

Submission to the  
Queensland Child Protection Commission

## Child Protection Inquiry



5<sup>th</sup> November 2012

## **About the Authors**

**Hetty Johnston** is the Founder and Executive Director of Bravehearts Inc. Hetty is the author of the national awareness campaign, 'White Balloon Day', 'Sexual Assault Disclosure Scheme', 'Ditto's Keep Safe Adventure' child protection CD-Rom and her autobiography, 'In the Best Interests of the Child' (2004). Hetty has been a contributing author to various books including, 'Crime on my Mind', and 'Women on Top'.

Hetty has been involved on many Boards and Committees including having been Chair of the Queensland Child Protection Week Committee for three years; Qld representative on the Board of NAPCAN (National Association for Prevention of Child Abuse and Neglect); held a position on the Board with ASCA (Advocates for Survivors of Child Abuse); Sat as Chair for the Endeavour Foundation's 'Abuse Prevention and Response Committee'; was a participant on the Federal Government's Working Party on a 'National Approach to Child Protection'; and currently sits on the Federal Governments working party on Cyber-Safety.

In 2005, Hetty was announced as a finalist for the 2006 Australian of the Year Awards and is the recipient of two Australian Lawyers Alliance Civil Justice Awards (2003, 2004). She was awarded a Paul Harris Fellowship in 2010 and is a Fellow of the Australian Institute of Community Practice and Governance (March 2010). In early 2009, Hetty was recognised as one of approximately 70 outstanding leaders throughout the world, receiving the prestigious annual Toastmasters International Communication and Leadership award.

**Carol Ronken** is Bravehearts' Research and Policy Development Manager. After seven years at Griffith University as a casual staff member and Associate Lecturer in the School of Criminology and Criminal Justice, Carol joined Bravehearts in early 2003. Carol has a Bachelor of Arts (psychology) and Masters in Applied Sociology (social research). In 2011 she received an award from the Queensland Police Service Child Protection and Investigation Unit for her contribution to child protection. Carol has also co-authored *The Bravehearts Toolbox for Practitioners: working with Child Sexual Assault* (Australian Academic Press, 2011).

**This submission has been prepared by:**

**Bravehearts Inc**

**PO Box 575**

**Arundel BC, Qld 4214**

Phone: 07 5552 3000

E-mail: [research@bravehearts.org.au](mailto:research@bravehearts.org.au)

Web: [www.bravehearts.org.au](http://www.bravehearts.org.au)

# Table of Contents

<b>ABOUT BRAVEHEARTS INC.</b> .....	<b>1</b>
<b>INTRODUCTION</b> .....	<b>2</b>
<i>Recommendations to the Inquiry</i> .....	3
<b>RESPONDING TO CHILD SEXUAL ASSAULT</b> .....	<b>8</b>
<b>PRIVACY AND SILENCE</b> .....	<b>11</b>
<i>Challenging Systemic Secrecy and Silence</i> .....	11
<i>Silencing Victims</i> .....	12
<i>The Right to Speak and be Heard</i> .....	12
<i>Current Child Protection Act in Queensland – Section 189</i> .....	14
<i>Criminal Courts, Privacy and Silence</i> .....	15
<i>Silence and ‘Protecting’ the Child</i> .....	16
<b>PREVENTION, EDUCATION AND TRAINING</b> .....	<b>17</b>
<i>Prevention Programs Aimed at Children</i> .....	18
<i>Training in the Child Protection System</i> .....	21
<i>Supporting Parents and Carers</i> .....	21
<i>Education and Child-Focussed Organisations</i> .....	22
<i>Prevention through Professional Development</i> .....	22
<b>COUNSELLING &amp; SUPPORT</b> .....	<b>24</b>
<i>Specialised Counselling &amp; Support for Children and Non-offending Family</i> .....	24
<i>Specialised Counselling &amp; Support for Adult Survivors</i> .....	25
<i>Specialised Counselling &amp; Support for Young People (up to age 12) with Sexualised Behaviours</i> ....	26
<i>Specialised Counselling &amp; Support for Young Offenders</i> .....	26
<i>Specialised Counselling &amp; Support for Child Sex Offenders</i> .....	27
<b>CHILD PROTECTION SYSTEM</b> .....	<b>29</b>
<i>Qualifications and Support of Child Protection Workers</i> .....	29
<i>Training and the Child Protection System</i> .....	29
<i>Strengthened Partnerships</i> .....	30
<i>Oversight of the Child Protection System</i> .....	31
<i>Queensland Police Service and Child Protection</i> .....	32
<i>Indigenous Communities and the Child Protection System</i> .....	33

<i>Residential Care</i> .....	34
<i>Child Protection Partnership Forum</i> .....	35
<b>COMMISSION FOR CHILDREN AND YOUNG PEOPLE AND THE CHILD GUARDIAN</b> .....	<b>36</b>
<i>Community Visitor Program</i> .....	36
<i>Working with Children Checks</i> .....	37
<b>HEINER AFFAIR</b> .....	<b>40</b>
<b>REFERENCES</b> .....	<b>41</b>
<b>ATTACHMENT A: CHILD SEXUAL ASSAULT STATISTICS</b> .....	<b>45</b>
<b>ATTACHMENT B: THE 3 PIERS AUDIT</b> .....	<b>49</b>



# About Bravehearts Inc.

---

Our **Mission** is to stop child sexual assault in our society.

Our **Vision** is to make Australia the safest place in the world to raise a child.

Our **Guiding Principles** are to at all times, do all things to serve our Mission without fear or favour and without compromise and to continually ensure that the best interests and protection of the child are placed before all other considerations.

Bravehearts has been actively contributing to the provision of child sexual assault services throughout the nation since 1997. As the first and largest registered charity specifically and holistically dedicated to addressing this issue in Australia, Bravehearts exists to protect Australian children against sexual harm. All activities fall under 'The 3 Piers' to Prevention; Educate, Empower, Protect – Solid Foundations to Make Australia the safest place in the world to raise a child. Our activities include but are not limited to:

## **EDUCATE**

- ◆ Early childhood (aged 3-8) 'Ditto's Keep Safe Adventure' primary and pre-school based personal safety programs including cyber-safety.
- ◆ Personal Safety Programs for older children & young people and specific programs aimed at Indigenous children.

## **EMPOWER**

- ◆ Community awareness raising campaigns (Online and Offline) including general media comment and specific campaigns such as our annual national White Balloon Day.
- ◆ Tiered Child sexual assault awareness, support and response training and risk management policy and procedure training and services for all sectors in the community.

## **PROTECT**

- ◆ Specialist advocacy support services for survivors and victims of child sexual assault and their families including a specialist supported child sexual assault 1800 crisis line.
- ◆ Specialist child sexual assault counseling is available to all children, adults and their non-offending family support.
- ◆ Policy and Legislative Reform (Online and Offline) - collaboration with State Government departments and agencies.

Bravehearts Inc. is a National organisation, it is a registered Public Benevolent Institution, registered as a Deductible Gift Recipient, operates under a Board of Management and is assisted by State based Community Regional Committees, Executive Advisory Committees and a Professional Finance Committee.

# Introduction

---



Bravehearts welcomes the opportunity to provide a submission to the Queensland Child Protection Commission of Inquiry.

We note that the specific Terms of Reference include:

The terms of reference ask the Commissioner to make full and careful inquiry in an open independent manner of Queensland's child protection system, including in relation to:

- the implementation of recommendations by the Forde Inquiry and the Crime and Misconduct Commission reports into child abuse
- whether the current use of available resources across the child protection system is adequate and whether resources could be used more efficiently
- the current Queensland government response to children and families in the child protection system
- the transition of children through, and exiting the child protection system
- the effectiveness of monitoring, investigation, oversight and complaint mechanisms and ways to improve the oversight of and public confidence in the child protection system, and
- the adequacy of any government response and action taken by government to allegations of child sexual abuse in youth detention centres.

The Commissioner has been asked to include recommendations in his report on issues including:

- any reforms to ensure that Queensland's child protection system achieves the best possible outcomes to protect children and support families
- strategies to reduce the over-representation of Aboriginal and Torres Strait Islander children in the child protection system, and
- legislative reforms.

As part of its mission to 'Make Australia the Safest Place in the World to Raise a Child', and in line with the Council of Australian Governments (COAG) *National Framework for the Protection of Australia's Children 2009-2020*, Bravehearts developed 'The 3 Piers to Prevention' (see Appendix B) approach for the protection of children against sexual assault and to provide a basis for assessing how Australia and other countries are progressing in creating communities where children are protected from sexual harm.

'The 3 piers' as defined by Bravehearts are:

1. Educate: All children receive effective personal safety education.
2. Empower: All adults are trained, aware and motivated.
3. Protect: Adequate services are available and all systems of community and government engage effectively.

We believe that adopting this approach will provide governments with a plan for effectively responding to and reducing child sexual assault in our communities.

In September 2012 Bravehearts released its first audit of Australian jurisdictions, ‘The 3 Piers to Prevention: Educate, Empower, Protect - Solid foundations to making Australia the safest place in the world to raise a child’ (see Attachment B). While Queensland performed best overall (see Table 1), the score for the Educate pier was the lowest across all States and Territories and Queensland also lagged behind on the Empower pier.

Table 1: Comparative Scores for each Pier by State and Territory

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Comm (FLC/UNCROC)	Aust
‘Educate’	59	78	74	59	78	59	63	67		67
‘Empower’	68	67	65	68	67	65	71	71		68
‘Protect’	70	77	73	80	74	71	77	75	54	65
Total	69	75	72	76	73	69	75	74	54	66

We believe much more work needs to be done in respect to providing Queensland children with effective preventative education programs, as well as training of adults in relation to identifying, responding and reporting of child sexual assault.

## Recommendations to the Inquiry

In relation to the current Inquiry, Bravehearts puts forward the following recommendations:

**RECOMMENDATION 1:** Bravehearts recommend the Queensland Government consider child sexual assault and child abuse/neglect as distinct forms of child harm, each requiring a distinct response and each requiring adequate resourcing, and that the distinction be incorporated into all policy documents, as per the COAG National Framework.

**RECOMMENDATION 2:** Bravehearts recommend the Queensland Government ensure that in addressing obligations for child protection in the State, that the response to child sexual assault is adequately funded in terms of service provision, community awareness, training and police resourcing.

**RECOMMENDATION 3:** Bravehearts recommends amending Section 189 of the *Child Protection Act 1999* to requiring permission from the Commissioner for Children and Young People and the Child Guardian to ensure the process is transparent and independent from government.

**RECOMMENDATION 4:** Bravehearts recommends that in criminal matters, provisions to ensure victims rights to speak publicly are made available to families and children.

**RECOMMENDATION 5:** Bravehearts recommend the Queensland Government provide resources to support a dedicated child sexual assault peak body to provide training, education, and therapeutic support to those working within the sector.

**RECOMMENDATION 6:** Bravehearts recommend the Queensland Government provide essential and adequate resourcing and support to proven effective personal safety, child harm prevention programs as part of a mandatory personal safety curriculum in Queensland schools.

**RECOMMENDATION 7:** Bravehearts recommend the Queensland Government provide essential and adequate resourcing to proven effective child protection and prevention programs to provide support and reinforce messages introduced in the classroom

**RECOMMENDATION 8:** Bravehearts recommend the Queensland Government provide essential and adequate resourcing to proven effective child protection and prevention programs to be mandatorily introduced into child care centres.

**RECOMMENDATION 9:** Bravehearts recommends the Queensland Government provide resources to ensure that workers in the child protection system are adequately trained on the issues of child sexual assault, are able to confidently identify risk and effectively respond to concerns or disclosures without jeopardising the integrity of any potential police investigation.

**RECOMMENDATION 10:** Bravehearts recommends the Queensland Government provide resources and specialist training to ensure that parents and carers (including foster, kinship and residential) are provided with information on the issues of child sexual assault, are able to confidently identify risk to effectively respond to concerns or disclosures, and are provided with assistance to support the child or young person.

**RECOMMENDATION 11:** Bravehearts recommends the Queensland Government ensure the provision of resources and specialist training to parents and carers (including foster, kinship and residential carers) on responding to sexualised behaviours.

**RECOMMENDATION 12:** Bravehearts recommends the Queensland Government provide resources to ensure that those required to have a working with children check (blue card) are educated on the issues of child sexual assault and are able to confidently and effectively respond to concerns or disclosures.

**RECOMMENDATION 13:** Bravehearts recommends that the Queensland Government support professional development training for therapists, teachers, guidance officers and chaplains in working with children who have been, or are at risk of child sexual assault.

**RECOMMENDATION 14:** Bravehearts recommends that the Queensland Government ensure funding and resourcing for dedicated, specialist counselling services for all children and young people affected by, or at risk of, child sexual assault.

**RECOMMENDATION 15:** Bravehearts recommends that the Queensland Government ensure funding and resourcing for dedicated, specialist support and counselling for non-offending family members

**RECOMMENDATION 16:** Bravehearts recommends that the Queensland Government ensure funding and resourcing for dedicated, specialist counselling services for all adult survivors of, child sexual assault.

**RECOMMENDATION 17:** Bravehearts recommends that the Queensland Government support and provide resourcing for programs to address problematic sexualised behaviours in children.

**RECOMMENDATION 18:** Bravehearts recommends that the Queensland Government ensure the resourcing of therapeutic programs for adolescent offenders.

**RECOMMENDATION 19:** Bravehearts recommends that the Queensland Government ensure the resourcing of therapeutic programs for child sex offenders, both within custody and within the community.

**RECOMMENDATION 20:** Bravehearts recommends that the Queensland Government provide funding and resourcing for a prevention program aimed at providing crisis counselling, support and advice to individuals (or family members of individuals) who are concerned about their sexual thoughts and behaviours. .

**RECOMMENDATION 21:** Bravehearts supports a minimum standard of qualifications for frontline workers, that includes regular professional development requirements.

**RECOMMENDATION 22:** Bravehearts recommends that child protection workers be afforded supervision and support opportunities – both internally with line supervisors and externally.

**RECOMMENDATION 23:** Bravehearts supports the continuation of the Child Safety Directors Network and recommends that the Government ensure that the terms of reference for the Network are adequately supported and resourced to meet the needs of families.

**RECOMMENDATION 24:** Bravehearts recommends ensuring the regular reporting of compliance to established key performance indicators.

**RECOMMENDATION 25:** Bravehearts recommends ensuring the independence of the Commission for children and Young People and the Child Guardian as a body separate to and responsible for the oversight of the child protection system. The roles of the Commission should be clearly articulated and available to the public.

**RECOMMENDATION 26:** Bravehearts advocates for the clear articulation of the roles and responsibilities of the Queensland Police Service in relation to criminal offences committed against children.

**RECOMMENDATION 27:** Bravehearts recommends that in instances of allegations of sexual harm and any other criminal offence against a child, the Queensland Police Service lead all investigations.

**RECOMMENDATION 28:** Bravehearts recommends that the Queensland Government invest resources and energy into consultation and the development of collaboration with Indigenous communities to ensure that as far as possible, Indigenous children are able to maintain essential links with family, community and culture.

**RECOMMENDATION 29:** Bravehearts recommends that the Queensland Government investigate appropriate and effective models of residential care for children and young people not suited to traditional foster care.

**RECOMMENDATION 30:** Bravehearts recommends that the Queensland Government ensure that models of residential care, including Indigenous residential care services are adequately resourced and staffed by specialised, trained carers.

**RECOMMENDATION 31:** Bravehearts recommends that the Queensland Government review the membership and terms of reference of the Child Protection Partnership Forum to ensure that a focus is maintained on the protection of 'all' children and young people from harm.

**RECOMMENDATION 32:** Bravehearts supports the continuation of the Community Visitor Program, including for children and young people in foster care, emphasising that the relationship between the Community Visitor Program and the Department must be transparent, collaborative and supportive.

**RECOMMENDATION 33:** Bravehearts recommends that continuation of the working with children check under the Commission for Children and Young People and the Child Guardian.

**RECOMMENDATION 34:** Bravehearts recommends that there be a review of the current working with children check processes to ensure that offences included are appropriate and that all categories of employment/volunteering are included.

**RECOMMENDATION 35:** Bravehearts advocates for a full, thorough and independent review of the Heiner Affair.

# Responding to Child Sexual Assault

---



Child sexual assault is a hidden but significant problem in every community in Australia.

Approximately one in five children will experience some form of sexual exploitation before the age of 18 (James, 2000; Center for Disease Control and Prevention, 2006). Experts estimate that less than one in ten of these children will tell. Research tells us that in 70-90% of the time offenders are known and trusted by the child and/or their families (National Child Protection Clearinghouse, 2005) (see Attachment A for more general statistics).

In 2009, the Council of Australian Governments (COAG) endorsed the *National Framework for the Protection of Australia's Children 2009-2020*, which not only outlined that all organisations and governments had a responsibility to protect children against harm, but also emphasised the need to address child sexual separately and distinctly from other forms of child harm.

Traditionally, child sexual assault has been 'lumped in the same pot' as child abuse and neglect. However, while all forms of abuse and assault are harmful to children it is important to take child sexual assault 'out of the 'pot' as the dynamics are fundamentally different. Recognising these differences is necessary to effectively address, respond to and prevent child sexual assault.

Some of the important differences include:

- Acts of **child abuse and neglect** are generally unplanned, re-active and are generally aligned with socio-economic and/or family dysfunction issues and are comparatively predominant in areas of social disadvantage.  
**Sexual assaults** against children are almost always pre-meditated, involving predatory acts of grooming, manipulation, self gratification and exploitation, and occur widely across the various socio-economic areas.
- **Child abuse and neglect** more commonly involve the infliction of pain, violence and aggressive force.  
**Child sexual assault** more commonly involves manipulation, intimidation and sexual contact.
- **Child abuse and neglect** are nearly always perpetrated by a parent or primary caregiver (in excess of 90% of cases).  
**Child sexual assault** is generally perpetrated by a male (in excess of 90% of cases) and more likely to be perpetrated by someone known to the child or their family (research varies but commonly finds between 70% and 90% of the time). Of those offenders known to the child most commonly the offender is not living with the child (approx 70%).
- **Child abuse and neglect** offences are almost always intra-familial.  
**Child sex assault** offences are commonly extra-familial as well as intra-familial.
- **Child sexual assault** always involves the three S's: **Shame; Silence; Secrecy**

While State and Territory Governments have statutory responsibilities for child protection generally, the overwhelming bulk of funding is directed at tertiary statutory intervention responses. Statutory intervention will occur where the offender is living in the house with the child and where there is not a parent or carer willing and able to protect the child. Given most child sex offences are committed by people not living in the house with the child (around 70% of the time), the need for statutory intervention for these victims is void and as such, the offences are not officially counted in prevalence reporting.

Reporting to child protection departments is further reduced because, even in cases where the offender is living in the house with the child, most often there is a parent or carer who does act protectively to expel the offender and protect the child. This action creates a desirable positive situation but again, no statutory intervention is required so no official recording of the offence occurs; unless the matter is subject to a criminal investigation. Importantly however, the child and family still require professional support.

As a result, child sexual assault prevalence statistics produced by departments of child protection generally report very low instances of child sexual assault in comparison to child abuse and neglect (see Table 2 below). In addition, and as a result of these low statistical recordings, State and Territory Government child protection funding to this critical area is often limited along with recognition, response and acknowledgement of the prevalence and greater social implications of child sexual assault.

