors, and that of Tasmania’s Family and Sexual Violence Alliance (FSVA).

The submission makes four points:

1. The draft strategy has fundamental deficiencies that cannot be remedied through amendment. It should be withdrawn, re-designed and re-released for consultation. *We provide ten reasons why.*
2. The draft strategy should be structured in a way that is consistent with the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*, and other well-established public health approaches to violence against women and children. *We provide an example framework.*
3. There are many evidence-based and practical actions that could be implemented to reduce the risk, extent and impact of child sexual abuse and related harms in Tasmania, (most of which are not in the draft strategy). *We provide an example list of actions.*
4. One example of a practical action is empowering and supporting ‘protective parents’, especially in the context of intimate partner violence. *We provide a considered overview of why and how this type of practical action should be implemented in Tasmania.*

Point One: The draft strategy has fundamental deficiencies that cannot be remedied through amendment. It should be withdrawn, re-designed and re-released for consultation.

The proposed strategy is written for the Tasmanian Government, not for Tasmanian communities. It has many deficiencies. Some of the deficiencies are straightforward omissions (such as lack of specific and measurable commitments) and some are fundamental (such as failing to identify the drivers, causes and characteristics of child sexual abuse).

The government should be aware of these deficiencies. Engender Equality contributed to a detailed ‘companion paper’ developed by the Tasmanian Family and Sexual Violence Alliance (FSVA) as part of the government’s development of the strategy, which examined in detail the drivers and incidence of child sexual abuse in Tasmania.

The following list of ten deficiencies are by no means exhaustive, but nonetheless indicate why the strategy is not ‘fit for purpose’.

1. The draft strategy lacks a clear, concise and measurable objective. The objective should be (consistent with the national strategy): “To reduce the risk, extent and impact of child sexual abuse and related harms in Tasmania.”
2. The overwhelming focus of the strategy is on actions of government agencies. This will not significantly reduce the risk, extent and impact of child sexual abuse in Tasmanian homes and communities. The strategy should be for all Tasmanians, in all settings.
3. The draft strategy is lacking analysis of the indicators of child sexual abuse, including how and why perpetrators target children and young people. In fact, the word ‘perpetrator’ is not mentioned at all in any of the principles or actions.

4. The draft strategy does not examine the main drivers of child sexual abuse. It is not credible to have an ‘action plan’ that fails to identify and address the causes of child sexual abuse in Tasmania. There is a real risk the strategy does more harm than good by diverting attention and resources from environments of greatest risk and prevalence of child sexual abuse in Tasmanian communities.
5. The overwhelmingly gendered nature of all sexual abuse, including child sexual abuse, is largely absent from the strategy. The critical facts that perpetrators of child sexual abuse are mostly males known to the child, and girls are much more likely to be victims, has been omitted. The word ‘incest’ is not used in any part of the draft strategy.
6. The draft strategy lacks a coherent structure for systemically addressing child sexual abuse. The three ‘action areas’ of ‘reform’, ‘build connection and trust’ and ‘keep children safe’ do not connect to a theory of change and are not consistent with public health models. The practical action areas should be ‘Prevention’, ‘Early Intervention’, ‘Response’, ‘Recovery and Healing’, ‘System Enablers’ and ‘Data and Evaluation’.
7. The *National Principles for Child Safe Organisations* are used as the ‘delivery framework’ for the ‘actions’ in the government’s draft strategy. The *National Principles* are an important tool, but they are not an appropriate framework for Tasmania’s child sexual abuse strategy, not the least because most child sexual abuse in Tasmania occurs outside of organisations. In addition, the *National Principles* do not cover ‘Recovery and Healing’ from child sexual abuse.
8. The draft strategy does not make a single specific, measurable commitment to prevent, intervene, respond to, or support recovery and healing of child sexual abuse outside of government agencies. Much of the ‘action’ content is merely re-stating the Government’s previously announced (2023) responses to the Commission of Inquiry. There are no commitments that will address dangerously long wait lists and acute workforce shortages.
9. The draft strategy does not have any targets or timelines for reducing the risk, extent and impact of child sexual abuse and related harms in Tasmania. It does not identify any data that would be used to measure whether the strategy is having any impact.
10. The draft strategy is difficult to read – it uses overly complex and bureaucratic language, dense tracts of text, and has no numbering to navigate the document. The language and presentation of the strategy is inaccessible to most children and young people in Tasmania. A comparison with the accessibility of the National Strategy is stark.

