Australian Government
National Office for Child Safety

NASASV
NATIONAL ASSOCIATION OF SERVICES AGAINST SEXUAL VIOLENCE

UNSW SYDNEY

Engaging with victims and survivors of child sexual abuse

A practice guide for workers and organisations

An Australian Government initiative

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Contents

Reporting child sexual abuse

Help is available if you have experienced, are experiencing, or are at risk of child sexual abuse. If you are worried that you, your child, or a child or young person you know is at risk, it is important to act on it and report it.

If you or someone else is in immediate danger, call Triple Zero on **000**.

If you want to report a crime, contact your local police on **131 444**.

If you want to report a crime anonymously, you can visit Crime Stoppers at www.crimestoppers.com.au or call their toll-free number on **1800 333 000**.

You can report online child sexual abuse, including online grooming, to the Australian Federal Police's Australian Centre to Counter Child Exploitation at www.accce.gov.au/Report

If you want to report illegal or harmful online content, including photos or videos, you can contact the eSafety Commissioner at www.eSafety.gov.au/Report

If you suspect a child or young person is at risk, contact your relevant state or territory child protection organisation. This includes children at risk of:

- harm
- sexual abuse
- physical or emotional abuse
- family violence
- neglect.

The contact details for your state or territory child protection agency are available at www.childsafety.gov.au/make-report

Finding help and support

24-hour telephone assistance is available through:

- Lifeline: **13 11 14**
- 1800RESPECT: **1800 737 732**
- MensLine Australia: **1300 789 978**
- Kids Helpline: **1800 55 1800**
- Beyond Blue: **1300 22 4636**
- 13YARN Australia: **13 92 76**

A further list of national support services, including child sexual abuse specialist services, and links to state and territory services is available in the 'Key referrals' section on page 148.

- National Relay Service (NRS)
- Translating and Interpreting Service (TIS National)

CONTENT WARNING

Child sexual abuse is a challenging issue. Reading this document may create strong feelings for some people. Please take care of yourself and ask for help if you need it. You might want to talk to your family and friends, or your counsellor, doctor, or Aboriginal and Torres Strait Islander health service.

The project

In 2022, the National Office for Child Safety (National Office)* engaged the National Association of Services Against Sexual Violence (NASASV)** in partnership with the Gendered Violence Research Network (GVRN),*** UNSW Sydney to develop a practice guide for workers and organisations engaging with victims and survivors of child sexual abuse. The guide, *Engaging with victims and survivors of child sexual abuse: A practice guide for workers and organisations*, represents the collective wisdom from national consultations, including with the service sector, government, First Nations Australians, those with lived experience of child sexual abuse, and experts in the field.

* The National Office for Child Safety was established on 1 July 2018 in response to the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission). The role of the National Office is to provide national leadership for policies which enhance children's safety and prevent future harm, with a particular focus on child sexual abuse.

** The National Association of Services Against Sexual Violence (NASASV) is the key expert peak body in Australia for sexual violence and has been in operation as a national group since 1987. NASASV is comprised of sexual assault services in each Australian state and territory and works to implement the shared aims of sexual assault services for those who are impacted by sexual violence in all its forms, with the ultimate goal of eliminating sexual violence in our communities.

*** The Gendered Violence Research Network (GVRN), UNSW Sydney unites significant domestic and international research expertise to respond to, prevent and end gendered violence in Australia and beyond.

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1. Acknowledgements

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's Traditional Owners and custodians of Country. We acknowledge that sovereignty was never ceded and recognise Aboriginal and Torres Strait Islander peoples' continuing connection to land, waters, and culture. We pay our respects to Elders past and present and thank them for their wisdom, guidance, and support in this project.

We acknowledge that child sexual abuse can impact Aboriginal and Torres Strait Islander adults, children and young people, and the effects can be amplified by the impacts of colonisation, removal of Aboriginal and Torres Strait Islander children, and some subsequent government policies.

We acknowledge the dedicated work of Aboriginal and Torres Strait Islander peoples over many decades in Australia to both align with and challenge governments and services about the relationship between colonisation, intergenerational trauma and current high rates of sexual and gendered violence affecting children, young people and adults in Aboriginal and Torres Strait Islander communities.

We recognise the strength of culture in responding to child sexual abuse and the capacity of cultural practices to offer Aboriginal and Torres Strait Islander people healing and recovery.

PEOPLE WITH LIVED AND LIVING EXPERIENCE

We recognise that there is a real person impacted by each act of violence and abuse represented in any research evidence used in this guide. We value the lived and living experiences of children, young people and adults who have experienced child sexual abuse as the foundation of best-practice responses.

We acknowledge that victims and survivors have different life experiences and may have been subjected to multiple experiences of victimisation and discrimination. Responses to children, young people and adults need to listen and attend to this range of lived experiences. This may also include practitioners with lived experience of child sexual abuse.

We note that statistics are an important tool for understanding; however, the figures can seem depersonalised and do not always convey the pain and suffering experienced by victims and survivors and the families, friends, workplaces and communities who have supported them.

We recognise the tragedy of those who have lost their lives. We equally recognise the strength and courage of victims and survivors and their stories of survival, hope and resistance.

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2. Language used in this Guide

We recognise that not everyone agrees on terminology. The terms we have used in this Guide are based on the opinions of many victims and survivors, practitioners and researchers. Language can and does change, and the way we think and talk about child sexual abuse is continuously informed by the lived and living experience and expertise of victims and survivors.

CHILD SEXUAL ABUSE

In this guide we use the definition of child sexual abuse from the Royal Commission into Institutional Responses to Child Sexual Abuse, which is: 'Any act that exposes a child to, or involves a child in, sexual processes that are beyond their understanding, are contrary to accepted community standards, or are outside what is permitted by law.'[1]

Sexually abusive behaviours can include:

- the sexual touching of genitals
- masturbation
- oral sex
- vaginal or anal penetration by a penis, finger or any other object
- sexual touching of breasts
- voyeurism – spying on or watching another person doing something private without their permission
- exhibitionism – exposing yourself in public
- exposing the child or young person to pornography
- grooming.[1]

It is important to remember that child sexual abuse is inclusive of a range of behaviours and relational dynamics not always specified in legal definitions of child sexual 'assault'.

ONLINE CHILD SEXUAL ABUSE

In line with the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 (National Strategy), this Guide refers to 'online child sexual abuse' as 'any form of sexual abuse of children … which has a link to the online environment'.[2]

Child abuse material is generally defined as material that depicts a child, or a representation of a child, in a sexual or offensive context, or as the subject of torture, cruelty or abuse.

VICTIM AND SURVIVOR

The term 'victim and survivor' refers to children, young people and adults who have been sexually abused as children or young people. The term 'people with lived and living experience of child sexual abuse' is used interchangeably with 'victims and survivors', recognising that people have different preferences for terminology and that different language resonates at different times and in different contexts. We recognise that some people do not identify with any of these terms.[3]

In some contexts, the term 'victim' has a defined legal meaning. We recognise that some people prefer the term 'survivor' because of its association with resilience and empowerment. We also recognise many have lost their lives as a direct result of abuse, or do not feel they have 'survived' the abuse and its impacts. In these cases, the term 'victim' may be more appropriate.[3]

In the Guide, the term 'victim and survivor' is inclusive of children, young people and adults unless otherwise specified.

HEALING AND RECOVERY

Healing is commonly understood as a transformative process of repair and recovery in mind, body, and spirit. Healing is often described as a journey which is different for each person and not linear or predictable.

For Aboriginal and Torres Strait Islander peoples, healing is process of addressing distress, overcoming trauma and restoring wellbeing. The Healing Foundation describes different ways to support healing, including reconnecting with culture, strengthening identity, restoring safe and enduring relationships and supporting communities to understand the impact that their experiences have had on their behaviour and create change. Healing can occur at a community, family and individual level and continues throughout a person's lifetime and across generations.[4]

Like 'healing', the term 'recovery' can be understood as an aspirational process of rebuilding a victim or survivor's life, moving towards physical and emotional safety, health and resilience. Recovery may also be experienced as improved mental health and self-esteem, maintaining or rebuilding of relationships with family, kin, friends and other supporters, and achieving economic security.

Some victims and survivors may not identify with the term 'recovery', as they do not feel able to regain what they have lost as a result of the sexual abuse they suffered as a child. Others may not feel in need of recovery.

PERPETRATOR

In this guide, where the term 'perpetrator' is used, it refers to an adult who has sexually abused a child or young person, and who may or may not have been convicted of this crime.

SEXUAL BEHAVIOURS DISPLAYED BY CHILDREN AND YOUNG PEOPLE

In this Guide, 'sexual behaviours displayed by children and young people' is conceptualised as occurring across a continuum from developmentally typical to concerning to harmful. Detailed definitions of these terms can be found in the glossary. This Guide will refer to children and young people who have displayed harmful sexual behaviour and adult perpetrators of child sexual abuse only where relevant to a particular Practice Area. The National Office is establishing a national policy position for responding to harmful sexual behaviours displayed by children and young people and is developing guidance resources for workers engaging with and supporting children and young people who have displayed harmful sexual behaviours.

GROOMING

Grooming describes behaviours that manipulate and control a child, their family, kin and carers or other support networks, or organisations. The intent of manipulation is to:

- gain access to the child
- obtain the child's compliance
- maintain the child's silence
- avoid discovery of sexual abuse.

Grooming can be done by people already well known to the child, including by a child's family member, kin or carer.

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

The terms 'First Nations', 'Aboriginal and Torres Strait Islander' and 'Indigenous' are frequently used interchangeably. All terms recognise the peoples or nations of people who have lived in a particular geographic location from the beginning, prior to the settlement of other peoples or nations. In Australia, the term First Nations is increasingly used to acknowledge Aboriginal and Torres Strait Islander peoples as the sovereign people of this land and recognises the various language groups as separate and unique sovereign nations. In this Guide we respectfully use the term 'Aboriginal and Torres Strait Islander people' to refer to Indigenous, Aboriginal, Aboriginal and Torres Strait Islander, and First Nations people, unless another term has been used in research we refer to.

Further detailed definitions and terminology are provided in the Glossary on page 154.

3. About this Guide

This Guide provides you with evidence-based information and identifies the knowledge and skills you need to provide a service to children, young people and adults who are victims and survivors of child sexual abuse, appropriate to your current work context. We have included comprehensive resources to help shape how you will respond.

THE GUIDE:

- is inclusive of child sexual abuse occurring within families, by other people the child or young person knows or does not know, in organisations and online
- is relevant to victims and survivors of child sexual abuse of all ages, including as their needs change over time
- recognises that children, young people and adult victims and survivors may have experienced multiple instances of abuse throughout their lives and may have had many experiences of disclosure
- considers the specific service needs of the following key priority groups: victims and survivors of child sexual abuse; children and young people and their support networks; Aboriginal and Torres Strait Islander peoples; people from culturally and linguistically diverse and faith-based communities; people with disability; LGBTQIA+ people; and people living in rural and remote communities
- addresses the specific skills and knowledge required for different modes of responding to child sexual abuse, such as telephone, online or face-to-face approaches.

It is important to remember as you work through this Guide that the knowledge and skills are aspirational. You or your work team may wish to consider further training in this area, and the Guide could be a useful resource to support training and supervision.

WHO IS THIS GUIDE FOR?

We know children, young people and adults who have experienced child sexual abuse may seek help from and engage with a wide range of services and organisations at different points in their life. This Guide is designed to assist you to respond to a child, young person or adult with lived and living experience of child sexual abuse in your current work context. We have provided information relevant to you, whether you work in specialist sexual assault services or generalist and mainstream services, or are employed by organisations of different sizes and types and operating in urban, regional or remote areas.

PRACTICE AREAS

This Guide is structured into six Practice Areas identified from a comprehensive analysis of Australian and international evidence on responses to child sexual abuse and an extensive consultation process. This Guide is informed and enriched by the insights, practice wisdom and lived and living experience of the 60 individuals from more than 50 organisations who provided feedback on draft versions of the Guide. We wish to acknowledge and thank all stakeholders who participated in the consultation process.

Each Practice Area draws out themes to guide you or your organisation to engage with people who use your service. The Practice Areas are:

1	Working safely with trauma
2	Embedding cultural safety
3	Responding to child sexual abuse disclosures across the lifespan
4	Being victim and survivor-centred and building trust for healing and recovery
5	Coordinating service systems and developing partnerships
6	Prioritising workforce development and wellbeing

At different points under each Practice Area, we have noted different knowledge, skills or practice responses specific to the age or development level of the victim or survivor. This is because:

- healing can be a lifelong journey; some victims and survivors may experience different effects at various points in their lives and, for some, adverse effects will be ongoing
- many services engage predominantly with victims and survivors who are children and young people, or victims and survivors who are adults
- victims and survivors present with different needs at various points in their lives
- different professional approaches are required depending on the age and/or developmental level of the victim or survivor
- responding to and supporting non-offending family, kin, carers and supporters of victims and survivors is particularly critical for children and young people.

OTHER KEY RESOURCES

In June 2023, the National Office published the Minimum Practice Standards: Specialist and community support services responding to child sexual abuse (Minimum Practice Standards), which provide a set of principles and quality benchmarks for services and organisations to promote safe and effective service provision. There are six Standards that organisations should meet to provide safe, effective services that support individuals who have experienced or been impacted by child sexual abuse.

There is growing evidence relating to the prevention of child sexual abuse, including efforts to stop sexually abusive or harmful behaviour towards children and young people from occurring in the first place. The National Office is developing guidance resources for workers engaging with and supporting children and young people who have displayed harmful sexual behaviours.

These are part of a suite of resources that the National Office is developing to support and provide practice guidance for the sector. To reduce duplication and the burden on organisations, the resources are designed to align with each other and other sector standards such as the National Principles for Child Safe Organisations.

You may like to access the following national policy documents and other related practice guides to complement the information provided in this Guide:

NATIONAL POLICY

National Strategy to Prevent and Respond to Child Sexual Abuse 2021-30

Safe and Supported: National Framework for Protecting Australia's Children 2021-2031

The National Plan to End Violence against Women and Children 2022-2032

National Principles for Child Safe Organisations

Keeping Our Kids Safe: Cultural Safety and the National Principles for Child Safe Organisations

Aboriginal and Torres Strait Islander Action Plan 2023-2025 (under the National Plan to End Violence against Women and Children 2022–2032)

Australian Health Practitioner Regulation Agency and National Board's National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025

The Healing Foundation's Looking Where the Light Is: creating and restoring safety and healing (a cultural framework for addressing child sexual abuse in Aboriginal and Torres Strait Islander communities)

NATIONAL STANDARDS

NASASV Standards of Practice Manual for Services Against Sexual Violence (3rd edition)

Minimum Practice Standards: Specialist and community support services responding to child sexual abuse

PRACTICE GUIDES

Blue Knot Foundation: National Centre of Excellence for Complex Trauma:

- Practice Guidelines for Identifying and Treating Complex Trauma-Related Dissociation
- Practice Guidelines for Clinical Treatment of Complex Trauma
- Organisational Guidelines for Trauma-Informed Service Delivery
- Talking About Trauma: Guide to Conversations and Screening for Health and Other Service Providers

4. How to use this Guide

A TIERED APPROACH

A three-tiered approach has been developed for this Guide, recognising that a wide range of workers and organisations respond to children, young people and adults who are victims and survivors of child sexual abuse. Each tier has a specific set of knowledge and skills related to your role and the purpose of your organisation.

Tier 1 provides the foundational knowledge and skills that all workers need to have as a minimum to provide an initial response to victims and survivors.

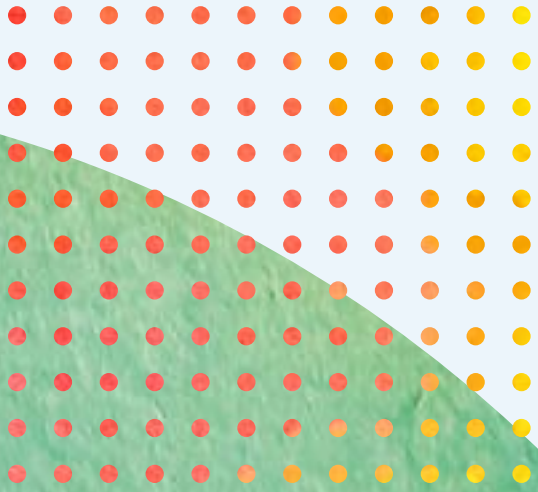
Tier 2 incorporates and builds on this foundation, providing additional knowledge and skills for roles with a higher likelihood of direct contact with victims and survivors.

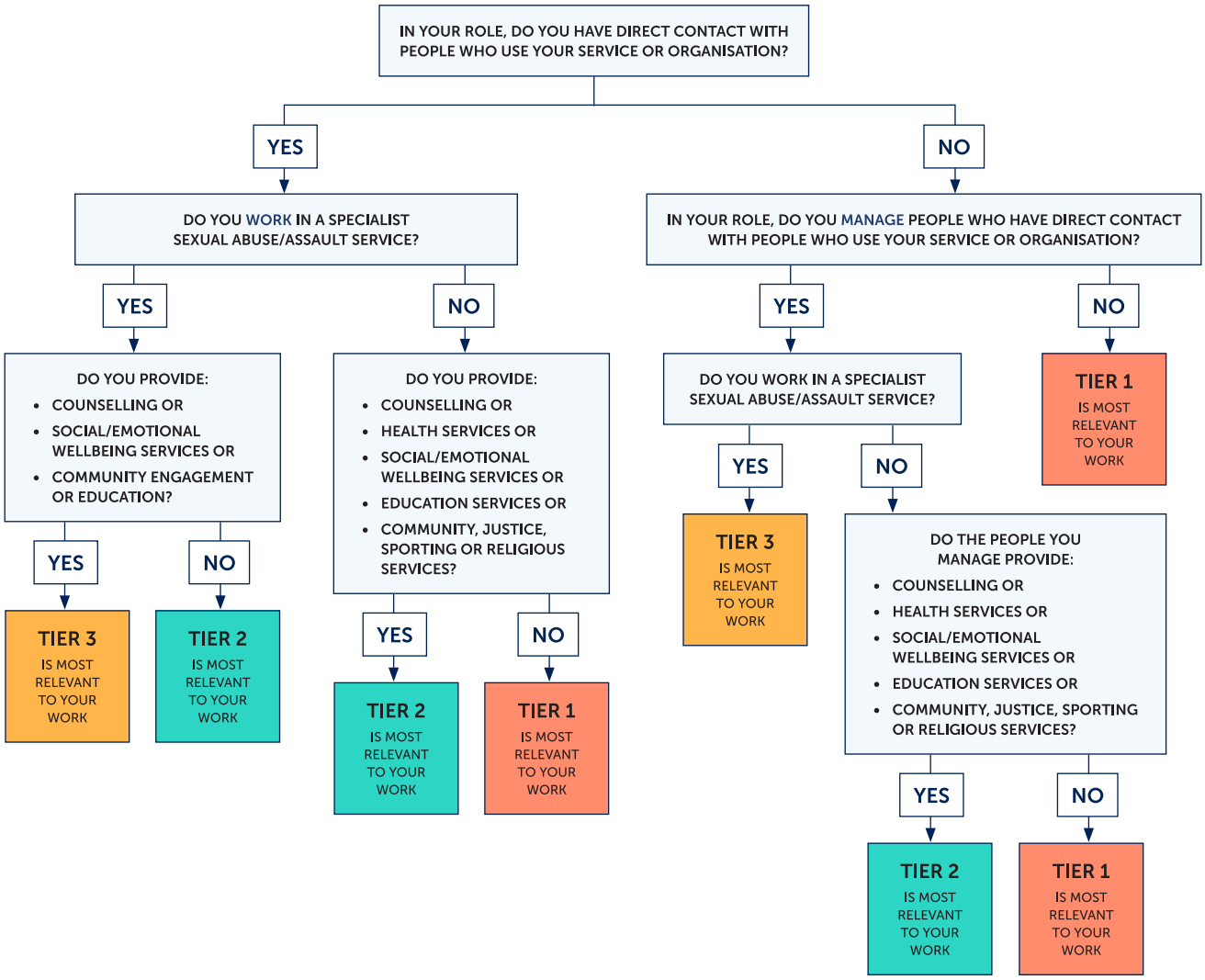
Tier 3 is for those in a specialist role providing a response to victims and survivors as core business. It assumes you already have Tier 1 and Tier 2 knowledge and skills, and reinforces and extends your specialist practice.