Table 2: Percentages of children subject to substantiated notifications by Type of harm (2010-2011) (Australian Institute of Health and Welfare, 2012)

Type of Harm	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Physical	20.1	31.7	21.7	22.2	15.6	14.4	24.7	19.8
Sexual	22.5	9.8	6.2	22.3	7.3	7.5	8.2	5.1
Emotional	27.9	51.3	40.1	19.1	32.6	41.0	31.6	25.5
Neglect	29.5	7.3	32.0	36.3	44.5	32.3	35.5	49.5

In addition research shows that there is a critical under-reporting of child sexual assault matters more generally. Smallbone and Wortley (2000) found that one in five parents who were aware that their child had been sexually assaulted, did not report. Over 50% of victims never report to anyone, and many who do report do not do so until adulthood (Queensland Crime Commission & Queensland Police Service, 2000).

Bravehearts is proud that, through the National Child Protection Framework, national recognition now exists to support our long held policy position that the offences of child abuse and neglect are different in nature, motivation and victimisation and that while child sexual assault and child abuse and neglect are both incredibly traumatic for children, their differences dictate that they should be addressed separately.

Our goal is to work to ensure that this distinction will result in improved statistical recording and improved responses and resourcing.

**RECOMMENDATION 1:** Bravehearts recommend the Queensland Government consider child sexual assault and child abuse/neglect as distinct forms of child harm, each requiring a distinct response and each requiring adequate resourcing, and that the distinction be incorporated into all policy documents, as per the COAG National Framework.

**RECOMMENDATION 2:** Bravehearts recommend the Queensland Government ensure that in addressing obligations for child protection in the State, that the response to child sexual assault is adequately funded in terms of service provision, community awareness, training and police resourcing.

# Privacy and Silence

---

Child sexual assault strongly relies on silence; in order to keep offending, perpetrators need secrecy.

Offenders usually put a great deal of effort into ensuring that a child remains silent. Apart from promises, threats and bribes, offenders also take advantage of the child's powerlessness by presenting a distorted or false view of what is happening. Some of the ways offenders 'trick' children into secrecy include convincing the child that:

- They are somehow responsible.
- Others will blame them.
- They will be punished.
- They will be to blame if the offender goes to jail.
- They will be to blame if the family breaks up.
- They will be to blame if others in the family are upset.
- They are bad in some way and this is why the assault happened in the first place.
- They will not be 'special' anymore.
- No one would believe them if they told.

Following on from this, some of the reasons children don't tell are:

- They often feel it is their fault because they let it happen.
- They feel guilty about their body's natural reaction to sexual activity (even though this is beyond their control).
- They feel disclosure may cause family problems or breakdowns.
- The offender may be someone the child/young person heavily relies on.
- They fear they will be blamed, punished or not believed.
- They fear they will be separated from their homes and their families if they speak out.
- They fear disclosure will cause harm to someone or something they love and care for, such as family members or pets.

## **Challenging Systemic Secrecy and Silence**

The generally consistent stated aim of privacy and child protection legislation around the nation is to protect children from harm and/or exploitation. However, the prevailing view is that blanket privacy and confidentiality provisions only serve to protect the Government departments and cover-up system abuses and failures.

Bravehearts support the need for these legislations but argue that in their current form, they act as a muzzle to the freedom of speech for children and their parents who legitimately want to 'break the silence' on the harm they have experienced. We argue for a process of application to void these restrictions such that those who want to speak publicly are able to do so.

If we are to successfully confront the issue of child sexual assault, challenging the culturally and historically entrenched response of secrecy and silence to child sexual assault is imperative. Bravehearts believe the way forward is to:

- Provide support and advocacy to victims, survivors and their families
- Give a voice to victims, survivors and their families
- Increase community awareness and understanding of the issue through community campaigns such as 'White Balloon Day'
- Engage in robust public debate around legislative reform
- Conduct research specific to child sexual assault
- Increase transparency in decision making and external oversight within Government departments and the judiciary
- Invest heavily in prevention and early intervention programs with particular focus on personal safety education for children
- Work with Indigenous Australians to implement culturally and community acceptable awareness and education programs into their communities
- Invest in general child sexual assault awareness and training programs for people working with children
- Invest in child sexual assault specific training programs for professional therapists registered by Medicare, and those working with service provision organisations, to provide assistance to survivors of child sexual assault.

## **Silencing Victims**

Bravehearts Position Paper 'The right to speak and be heard' was written by Hetty Johnston in 1999. The thrust of the paper and the critical nature of its message is the same today as it was then. It was through lobbying that this policy position was adopted into law through Section 189 of the Queensland *Child Protection Act 1999*. The paper reads:

### The Right to Speak and be Heard

Why is publication absolutely prohibited in offences of a sexual nature and not in other cases? Where are the rights of the family and the child (until 18 years old) to be seen and heard if they so desire? Why are the rights of the victim and family treated differently in cases of sexual attacks to attacks of a different nature? Is there something the victim and their family should be ashamed of such that their identities should be compulsorily hidden?

Bravehearts belief is that this should remain the choice of the child and the family - not dictated to by a government espousing traditional perspectives and underpinning the age-old demon: the silence and secrecy factor. This 'silence and secrecy' perpetuates the shame factor on the victim and relegates them to a life of isolation and victimisation.

Legislation should provide 'an out' for families and children who want it (as in the Bettina Hall case – Courier Mail 27/08/98). While we agree the protection should be in place, Bravehearts also maintains the victim's

rights to be seen and heard, just as they would if they were the victim of any other type of crime. We believe that under certain circumstances, with professional advice, counselling and assessment combined with parental approval, the decision must remain with the child and their non-offending family.

It is not expected that many will call on this option, but it is Bravehearts' position that it should be there for those who want it and even for those who don't, it would provide an important matter of choice and validation. Child Protection legislation should not support the secrecy/silence/ shame factor any more than it must.

The general public can see and identify sick children in hospital and feel compassion, show support and help. They can see and identify an innocent little boy who is set on fire in a schoolyard and feel compassion, show support and help. The list goes on. But they can't see the faces of the innocent children who have been sexually assaulted. Why not? What makes them any less innocent, any less needy or any less tragic? What are we protecting them from?

The adage that child sexual assault is a 'taboo subject' is beautifully validated by government legislation. As a direct result, society doesn't learn to feel the same compassion, show the same support or offer the same help to these equally innocent, vulnerable, destroyed children.

Instead, the generational approach of silence and secrecy is adopted and continues to be espoused by legislation. This same tendency to silence and secrecy aids and abets paedophilia and entrenches notions of shame on the victims.

An undeniable damaging and historic perpetrator against children is public ignorance and government legislation. Societal attitudes inadvertently contribute to the proliferation of the sexual assault of children. The general public's desire to not discuss or deal with the problem in itself creates, sustains and promotes the environment which must exist for the child sex offender to operate.

Child protection legislation reinforces that societal attitude and does nothing to 'break the silence'. Governments must play a role in breaking down this ancient taboo not underpinning it.

Bravehearts believes that we should give children a choice and a voice, and not decree that they must protect themselves with silence and secrecy.

The NSW Royal Commission 'The Paedophile Inquiry' (Wood, 1997) made some interesting observations. It states:

*The problems of 'systems abuse' are well recognised and have been referred to throughout this Report. It has been defined as 'harm done to children in the context of policies or programs that are designed to provide care and protection', including harm to children's welfare, development or security. The removal of power and control caused by sexual assault can be aggravated and entrenched if agencies fail to understand the victims or to recognise their needs and wishes...*

*Deficiencies previously documented as contributing to systems abuse, and confirmed by evidence to this Commission, include:*

*- failure to maintain a child focus and ensure that the child is heard, empowered and retains dignity throughout the process;*

*- lack of a voice for children...*

*The justice system has a particular part to play. Child abuse may lead to all manner of formal proceedings each possibly resulting in considerable trauma for the child concerned. Causes of that trauma include:*

*- the failure to take the needs and concerns of the child into account, leading to feelings of helplessness and worthlessness;...*

Sadly, the situation thirteen years later is much the same.

## **Current Child Protection Act in Queensland – Section 189**

Publication of information that identifies or may lead to the identification of a child victim has been widely restricted by legislation. Bravehearts recognises that the prohibition of publication of this in relation to current proceedings (be that in relation to statutory concerns or to criminal matters) is necessary to protect the child and the legal process during the court proceedings and supports this protection being in place. However, once a matter has reached its conclusion, Bravehearts believes that provision must be made to provide children and their families with the opportunity to speak publicly if so desired.

In 2000, Bravehearts successfully lobbied to amend the Queensland *Child Protection Act 1999* to allow for individuals to apply for permission to speak publicly about issues that may affect themselves or their family.

Under the Act, Section 189 allows for the approval to be sought from the chief executive (who will assess the motivational integrity of the request among other considerations) where a child is or has been the subject of an investigation under the Act, who is under the statutory care of the Department or who is the subject of an order. Additionally, the provision also applies to children who have been harmed or at risk of harm, or allegedly so, by a family member:

### **S189 Prohibition of publication of information leading to identity of children - QLD**

**(1)** A person must not, without the chief executive's written approval, publish information that identifies, or is likely to lead to the identification of, a child as—  
(a) a child who is or has been the subject of an investigation under this Act of an allegation of harm or risk of harm; or

- (b) a child in the chief executive's custody or guardianship under this Act; or
- (c) a child for whom an order is in force.

**(2)** A person must not, without the chief executive's written approval, publish information that identifies, or is likely to lead to the identification of, a child living in Queensland as a child who—

- (a) has been harmed or allegedly harmed by a parent or step-parent of the child or another member of the child's family; or
- (b) is, or allegedly is, at risk of harm being caused by a parent or step-parent of the child or another member of the child's family.

Section 189 has been applied in Queensland providing victims with an opportunity to have their voices heard. In August 2001 mother of four young children and Indigenous foster carer Ms Rachael Bon used the provisions of Section 189 to allow the front page coverage in Brisbane's Courier Mail newspaper of her family's story.

While Section 189 of the Queensland Act legislates that approval to speak publicly must be granted by the chief executive, Bravehearts believes that the Children's Commissioner as independent from government is more appropriate and transparent position to be assessing requests to speak publicly. The process of providing approval to speak publicly about issues involving the child protection authority are seriously compromised when it is the Department's chief executive who decides whether permission is granted.

This would enact the rights of children under the UN Convention and would empower adults with their basic human right to speak out.

**RECOMMENDATION 3:** Bravehearts recommends amending Section 189 of the *Child Protection Act 1999* to requiring permission from the Commissioner for Children and Young People and the Child Guardian to ensure the process is transparent and independent from government.

### **Criminal Courts, Privacy and Silence**

It is fair to say that most victims of crime do not want to be publicly identified, but for those that do there must be the capacity to do so. Currently, courts impose a blanket prohibition on the identification of child victims of crime. Bravehearts support this approach during the trial period and for so long as the victims of crime desire this legislative protection. However, if, at any point in time after the trial, the family chose to speak publicly the only avenue to overturn the blanket prohibition currently is to reconvene the court, reintroduce all the evidence and seek permission from the judge.

Not only is this a costly and time consuming exercise for the Court system, it is extraordinarily cumbersome and complex process for victims of crime. The current process, in itself, is not conducive to affording basic human rights to people who choose to speak publicly. In fact, it is fair to say that the current system actually discourages

this option by making the ability to make this choice and achieve this outcome inaccessible and therefore, almost impossible.

## **Silence and ‘Protecting’ the Child**

Bravehearts recognise that it is important to achieve a balance between protecting children and their families from any potential harm that may result from involvement with the media, and the need to ensure they have access to the media so their stories are told from their perspective, using their voices.

Why is the participation of children and young people important?

- People, young and old, want to have their say
- It is empowering to give people who have been harmed a voice
- If not given the opportunity victims and their families could have part of their story lost or distorted
- Limiting people’s access to the media limits their ability to lobby those in power. Media coverage can bring public attention to various issues, which can lead to action, policy change and wider protection for children.

But while it is important to talk to victims of crime of all ages about their experiences, they need to be protected from inappropriate media attention for a number of reasons. These include:

- The imbalance of power between the victims of crime and the media, which could lead to exploitation
- Victims of crime, and in particular children, may lack the knowledge or experience to decide how and when to limit their involvement with the media
- Victims of crime and in particular children, may be excited by media coverage, and may not consider the long-term implications of the coverage.

While Bravehearts’ support and acknowledge legislation to protect the child and the child’s family against potential exploitation, re-victimisation, and/or physical or emotional harassment, we also support the rights of victims, survivors and their families to speak publicly if they so desire.

Bravehearts acknowledge that the larger percentage of victims and their families will not wish to be identified but for those who do, and for even for those whom don’t, the vital matter of choice is imperative. Families and children who choose to speak out need a readily available ‘out’ from any legislative muzzle. This will benefit the community and the efforts to protect children generally because public disclosures that serve genuine public interest and public benefit will provide transparency, accountability and greater community awareness.

**RECOMMENDATION 4:** Bravehearts recommends that in criminal matters, provisions to ensure victims rights to speak publicly are made available to families and children.

## Prevention, Education and Training

---

An important recommendation out of the 2004 *Protecting Children* Inquiry (Recommendation 4.4 and 5.14) was that the government maintain a commitment to developing primary and secondary prevention programs, both aimed at *all* children as well as vulnerable, at risk children. Bravehearts believes that services providing early intervention and prevention around child protection are a fundamental key to achieving long-term reductions in child protection notifications and providing for the over-all safety and well-being of children.

Services need to be targeted not just towards children and families where there has been an identified problem, but also more universally introduced, at a community level, in the early years of a child's life. As outlined in the *Protection Children* recommendations (Recommendations 5.6, 5.7, 5.8, 5.9, 7.19, 7.20, 7.21, 7.22) A preventative approach to child protection must also be inclusive of training for professionals and adults working with children and young people, including child protection workers, parents and carers, those working in organisations that support children, and therapeutic practitioners.

The resourcing of early intervention and prevention is crucial and budgetary allocations need to be made to funding proven, effective programs that demonstrate best practice. Effective intervention early on is essential in better responding to child protection concerns and minimising the negative outcomes for children and families.

As an agency that works specifically within the area of child sexual assault, Bravehearts recognise the incredible importance of general prevention and education in reducing prevalence of child sexual assault and child abuse in our communities. Research has incontrovertibly found that one of the greatest tools for reducing child sexual assault in our communities is awareness and education. This includes prevention programs targeted at children and programs targeted to adults.

Non-government agencies are perfectly situated to provide service response to meet the needs of children and families. It would be recommended that the Queensland Government actively engage with non-government agencies that are specialised in the fields of child protection in order to provide appropriate support to children and families in need. Collaborative working relationships between Government and non-government are essential for better delivery of targeted and specialised services.

Agencies working in the sector need to be properly supported in their work. Absent in this sector is a dedicated peak body, specifically targeted at providing training, education and therapeutic support to the sector. In recognition of the differences between child sexual assault and other forms of abuse and neglect, as outlined in the earlier section "Responding to Child Sexual Assault" (p.8) and as evidenced by the separation of Outcome 6 in the *National Framework for the Protection of Australia's Children 2009-2020*, Bravehearts believes that a separate and dedicated peak body is

warranted to ensure that consistency and effectiveness of strategies and programs targeted at prevention and early intervention of child sexual assault.

**RECOMMENDATION 5:** Bravehearts recommend the Queensland Government provide resources to support a dedicated child sexual assault peak body to provide training, education, and therapeutic support to those working within the sector.

## Prevention Programs Aimed at Children

Public awareness of the problem of child sexual assault has grown to a point whereby concerns have emphasised the need for widespread preventative programs to be implemented. As early as 1997 the Woods Royal Commission recommended a focus on the “broad community education programs including information on children’s rights, empowering children to speak out, to say ‘no’, to understand their bodies and their rights around the touching of their bodies”. In line with this, a strong feature of the published research on personal safety programs has been evidence that suggests that preventative strategies are far more cost effective than trying to fix the problem after the fact.

The characteristics of effective programs were outlined in a paper by the Crime and Misconduct Commission (Sanderson, 2004), among the program features outlined is the necessity to provide reinforcement of materials presented and for programs to be evidence-based.

Repetition and message consistency in personal safety programs is essential to ensure the effective teaching of protective factors in children. Both of these factors are key in promoting protective actions and behaviours and providing children with the skills to be able to apply learning to real situations.

In addition, prevention programs ideally should be available to children pre-school age. Bravehearts *Ditto’s Keep Safe Adventure* program has been effectively provided to children from the age of 3 in child care centres for a number of years. Research on the average age when sexual assault first occurs consistently shows that for most victims the first incident occurred prior to puberty. While sexual assault is most commonly reported by teenagers, studies show that they have often been victimised for many years prior to reporting (Daugherty, 2007):

- The average age for first sexual assault is 9.9 years for boys and 9.6 years for girls (Finkelhor, 1986)
- Average age: 8.47 years (65% 10 years of age or younger) (Lang, Rouget & van Santen, 1988)
- Victimization occurs before age eight in over 20 percent of the cases. Another study found 24 percent of female child sexual assault survivors were first assaulted at age five or younger (Boyer & Fine, 1992)
- The most vulnerable ages for children to be exposed to sexual assault appears to be the ages from three to eight years of age, with the majority of onset of sexual assault happening between these ages (Browne & Lynch, 1994)

- Age of victim: 0-8 (24.6%); 9-12 (36.6%); 13-16 (39.0%) (Smallbone & Wortley, 2000)
- 0-3 y/o: 10% of victims; 4-7 y/o: 28.4% of victims; 8-11 y/o: 25% of victims; 12 and older: 35.9% of victims (Putnam, 2003))
- Research on over 500 of Bravehearts counselling clients showed that while the average client age at time of intake (counselling) 8.88 years, the average age at time of the reported sexual assault was 6.59 years (Ronken & McKillop, 2011).

The introduction of personal safety education within schools is a logical choice. Not only do schools have the ability to reach large numbers of children at the one time, but their primary purpose is to be a place of learning. In schools children are taught how to stay safe in traffic, how to stay safe from fire, water and electricity; it was logical that schools should progress to also teach children how to stay safe with people.

School-based personal safety programs can play a vital role in preventing child sexual assault, equipping children with the knowledge and skills they need to identify unsafe or risky situations, and giving them an understanding of their rights to protect themselves and their own body.

Recognising the Queensland Government's commitment to ensuring effective curriculum-based prevention programs, we applaud the introduction of personal safety curriculum materials developed with the Daniel Morcombe Foundation.

We are however concerned that the program is not a mandatory program, and believe that without support teachers will only teach the components they are comfortable teaching.

Generally, personal safety education in schools has been a teacher-facilitated process, whereby teachers are provided with a range of safety topics to cover at their discretion; given the choice, however, many teachers report preferring to discuss 'safe' topics such as road safety over other more difficult topics as domestic violence and sexual assault (Whiteside, 2001). Given the sensitive nature of discussing such topics as sexual assault, it is understandable why teachers can feel apprehensive in talking with their students about these issues, and why some teachers choose to not cover any protective behaviour material in their classroom.

