



Tasmanian
**Family and
Sexual Violence**
Alliance

Submission to:
Tasmanian Parliament
Commission of Inquiry Recommendations Scrutiny
Joint Sessional Committee

14 February 2025

Organisations represented on the TFSVA Transitional Board (February 2025) are:

women's
legal
service
tasmania



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Acknowledgements

TFSVA acknowledges Tasmanian Aboriginal people as the First Peoples and Traditional Owners of the land, water and air of lutruwita/Tasmania. We acknowledge that Aboriginal sovereignty was never ceded, and the continuing hurt caused by colonisation. We acknowledge the ongoing leadership role of Tasmanian Aboriginal communities in addressing and preventing family and sexual violence.

TFSVA acknowledges all people who have experienced family violence, sexual violence, child sexual abuse, and all forms of violence against women and children. We recognise the importance of system changes being guided by their experiences, expertise and advocacy. We thank them for their generous contributions to this submission, via TFSVA members. We also remember and pay respects to those who did not survive and all of those who have lost loved ones to family and sexual violence.

Further information and insights upon request

TFSVA invites the Joint Sessional Committee to:

- a) Meet with representatives of TFSVA to discuss the contents of this submission
- b) Request further information arising from this submission.

Requests can be made via the TFSVA Interim Chair, Alina Thomas:
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1. Background to TFSVA

The establishment of a Tasmanian Family and Sexual Violence Alliance (TFSVA) as the sector's peak body was a key action in Tasmania's *Third Family and Sexual Violence Action Plan 2022-2027*.

A Steering Committee comprised of specialist family and sexual violence (FSV) services and lived experience experts guided the new peak body to incorporation in late 2024.

The purpose of the TFSVA is to:

- transform the culture and systems that hold gender inequity and violence in place
- provide a coordinated, strategic response to FSV and child sexual abuse (CSA) in lutruwita/Tasmania.

It will achieve this purpose through building the capability of specialist and mainstream workforces and industries to prevent and respond to family and sexual violence through:

- providing leadership on specialist practice across the four interconnecting domains of primary prevention; early intervention; response; and healing and recovery.
- ensuring the expertise of lived experience and the practice wisdom of specialist services is embedded in policy development, services and other decision making
- streamlining engagement between the government and the family violence and sexual violence services sector.

The TFSVA has already commenced its work, including:

- development of *Tasmanian Victim-Survivor Engagement Guidelines* (June 2024)
- a companion document for Department of Premier and Cabinet: *Three essential elements of an effective Tasmanian Child Sexual Abuse Reform Strategy and Action Plan* (April 2024)
- a detailed submission for the Australian Law Reform Commission on *Justice Responses to Sexual Violence in Tasmania* (July 2024)
- advice on improving the draft *Change for Children* strategy (October 2024).

The TFSVA has been advised by the Tasmanian Government that its 'core' funding (subject to extension in 2025 of Tasmania's National Partnership Agreement on Family, Domestic and Sexual Violence) will be: \$270,000 in 2024-25; \$370,000 in 2025-26; \$370,000 in 2026-27.

The core services that FSV will deliver with this modest establishment budget will be:

- identifying ways to meet need and demand for FSV services in Tasmania
- responding to requests from government for whole-of-sector policy submissions relating to family violence, sexual violence and child sexual abuse
- supporting member organisations with advocacy and representations to government
- collecting and disseminating relevant information to Tasmania's FSV sector
- maintaining compliant governance functions
- maintaining compliant administrative functions
- in all its work:
 - engaging broadly and directly with the sector
 - seeking partnerships of respect and understanding with Tasmanian Aboriginal people
 - leveraging existing networks to gain deeper lived experience perspectives on service demand and innovative service approaches.

2. Headline Recommendations for Joint Sessional Committee

In scrutinising the recommendations made in the Final Report of the Commission of Inquiry into the Tasmanian Government's Response to Child Sexual Abuse in Institutional Settings ('the COI Recommendations') the Sessional Committee – and the Tasmanian Parliament more broadly – must:

Recommendation 1:

Acknowledge that child sexual abuse (CSA) in institutions, and CSA which occurs to a much greater extent in families and communities, are inextricably linked and addressing them together is the only way to significantly reduce the incidence and impact of CSA in Tasmania.

Recommendation 2:

Consider the multiple intersections between CSA and family and sexual violence (FSV), acknowledging that failing to adequately address all gendered violence will undermine efforts to prevent CSA in Tasmania.

Recommendation 3:

Consider responses to CSA in Tasmania using an integrated, long-term public health framework (as set out in section 5 of this submission), rather than a 'checklist' of recommendations.

Recommendation 4:

Engage and leverage the existing expertise and deep community connections of Tasmania's specialist FSV sector to progress 25 practical and evidence-based proposals to reduce the incidence and impact of CSA in Tasmanian communities (as set out in section 6 of this submission).