IDENTIFYING WHICH TIER YOU ARE IN

The decision tree on the next page has been designed to assist you to consider which tier best fits the work that you do. Each tier has a specific set of knowledge and skills appropriate to your current role and the purpose of your organisation.

It is up to you to identify which tier best applies to you now. We acknowledge it is possible that you have significant knowledge, skills and experience in responding to victims and survivors from previous roles but are not required to routinely respond to victims and survivors in your current role.





The tiers are not intended to be prescriptive. You have the flexibility to access only what is recommended for your tier or to take a deeper dive into some, or all, of the other knowledge, skills and practice tips provided in the other tiers. If you are unsure which tier relates to you, it may be helpful to discuss with your line manager or in professional supervision.

TOOLS TO SUPPORT YOU

We have included practice tips, reflection questions and links to resources and further reading to help you put the information in this Guide into practice when you are engaging with victims and survivors. Look for the icon below to easily locate information of interest to you.

DID YOU KNOW?

WHAT DO VICTIMS AND SURVIVORS TELL US?

PRACTICE TIPS

REFLECTING ON YOUR PRACTICE

RESOURCE

5. What we all need to know

GUIDING PRINCIPLES

This Guide is underpinned by the following 5 principles

RESPECT, JUSTICE AND EQUITY	Every child, young person and adult has the right to be respected and safe from all forms of abuse, neglect, violence and exploitation. We are all responsible for the safety of children and young people. Victims and survivors have a right to services that are affordable, available, and informed by lived experience. All victims and survivors deserve healing and recovery, and access to justice.
CULTURAL SAFETY	Every victim and survivor has the right to services where they feel safe to be themselves and confident that they will be respected and that any response provided is inclusive of their world view. A culturally safe response for Aboriginal and Torres Strait Islander people recognises the ongoing and intergenerational impacts of invasion, colonisation, the Stolen Generations, assimilation, institutional abuse and racism.
GENDER AND POWER	All victims and survivors have a right to receive gender-specific and gender-sensitive responses for support, education, and prevention. Child sexual abuse involves asymmetrical power dynamics where the perpetrator uses their dominant or more powerful position to sexually abuse a child or young person. Gender matters in relation to child sexual abuse. Girls are twice as likely to experience child sexual abuse and significantly more likely to experience multiple forms of child maltreatment than boys.[5] Men are more likely to perpetrate child sexual abuse in all settings – institutional, in the home, and online.[6] Gender diverse people report higher rates of child sexual abuse than cis gender individuals[5] and may face additional barriers to disclosure and access to support services.[7,8]
VICTIM AND SURVIVOR-CENTRED	All victims and survivors have a right to be meaningfully engaged in decision-making about the support and response they would like. Each victim and survivor is more than their trauma or abuse experience, and has the right to choose and receive services that recognise their agency, resilience and resourcefulness. Any response to child sexual abuse must be trauma-informed and significantly informed by the lived and living experiences of children, young people and adults.
STRENGTHS-BASED	All victims and survivors have the right to expect responses that recognise their strengths, capabilities and goals and the importance of their support networks. Use of language that is comfortable for victims and survivors and conveys respect and encourages collaboration is foundational to strengths-based approaches.

KEY MESSAGES

This Guide is evidence-based and provides key messages that are foundational to your work.

1. VICTIMS AND SURVIVORS' VOICES AND VIEWS ARE CENTRAL

The knowledge of people with lived and living experience of child sexual abuse is critical for understanding its impact and developing best-practice responses to victims and survivors of all ages, life stages, backgrounds, and communities. The National Centre for Action on Child Sexual Abuse recommends using an approach which is informed by the voices and stories of victims and survivors in the design of responses and solutions for healing and recovery.

There is no one common experience for victims and survivors. What a victim or survivor might want could be very different from your assumptions about their needs.

You might like to visit the Australian Childhood Foundation's 'Our Collective Experience Project' to appreciate the lived experience of some victims and survivors.

2. CHILD SEXUAL ABUSE IS PREVALENT AND GENDER IS AN IMPORTANT FACTOR

The Australian Child Maltreatment Study (2023) generated the first nationally representative rates of all 5 types of child maltreatment – physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence – and their associated outcomes in Australia. The study surveyed 8,503 participants aged 16 years and over and found the national prevalence of child sexual abuse in Australia is 28.5% (more than 1 in 4 Australians). The study also found:

- more than 1 in 3 girls experience child sexual abuse
- almost 1 in 5 boys experience child sexual abuse
- girls are twice as likely to experience child sexual abuse as boys.

The study did not ask whether the person identified as non-binary at the time of the abuse. Adults who are gender diverse reported having experienced child sexual abuse at rates much higher than the rest of the population (52%).[5]

In a 2020 US study[9] of a nationally representative sample of 13,052 children and adolescents:

- girls were mostly sexually abused by males (88.4%)
- boys were sexually abused by both males (45.6%) and females (54.4%).

Child sexual abuse perpetrated online and/or assisted by technology is an increasing concern in Australia and globally, encompassing a wide range of behaviours. In the 2022–23 financial year:

- 40,232 reports of child sexual exploitation were received by the Australian Centre to Counter Child Exploitation Child Protection Triage Unit, up from 14,285 reports 5 years ago.[10]
- 11,636 complaints were made to the eSafety Commissioner's Online Content Scheme, with 87% related to child sexual abuse, child abuse, or paedophile activity. This represents a 110% increase from the previous reporting period (2021–22).[11]

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) reported that:

- women with disability are more likely to report experiencing physical and sexual violence and abuse before the age of 15 than women without disability
- more than one in four women with disability report experiencing abuse before the age of 15 (28%), compared with 13% of women without disability
- women with disability are more than twice as likely to experience sexual abuse before the age of 15 (20%) than women without disability (9%)

- at hearings, some women described a repeated pattern of violence from those with important roles in their lives that began with violence perpetrated by caregivers in childhood
- accounts given by First Nations women with disability showed the impact that experiencing or witnessing violence or abuse from family members in childhood had on them in later life, including difficulty in finding help.

3. CHILD SEXUAL ABUSE HAS DIFFERENT DYNAMICS AND OCCURS IN DIFFERENT CONTEXTS

Children and young people frequently know the person or people who sexually abuse them. They can be an immediate or extended family member, a family friend, a peer or another, often trusted, person. Child sexual abuse can occur in a range of settings, including within families, online, within organisations and other settings. Even when the abuse occurs in an organisational setting or online, it is likely the child or young person will know or believe they know the person sexually abusing them.

Children and young people and their families or carers may be groomed to ensure ongoing access to the child or young person. The perpetrator uses grooming to manipulate and control the child or young person, their family or other support networks. Grooming can take place in person and online.[12] For some children and young people, grooming and abuse that begins online leads to offline acts of child sexual abuse, meaning the distinction between offline and online child sexual abuse is blurred.

Grooming can allow children and young people to believe they know and trust the person or their online persona. The perpetrator may coerce or threaten the child to maintain their silence by telling them no-one will believe them or that it is their fault for letting the abuse occur. They may also bribe or provide inducements to obtain the child or young person's compliance and avoid detection.

There are also children and young people who may display harmful sexual behaviours. Harmful sexual behaviours fall outside what may be considered developmentally typical or socially appropriate, cause harm to themselves or others, and occur either face-to-face and/or via technology. When these behaviours involve others, they may include a lack of consent, reciprocity or mutuality, and may involve the use of coercion, force, or a misuse of power. Harmful sexual behaviours evoke worry about the development and wellbeing of the child, young person, or others involved, and where they involve other children or young people, the behaviours may cause significant harm and may be experienced as abusive by the other children and young people involved. Harmful sexual behaviours may include illegal behaviours that require a criminal justice response. Harmful sexual behaviours can occur in any setting, including in person and online.

While this Guide does not provide advice on supporting children and young people who have displayed concerning or harmful sexual behaviours, it is critical to note that these children or young people also require holistic, child-centred and trauma-informed therapeutic support to address their behaviours and broader wellbeing needs. Further, as evidenced in the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission), adverse experiences in childhood, such as sexual or physical abuse and exposure to family and domestic violence, may contribute to children or young people displaying harmful sexual behaviours.

Evidence shows that children and young people who have received effective therapeutic responses show low rates of the behaviours recurring or escalating post-intervention. Enhancing responses to children and young people who have displayed harmful sexual behaviours will lead to a reduction in the incidence of child sexual abuse.[4]

The Australian Child Maltreatment Study[5] found that, for many children and young people, the child sexual abuse they experience is severe.

- Almost 1 in 4 Australians experienced one or more types of contact child sexual abuse (touching, attempted forced intercourse, or forced intercourse).
- Almost 1 in 5 experienced non-contact child sexual abuse (exposure or voyeurism).
- Almost 1 in 10 Australians experienced forced sex (rape) in childhood.

The Australian Child Maltreatment Study also found that when a child experiences child sexual abuse, it rarely happens only once.

- For 78% of children who experienced child sexual abuse, it happened more than once.
- For 42% of children who experienced child sexual abuse, it happened more than 6 times.
- For 11% of children who experienced child sexual abuse, it happened more than 50 times.

The severity or types of impacts experienced by victims and survivors are influenced by many complex and interconnected factors. These are often referred to as the dynamics of child sexual abuse and include:

- the nature of the abuse (for example, the type, duration, and frequency)
- the child's relationship to the perpetrator or child or young person who has displayed harmful sexual behaviours
- the social, historical, and institutional contexts of the abuse
- the victim or survivor's characteristics, including whether they have intersecting identities and therefore have faced discrimination or barriers to accessing services
- the victim or survivor's circumstances and experiences, such as prior maltreatment, financial circumstances and experiences of disclosure
- how the victim or survivor makes sense of the abuse, and the narrative the victim or survivor develops about why they were targeted.

The dynamics of child sexual abuse are a part of the profound betrayal of trust experienced by a victim or survivor. Testimony provided to the Royal Commission comprehensively documented that many participants had never told anyone of their abuse previously, or had disclosed and were not believed or received a very negative response. Victims and survivors participating in the Royal Commission emphasised that they wished they knew they were allowed to speak up, would have been believed, and wouldn't have got into trouble for disclosing.

4. CHILD SEXUAL ABUSE CAN HAVE A RANGE OF EFFECTS OVER A PERSON'S LIFE

It is helpful to be aware of the wide-ranging effects of child sexual abuse and that every victim and survivor's needs are different. The impacts of child sexual abuse can vary for each individual victim or survivor. Victims and survivors themselves should be considered the best experts on how they have been affected and the specific impacts on them.

For some, the abuse can have profound and lasting impacts. This can include complex trauma which pervades all aspects of their lives and causes a range of effects over their lifetime. It is important to recognise that online child sexual abuse can be as damaging as offline child sexual abuse and may even complicate the impact of the abuse. Victims and survivors may experience emotional, physical, relational and psychological consequences which may differ over the short-to-medium term and longer term. However, some may not perceive themselves to be profoundly harmed by any of these experiences.

The Royal Commission noted that the impacts of child sexual abuse on victims and survivors are shaped by various factors and contexts.[12] For example:

- for many survivors, the impacts of child sexual abuse are experienced as cumulative harm, resulting from multiple periods of sexual abuse and other types of childhood maltreatment over prolonged periods
- vulnerability to sexual abuse and its adverse impacts can be heightened for some Aboriginal and/or Torres Strait Islander victims and survivors. Connection to family, culture, and Country can be experienced as both a strength and protective factor
- the effects of child sexual abuse can reach into old age, and older victims and survivors entering aged care facilities may face particular challenges relating to the loss of privacy and control
- sources of strength and resilience for victims and survivors may include strong relationships and support from families, peers, and significant others, including friends, advocates, and support networks; accessing counselling/therapy; education; work and leisure activities; spirituality; and cultural connection.

Where disclosure has not occurred or has not been helpfully managed, a victim or survivor may seek help for the effects of their experiences from mental health services, drug and alcohol services, and in criminal justice contexts.[13-15] Victims and survivors often describe endless rounds of help-seeking and inappropriate referrals and, in particular, victims and survivors with complex needs may continue to cycle in and out of systems. For further information on these issues, visit the Blue Knot Foundation and the National Centre for Action on Child Sexual Abuse.

The 6 Practice Areas in this Guide build on these key messages.

Practice Area 1
Working safely with trauma

Trauma results from a one-off event, series of events, or a chronic set of circumstances that is experienced by an individual, family or community as physically or emotionally harmful or threatening. Trauma is often experienced as intense physical, emotional and psychological stress reactions. A traumatic experience may have lasting adverse effects on a person's functioning and physical, social, emotional, or spiritual wellbeing.

Given the extent of childhood trauma in the community, a trauma-informed approach is invaluable to all your work interactions. Being trauma-informed means that your responses are grounded in an understanding of trauma and its impacts. Working safely with children, young people, adults and their families affected by the trauma of child sexual abuse is a central foundation of your work.

For many victims and survivors, the traumatic impacts of child sexual abuse will be complex and enduring. Child sexual abuse can also co-occur with other childhood abuse-related trauma such as domestic and family violence, childhood physical and emotional abuse and neglect, intergenerational trauma, and trauma related to war and displacement.

It is important for you to remember that everyone's reaction to traumatic life experiences is different. Some people recover well with the help of family and friends and do not experience longer-term impacts – particularly when they are believed and provided with a sensitive and compassionate response to disclosures of child sexual abuse.

The Minimum Practice Standards identify being trauma-informed as a core value underpinning each minimum standard. Embedding a trauma-informed approach in your organisation can improve service provision for victims and survivors of all ages.

The Healing Foundation – a national Aboriginal and Torres Strait Islander organisation that provides a platform to amplify the voices and lived experience of Stolen Generations survivors and their families, identifies trauma-aware, healing-informed practice as a strengths-based approach to healing. This approach emphasises physical, psychological, and emotional safety for people seeking help and also for you as a worker. Being strengths-based offers opportunities for people affected by trauma to rebuild a sense of control and empowerment.

A trauma-informed approach uses a trauma lens, which means:

- **understanding** that a help-seeker may be affected by their experience of trauma
- **shifting language and focus** from 'what is wrong with the person' to 'what has happened to the person'
- **building awareness** of how behaviours of a help-seeker may be affected by their experience of trauma.

Commonly agreed principles of trauma-informed care from the evidence are:

- a focus on **safety**
- the importance of **peer support**
- the centrality of **trustworthiness** and transparency
- **collaboration** and mutuality (sharing of feeling, action or relationship)
- **empowerment, voice and choice** – a victim and survivor-centred approach.

The experience of trauma often affects the way people seek help and support. Many people continue to live in fear, feel unsafe, and may find it hard to trust you or your service. It is understandable that many victims and survivors find it hard to disclose or seek help.

Practice Area 1 has 5 sections:

1A	Trauma and child sexual abuse
1B	Traumatic impacts of child sexual abuse
1C	Triggers
1D	Engaging safely (Tiers 2 and 3)
1E	Working therapeutically with trauma (Tiers 2 and 3)

1A Trauma and child sexual abuse

KNOWLEDGE	SKILLS
You need to know: • that child sexual abuse is prevalent in our community, which means you can assume you have or will come into contact with victims and survivors from all age groups • where child sexual abuse may occur • the traumatic impacts of child sexual abuse • the signs of and risk factors for child sexual abuse • that there are support services available for victims and survivors.	**You can:** • recognise how common child sexual abuse is • identify the wide range of contexts in which child sexual abuse can occur • find information about child sexual abuse and the possible traumatic impacts • provide a victim or survivor with the National Office for Child Safety list of support services.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Information about child sexual abuse

Bravehearts provides fact sheets on the following topics:

- Resources For Parents & Carers
- What Is Child Sexual Abuse?
- What Are the Signs of Child Sexual Abuse?
- What Are the Effects of Child Sexual Abuse?
- What Is Grooming?
- What Is Consent?
- Sexual Behaviours in Children
- Myths About Child Sexual Abuse
- Online Child Exploitation
- Teaching Children Personal Safety
- Responding To a Disclosure of Sexual Abuse
- Historical Child Sexual Abuse

DID YOU KNOW?

Child sexual abuse occurs in a wide range of contexts

Child sexual abuse can occur in a range of contexts, including within families, online, and within institutions and recreational settings. Even when the abuse occurs in an institutional setting or online, it is likely the child or young person will know or believe they know the person sexually abusing them.

PRACTICE TIP

Understanding trauma and abuse

This Blue Knot Foundation fact sheet provides you with information about trauma and abuse as it affects adults and children.

1A Trauma and child sexual abuse (CONT)

TOOLS TO SUPPORT YOU (CONT)

PRACTICE TIP

When child sexual abuse occurs online

You can report image-based abuse and other online harms to the eSafety Commissioner.

You can report inappropriate online behaviour towards children to the Australian Centre to Counter Child Exploitation.

For a more comprehensive list of reporting options, please refer to the Reporting child sexual abuse section at the beginning of this guide.

1B Traumatic impacts of child sexual abuse

KNOWLEDGE	SKILLS
You need to know: • child sexual abuse can affect victims and survivors at different ages in different ways • child sexual abuse can cause emotional, psychological and physical impacts that can present in a variety of ways over a victim or survivor's lifetime, including difficulties at school; alcohol and other drug use and mental and physical health concerns • some victims and survivors might respond to you in challenging ways, which may be related to their experience of trauma.	**You can:** • respond to victims and survivors of all ages with empathy and compassion and without criticism or blame • maintain a focus on the safety of the victim or survivor and their family, kin and supporters • make sense of the behaviour of victims and survivors through a trauma-informed lens.

TOOLS TO SUPPORT YOU

PRACTICE TIP

Using a trauma-informed lens involves a change in thinking

Using a trauma-informed lens means focusing on 'what has happened to this person' rather than 'what is wrong with this person'.

RESOURCE

Trauma and impacts

This fact sheet from the Blue Knot Foundation provides you with useful information about trauma and its impacts.