The fundamental deficiencies in the draft strategy cannot be remedied through amendment.

The strategy should be withdrawn and re-written. The re-written strategy should draw on content and frameworks in existing national and state strategies. It should cover child sexual abuse in all settings; explicitly examine and address the drivers of child sexual abuse in Tasmanian homes and communities; include evidence-based actions to address child sexual abuse; and be easy to understand.

Point Two: The draft strategy should be structured in a way that is consistent with the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*, and other well-established public health approaches to violence against women and children.

Engender Equality suggests that Tasmania’s Child Sexual Abuse Strategy should reflect the following structure, which would be consistent with the *National Strategy*, and logically connect to the provision of priority, evidence-based, measurable actions:

Proposed alternative structure for Tasmania’s Child Sexual Abuse Strategy

1. Vision

All children and young people in Tasmania are protected and safe from sexual abuse.

2. Objective

To reduce the risk, extent and impact of child sexual abuse and related harms in Tasmania.

3. Who is this strategy for?

This Tasmania Child Sexual Abuse Strategy is for victims and survivors of child sexual abuse of all ages; children and young people; families, kin and carers; communities; organisations; and governments. In addition, some people in Tasmania are uniquely impacted by child sexual abuse and their lived expertise should continuously shape the actions in this strategy. These groups are: Tasmanian Aboriginal people; culturally and linguistically diverse (CALD) communities; people with disability; LGBTQIA+ people; and people living in rural and isolated communities.

4. Scope of child sexual abuse addressed in this strategy

The Tasmanian Child Sexual Abuse Strategy addresses child sexual abuse in all settings, including:

- within families
- by other adults the child or young person knows
- by other adults the child or young person doesn’t know
- by other children and young people
- in organisations and government agencies (‘institutions’)
- online.

5. Principles

- a) Child safety in Tasmania is everyone’s responsibility. Tasmanian and Australian governments, organisations, industry, communities, neighbourhoods, local groups, families, kin, carers and individuals all have a role to play.
- b) Victims and survivors are supported and empowered. The views, experiences and needs of victims and survivors guide our efforts.
- c) Children and young people’s voices and views, experiences and participation are central to the decisions we make.
- d) We hear and value the diverse views and experiences of all Tasmanians. The work we do to prevent and respond to child sexual abuse is culturally safe; developmentally and age appropriate; trauma-informed; accessible and meets diverse needs and circumstances.
- e) Evidence, data, research and evaluation informs our policies, programs, actions and reforms.

6. Why we need a Tasmania Child Abuse strategy

- *Distinctive and unique aspects of CSA in Tasmania*
- *Intersection with family violence and sexual violence against women*
- *2023 Commission of Inquiry Report on CSA in institutions*

7. Data trends that inform this strategy

- *ABS Personal Safety Survey*
- *Australian Childhood Maltreatment Survey*
- *State and National Crime Statistics*
- *Australian Child Sexual Abuse Attitudes, Knowledge and Response Study*

8. Risk and indicators of child sexual abuse in Tasmania

- *The prevalence of child sexual abuse in Tasmania*
- *Impacts of child sexual abuse*
- *Links to other forms of maltreatment*
- *Gendered drivers of sexual abuse*
- *Perpetrator characteristics*
- *How and why perpetrators target children and young people*
- *Indicators of child sexual abuse*
- *Children and young people with harmful sexual behaviours*

9. Roles in preventing and responding to CSA

- *Role of the Tasmanian community*
- *Role of specialist services*
- *Role of other services*
- *Role of community organisations and local governments*
- *Role of Tasmanian Government*
- *Role of Commonwealth Government*
- *Workforce planning and development*

10. Related Initiatives

- *National Strategy to Prevent and Respond to Child Sexual Abuse*
- *National Plan to End Violence Against Women and Children*
- *Safe and Supported: The National Framework for Protecting Australia’s Children*
- *National Principles for Child Safe Organisations*
- *Tasmania’s Third Family and Sexual Violence Action Plan: Survivors at the Centre*
- *Tasmanian Government response to 2023 Commission of Inquiry Report*

ACTION PLAN FOR THE TASMANIAN CHILD SEXUAL ABUSE STRATEGY

The Tasmanian Child Sexual Abuse Strategy has six action areas:

