

Body Safety Australia (BSA) is grateful for the opportunity to provide input to the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings.

BSA is a not-for-profit organisation providing collaborative community solutions to foster robust, respectful relationships with children and young people. Since 2015 BSA has been delivering programs designed to assist children from early childhood education through to secondary school in recognising grooming behaviours, understanding their own bodily autonomy and articulating help-seeking behaviours should the need arise.

BSA notes the breadth of the Commission of Inquiry's terms of reference and, while we are broadly supportive of all efforts to address and reduce incidence of child sexual abuse, we are limiting our submission to the issue of preventative education in early childhood, primary and secondary education, with a specific focus on the role of education in preventing or aiding in the detection of child sexual abuse.

We are therefore only directly addressing a selection of the questions provided by the Commission in Part B.

Part B: Improving The Tasmanian Government's Approach To Allegations And Incidents Of Child Sexual Abuse In Institutional Contexts

Question 3: What more should the Tasmanian Government (and its agencies and officials) do to ensure the safety of children in government institutions, including in public schools, hospitals and youth detention centres?

It is a horrific and confronting fact that there are, at the very least, three quarters of a million children in Australia, right now, who have been or will be sexually abused (Gilmore, 2017). While strangers are often perceived to be the greatest danger to children, this is not the case. Nearly 90 percent of children who were sexually abused were abused by someone known to them. Tragically, 58 percent of those children were first abused before they turned nine. (Australian Bureau of Statistics 2016)

While all children need and deserve protection, we know there are certain groups with significantly higher risk factors. Children with disabilities have at least three times higher risk of maltreatment than children without disabilities (McLean et al, 2017). While there is little research into prevalence of child sexual abuse in Culturally and Linguistically Diverse (CALD) communities (Australian Institute of Family Studies, 2017) we do know the risk factors are high and CALD communities will realise significant benefits from prevention education (Kaur, 2012). The ongoing effects of colonisation and intergenerational trauma on family structures have also led to disproportionately high rates of child sexual abuse in Aboriginal and Torres Strait Islander communities (Australian Institute of Health and Welfare 2014). The

increased risk factors in marginalised communities requires a culturally appropriate response in all forms of preventative education. This entails ensuring that program design and delivery is conducted in cooperation with marginalised groups, rather than being designed and imposed from the outside.

We know that children who have been sexually abused once then become more vulnerable to further abuse by other perpetrators (Papalia, 2017). We also know that image-based abuse is increasing at a disturbing rate in Australia, particularly for pre-adolescent children (Carmody, 2020). The long-term effects of sexual abuse of children include higher risk of suicide, mental illness, addiction, early death and further victimisation as adults (Hailes, 2017). Preventing child sexual abuse is a national imperative that requires a whole of community response.

Whole of community education to prevent child sexual abuse is relatively new. This presents an opportunity to ensure Australia is delivering consistent, best practice education, with evidence-based national standards and a trauma-informed foundation.

Education has proven successful in assisting children to recognise and act on grooming and sexual abuse (Schneider, 2020). Research also shows that age-appropriate best practice education does not increase anxiety in children (Walsh, 2018). Truly effective prevention education, however, must go beyond programs just for children. As the Royal Commission into Institutional Responses to Child Sexual Abuse noted, we need a well-informed and proactive community – our whole community - to reduce the prevalence and ongoing nature of child sexual abuse.

“A well-informed and proactive community could help to create an environment that is hostile to child sexual abuse. This could make it harder for people to groom and abuse children, increasing the likelihood of grooming behaviour and abuse being identified and reported, and making it easier for victims to disclose abuse.”

Royal Commission into Institutional Responses to Child Sexual Abuse

For the last seven years BSA have been designing and delivering professional development for teachers, information sessions for parents and body safety awareness education for children.

We believe education for children is most effective when delivering in conjunction with information sessions for parents and teachers. Preventative education for parents, teachers and children facilitates discussion between children and the adults in their lives. While schools can and must provide some measure of protection, it is essential that parents and families continue to be the main providers of safety and assistance for children.

Question 9: Are there any barriers to reporting child sexual abuse in Tasmanian government institutional contexts?

Youth Offenders:

BSA notes with concern that the rates of child and youth offenders of child sexual abuse in schools is rarely addressed. While it's certainly necessary to protect children from adult predators, men and boys aged between 15 and 19 have one of the highest rates of sexual assault offenders reported to police. This presents particular difficulties for institutions such as schools, sports clubs, youth detention centres when the offenders may be young people in their care.

Funding for early intervention for young people who have been identified as at risk of offending or who show problematic sexual behaviours is essential. The nature of child sexual abuse makes it difficult to establish exact data on the victims and offenders, but the most robust research suggests about half the offenders against children are adolescents (Letourneau, 2017). This is a confronting concept, but we believe the most effective remedy is educative, not punitive. Child offenders may lack the capacity to understand their motivations and actions. This does not, however, lessen the harm done to their victims. We strongly believe this is an area of child sexual abuse that is rarely addressed and requires immediate action. Best practice education programs would include components designed to reach adolescents at risk of offending and divert them towards psychological, social and family assistance that can prevent them offending against others. To the best of our knowledge, this is not yet a focus of any child sexual abuse prevention programs in Australia.

Schools often feel constrained in dealing with offenders by their obligation to provide education to all students, particularly when the victim and their families are reluctant to involve police. Without criminal investigation or conviction (which can take years to achieve) victims are often forced to continue their education while in daily contact with an alleged offender. This can have a significant effect on the direct victim and on other young people who are aware of the offending and believe the school is unable or unwilling to take action.