PRACTICE TIP

Responding to adult disclosure of child sexual abuse

- Telling another person about what happened takes a lot of courage. Many victims and survivors may have carried shame or a belief that they are to blame throughout their life.
- The first person a victim or survivor discloses their abuse or trauma experience to is often someone they trust or believe can help them.
- When a victim or survivor discloses to you, it can be overwhelming for them and for you. If a victim or survivor does disclose, listen carefully and don't interrupt. Most victims and survivors want to be heard, believed and have their feelings validated. For example, you could convey the messages "thank you for telling me", "I believe you", and "it's not your fault".
- Remember that your role is to listen, believe and provide referrals to services as appropriate, and that you are not expected to 'fix' or solve the issue.

1C Triggers

KNOWLEDGE	SKILLS
You need to know: • that the physical environment of your organisation can determine whether victims and survivors (adults, young people and children) feel physically, emotionally and culturally safe • that memories of child sexual abuse can be triggered by sensations, situations or emotional states that remind the victim or survivor in some way of the abuse • where emotional reactions seem disproportionate to a problem, this may indicate the victim or survivor has been triggered by something that has been said or by something around them.	**You can:** • improve the organisational environment to make it inclusive, age-appropriate, welcoming and not intimidating, or discuss possible changes within your organisation • recognise when a victim or survivor is experiencing intolerable levels of distress linked to a procedure or system and prioritise and respond to their needs • respond to the victim or survivor's needs at these times and respectfully calm them by lowering your voice, listening and responding with cultural humility, and being mindful of your body language.

TOOLS TO SUPPORT YOU

PRACTICE TIP

Creating safe and non-triggering physical environments

Creating a physical environment where children and young people feel welcome and comfortable to speak up can contribute to a feeling of safety for children, young people and their families.

You can find tips and tools for how to create spaces which are safe and inclusive of children and young people here:

- Creating child and family-friendly environments – an Australian Government (Department of Social Services) resource
- Empowerment and participation: A guide for organisations working with children and young people – a resource produced by the Victorian Commission for Children and Young People, NSW Office of the Children's Guardian, and the Australian Centre for Child Protection.

DID YOU KNOW?

Triggers

"Triggered abuse memories can activate emotions and physical feelings so strong that the survivor can feel that the abuse is happening again."

– Mark Griffiths, psychologist

Creating a safe and non-triggering physical environment is important for child, youth and adult victims and survivors.

1A Trauma and child sexual abuse

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • victims and survivors of all ages may manage their emotional and psychological response to child sexual abuse with a range of coping strategies • grooming can be used to manipulate and control the child or young person, their family, kin or other supporters • the specific service needs and referral options for the following key priority groups: children and young people and their support networks; victims and survivors of child sexual abuse; Aboriginal and Torres Strait Islander peoples; people from culturally and linguistically diverse and faith-based communities; people with disability; LGBTQIA+ people; and people living in rural and remote communities.	**In addition to Tier 1 skills, you can:** • use a trauma-informed approach to engage with victims and survivors • provide online, face-to-face, telephone and/or written responses appropriate to the victim and survivor's needs, as relevant to your role • help victims and survivors to make connections between their current concerns and their history of child sexual abuse • use strengths-based approaches to explain that coping strategies are understandable responses to their traumatic experiences • provide victims and survivors with culturally and developmentally and age-appropriate educational resources about the traumatic impacts of child sexual abuse, and referral options for support and healing • involve victims and survivors of all ages in decisions about referrals • work with victims and survivors, and their family, kin and supporters, to contact and access services through 'warm referrals', if referrals are needed/wanted.

TOOLS TO SUPPORT YOU

RESOURCE

Disability and trauma-informed responses

These resources can help you provide trauma-informed responses when working with people with disability:

- 1800RESPECT has a Disability Support Toolkit
- Blue Knot Foundation has developed a free guide, *Guidelines for Trauma Informed Practice: Supporting people with disability who have experienced complex trauma* (2021).

1A Trauma and child sexual abuse (CONT)

TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

Coping strategies

When people experience trauma, they cope as best they can. Coping strategies help a victim and survivor to manage their distress and reduce their feelings of being overwhelmed, helpless and powerless.

While coping strategies are often protective at first, they can become less helpful over time. Some coping strategies can even pose risks to health and wellbeing. A person may not even be aware of using them. It is important to acknowledge the purpose of coping strategies and respect the role they play.

Sometimes the coping strategies used by victims and survivors are framed as difficulties or challenging behaviour, rather than being understood as a means of coping with unsafe situations or their distress. A trauma-informed, strengths-based lens focuses on what has happened to the person rather than framing their behaviour as the problem.

You might like to review this Blue Knot Foundation Coping Strategies Resource for more detailed information.

DID YOU KNOW?

Referrals

All referrals should be made in consultation with the victim and survivor, and with families, kin and supporters where relevant, and with the victim or survivor's informed consent (where this is safe, possible and practical).

Referrals are likely to be more effective when the victim and survivor is involved in deciding which service is most appropriate for them. You can provide information about a range of options and let the victim and survivor decide which services they want to use.

Providing a victim and survivor with verbal or written information about other services can be helpful, but do not assume that the person will follow up on the information and make contact. If appropriate to your role, you might like to check at a later time if they have made contact and, if not, support them with and offer a warm or facilitated referral to help overcome any barriers.

A **warm referral** involves contacting a service for or with the victim and survivor, rather than just providing contact information and recommending that they contact the service directly. In addition, the worker and victim and survivor could make the phone call to the service together to make introductions and share information.

Section 6 of this Guide provides you with a comprehensive list of culturally, age and ability-appropriate referrals that you can support victims and survivors to access.

1B Traumatic impacts of child sexual abuse

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • the many complex and interconnected factors influencing the severity or types of impacts experienced by victims and survivors • physical and mental health concerns may be trauma related • victims and survivors may seek help for trauma-related impacts from a range of organisations, for example, schools, alcohol and other drug services, mental health services, relationship counselling, general practitioners and legal services • the needs of victims and survivors may change over their life • victims and survivors will have points of strength and resilience.	**In addition to Tier 1 skills, you can:** • actively consider whether any emotional and psychological issues raised with you might relate to a history of child sexual abuse • discuss current coping strategies with victims and survivors and any alternatives they may find helpful • actively connect with a range of service providers to ensure a coordinated and seamless response to the traumatic impacts for victims and survivors of all ages • involve families, kin and supporters where appropriate • recognise every interaction with a victim and survivor as an opportunity to emphasise points of strength and resilience.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Dynamics of child sexual abuse

Many complex and interconnected factors, often referred to as the dynamics of child sexual abuse, influence the severity or types of impacts experienced by victims and survivors. These factors include:

- the nature of the abuse (for example, the type, duration, and frequency)
- the relationship of the perpetrator to the child
- the social, historical, and institutional contexts of the abuse
- the victim or survivor's characteristics, including whether they have faced additional discrimination or barriers
- the victim or survivor's circumstances and experiences, such as prior maltreatment, financial circumstances and experiences of disclosure
- how the victim or survivor makes sense of the abuse, and the narrative the victim or survivor develops about why they were targeted.

1B Traumatic impacts of child sexual abuse (CONT)

TOOLS TO SUPPORT YOU (CONT)

PRACTICE TIP

Noticing resilience and strength

It is important to recognise the sources of strength and resilience for victims and survivors of all ages. These can include strong relationships and support from family, peers, and significant others, including friends, advocates, and support networks; access to counselling/therapy; education; work and leisure activities; spirituality; and cultural connection.

PRACTICE TIP

Working with children in out-of-home care

Children in out-of-home care have often experienced childhood trauma, including child sexual abuse. This Take Two Practice Guide from Berry Street, a service for children and young people in Victoria, provides practical steps about how to understand and respond to children and young people who are displaying concerning behaviours or distrust, and engage them in therapeutic services.

PRACTICE TIP

Trauma-informed responses to young people

This guide to trauma-informed care by Orygen (The National Centre of Excellence in Youth Mental Health) supports people working with young people in health contexts, but can be applied to other settings.

PRACTICE TIP

The National Child Traumatic Stress Network

The National Child Traumatic Stress Network has useful fact sheets about child trauma.

1B Traumatic impacts of child sexual abuse (CONT)

TOOLS TO SUPPORT YOU (CONT)

PRACTICE TIP

Considerations for asking about child sexual abuse

Sometimes, knowing that a child, young person or adult has experienced child sexual abuse is important as it helps you make sense of any difficulties they may be experiencing and may guide the way you interact with them, as well as the responses you offer. However, there are times when asking direct questions about the experience of child sexual abuse is inappropriate. Consider:

- What protocols does your organisation or service have in place regarding engagement, including building rapport and trust, with children, young people and adults who may have experienced child sexual abuse or other trauma? Are there certain tools you are required to use?
- Be mindful of the limitations of your role. Discussing details of trauma should only occur as part of ongoing counselling, for the safety of victims and survivors as well as your own wellbeing. Do not ask for detail you do not need.
- An important part of being trauma-informed is limiting the number of times a person is asked to tell their story. It may be more helpful to focus on what help the person is seeking and assisting them to find the right support.

If you determine that asking about child sexual abuse is appropriate, consider the following:

- Can you provide a safe environment to ask questions?
- Does your job role allow you to offer victims and survivors the opportunity to talk to you about their experience of child sexual abuse if they choose to?
- Does your job role allow you to provide a response that is consistent with the principles of trauma-informed care?

You may be concerned that you will say the wrong thing and make the person feel worse. However, this is unlikely if your response is supportive, respectful, and consistent with the principles of trauma-informed care.

1C Triggers

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • victims and survivors of all ages may experience a range of reactions and flashbacks which can be triggered by seemingly unrelated events, sensations or sensory cues • every victim and survivor is unique. People may be triggered by a range of abusive experiences, including Stolen Generations, displacement, war, institutionalisation, past experiences of personal care, and medical interventions • an individual who is very overwhelmed may look very distressed or, alternatively, disconnected or blank • 'grounding techniques' can be a useful mechanism for calming a victim or survivor who is triggered and re-experiencing distress related to events from the past.	**In addition to Tier 1 skills, you can:** • identify the types of procedures and situations that can trigger memories of the trauma and associated feelings • assist a person who is very overwhelmed to focus on the purpose of your interaction with them by using grounding techniques • recognise where the experience of trauma is having an effect on a person's relationship with you or your service and adapt your practice accordingly.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Trauma, triggers and flashbacks

When we experience trauma, and particularly repeated trauma, or when we are in danger (or feel that we are), our biological survival or stress response stays turned on. This means that we are unable to return to a feeling of calm.

The range of potential childhood trauma triggers is vast. Things known to serve as triggers for many children, young people and adults include:

- specific smells, sounds, sights, tastes, or forms of touch
- particular places or people
- specific times of day or times of year
- situations or scenarios that resemble past traumas
- exposure to certain kinds of movies or other media
- specific emotional states
- certain words or topics of conversation
- certain items and symbols

For more information, please see this resource on traumas, triggers and flashbacks from the Blue Knot Foundation.

1C Triggers (CONT)

TOOLS TO SUPPORT YOU (CONT)

PRACTICE TIP

Grounding techniques – helping victims and survivors focus on the here and now

There are some techniques that can help you support a victim or survivor to calm themselves if they are triggered and re-experiencing distress related to events from the past. These are sometimes called 'grounding techniques'. Assisting a person with lived or living experience of child sexual abuse to focus on the here and now can help them feel less overwhelmed. Some grounding techniques include:

- helping the person to become aware of their surroundings and reminding them that they're safe

  Some examples of what you might say are: "You might be experiencing strong emotions related to what happened in the past. Right now, you're in a safe situation. Let's focus on the present. Take a slow breath, and notice your feet on the floor, the feeling of the chair underneath you …"
- clenching fists, holding them, then releasing
- using the senses – for example: name three things you can see, three things you can hear, three things you can touch.

The Seedling Group is a group of Aboriginal and Torres Strait Islander professionals committed to working with Indigenous communities on projects to build capacity and hope. They have developed an Interactive Safety Plan template which includes grounding techniques.

RESOURCE

Grounding techniques

The following resources provide age-appropriate grounding techniques, including self-soothing strategies:

- For children: Calming strategies for children who have experienced trauma
- For children and young people: Grounding: a calming exercise for children and teenagers
- For adults: Self-soothing strategies for survivors of child sexual abuse.

PRACTICE TIP

Hints for healing from trauma

The NSW-based Service for Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) provides useful Hints for Healing webinars, factsheets and blogs that may assist you to respond to victims and survivors who have experienced war, civil conflict and displacement.

1D Engaging safely

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • it is essential for victims and survivors to consider you and your service as trustworthy • safety must be continuously monitored, and child protection and reporting obligations must be kept at the forefront of your mind • when someone makes a disclosure, your role is to offer support so that they feel safe • children and young people may feel safer with a support person present • there is potential for victims and survivors to experience re-traumatisation • victims and survivors from some population groups may not feel safe accessing mainstream services, for example, LGBTQIA+, people with disabilities, people from culturally and linguistically diverse and faith-based communities, Aboriginal and Torres Strait Islander people.	**In addition to Tier 1 skills, you can:** • build a trusting relationship with victims and survivors and demonstrate your reliability and predictability • involve adult victims and survivors in decision-making about their care • draw on your knowledge of the continuum of sexual behaviours displayed by children and young people • support children and young people to make decisions appropriate for their age and developmental stage and in consultation with their parents/carers/guardians • support victims and survivors with practical goals (for example, finding secure housing, decreasing reliance on drugs and alcohol, managing mental or physical health conditions) • recognise where a child, young person or adult victim or survivor may be at ongoing risk of harm, and link with support services and relevant interagency investigation teams, including child protection services, police and health services • support the person (and in the case of children and young people, their parents/caregivers) to minimise risk as far as possible • recognise when new information becomes available that may require you to make initial or further reports to child protection services.

1D Engaging safely (CONT)

TOOLS TO SUPPORT YOU (CONT)

RESOURCE

Engaging safely

Useful resources include:

- NASASV National Standards of Practice Manual (3rd edition) – Standard 2 'Valuing client experience at the service'
- Blue Knot Foundation Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery
- National Health and Medical Research Council Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Post-traumatic Stress Disorder and Complex PTSD Specific Populations and Trauma Types – Chapter 9: Sexual Assault.

PRACTICE TIP

Trauma-informed ways of writing about a young person

The Innovate Project at the University of Sussex has developed a useful infographic about trauma-informed ways of writing about a young person.

PRACTICE TIP

Using your existing skills to support a child who has been sexually abused

This resource from Emerging Minds allows you to recognise how your current skills can be enhanced to respond to children who have been sexually abused.

1A Trauma and child sexual abuse

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • many victims and survivors will have experienced a range of adverse childhood experiences and multiple forms of trauma • victims and survivors may present with signs or indicators of complex trauma • victims and survivors with presentations of complex trauma may be engaged with multiple services to provide an integrated or holistic response • some children and young people who have experienced child sexual abuse may also display concerning or harmful sexual behaviours.	**In addition to Tier 1 & Tier 2 skills, you can:** • draw on your knowledge about the dynamics of abuse in different contexts when working with victims and survivors • work successfully with victims and survivors with complex trauma and adapt your usual practice to accommodate complex needs • recognise the need for collaboration between service providers when working with complex cases and facilitate coordination of care • consult clinical or therapeutic guidelines for work with children and young people who have experienced child sexual abuse and who have also displayed concerning or harmful sexual behaviours.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Australian Child Maltreatment Study

The Australian Child Maltreatment Study provides the first nationally representative rates of all 5 types of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence) and their associated outcomes in Australia. It is important that you recognise that there may be a co-occurrence of other child maltreatment issues with child sexual abuse, which may influence the way in which you approach your work.

DID YOU KNOW?

Changing terminology

The term sibling sexual abuse is commonly used in practice and literature; however, a different term, 'children and young people who have displayed harmful sexual behaviours towards a sibling', is now recommended by the National Office for Child Safety, academics and practitioners who specialise in responding to children and young people who have displayed harmful sexual behaviours. If you are interested in further understanding this change in terminology, please refer to the National Centre for Action on Child Sexual Abuse's Understanding harmful sexual behaviours resource.

DID YOU KNOW?

Harmful sexual behaviours

An Australian study published by the Australian National Research Organisation for Women's Safety (ANROWS) in 2020 explored experiences of children and young people who have displayed harmful sexual behaviours towards a sibling and the effects on families.

1B Traumatic impacts of child sexual abuse

KNOWLEDGE

In addition to Tier 1 & Tier 2 knowledge, you need to know:

- victims and survivors may present with complex needs and/or complex trauma requiring a dynamic and collaborative approach
- a victim or survivor's responses to the trauma of child sexual abuse can be affected by:
  - life experience
  - accessibility of support, justice and healing opportunities
  - coping and life skills
  - responses of family, kin, supporters and community
- there is a neurobiological basis to an individual's response to the traumatic impact of child sexual abuse
- there may be value in trauma processing strategies for some victims and survivors; however, others may prefer different healing strategies
- the importance of framing dissociation, avoidance and self-medication as coping strategies in the context of trauma
- some victims and survivors from Aboriginal and Torres Strait Islander communities who have experienced intergenerational trauma and child sexual abuse will prefer to engage with Aboriginal and Torres Strait Islander workers and organisations, while others will not – providing service choice, where possible, is important
- children, young people and adults who are victims and survivors may still feel unsafe and live in unsafe environments even if the abuse has stopped
- many victims and survivors may seek free services due to the cost of private counselling and psychological support services.

SKILLS

In addition to Tier 1 & Tier 2 skills, you can:

- reflect on your practice and generate new ideas and strategies for managing complex needs and/or complex trauma
- collaborate with the victim or survivor to identify and reflect on their strengths and skills and how these might be used to cope with current difficulties
- provide information to victims and survivors about protective functions of trauma reactions
- recognise when a victim or survivor is responding with dissociation or avoidance or is self-medicating, and intervene effectively
- provide accessible information about the neurobiology of trauma to empower victims and survivors to better understand their trauma responses
- recognise the role and value of different interventions in overcoming the impacts of trauma, and implement the most appropriate option in collaboration with the victim or survivor
- ensure any information provided is age-appropriate, and sensitive to a diversity of health literacy and cultural contexts
- establish partnerships with specialist services, such as those for people with disability and LGBTQIA+ people, for referral and to provide specialist consultation to you as needed
- with the consent of the victim or survivor and/or their parents and caregivers, advocate in educational settings for understanding behaviours to keep children and young people affected by trauma engaged in education
- recognise and manage ongoing risk in relation to all forms of violence, abuse and neglect in collaboration with other services.

1B Traumatic impacts of child sexual abuse (CONT)

TOOLS TO SUPPORT YOU

RESOURCE

Trauma

The Blue Knot Foundation has Practice Guidelines for Identifying and Treating Complex Trauma-Related Dissociation.

RESOURCE

Living Well resources for men

Living Well is an Australian service and resource that provides information, encouragement and support to men who have experienced child sexual abuse or sexual assault in adulthood. Their resource on dealing with the effects of childhood sexual abuse provides strategies for when existing coping mechanisms become unhelpful.