For example, in developing the *Ditto's Keep Safe Adventure* program, Bravehearts made the conscious decision to not include the naming of private parts after feedback from schools that (a) due to cultural, religious and/or personal reasons many parents would not provide permission for children to participate in a program that used words such as penis and vagina; and (b) teachers would be uncomfortable with the inclusion of words such as penis and vagina in programs targeted to prep to grade 3 children.

While some have suggested that in order for a disclosure to be made to the authorities children "must" be able to correctly name their private parts, feedback from Queensland Police supports Bravehearts program and clarifies that there is no issue

with children not being taught the names of their private parts (Bravehearts program names private parts as: mouth, chest, between the legs and the bottom).

Some of the main barriers to teacher's confidence in delivering education material around the issue of sexual assault include being uncomfortable with the program content, unsure of how to respond to potential disclosures of harm by their students, and limited training and support on how to deliver the protective behaviour components. Despite the concerns teachers may have in including protective behaviours into their curriculum, it is clear that teachers recognise the importance of its inclusion, and in order to teach this material effectively and comfortably, teachers acknowledge the need for adequate training, information and support to do this.

Any program introduced by the Queensland Government must be able to be taught confidently and comfortably by teachers and include support for them in teaching the materials.

The promise of child sexual assault and child abuse prevention is that it effects savings in several important areas. The most obvious savings are, of course, in the lives of the children who will not suffer the devastating effects of sexual assault or child abuse. Beyond their benefit, we accrue both tangible and intangible dividends as a society. We benefit when children grow into their potential as full contributors to the life and fabric of society. Finally, through prevention we can save the staggering amounts of money spent annually dealing with the consequences of child sexual harm.

An external evaluation of Bravehearts' education program determined that the *Ditto's Keep Safe Adventure* program has the potential to reduce child sexual assault by up to 50 per cent. Based on 1 in 5 children experiencing child sexual assault by the time they reach the age of eighteen and the estimated cost to society of child sexual assault to be in approximately \$180,000 per child (Briggs, 1999) if we were to halve the incidence of child sexual assault this would equate to a national saving of \$5.22 billion and the prevention of sexual harm to around 28,000 children across the country.

**RECOMMENDATION 6:** Bravehearts recommend the Queensland Government provide essential and adequate resourcing and support to proven effective personal safety, child harm prevention programs as part of a mandatory personal safety curriculum in Queensland schools.

**RECOMMENDATION 7:** Bravehearts recommend the Queensland Government provide essential and adequate resourcing to proven effective child protection and prevention programs to provide support and reinforce messages introduced in the classroom

**RECOMMENDATION 8:** Bravehearts recommend the Queensland Government provide essential and adequate resourcing to proven effective child protection and prevention programs to be mandatorily introduced into child care centres.

## Training in the Child Protection System

Child protection workers need to undergo regular training and professional development. Broadly, key areas for professional development that should be considered include: legislative requirements, transfer of formal learning to workplace, skills in engaging and working with children and families, building capacity to respond to child protection issues, cross-cultural training, and specific training based on practice and research.

Specifically, Bravehearts believes that child protection workers need to have an understanding of the dynamics of child sexual assault, including the indicators and the barriers to speaking out, in order to properly address concerns or disclosures by children in their care. In order to be able to effectively assess allegations, child protection workers need to understand the dynamics of offending and the impact on the victim.

**RECOMMENDATION 9:** Bravehearts recommends the Queensland Government provide resources to ensure that workers in the child protection system are adequately trained on the issues of child sexual assault, are able to confidently identify risk and effectively respond to concerns or disclosures without jeopardising the integrity of any potential police investigation.

## Supporting Parents and Carers

Research suggests that many adults are unaware of effective steps they can take to protect their children from sexual assault (NAPCAN, 2010). Research has shown that adults are generally unaware of the dynamics of child sexual assault, its impact on children and young people, the subsequent impact on the family unit, and how to support children and young people who have been affected by sexual harm.

Many parents or carers (including foster, kinship and residential carers) are reluctant to act, not because they do not care but because they are unable to recognise the signs of harm and are unsure on how to respond to concerns they may have. In order to properly address concerns or disclosures by children in their care parents and carers need to understand the myths surrounding this issue, the dynamics of child sexual assault, the indicators, as well as the barriers to speaking out.

Providing parents and carers with information and resources to understand the impact of child sexual assault on the victim and the family, how this may manifest behaviourally, emotionally or psychologically, and how to support the child's healing process are as important as the provision of services to the victim themselves.

In addition, parents and carers need crucial information on how to support the child or young person, including how to respond to sexualised behaviours. Bravehearts has recently collaborated with a working group of government and non-government organisations, led by the Western Australian government in developing resources for foster carers to assist with supporting children and young people with sexualised

behaviours. Bravehearts' *Ditto Keep Safe Adventure* program has been included in the resources provided to carers.

**RECOMMENDATION 10:** Bravehearts recommends the Queensland Government provide resources and specialist training to ensure that parents and carers (including foster, kinship and residential) are provided with information on the issues of child sexual assault, are able to confidently identify risk to effectively respond to concerns or disclosures, and are provided with assistance to support the child or young person.

**RECOMMENDATION 11:** Bravehearts recommends the Queensland Government ensure the provision of resources and specialist training to parents and carers (including foster, kinship and residential carers) on responding to sexualised behaviours.

## Education and Child-Focussed Organisations

While positive steps can be taken through education programs to empower and build resiliency in our children to lessen their vulnerability to child sexual assault, it is equally as important that these programs are complemented by programs highlighting the responsibility adults play in keeping children safe. Adults should be taking proactive steps to protect children from this significant risk. It is unrealistic to think that a young child can take responsibility for keeping themselves safe. Adults are the ones who need to prevent, recognise and react responsibly to child sexual assault.

Research suggests that many adults are unaware of effective steps they can take to protect their children from sexual assault. Most do not know how to recognise signs of sexual assault and many do not know what to do when sexual assault is suspected or discovered. Adults working with children and young people need to have an understanding of the dynamics of child sexual assault, including the indicators and the barriers to speaking out, in order to properly address concerns or disclosures by children in their care.

**RECOMMENDATION 12:** Bravehearts recommends the Queensland Government provide resources to ensure that those required to have a working with children check (blue card) are educated on the issues of child sexual assault and are able to confidently and effectively respond to concerns or disclosures.

## Prevention through Professional Development

In 2011, Bravehearts' published *The Bravehearts Toolbox for Professionals* through Australia Academic Press. The book draws on the expertise of both researchers and practitioners specialising in the area of child sexual assault to provide an innovative, evidence-based approach to working with children and young people affected by sexual assault.

Research clearly shows that individuals who are sexually assaulted as children are far more likely to experience psychological problems in childhood, often lasting into adulthood, including post-traumatic stress disorder, depression, substance abuse and relationship problems.

Ensuring that there is specialised and effective therapeutic support for survivors of child sexual assault is essential, yet there is a recognised gap in the training of therapists (psychologists, counsellors, social workers) in the area of child sexual assault. With the unique dynamics of offending, working with children and young people who have been sexually assaulted, as well as adult survivors, requires a specific skill set.

In response to this identified training/knowledge gap and the specialised nature of working with children and young people affected by child sexual assault, Bravehearts developed a practitioner workshop aimed at training participants to work effectively with victims, and increase both practitioner knowledge and confidence in responding to those affected by child sexual assault.

In 2009, the Federal Government provided funding for Bravehearts to take this workshop across the country, providing training to 250 therapists in each capital city. Identified gaps in training of therapists included:

- Understanding the nature of child sexual assault;
- Strengthening therapeutic approaches to children affected by sexual assault;
- Effective therapeutic interventions with children who have experienced sexual assault;
- Understanding the principles behind psycho-educational tools to teach personal safety messages to children;
- Effective responses to disclosures of sexual assault within the therapeutic environment;
- Supporting parents to respond appropriately and effectively to disclosures, as well as behaviours and emotions often associated with child sexual assault;
- Understanding the toll on the therapist when working in the area of child sexual assault and identifying key self-care and organisational-care strategies to minimise this effect.
- Tailoring therapeutic responses to participants' workplace settings.

More recently, Bravehearts received a grant to develop an online training package for therapists. This training will be available within the next few months.

**RECOMMENDATION 13:** Bravehearts recommends that the Queensland Government support professional development training for therapists, teachers, guidance officers and chaplains in working with children who have been, or are at risk of child sexual assault.

Services providing counselling and support for children, young people and families are a fundamental key to achieving long-term reductions in child protection notifications and providing for the over-all safety and well-being of children (Recommendations 6.11 and 7.5). Services need to be targeted not just towards children and families where there has been an identified problem, but also more universally introduced, at a community level, in the early years of a child's life. The resourcing of early intervention and prevention is crucial and budgetary allocations need to be made to funding proven, effective programs that demonstrate best practice. Effective intervention early on is essential in better responding to child protection concerns and minimising the negative outcomes for children and families.

## **Specialised Counselling & Support for Children and Non-offending Family**

Over the last thirty years the collective knowledge on child sexual assault has increased substantially. Historical views that children are at risk predominately from strangers have given way to the knowledge that most sexual assault of children occurs at the hands of people the child knows, trusts and often loves. We now know the people who most commonly sexually assault children are usually family members, or individuals close to the family or child. A sample of more than 500 children and young people attending therapeutic programs at Bravehearts Inc (a specialised sexual assault service) over a 5 year period found approximately 40% of offenders were a father or father figure living in the child's primary or secondary residence, 30% were other family members, a further 27% were known to the child and their family, leaving only 3% who were strangers. These figures are consistent with existing research showing the majority of offenders to be either related to or closely affiliated to the child (Kogan, 2004)

Prevalence estimates of child sexual assault have revealed the number of children sexually assaulted each year in Australia to be staggering. Research both here and overseas indicate approximately one in five children will experience some form of sexual assault before they reach the age of 18 years (James, 2000; Queensland Crime Commission, 2000). The most vulnerable ages for children to be exposed to sexual assault appears to be the ages from three to eight years of age, with the majority of onset of abuse happening between these ages. Despite impressions gained from media reports of sexual crimes, child sexual assault is most often not violent. Usually it involves a process of grooming and contrived compliance based on trickery, manipulation and secrecy with a child whom the offender usually has a close relationship to. Understanding these offending components, it becomes clearer how easily children can become coerced into silence, or indeed made to feel some responsibility in the offence.

The majority of courses and degrees in counselling and related work provide training in a method that is expected to apply to people with all types of problems. This is because most therapists are not specialists, but work in a more generalised field.

Clinical intervention in child sexual assault requires an understanding of the phenomenon: what it is, how it happens, when it is likely to occur and why, what circumstances determine disclosure, how victims might be expected to react and so forth. The effects of child sexual assault are far-reaching and the dynamics of the offending and the harm are complex.

Bravehearts has worked in the area of specialist child sexual assault counselling and support for almost 15 years, and through that time has become recognised as experts in the field. Our counselling and support service is a CRYPAR partner, and we receive referrals through the Department of Child Safety, police, other counselling services, as well as direct referrals from victims/families.

The importance of being able to access specialised therapeutic support for victims of child sexual assault cannot be overstated. Ineffective therapeutic responses can result in victims being re-traumatised or disengaging from the healing process leaving them extremely vulnerable to the long term impacts of child sexual assault.

Bravehearts also recognises that an essential component of the child's healing process is the provision of therapeutic support for non-offending family members, both in terms of the impact of the sexual harm on the broader family unit as well as providing them with information and skills for supporting the child/young person.

**RECOMMENDATION 14:** Bravehearts recommends that the Queensland Government ensure funding and resourcing for dedicated, specialist counselling services for all children and young people affected by, or at risk of, child sexual assault.

**RECOMMENDATION 15:** Bravehearts recommends that the Queensland Government ensure funding and resourcing for dedicated, specialist support and counselling for non-offending family members

## **Specialised Counselling & Support for Adult Survivors**

The 2004 *Protecting Children* Inquiry was prompted after the disclosure from a young person who had disclosed extensive child sexual assault while in the care of a foster family, perpetrated by members of the foster family as well as others. Subsequent disclosures have been made by countless other survivors of sexual assault and harm.

Bravehearts strongly believes that the Government has a responsibility to ensure that all victims of child sexual assault are supported, including adult survivors. Programs for adult survivors have an important role in ensuring that the long term effects of child sexual harm do not impact generationally.

**RECOMMENDATION 16:** Bravehearts recommends that the Queensland Government ensure funding and resourcing for dedicated, specialist counselling services for all adult survivors of, child sexual assault.

### **Specialised Counselling & Support for Young People (up to age 12) with Sexualised Behaviours**

Community agencies, child statutory protection, private practitioners and other welfare professionals are increasingly being asked to support and intervene with children and young people who engage in problem sexual behaviour. These children have a range of vulnerabilities, often including a history of childhood sexual assault, abuse or trauma, unstable family relationships and developmental disabilities.

Problem sexual behaviour is the term utilised to describe children under 12 who display sexual behaviour that is outside what is expected for their developmental and chronological age. Problem sexual behaviour may include:

- Individual behaviour which is outside what would be expected for that child's age or development (Carr, 2006; Kellogg, 2005).
- Children experimenting sexually with children who are not their normal playmates and/or are not within a year of their developmental or chronological age (Kellogg, 2005).
- A child consistently directing sexual behaviours towards adults. Adults should be concerned when they discover children possessing sexual knowledge or behaving in ways more consistent with adult sexual expression (Carr, 2006; Kellogg, 2005).
- A child justifying his or her behaviors with distorted logic, for example, when one child says "no" to sexual play, but the other child continues and insists that the first child really wanted to participate in the sexual behavior (Kellogg, 2005).
- Children engaging in *extensive and persistent*, sexual behaviours (Kellogg, 2005).
- Children's sexual curiosity seems out of balance with interest in other aspects of their lives (Kellogg, 2005).

Problem sexual behaviour interferes with children's own development. It also poses a risk to other children. It is crucial that age-appropriate, evidence-based therapeutic programs for young people are available and supported.

**RECOMMENDATION 17:** Bravehearts recommends that the Queensland Government support and provide resourcing for programs to address problematic sexualised behaviours in children.

### **Specialised Counselling & Support for Young Offenders**

Although those who commit sex offences against minors are often thought of as adults, it is important to understand that a substantial portion of these offences are committed by other minors. Interest in youth who commit sexual offences has grown in recent years, along with specialised treatment and management programs.

In Queensland the percentage of offenders under the age of 17 who are responsible for sexual assault cases where there has been police involvement is approximately 15% (Boyd, 2006).

Given the substantial number of young offenders sexually harming children and peers, it is vital that the Queensland Government invest in ensuring appropriate, targeted early intervention programs are in place.

Adolescent abusers are generally accepted to be a very diverse population. Teenagers may sexually harm younger children for different motivational reasons and follow different patterns of behaviour to adult offenders. Many characteristics of adult offender treatment may not be appropriate for teenagers.

Limited programs exist for young offenders, and programs that do, such as the Griffith University Youth Forensic Service, are only available for young people who have been convicted of a sexual offence.

**RECOMMENDATION 18:** Bravehearts recommends that the Queensland Government ensure the resourcing of therapeutic programs for adolescent offenders.

### **Specialised Counselling & Support for Child Sex Offenders**

Bravehearts have long held the belief that a multi-faceted and holistic approach is required to effectively deal with child sexual assault. The overarching aim of intervention with offenders is to protect victims and potential victims; effective intervention must be focused on the offender taking full responsibility for the feelings, thoughts and behaviour that support his/her offending. The goal of intervention is to ensure that sex offenders can control their behaviour so that they do not re-offend or sexually assault others. Psychological interventions give offenders skills to help them manage their own behaviour.

It is Bravehearts position that to holistically respond to child sexual assault in our communities, resourcing must be provided to programs that address offending behaviours. These programs must be available both within custodial settings as well as within the community.

In addition, we need to act more proactively in the area of prevention. We know the majority of offenders in society are unknown to police and therefore have no access to service that may prevent them from harming children. With the proliferation of child exploitation images online and increased risks of exposure to these images, Bravehearts believes that a specialist service, able to offer effective advice and support to individuals concerned about their own behaviour or the behaviour of a family member or friend should be established.

**RECOMMENDATION 19:** Bravehearts recommends that the Queensland Government ensure the resourcing of therapeutic programs for child sex offenders, both within custody and within the community.

**RECOMMENDATION 20:** Bravehearts recommends that the Queensland Government provide funding and resourcing for a prevention program aimed at providing crisis counselling, support and advice to individuals (or family members of individuals) who are concerned about their sexual thoughts and behaviours. .

## Qualifications and Support of Child Protection Workers

Across community services in Australia it is widely recognised that front line child protection staff require regular professional development and supervision opportunities.

Bravehearts believes that an effective child protection system is one which includes a minimum standard of education and training for its frontline workers. Ongoing requirements for professional development training should be a requisite and form part of annual staff reviews.

Staff supervision should be comprised of three main parts: administration, case review and professional supervision/counselling. This supervision should occur monthly and should enable the caseworker to plan casework and administrative tasks, debrief and receive emotional support.

It is widely accepted that this supervision cannot be provided by a direct line manager alone. Staff need to be supported by an external supervisor who would enable them to emotionally debrief in a safe environment without fear of this impacting on them professionally. The role of the external supervisor is to assist the caseworker to critically reflect on their practice and to offer professional counselling and debriefing:

1. To enable the caseworker to receive professional counselling around the way in which their role impacts on them as a person.
2. To provide an external perspective on casework. This is particularly pertinent to neglect cases where managers and caseworkers can become desensitized to the escalation of risk factors present in a case. External supervisors can assist the caseworker in complex risk analysis and critical reflection.

**RECOMMENDATION 21:** Bravehearts supports a minimum standard of qualifications for frontline workers, that includes regular professional development requirements.

**RECOMMENDATION 22:** Bravehearts recommends that child protection workers be afforded supervision and support opportunities – both internally with line supervisors and externally.

## Training and the Child Protection System

As recommended in the *Protecting Children* report (Recommendations 5.6 through to 5.9) training and professional development of child protection staff, is a vital part of a commitment to effective system response to child sexual assault and child protection concerns more generally (see discussion under the section “Prevention, Education and Training”, p. 17 of this submission).

**RECOMMENDATION 9:** Bravehearts recommends the Queensland Government provide resources to ensure that workers in the child protection system are adequately trained on the issues of child sexual assault, are able to confidently identify risk and effectively respond to concerns or disclosures without jeopardising the integrity of any potential police investigation.

## Strengthened Partnerships

One of the most crucial avenues to increasing the effectiveness of child protection responses is for government to better engage in a 'multi-disciplinary and multi-agency approach', both within government and with external agencies. This approach assists both statutory bodies and non-government service providers to meet the demands for services targeting improved support for children and families.

In response to the 2004 Queensland Crime and Misconduct Inquiry into the former Department of Families, the Queensland Government established a *Child Safety Directors Network*, appointing Child Safety Directors across Government departments, with the aim to ensure cross-department responses and policies are developed and implemented to provide a whole-of-government approach to child protection. This was designed in recognition of the complex needs of families that the department works with and the range of issues that impact on child protection. Bravehearts believe that properly structured and resourced, such a network has the potential to play a key role in the promotion of child protection across departments.

It is our position that each department should have allocated funds to support initiatives that cross departmental boundaries and which obviously fall outside of existing funding streams yet still clearly come under their mandate. Departments need the resourcing and the capacity to respond to cross-departmental issues.