ACTION AREA	DESCRIPTION OF ACTION AREA
A: PRIMARY PREVENTION	Child sexual abuse is prevented through changes to attitudes, norms and structures that underpin violence against children.
B: EARLY INTERVENTION	Risk factors for child sexual abuse are reduced in all Tasmanian settings.
C: RESPONSE	Responses to child sexual abuse are integrated, trauma and violence-informed, culturally safe, prioritise victim-survivor’s safety and needs, hold perpetrators to account and stop child sexual abuse.
D: RECOVERY AND HEALING	Victims of child sexual abuse receive support to help them heal and recover.
E: SYSTEM ENABLERS	A, B, C and D are coordinated, appropriately resourced over the long-term, informed by people with lived experience and expertise, supported by laws and policy, and delivered by a competent workforce.
F: DATA AND EVALUATION	Tasmania analyses data on child sexual abuse in all settings; adopts achievable data-driven targets; continuously improves its performance; and transparently reports progress to communities.

Specific, measurable, funded actions (including funding commitments and delivery accountabilities) would then be outlined for each of the six action areas.

Point Three: There are many evidence-based and practical actions that could be implemented to reduce the risk, extent and impact of child sexual abuse and related harms in Tasmania, (most of which are not in the draft strategy).

The following list of potential actions has been sourced from existing literature and consultation within Tasmania’s Family and Sexual Violence Alliance (FSVA). It is illustrative of the type of practical actions that should feature in the strategy, and is by no means exhaustive. It excludes actions that are already covered by the Government’s response to the *Commission of Inquiry*.

Example initiative	Strategy Area	Possible provider model
1. Enable ongoing community conversations about prevention of, and intervention in CSA, tailored to each of Tasmania’s regions and distinct communities.	Primary prevention	Multiple providers (one for each region)
2. Statewide social marketing campaigns on prevention and intervention in CSA in Tasmania.	Primary prevention	Single provider (with contracted public campaign specialist)
3. Implement a statewide program of parent/caregiver CSA education (e.g. healthy sexual development of children, challenging gendered drivers of violence through parenting/caregiver role).	Primary prevention	Multiple providers, in partnership with child and family centres and early childhood providers
4. Implement a statewide program to facilitate Family/Friend/Neighbourhood approaches to prevention of, and intervention in CSA (effective bystander approaches, preventing intrafamilial abuse), in non-organisational settings	Primary prevention; early intervention	Multiple providers (one for each region), in partnership with local community organisations
5. Tailored settings-based FSV and CSA prevention and intervention education for <i>small organisations</i> (local sports clubs, Women’s/Men’s Sheds, landcare groups etc).	Primary prevention; early intervention	Multiple providers (one for each region)
6. Expert external delivery of relationships and sex education/affirmative consent/critical literacy of media and technology - including pornography and image-based abuse - to all young people in Tasmania across school and non-school learning environments.	Primary prevention	Multiple providers using common framework and tools (state schools can choose preferred provider)
7. Empowering victim-survivors of Intimate Partner Violence to prevent and intervene in CSA occurring to their own children from an abusive ex-partner.	Primary prevention; early intervention	(See section 4 of this submission)
8. Invest in outreach to families in rural and remote Tasmanian communities to prevent and intervene in CSA, including via a ‘social determinants of health’ approach.	Primary prevention; early intervention	Specialist FSV providers working with rural/remote communities in partnership with public health providers
9. A suite of high school and college programs to enable young people to undertake prevention and intervention themselves (e.g. young men as allies in schools and colleges; women and gender diverse people’s empowerment programs; preventing image-based abuse and associated dangerous behaviours).	Primary prevention; early intervention	Single provider, supporting ongoing school-based initiatives