WHAT DO VICTIMS AND SURVIVORS TELL US?

Learning from victims and survivors about help-seeking

This research paper on women, trauma and substance abuse by Michael Salter and Jan Breckenridge focuses on adult victims and survivors discussing their experiences of seeking help from alcohol and other drug and mental health services.

RESOURCE

Inclusive practice with LGBTQIA+ communities

The Victorian Department of Health has produced a suite of 'Community health pride' resources, including this LGBTQIA+ inclusive practice toolkit.

1C Triggers

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • victims and survivors can be triggered and become hyper (over) or hypo (under) aroused by overwhelming emotions, meaning they have gone beyond their 'window of tolerance' • how to develop and implement tailored strategies to support victims and survivors stay within their window of tolerance • the importance of providing safety and building trust, giving choice and control, and engaging with the victim and survivor to reduce the likelihood of triggers and exceeding their window of tolerance.	**In addition to Tier 1 & Tier 2 skills, you can:** • recognise where a person has exceeded their window of tolerance and intervene where appropriate and within your role • employ a range of grounding strategies and individually tailored techniques to allow the victim and survivor to return to their window of tolerance • anticipate possible triggers for victims and survivors within the service delivery environment and collaboratively develop a plan to address these • ensure that systems and procedures in your service are sensitive to trauma triggers • support victims and survivors of a range of ages and developmental stages to develop skills in self-soothing or grounding techniques.

TOOLS TO SUPPORT YOU

RESOURCE

Window of tolerance

This video by Laurel House, a sexual assault service in Tasmania, provides helpful information for therapists and other health professionals about the 'window of tolerance'.

The US National Institute for the Clinical Application of Behavioural Medicine (NICABM) has a useful infographic on trauma to help victims and survivors understand their window of tolerance.

1D Engaging safely

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • it is important to adopt trauma-informed policies and procedures, particularly managing engagement with victims and survivors, follow-up, wait lists and missed appointments • some victims and survivors and their supporters may take time to decide whether they can trust your service and how to engage • it is important to complete a thorough psycho-social assessment before commencing any specific therapeutic strategies such as trauma processing • the importance of ongoing reflection, review and consideration of new evidence to inform your responses and to ensure your own wellbeing.	**In addition to Tier 1 & Tier 2 skills, you can:** • identify and select evidence-based trauma-focused therapies and support options most likely to be effective for the victim or survivor you are working with • with the support of your organisation, take responsibility for your professional development to ensure current evidence, including cultural knowledge and practices, underpins your work • use relevant risk screening tools, and manage risk related to child sexual abuse and other risks such as domestic and family violence and suicidality • recognise when trauma reactions are compromising the safety of the victim or survivor and/or others • respond as needed to address risks and develop safety plans in collaboration with the victim or survivor, and where appropriate, their family, kin and supporters • recognise where further assessment of the impact of trauma on a child's development is required and make appropriate referrals.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

The work of Dr Judith Herman and Dr Bessel Van Der Kolk

Any therapeutic engagement in the area of child sexual abuse and trauma requires an understanding of the key contributions of:

- Dr Judith Lewis Herman in her books *Trauma and Recovery* (1992) and *Truth and Repair* (2023)
- Dr Bessel Van Der Kolk in his book *The Body Keeps the Score* (2014).

Watch these authors speak about their recent work.

RESOURCE

Standards of Practice

NASASV Standards of Practice Manual for Services Against Sexual Violence (3rd edition) – All standards.

1E Working therapeutically with trauma

KNOWLEDGE

In addition to Tier 1 & Tier 2 knowledge, you need to know:

- some victims and survivors may not choose individualised face-to-face therapeutic interventions and may instead find other support more helpful, including:
  - peer-based support
  - art therapy
  - creativity and play (especially for children and young people)
  - culturally responsive healing that strengthens cultural connectedness and social and emotional wellbeing
  - spiritual and faith-based approaches
  - peer and lived experience connections
- a connected and engaged working or therapeutic alliance is key to providing any response to trauma
- the importance of supporting victims and survivors to develop emotional regulation
- making sense of trauma is an ongoing process in the recovery journey
- the importance of accessing professional supervision for your professional development.

SKILLS

In addition to Tier 1 & Tier 2 skills, you can:

- ensure your practice is guided by the victim or survivor about what they believe best addresses their needs
- discuss different approaches and options for addressing the impact of trauma in counselling
- build a trauma-informed working or therapeutic alliance
- involve family members, kin and supporters in discussions and decisions about trauma-processing therapy where appropriate and with the victim and survivor's consent – this is particularly relevant when working with children and young people
- check in with victims and survivors about whether therapeutic approaches are meeting their needs and remain open to adapting your practice or referring on where appropriate
- assist victims and survivors and, where relevant, their family, kin and supporters, to recognise when they may need to seek additional support at later stages in their recovery.

TOOLS TO SUPPORT YOU

PRACTICE TIP

Emotional regulation skills

- For children: Emotional dysregulation in children who have experienced adversity
- For young people and adults: Bessel van der Kolk presents Emotional systems (YouTube video)

RESOURCE

Complex trauma

"A deep wound under my heart": Constructions of complex trauma and implications for women's wellbeing and safety from violence

– Research report by Salter et al. (2020)

1E Working therapeutically with trauma (CONT)

TOOLS TO SUPPORT YOU (CONT)

RESOURCE

Trauma and attention-deficit hyperactivity disorder

This resource answers common questions around attention-deficit hyperactivity disorder and the assessment of trauma.

DID YOU KNOW?

Therapeutic alliance

This research article by Jill Levinson explores how trauma-informed responses can strengthen the therapeutic alliance.

PRACTICE TIP

Peer support

Many victims and survivors find peer-support to be very effective because it offers a level of acceptance, understanding and validation to people who have had similar experiences. It is more often used by young people and adults. Some sexual assault services may offer groupwork programs that provide support for peers. You might like to visit the following peer-support websites which can also be used as referrals:

- Blue Knot Foundation
- Bravehearts
- MensLine Australia
- The Healing Foundation
- SAMSN
- Kids Helpline

Practice Area 2
Embedding cultural safety

Cultural safety is a core value in the Minimum Practice Standards to ensure that organisations and services are welcoming, respectful and safe for all individuals, regardless of their cultures.

Cultural safety is the positive recognition and celebration of cultures. It is more than just the absence of racism or discrimination, and more than 'cultural awareness' and 'cultural sensitivity.' It empowers people and enables them to contribute and feel safe to be themselves.[16]

The concept of cultural safety recognises and values the unique cultural context of many different groups and communities in Australia. These include Aboriginal and Torres Strait Islander people; culturally, linguistically, and religiously diverse communities; refugees and displaced people; people with disability; LGBTQIA+ people; people from differing socioeconomic backgrounds; and those living in, or having lived in, care or institutional settings. Victims and survivors from these groups face additional barriers accessing services for the trauma of child sexual abuse and, where they identify with more than one group, can experience multiple and intersecting forms of discrimination and marginalisation.

Engaging with victims and survivors in a culturally safe manner is at the heart of best-practice service provision and trauma-informed practice. All victims and survivors should feel safe to be themselves and request what they need. Culturally safe practice emphasises shared respect between workers and victims and survivors, which generates an experience of ongoing learning and working together with dignity. You need to engage in deep listening to the needs of those with lived and living experience of child sexual abuse.

CULTURAL SAFETY FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Cultural safety is determined by Aboriginal and Torres Strait Islander people, families and communities. The concept of trauma-aware, healing-informed practice has been used by Aboriginal and Torres Strait Islander organisations like the Healing Foundation and The Seedling Group to emphasise the importance of understanding the ongoing and intergenerational impacts of historical, collective and cultural trauma, and the need to centre Aboriginal and Torres Strait Islander perspectives to create safe healing spaces.

As a worker, being culturally aware and trauma-informed begins by critically reflecting on your own culture, power differentials and privilege. It requires recognition and understanding of:

- the harm caused by invasion, colonisation, the Stolen Generations, assimilation and institutional abuse and racism experienced by Aboriginal and Torres Strait Islander peoples and that sexual abuse within Aboriginal and Torres Strait Islander communities cannot be understood in isolation of these impacts and traumas
- the long-standing denial and denigration of Aboriginal knowledge, kinship structures and cultural systems which protected and cared for children for tens of thousands of years, and the inappropriateness of individualised models of care and healing for many Aboriginal and Torres Strait Islander victims and survivors
- the ongoing reality of child removal in Aboriginal and Torres Strait Islander communities, which can mean families may not seek help after a disclosure for fear their child will be removed from the care of non-offending family members or kinship networks

- the immense barriers to disclosing sexual abuse and accessing culturally safe and meaningful services Aboriginal and Torres Strait Islander peoples, particularly children and young people, face, including:
  - fear of not being believed, especially if the perpetrator or young person who has displayed harmful sexual behaviours is non-Aboriginal/ Torres Strait Islander
  - lack of trust and feelings of shame about their experience
  - kinship breakdowns and disconnections
  - over-policing and negative experiences of police intervention
  - fear of incarceration of perpetrators or young people who have displayed harmful sexual behaviours.

Creating cultural safety for Aboriginal and Torres Strait Islander victims and survivors is an ongoing process of partnership built on accountability and trust. The process requires non-Aboriginal/Torres Strait Islander workers to engage in deep listening to develop understanding of healing as both an individual and collective process which is inclusive of connections to community, family and kin, country, culture and spirituality.

CULTURAL SAFETY FOR VICTIMS AND SURVIVORS FROM CULTURALLY AND LINGUISTICALLY DIVERSE AND FAITH-BASED COMMUNITIES

'Culturally and linguistically diverse' is a broad term used to describe communities with diverse languages, ethnic backgrounds, nationalities, traditions, societal structures and religions.[17] Cultural safety for victims and survivors from culturally and linguistically diverse and faith-based communities involves respecting and valuing the breadth of diversity of communities living in Australia and recognising the diversity that exists within groups and communities. It requires an understanding of the additional barriers victims and survivors from culturally and linguistically diverse and faith-based communities often face in disclosing child sexual abuse and accessing appropriate services and help.

The needs of culturally, linguistically and religiously diverse victims and survivors can differ depending on the migration pathway and pre- and post-migration experiences. For refugee and asylum-seeking children, young people and families, the journey from their country of origin to Australia can vary from a planned trip to a journey that was unforeseen, sudden, dangerous, and exhausting. Resettlement is often also a very difficult process of establishing physical and emotional safety that takes considerable time. These effects can also be experienced by children of migrants and refugees.

Culturally and linguistically diverse and faith-based communities and networks are often valuable sources of support, refuge, resilience and hope for victims and survivors of child sexual abuse. Where useful and appropriate, you may wish to engage with members of cultural and faith-based communities, including community and religious leaders, to support your understanding and work with victims and survivors.

Many victims and survivors have had their connection to religious and faith-based communities challenged following the findings of the Royal Commission. These findings were designed to change institutional leadership, governance and culture. It is important that regulation in this context provides a balance where criminal sanctions are appropriately implemented and redress processes are prioritised. These work together both to repair the harm suffered by victims and survivors and to renew community confidence in places of worship and faith-based institutions.

It is important to be mindful that attitudes towards the disclosure of and responses to child sexual abuse can vary markedly between and within different cultural, linguistic and faith-based communities. There may be different views about what constitutes child sexual abuse in their country of origin. Individuals and families may appear closed and more protective of the person responsible for the abuse than the victim or survivor, due to broader cultural or community isolation, rejection, fear or stigmatisation. There may be unfamiliarity with aspects of Australian legislation, including laws relating to child protection, particularly among newly arrived migrants. None of this is to say that the welfare and interests of the child or adult victim or survivor should not be paramount in all decisions. Rather, you should anticipate that you will encounter differing community understandings and responses to child sexual abuse in your work that will require culturally safe and appropriate responses.

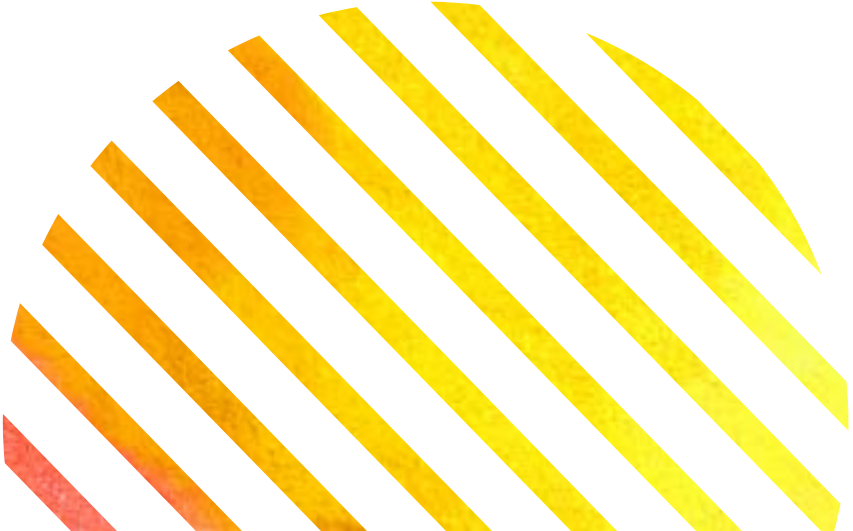
CULTURAL SAFETY FOR VICTIMS AND SURVIVORS WITH DISABILITY

Victim and survivors with disability may be reluctant to disclose experiences of child sexual abuse because of dependence on others for care, fear of losing housing or financial support, or a lack of awareness of rights and access to reporting pathways. Children and young people with disability are at greater risk of child sexual abuse than those without disability and remain at greater risk of sexual violence across their lifespan. Not all children and young people may be able to name their experience as abuse. Children and young people with intellectual disability or cognitive impairment may have additional difficulties in discerning the experience as abuse. Some physical disabilities may prevent a child from easily disclosing the abuse for a range of reasons, including communication difficulties or being non-verbal. Providing cultural safety for children, young people and adults with disability means:

- anticipating the possibility of these concerns when engaging and providing reassurance about how information will be handled
- not making assumptions about what the disability might mean for the person and how disclosure might be managed
- assuming the person has some capacity to make decisions – it is rare for a person to have no capacity to make any decisions.

CULTURAL SAFETY FOR VICTIMS AND SURVIVORS FROM THE LGBTQIA+ COMMUNITY

For victims and survivors from the LGBTQIA+ community, cultural safety means feeling safe and welcome, regardless of their sexual orientation, gender identity or expression, or other aspects of their identity. It means ensuring that victims and survivors can **be their true selves** without fear of discrimination, harassment, or exclusion. Cultural safety also means recognising, celebrating, and valuing diversity within the LGBTQIA+ community and promoting visibility and connection.



CORE COMPONENTS OF CULTURALLY SAFE PRACTICE

- Cultural safety relies on building trust, openness and understanding. Finding out more from the victim or survivor about their cultural context and what is important to them will help you engage and provide support and referral.
- Embedding cultural safety in your practice involves more than simply understanding the background of the person you are working with; it requires you to reflect on your own identity, culture, beliefs and biases, to address power imbalances, and develop equal and mutually beneficial relationships with the victims and survivors you are working with. The Minimum Practice Standards refer to this as coming from a place of cultural humility.
- Creating cultural safety is both an individual and organisational responsibility that needs to be embedded in governance, policies, programs, service delivery and practice approaches including recruitment, professional development, training and supervision.
- Services and organisations responding to child sexual abuse often emphasise psychological responses, diagnostic systems and mental health models, which position other approaches, as alternative or 'other'. Greater cultural safety for all victims and survivors is achieved when we also maintain an openness to a range of healing strategies valued by victims and survivors from diverse backgrounds.

Practice Area 2 has 3 sections:

2A	Cultural safety for Aboriginal and Torres Strait Islander communities
2B	Cultural safety for people from diverse cultures, faiths, abilities and identities
2C	Culturally safe services that are physically and emotionally safe

2A Cultural safety for Aboriginal and Torres Strait Islander communities

KNOWLEDGE	SKILLS
You need to know: • Aboriginal and Torres Strait Islander peoples encompass a vast number of nations and language groups • family, culture and connection to Country are central to the worldviews of Aboriginal and Torres Strait Islander people • historical and ongoing colonisation, racism, deprivation, forced removal of children from their families, and abuse in institutions has greatly impacted Aboriginal and Torres Strait Islander peoples' trust in services and institutions • Aboriginal and Torres Strait Islander workers are also deeply affected by the impacts of these traumas, and need cultural safety in their workplace to respond to Aboriginal and Torres Strait Islander victims and survivors • some victims and survivors will choose an Aboriginal or Torres Strait Islander service or worker, while others may prefer workers or services from outside their community • a visible Aboriginal and Torres Strait Islander workforce can increase the likelihood of Aboriginal and Torres Strait Islander victims and survivors engaging with services.	**You can:** • appreciate how colonisation, abuse in institutions and systematic discrimination has affected how Aboriginal and Torres Strait Islander people view and experience services and institutions and their feelings of safety when help-seeking • wherever possible, provide Aboriginal and Torres Strait Islander victims and survivors choice in the cultural background of workers • engage respectfully with Aboriginal and Torres Strait Islander peoples • critically reflect on your own biases, assumptions, stereotypes, and power differentials • actively support Aboriginal and Torres Strait Islander workers.

TOOLS TO SUPPORT YOU

PRACTICE TIP

Trauma-aware and healing-informed

A strength-based approach to healing that is guided by a shared understanding of, and responsiveness to, the impacts of trauma. Trauma-aware, healing-informed practice prioritises cultural, spiritual, physical, psychological, and emotional safety. Browse The Healing Foundation website and the Healing Portal to better understand cultural safety and intergenerational trauma.

Aboriginal and Torres Strait Islander people should be aware that this website may contain images, voices and names of people who have passed away.

2A Cultural safety for Aboriginal and Torres Strait Islander communities (CONT)

TOOLS TO SUPPORT YOU (CONT)

PRACTICE TIP

Creating a culturally safe place for Aboriginal and Torres Strait Islander workers and families

The Queensland Government has a useful resource – Creating a culturally safe space – which provides practical tips for creating a culturally safe place for Aboriginal and Torres Strait Islander workers and families. A culturally safe place:

- welcomes Aboriginal and Torres Strait Islander families and partners in the physical environment
- acknowledges the richness of Aboriginal and Torres Strait Islander cultures
- acknowledges the differences between Aboriginal and Torres Strait Islander cultures
- encourages ally behaviours
- does not stay silent in the face of inappropriate behaviour – staying silent can be seen as condoning
- recruits Aboriginal and Torres Strait Islander staff
- models an expectation of behaviour—we talk about children, families, partners and others as though they were sitting in the room with us
- expects growth to be uncomfortable
- has Aboriginal and Torres Strait Islander people on recruitment panels
- considers using storytelling questions in interviews
- understands the concept of humility. Aboriginal and Torres Strait Islander people will often sell themselves short rather than talk themselves up. We need to be curious and ask them more
- recognises that Aboriginal and Torres Strait Islander workers need contact with their mob and other Aboriginal and Torres Strait Islander workers
- encourages collectivist responsibility
- ensures staff have genuine engagement in cultural learning
- has staff who accept their responsibility to educate themselves about Aboriginal and Torres Strait Islander history
- understands that Aboriginal and Torres Strait Islander history is Australia's shared history.