**RECOMMENDATION 23:** Bravehearts supports the continuation of the Child Safety Directors Network and recommends that the Government ensure that the terms of reference for the Network are adequately supported and resourced to meet the needs of families.

The crux of any child protection system is the adequate resourcing of both government and non-government services. Without adequate resources, no system can expect to adequately protect children or enhance family welfare. Interventions need to be evidence based, innovative and results driven/accountable.

There needs to be assurances that non-government, community service providers are properly resourced. Community organisations are currently placed in a situation that requires them to aggressively compete against each other for limited funds. This competitive environment is not conducive to effective partnerships and network building. There needs to be an assurance that funds will be allocated via a transparent process that is fair and equitable.

While we understand the Queensland Government's current financial position, the resourcing of child protection must reflect the levels of need and demand placed upon services. Services are often caught in the complex pincer movement of greater expectations of delivery and limited resourcing.

The roles of these programs in providing essential intervention cannot be overstated. However they also play a crucial role in the prevention of children entering the child protection system in the first place. Governments need to focus on not just responding to child protection concerns, but actively supporting effective and proven preventative programs.

**RECOMMENDATION 2:** Bravehearts recommend the Queensland Government ensure that in addressing obligations for child protection in the State, that the response to child sexual assault is adequately funded in terms of service provision, community awareness and training, and police resourcing.

**RECOMMENDATION 6:** Bravehearts recommend the Queensland Government provide essential and adequate resourcing and support to proven effective personal safety, child harm prevention programs as part of a mandatory personal safety curriculum in Queensland schools.

**RECOMMENDATION 7:** Bravehearts recommend the Queensland Government provide essential and adequate resourcing to proven effective child protection and prevention programs to provide support and reinforce messages introduced in the classroom

**RECOMMENDATION 8:** Bravehearts recommend the Queensland Government provide essential and adequate resourcing to proven effective child protection and prevention programs to be mandatorily introduced into child care centres.

**RECOMMENDATION 14:** Bravehearts recommends that the Queensland Government ensure funding and resourcing for dedicated, specialist counselling services for all children and young people affected by, or at risk of, child sexual assault.

**RECOMMENDATION 15:** Bravehearts recommends that the Queensland Government ensure funding and resourcing for dedicated, specialist support and counselling for non-offending family members

## **Oversight of the Child Protection System**

There must be clear accountability and transparency at all levels, from decision-making to how complaints are dealt with, to ensure not only that the system is being run effectively and in line with child protection goals (including the best interests of the child) but also to assure public confidence in the system. As the 2004 Queensland Crime and Misconduct Inquiry into the former Department of Families shows, a lack of transparency equates to heightened risk of harm to children and subsequent cover-up.

A child protection department that is underpinned by a culture of quality and continuous improvement should include the establishment of key performance indicators and the monitoring and compliance against these standards to ensure that the department is accountable and effective. Annual self-assessments and external reviews would help to aid in not only the improvement of the service but the confidence the community has that the department is responding to needs.

**RECOMMENDATION 24:** Bravehearts recommends ensuring the regular reporting of compliance to established key performance indicators.

External oversight of the department has been the responsibility of the Commission for Children and Young People and the Child Guardian and should continue to be a clearly articulated responsibility of the Commission.

As such, the role of the Commissioner for Children and Young People and the Child Guardian should be independent of government with the capacity to speak out publicly on issues relating to children and young people in Queensland and provide advice to Government. Recent moves in Victoria to establish a Commission for Children, completely independent of government illustrates the importance of this. The independence and separation in oversight of the Department is fundamental in assuring the accountability and effectiveness of the child protection system in Queensland, maintaining public confidence in the child protection system and addressing complaints and concerns.

**RECOMMENDATION 25:** Bravehearts recommends ensuring the independence of the Commission for children and Young People and the Child Guardian as a body separate to and responsible for the oversight of the child protection system. The roles of the Commission should be clearly articulated and available to the public.

## **Queensland Police Service and Child Protection**

There is a clear overlap between the functions of the child protection system and the role of the Queensland Police Service. The respective responsibilities must be clearly articulated to ensure that the system appropriately responds to harms committed against children.

The Queensland Police Service has a duty to investigate criminal offences committed against children. Where there is a suspicion that a child has been sexually harmed, the Police should be notified as soon as possible.

The current multiagency process of engaging a Suspected Child Abuse and Neglect team to assess the protection needs of a child is an important and valuable process. However, Bravehearts is concerned that where there are allegations of sexual harm (and indeed any other criminal offences against a child) these should be referred to the Queensland

Police Service to head up any investigation, including the initial interview (and where appropriate in conjunction with the Department of Child Safety).

**RECOMMENDATION 26:** Bravehearts advocates for the clear articulation of the roles and responsibilities of the Queensland Police Service in relation to criminal offences committed against children.

**RECOMMENDATION 27:** Bravehearts recommends that in instances of allegations of sexual harm and any other criminal offence against a child, the Queensland Police Service lead all investigations.

### Indigenous Communities and the Child Protection System

The over-representation of Indigenous children in Queensland’s child protection system is of particular concern. Indigenous children are over-represented in the Child Protection System (as well as in the juvenile justice system). In Queensland there are approximately 70,069 Aboriginal and Torres Strait Islander children aged between 0 and 17, representing an estimated 6.4% of all Queensland children (Commission for Children and Young People and the Child Guardian, 2012); yet, 24% of children subject to a substantiated child sexual assault notification are Indigenous.

Table 3: Children aged 0–17 who were the subject of a substantiation of a notification received during 2010–11, by type of abuse or neglect and Indigenous status in Queensland (Australian Institute of Health and Welfare, 2012)

Type of Harm	Indigenous	Non-Indigenous	Total (excludes children whose indigenous status was not known)
Physical	370 (30%)	868	1238
Sexual	86 (24%)	267	353
Emotional	643 (28%)	1667	2310
Neglect	632 (34%)	1230	1862
Total	1731 (30%)	4032	5763

Only 52.2% of Indigenous children were placed with a kinship or Indigenous carer or in an Indigenous residential service in the 2010-2011 period (Commission for Children and Young People and the Child Guardian, 2012). Statistics released through the Commission for Children and Young People and the Child Guardian show that despite Indigenous children being more than six times as likely to be subject to a substantiated notification (Commission for Children and Young People and the Child Guardian, 2012, p.103), the proportion of Indigenous children placed with a kinship or Indigenous carer or in an Indigenous residential care service has been steadily declining (Commission for Children and Young People and the Child Guardian, 2012, p.111).

This raises serious questions around the adherence to s83 of the *Child Protection Act 1999*, focusing on the need to ensure Aboriginal and Torres Strait Islander children in care maintain a connection with their culture and community. The “Snapshot 2012” report by the Commission for Children and Young People and the Child Guardian shows the need for improvement in the assessment of compliance across the placement decision process (Commission for Children and Young People and the Child Guardian, 2012, pp.111-112).

The *Protecting Children is Everyone’s Business: National Framework for Protecting Australia’s Children 2009-2020*, specifically addresses this concern under Outcome 5 (Indigenous children are supported and safe in their families and communities).

While it is Bravehearts position that rather than removing children who have been harmed or who are at risk of harm from their communities, it is the offender/s who should be removed, as the Framework states: “The best interests and safety of a child are paramount. Where Aboriginal and Torres Strait Islander children cannot remain safely in the care of their parents or community, timely and culturally appropriate responses for their care, protection and nurture are needed”.

It is absolutely essential that the Queensland Government invest resources and energy into consultation and the development of collaboration with Indigenous communities to ensure that as far as possible, Indigenous children are able to maintain essential links with family, community and culture.

**RECOMMENDATION 28:** Bravehearts recommends that the Queensland Government invest resources and energy into consultation and the development of collaboration with Indigenous communities to ensure that as far as possible, Indigenous children are able to maintain essential links with family, community and culture.

## Residential Care

As identified in the *Protection Children* report (Recommendation 7.4) there is a group of children and young people “who do not benefit from placement in traditional foster care and require placements in residential facilities” (p. 344). While historically the model of group housing has been problematic, models of residential care that can best suit the needs of children and young people, that are fully and openly monitored and that have specifically trained and supported staff needs to be investigated and considered. Various models of residential care exist across Australia and internationally (for example the United Kingdom approach).

**RECOMMENDATION 29:** Bravehearts recommends that the Queensland Government investigate appropriate and effective models of residential care for children and young people not suited to traditional foster care.

**RECOMMENDATION 30:** Bravehearts recommends that the Queensland Government ensure that models of residential care, including Indigenous residential care services are adequately resourced and staffed by specialised, trained carers.

### **Child Protection Partnership Forum**

The Queensland Government currently facilitates the Child Protection Partnership Forum which provides for government and non-government agencies to collaboratively review systemic issues in relation to children, young people and families who are at risk or entering or who are in the child protection system.

Bravehearts thoroughly supports this concept, however, we are concerned that the membership and terms of reference for the group should be broadened to focus on all children and young people and families. To truly focus on addressing child sexual assault and child harm more generally, a broad preventative framework needs to be adopted.

As discussed in the early section of this submission, “Responding to Child Sexual Assault” (p. 8), in the *National Framework for the Protection of Australia’s Children 2009-2020* emphasis was placed on the responsibility of organisations and governments to protect children against harm. The Framework also recognised that child sexual assault differs greatly from other forms of abuse and neglect and as a consequence is more often that not outside of the ‘mandate’ of child protection services. For the Child Protection Partnership Forum to focus on children at risk of, or within the child protection system, means that the needs to protect the majority of children at risk of or harmed by sexual assault is not being addressed; because the offender usually resides outside of the child’s home and there is usually a protective parent.

Bravehearts believes that the Queensland Government has a responsibility for the protection of ‘all’ Queensland children.

**RECOMMENDATION 31:** Bravehearts recommends that the Queensland Government review the membership and terms of reference of the Child Protection Partnership Forum to ensure that a focus is maintained on the protection of ‘all’ children and young people from harm.

# Commission for Children and Young People and the Child Guardian



The role of the Commission for Children and Young People and the Child Guardian has been an integral component of the recommendations from the 2004 *Protecting Children Inquiry*. External oversight provides increased systemic transparency and accountability within Government. Increased transparency and accountability are necessary within the child protection regime particularly those that would expose system failures at the first sign of harm.

**RECOMMENDATION 25:** Bravehearts recommends ensuring the independence of the Commission for children and Young People and the Child Guardian as a body separate to and responsible for the oversight of the child protection system. The roles of the Commission should be clearly articulated and available to the public.

## Community Visitor Program

The 2004 *Protecting Children Inquiry*, prompted by the disclosure by a young person of the ‘sustained and serious’ sexual assault and abuse, raised concerns that the then Department of Families had not responded to concerns and allegations raised regarding sexual assault, abuse and neglect of children in care. A key recommendation relating to external accountability (recommendation 5.23) was the expansion of the Community Visitors Program to include children in foster care.

The “Views of Young People” research conducted by Community Visitors is an invaluable avenue for the voices of children and young people to be heard and the program provides an avenue for young people to raise concerns. As reported in the Commission for Children and Young People and Child Guardian Annual Report 2011-2012:

During 2011-12, 4,017 site reports by CVs were generated which included 434 reports for disability services facilities and 144 reports for mental health facilities.

These site visits allow the CV to report on the quality of care being provided at these residential care facilities. During these visits, vulnerable children and young people who are not under statutory care are able to raise their concerns directly with the CV and have their issues included in the site visit report lodged by the CV.

This ensures the issues are addressed and also contributes to the Commission’s unique database on factors affecting the safety and wellbeing of children and young people.

The information provided by CVs’ site visit reports can generate early alerts for the Commission on service delivery issues for children and young people and informs the Commission’s advocacy and information sharing on these issues.

The main types of issues of concern to children and young people in residential facilities were:

- placement arrangements (e.g. safe living environment, stability of placement, behaviour management by foster carer)
- contact (e.g. contact with family, siblings, Child Safety Officer)
- harm or risk of harm (e.g. physical harm, sexual abuse or exploitation, psychological or emotional harm, neglect)
- therapeutic care (e.g. grief counselling, drug or alcohol counselling, sexual health counselling)
- decision making, consents and information provision (e.g. bank accounts and financial management, education, medical and dental procedures, sporting and recreation).

While the Community Visitor Program ensures that children and young people in care have an independent person to support them, the relationship between Community Visitors and the Commission with Department workers must be transparent and supportive.

**RECOMMENDATION 32:** Bravehearts supports the continuation of the Community Visitor Program, including for children and young people in foster care, emphasising that the relationship between the Community Visitor Program and the Department must be transparent, collaborative and supportive.

## Working with Children Checks

Bravehearts advocates for the continuation and expansion of the *working with children* (blue card) employment screening system.

The Queensland working with children checks are more stringent and thorough than police-based criminal history checks, and are specifically focussed on ensuring that individuals who present as ‘known’ risks to children are not able to be employed or volunteer in organisations where they may have contact with children.

While the police criminal history checks contain information on convictions for criminal offences, the Queensland Commission for Children and Young People and the Child Guardian *working with children* check is far more comprehensive in including both disciplinary information from certain professions and information from police investigations relating to allegations of child-related sexual offences.

We do however recommend ongoing reviews of the process to ensure that the serious and disqualifying child abuse/neglect offences are appropriate and do not unintentionally disqualify those who do not pose a serious risk to children. For example, there have been concerns that kinship carers in dry Indigenous communities may be disqualified due to alcohol offences. It is our position that for these types of offences a review of the individual circumstances must be undertaken.

Another issue that Bravehearts continues to be concerned about is the exemption of parent volunteers. A recent matter in Western Australia exemplifies our concern. Darryl James Osborne was working as a parent helper in a school when he was recently sentenced to 10 years jail after offending against seven boys while volunteering at the school. Osborne had previous offences relating to child exploitation (in Queensland) which would have been picked up by the school had he been required to undergo a working with children check.

The horrific consequences of the exemption for parent volunteers are clearly evident in this matter.

The question of whether or not a parent or carer's child is attending the school, sporting club etc. should be irrelevant to whether or not that parent or carer requires a working with children check. There is nothing in the offending literature to suggest that parents and carers do not offend against their children's peers. Being a parent, does not by default, make you a safe person. Research into offenders' modus operandi indicates that child sex offenders often use their children and their partner's children to access and groom victims.

The reality is that offenders are often also parents and many offenders do access victims through their own children:

“By and large, then, extra-familial and mixed-type offenders seek victims close to home - among the children of friends or other children with whom they already have some social relationship”. (Smallbone & Wortley, 2000).

In addition to parent volunteers, other exemptions such as seasonal workers in theme parks and those who work as Santa Clause must be addressed. We know that offenders often choose their occupation to provide them with contact with children. Sullivan and Beech's (2004) study of child sex offenders found that 15 percent chose their occupation exclusively so they could sexually assault children and a further 41.5 percent admitted that this was part of their motivation

Offenders in this study also identified volunteering to work in organisations that provide contact with children as a way of accessing victims (3.9% of intra-familial offenders used this strategy, 6.8% of extra-familial offenders and 13.4% of “mixed type”) (Smallbone & Wortley 2000).

Certainly, the *Working with Children* check is only able to tell us about known and suspected offenders and should be seen as part of a wide range of organisational child protection strategies. Education and training remain our best opportunity to prevent child sexual assault offences. But surely we should utilise the any tool we have to protect our children from known offenders.

**RECOMMENDATION 33:** Bravehearts recommends that continuation of the working with children check under the Commission for Children and Young People and the Child Guardian.

**RECOMMENDATION 34:** Bravehearts recommends that there be a review of the current working with children check processes to ensure that offences included are appropriate and that all categories of employment/volunteering are included.

# Heiner Affair

---

What remains an inescapable fact is that in 1989 the Heiner Inquiry was established to investigate serious allegations of harm at the John Oxley Youth Detention Centre. The Inquiry was established because the government at the time recognised that the allegations were of such seriousness that an Inquiry was required to investigate the full facts surrounding the incidents.

Subsequently, in 1990, under the Goss Government the information and intelligence previously gathered was destroyed in controversial circumstances.

It is Bravehearts view that the initial concerns upon which the Inquiry was established remain unanswered and we believe this issue remains a major concern. Bravehearts holds the view that this matter must be re-investigated thoroughly to address any and all questions in relation to the original Inquiry's terms of reference.

**RECOMMENDATION 35:** Bravehearts advocates for a full, thorough and independent review of the Heiner Affair.



## References

---

- Australian Bureau of Statistics (2009). *Reported Crime Victims*. Canberra [ACT]: Australian Bureau of Statistics.
- Australian Institute of Health and Welfare (2012). *Child Protection Australia 2010-2011*. Canberra: Australian Institute of health and Welfare
- Bonomi, A (2008). Health care utilisation and costs associated with childhood abuse. *Journal of General Internal Medicine*, 23(3): 294-299.
- Boyd, C. (2006). Young people who sexually abuse: Key issues. *Practice Brief (no.1)*. Melbourne [Vic]: Australian Child Protection Clearinghouse.
- Boyer, D. & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and maltreatment. *Family Planning Perspectives*, 24(1): 4-11
- Briggs, F. (1999). *A cost-benefit analysis of child sex-offender treatment programs for male offenders in correctional services*. Adelaide: Child Protection Research Group, University of South Australia.
- Briggs, F & Hawkins, R.M.F. (1994). Follow up data on the effectiveness of new Zealand's national school-based child protection program. *Child Abuse and Neglect*, 18(8 ): 635-643
- Browne, K. & Lynch, M. (1994). Prevention: Actions speak louder than words. *Child Abuse Review*, 3: 241-244.
- Bureau of Justice Statistics (2000). *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, incident, and offender characteristics*. Washington [DC]: US Department of Justice.
- Carr, A. (2006). *Handbook of Clinical Child and Adolescent Psychology: A Contextual Approach* (2nd ed.). London: Routledge.
- Centre for Disease Control and Prevention (2006). *Adverse Childhood Experiences Study: Major Findings*. Atlanta, GA: U.S. Department of Health and Human Services, Centre for Disease Control and Prevention.
- Commission for Children and Young People and the Child Guardian (2012). *Snapshot 2012: Children and Young People in Queensland*. Brisbane [Qld]: Commission for Children and Young People and the Child Guardian.