This issue can have a substantial impact on victim's wellbeing and ability to complete their education. We note the more than 45,000 signatories to the recent petition by Chanel Contos (Contos, 2021) for improved consent education in schools, and the more than 6,500 testimonials from current and recent school students in Australia about the rapes and sexual assault perpetrated against them by other school students. This is an indication of the breath of the issue in Australian schools and the strength of feeling unsupported by current and recent victims.

Question 11. What supports should be put in place to encourage people to report child sexual abuse in Tasmanian government institutional contexts (for professionals and volunteers, adult survivors, children and their caregivers)?

Guidelines for dealing with youth offenders:

Our experience in delivering child sexual abuse prevention programs in schools, where disclosures of sexual harassment and sexual assault is common, has demonstrated that while there is a high level of recognition of student offenders, very few schools at secondary level know how to address this issue. Secondary schools, in our experience, are exceedingly reluctant to report their students to police under mandatory reporting requirements. This reluctance does not extend to adult offenders and is often driven by concern for youth offenders and their parents, acquiescence to victim reluctance to report (this rarely applies to adult offenders), lack of knowledge about the legal definitions, and uncertainty about the conflict between their obligations to the victims and offenders. Further guidance for schools on this issue is of paramount importance for everyone involved.

Question 19. What needs to be done to improve services and systems to help address or alleviate the impact of child sexual abuse, so that people are supported to seek justice and recover from the impacts of the abuse?

Whole of community programs:

Education to prevent child sexual abuse must go beyond the necessary task of educating children. We know most sexual abuse of children occurs in private homes and is perpetrated by someone known to the child and their family (Australian Bureau of Statistics, 2016). We believe most parents are deeply motivated to protect their children from harm but may not always have the tools or knowledge to recognise or act on harmful behaviours. Cohesive education programs that include parents, schools, and children should be the standard in any educative efforts to prevent and detect child sexual abuse. These programs, when they are conducted to best practice, will assist parents in identifying harmful behaviours, facilitate parent-child communication, and provide clear information on seeking assistance from relevant agencies when it is needed.

Our research has shown that after providing body safety awareness workshops to teachers, parents and children, all three groups report their ability to identify harmful behaviours and respond appropriately more than doubles. Our work with parents has also shown that providing detailed informative parent workshops prior to child-focussed programs results in a much higher level of engagement and support from parents.

Technology facilitated abuse:

Australia is among many countries around the world recording huge increases in child sexual exploitation material during COVID-related lockdowns.

The Australian Centre to Counter Child Exploitation says it recorded a 122 percent increase in reports from members of the public between July 2019 and the lockdown in mid-2020 (Australian Institute of Health and Welfare, 2021). Analysis by the Internet Watch Foundation showed a 77 percent increase in self-generated child exploitation material between 2019 and 2020 (Internet Watch Foundation, 2020).

The images and videos mostly involve girls between 11 and 13 years old, producing this material in their homes.

The grooming process for this abuse can involve parents and carers. We've seen evidence of parents being offered discounted or free clothing items for allowing their children to model for non-sexual images. This can then progress to self-generated sexualised images without the parent's knowledge. We have heard reports of children as young as six being directed to produce child sexual exploitation material in their homes where the sounds of parents and carers can be heard in the background (A Current Affair Staff). This demonstrates how vulnerable children can be to grooming and abuse via devices while their parents believe their children are safely within their care. Education for parents and children on the risks and indications of this form of abuse is crucial to its prevention.

Skilled workforce

Funding for a skilled workforce in this area is essential. Our research has shown over 70 percent of teachers prefer that child sexual abuse prevention education is delivered by expert external providers. The main reasons cited by teachers were that they don't feel equipped to deliver the programs, they believe it is easier for children to talk to someone who is not a teacher they see every day, and they don't risk damaging relationships with parents by delivering confronting content.

We support the essential work done by state and federal governments in embedding basic consent and sex education into the curriculum from early childhood through to senior years of secondary school. However, we recognise that Australian teachers overwhelmed by their current workload, with more than three quarters of teachers say they do not find their current workload manageable and nearly 60 percent of teachers intend to leave the profession (Monash University, 2020). A further 60 percent report that their work schedules are a barrier to participation in professional development. (OECD 2019, Figure I.5.15). Given this alarming data, we are concerned that teachers may have great willingness but lack the capacity to engage in further learning and professional development that is necessary to provide best practise prevention education.

Additionally, given the statistics on the high rates of sexual violence experienced by Australian women (at least one in four adult women) and girls (at least one in nine girls) it is inevitable that some teachers will themselves be survivors (Australian Bureau of Statistics, 2016). Requiring teachers to provide CSA prevention education presents a risk of re-traumatising survivors in the predominantly female teaching profession.

Providers need specialised skills in delivering age-appropriate education and an expert understanding of child safe standards and principles, the nature and effects of grooming and abuse, the ability to detect at-risk behaviours and the confidence to act on those identifications. This specialised work is beyond the scope of work

delivered by already overloaded teachers. We also note the increased risk of harm to children where education providers lack expertise.

BSA is not suggesting that all consent and sex education should be delivered by external providers.

Rather, we are recommending that Tasmanian Government source and vet a range of experienced educators and organisations to create a pool of providers who can be made available to all schools and early childhood centres. These providers would need to have a range of expertise, and culturally appropriate programs and educators. As discussed above, the risk factors in marginalised communities are high and best practice requires that prevention education is delivered cooperatively with the relevant community.

A pre-vetted pool of providers with clearly outlined specialities who can deliver culturally appropriate programs for teachers, students and parents would ensure best practice prevention education is available and relevant to all schools as required. This would also remove the risk of placing additional logistical or psychological demands on teachers in areas of high risk.

We thank the committee for the opportunity to provide input to this inquiry. We would be very happy to provide any further information you may require in the course of your investigations.

Regards,



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