Recommendation 5:

Consider the ways in which *Tasmania's 10 year Strategy for upholding the rights of children by preventing, identifying and responding to child sexual abuse* (due to be released in February 2025) can be a vehicle for progressing the initiatives in Recommendation 4, including via the Strategy's *First Action Plan* (to be 'co-designed' in the first half of 2025) and the Strategy's *Outcome and Evaluation Framework*.

Recommendation 6:

Acknowledge that the Tasmanian specialist FSV sector, which is at the frontline of preventing and responding to CSA and gendered violence in Tasmanian communities, appears to be significantly underfunded when compared to other states and territories in Australia (as evidenced in section 7 of this submission), despite Tasmania having some of the highest rates of gendered violence in Australia, and take steps to address this critical shortfall.

3. The incidence of CSA in Tasmanian communities

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 15*¹. 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

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.

this was consistent with a body of research demonstrating most sexual abuse being inflicted by adults and adolescents known to the child.¹¹

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 AMCS 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

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

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.

4. The intersection between CSA and FSV

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.²⁴ The great majority of CSA and FSV perpetrators 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 man²⁵.

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%).²⁶ 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.²⁷ The FSV 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%).²⁸ 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.²⁹

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.³⁰

²⁴ Australian Bureau of Statistics (2023a), Op. Cit.

²⁵ Royal Commission into Institutional Responses to Child Sexual Abuse (2017), *Final Report – Preface and Summary*, p.9

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 Salter M et al. (2021), Op. Cit.

²⁸ 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

²⁹ Townsend, N. et al (2022), Op. Cit. p. 8

³⁰ 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.



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 norms that may increase the risk of victimisation.³¹ Across all cohorts, sexual violence in childhood was found to be a risk factor for experiencing further violence.³²

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.³³

Among males, the risk of being a CSA perpetrator correlates with being a CSA victim.³⁴ Further, a major Australian Institute of Criminology Study found male CSA victims 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 offence³⁵. 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 victim-survivors of child sexual abuse 23.9 years to disclose the abuse to anyone.³⁶ 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 onset³⁷, 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.³⁸

³¹ 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)

³² Townsend, N. et al (2022), Op. Cit. p.69

³³ 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)

³⁴ 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

³⁵ 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.

³⁶ Commonwealth of Australia (2021), Department of the Prime Minister and Cabinet, *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*

³⁷ McKibbin, G., Green, J., Humphreys, C., & Tyler, M. (2023). Pathways to Onset of Harmful Sexual Behavior. *Victims & Offenders*, 1–39.

³⁸ 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

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.³⁹ 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.⁴⁰

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 seeking help.⁴¹ 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.⁴²

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.⁴³

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.⁴⁴

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”⁴⁵. 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”,⁴⁶ 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 recent Commonwealth Government *Rapid Review* on family, domestic and sexual violence⁴⁷ found that “vouchsafing recovery for protective parents and their children is not only

³⁹ 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),

⁴⁰ Ibid.

⁴¹ Campo, M., & Tayton, S. (2015). *Domestic and family violence in regional, rural and remote communities*. Australian Institute of Family Studies.

⁴² George, A., & Harris, B. (2014). *Landscapes of violence: Women surviving family violence in regional and rural Victoria*.

⁴³ 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.

⁴⁴ 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)

⁴⁵ 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.

⁴⁶ Ibid.

⁴⁷ Commonwealth of Australia Rapid Review Expert Panel (2024), *Report of the Rapid Review of Prevention Approaches*

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* 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).⁴⁸

The Tasmanian *Commission of Inquiry* report⁴⁹, 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)

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.⁵⁰

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’.⁵¹ ‘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’.⁵²

⁴⁸ Commonwealth of Australia (2022), *National Plan to End Violence against Women and Children 2022-2032*

⁴⁹ Commission of Inquiry into the Tasmanian Government’s Responses to Child Sexual Abuse in Institutional Settings (2023), *Report*

⁵⁰ Victorian Royal Commission into Family Violence (2016), *Summary and Recommendations*, p.23

⁵¹ 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

⁵² 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

5. A public health framework for addressing CSA

The long-term aim of the Joint Sessional Committee, and the entire Tasmania Parliament, must be to measurably reduce the risk, extent and impact of all child sexual abuse and related harms in Tasmania.

This cannot be achieved by implementing a static list of recommendations, largely focused on the machinations of government.

Fortunately, there is a large body of research and practical experience in Australia and internationally on integrated public health frameworks for addressing sexual violence, including child sexual abuse. (See for example the frameworks used in the *National Plan to End Violence against Women and Children 2022–2032*; the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*; and the *NSW Sexual Violence Plan 2022–2027*.)