- Cutajar, M., Mullen, P., Ogloff, J., Thomas, S., Wells, D. & Spataro, J. (2010). Suicide and fatal drug overdose in child sexual abuse victims: A historical cohort study. *The Medical Journal of Australia*, 192(4): 184-187.
- Daugherty, L. (2006). *Why Me? Help for victims of child sexual abuse.*(4th ed.). Roswell [NM]: Cleanan Press
- Day, A., Thurlow, K., & Woolliscroft, J. (2003). Working with childhood sexual abuse: A survey of mental health professionals. *Child Abuse & Neglect*, 27: 191-198.
- Department of Child Safety (2007). *Child Protection Queensland 2005-2006 Performance Report*. Brisbane [Qld]: Department of Child Safety.
- Department of Community Services (2006). *Spotlight on Safety: Community attitudes to child protection, foster care and parenting*. Sydney [NSW]: Department of Community Services.
- Finkelhor, D. (1986). *A Sourcebook on Child Sexual Abuse*. Newbury Park, Sage Publications.
- Goldman, J. & Padayachi (1997). The prevalence and nature of child sexual abuse in Queensland, Australia. *Child Abuse Neglect*, 21: 489-498.
- Hanson, R.K., Gordon, A., Harris, A.J.R., Marques, J.K., Murphy, W., Quinsey, V.L. & Seto, M.C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14(2), 169-194
- James, M. (2000). Child abuse and neglect: Part one – redefining the issues. Canberra: Australian Institute of Criminology. *Trends and Issues Series*, no.146.
- Kellogg, N. (2005). The evaluation of sexual abuse in children. *Pediatrics*, 116, 186-195.
- Kogan, S.M. (2004). Disclosing unwanted sexual experiences. Results form a national survey of adolescent women. *Child Abuse and Neglect*, 28: 147-165
- Lang, R., Rouget A.C. & van Santen, V. (1988). The role of victim age and sexual maturity in child sexual abuse. *Sexual Abuse: A journal of research and treatment*, 1(4): 467-484
- Mamun, A., Lawlor, D., O'Calloghan, M., Bor. W., Williams, G. & Najman, J. (2007). Does childhood sexual abuse predict young adult's BMI? A birth cohort study. *Obesity*, 15(8): 2103-2110.
- National Child Protection Clearinghouse (2005). *Child Abuse Prevention Resource Sheet* (no.7)

- Ogloff, J., Citajar, M., Mann, E., & Mullen, P. (2012). Child sexual abuse and subsequent offending and victimisation: A 45 year follow-up study. *Trends and Issues in Crime and Criminal Justice* (no. 440). Canberra [ACT]: Australian Institute of Criminology
- Poole, L & Tomison, A (2000). Preventing child abuse in Australia: Some preliminary findings from a national audit of prevention programs. *Issues in Research & Policy* (Australian Institute of Families Conference, July 2000)
- Price-Robertson R, Bromfield L & Vassallo S 2010. *The prevalence of child abuse and neglect*. Melbourne: Australian Institute of Family Studies
- Plunkett, A., Shrimpton, S. & Parkinson, P. (2001). A study of suicide risk following child sexual abuse, *Ambulatory Pediatrics*, 1(5): 262-266.
- Putnam, F.W. (2003). Ten year research update review: child sexual abuse. *Journal of the American Academy of Child Adolescent Psychiatry*, 42(3): 269-278.
- Queensland Crime Commission & Queensland Police Service (2000). *Project Axis, Volume 1: Child sexual abuse in Queensland: The nature and extent*. Brisbane: Queensland Crime Commission.
- Queensland Criminal Justice Commission (1999). *Reported Sexual Offences in Queensland*. Brisbane: Queensland Criminal Justice Commission.
- Ronken, C. & McKillop, N. (2011). *Realities of Child Sexual Assault: Findings from data collected from Bravehearts' therapeutic clients*. Brisbane: Bravehearts Inc.
- Sanderson, J. (2004). *Child focussed sexual abuse prevention programs: How effective are they in preventing child abuse?* (Research & Issues Paper, 5). Brisbane [Qld]: Crime and Misconduct Commission.
- Smallbone, S. & Wortley, R. (2000). *Child sexual abuse in Queensland: Offender characteristics and modus operandi*. Brisbane: Queensland Crime Commission.
- Stein, JA, Golding, JM, Siegel, JM, Burnam, MA, & Sorenson, SB. (1988). Long-term Psychological Sequelae of Child Sexual Abuse: The Los Angeles Epidemiologic Catchment Area Study. In Wyatt, GE & Powell, GJ (Eds) *Lasting Effects of Child Sexual Abuse* (pp.135-154). Newbury Park, CA; Sage Publications.
- Sullivan, J. & Beech, A. (2004). A comparative study of demographic data relating to intra- and extra-familial child sexual abusers and professional perpetrators. *Journal of Sexual Aggression*, 10(1): 39–50
- Walrath, C., Ybarra, M., Holden, W., Liao, Q., Santiago, R., & Leaf, R. (2003). Children with reported histories of sexual abuse: Utilizing multiple perspectives to understand clinical and psychological profiles. *Child Abuse & Neglect*, 27: 509-524.

- Watson, B. (2007). *Sexual Abuse of Girls and Adult Couple Relationships: Risk and protective factors*. Thesis submitted for degree of Doctor of Philosophy, School of Psychology, Griffith University, Mount Gravatt [Qld].
- Whiteside, S. (2001). Personal safety curriculum in junior primary classrooms: Are teachers teaching it? *Children Australia*, 26 (2): 31-36.
- Wood, The Hon Justice JRT. (1997). *Royal Commission into the New South Wales Police Service. Final Report. Volume V: The paedophile inquiry*. Sydney: NSW Government.
- Zwi, K.J., Woolfenden, S.R., Wheeler, D.M., O'Brien, T.A., Tait, P, & Williams, K.W. (2007). *School-based education programmes for the prevention of child sexual abuse*. Oslo: Campbell Collaboration

# Attachment A: Child Sexual Assault Statistics

---



## **General statistics on child sexual assault:**

### Prevalence:

45% of females and 19% of males have been the victim of 'non-contact inclusive' child sexual abuse and 39% of females and 13% of males have been the victim of 'non-contact exclusive' child sexual abuse (Goldman & Padayachi 1997).

It is estimated that 1 in 4 girls and between 1 in 7 and 1 in 12 boys are victims of sexual abuse (James, 2000).

Research has estimated that up to 45 per cent of females and up to 19 per cent of males have been victims of sexual abuse during their childhood. (Queensland Crime Commission, 2000)

Girls and boys of all ages are sexually abused and victims are sometimes toddlers, young children and even babies (NSW Child Protection Council, 2000).

13% of calls to the New South Wales Rape Crisis Centre were related to child sexual assault (Sun Herald, 8<sup>th</sup> January 2006. p.7).

Adult retrospective studies show that 1 in 4 women and 1 in 6 men were sexually abused before the age of 18 (Center for Disease Control and Prevention, 2006)

Research shows a staggering 45% of women aged 18-41 were sexually abused as children by family members (30%), friends or family friends (50%) or strangers (14%). 75% of the abuse involved some contact, most of which was shockingly severe (Watson, 2007).

A University of Queensland study found that 10.5% of males and 20.6% of females reported non-penetrative child sexual assault before the age of 16 and 7.5% of males and 7.9% of females reported penetrative child sexual assault before the age of 16. (Mamun, Lawlor, O'Calloghan, Bor, Williams. & Najman, 2007)

Australian Bureau of Statistics report that 25% of victims of 'all' sexual assaults reported are aged between 10 and 14 (Australian Bureau of Statistics, 2009).

Price-Robertson, Bromfield and Vassallo's (2010) summary of Australian prevalence studies estimates that four to eight percent of males and seven to 12 percent of females experience penetrative child sexual abuse and 12 to 16 percent of males and 23 to 36 percent of females experience non-penetrative child sexual abuse.

### Disclosure & Reporting:

A 1998 study involving 400 clients of Family Planning Qld, found 55% of all the women in the sample had experienced childhood sexual assault before the age of 16. Only 36% of those who had experienced assault had ever told anyone of those events prior to their disclosure during the study interview. Only 8 victims (3.5%) had taken legal action against their offenders and only five were aware of the outcome of those actions (two offenders were convicted, two had no further action taken and one resulted in a criminal record only) (Queensland Criminal Justice Commission, 1999).

About half of the victims of child sexual assault never report the assault to another person and many do not disclose until they reach adulthood (Queensland Crime Commission, 2000).

Project Axis sought information from 66 non-government schools about their policies for dealing with suspected child sexual assault - only six had a specific policy in place. Of the 51 community groups contacted only three had established any policy for handling suspicions or disclosures of child sexual assault (Queensland Crime Commission, 2000).

169 child sex offenders who admitted having committed at least one sexual offence against a child later disclosed offences concerning 1010 children (748 boys and 262 girls) of which only 393 (38.9%) were reported to have been associated with official convictions (Smallbone & Wortley, 2000).

One in five parents who were aware that their child had been sexually assaulted did not report the assault (Smallbone & Wortley, 2000).

One in three people in NSW suspect a child they know has been sexually assaulted but 43% of those did not report the abuse to authorities (Department of Community Services, 2006).

One third of people surveyed felt they only had a minor role to play in protecting children (Department of Community Services, 2006).

78% of people surveyed had some hesitation about whether they would be able to identify abuse or neglect if they came across it (Department of Community Services, 2006).

#### Offenders:

The age profile of offenders in sexual assault varied with the nature of the crime. Overall 23% of sexual assault offenders were under age 18 and 77% were adults. Juveniles were a substantially smaller proportion of the offenders in forcible rape (17%) than in sexual assaults with an object (23%), forcible fondling (27%) and incidents of forced sodomy (36%) (Bureau of Justice Statistics, 2000).

International research suggests that sex offenders are generally older than most other types of offenders. The mean age of over 9,000 sex offenders was found to be 36 years (Hanson, Gordon, Harris, Marques, Murphy, Quinsey & Seto, 2002).

Most children know the perpetrator with studies estimating between 10-30% of offenders were strangers (National Child Protection Clearinghouse, 2005).

Non-biological family members (stepfather or mother's defacto) are disproportionately represented as child sex offenders. For example, Russell (1989) reported that girls living with stepfathers were at a markedly increased risk: 17% had been sexually assaulted compared with 2.3% of girls living with biological fathers (National Child Protection Clearinghouse, 2005).

European researchers found that 78% of offenders charged with downloading or possessing abusive images had sexually assaulted children prior to, or soon after viewing images. On average, each offender had assaulted up to 30 different children (Personal correspondence with Professor Freda Briggs 5<sup>th</sup> January 2006).

Female sex offenders are responsible for 6% of all reported cases of sexual assault against children (ChildWise study, cited in The Australian, 7<sup>th</sup> March 2006)

Men were by far the greatest perpetrators of sexual assault, responsible for 663 cases compared to only 63 (8.7%) by women (Department of Child Safety, 2007).

For the offence of sexual assault 34% of defendants were aged 45 and over (Australian Bureau of Statistics, 2007)

### Impact

Adults abused during childhood are:

- more than twice as likely to have at least one lifetime psychiatric diagnosis
- almost three times as likely to have an affective disorder
- almost three times as likely to have an anxiety disorder
- almost 2 ½ times as likely to have phobias
- over ten times as likely to have a panic disorder
- almost four times as likely to have an antisocial personality disorder (Stein, Golding, Siegel, Burnam & Sorenson, 1988)

Young people who had experienced child sexual abuse had a suicide rate that was 10.7 to 13.0 times the national Australian Rates. A recent study of child sexual abuse victims found 32% had attempted suicide and 43% had thought about suicide. (Plunkett, Shrimpton & Parkinson, 2001)

It has been well-documented that the sexual abuse of children has a range of very serious consequences for victims. Zwi et al. (2007) list depression, post-traumatic stress disorder, antisocial behaviours, suicidality, eating disorders, alcohol and drug misuse, post-partum depression, parenting difficulties, sexual re-victimisation and sexual dysfunction as some of the manifestations of child sexual abuse among victims.

Young people who had experienced child sexual abuse had a suicide rate that was 10.7 to 13.0 times the national Australian rates. A recent study of child sexual abuse victims

found 32% had attempted suicide and 43% had thought about suicide (Plunkett & Shrimpton, 2001).

Young girls who are sexually abused are 3 times more likely to develop psychiatric disorders or alcohol and drug abuse in adulthood, than girls who are not sexually assaulted. (Day, Thurlow, & Woolliscroft, 2003; Kendler, Bulik, Silberg, Hettema, Myers, & Prescott, 2000 )

Among male survivors, more than 70% seek psychological treatment for issues such as substance abuse, suicidal thoughts and attempted suicide. (Walrath, Ybarra, Holden, Liao, Santiago, & Leaf, 2003)

A University of Queensland study found that women who experienced penetrative child sexual assault had on average, a significantly higher body mass index (Mamun, Lawlor, O'Calloghan, Bor, Williams. & Najman, 2007)

Compared to those with no history of abuse, annual health care costs were 16% higher for women who reported childhood sexual assault. (Bonomi, 2008)

Women with a history of sexual abuse were more likely to use mental health services, pharmacy services, primary care services and speciality care. (Bonomi, 2008)

Access Economics, Monash University and the Australian Childhood Foundation found that child abuse costs the Australian community between \$10 billion and \$30 billion each year (Australian Childhood Foundation media release, 3<sup>rd</sup> September 2009)

Rates of suicide was significantly higher for child sexual assault victims than comparison groups, with child sexual assault victims 18.09 times more likely to commit suicide (Cutajar, Mullen, Ogloff, Thomas, Wells, & Spataro, 2010).

Rates of accidental fatal overdoses was significantly higher for child sexual assault victims than comparison groups, with child sexual assault victims 49.22 times more likely to commit suicide (Cutajar, Mullen, Ogloff, Thomas, Wells, & Spataro, 2010).

Although most (77%) child sexual assault victims did not have an official criminal record, child sexual assault victims were 4.97 times more likely than their peers from the general population to have been charged with an offence and this difference remained significant for both male and female victims (Ogloff, Citajar, Mann, & Mullen, 2012).

# Attachment B: The 3 Piers Audit

---



# Research Audit

## 'The 3 Piers' to Prevention: Educate, Empower, Protect

*Solid Foundations to Making Australia the  
Safest Place in the World to Raise a Child.*



**Bravehearts**<sup>inc.</sup>  
Educate Empower Protect  
Our Kids

September 2012

## **About the Authors**

**Hetty Johnston** is the Founder and Executive Director of Bravehearts Inc. Hetty is the author of the national awareness campaign, 'White Balloon Day', 'Sexual Assault Disclosure Scheme', 'Ditto's Keep Safe Adventure' child protection CD-Rom and her autobiography, 'In the Best Interests of the Child' (2004). Hetty has been a contributing author to various books including, 'Crime on my Mind', and 'Women on Top'.

In 2005, Hetty was announced as a finalist for the 2006 Australian of the Year Awards – she is the recipient of two Australian Lawyers Alliance Civil Justice Awards (2003, 2004) and was named a finalist in the 2008 Suncorp Queenslander of the Year Awards. She was awarded a Paul Harris Fellowship in 2010 and is a Fellow of the Australian Institute of Community Practice and Governance (March 2010). In early 2009, Hetty was recognised as one of approximately 70 outstanding leaders throughout the world, receiving the prestigious annual Toastmasters International Communication and Leadership award.

**Carol Ronken** is Bravehearts' Research and Policy Development Manager. After seven years at Griffith University as a casual staff member and Associate Lecturer in the School of Criminology and Criminal Justice, Carol joined Bravehearts in early 2003. Carol has a Bachelor of Arts (psychology) and Masters in Applied Sociology (social research). In 2011 she received an award from the Queensland Police Service Child Protection and Investigation Unit for her contribution to child protection. Carol has also co-authored *The Bravehearts Toolbox for Practitioners: working with Child Sexual Assault* (Australian Academic Press, 2011).

**This research paper has been prepared by:**

**Bravehearts Inc.**

**PO Box 575**

**Arundel BC, Qld 4214**

Phone: 07 5552 3000

E-mail: [research@bravehearts.org.au](mailto:research@bravehearts.org.au)

Web: [www.bravehearts.org.au](http://www.bravehearts.org.au)

# Executive Summary

As part of its Vision to ‘Make Australia the Safest Place in the World to Raise a Child’, Bravehearts developed ‘The 3 Piers’ to Prevention Research Audit. The research is a culmination of 15 years intensive research into how to reduce the incidence and ultimately, prevent the occurrence, of child sexual assault.

## ‘The 3 Piers’ to Prevention

**Educate** – All children receive effective personal safety education

**Empower** – All adults are trained, aware and motivated

**Protect** - All systems of community and government engage effectively

‘The 3 Piers’ to Prevention form the solid foundation on which we elaborate specific performance indicators against a set of subjective benchmarks – targets we must reach if we are to effectively protect our children.

We have identified the actions we must take and we have measured the performance of each of Australia’s States and Territories against each other as a first determination of which State is the safest for children. We have then used Australia’s collective result to measure ourselves against our International counterparts in the United States, the United Kingdom, Canada and New Zealand.

In doing so, we are now able to determine where in Australia and where in the world, children are the most protected against sexual assault.

Analysis shows that overall; Queensland is currently the top performing State across all 3 Piers, closely followed by New South Wales and Victoria. While New South Wales and South Australia received the highest score for performance in relation to measures for the ‘Educate’ Pier, Victoria and Western Australia performed best against measures on the ‘Empower’ Pier, with Queensland scoring highest on the measures for the ‘Protect’ Pier.

Table 1: Comparative Scores for each Pier by State and Territory

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Comm (FLC/ UNCROC)	Aust
‘Educate’	59	78	74	59	78	59	63	67		67
‘Empower’	68	67	65	68	67	65	71	71		68
‘Protect’	70	77	73	80	74	71	77	75	54	65
Total	69	75	72	76	73	69	75	74	54	66

The findings from the initial audit were distributed to State and Territory governments in mid June of 2012 with all subsequent feedback now included in this paper. This Audit should however, be considered as a *living document*. We encourage services and government to continue to provide Bravehearts with updates and feedback so we can ensure the accurate representation of the current state-of-play in Australia.

In addition, we acknowledge that the measures have been defined by Bravehearts and are therefore subjective. We remain open to any input that seeks to include, alter or otherwise impact on the measures we have set in such a way as to improve the accuracy, transparency and accountability of the outcome. To provide any feedback on the current measures, please contact Bravehearts through: [research@bravehearts.org.au](mailto:research@bravehearts.org.au).

# Table of Contents

<b>Executive Summary .....</b>	<b>i</b>
<b>About Bravehearts.....</b>	<b>1</b>
<b>Introduction .....</b>	<b>2</b>
<b>Audit Methodology.....</b>	<b>4</b>
<b>Audit Findings .....</b>	<b>7</b>
<b>References.....</b>	<b>20</b>
<b>Appendix A: Measurables.....</b>	<b>21</b>
<b>Appendix B: Raw Scores .....</b>	<b>27</b>

# About Bravehearts

---



Our **Mission** is to stop child sexual assault in our society.

Our **Vision** is to make Australia the safest place in the world to raise a child.

Our **Guiding Principles** are to at all times, do all things to serve our Mission without fear or favour and without compromise and to continually ensure that the best interests and protection of the child are placed before all other considerations.

Bravehearts has been actively contributing to the provision of child sexual assault services throughout the nation for over 15 years (commencing in 1997). As the first and largest registered charity specifically and holistically dedicated to addressing this issue in Australia, Bravehearts exists to protect Australian children against sexual harm. All activities fall under 'The 3 Piers' and include, though are not limited to:

## **EDUCATE**

- ◆ Early childhood (aged 3-8) 'Ditto's Keep Safe Adventure' primary and pre-school based personal safety programs including cyber-safety;
- ◆ Personal Safety Programs for older children & young people and specific programs aimed at Indigenous children.

## **EMPOWER**

- ◆ Community awareness raising campaigns (Online and Offline) including general media comment and specific campaigns such as our annual national White Balloon Day;
- ◆ Tiered Child sexual assault awareness, support and response training and risk management policy and procedure training and services for all sectors in the community.