Example initiative	Strategy Area	Possible provider model
10. Proactively engage and work with young Tasmanians at risk of perpetrating CSA - including children and youth with harmful sexual behaviours - to promote prosocial, respectful relationships and healthy intimacy.	Early intervention; response	Existing HSB providers, youth services and specialist FSV providers
11. Increase perpetrator accountability for CSA, and the availability of programs and services to address perpetrator behaviours.	Response	Multiple providers
12. Support and increase the capacity of health workers undertaking medical and forensic child sexual assault and child physical abuse and neglect examinations.	Response	Specialist FSV, justice and health sector partnership
13. Improve criminal justice responses to CSA that is a crime.	Response	Government working with community legal services and FSV providers
14. Provide high quality CSA recovery and healing services to high-risk groups across the life course – children, women, Aboriginal and Torres Strait Islander peoples, LGBTIQ+ people, CALD, people with disability.	Recovery and healing	Existing FSV providers
15. Increase the number of practitioners across Tasmania’s FSV specialist services specialising in holistic, trauma-informed support for people who experience CSA.	Recovery and healing	Existing FSV providers
16. Develop and implement a long-term Tasmanian CSA Workforce Development plan	System enabler	Existing FSV providers
17. Invest in pre-natal, maternal, early childhood and child health workforce training to support parents/caregivers prevent CSA.	System enabler	Existing FSV providers in partnership with health and early childhood sectors
18. Compulsory child sexual abuse primary prevention training across service organisations.	System enabler	Existing FSV providers
19. Support victim survivors of CSA to contribute to improved models of prevention, intervention, response and recovery/healing.	System enabler	Existing FSV providers in partnership with lived experience groups
20. Improve understanding of and responses to children and young people who display harmful sexual behaviours across a range of sectors and communities.	System enabler; data, research and evidence	External contractor managed by FSVA
21. Build greater knowledge and understanding of the key drivers and contexts of CSA in Tasmanian Aboriginal communities, and appropriate prevention, intervention, response to perpetration and recovery/healing initiatives.	System enabler; data, research and evidence	ACCO provider
22. Invest in long-term, Tasmanian-specific data collection and research on the incidence, prevalence, settings and risk indicators of CSA in Tasmania.	Data, research and evidence	FSVA, relevant government agencies and research institutions
23. Invest in consistent and robust monitoring and evaluation of CSA prevention, intervention, response and recovery/healing programs in Tasmania.	Data, research and evidence	FSVA, relevant government agencies and research institutions

Point Four: A detailed example of a practical action: An integrated program to empower and support protective parents and their children in the context of intimate partner violence (IPV) and child sexual abuse (CSA).

Tasmanian Child Sexual Abuse Strategy	
Action Proposal: An integrated program to empower and support protective parents and their children in the context of intimate partner violence (IPV) and child sexual abuse (CSA).	
Proposed Commencement Date: January 2025	
Proposed timeframe: Ongoing, throughout duration of Strategy and Action Plan.	
Action Area:	
<input checked="" type="checkbox"/> Prevention <input checked="" type="checkbox"/> Early Intervention <input checked="" type="checkbox"/> Response	<input checked="" type="checkbox"/> Recovery and Healing <input type="checkbox"/> System Enabler <input type="checkbox"/> Data and evaluation
Headline recommendation:	
The Tasmanian Government supports Tasmanian specialist intimate partner violence (IPV) services to provide extended support for victim-survivors of IPV who are also ‘protective parents’, and their children.	
Detailed recommendation:	
The Tasmanian Government supports existing, specialist intimate partner violence (IPV) services to empower and support protective parents to:	
<ul style="list-style-type: none"> • prevent their child(ren) experiencing violence and sexual abuse • actively intervene to mitigate the future risk of their child(ren) experiencing violence and sexual abuse • respond to past or present violence and sexual abuse perpetrated against their child(ren) • support their child(ren) to recover and heal from violence and sexual abuse • help ensure that ‘protective parents’ are able to protect their child(ren), and hold perpetrators to account, without experiencing perverse consequences from child protection, family law, criminal justice and income support systems. 	
Rationale for proposed action:	
<p>A protective parent is a caregiver who seeks to reduce harm for children exposed to family, domestic and sexual violence, including CSA. In most cases, the protective parent is a female caregiver seeking to reduce harm perpetrated by a male perpetrator.</p> <p>Enhancing parents’ protective behaviours has long been viewed as important in the prevention of CSA.ⁱ Further, when children disclose sexual abuse, the response they receive is critical to their ongoing protection and well-being. Research indicates that sexually abused children who receive consistent maternal support function better in childhood, adolescence, and adulthood than children who do not receive consistent maternal support,ⁱⁱ and may be at reduced risk of revictimization.ⁱⁱⁱ</p> <p>Yet, despite being critical in preventing and healing CSA, protective mothers are “simultaneously subjected to an ongoing pattern of emotional, psychological, physical, sexual, and financial abuse: victimised themselves by their partners who are frequently their children’s fathers or father figures in their children’s lives”^{iv}. The abuse often continues after victimised mothers separate from their partners, “with child custody and access issues providing a context in which abusive ex-partners can use tactics such as abduction threats, child neglect or manipulation of access arrangements in attempts to regain control of the children’s mothers”^v.</p>	