A public health framework will help ensure that:

- a full spectrum of action is being taken to address CSA
- actions are integrated across CSA prevention, early intervention, response, and recovery/healing
- addressing CSA is positioned as a whole-of-community responsibility, including government services, community services, the private sector and the general public
- there is a consistent and enduring framework, which can flexibly adapt as actions within the framework change over time (including to meet emerging threats to children).

A simple description of such a framework is provided in Table 1 below:

TABLE 1: Basic example of a public health framework to address CSA in Tasmania	
CSA ACTION AREA	DESCRIPTION OF ACTION AREA
A: PRIMARY PREVENTION	CSA is prevented through changes to attitudes, norms, knowledge and structures that underpin violence against children in Tasmania.
B: EARLY INTERVENTION	Risk factors for child sexual abuse are reduced in all Tasmanian settings, including families and local communities.
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.

The TFSVA notes that ‘*Change for Children*’: *Tasmania’s 10 year Strategy for upholding the rights of children by preventing, identifying and responding to child sexual abuse* (substantially re-drafted in late 2024) has adopted a public health approach, and it is recommended that the Committee consider ways that implementation of the COI recommendations can transition to an enduring public health framework as well.



6. Practical, evidence-based ways to address CSA in Tasmania

Government agencies alone cannot generate the cultural change and sustain the long-term, community-based effort required to reduce the risk, extent and impact of child sexual abuse and related harms in Tasmania.

Through an extensive and ongoing process of consultation with victim-survivors, specialist practitioners, researchers and local communities, the TFSVA has identified 25 initiatives (as set out in Table 2 below) that are supported by evidence on ‘what works’.

These proposals are purposefully selected to avoid duplicating COI recommendations, which largely focus on actions by government agencies.

Importantly, the TFSVA is not suggesting these 25 proposals are an exhaustive list. Rather, they represent a ‘good place to start’ because they have been successfully implemented in Australia and internationally, and are supported by evidence.

TABLE 2: 25 evidence-based proposals to reduce the risk, extent and impact of child sexual abuse and related harms in Tasmania

Proposed 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). See for example: ‘Baby Makes 3’ .	Primary prevention	Multiple providers, in partnership with child and family centres, early childhood providers including playgroups and Aboriginal child care 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	Specialist FSV providers

TABLE 2: 25 evidence-based proposals to reduce the risk, extent and impact of child sexual abuse and related harms in Tasmania

Proposed initiative	Strategy Area	Possible provider model
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	Specialist FSV providers, supporting ongoing school-based initiatives; see also the Australian Government’s ‘Rapid Review’ <i>Unlocking the Prevention Potential</i> : (2024)
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. Adapt existing, evidence-based child sexual abuse perpetrator programs to the Tasmanian context, to stop perpetration by men who are thinking about CSA.	Early intervention; response	Local specialists upskilled by services such as <i>Stop It Now</i> and using tools such as <i>ReThink Chat Bot</i> .
12. Increase perpetrator accountability for CSA, and the availability of programs and services to address perpetrator behaviours.	Response	Multiple providers
13. 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
14. Improve criminal justice responses to CSA that is a crime.	Response	Government working with community legal services and FSV providers
15. 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
16. Increase the number of practitioners across Tasmania’s FSV specialist services specialising in holistic, trauma-informed support for people who experience CSA (most of whom initially present due to FSV, and then disclose CSA).	Recovery and healing	Existing FSV providers
17. Collaborations between specialist FSV services and Alcohol and Other Drug (AOD) services to support CSA victim-survivors who want help with AoD issues.	Recovery and healing	Existing FSV providers and existing AOD providers
18. Develop and implement a long-term Tasmanian FSV (including CSA) Workforce Development plan	System enabler	Existing FSV providers
19. 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

TABLE 2: 25 evidence-based proposals to reduce the risk, extent and impact of child sexual abuse and related harms in Tasmania

Proposed initiative	Strategy Area	Possible provider model
20. Compulsory child sexual abuse primary prevention training across service organisations.	System enabler	Existing FSV providers
21. 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
22. 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
23. 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
24. 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
25. 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

The TFSVA notes that “*Change for Children: Tasmania’s 10 year Strategy for upholding the rights of children by preventing, identifying and responding to child sexual abuse* is to incorporate a series of action plans over 10 years, with the *First Action Plan* to be co-designed in the first half of 2025.

It is recommended that the *First Action Plan* (and the Strategy’s *Outcome and Evaluation Framework*) are used as vehicle for developing, funding and progressing the initiatives set out above.

7. Brief analysis of FSV funding in Tasmania, and other states and territories

As set out in detail above, the Tasmanian specialist family and sexual violence (FSV) sector has a critical role in addressing child sexual abuse (CSA) in Tasmania.

Tasmanian specialist FSV services feel a strong and enduring responsibility to do more to prevent CSA; to hold perpetrators to account; and support victim-survivors to recover and heal.