## **PROTECT**

- ◆ Specialist advocacy support services for survivors and victims of child sexual assault and their families including a specialist supported child sexual assault 1800 crisis line;
- ◆ Specialist child sexual assault counseling is available to all children, adults and their non-offending family support;
- ◆ Policy and Legislative Reform (Online and Offline) - collaboration with State Government departments and agencies;

Bravehearts Inc. is a National organisation, it is a registered Public Benevolent Institution, registered as a Deductible Gift Recipient, operates under a Board of Management and is assisted by State based Community Regional Committees, Executive Advisory Committees and a Professional Finance Committee.

# Introduction

---



Australian government statistics confirm the horrific reality that one in five, (59,000 children each and every year), of our children are sexually assaulted in some way before their eighteenth birthday.

Bravehearts plan is for Australia to reduce this number in half by 2020, that is to prevent 28,000 thousand children from becoming victims of sexual assault and to continue to reduce it thereafter.

The costing associated with achieving this has been completed and shows that with an investment of only \$8million pa and a commitment to work with Bravehearts, the State and Federal Governments can prevent 28,000 Australian children from enduring sexual assault each year and save the taxpayers approx \$5.22 billion pa.

'The 3 Piers' to Prevention is Bravehearts contribution to Outcome Six of Australia's National Framework for the Protection of Australia's Children 2009 - 2020, a Council of Australian Governments (COAG) agreed policy.

Successful implementation of 'The 3 Piers' to Prevention will see Australia become the safest place in the world to raise a child by 2020.

There is not a child in this nation that has not already benefited from the tireless work of Bravehearts. Bravehearts has forged a movement for change in how the issue of child sexual assault is dealt with by government, the judiciary and the community at large. Since it's inception in 1997, Bravehearts has moved this taboo subject out of the shadows and into the light.

Bravehearts' work in the areas of specialist therapy, support, education, training, research and legislative reform has made a remarkable, quantifiable and positive difference in protecting everyone's children. Our proven programs are highly effective, our knowledge is unsurpassed and our commitment to achieve our Vision is unbridled.

Bravehearts believes that to provide the best possible protection against child sexual assault in our communities, we need to actively evaluate our approaches to the prevention of this crime.

As part of its Mission to 'Make Australia the Safest Place in the World to Raise a Child', Bravehearts developed 'The 3 Piers' to Prevention approach for the protection against child sexual assault and to provide a basis for assessing how Australia and other countries are progressing in creating child-safe communities.

'The 3 piers' as defined by Bravehearts are:

1. Educate: All children receive effective personal safety education.
2. Empower: All adults are trained, aware and motivated.
3. Protect: All systems of community and government engage effectively.

It is our position that by instituting and implementing this three pronged approach to preventing child sexual assault, we make effective advancement in making Australia the safest place in the world to raise a child. Prevention occurs when:

- a child ceases to become a victim;
- a child uses their skills to avoid being harmed;
- adults believe the disclosures of children and respond accordingly;
- organisations, businesses and individuals change the way they deal with child sexual assault such that the best interests and safety of children become the first priority.

It is intended to be an ongoing project that will provide an overview on how effectively we are responding to the needs of victims and their families and to the need for preventative actions and interventions.

It is Bravehearts certainty that the only way we can successfully respond to this colossal *public health problem of the decade*, is through a *massive societal response* to holistically tackle the issue of child sexual assault, from every angle.

Research over the years has consistently shown that approximately one in five children will be a victim of some form of sexual exploitation before the age of 18. (Finkelhor, 1994; James, 2000; Queensland Crime Commission, 2000; Centre for Disease Control and Prevention, 2006, Mamun, Lawlor, O'Calloghan, Bor, Williams. & Najman, 2007; Price-Robertson, Bromfield and Vassallo, 2010).

In 1997, Dr William Glaser observed that:

*... [Child sexual assault] has accounted for probably more misery and suffering than any of the great plagues of history, including the bubonic plague, tuberculosis and syphilis. Its effects are certainly more devastating and widespread than those of the modern-day epidemics which currently take up so much community attention and resources: motor vehicle accidents, heart disease and, now, AIDS. Yet the public response to child sexual [assault], even now, is fragmented, poorly coordinated and generally ill-informed.*

*Its victims have no National AIDS Council to advise governments on policy and research issues; they have no National Heart Foundation to promote public education as to the risks of smoking and unhealthy lifestyles; they do not have a Transport Accident Commission to provide comprehensive treatment and rehabilitation services for them.*

*A massive public health problem like child sexual [assault] demands a massive societal response. But firstly, we need to acknowledge and understand the problem itself, and this is, sadly enough, a task which both professionals and the community have been reluctant to undertake despite glaringly obvious evidence in front of us.*

# Audit Methodology

---

In completing the following audit, we note the issues surrounding inter-jurisdictional comparisons, particularly around definitional differences. However, we believe that it provides a broad picture of how well the nation is faring in protecting our children from sexual exploitation.

Using 'The 3 Piers' as a basis for conducting an audit of programs, services, policies, and legislations, Bravehearts defined a list of indicators and measures to determine how each State and Territory of Australia was performing in relation to protecting children against child sexual assault.

'The 3 Piers' and indicators are:

1. Educate – All children receive effective personal safety education:
  - Personal safety curriculum in schools;
  - Personal safety resources in child care centres;
  - Whole-of-community approach;
  - Cyber-safety Initiatives.
  
2. Empower – All adults are trained, aware and motivated:
  - Specialised professional training – for those who work therapeutically with child sexual assault;
  - Specialised professional training – for those who work with or interact with children;
  - Tailored training – Child protection and foster carers;
  - Tailored training – Medical professionals;
  - Tailored training – Legal professionals;
  - Tailored training – Teaching professionals;
  - General awareness campaigns;
  - Government supported awareness;
  - Social media campaigns.
  
3. Protect – All systems of community and government engage effectively:
  - Specialist counselling for children;
  - Specialist counselling for non-offending family members;
  - Specialist counselling for adult survivors;
  - 24/7 free, specialist crisis/support line;
  - Specialist crisis support, advocacy and information for children;
  - Specialist crisis support, advocacy and information for family;
  - Specialist crisis support, advocacy and information for adult survivors;
  - Specialist counselling for children exhibiting problematic sexualised behaviours (up to 12);
  - Specialist counselling for children exhibiting problematic sexualised behaviours (up to 13-17);

- Support and advice for professionals – Practitioners working therapeutically with children;
- Support and advice for professionals – Those working with children;
- Mandatory reporting requirements;
- Child protection policies;
- ‘Best interest of the child’ principle;
- Inquiries and reviews;
- Specialised research agency;
- Child/victim focussed child protection processes;
- Child/victim focussed criminal justice processes;
- Alternative police reporting options;
- Child/victim focussed sentencing policies;
- Offender management;
- Working with children checks;
- Commissioner/Guardian for children;
- Cyber-safety;
- Family law processes (Commonwealth legislation, assessed separately to State/Territories);
- United Nations Convention on the Rights of the Child (Commonwealth responsibility, assessed separately to State/Territories);
- Handling of allegations in religious organisations.

Each indicator was further broken down into measurable criteria (see Appendix A for full list of measurable items).

Ratings (between 0 and 3) were given to each State and Territory of Australia dependent on the level of observation that the jurisdiction had met the criteria.

<b>Ratings:</b>	
<b>0</b>	<b>= Not true (there is no evidence of this indicator/action)</b>
<b>1</b>	<b>= True to some degree (there is some evidence of this indicator/action)</b>
<b>2</b>	<b>= Mostly true (there is reasonable and consistent evidence of this indicator/action)</b>
<b>3</b>	<b>= True (there is extensive and consistent evidence of this indicator/action)</b>

We note that the scales used to assess the States and Territories against each indicator are relatively subjective. In making our assessments, a number of factors were taken into consideration, for example:

- The completeness to which the State or Territory met the measure;
- Geographical size of the State or Territory;
- Geographic spread of the State or Territory;
- Population size (specifically children and young people aged 0-17);
- The size and type of organisation providing a service;
- Capacity and resourcing.

Information was gathered through readily available sources, such as legislation, policy documents, program details, service websites and listings. Information was recorded and collated in a spreadsheet to enable ease of comparison across jurisdictions.

Ratings were tabled against each measurable criterion by State and Territory. To check for reliability, this process was repeated. Scores were then tallied for each pier.

With varying numbers of measurable criteria across 'The 3 Piers' ('Educate' had a total number of 9, 'Empower' had 21, and 'Protect' had 82, see Attachment A), a score of, for example, 18 on one pier would not have the same meaning as a score of 18 on another. To attain a score comparable across all 3 Piers, total ratings out of 100 were given.

For example:

- For the 'Educate' Pier there were a total of 9 measurable criteria across the indicators (see Attachment A).
- Each jurisdiction received a score from 0-3 on each of 9 measurable criteria, meaning that the total possible score for each jurisdiction was 27.
- If State 'A' received a score of 18, to attain a comparable score across all piers State 'A' score would be 67 ( $18/27 * 100$ ).

However if the same State received the same score of 18 on the 'Empower' pier:

- For the 'Empower' Pier there were a total of 21 measurable criteria across the indicators (see Attachment A).
- Each jurisdiction received a score from 0-3 on each of 21 measurable criteria, meaning that the total possible score for each jurisdiction was 63.
- If State 'A' received a score of 18, to attain a comparable score across all piers State 'A' score would be 29 ( $18/63 * 100$ ).

In respect to the methodological approach, we note that a weakness in the current audit is that individual indicators and measures have been treated with equal value. This has been a deliberate approach in this initial paper, as weighting of criteria should be done with caution to assure that they are properly weighted in accordance with the importance of each criterion. In an effort to minimise subjectivity, weighting of individual criteria will be developed with reference to feedback provided on this paper.

The initial results were forwarded to State and Territory governments for feedback in mid June, 2012. Feedback on the scoring was received from a number of States and has been considered in this paper.

We acknowledge that a short timeframe was given for comments, particularly given the extensive number of factors being considered, however, we view this paper as a discussion paper and encourage continued feedback to be provided by both government and non-government agencies.

# Audit Findings

Analysis shows that overall Queensland was the top performing State across all 3 Piers, closely followed by New South Wales and Victoria (for raw scores see Appendix B).

New South Wales and South Australia receiving the highest score for performance in relation to measures for the ‘Educate’ Pier, Victoria and Western Australia equally scored highest on the measures for the ‘Empower’ Pier and Queensland performed best against measures on the ‘Protect’ Pier.

Across all 3 Piers, Australia performed best across the ‘Empower’ Pier.

The score for the measures under the Family Law Processes, adherence to the United Nations Convention on the Rights of the Child and handling of allegations by religious organisations (‘Protect’ Pier) were calculated separately to the State and Territory scores as these come under national responsibility.

Table 1: Comparative Scores for each Pier by State and Territory

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Comm (FLC/UNCROC)	Aust
‘Educate’	59	78	74	59	78	59	63	67		67
‘Empower’	68	67	65	68	67	65	71	71		68
‘Protect’	70	77	73	80	74	71	77	75	54	65
Total	69	75	72	76	73	69	75	74	54	66

As mentioned previously in this paper, in conducting this audit of programs, legislation, policies and responses across the Australian States and Territories, we note the issues surrounding inter-jurisdictional comparisons, particularly around State and Territory physical demographics. However, taking these into consideration in the overall scoring, we believe these results provide a broad picture of how well the nation is faring in protecting our children from sexual exploitation.

Further explorations of the audit findings are presented below.

**Educate** (*All children receive effective personal safety education*):

Public awareness of the problem of child sexual assault has grown to a point whereby concerns have emphasised the need for widespread preventative programs to be implemented. Accordingly, school-based personal safety programs have emerged increasingly over the last two decades. Bravehearts strongly believes that

one of the best tools we have against child sexual assault is through building resilience in our children. Educating children in personal safety is not about making children and young people responsible for their own safety, but should be focussed on providing children with protective, effective and interactive educations that increases their resiliency and decreases their vulnerability to sexual harm.

- Personal safety curriculum in schools

With the National Safe Schools Framework, there is evidence that all education departments across the country promote personal safety education in their schools. However feedback from schools and the community suggest that the implementation of these programs is in many cases left to teacher discretion. New South Wales and South Australia (followed by the Northern Territory) were found to have the strongest levels of inclusion of material in schools; with well-established, personal safety curriculum actively implemented. In the case of South Australia, there was the strongest evidence that the program has been well-established over a number of years and integrated throughout the school curriculum at all year levels.

- Personal safety resources in child care centres

While there is evidence of the availability of personal safety resources in child care centres across the country, with individual child care providers largely responsible for internal resources there is no coherent implementation of personal safety programs. Bravehearts experience taking its education program to child care centres has demonstrated the desire by many centres to address this issue.

- Whole-of-community approach

There is little evidence that parents are actively engaged in teaching personal safety messages. Nearly all States and Territories noted that this is heavily encouraged within their schools and we recognise the difficulty in ensuring that parent involvement occurs. For personal safety education to have maximum effectiveness, it is desirable that parents be included in the reinforcement of messaging.

External advice and support for those engaged in teaching personal safety is reportedly offered at some level across the country. In their feedback, many jurisdictions noted that this was mainly provided as a component of mandatory reporting training and policy. Contact with teachers and child care workers has indicated that more information on sources of specialised advice is required, with many indicating that they source and seek advice on their own as needed.

**Empower** *(All adults are trained, aware and motivated):*

Bravehearts recognise the incredible importance of general prevention and education in reducing prevalence of child sexual assault in our communities. Research has incontrovertibly found that one of the greatest tools for reducing child sexual assault in our communities is awareness and education. This includes

prevention and awareness programs targeted to adults, with specific training to those who work with children as well as the general community.

- Specialised professional training

There is evidence across the country of limited professional training being available for therapists to some extent, most commonly through professional development. The inclusion of specific training in working with clients who have experienced child sexual assault is still lacking in tertiary courses. Often included as a component of childhood trauma, working in the area of child sexual assault is commonly not covered in-depth. Therapists have indicated the need for more specialised training.

In some States and Territories, there appear to be greater training opportunities through specialised services such as Australian Childhood Foundation, Bravehearts, Child Wise, and the Sexual Assault Resource Centre (Western Australia). With some services (for example, Australian Childhood Foundation, Bravehearts and Child Wise) providing training opportunities across the country.

Specialised training for child protection workers is limited with limited professional development opportunities available in most States and Territories. However, many of these educative opportunities are more broadly focussed and do not provide substantive specific training in child sexual assault. One program that stood out in terms of training in the child protection sector is the new sexualised behaviours online training program for Foster Carers that has been developed in Western Australia. This training program incorporates specific information on child sexual assault including Bravehearts' 'Ditto's Keep Safe Adventure' personal Safety resources.

Specialised training for medical professionals and pharmacists is offered by Bravehearts and the Sexual Assault Resource Centre provides workshops in Western Australia.

While some States reported that child protection was a standard component of training for medical practitioners, our feedback from the profession is that this is generalised training with little specifically targeted around child sexual assault (other than mandatory reporting responsibilities). We have acknowledged the degree of training, but believe that much more work needs to be done in recognising and responding to indicators generally.

With numerous identified issues across the legal system in relation to the prosecution of child sex offenders, the scarcity of specialised training for those in the legal profession on the dynamics and impacts of child sexual assault is an area that needs to be urgently addressed. While, as noted in the response from the ACT, there is evidence of specific training in targeted sectors of the legal system (such as departments of public prosecutions and victim liaison areas), on the whole we are concerned about the lack of understanding of child sexual assault throughout the legal system. Anecdotal evidence and observations of the

criminal, civil and family law areas show that legal professionals, including judges, lack specialised understanding of the dynamics and impacts of child sexual assault on victims.

This becomes a major issue in the system understanding how child sexual assault affects victims, particularly around disclosure and the often complex relationship between victims and offenders.

Specialised training for teachers is reportedly available in all States and Territories. However, in many cases tertiary level training is more broadly focussed on child protection issues. For most States and Territories specialised training around child sexual assault forms an important aspect of mandatory reporting training and further professional development/curriculum training for teachers.

Overall, training across all sectors largely consists of broad child protection education. There are few areas (particularly at university, college levels) that include modules/subject units specifically focussed on child sexual assault. Education tends to cover child abuse and neglect more broadly.

There are a limited number of organisations purportedly providing specialised professional development training. Examples for these opportunities include training workshops by specialised child sexual assault centres, such as Bravehearts, the Ruby Gaea organisation in the Northern Territory and the Sexual Assault Resource Centre who provide training in Western Australia.

- General awareness campaigns

There are concerted efforts to promote awareness and information targeted at the general population. Organisations such as Act for Kids, Advocates for Survivors of Child Abuse, Australian Childhood Foundation, Bravehearts, Child Wise, the Daniel Morcombe Foundation and NAPCAN, are regularly involved in promoting awareness through annual and ad hoc campaigns, but the reach can be limited due to resourcing and funding restrictions. More government support for awareness campaigns is crucial and forms part of the government's responsibility under the National Child Protection Framework.

- Social media campaigns

There are active and ongoing awareness and information campaigns run through social media. Numerous groups, run by organisations (such as Advocates for Survivors of Child Abuse, Australian Communication and Media Authority, Bravehearts, the Daniel Morcombe Foundation, Child Wise, Police and various sexual assault services), are prominent on social media sites.

The potential for these campaigns, particularly in targeting young people with preventative and early intervention messages, could be greater with more concerted effort backed by government to strengthen their impact (as evidenced by the success of online bullying campaigns).

**Protect** *(All systems of community and government engage effectively):*

Protecting children and young people would not be possible without strong, specialised services that provide direct counselling, support and a voice for children, young people and their families, as well as to adult survivors.

An integral component of an effective effort to protect children and young people against child sexual assault must include the availability of effective, affordable service delivery, as well as legislative and policy development and reform that place the protection of children and young people at the forefront.

- Specialist counselling

There are specialist counselling services for children, family members and adult survivors in all States and Territories, with many located within broader sexual assault services. Feedback from some jurisdictions indicated that the belief was that scores for availability of specialist counselling services should have been a 3; however, while all States and Territories do have existing specialist services and there are independent psychologists and therapists who specialise with child trauma, the provision of specialist therapeutic services is negatively impacted upon by lack of funding and resourcing, waiting lists and accessibility. Feedback from the sector and those seeking counselling, across the country, suggests that more work is necessary to ensure the adequate resourcing of services.

In addition, with the geographical size and spread of many jurisdictions, it was commonly found that rural and remote areas did not have access to specialist face to face services, although limited telephone options exist in all areas.

All jurisdictions reported the need for more specialised training for therapists, particularly ongoing professional development training.

- 24/7 free, specialist crisis/support line

There are free 24/7 crisis support lines, nationally (RESPECT) and some state-based 24/7 sexual assault crisis/support lines, as well as crisis/support lines directed at children and young people (KidsHelpLine). There are others including Bravehearts who offer a Crisis support line (1800 Brave 1) during Business hours. However, there is a need for a national 24/7 specialised crisis/support line for child sexual assault matters, with staff trained specifically in the area of providing crisis support, information and referral.

- Specialist crisis support, advocacy and information

There are specialist crisis support, advocacy and information for children, young people and adult survivors, as well as family members in all States and Territories, although as with counselling services, many are located within broader sexual assault services. With the geographical size and spread of most jurisdictions, many rural and remote areas do not have access to face to face services, although telephone options exist in most areas.