The recent Commonwealth Government *Rapid Review* on family, domestic and sexual violence^{vi} found that “*vouchsafing recovery for protective parents and their children is not only essential for immediate safety, but also vital for interrupting intergenerational violence and disadvantage, which can prevent future victimisation and perpetration in the next generation*” and that State/Commonwealth policy required an “*immediate emphasis on support and recovery for young children, with a particular focus on supporting children’s relationships with a protective parent.*”

These findings are consistent with the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*, which 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 exposure to family violence.^{vii}

The Victorian Royal Commission into Family Violence found the right of children and young people to live free from violence should be a fundamental element of family violence policy and practice.^{viii}

National and international data points to both a co-occurrence and cycle of family violence and CSA, 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.^{ix}

There is overwhelming, data-driven evidence that gender inequality, gender privilege, and exploitative masculinity are primary drivers of both CSA and broader family and sexual violence. Women are overwhelming victims of FSV, and are also much more likely to be victims of CSA than men. Of women who reported childhood sexual abuse by a family member in the 2021-22 ABS Personal Safety Survey (PSS), more than 90% were by male relatives.^x

The 2023 Australian Child Maltreatment Study (ACMS), found 28.5% of Australians had experienced CSA and about one-third of all sexual abuse of children was committed by adult family members^{xi}. The data about CSA in families and communities in the PSS and AMCS correlates with crime data. For example, a family member was the most common offender-to-victim relationship for victims aged 0–9 years (57%), with 21% involving parents.^{xii}

There is strong evidence to suggest that family settings are also sites for production of Child Sexual Abuse Material (CSAM)^{xiii}. 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.^{xiv}

There is also 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.^{xv}

Male parental abusers are especially difficult to detect^{xvi}. 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 anyone^{xvii}, and the shame and fear caused by victimisation makes it extremely difficult to speak out^{xviii}.

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.^{xix} 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.^{xx}

Unfortunately, across service systems (and especially in child protection policies and practices), blame for CSA is still attributed to nonoffending mothers^{xxi}. While mothers experiencing IPV are expected to protect their children by separating from violent partners, “disclosing intimate violence and abuse within family court systems dealing with child custody after separation does not ensure that mothers’ proactive strategies to protect their children are recognised and supported”.^{xxii}

This was explicitly recognised in the *Rapid Review*, which recommended specialised support for

adult and child victim-survivors in the family law context to mitigate against systems abuse, including in “protracted proceedings where the protective parent may be being perceived by the court or portrayed by a perpetrator parent as untruthful.”

To counter this ongoing and escalating risk and harm to women and children requires nuanced, specialist and trauma-informed support by experienced IPV practitioners, with linkages to broader wrap-around supports. As Canadian researcher Corry Azzopardi has observed^{xxiii}: *“moving away from deficit schemas of mothering that attribute perceived failures in protection to individual inadequacies necessitates consideration of women's lived experiences and material conditions, intersecting sources of oppression, consequences of life-altering decisions, and structural barriers to fulfilling the protection mandate. Rejecting binary thinking that underlies universal applications means accepting the reality of maternal imperfection, embracing diversities among women, making visible the emotional and physical [labour] of mothering, and replacing discourses that shame and blame with discourses that empower and support. This paradigm shift calls for increased awareness and disruption of unconscious bias among professionals, and policies and practices derived from evidence and experience, not driven by gender normative ideology.”*

Key elements of action implementation:

1. Detailed development of an integrated program to empower and support protective parents in the context of intimate partner violence (IPV) and child sexual abuse (CSA), drawing on data, research evidence, lived expertise and practice wisdom.
2. Training and capacity building for specialist IPV services in Tasmania to empower and support victim-survivor protective parents, and their children.
3. Specialist, coordinated wrap-around support for protective parents and their children, including countering ‘systems abuse’ experienced by protective parents and children when seeking to mitigate the risks posed by IPV/CSA perpetrators and/or hold perpetrators to account.
4. Ongoing monitoring, review, evaluation and improvement of an integrated program to empower and support protective parents in the context of IPV and CSA.