PRACTICE TIP

Keeping our kids safe – child safe organisations and cultural safety

The National Office for Child Safety, in partnership with SNAICC, the national non-governmental peak body for Aboriginal and Torres Strait Islander children, and the Victorian Aboriginal Childcare Agency (VACCA), has published the *Keeping Our Kids Safe* resource to support organisations engaging with Aboriginal and Torres Strait Islander children to implement the National Principles for Child Safe Organisations (National Principles) in a culturally safe way.

2B Cultural safety for people from diverse cultures, faiths, abilities and identities

KNOWLEDGE	SKILLS
You need to know: • many people may experience discrimination on the basis of one or more of the following: age, gender, sexuality, ability, race, culture, language and religion • the concept of intersectionality refers to the complex ways social identities can overlap to create intersecting and compounding forms of oppression and discrimination • discrimination and oppression can compound difficulties related to child sexual abuse and increase barriers to help-seeking • cultural safety is important for a range of groups, including people with disability and the LGBTQIA+ community • some victims and survivors will prefer to engage with a service or worker from within their community (e.g. a culturally, linguistically or religiously matched service provider or an LGBTQIA+ service), while others may prefer services from outside their community • qualified interpreters are an important professional resource to ensure access to services • victims and survivors may have preferences regarding the gender, faith, race or culture of the interpreter.	**You can:** • recognise and challenge discrimination on the basis of age, gender, disability, race, culture, language and religion • where possible, offer referrals to services the victim or survivor chooses and build partnerships with these services • identify the need for additional communication and language support to facilitate engagement (such as an interpreter or augmented communication board).

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Tips for using interpreters for family safety

The fact sheet Using Interpreters and Family Safety provides useful information about when and how to use interpreters.

DID YOU KNOW?

LGBTQIA+ cultural safety

Culturally safe organisations respect, affirm and value victims, and survivors' sexual orientations, intersex variations, and gender identities. For a deeper dive into how your organisation can embed culturally safe responses to LGBTQIA+ people please see Rainbow Tick Standards – A framework for LGBTIQ cultural safety.

2B Cultural safety for people from diverse cultures, faiths, abilities and identities (CONT)

TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

Factors affecting engagement for victims and survivors from culturally, linguistically and faith-based communities

There are a range of factors that can affect the engagement of victims and survivors from culturally and linguistically diverse and faith-based communities with child sexual abuse services. These include:

Lack of trust and confidence

- Research has shown that members of culturally and linguistically diverse and faith-based communities can be reluctant to engage with services and institutions because of concerns about whether their information will be handled confidentially, the potential to encounter racism and stereotypes, and a lack of confidence that responses will be appropriate and culturally safe.
- The Royal Commission comprehensively identified that many religious and faith-based institutions did not believe victim and survivor disclosures, protected perpetrators, chose not to pursue any criminal justice remedies, and silenced victims and survivors with unfair redress schemes.

Language barriers

- There is often a lack of or absence of language and culturally specific services and interpreters to assist linguistically diverse victims and survivors in accessing services, particularly in regional and remote locations.
- The alleged abuser may be the only person who speaks English in the home, which significantly impacts on:
  - a child's ability to disclose to someone they trust and who understands them
  - a parent's ability to act independently in relation to keeping a child safe.

Social isolation

- An absence of a support network compounded by a lack of cultural, linguistic and faith-based services may lead to social isolation of the family, with limited opportunities for children to disclose abuse. A lack of knowledge about support services, or a mistrust of services due to past experiences, may prevent access to services.

Compromised visa status

- If child sexual abuse allegations lead to charges and conviction of a family member, visas for the individual or family may be impacted.

Gender and community reputation of an alleged abuser

- Understanding the role of gender and common beliefs and attitudes to gender is important. An individual's attitudes and beliefs can contribute to whether and how victims and survivors make decisions to disclose. In communities where male voices are valued over the voices of women, children, young people, and gender diverse people, disclosure by people from these groups may be affected. Any adult, child or young person can be constrained by a felt need to protect the reputation of the community or alleged abuser, or fear of not being believed, being discredited or being disowned and isolated.

2B Cultural safety for people from diverse cultures, faiths, abilities and identities (CONT)

TOOLS TO SUPPORT YOU (CONT)

PRACTICE TIP

The benefits of providing choice and flexibility

'There is overwhelming evidence that people and families who have more choice about how their care is delivered, and by whom, experience better health and wellbeing outcomes. Health responses should be based on the unique and holistic needs of the person receiving care and their family. They should be flexible, respectful, and sensitive, and identify and prioritise a person and family's strengths, preferences, dignity, and cultural identity.'

– Extract from NSW Health's Integrated Prevention and Response to Violence, Abuse and Neglect Framework

PRACTICE TIP

Interpreters

When considering the use of an interpreter, seek information about cultural factors and gender roles that impact on the choice of interpreter. Due to the sensitive nature of child sexual abuse, determine if the interpreter is willing to translate the content of child sexual abuse in a way that their beliefs and values do not influence the translation.

It is not recommended that family members or friends are asked to interpret, and a child should never act as an interpreter for a parent. At no time should a person who is an alleged abuser act as an interpreter for the child. Professional interpreting services, like Translating and Interpreting Service (TIS National), should be used at all times.

DID YOU KNOW?

Current evidence about child sexual abuse occurring within religious and faith-based institutions

The US-based National Children's Advocacy Center (2023) has provided an international annotated bibliography capturing current evidence about child sexual abuse occurring within religious and faith-based institutions, including those in Australia. The bibliography can be found here: Child Abuse within Religious Institutions.

RESOURCE

Intersectionality in the disability community

Victims and survivors with disability may experience intersecting forms of oppression that compound their experience of child sexual abuse. Our Watch has developed a National resource to prevent violence against women and girls with disabilities which helps to explain why there are different rates and types of violence experienced by women and girls with disability.

2C Cultural safety means services are physically and emotionally safe

KNOWLEDGE	SKILLS
You need to know: • creating a welcoming environment for all victims and survivors requires attention to the diverse needs of people of different ages, abilities, cultures, faith and linguistic backgrounds, genders and sexualities and Aboriginal and Torres Strait Islander communities • which information should be confidential and which information you are obliged to share, and with whom • to apply the principles of a trauma-informed approach in interactions with victims and survivors (see Practice Area 1) • the impact that your cultural context and world view may have on each victim or survivor • communicating a message of hope and healing promotes safety.	**You can:** • greet victims and survivors, families, kin and supporters warmly • ensure all victims and survivors, families, kin and supporters feel welcome • advocate for improvements to areas used by victims and survivors, families, kin and supporters to make them more inviting, comfortable and relaxing • give victims and survivors choice and control where possible, including children and young people, to make the physical environment welcoming and culturally safe • convey a sense of belonging, safety and positivity.

TOOLS TO SUPPORT YOU

PRACTICE TIP

Promoting cultural safety for children

The following resources provide helpful information and practical tips about how to ensure your organisation is culturally safe for children from diverse cultural, linguistic and religious backgrounds:

- The Centre for Multicultural Youth's Inclusive Organisations Good Practice Guide, which sets out good practice strategies for engaging young people from migrant and refugee backgrounds in services and programs
- The Victorian Commission for Young People's child safe resources to help organisations comply with the National Child Safe Standards
- The Australian Human Rights Commission's Child Safe Organisations resources to support implementation of the National Principles for Child Safe Organisations. This includes guidance and information relating to cultural safety
- The National Office's Child Safety Risk Management resources to support organisations to develop risk management practices to safeguard children and young people from harm. This includes guidance on how organisations can adequately support Aboriginal and Torres Strait Islander children and young people.

2C Cultural safety means services are physically and emotionally safe (CONT)

TOOLS TO SUPPORT YOU (CONT)

REFLECTING ON YOUR PRACTICE

Observing the physical space

Step outside your reception or entrance area and imagine walking into your space for the first time as a victim and survivor.

What do you experience?

- How will you know if you're in the right place?
- Who is the first staff member you will encounter and how will they greet you?
- What are the noise levels like?
- Is there a comfortable place to sit while you wait?
- How much space from other victims and survivors do you have while you wait? What is the layout like?
- Is there information in other languages and posters that convey a commitment to children, young people and adults from diverse communities and genders, including Aboriginal and Torres Strait Islander people, LGBTQIA+ people and people with disability?
- If you see children in your service, get down on their level and try to see the space and experience it from their perspective. What might need to change?

Can you see anything that could be changed to make your service more welcoming and inviting, so that victims and survivors feel more at ease? There are many considerations you might like to think about, e.g. noise levels, colours to avoid (e.g. reds or bold oranges), privacy and, representations of diversity in your community in posters, brochures, flags, artwork and signs.

2A Cultural safety for Aboriginal and Torres Strait Islander communities

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • government policies, such as forced child removal and placement in institutions, have impacted rates of child sexual abuse in Aboriginal and Torres Strait Islander communities and of Aboriginal and Torres Strait Islander children • service responses have historically been inappropriate and unresponsive to the lived experiences of Aboriginal and Torres Strait Islander people, resulting in a lack of trust • Aboriginal and Torres Strait Islander victims and survivors may be reluctant to disclose child sexual abuse by an Aboriginal or Torres Strait Islander community member • Aboriginal and Torres Strait Islander victims and survivors of child sexual abuse may have unique service and support needs • a non-Aboriginal or Torres Strait islander worker may be viewed as an authority figure, particularly in relation to child protection matters.	**In addition to Tier 1 skills, you can:** • take additional time to build a relationship with Aboriginal and Torres Strait Islander victims and survivors, family, kin and supporters to build trust • work in a holistic way, in partnership with Aboriginal and Torres Strait Islander organisations where appropriate. to reflect Aboriginal and Torres Strait Islander perspectives on social and emotional wellbeing • be aware of and sensitive to the experience of child sexual abuse in institutional settings.

TOOLS TO SUPPORT YOU

PRACTICE TIP

Trauma-aware and healing-informed

Building from Tier 1, a trauma-aware and healing-informed approach does not avoid addressing issues that are likely to be sensitive and trigger trauma responses. Workers need to build skills to manage the effects of triggering conversations and to empower others through upskilling and increasing understanding. Workers need to work in ways that result in 'no further harm'.

2A Cultural safety for Aboriginal and Torres Strait Islander communities (CONT)

TOOLS TO SUPPORT YOU (CONT)

REFLECTING ON YOUR PRACTICE

The model on p 6 of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 contains seven domains that are '... optimally sources of wellbeing and connection that support a strong and positive Aboriginal and Torres Strait Islander identity grounded within a collectivist perspective'.

- Does your organisation's practice reflect this holistic approach to Aboriginal and Torres Strait Islander social and emotional wellbeing?
- It is important to note that different mob and individuals may have different perspectives on factors that contribute to social and emotional wellbeing among Aboriginal and Torres Strait Islander peoples.
- For health workers, the following documents may also be relevant to your practice: Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026.

2B Cultural safety for people from diverse cultures, faiths, abilities and identities

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • cultural or faith-based practices can contribute to resilience for children, young people and adult victims and survivors • victims and survivors and their families and supporters may be reluctant to engage with services and be protective of the person responsible for the abuse due to broader cultural or community isolation, rejection, fear or stigmatisation.	**In addition to Tier 1 skills, you can:** • examine your own biases, assumptions and stereotypes about people from different backgrounds • initiate and participate in conversations within your service about cultural safety for victims and survivors of diverse cultural backgrounds • engage with victims and survivors about their cultural context and what is important to them to ensure support and referral is appropriate.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

What places children with additional educational needs and disabilities at risk of harm?

Some children and young people with additional educational needs and disability may be more vulnerable to abuse and/or less able to communicate if something isn't right. These children and young people may be exposed to greater risks and/or may experience greater vulnerability because they:

- have additional communication needs or barriers to disclosure
- may not understand that what is happening to them is abuse because of developmental or intellectual disability
- need a greater level of intimate care or are isolated from others
- are dependent on a wider range of adults for their personal and daily care
- are more likely to come into contact with organisations or services.

Read more on the UK National Society for the Prevention of Cruelty to Children's Safeguarding d/Deaf and disabled children and young people webpage.

DID YOU KNOW?

Challenging ableism

Our Watch and Women with Disabilities Victoria claim the high rates of violence against women and girls with disability are preventable and not inevitable. If you would like to know more about why this is the case, visit the Our Watch website.

RESOURCE

Engaging with people with disability

The videos 'Take Time to Communicate' and 'Hear Me' on the Laurel House website are useful resources for health professionals engaging with victims and survivors living with disability.

2C Cultural safety means services are physically and emotionally safe

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • the betrayal of trust inherent in child sexual abuse can negatively affect the way victims and survivors (of all ages) approach potentially helpful relationships • providing clear information about your service, response options and length of engagement promotes safety • the importance of being transparent about your role and what you can offer the victim and survivor • the impact that your cultural context and world view may have on victims and survivors.	**In addition to Tier 1 skills, you can:** • respond to victims and survivors in a caring manner, treat them with kindness and compassion, and adopt a friendly and relaxed approach where possible • provide written information and discuss what the service offers, as well as likely timeframes and wait-list management processes • avoid making promises you can't keep • obtain informed consent according to the protocols within your work context • maintain appropriate boundaries in person and online • maintain appropriate boundaries with current and former victims and survivors and adhere to the expectations of your organisation or professional body to ensure cultural safety.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Cultural safety for LGBTQIA+ people

An important part of cultural safety for LGBTQIA+ people is affirming their sexual orientations and gender identities as natural and normal and not the reason for or result of child sexual abuse.

In their submission on the development of the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030, LGBTIQ+ Health Australia identified key issues and evidence gaps around child sexual abuse and LGBTQIA+ communities, including the importance of:

- building safe educational environments for young LGBTQIA+ people through the development of nationally consistent, regular and targeted education and training within different educational settings and mainstream services
- supporting and empowering victims and survivors through increased investment in LGBTQIA+ self-determined community organisations delivering safe, trusted, inclusive and culturally safe care to LGBTQIA+ people
- improving the evidence base and the collection of quality and robust demographic information on LGBTQIA+ people, including by fully implementing the Australian Bureau of Statistics 2020 Standard on sex, gender, variations in sex characteristics, and sexual orientation variables across government and non-government health and wellbeing sector datasets and all research.

You can find out more in the LGBTIQ+ Health Australia's full submission.

2A Cultural safety for Aboriginal and Torres Strait Islander communities

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • meaning-making around child sexual abuse and trauma is influenced by cultural, religious and spiritual beliefs, and understanding these connections can significantly support healing • ways to minimise service access costs for victims and survivors facing financial hardship, for example, help with incidental costs like parking fees or childcare • child sexual abuse can have collective and cultural impacts on Aboriginal and Torres Strait Islander communities and can contribute to disconnection from family, community, cultural traditions and Country • about cultural healing practices for trauma • referral points for Aboriginal and Torres Strait Islander services.	**In addition to Tier 1 & Tier 2 skills, you can:** • privilege Aboriginal and Torres Strait Islander knowledges and culture in responses to child sexual abuse, including policy, sharing power and resources, and critical reflection to address racism • recognise that not all models of counselling and support are appropriate or helpful for every individual • work to reduce the power differential in the counselling relationship • work with family, kin and supporters of the victim or survivor, where appropriate • offer services at times preferred by Aboriginal and Torres Strait Islander victims and survivors • seek and receive cultural supervision to continuously reflect on cultural safety • seek cultural consultation to increase the cultural safety of interactions with victims and survivors from Aboriginal and Torres Strait Islander populations • respectfully engage with cultural obligations and responsibilities • incorporate Aboriginal and Torres Strait Islander healing approaches into therapeutic work with guidance from Aboriginal and Torres Strait Islander leaders • prioritise support, such as cultural supervision, for Aboriginal and Torres Strait Islander workers.

2A Cultural safety for Aboriginal and Torres Strait Islander communities (CONT)

TOOLS TO SUPPORT YOU

RESOURCE

Culturally safe responses for Aboriginal and Torres Strait Islander victims and survivors

- The Royal Commission into Institutional Responses to Child Sexual Abuse produced A Brief Guide to the Final Report: Aboriginal and Torres Strait Islander Communities, outlining issues of particular relevance to Aboriginal and Torres Strait Islander communities.
- The Healing Foundation has produced a number of useful resources for supporting Aboriginal and Torres Strait Islander victims and survivors:
  - Coping with the impacts of trauma (a resource for victims and survivors)
  - Restoring our Spirits – Reshaping our Futures, which sets out a culturally based healing framework for understanding and responding to trauma experienced by Aboriginal and Torres Strait Islander people who as children were sexually abused within public or private institutions.
- The NSW Sexual Assault Services Cultural Safety Toolkit is another excellent resource containing many links to further information on working in a culturally safe way with Aboriginal and Torres Strait Islander peoples affected by sexual violence and abuse.

You may also like to take a look at an evidence review by Breckenridge and Flax (2016) examining service and support needs for victims and survivors from three population groups: children and young people who were sexually abused in institutional contexts; Aboriginal and Torres Strait Islander children and young people; and people with disability.

2B Cultural safety for people from diverse cultures, faiths, abilities and identities

KNOWLEDGE

In addition to Tier 1 & Tier 2 knowledge, you need to know:

- meaning-making around child sexual abuse and trauma is influenced by cultural and religious beliefs, and unpacking these connections often forms a significant part of therapy
- exploring the unique meaning of child sexual abuse and its impacts on the life of the individual victim or survivor in the context of their culture and intersecting identities is a core part of specialist child sexual abuse counselling
- the limits of your knowledge when working with victim and survivors from different backgrounds
- victims and survivors from culturally and linguistically diverse and faith-based communities can face additional difficulties in initiating and maintaining contact with services
- ways to minimise service access costs for victims and survivors facing financial hardship, for example help with incidental costs like parking fees or childcare
- the importance of:
  - flexibility and responsiveness in how counselling services are delivered for victims and survivors from diverse backgrounds
  - implementing innovative ways to deliver services to victim and survivors
  - seeking victim and survivor input and feedback to improve services
- victims and survivors with complex needs constitute a significant proportion of the victim and survivor population.

SKILLS

In addition to Tier 1 & Tier 2 skills, you can:

- discuss and consider the needs and preferences of victims and survivors when engaging a qualified interpreter
- debrief the interpreter after counselling sessions
- explore complexities, experiences and meaning-making for victims and survivors of child sexual abuse
- modify and adapt usual clinical and counselling practice when working with victims and survivors with specific communication needs
- access supervision or additional professional development to increase skills and knowledge when working with diversity
- seek and access cultural consultations when working with victims and survivors from diverse cultural backgrounds
- recognise when intersecting identities create barriers to help-seeking and accessing services, and advocate to overcome these barriers
- take a proactive approach to engaging and following up with victims and survivors, being persistent and adaptive but respectful
- inform victims and survivors about any costs associated with using the service and schemes for reducing costs, and advocate for victims and survivors when incidental costs are identified
- where possible and where resourcing is available, identify groups in the community that are not represented in the service population and develop plans for engaging these groups
- where appropriate, welcome victims and survivors with complex trauma histories and provide the longer-term support, case management and advocacy that they need for their recovery and healing.