Within these support services there are specifically trained counsellors and support workers, however all jurisdictions reported the need for more specialised training, particularly ongoing professional development training.

- Specialist counselling for children exhibiting problematic sexualised behaviour (up to 12)

Although this a relatively new area of focus, there are limited specialist counselling programs for children exhibiting problematic sexualised behaviours (aged up to 12) in all States and Territories. With the geographical size and spread of some jurisdictions, many rural and remote areas do not have access to face to face services.

Trained and experienced professionals do exists across the country, however, this is still a relatively new area and those working in the sector acknowledge that focussed specialised training for professionals is needed.

- Specialist counselling for children exhibiting problematic sexualised behaviour (aged 13-17)

There are limited specialist counselling programs for children exhibiting problematic sexualised behaviours (aged 13-17) in all States and Territories. With the geographical size and spread of most jurisdictions, many rural and remote areas do not have access to face to face services.

It is acknowledged that this area of problematic sexualised behaviours can be more difficult to work with, as the young people displaying the behaviours are over the age of criminal responsibility and the behaviours of this older group can be more predatory than the behaviours of younger children. Trained and experienced professionals do exist across the country, however, this is still a relatively new area and those working in the sector acknowledge that focussed specialised training for professionals is needed.

- Support and advice for practitioners and professionals

There is evidence across the country of limited support and advice available for therapists and other professionals working with children – mostly from a small number of agencies that provides this on a national level including Bravehearts. More resourcing and funding is needed to provide specialised services that can provide targeted advice, support and referral.

Knowledge amongst the sectors about the currently available specialist support and advice services is lacking. There is a clear need to promote services to therapeutic practitioners and professionals.

- Mandatory reporting requirements

All States and Territories include mandatory reporting requirements for teachers and childcare workers, as well as various other professions (*information primarily sourced from the Australian Institute of Family Studies publication, 'Mandatory Reporting of Child Abuse and Neglect', June 2012*). Not all jurisdictions included

mandatory reporting for all child-focused sectors in legislation, however where gaps in legislative requirements exist, there is evidence of policy driven requirements.

There is variation in the types of harms that must be reported or what must be reported (for example, terms such as 'reasonable suspicion', 'reasonable grounds to believe' or 'awareness' of harm).

For all jurisdictions there is evidence of training in mandatory reporting obligations and procedures for those working in child related sectors such as education and child care, as well as medical practitioners.

Consistency across the country appears to be increasing; however work still needs to be done to ensure that there is a consistent and transparent process across the country.

- Child protection policies

Across the country there is evidence of the requirement for schools and child care centres to have written child protection policies that outline the responsibilities and processes in relation to child protection issues.

Consistency appears to be increasing, however work still needs to be done to ensure that there is a consistent and transparent process across the country. In many cases, it is up to the individual provider to establish policies and procedures within their organisation.

In addition, in some jurisdictions there are legislative requirements to provide protective, child-safe focussed services. For example, in Queensland, the Commission for Children and Young People and Child Guardian requires that all employers and businesses regulated by the *Commission for Children and Young People and Child Guardian Act 2000* develop and implement child protection policies and risk management strategies to identify and minimise the risk of harm to children and young people who come into contact with the service. This type of approach should be implemented across the country.

- 'Best Interests of the Child' principle

While child protection legislation and many education acts, as well as the Commonwealth Family Law Act explicitly espouse the best interests of the child and there is evidence of the principle in other forms of legislation, we would like to see a blanket statement in all relevant legislation that assures that the best interest of the child is held paramount (such as in penalties and sentencing legislation and legislation aimed at offender management and reporting legislation). As an example, the Australian Capital Territory reports that the recent *Crimes (Child Sex Offenders) Amendment Act 2012* is informed by the United Nations Convention on the Rights of the Child.

All States and Territories are signatories to COAG's National Framework for Protecting Australia's Children 2009-2020, aimed at ensuring legislative and government responses are focused on interests of the child. While there has been some evidence of the jurisdictions actively implementing the recommendations, it is apparent that, in relation to this current paper, much work still needs to be achieved under Outcome 6 (*Child sexual [assault] and exploitation is prevented and survivors receive adequate support*).

- Inquiries and reviews

All States and Territories, as well as the Federal Government, have held inquiries and reviews over past decades into various aspects of child protection and more specifically into responses to child sexual assault. In all cases, most recommendations are said to have been implemented. Bravehearts notes that additional child sexual assault related Inquiries are also currently underway (for example, Queensland's *Child protection Inquiry*, and the current *Inquiry into Handling of Child Abuse by Religious and Other Non-Government Organisations* in Victoria).

- Specialised research agency

There are agencies and researchers in all States and Territories that conduct research and lobbying in the area of child protection at varying levels, with many focussing projects on the area of child sexual assault. Much more research needs to be done in Australia to understand the prevalence, incidence and realities of child sexual assault in Australia. A more focussed research program would help inform effective policy and legislative response.

- Child/victim focussed child protection processes

All States and Territories have a dedicated statutory department for child protection. However, in recognition of the complexity of the impacts of child sexual assault on the child/young person, the family and on adult survivors, there is a need to ensure a whole-of-government approach to child protection. As an example of this approach; after the 2004 *Protecting Children* Inquiry in Queensland, a child safety directors network was established made up of child safety directors from each government department. The Australian Capital Territory reports a similar approach with meetings of all Directors General overseeing the progress of the *Sharing Responsibility: A Framework for Service Collaboration for the Care, Protection and Wellbeing of Children and Young People in the ACT*.

External oversight of child protection authorities exist across the country, mainly in form of an Ombudsman and in many jurisdictions, the Children's Commissioner or Guardian also undertake this role (for example, the Commissioner for Children and Young People and Child Guardian in Queensland).

In most States and Territories there is evidence of clear coordination between government and non-government, specifically in relation to funded agencies. Gaps in service delivery, funding and resourcing and service awareness in some

States and Territories are demonstrative of the need for a more coordinated response.

- Child/victim focussed criminal justice processes

While specialised investigatory units are evident across all jurisdictions, other criminal justice processes need more work. 'Strong' legislative protection for child and vulnerable witnesses exists in some States and Territories, where legislations explicitly protect child witnesses.

There are no specialist courts dealing with child sexual assault, although it is acknowledged that the Family Law Court does have specialised processes where matters of child sexual harm are reported in family law matters and specialised processes are in place where the child sexual assault matter is being investigated by statutory child protection authorities.

Only two States currently have an Abducted Child Notification System (Amber Alerts) in place to assist with locating missing children and young people. Other jurisdictions do however report a system of strong communication between the policing body and the media.

- Alternative police reporting options

Reporting options need to be in place that assist in overcoming the very real barriers to disclosures of child sexual assault and encourage adult victims to break the silence. Alternatives to traditional reporting processes, where victims contact police, are needed, examples of which are in place in Queensland, Tasmania and New South Wales.

Bravehearts Sexual Assault Disclosure Scheme (SADS) is adopted as policy by Police services in Queensland, Tasmania and New South Wales. The program is also unofficially available in other States and Territories, with continued efforts to formalise this process. In addition, in Queensland and New South Wales, police operated alternative reporting schemes based on the SADS are also available (ARO and SARO).

A vital component of all of these disclosure schemes is the option for victims to remain anonymous while still providing an official disclosure and then be provided the opportunity to come forward to police when they are ready.

- Child/victim focussed sentencing policies

Versions of sentencing and legal advisory councils operate in all States and Territories, with many having held specific review activities in relation to child sexual assault matters.

Conviction and subsequent imprisonment rates are low (not exceeding 75%) across all jurisdictions, with only a small number of offence types resulting in custodial sentences. While we recognise the issues that are taken into consideration when sentencing offenders, we believe that in relation to adult

offenders, a custodial component is an important aspect to the sentencing principles in relation to child sex offences to ensure justice for victims and to ensure that the offence is treated with due seriousness.

Minimum standard non-parole periods are in place, in differing formats in a number of States and Territories, with Queensland set to introduce standard non-parole periods. We recognise the debate around the introduction of this type of legislation and acknowledge that some jurisdictions do not support this approach.

A similar debate is ongoing in a number of jurisdictions in relation to continued detention legislation. Five jurisdictions currently have enacted legislation to allow for an application to continually detain sex offenders, who are deemed an unacceptable risk of reoffending, if released.

In 2012, the Queensland Government introduced a Two Strikes approach to sentencing of child sex offenders. In this case repeat child sex offenders convicted for a second and subsequent time of one of a selected groups of serious child sex offences (each of which carry a max life sentence), would attract a mandatory life sentence with a minimum term of 20 years. Bravehearts believes a similar approach in all jurisdictions is needed to provide protection for children and young people against known, repeat, dangerous offenders.

- Offender management

All jurisdictions have sex offender treatment programs for incarcerated offenders. There is some consistency across these programs. Acknowledging the debate on the benefit of compulsory programs, we note that participation in treatment is not mandatory in any jurisdiction.

Limited community-based sex offender treatment for sex offenders, is available in all jurisdictions, but is generally provided by private practitioners. The need for concerted, specialised programs is vital for all jurisdictions and is a gap that has been widely recognised by governments across the country but is yet to be addressed.

Electronic monitoring of child sex offenders occurs across jurisdictions at various levels either as a sentencing option (for example as part of home detention) or as part of parole. We note that South Australia is currently debating its introduction.

While minimum forms of community notification schemes for released child sex offenders exist in all jurisdictions (at the discretion of the authorities), Western Australia has recently introduced a more formal and substantial restricted community notification scheme. While we recognise the unintended consequences of going down the similar path of broad community notification laws in the United States, we do support, in the event dangerous prisoners are released back into the community, restricted community notification of dangerous, repeat sex offenders, similar to the legislation passed in Western Australia.

While there are mental health units for incarcerated offenders across jurisdictions, Australia is yet to introduce separate, specialised mental health facilities, based on the Californian 'Coalinga' model, for convicted child sex offenders.

- Working with children checks

Working with children checks or criminal history checks, are mandatory in all States and Territories at various levels and for different occupations. However identified gaps still exist, for example in seasonal jobs (such as store Santa Clause, workers in theme parks, and parents who volunteer). In their provided feedback, Tasmania noted that there is a commitment within the Department of Education for mandatory checks for all people who work in schools and child care facilities, with the State government working towards the introduction of a working with children check.

Queensland and Northern Territory checks appear to be the most thorough.

- Commissioner/Guardian for children

All States and Territories have a Children's Commissioner or Guardian. The core functions across the jurisdictions vary slightly, with various levels of responsibilities for child protection issues.

- Cyber-safety

All jurisdictions have information and awareness programs targeted to cyber-safety; however these are heavily focussed on cyber-bullying. Much more effort, both in programs and legislative provisions, needs to be made in relation to risks around sexual behaviours, grooming and exposure on-line.

- Family law

Scores for this section of the 'Protect' Pier have been calculated separately as Family Law is a Commonwealth responsibility.

Family Court processes for making determinations where allegations of child sexual assault have been made are crucially inadequate.

There are many gaps in relation to family law and responding to child sexual assault concerns and disclosures. Although legislation is informed by the 'best interests of the child' principle, there is little evidence of this being enforced. Matters are continually being brought to our attention where the right for children and young people to be heard in matters relating to them (as defined under Article 9 of the United Nations Convention on the Rights of the Child) is being undermined by the court processes.

More coordination between State child protection authorities and the Family Law Court is essential for the improvement of the process.

Consistently we are advised of matters where the State child protection body will not intervene as the matter is in the Family Court and the Family Court struggles to make a determination in relation to allegations raised as the child protection authority has not acted.

Additionally, concerns about the need for report writers to have specialist training in child sexual assault matters is evident. Numerous matters have been brought to our attention where report writers have either not met with the child or where their submitted reports clearly indicate a lack of understanding of the dynamics of child sex offending, in particular grooming, silence and secrecy.

While processes have been implemented with the intention of 'fast tracking' matters where there are allegations of sexual harm and risk, matters are still typically drawn out. Understanding that it is essential that these allegations are dealt with thoroughly, it is concerning when in many cases a child is left in risk of harm while the matter is being resolved.

Where matters have involved allegations of sexual harm, it is our position that as a routine matter of course, all relevant child protection or police files should be automatically subpoenaed by the Court to assist in the determination.

- United Nations Convention on the Rights of the Child

Scores for this section of the 'Protect' Pier have been calculated separately as responsibilities under United Nations Convention on the Rights of the Child are a Commonwealth responsibility. It was noted by the Committee on the Rights of the Child, that some gaps exist in Australia adhering to its obligations under the UNCROC (Committee on the Rights of the Child, 2012, *Consideration of reports submitted by States parties under Article 44 of the Convention: Concluding observations: Australia*).

Specifically in relation to this current paper, is that Australia does not yet have a National Commissioner for Children. We note and have reflected in our scoring, that this position has been established. It is anticipated that the National Commissioner for Children will hold the responsibility for the coordination of the implementation of our obligations under UNCROC. We have tentatively scored this measure with a 1, but anticipate an increase in this score when the responsibilities of the National Commissioner are clarified.

In addition, it is noted that Australia still has not established a national child right's act, although the Committee on the Rights of the Child have recognised that two States have passed such legislation (Committee on the Rights of the Child, 2012).

- Handling of Allegations in Religious Organisations

Scores for this section of the 'Protect' Pier have been calculated separately as responsibilities for the issues covered do not occur at a State level.

We firstly acknowledge the difficulty in placing all religious organisations into the same measure however we also note similar issues exist across many religious (and other) organisations in relation to how they handle(d) allegations of child sexual assault.

We believe there needs to be a greater concerted effort across all religious organisations to ensure that:

- (a) the process is victim-focussed;
- (b) matters are not dealt with internally, but that allegations are immediately passed on for investigation by the authorities either directly or via an alternative reporting option (ie Bravehearts SADS); and
- (c) any alleged offender is removed from contact with any children or young people while an external investigation takes place.

## References

---

- Australian Institute of Family Studies (2012). Mandatory Reporting of Child Abuse and Neglect (Available online: <http://www.aifs.gov.au/cfca/pubs/factsheets/a141787/index.html>).
- Centre for Disease Control and Prevention (2006). *Adverse Childhood Experiences Study: Major Findings*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Committee on the Rights of the Child (2012). *Consideration of Reports Submitted by State Parties under Article 44 of the Convention* (Available online: [http://www2.ohchr.org/english/bodies/crc/docs/co/CRC\\_C\\_AUS\\_CO\\_4.pdf](http://www2.ohchr.org/english/bodies/crc/docs/co/CRC_C_AUS_CO_4.pdf)).
- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse and Neglect*, 18: 409-417.
- Glaser, W. (1997). *Paedophilia: The Public Health Problem of the Decade*. Paper presented at the Australian Institute of Criminology Conference on Paedophilia, Sydney, April 1997.
- James, M. (2000). *Trends and Issues Series (no. 146). Child abuse and neglect: Redefining the issues*. Canberra: Australian Institute of Criminology.
- Mamun, A., Lawlor, D., O'Calloghan, M., Bor. W., Williams, G. & Najman, J. (2007). Does childhood sexual abuse predict young adult's BMI? A birth cohort study. *Obesity*, 15(8): 2103-2110.
- Price-Robertson R, Bromfield L & Vassallo S (2010). *The prevalence of child abuse and neglect*. Melbourne: Australian Institute of Family Studies
- Queensland Crime Commission and Queensland Police Service (2000). *Project Axis: Volume 1*. Brisbane: Queensland Crime Commission.

# Appendix A: Measurables

<b>1. Educate (All children receive effective personal safety education)</b>	
<b>Indicator</b>	<b>Measure</b>
<b>Personal safety curriculum in schools</b>	Is personal safety taught at all year levels (prep-12) in all schools including non-govt?
	Is it mandatory?
	Does it include a holistic approach?
	Are personal safety messages reinforced/integrated throughout curriculum?
	Does the material include resources for Indigenous, NESB and special education students?
<b>Personal safety resources in childcare</b>	Are there personal resources available for childcare centres?
	Is it mandatory?
<b>Whole of community approach</b>	Are parents engaged with teaching personal safety messages?
	Do teachers/child carers/parents/carers have access to external advice/support?

<b>2. Empower (All adults are trained, aware and motivated)</b>	
<b>Indicator</b>	<b>Measure</b>
<b>Specialised Professional Training – for those who work therapeutically with child sexual assault</b>	Is there professional development training on child sexual assault for therapists?
	Is the training available in flexible delivery modes?
	Is the program Accredited by Professional Bodies?
<b>Specialised Professional Training – for those who work with children</b>	Is there professional development training on child sexual assault for people working with children?
	Is the training available in flexible delivery modes?
	Is the program Accredited by Professional Bodies?
<b>Tailored Training – Child Protection and Foster Carers</b>	Is there training on child sexual assault for child protection workers and foster carers?
	Is the training available in flexible delivery modes?
	Is the program Accredited by Professional Bodies?
<b>Tailored Training – Medical Professionals and pharmacists</b>	Is there training on child sexual assault for medical professionals and pharmacists?
	Is the training available in flexible delivery modes?
	Is the program Accredited by Professional Bodies?
<b>Tailored Training – Legal Professionals</b>	Is there training on child sexual assault for legal professionals?
	Is the training available in flexible delivery modes?
	Is the program Accredited by Professional Bodies?
<b>Tailored Training – Teachers</b>	Is there professional development training on child sexual assault included in tertiary education?

	Is the training available in flexible delivery modes?
	Is the program Accredited by Professional Bodies?
	Are there ongoing professional development opportunities?
<b>General awareness campaigns</b>	Are there ongoing, broad-level awareness campaigns targeted at the general population, highlighting realities of issue and everyone's role in child protection?
<b>Social media campaigns</b>	Are there concerted social media campaigns highlighting realities of issue and everyone's role in child protection?

**3. Protect (All systems of community and government engage effectively)**

<b>Indicator</b>	<b>Measure</b>
<b>Specialist Counselling For Children</b>	Is there specialist counselling available?
	Is the counselling available in flexible delivery modes?
	Is the counselling affordable?
	Are there trained professionals in the geographical area?
<b>Specialist Counselling for non offending family members</b>	Is there specialist counselling available?
	Is the counselling available in flexible delivery modes?
	Is the counselling affordable?
	Are there trained professionals in the geographical area?
<b>Specialist Counselling for adult survivors</b>	Is there specialist counselling available?
	Is the counselling available in flexible delivery modes?
	Is the counselling affordable?
	Are there trained professionals in the geographical area?
<b>24/7 free, specialist crisis/support line</b>	Is there a 24/7, free, specialist crisis support line?
<b>Specialist Crisis Support, Advocacy and Information for Children</b>	Is there specialist support, advocacy and information available?
	Is the support, advocacy and information available in flexible delivery modes?
	Is the support, advocacy and information affordable?
	Are there trained professionals in the geographical area?
<b>Specialist Crisis Support, Advocacy and Information for family members</b>	Is there specialist support, advocacy and information available?
	Is the support, advocacy and information available in flexible delivery modes?
	Is the support, advocacy and information affordable?
	Are there trained professionals in the geographical area?
<b>Specialist Crisis Support, Advocacy and Information for</b>	Is there specialist support, advocacy and information available?