Existing expertise, tools and resources to implement this action:

See the endnotes in this proposal for detailed evidence and research on the need for empowerment and support for protective parents in the context of intimate partner violence and CSA.

Additional resources required to implement this action:

The estimated cost of developing an integrated program to empower and support protective parents in the context of intimate partner violence (IPV) and child sexual abuse (CSA), in each region of Tasmania, is \$649,375 per year for four years, with ongoing funding determined from program evaluation.

Measuring success of this action:

- Number of IPV victim-survivors and children engaged in program, in each region of Tasmania
- Instances of CSA prevention implemented by the program
- Instances of CSA early intervention implemented by the program
- Instances of CSA response implemented by the program
- Instances of CSA recovery/healing implemented by the program
- Maintenance of positive relationships between protective parents and children
- Reduced instances of ‘systems abuse’ associated with disclosures of child abuse by protective parents.

Responsibility for implementing action:

Funding: Tasmanian Government

Delivery: Specialist Tasmanian intimate partner violence services

Governance: Tasmanian Government; specialist Tasmania intimate partner violence services; victim-survivors of IPV; victim-survivors of CSA

ENDNOTES FOR SECTION 4

- ⁱ See for example: Rudolph, J., & Zimmer-Gembeck, M. J. (2018). Parents as protectors: A qualitative study of parents' views on child sexual abuse prevention. *Child abuse & neglect*, 85, 28-38; Mendelson, T., & Letourneau, E. J. (2015). Parent-focused prevention of child sexual abuse. *Prevention Science*, 16, 844-852
- ⁱⁱ Coohy, C., & O'Leary, P. (2008). Mothers' protection of their children after discovering they have been sexually abused: An information-processing perspective. *Child Abuse & Neglect*, 32(2), 245-259.
- ⁱⁱⁱ Scoglio, A. A. J., Kraus, S. W., Saczynski, J., Jooma, S., & Molnar, B. E. (2021). Systematic Review of Risk and Protective Factors for Revictimization After Child Sexual Abuse. *Trauma, Violence, & Abuse*, 22(1), 41-53
- ^{iv} Morgan, M., & Coombes, L. (2016). Protective mothers: Women's understandings of protecting children in the context of legal interventions into intimate partner violence. *The Australian community psychologist*, 28(1), 59-78.
- ^v Ibid.
- ^{vi} Commonwealth of Australia Rapid Review Expert Panel (2024), *Report of the Rapid Review of Prevention Approaches*
- ^{vii} Commonwealth of Australia (2021), Department of the Prime Minister and Cabinet, *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*
- ^{viii} Victorian Royal Commission into Family Violence (2016), *Summary and Recommendations*, p.23
- ^{ix} 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.
- ^x 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.
- ^{xi} 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.
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- ^{xiii} 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.
- ^{xiv} Canadian Centre for Child Protection (2017), *Survivors Survey Full Report 2017*
- ^{xv} 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
- ^{xvi} Salter M (2013) Grace's story: prolonged incestuous abuse from childhood into adulthood. *Violence Against Women*. Feb;19(2):146-65.
- ^{xvii} 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.
- ^{xviii} Gewirtz-Meydan, A., Walsh, W., Wolak, J., & Finkelhor, D. (2018). The complex experience of child pornography survivors. *Child Abuse & Neglect*, 80, 238-248.
- ^{xix} 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*.
- ^{xx} George, A., & Harris, B. (2014). *Landscapes of violence: Women surviving family violence in regional and rural Victoria*.
- ^{xxi} Kuskoff, E., Parsell, C., Plage, S., Perales, F., & Ablaza, C. (2024). Of good mothers and violent fathers: negotiating child protection interventions in abusive relationships. *Violence against women*, 30(10), 2531-2548.
- ^{xxii} Morgan, M., & Coombes, L. (2016). Protective mothers: Women's understandings of protecting children in the context of legal interventions into intimate partner violence. *The Australian community psychologist*, 28(1), 59-78.
- ^{xxiii} Azzopardi, C. (2022). Gendered attributions of blame and failure to protect in child welfare responses to sexual abuse: A feminist critical discourse analysis. *Violence against women*, 28(6-7), 1631-1658.

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