2B Cultural safety for people from diverse cultures, faiths, abilities and identities (CONT)

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Working with victims and survivors from culturally and linguistically diverse and faith-based communities

Research related to service provision for victims and survivors from culturally and linguistically diverse and faith-based communities suggests that the following elements are helpful when designing and delivering culturally safe services:

- Know how to work with interpreters trained in matters to do with child sexual abuse and sexual violence generally. Organisations could provide training to interpreters or brief them prior to an interview, to minimise risk of escalated harm from the use of untrained interpreters.
- Ensure an ethnically and culturally diverse workforce, including in management positions, to offer choice to victims and survivors about culturally, linguistically and religiously matched service providers and increase decision-making power to implement policies that promote the decolonisation of knowledge and practice.
- Provide regular 'cultural safety training' to address staff turnover and respond to new and emerging communities.
- Use 'a multicultural framework' to demonstrate the service values cultural difference.
- Collect data to monitor who is and is not accessing the services from the local community.

RESOURCE

Using interpreters in therapy

This research article by Hanft-Robert et al. (2023) examines how interpreters affect the therapeutic alliance in psychotherapy with trauma-affected refugees.

PRACTICE TIP

Intersectionality

'Failure to investigate multiple forms of identities and marginalisation can damage relationships with clients. Similarly, imposing one's own understanding and knowledge can also skew the practitioner–client interactions, with clients feeling that psychologists are more interested in imposing their own values instead of honouring the client's rich, unique lived experiences.'

– Excerpt from a research article on intersectionality in psychology by Tang et al. (2020)

2C Cultural safety means services are physically and emotionally safe

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • consistency, predictability, reliability and flexibility can help the victim or survivor feel safe. You need to understand: – the value a therapeutic relationship can have for some victims and survivors to promote recovery and healing following trauma – how boundaries can assist victims and survivors to feel safe and in control – it can be challenging to establish and maintain effective boundaries with victims and survivors of child sexual abuse – it can be beneficial to discuss in advance what you will do if you see each other outside the service – the importance of safely preparing the victim or survivor for the point that therapeutic contact will end, recognising the loss this can represent.	**In addition to Tier 1 & Tier 2 skills, you can:** • demonstrate self-awareness and understanding of cultural safety • appropriately pace the sessions with victims and survivors to allow rapport to develop • be mindful of preferences and needs of victims or survivors when allocating a counsellor • collaboratively develop a plan for managing any encounters outside of counselling. This is particularly important if the worker and the victim or survivor live in a rural or regional area or belong to the same religious or cultural community • provide secure counselling/yarning spaces where victims and survivors can't be overheard, and where they have a choice of seating • where possible, offer alternative counselling/yarning spaces (such as outdoor areas) • acknowledge and help the individual to cope with the end of the relationship in advance of finishing contact • use supervision to reflect on professional boundaries and clinical practice.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Building trust

According to a research article by Lefevre et al. (2017), engagement in therapeutic interventions is most likely to occur '... in the context of a trusted professional relationship where [victims and survivors] feel supported and emotionally close to the worker.'

'The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based on the empowerment of the survivors and the creations of new connections.'

– Excerpt from a research article by Judith Herman (2002)

The NASASV National Standards of Practice Manual for Services provides more information on building trust (p 76) and establishing boundaries (p 97).

Practice Area 3
Responding to child sexual abuse disclosures across the lifespan

For many victims and survivors, disclosure will be a complex and lifelong process. There is no one way for a child, young person, or adult victim or survivor to disclose child sexual abuse. Victims and survivors of all ages may:

- disclose directly
- make partial disclosures, testing you to see if you can respond empathically and compassionately
- attempt to disclose in indirect ways, such as through their behaviour – either sudden changes in behaviour, poor school performance, or an upsurge in psychological and emotional distress at key life moments, such as childbirth and anniversaries of the abuse
- have disclosed if they had been directly asked.

We know from the testimonies of victims and survivors provided to the Royal Commission into Institutional Responses to Child Sexual Abuse that some victims and survivors disclosed as children or young people. Other victims and survivors delayed disclosing their child sexual abuse until adulthood and some never told anyone. Victims and survivors may delay or not disclose because they:

- fear not being believed, not being listened to, being judged or being blamed
- fear what might happen because of threats made to them by the perpetrator or child or young person who has displayed concerning or harmful sexual behaviour
- fear that talking about experiences of child sexual abuse will perpetuate homophobic and transphobic attitudes such as 'gay men are paedophiles'
- feel shame, including intense anxiety, about what family, friends and their community may think of them. This can be exacerbated where an adult victim or survivor has not disclosed that they are LGBTQIA+ or non-binary to their family and friends
- believe that disclosure will negatively affect family relationships, reflect poorly on their culture, faith, or community, break up the family or 'burden' parents or carers
- were told the sexual abuse was 'normal' behaviour and did not recognise the behaviour as child sexual abuse
- have limited English understanding
- have a speech or communication disability
- do not have the vocabulary to describe their experiences (depending on developmental stage and/or disability)
- do not have the technology to assist them, such as the right combination of words/images on a communication board
- feel the service provision context is unfamiliar and being alone with an unknown person in a room may trigger memories of the abuse.

Many victims and survivors who disclose receive negative responses from those they tell. Poor responses to disclosure can further traumatise victims and survivors and may result in them not disclosing again or retracting their disclosure. This can mean that the effects of child sexual abuse compound over time and lead to victims and survivors engaging with a range of service systems (e.g. mental health or alcohol and other drug services) to manage the effects without directly addressing the child sexual abuse. For children and young people, poor responses can result in the child or young person remaining unsafe and/or not receiving appropriate help and referrals.

While seeking help, victims and survivors may delay or be prevented from disclosing when a worker does not ask about child sexual abuse. This could be because the worker feels:

- they are 'not the right person'
- that it is intrusive to ask direct questions or use screening tools if an individual is seeking help from their service for a reason other than child sexual abuse
- they might not have the skills to appropriately respond.

This Practice Area offers guidance to help you respond effectively to disclosures of child sexual abuse.

An effective response to a disclosure of child sexual abuse is helpful, supportive and offers appropriate referral if required, within the limits of your role and that of your organisation.

Practice Area 3 has 5 sections:

3A	It can be difficult to disclose
3B	Everyone has a role to play if a victim or survivor discloses
3C	Disclosure of child sexual abuse is challenging for family, kin and supporters
3D	Reporting obligations and record keeping
3E	Referral options

3A It can be difficult to disclose

KNOWLEDGE	SKILLS
You need to know: • there is no 'one way' to disclose • partial disclosure is common, many victims and survivors disclose after decades, and some may never disclose • the reasons why victims and survivors may not disclose • many victims and survivors have negative experiences of disclosure and may be re-traumatised by having to repeat their disclosure • victims and survivors are likely to disclose to people they trust and feel safe with.	**You can:** • use a trauma-informed lens to tell the person: – you believe them – the abuse was not their fault – you recognise how difficult it is to talk about child sexual abuse • engage with victims and survivors in a way that builds trust with you and your service • find out information about your role in relation to mandatory reporting of the sexual abuse of a child or young person or whether failure to report offences apply.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Signs of sexual abuse in children

Children can find it very hard to tell adults about harm they are experiencing. It is important that you know about the other emotional, behavioural and physical signs of child sexual abuse, and have the skills to recognise when a child might be showing you that something is wrong.

For help in recognising the potential indicators of sexual abuse in children and young people, refer to:

- The National Office for Child Safety – Signs and indicators of child sexual abuse
- Queensland Government – Indicators of child sexual abuse and barriers to disclosure.

CHILD SEXUAL ABUSE DISCLOSURE CAN BE TRIGGERED BY A RANGE OF LIFE EVENTS

Mary starts sex education at school and realises that her grandfather wasn't allowed to touch her in the ways he did when she was in kindergarten. She tells her friend, who convinces her to tell her class teacher.

AJ moves into a nursing home after his third fall. He becomes distressed every time a care worker tries to help him shower or toilet. He tells the care worker he was sexually abused in an institution as a child and that this is the first time he has discussed it.

Amani is pregnant with her first child and at every ultrasound has flashbacks about what happened to her when she was a small child. She discloses to the technician why she is so upset.

Jess is 14 and is seeing a therapist about their family's reaction to Jess being non-binary. They tell the therapist that a friend of their older brother has been pressuring them to send nude photos online.

Michael reads about a new public inquiry into child sexual abuse and decides to register his interest so he can speak up about being abused in care.

3B Everyone has a role to play if a victim or survivor discloses

KNOWLEDGE	SKILLS
You need to know: • you can play a helpful role if you respond to disclosures of child sexual abuse with compassion and using a trauma-informed lens • a timely and helpful response to disclosure may: – reduce the risk of further sexual victimisation of the victim or survivor – facilitate access to specialist services – minimise the impacts of child sexual abuse over time – provide better outcomes for the victim and survivor – protect other children and young people. • it is not your role to investigate or to ask detailed questions – this is the role of expert child protection interagency teams and police.	**You can:** • stay calm and focus on the victim or survivor and what they need from you • provide information about services to increase accessibility for victims and survivors • seek support/debriefing afterwards if you need to discuss your own emotional responses to the disclosure • identify people in your organisation that you can speak to if you need further information and support.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Child safety is everyone's responsibility

One of the values underpinning the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 is:

'Child safety is everyone's responsibility. Australian, state and territory governments, organisations, industry, communities, families, kin, carers and individuals all have a role to play.'

WHAT DO VICTIMS AND SURVIVORS TELL US?

The National Centre for Action on Child Sexual Abuse raises the voices of victims and survivors to reduce stigma and promote healing through research, workforce development and education and training.

PRACTICE TIP

How to respond to a disclosure from a child or young person

It can be useful to follow the SAFER steps:

S – stay calm
A – ask open-ended questions
F – focus on safety
E – explain next steps
R – report

You might also find this poster helpful: Responding to children and young people's disclosures.

KNOWING WHAT YOU THINK AND BELIEVE ABOUT CHILD SEXUAL ABUSE

There are many community attitudes that are uninformed or lead to misconceptions about child sexual abuse. These can be shared and reinforced by the media, our peer group, our family, our religion or culture, and institutions we come in to contact with. It is important to be aware of our own attitudes about child sexual abuse, which can influence how we recognise and respond to victims and survivors of child sexual abuse.

Take a moment to think about what you have heard about:

- the prevalence of child sexual abuse
- where it happens
- who it happens to
- the people who perpetrate child sexual abuse.

It can be difficult to challenge our beliefs and to recognise where they come from. The table below of common misconceptions about child sexual abuse from the UK Centre of Expertise on Child Sexual Abuse may help you in these reflections.

MISCONCEPTION	FACT
Most sexual abuse of children is committed by strangers	Most sexual abuse involving physical contact is more likely to be committed by someone known to the child. Family members are more commonly involved in the abuse of girls, and authority figures outside the home in the abuse of boys.
It is rare for boys to be sexually abused	The latest data suggests that 5% of boys in England and Wales are sexually abused, and 15% of girls.
Children or their parents cause the abuse to happen	Neither (non-abusing) parents nor children cause abuse to happen; children are groomed, manipulated, intimidated and deceived by those who abuse them.
Sexually abused children will always tell someone immediately	Most children do not tell anyone at the time that the abuse is taking place, and many wait to speak about it until they are adults.
Sexually abused children won't remember the abuse	The trauma of sexual abuse will often remain in a child's memory, even if they do not remember specific details of the abuse itself.
Sexually abused children will become emotionally disturbed	Child sexual abuse does not determine a child's future; there may be no impact on some children, despite the harm they have experienced. And with support, children can overcome and recover from the impact of the abuse to live full and healthy lives.
Sexually abused children become adults who abuse	Victims of child sexual abuse rarely go on to perpetrate such abuse themselves.

Source: Centre of Expertise on Child Sexual Abuse (UK) (2022) Supporting parents and carers: A guide for those working with families affected by child sexual abuse.

You might like to compare the figures in the above table with those from the Australian Child Maltreatment Study and this fact sheet from the National Office for Child Safety.

3B Everyone has a role to play if a victim or survivor discloses (CONT)

TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

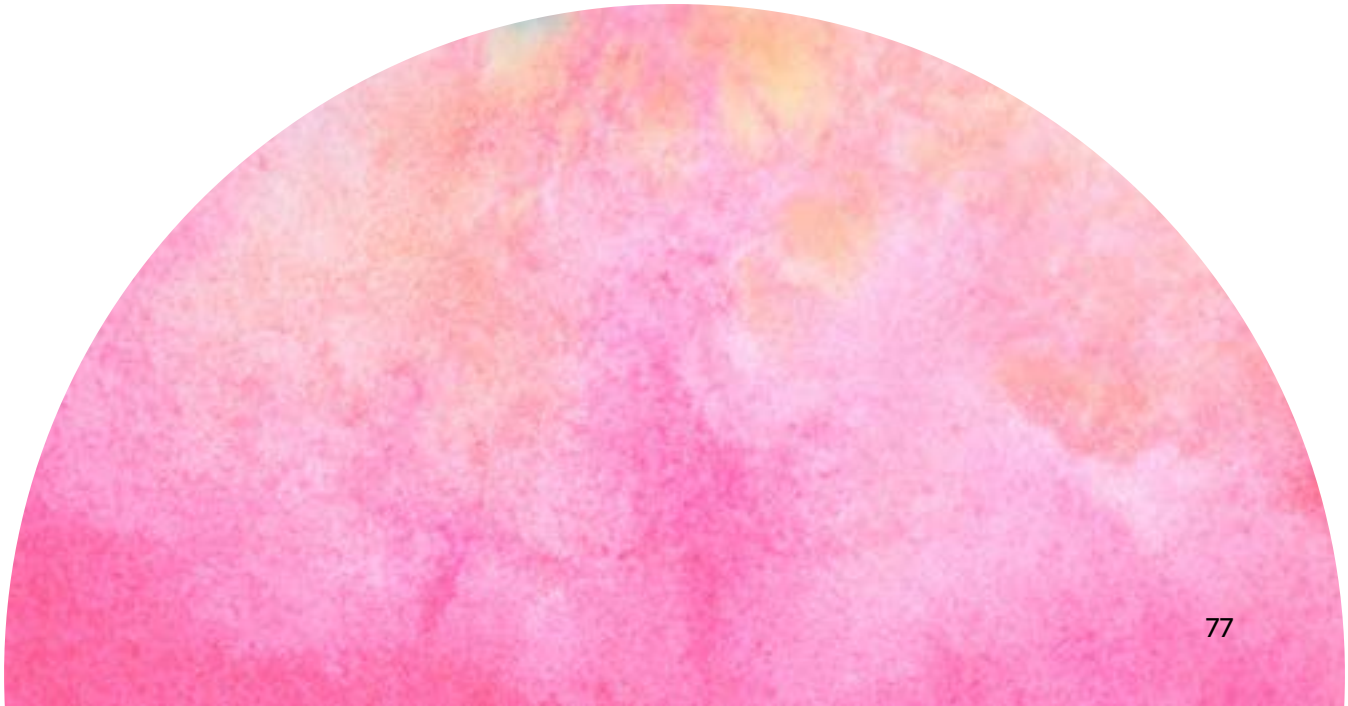
Responding to disclosures from adult male survivors

Survivors & Mates Support Network (SAMSN) is an organisation specifically funded to work with men who have experienced child sexual abuse. It may be that the victim or survivor you are working with would like to 'talk more with a mate' and you can put them in contact with SAMSN.

PRACTICE TIP

Responding to disclosure for adult survivors

You might like to review the Bravehearts tips for Responding to an Adult's Disclosure of Childhood Sexual Abuse.



3C Disclosures of child sexual abuse can be challenging for family, kin and supporters

KNOWLEDGE	SKILLS
You need to know: • the disclosure of child sexual abuse can lead to challenges that ripple beyond the victim or survivor, affecting parents and caregivers, kin, siblings, extended family and supporters, including partners and friends • a disclosure of child sexual abuse may: – lead to a range of emotional responses (e.g. shock, shame, disbelief, grief and anger) – have practical implications (e.g. financial, housing, schooling) – require engagement with complex systems (e.g. child protection, criminal justice, family court) • disclosures about children or young people displaying concerning or harmful sexual behaviours should be taken seriously to reduce the risk of harm to other children and young people and to ensure that both the victim of child sexual abuse and the child or young person who has displayed the harmful sexual behaviour receives an appropriate response and support • in the case of intrafamilial child sexual abuse, the disclosure may place significant strain on family and community relationships and may affect the extent to which the victim or survivor is supported.	**You can:** • respond compassionately to the distress of families, kin and supporters following a disclosure of child sexual abuse • listen and validate the concerns of family, kin and supporters with a focus on assisting the victim or survivor within the scope of your role • provide support and/or referrals for practical issues for family, kin and supporters • raise any concerns with your manager about a child or young person displaying concerning or harmful sexual behaviours.

3C Disclosures of child sexual abuse can be challenging for family, kin and supporters (CONT)

TOOLS TO SUPPORT YOU

RESOURCE

Families and supporters of victims and survivors

You may find more helpful information for supporters, parents, carers and partners in the following resources:

- Blue Knot Foundation – Resources for supporters
- Living Well – Information for partners of male adult survivors
- South Australian Government – Information for parents and carers of children with disability.

DID YOU KNOW?

The importance of a parent believing a disclosure

- Being believed and supported by their parent(s), kin and supporters is one of the strongest predictors of future wellbeing for the child victim or survivor
- This guide for parents from the Victorian State government provides information for non-offending parents and other non-offending caregivers, including on responding to children who have been sexually abused.

DID YOU KNOW?

Support services for families and supporters of victims and survivors

In testimony provided to the Royal Commission into Institutional Responses to Child Sexual Abuse, counsellors described their role when working with family members and supporters as "... giving permission to recognise and attend to their own pain" (in Grealy et al. 2017, p 11).

Despite the need, professional support for families and supporters is often limited and difficult to access. Some good starting points are:

- Your local sexual assault service
- Bravehearts – offers a range of support services for children and young people who have been impacted by child sexual abuse and their non-offending family members
- Blue Knot Foundation – a national service for anyone with experiences of complex trauma and those who support them
- PartnerSPEAK (Victoria only) – provides advocacy and support for non-offending partners, family members, friends or anyone else who is affected by a person's involvement in child sexual abuse and child exploitation material
- 1800RESPECT – National Sexual Assault, Domestic and Family Violence Counselling Service, available 24 hours a day, 7 days a week
- SAMSN – a peer support phone line for male survivors, their families, and supporters.

3C Disclosures of child sexual abuse can be challenging for family, kin and supporters (CONT)

TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

Male victims and survivors of child sexual abuse

Male victims and survivors of child sexual abuse may experience particular barriers to disclosure. They can experience concerns which stem from incorrect societal beliefs and attitudes about masculinity – the same beliefs and attitudes which make it difficult for them to speak out about the assault, including:

- shame and anger at being seen to be a 'victim' and fear of not being believed: ('It doesn't happen to boys')
- fear that it will perpetuate homophobic and transphobic attitudes: ('It doesn't happen to "real" men')
- fear of being blamed: ('Males are always interested in sex so it must have been my fault')
- fear of becoming a perpetrator: ('Boys who are abused as children grow up to be abusive men').