At the same time, the specialist FSV sector is currently dealing with the fact that Tasmania has alarming rates of historical violence against women and girls, as set out in Table 3 below.

TABLE 3: ABS Personal Safety Survey, Australia, 2021–22

Women aged 18 yrs and over, Experiences since age of 15, By state and territory, Proportion (Table 9.3)

Type of Violence Against Women	Rate in Tasmania	National Rate	Tasmania 'rank' re: other States/Territories
Sexual violence	26.0%	22.3%	Second highest (to NT)
Intimate partner violence	28.1%	23.3%	Equal Highest (with NT)
Cohabiting partner violence	21.6%	16.9%	Highest
Cohabiting partner emotional abuse	28.3%	22.9%	Highest
Cohabiting partner economic abuse	19.6%	16.3%	Highest
Stalking	21.1%	20.3%	Equal Highest (with SA)
Sexual harassment	56.8%	52.9%	Third Highest
Physical violence	32.7%	30.8%	Fourth Highest

The specialist FSV sector is also attempting to manage the consequences from Tasmania experiencing the largest proportional increase in reported sexual assault victims of any jurisdiction in Australia from 2018-2022 (as set out in Table 4 below).

Table 4: ABS Recorded Crime – Victims, 2022

Victims, Selected offences by states and territories, 1993–2022 (Sexual Assault)(Table 9)

State	2018	2019	2020	2021	2022	Increase from 2018 to 2022	Increase 2022 4 yr average
Tasmania	199	211	307	493	560	181.41%	85.12%
Queensland	4,849	4,859	5,120	6,891	7,431	53.25%	36.86%
NSW	10,241	11,009	11,276	11,485	12,412	21.20%	12.81%
ACT	278	327	289	341	325	16.91%	5.26%
South Australia	1,611	1,550	1,625	1,783	1,816	12.73%	10.58%
Western Australia	2,879	2,769	3,048	3,564	3,158	9.69%	3.03%
Victoria	5,911	5,779	5,513	6,164	6,067	2.64%	3.86%
Northern Territory	360	354	370	355	362	0.56%	0.63%



In 2023, the ABS recorded 585 victims of sexual assault in Tasmania. **A majority (54%) were children under 18 at the time of the offence.** Most sexual assault victims:

- were female (86%)
- knew the offender (90%)
- were sexually assaulted in a residential location (76%).

Around two-fifths (41%) of all sexual assaults were FDV related.

Not surprisingly, TFSVA members universally report they are unable to meet demand for FSV services in Tasmania. In addition, TSFVA members have observed anecdotally for many years that they have fewer resources than their interstate colleagues.

Accordingly, the TSFVA has undertaken a very brief analysis, for this submission, on per capita funding for family and sexual violence across different Australian jurisdictions. The results, while preliminary and requiring further validation, are disturbing.

On face value, based on what is reported in the 2024-25 Budget statements of five state/territory jurisdictions, **Tasmania has by far the lowest per capita funding for FSV services.** This preliminary comparative analysis is set out in Table 5 below:

TABLE 5: State/Territory Government Specified Funding for Domestic, Family and Sexual Violence, 2024-25 Budgets*			
State/Territory Budget	Budget Amount	2024 Population	Funding per capita
Tasmania 2024-25 Budget**	\$14,828,750	571,200	\$25.96
Western Australia 2024-25 Budget**	\$127,060,000	2,965,159	\$42.85
ACT 2024-25 Budget**	\$23,693,000	474,132	\$49.97
Queensland 2024-25 Budget***	\$323,284,000	5,460,477	\$59.20
Victoria 2024-25 Budget***	\$778,100,000	6,816,241	\$114.15
<p>* Total specific DFSV funding not readily identified in brief analysis of NSW; SA and NT 2024-25 Budgets</p> <p>** Averaged across 2024-25 forward estimates; *** 2024-25 amount only</p> <p>Sources:</p> <ul style="list-style-type: none"> • Tasmanian Government, 2024-25 Budget, Government Services, Budget Paper No.2, Volume 1 (page 273) • State of Western Australia, 2024-25 Budget Statements, Budget Paper No. 2 Volume 2, (page 509) • Australian Capital Territory, Budget 2024-25, Budget Statements G, Community Services Directorate, (page 15) and Budget Outlook 2024-25 (page 335) • State of Queensland (Queensland Treasury) - 2024-25 Queensland Budget, Service Delivery Statements, Department of Justice and Attorney General (page 9) • State of Victoria, 2024-25 Victorian Budget, Service Delivery, Budget Paper No.3, (page 116) 			

It is strongly recommended that the Joint Sessional Committee acknowledge this apparent underfunding of services that directly address CSA in Tasmanian communities, and urges the Government to respond to the resulting critical shortfall in frontline services that is negatively impacting every Tasmanian community.

Submission ends