<b>adult survivors</b>	Is the support, advocacy and information available in flexible delivery modes?
	Is the support, advocacy and information affordable?
	Are there trained professionals in the geographical area?
<b>Specialist Counselling For Children exhibiting problematic sexualised behaviours (up to age 12)</b>	Is there specialist counselling available?
	Is the counselling affordable?
	Are there trained professionals in the geographical area?
<b>Specialist Counselling for young offenders (13-17)</b>	Is there specialist counselling available?
	Is the counselling affordable?
	Are there trained professionals in the geographical area?
<b>Support and Advice for Professionals – Practitioners working therapeutically with children</b>	Is support and advice available?
	Is support and advice available flexible delivery modes?
	Is support and advice affordable?
<b>Support and Advice for Professionals – those working with children (e.g. Teachers)</b>	Is support and advice available?
	Is support and advice available flexible delivery modes?
	Is support and advice affordable?
<b>Mandatory reporting requirements</b>	Are all teachers’ legislated mandatory reporters?
	Does reporting include all forms of harm/alleged offenders?
	Are all child care workers mandatory reporters?
	Does reporting include all forms of harm/alleged offenders?
<b>Child protection policies</b>	Are all schools required to have child protection policies?
	Are all child care centres required to have child protection policies?
<b>‘Best interests of the child’</b>	Is all relevant legislation is informed by the ‘best interests of the child’?
	Is the State a signatory to the ‘National Framework for Protecting Australia’s Children’?
	Is there evidence that the State is actively implementing recommendations of the National Framework?
<b>Inquiries and reviews</b>	Have there been external inquiries or reviews into the issue of child protection within the last 10 years?
	Have the recommendations been implemented?
<b>Specialised research agency</b>	Is there an active agency conducting research on issues of child sexual assault?
	Is there an active agency lobbying on issues of child sexual assault?
<b>Child/victim-focussed child protection processes</b>	Is there a clearly identified department charged with child protection?
	Is there a whole-of-government approach to child protection?

	Is there an external, independent oversight body providing for transparency and dealing with concerns?
	Is there evidence of a clear coordination/partnership between the state child protection authority and non-government organisations?
<b>Child/victim-focussed criminal justice process</b>	Is there a dedicated, specialised policing unit investigating child sexual offences?
	Is there specialised court process in place minimising further trauma on child witnesses?
	Is there a special court dealing specifically with sexual assault matters?
	Is there an Amber Alert system for locating children and young people who have gone missing?
<b>Alternative police reporting options</b>	Are there alternative options for reporting historical assault to police?
<b>Child/victim-focussed sentencing policies</b>	Is there a sentencing advisory council and legal advisory council providing advice to and reviewing sentencing practices?
	Has this body actively focused on sentencing practices relating to child sexual assault?
	Is the rate of convictions of individuals charged with child sexual assault above 75%?
	Is the rate of imprisonment of individuals convicted with child sexual assault above 75%?
	Are there minimum standard non-parole periods in place?
	Is there provision for continued detention of dangerous sex offenders?
	Is there a 'two strikes' legislation in place?
<b>Offender management</b>	Are there specialised sex offender treatment programs for offenders in prison?
	Are these programs compulsory?
	Are there specialised community-based sex offender treatment programs for offenders?
	Are there provisions allowing for the electronic/gps monitoring of sex offenders?
	Are there provisions allowing for the electronic/gps monitoring of released sex offenders?
	Are sex offenders placed on a register?
	Is there restricted notification of sex offenders released to the community?
	Are polygraphs utilised as part of the monitoring of sex offenders?

	Are there separate mental health units/centres (Coalinga model) for sex offenders?
<b>Working with children checks</b>	Are there mandatory working with children checks for <u>all</u> people who work with or volunteer with children?
	Does the working with children check include consideration of convictions, charges, internal reviews (e.g. teacher registration boards etc)?
	Does the working with children check include checks with external jurisdictions?
<b>Commissioner/Guardian for children</b>	Is there a Commissioner/Guardian for Children?
	Do the Commissioner/Guardian's core functions include: broad responsibilities for child protection issues, including independent oversight of all matters relating to children?
<b>Cyber-safety</b>	Is there a concerted State-wide effort on cyber-safety?
	Are there adequate provisions in law addressing cyber-safety concerns?
<b>Family law</b>	Is the family law legislation informed by the 'best interests of the child'?
	Is there evidence that in the majority (over 90%) of matters, the principle of 'best interest of the child' is enforced?
	Are there clear process for the intersection of state-based child protection authorities and the federal family law system?
	Is there a requirement that in matters involving allegations of child sexual assault, all expert witnesses/report writers must have specialist and experience working in the area of child sexual assault?
	Are matters involving allegations of child sexual assault expedited through the family law court system?
	Are there provisions for the routine/mandated subpoena of any relevant child protection or police files?
<b>United Nations Convention on the Rights of the Child</b>	Is Australia a signatory to the United Nations Convention on the Rights of the Child?
	Has Australia complied with measures under the UNCROC?
	Does Australia have a National Commissioner for Children?
	Is there a national body coordinating implementation of UNCROC?
	Is there a national child's rights Act
<b>Handling of allegations in religious organisations</b>	Is there a concerted effort by religious organisations to respond appropriately to allegations of child sexual assault?
	Do religious organisations place the best interests of children/victims above all else?



# Appendix B: Raw Scores



**Ratings:**  
**0 = Not true (there is no evidence of this indicator/action)**  
**1 = True to some degree (there is some evidence of this indicator/action)**  
**2 = Mostly true (there is reasonable and consistent evidence of this indicator/action)**  
**3 = Definitely true (there is extensive and consistent evidence of this indicator/action)**

1. Educate (All children receive effective personal safety education)									
Indicator	Measure	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Personal safety curriculum in schools	Is personal safety taught at all year levels (prep-12) in all schools including non-govt?	2	3	3	2	3	2	2	2
	Is it mandatory?	3	3	2	2	3	2	2	2
	Does it include a holistic approach?	1	3	3	2	3	2	2	2
	Are personal safety messages reinforced/integrated throughout curriculum?	2	2	2	2	3	2	2	2
	Does the material include resources for Indigenous, NESB and special education students?	2	3	3	2	2	2	2	3
Personal safety resources in childcare	Are there personal resources available for childcare centres?	2	2	2	2	2	2	2	2
	Is it mandatory?	1	1	1	1	1	1	1	1
Whole of community approach	Are parents engaged with teaching personal safety messages?	1	2	2	1	2	1	2	2
	Do teachers/child carers/parents/carers have access to external advice/support?	2	2	2	2	2	2	2	2
<b>Total scores for 'Educate' Pier</b>		<b>16</b>	<b>21</b>	<b>20</b>	<b>16</b>	<b>21</b>	<b>16</b>	<b>17</b>	<b>18</b>

<b>2. Empower (All adults are trained, aware and motivated)</b>									
Indicator	Measure	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Specialised Professional Training – for those who work therapeutically with child sexual assault	Is there professional development training on child sexual assault for therapists?	3	2	2	3	3	2	3	2
	Is the training available in flexible delivery modes?	2	2	2	2	2	2	2	2
	Is the program Accredited by Professional Bodies?	2	2	2	2	2	2	2	2
Specialised Professional Training – for those who work with children	Is there professional development training on child sexual assault for people working with children?	2	3	2	3	2	2	3	3
	Is the training available in flexible delivery modes?	2	2	2	2	2	2	2	2
	Is the program Accredited by Professional Bodies?	2	2	2	2	2	2	2	2
Tailored Training – Child Protection and Foster Carers	Is there training on child sexual assault for child protection workers and foster carers?	3	2	2	2	2	2	3	3
	Is the training available in flexible delivery modes?	2	2	2	2	2	2	3	3
	Is the program Accredited by Professional Bodies?	2	2	2	2	2	2	2	2
Tailored Training – Medical Professionals and Pharmacists	Is there training on child sexual assault for medical professionals and pharmacists?	2	2	2	2	2	2	2	3
	Is the training available in flexible delivery modes?	2	2	2	2	2	2	2	2
	Is the program Accredited by Professional Bodies?	2	2	2	2	2	2	2	2
Tailored Training – Legal Professionals	Is there training on child sexual assault for legal professionals?	1	1	1	1	1	1	1	1
	Is the training available in flexible delivery modes?	1	1	1	1	1	1	1	1
	Is the program Accredited by Professional Bodies?	2	2	2	2	2	2	2	2
Tailored Training – Teachers	Is there professional development training on child sexual assault included in tertiary education?	2	2	2	2	2	2	2	2
	Is the training available in flexible delivery modes?	2	2	2	2	2	2	2	2
	Is the program Accredited by Professional Bodies?	2	2	2	2	2	2	2	2
	Are there ongoing professional development opportunities?	3	3	3	3	3	3	3	3
General awareness campaigns	Are there ongoing, broad-level awareness campaigns targeted at the general population, highlighting realities of issue and everyone’s role in child protection?	2	2	2	2	2	2	2	2
Social media campaigns	Are there concerted social media campaigns highlighting realities of issue and everyone’s role in child protection?	2	2	2	2	2	2	2	2
<b>Total scores for ‘Empower’ Pier</b>		<b>43</b>	<b>42</b>	<b>41</b>	<b>43</b>	<b>42</b>	<b>41</b>	<b>45</b>	<b>45</b>

3. Protect (All systems of community and government engage effectively)									
Indicator	Measure	ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Specialist Counselling For Children	Is there specialist counselling available?	2	2	2	2	2	2	2	2
	Is the counselling available in flexible delivery modes?	2	2	2	2	2	2	2	2
	Is the counselling affordable?	3	3	3	3	3	3	3	3
	Are there trained professionals in the geographical area?	2	2	2	2	2	2	2	2
Specialist Counselling for non offending family members	Is there specialist counselling available?	2	2	2	2	2	2	2	2
	Is the counselling available in flexible delivery modes?	2	2	2	2	2	2	2	2
	Is the counselling affordable?	3	3	3	3	3	3	3	3
	Are there trained professionals in the geographical area?	2	2	2	2	2	2	2	2
Specialist Counselling for adult survivors	Is there specialist counselling available?	2	2	2	2	2	2	3	2
	Is the counselling available in flexible delivery modes?	2	2	2	2	2	2	2	2
	Is the counselling affordable?	3	3	3	3	3	3	3	3
	Are there trained professionals in the geographical area?	3	3	3	3	3	3	3	3
24/7 free, specialist crisis/support line	Is there a 24/7, free, specialist crisis support line?	2	2	2	2	2	2	2	2
Specialist Crisis Support, Advocacy and Information For Children	Is there specialist support, advocacy and information available?	2	2	2	2	2	2	2	2
	Is the support, advocacy and information available in flexible delivery modes?	2	2	2	2	2	2	2	2
	Is the support, advocacy and information affordable?	3	3	3	3	3	3	3	3
	Are there trained professionals in the geographical area?	2	2	2	2	2	2	2	2
Specialist Crisis Support, Advocacy and Information for family members	Is there specialist support, advocacy and information available?	2	2	2	3	2	2	3	2
	Is the support, advocacy and information available in flexible delivery modes?	2	2	2	2	2	2	2	2
	Is the support, advocacy and information affordable?	3	3	3	3	3	3	3	3
	Are there trained professionals in the geographical area?	2	2	2	2	2	2	2	2
Specialist Crisis Support, Advocacy and Information for adult survivors	Is there specialist support, advocacy and information available?	2	2	2	3	2	2	3	2
	Is the support, advocacy and information available in flexible delivery modes?	2	2	2	2	2	2	2	2
	Is the support, advocacy and information affordable?	3	3	3	3	3	3	3	3
	Are there trained professionals in the geographical area?	3	3	3	3	3	3	3	3
Specialist Counselling For	Is there specialist counselling available?	2	2	2	2	2	2	2	2

Children exhibiting problem sexual behaviour (up to age 12)	Is the counselling affordable?	3	3	3	3	3	3	3	3
	Are there trained professionals in the geographical area?	2	2	2	2	2	2	2	2
Specialist Counselling for young offenders (13-17)	Is there specialist counselling available?	2	2	2	2	2	2	2	2
	Is the counselling affordable?	3	3	3	3	3	3	3	3
Support and Advice for Professionals – Practitioners working therapeutically	Are there trained professionals in the geographical area?	2	2	2	2	2	2	2	2
	Is support and advice available?	2	2	2	2	2	2	2	2
	Is support and advice available flexible delivery modes?	3	3	3	3	3	3	3	3
Support and Advice for Professionals – those working with children (e.g. Teachers)	Is support and advice affordable?	3	3	3	3	3	3	3	3
	Is support and advice available?	2	2	2	2	3	2	3	2
	Is support and advice available flexible delivery modes?	3	3	3	3	3	3	3	3
Mandatory reporting requirements	Is support and advice affordable?	3	3	3	3	3	3	3	3
	Are all teachers legislated mandatory reporters?	2	3	3	3	3	3	3	3
	Does reporting include all forms of harm/alleged offenders?	2	2	2	3	2	3	3	3
	Are all child care workers mandatory reporters?	2	2	3	2	3	3	2	3
Child protection policies	Does reporting include all forms of harm/alleged offenders?	2	2	2	3	2	3	3	2
	Are all schools required to have child protection policies?	3	3	3	3	3	3	3	3
	Are all child care centres required to have child protection policies?	2	2	2	3	2	3	3	2
'Best interest of the child'	Is all relevant legislation informed by the 'best interests of the child'?	2	2	2	2	2	2	2	2
	Is the State a signatory to the "National Framework for Protecting Australia's Children"?	3	3	3	3	3	3	3	3
	Is there evidence that the State is actively implementing recommendations under Outcome 6 of the National Framework?	2	2	2	2	2	2	2	2
Inquiries and reviews	Have there been external inquiries or reviews into the issue of child protection within the last 10 years?	3	3	3	3	3	3	3	3
	Have the recommendations been implemented?	2	2	2	2	2	2	2	2
Specialised research agency	Is there an active agency conducting research on issues of child sexual assault?	3	3	3	3	3	3	3	3
	Is there an active agency lobbying on issues of child sexual assault?	2	3	2	3	3	2	3	3

Child/victim-focussed child protection processes	Is there a clearly identified department charged with child protection?	3	3	3	3	3	3	3	3
	Is there an whole of government approach to child protection?	3	3	2	3	2	2	2	2
	Is there an external, independent oversight body providing for transparency and dealing with concerns?	3	3	3	3	3	3	3	3
	Is there evidence of a clear coordination/partnership between the state child protection authority and non-government organisations?	2	2	2	2	2	2	2	2
Child/victim-focussed criminal justice process	Is there a dedicated, specialised policing unit investigating child sexual offences?	3	3	3	3	3	3	3	3
	Is there specialised court process in place minimising further trauma on child witnesses?	3	3	3	3	3	3	2	2
	Is there a special court dealing specifically with sexual assault matters?	1	1	1	1	1	1	1	1
	Is there an amber alert system for locating children and young people who have gone missing?	1	3	1	3	1	1	1	1
Alternative police reporting options	Are there alternative options for reporting historical abuse to police?	2	3	2	3	2	3	2	2
Child/victim-focussed sentencing policies	Is there a sentencing advisory council and legal advisory council providing advice to and reviewing sentencing practices?	2	3	3	3	3	3	3	3
	Has this body actively focused on sentencing practices relating to child sexual assault?	1	3	1	2	1	2	3	1
	Is the rate of convictions of individuals charged with child sexual assault above 75%?	1	1	1	1	1	1	1	1
	Is the rate of imprisonment of individuals convicted with child sexual assault above 75%?	1	1	1	1	1	1	1	1
	Are there minimum standard non-parole periods in place?	0	3	2	1	2	0	0	0
	Is there provision for continued detention of dangerous sex offenders?	0	3	0	3	3	0	3	3
	Is there a two strikes legislation in place?	0	0	0	3	0	0	0	0
Offender management	Are there specialised sex offender treatment programs for offenders in prison?	3	3	3	3	3	3	3	3
	Are these programs compulsory?	0	0	0	0	0	0	0	0

	Are there specialised community-based sex offender treatment programs for offenders?	2	2	2	2	2	2	2	2
	Are there provisions allowing for the electronic/gps monitoring of sex offenders?	3	3	3	3	3	1	3	3
	Are there provisions allowing for the electronic/gps monitoring of released sex offenders?	0	3	2	3	2	0	3	3
	Are sex offenders placed on a register?	3	3	3	3	3	3	3	3
	Is there restricted notification of sex offenders released to the community?	1	1	1	1	1	1	1	3
	Are polygraphs utilised as part of the monitoring of sex offenders?	0	0	0	0	0	0	0	0
	Are there separate mental health units/centres (Coalinga model) for sex offenders?	1	1	1	1	1	1	1	1
Working with children checks	Are there mandatory working with children checks for <u>all</u> people who work with or volunteer with children?	2	2	2	2	2	1	2	2
	Does the working with children check include consideration of convictions, charges, internal reviews (e.g. teacher registration boards etc)?	2	2	3	3	2	1	2	2
	Does the working with children check include checks with external jurisdictions?	2	2	2	2	2	1	2	2
Commissioner/Guardian for children	Is there a Commissioner/Guardian for Children?	3	3	3	3	3	3	3	3
	Does the Commissioner/Guardian's core functions include broad responsibilities for child protection issues, including independent oversight of all matters relating to children?	3	2	3	3	2	2	3	3
Cyber-safety	Is there a concerted State-wide effort on cyber-safety?	2	2	2	2	2	2	2	2
	Are there adequate provisions in law addressing cyber-safety concerns?	2	2	2	2	2	2	2	2
<b>Total scores for 'Protect' Pier</b>		<b>173</b>	<b>189</b>	<b>180</b>	<b>196</b>	<b>183</b>	<b>174</b>	<b>189</b>	<b>184</b>
		Fed							
Family law	Is the family law legislation informed by the 'best interests of the child'?	2							
	Is there evidence that in the majority (over 90%) of matters the principle of 'best interest of the child' is enforced?	1							

	Are there clear process for the intersection of state-based child protection authorities and the federal family law system?	1
	Is there a requirement that in matters involving allegations of child sexual assault, all expert witnesses/report writers must have specialist and experience working in the area of child sexual assault?	2
	Are matters involving allegations of child sexual assault expedited through the family law court system?	2
	Are there provisions for the routine/mandated subpoena of any relevant child protection or police files?	1
United Nations Convention on the Rights of the Child	Is Australia a signatory to the United Nations Convention on the Rights of the Child?	3
	Has Australia complied with measures under the UNCROC?	2
	Does Australia have a National Commissioner for Children?	3
	Is there a national body coordinating implementation of UNCROC?	1
	Is there a national child's rights Act	1
Handling of allegations in religious organisations	Is there a concerted effort by religious organisations to respond appropriately to allegations of child sexual assault?	1
	Do religious organisations place the best interests of children/victims above all else?	1
<b>Total additional scores for 'Protect' Pier</b>		<b>21</b>

**Total Raw scores for each pier by State and Territory**

	ACT	NSW	NT	Qld	SA	Tas	Vic	WA	Comm. (FLC/ UNCROC)	<i>Aust</i>
'Educate'	16	21	20	16	21	16	17	18		145
'Empower'	43	42	41	43	42	41	45	45		342
'Protect'	173	189	180	196	183	174	189	184	21	1489
Total	232	252	241	255	246	231	251	247		1976