A helpful resource for men of all ages and their supporters is Living Well: A guide for men.

WHAT DO VICTIMS AND SURVIVORS TELL US?

'I know from my own experience, my mum carries a lot of guilt for stuff that happened to me. She wasn't there. She didn't know. But definitely that's something that's hard for me, knowing that she feels so guilty and blames herself. So definitely [you need] support for the family as well, 100%, especially the parents.'

– Female victim-survivor, quoted in Warrington et al. (2017), p 80

PRACTICE TIP

Why is it important to offer support to families, kin and supporters?

- Family members can struggle to understand and respond appropriately to disclosures, particularly where the abuse is perpetrated by a family member or close friend. They may grapple with a range of emotions in both the short and longer term, including distress, guilt, shame, blame, anger, and a sense of failure as a parent to protect their child.
- Responses from family members and other significant supporters may also be affected by their own history of child sexual abuse and the extent to which they received an effective response (or not).

3D Reporting obligations and record keeping

KNOWLEDGE	SKILLS
You need to know: • the safety and wellbeing of a child, young person or adult who is disclosing to you is an immediate priority • you may have responsibilities in relation to mandatory reporting in your state or territory and relevant policies and procedures in your organisation • where to find information in your organisation relating to how disclosure from a child, young person or adult should be reported and recorded • how to respond to an historical disclosure of child sexual abuse and whether you have any reporting and record keeping obligations and what they might be • there may be legal consequences for failure to report • that any person is lawfully entitled to make a report if they are concerned for a child's welfare, even if they are not required to do so as a mandatory reporter • online child sexual abuse, including online grooming, should be reported to the Australian Federal Police's Australian Centre to Counter Child Exploitation • illegal or harmful online content, including photos or videos, should be reported to the eSafety Commissioner.	**You can:** • enquire about immediate safety concerns of the child, young person or adult victim or survivor: – are they at risk of further sexual abuse? – are other children or young people at immediate risk of child sexual abuse that would trigger mandatory reporting obligations? Please note these may be children currently at risk from a perpetrator who sexually abused an adult victim or survivor as a child • seek support from a manager or review the resources provided in this Guide to determine: – whether you have a responsibility to make a mandatory report to your relevant state or territory child protection organisation – the information you should provide to the victim or survivor about reporting processes and next steps – what you need to record, and any confidentiality and consent requirements.

3D Reporting obligations and record keeping (CONT)

TOOLS TO SUPPORT YOU

RESOURCE

Reporting, record keeping and privacy

Do you want to find out more about mandatory reporting in your jurisdiction?

- **Mandatory reporting legislation and resources** – the Australian Institute of Family Studies provides nationally relevant information
- **Reporting illegal or harmful online content** – online abuse can be reported to the Australian Centre to Counter Child Exploitation, and online harm can be reported to the eSafety Commissioner
- **Record keeping** – these Administrative record keeping guidelines for health professionals, produced by the Australian Government, may be useful for some service providers

Privacy – Australian Privacy Principles govern privacy at the federal level. For information about additional privacy requirements in your state or territory please see State and territory privacy legislation.

3E Referral options

KNOWLEDGE	SKILLS
You need to know: • the value of referrals for safety and medical, psychological and sexual health and wellbeing • some people may want a referral after disclosing, but others may not • victims and survivors can have a range of needs, including for social and emotional support, health care and advocacy, which may mean more than one referral is required • where to find information about culturally safe and accessible services in your local area.	**You can:** • ask a victim or survivor if they want a referral for practical or emotional support • recognise signs that victims and survivors may need urgent referrals to services, for example: – they are expressing thoughts of self-harm or suicide or that they will harm someone else – a child or young person discloses recent sexual abuse – they have presented in crisis following recent abuse and require medical care • find information about referrals for specialist services.

TOOLS TO SUPPORT YOU

PRACTICE TIP

Key referrals

To locate a sexual assault service near you, visit these sites:

- Australian Sexual Assault Services Directory provided by the National Association of Services Against Sexual Violence (NASASV)
- 1800RESPECT (1800 737 732) provides:
  - confidential information, counselling and support service available for free, 24 hours a day, 7 days a week to support people impacted by domestic, family or sexual violence
  - information and resources for professionals who support people impacted by domestic, family and sexual violence
  - 1800RESPECT Service Directory
- To locate a wider range of services, please see: Get support | National Office for Child Safety.

3A It can be difficult to disclose

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • there are different forms of disclosures – direct, indirect, behavioural and accidental • disclosure is usually a process rather than a single event • some victims and survivors may not have the language to disclose due to age, cognitive capacity, language literacy or developmental stage.	**In addition to Tier 1 skills, you can:** • support and provide referrals to victims and survivors to assist them to identify the support they need to prioritise healing and wellbeing • collaborate with services with skills to engage with people who do not have the language, vocabulary or communication to describe their experiences.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Different ways to disclose

People make disclosures in a range of ways – directly, indirectly, behaviourally and inadvertently.

- **Direct:** A direct disclosure is usually purposeful and intentional.

  'I was sexually abused by a priest at my church when I was younger'

- **Indirect or partial:** When a person makes an indirect disclosure, they may be uncomfortable or unsure about sharing details or naming their experiences as child sexual abuse. They may tell you some of the story to see how you respond and determine whether they can trust you with more of their story.

  'Stuff happened between me and my brother when I was younger, and it still affects me'

  (Note this recollection may or may not relate to child sexual abuse)

- **Behavioural:** A dramatic change in a person's behaviour may be a behavioural disclosure. They may do this because they don't have the words to describe their experience, are experiencing shame about what has happened, or are terrified to identify the perpetrator.

  'I just wanted someone to ask what was wrong and why I was suddenly failing at school and had stopped playing representative sport'

- **Inadvertently:** Inadvertent disclosures are more common among children and young people who may not realise that what has happened to them is child sexual abuse. They may ask questions about behaviour that confuses them.

  'Why does Uncle Peter ask me to touch his willy?'

3A It can be difficult to disclose (CONT)

TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

Barriers to disclosure

Aboriginal and Torres Strait Islander victims and survivors tell us that they experience additional barriers to disclosure and help-seeking, including fear of not being believed for the following reasons:

- if the person who perpetrates the sexual abuse is a non-Aboriginal/Torres Strait Islander person
- due to negative experiences of police intervention.

In addition, Aboriginal and Torres Strait Islander victims and survivors may fear:

- being ostracised by their community for raising issues perceived to bring shame on the community
- incarceration of perpetrators and young people who have displayed harmful sexual behaviours
- government child protection intervention.

DID YOU KNOW?

Child sexual abuse material

If someone discloses to you that they have seen or sent child abuse material online, it is important not to minimise their concerns, as technology-facilitated abuse can have significant effects on people. Children and young people can experience additional barriers to reporting this, such as shame or blame for sending images or using the internet without permission.

The eSafety Commissioner reports that 1 in 8 children are coerced into producing child sexual abuse material remotely. There are many ways that technology can be used to sexually abuse children and young people. Technology may be used to anonymously establish contact with children and young people with a view to grooming them for an inappropriate or abusive relationship.

Children and young people may be sexually abused and exploited online or may be forced to send explicit pictures of themselves by people they know. Perpetrators can transfer their abuse from an online setting to offline face-to-face contact with the victim or survivor. Technology can also offer additional ways to manipulate and silence victims and survivors. For information about responding to technology-facilitated abuse, please visit the eSafety Commissioner website.

3B Everyone has a role to play if a victim or survivor discloses

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • if your role does not relate to child protection or law enforcement, it is not appropriate for you to investigate. It is appropriate for you to provide support and advocate for the child or young person to be interviewed by an expert • if your role relates to child protection or law enforcement, you may be required to participate in an investigation • a disclosure from a victim or survivor of any age should prompt you to consider whether there is an ongoing risk to the safety of other children or young people • victims and survivors may disclose through their behaviour and may want these signs to be noticed by someone they trust who will ask them about their safety and wellbeing.	**In addition to Tier 1 skills, you can:** • offer to meet or speak with a victim or survivor in an environment where they feel safe, at a time suitable to them • communicate your role and the limits of what you can do to support them • check whether there are safety concerns prompting the disclosure at this time • work out what you need to know to address safety concerns and provide an appropriate referral if needed • respond empathetically to distress, fear and shame • be aware of the messages a victim or survivor may be telling you through non-verbal communication, and what your body language may convey to them • understand legislative requirements in your jurisdiction, including mandatory reporting and failure to report offences.

TOOLS TO SUPPORT YOU

PRACTICE TIP

Concerning or abusive adult behaviour

If you are concerned that an adult you are working with may be sexually abusing a child or young person or is engaging in technology-facilitated abuse, you can report this to police. If you are not sure about making a report and would like to receive anonymous advice, you can contact the National Offending Prevention Service, due to commence in late-2024. This service will provide confidential and anonymous advice and support in the form of a helpline and website. Further information, including contact details for this new service, will be available on the National Office for Child Safety website.

3B Everyone has a role to play if a victim or survivor discloses (CONT)

TOOLS TO SUPPORT YOU (CONT)

PRACTICE TIP

Asking about child sexual abuse

If a victim or survivor discloses to you, you need to ask what they would like to happen next. They may only want to tell you about what has happened to them and may not be seeking further support. You can ask if they would like to know about services and supports available and to identify these if appropriate.

Only specialist workers should ask probing questions, gather evidence or seek a 'full story' from the victim or survivor.

Be genuine and adjust your questions to suit the individual you are working with and your personal style. Open-ended questions are most useful and should be tailored to the age-group of the victim or survivor.

Children and young people

Rather than waiting for children and young people to come forth on their own, it is the responsibility of adults to ensure safety, recognise distress, and act in the child or young person's best interests.

- An example question could be: 'A lot of kids talk to me when something is making them feel sad, scared or upset. Is anything making you feel like that? It is part of my job to listen to you and I will do my best to work out how to help you.'

Young people can be asked direct questions in the absence of caregivers. Be genuine.

- An example question could be: 'Is something or someone troubling you?'

For more information on asking children and young people questions, please see this practice paper, 'Responding to suspected child sexual abuse', from the NSW Health Education Centre Against Violence.

Adults

- Two example questions could be:

  'A lot of people we see here have had difficult or traumatic experiences when they were growing up. Sometimes these experiences are still affecting them now. Is there anything you would like to tell me about?' (this question may also be appropriate for some young people)

  'Can you tell me about anything sexual that happened to you as a child or young person that made you feel uncomfortable?'

3B Everyone has a role to play if a victim or survivor discloses (CONT)

TOOLS TO SUPPORT YOU (CONT)

PRACTICE TIP

Responding to disclosures of child sexual abuse from victims and survivors of all ages with disability

Sexual abuse of children, young people and adults with disability often goes undetected. Organisations must prioritise safety to minimise the risk of child sexual abuse. As a worker, you need to be aware that people living with disability are affected by the same perpetrator tactics as all victims and survivors. Perpetrators may also rely on aspects of the person's disability to limit their ability to disclose. The perpetrator may:

- target a person with different ways of communicating due to lack of speech, literacy levels or development stage
- use the person's reliance on them for daily needs, including treatment and therapies
- identify the person's vulnerability and fear and use these as threats, for example, that the person will get into trouble, lose their accommodation, be blamed or disliked or lose their mobility aids
- use the person's inability to assert personal boundaries or enact protective behaviours.

Detailed resources for Disability Support Workers about responding to disclosure from adults or children with disability can be found in the Disability Workforce Support Toolkit and Resources from Laurel House Sexual Assault Support Service.

You can build partnerships with specialist disability workers to improve responses to child sexual abuse disclosures. Adult victim and survivors with disability may be reluctant to disclose experiences of child sexual abuse because of fear of losing housing or financial support, and/or a lack of awareness of rights and access to reporting pathways. Children and young people with disability are at greater risk of child sexual abuse than those without disability because of their dependencies related to their disability and remain at greater risk of sexual violence across their lifespan.

3C Disclosures of child sexual abuse can be challenging for family, kin and supporters

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • family, kin and supporters may need assistance to manage their responses to the disclosure of child sexual abuse • common reactions of family, kin and supporters include feeling ashamed that their child or loved one has been sexually abused and feeling guilty or judged by others for not preventing the abuse or realising it was happening/had happened • a disclosure by a victim or survivor of child sexual abuse by a parent or other family member, including a sibling or other young person living in the same household, is likely to significantly impact the whole family system • your response should involve and consider the needs of parents, carers, family, kin and people that matter most for the victim or survivor being supported.	**In addition to Tier 1 skills, you can:** • provide referrals for family, kin and supporters to access their own help • be aware of the limits of your role while providing a caring response to a family member, kin or supporter who discloses their own history of child sexual abuse when discussing the sexual abuse of their child or family member • support family members, kin and supporters by maintaining clear communication pathways • offer safety planning to mitigate and minimise future risk of concerning and harmful sexual behaviours displayed by children or young people in the family or close community – this should include not only physical safety but also emotional, cultural, situational, relational and psychological safety and wellbeing for all involved.

TOOLS TO SUPPORT YOU

PRACTICE TIP

Engaging with family, kin, carers and supporters

Key elements of a supportive approach can be found in the UK Centre of Expertise on Child Sexual Abuse's Supporting parents and carers: A guide for those working with families affected by child sexual abuse.

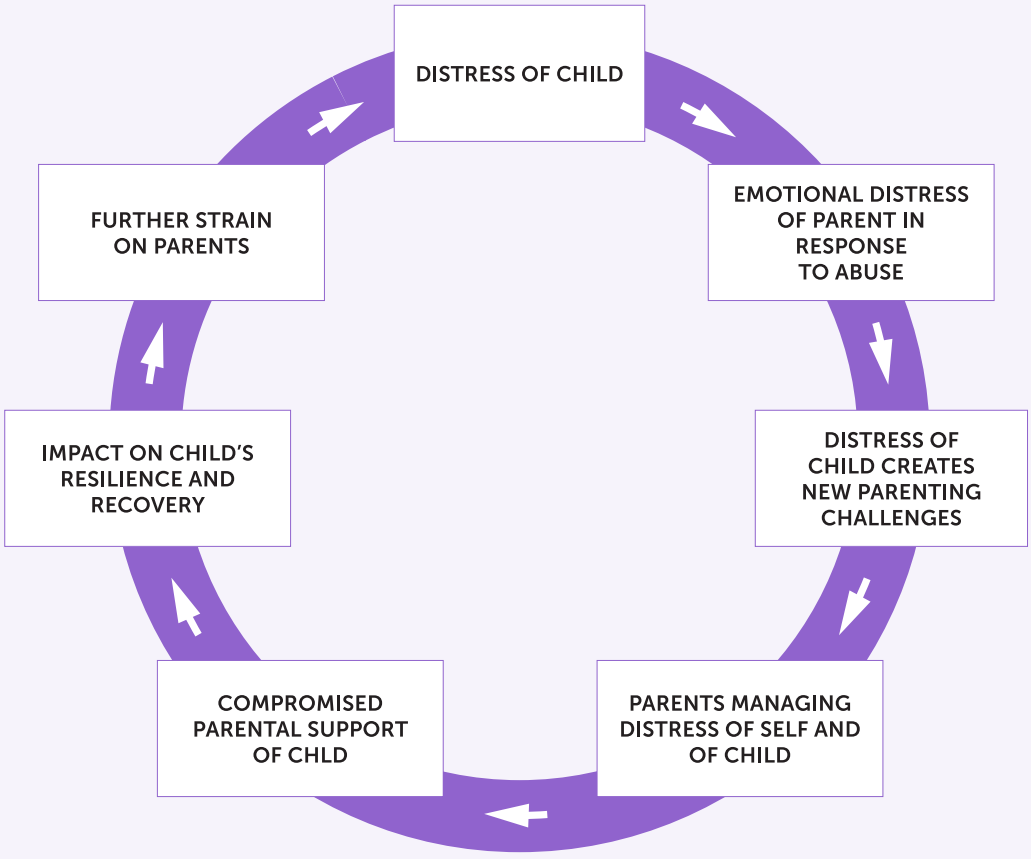
3C Disclosures of child sexual abuse can be challenging for family, kin and supporters (CONT)

TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

Challenges for parents

It can be very challenging to parent a child or young person following a disclosure of child sexual abuse. This can be amplified when the child sexual abuse has been perpetrated by a family member. Parents may lack confidence in responding to the distress of the child or young person and may be less emotionally available to the child as they deal with the practical and emotional ramifications of the abuse. This can lead to a vicious cycle, as depicted in the graphic below.



Source: Independent Inquiry into Child Sexual Abuse (2017) The impacts of child sexual abuse: A rapid evidence assessment, p 148

3D Reporting obligations and record keeping

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • it is important to discuss confidentiality and its limitations with all victims and survivors at the point of engagement with your service and at other times if needed • that non-offending parents, guardians, carers and kin have a right to be involved in any decision to report child sexual abuse • there are some limits to confidentiality where a child, young person or adult is at immediate risk of harm or is unsafe • how to record case notes accurately and comply with the expectations of your organisation and any legal requirements • there are legal protections for the confidentiality of sexual assault victims' (including victims of child sexual abuse) counselling records in all states and territories • where to find information and get advice on what to do if you receive a subpoena for counselling or treatment records.	**In addition to Tier 1 skills, you can:** • routinely discuss confidentiality and its limitations with children, young people and adults in a clear and accessible manner • in situations where you are mandated or legislatively required to report, allow victims and survivors space and time to discuss their responses, feelings and concerns • review your organisation's policies for guidance on record keeping, confidentiality and consent requirements • on receiving a subpoena, consider whether the information could be privileged and ask your manager to seek legal advice from within or outside your organisation • ensure your file notes: – are specific – are factual – are contemporaneous (recorded at the time or immediately after contact with the person) – are accurate – do not include your opinions. • record the actual words used by the victim or survivor when they are disclosing, as well as any relevant context, with their consent and knowledge.

3D Reporting obligations and record keeping (CONT)

TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

Information management and record keeping

The Royal Commission made recommendations about information management, in order to address the impact of poor record keeping on children in out-of-home care and to assist those who were in care as children who are now seeking records.

The Commission recommended 5 high-level principles for records and record keeping that may be helpful for your practice:

1 Creating and keeping full and accurate records relevant to child safety and wellbeing, including child sexual abuse, is in the best interests of children and should be an integral part of institutional leadership, governance and culture.

2 Full and accurate records should be created about all incidents, responses and decisions affecting child safety and wellbeing, including child sexual abuse.

3 Records relevant to child safety and wellbeing, including child sexual abuse, should be maintained appropriately.

4 Records relevant to child safety and wellbeing, including child sexual abuse, should only be disposed of in accordance with law or policy.

5 Individuals' existing rights to access, amend or annotate records about themselves should be recognised to the fullest extent.

You can read the National Archives - Information Management Standards for further information.

3E Referral options

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • about options for specialist child sexual abuse counselling in your area for adults, children and young people, the referral criteria and any associated costs • networking with specialist services will ensure you know what services they provide, have a direct referral contact and are able to seek advice where needed • not all victims and survivors will want a referral to a specialist service (even if you believe they would benefit from one) • that your role is to provide referral to specialist services as needed or requested and not to attempt to provide these services.	**In addition to Tier 1 skills, you can:** • discuss options for care, support and therapy collaboratively with a victim or survivor • give accurate information about the referral process and the service and how it operates, including whether there is a wait list • with the support of your organisation, network effectively with local services, including specialist child sexual abuse services • in collaboration with the victim or survivor, make appropriate 'warm' referrals.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Warm referrals

It is always helpful to have a list of possible referrals and ensure your network is current and aware of the work you do. This will ensure, with their consent, you can make a warm referral for a victim and survivor to ensure they don't have to repeat their experience multiple times.

A warm referral involves contacting a service for or with the person, rather than just providing contact information for the service. For example, you and the victim or survivor or their family, carer, kin or supporter could make the phone call to the service together to make introductions and share information. Warm referrals can assist victims and survivors to avoid the 'referral roundabout', whereby someone gets passed from service to service until they end up back where they started.

In a report on pathways to support services produced for the Royal Commission by the Australian Institute for Family Studies, a specialist sexual assault service provider said:

'I think the other thing is understanding that disclosing something like sexual abuse, especially if it's happening to a young person, at that time it's going to be upsetting. They're going to be very distressed, so really supporting them to link in to the next service. So not just handing them a bit of paper but giving them a phone call, calling together, walking them to the thing.'

3E Referral options (CONT)

TOOLS TO SUPPORT YOU (CONT)

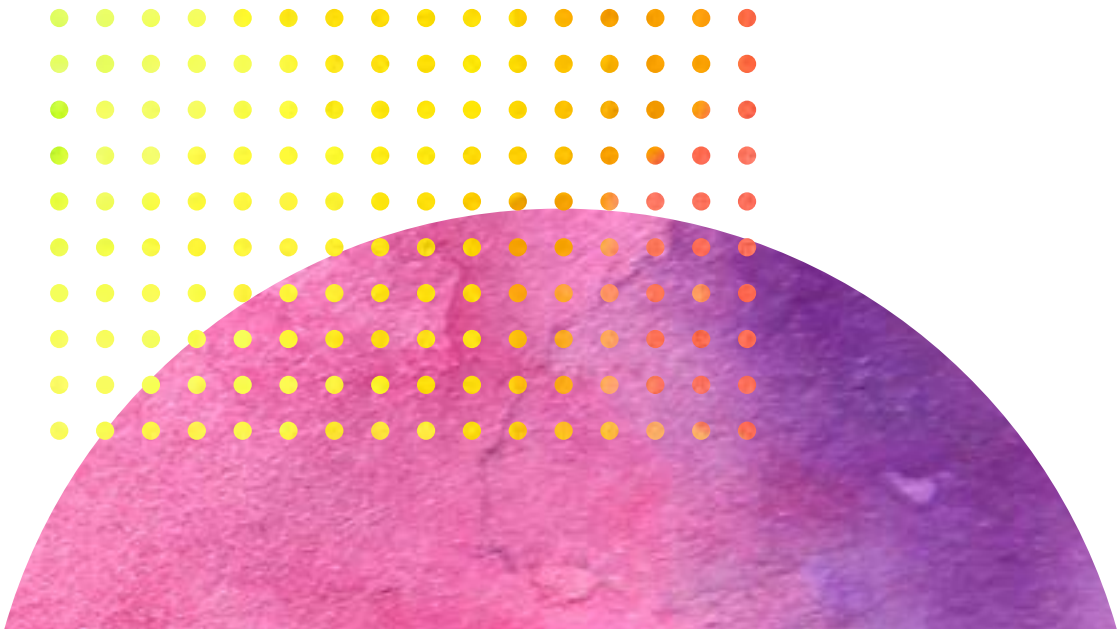
PRACTICE TIP

Medical and forensic examinations following child sexual abuse

An urgent sexual assault forensic medical examination may be required in circumstances, including:

- when the child or young person has been sexually assaulted within the previous 5 days
- where there are any symptoms or signs of acute injury as assessed by the medical practitioner.

You should consult a specialist sexual assault service to assist the victim and survivor and their family, kin or carer in the decision-making process about whether a medical or forensic examination is helpful or required.



3A It can be difficult to disclose

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • memories of abuse can be limited and fragmented, which can affect the clarity of disclosures.	**In addition to Tier 1 & Tier 2 skills, you can:** • work therapeutically with victims and survivors to help them: – identify the dynamics of child sexual abuse and grooming tactics which may have made it harder for them to disclose – understand any ambivalence they feel about their disclosure – accept that they are not responsible for any ripple effects of a disclosure of child sexual abuse on the family or related community networks – develop the language to give meaning to their experiences. • help other workers understand why victims and survivors may have incomplete memories of child sexual abuse.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Victims and survivors have the choice about whether to disclose

'What I really hope people take away from the last year is that disclosing is terribly difficult, and it's not a one-off dilemma. The question comes up again, and again, and again. Do I tell? Do I tell now? Do I tell in this context? Is this the right person? So, I really hope this year has given survivors the space to start talking, or to choose not to, if that's what they need to do.'

– Associate Professor Emma A. Jane speaking at UNSW Sydney Centre for Ideas 'Grace Tame Speaking Out' event, 2022

3B Everyone has a role to play if a victim or survivor discloses

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • many victims and survivors may have disclosed previously and received unhelpful responses, which may affect their therapeutic engagement with you and your service • some victims and survivors may prefer a worker from their cultural, religious or faith-based community, or of the same or a different gender.	**In addition to Tier 1 & Tier 2 skills, you can:** • work alongside other specialist workers to meet the needs of victims and survivors from a range of backgrounds and communities • increase the capacity of workers in other services to respond to disclosures of child sexual abuse by sharing resources and practice wisdom • provide debriefing and support to other workers who have received disclosures of child sexual abuse.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Supporting others to respond to child sexual abuse

You may find the resources below, which were produced by the UK Centre of Expertise on Child Sexual Abuse, useful for increasing the capacity of workers in other services to respond to concerns about child sexual abuse. Tips include creating as much privacy as possible for the child when you speak to them, thinking about how the child communicates, and understanding other ways that a child might be communicating to you (body language and non-verbal cues, etc).

- Being confident in responding to concerns of child sexual abuse (video)
- Key messages from research on identifying and responding to disclosures of child sexual abuse.

3C Disclosures of child sexual abuse can be challenging for family, kin and supporters

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • It is important to work with the child, young person or adult victim or survivor and, where appropriate, their non-offending family, carers, kin and supporters to ensure transparency in any referral provided for intrafamilial child sexual abuse • working with, or ensuring appropriate services are provided to the child, young person or adult victim or survivor's support network is a central part of your response.	**In addition to Tier 1 & Tier 2 skills, you can:** • recognise complexity in cases of intrafamilial child sexual abuse, particularly where the alleged perpetrator is living in the same house as the victim or survivor and there are other children living in the house • identify when responses of family, kin and supporters are linked to their own unresolved trauma following child sexual abuse • allocate family members, partners, kin and supporters who need their own support to another counsellor to avoid conflict of interest, or, if this is not possible, refer on to another appropriate service • refer to appropriate clinical guidelines to respond to children and young people who have displayed harmful sexual behaviour, where your organisation provides these specialist services.

TOOLS TO SUPPORT YOU

RESOURCE

A whole-of-family approach

You may find the following resources useful to build understanding of a 'whole-of-family' approach:

- A whole family approach – supporting parents and carers to support the child and its companion videos produced by the UK Centre of Expertise on Child Sexual Abuse
- Webinars, podcasts and practice papers on the Emerging Minds website.

3D Reporting obligations and record keeping

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • the importance of clear case notes to facilitate handover to another worker if needed and meet legal record keeping responsibilities • that case notes may be relied upon at a later date in legal matters or to support compensation claims • whether you need to report a disclosure to the relevant child protection services in your state or territory • about relevant civil and criminal processes • that provision of specialist advice to interagency colleagues can ensure consistency in information reported and recordkeeping.	**In addition to Tier 1 & Tier 2 skills, you can:** • ensure case notes are recorded in a timely way, are clear, factual and can be easily understood by others • provide information to workers from other services about their mandatory reporting and other legislative obligations (such as failure to report offences for some jurisdictions) when they consult with specialist services • provide support to victims and survivors if they would like to report to police • provide support to victims and survivors during any relevant court proceedings.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Legal protection of counselling or treatment records

The circumstances in which you can object to a subpoena varies between jurisdictions.

The term used to describe the legal protection from subpoena of the counselling or treatment records of victims and survivors of sexual assault also varies depending on the jurisdiction:

- NSW – sexual assault communication privilege
- Vic – confidential communication/protected confidence
- Qld – protected counselling communication
- WA – protected communication
- SA and NT – confidential communication
- Tas and ACT – protected confidence

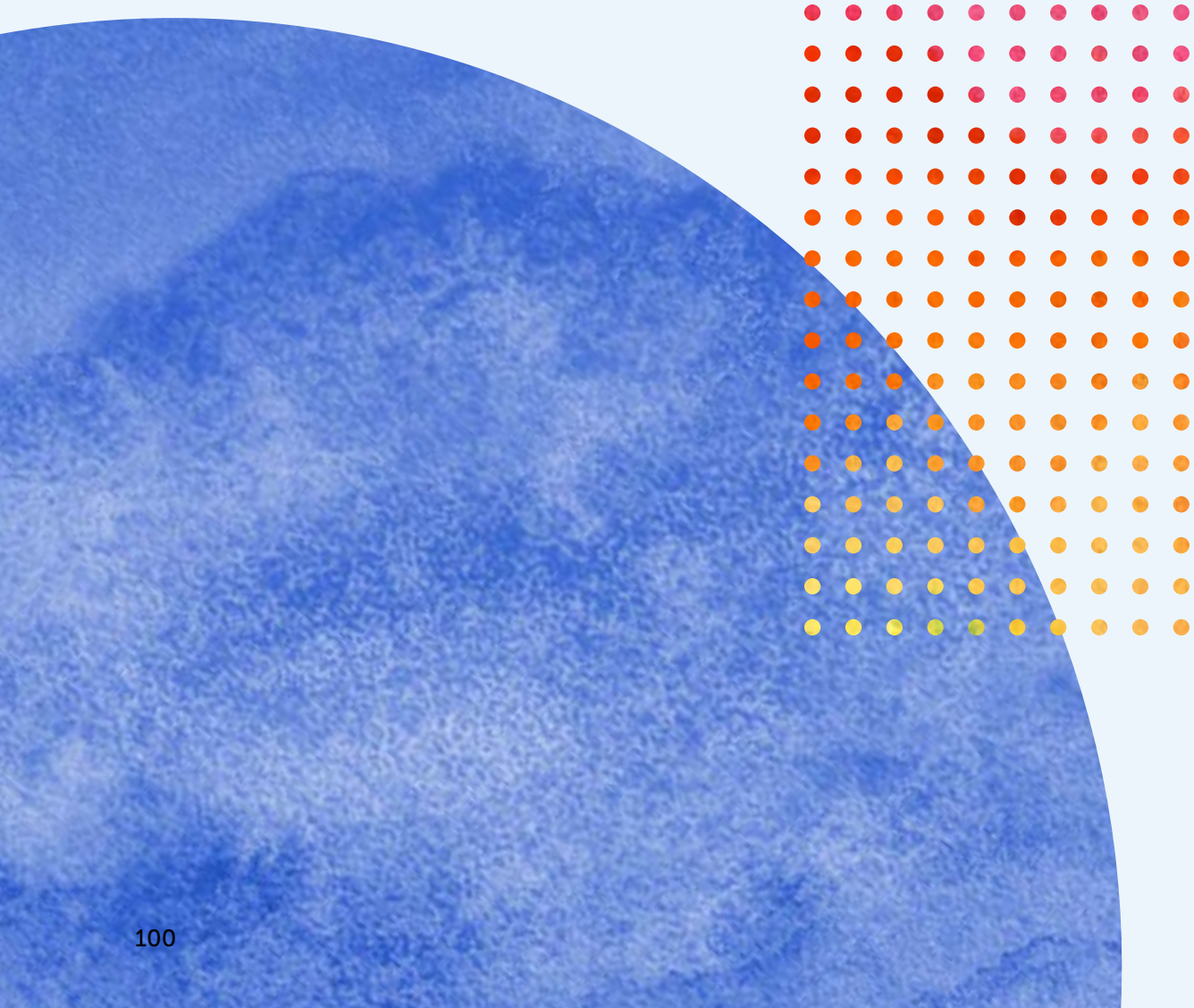
This Legal Aid NSW's Subpoena Survival Guide offers insights into sexual assault communication privilege in NSW and provides some helpful information about record keeping and subpoenas that may be relevant across jurisdictions.

3E Referral options

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • that taking a holistic approach means ensuring a broad range of referral options to support the needs of victims and survivors. This includes culturally appropriate healing activities or responses if preferred by the victim or survivor • that other workers in your interagency network may benefit from a deeper understanding of your service • interagency events that provide the opportunity for information exchange can be beneficial to all participating organisations • victims and survivors with complex trauma may benefit from a referral to a psychiatrist for pharmacological interventions to help them cope with the impacts of trauma • about sources of financial compensation and options for reducing the cost of therapy in your state or territory.	**In addition to Tier 1 & Tier 2 skills, you can:** • work with the complex needs of victims and survivors to assist them in managing traumatic impacts • consider when victims and survivors have other needs which should be addressed prior to engaging in child sexual abuse-specific work, and provide appropriate referrals in these circumstances • work collaboratively with victims and survivors to identify whether they might benefit from a psychiatric review • discuss and refer victims and survivors to relevant schemes and legal support, such as: – National Redress Scheme for people who have experienced institutional child sexual abuse – knowmore, which provides legal support for victims and survivors in their suite of services – state or territory victim's compensation schemes – options for subsidised sessions with mental health practitioners, e.g. through a mental health treatment plan under Medicare.

Practice Area 4

Being victim and survivor-centred and building trust for healing and recovery



It is important to appreciate that victims and survivors frequently report that services they seek lack flexibility and are not responsive to their needs. One of the three core values underpinning the Minimum Practice Standards is that organisations must be victim and survivor-centred. This requires services to be informed by those with a lived or living experience of child sexual abuse, and to work in partnership with service users in a person-centred and trauma-informed way.

Being victim and survivor-centred means organisations and programs need to be designed and delivered in a holistic and flexible manner and be informed by the voices, views and experiences of victims and survivors, as well as the perspectives of their family, kin and supporters.

For an organisation to be genuinely victim and survivor-centred, deliberate strategies need to be implemented to empower children, young people and adults to participate in service planning to the extent they are able or want, and to meaningfully contribute to a holistic response. At an organisational level there are many different strategies that facilitate a service which is inclusive of victim and survivor lived and living experiences. Continuous Quality Improvement (CQI) is important and can include victim and survivor-led advisory panels, as well as other processes and practices that gather and integrate feedback. People with lived experience should be seen as expert contributors in CQI and decision-making about the service they receive.

A VICTIM AND SURVIVOR-CENTRED APPROACH STARTS WITH YOU

For you to effectively engage with children, young people and adults who have experienced child sexual abuse, your response needs to be victim and survivor-centred, as well as trauma-informed and culturally safe.

Each person is unique and requires a tailored and flexible victim and survivor focus. To respond well to the distinctive needs and circumstances of a victim or survivor you need to first understand how your own position, privilege and unconscious bias may affect the ways you relate.

It is equally important to appreciate the complexity of each person's identity and lived experience, their strengths and resilience, and how systemic forms of violence and discrimination can interact with one another, creating multiple barriers for individuals.

Any number of factors can intersect, meaning that a victim or survivor may experience multiple and compounding forms of trauma and disadvantage. An intersectional lens helps us recognise connections between a person's identity and characteristics and the multiple forms of discrimination they may experience. This in turn offers a more complete understanding of a victim or survivor's experience and informs the provision of respectful, flexible, and engaged responses.

These factors and circumstances include:

- age and developmental stage
- type and dynamics of abuse (when and where the abuse is occurring/occurred and who the perpetrator is/was)
- cultural, linguistic, faith-based and/or religious background
- disability and the nature of the disability
- gender and sexuality
- geographic location.

BEING VICTIM AND SURVIVOR-CENTRED MEANS PROVIDING FLEXIBILITY AND CHOICE

Flexibility is important to any response offered and, wherever possible, choice should be provided to children, young people and adult victims and survivors. Within the limits of your organisation's resources and your role, you may wish to offer choice in:

- how services are delivered – for example individual or family counselling, group work, cultural or faith-based healing practices, or remedial therapies
- safe and secure alternatives to in-person services, such as online and telehealth counselling, and support apps such as those provided by 1800RESPECT
- the type of service and service provider – including workers the victim and survivor may already have engaged with for the effects of their child sexual abuse, and other service options such as peer-based support
- the location of any response provided
- how often appointments are scheduled
- the pace and intensity of any response offered (for example, staying within what the person can tolerate at that point in time).
- service materials and resources, ensuring that they are clear and concise, taking into consideration the needs of various cohorts.

THE DYNAMICS OF CHILD SEXUAL ABUSE AND POOR RESPONSES TO PAST DISCLOSURE CAN AFFECT HELP-SEEKING

Victims and survivors of all ages report finding help-seeking challenging because of prior experiences of betrayal and feelings of being unsafe and overwhelmed.

This requires a flexible approach that is individualised and recognises some victims and survivors have had previous interactions with services that have not been constructive and, possibly, have been damaging. They may have been denied service, not been believed, shamed, or blamed for their abuse, or experienced more abuse and harm while in a service/care setting (for example, individuals with a lived experience of institutional child sexual abuse or members of the Stolen Generations).

Victim and survivor-centred responses appreciate the impact of this betrayal and breach of trust, placing safety and wellbeing of victims and survivors at the forefront of everything they do. The power and resilience of victims and survivors is valued. Each individual is more than their trauma or abuse experience.

Practice Area 4 has 3 sections:

4A	Services are safe and are accessible, flexible, and responsive to victims' and survivors' needs and choices
4B	Families, kin and supporters have a role in healing and recovery
4C	Communicating hope in healing and recovery

4A Services are safe and are accessible, flexible, and responsive to victims' and survivors' needs and choices

KNOWLEDGE	SKILLS
You need to know: • each victim and survivor carries a unique lived experience of child sexual abuse, as well as unique strengths and resilience • respectful engagement with all victims and survivors will achieve the best outcomes • the importance of being transparent about your role within the service and what you can offer the victim or survivor • the importance of providing practical support for adults, young people and children to address current stressors and immediate needs (e.g. finances, housing or education) where appropriate • the importance of services responding to victims and survivors in a timely manner.	**You can:** • respond to victims and survivors in a caring manner, with kindness and compassion, and adopt a friendly and relaxed approach • be directed by what the person is asking you for and what they think will be safe for them • engage with the victim or survivor to identify what you and your service can and can't do to help them • identify who can assist you to increase the victim and survivor's access to relevant and appropriate services • offer information and support to help victims and survivors of all ages and their families, kin and supporters to access relevant services.

TOOLS TO SUPPORT YOU

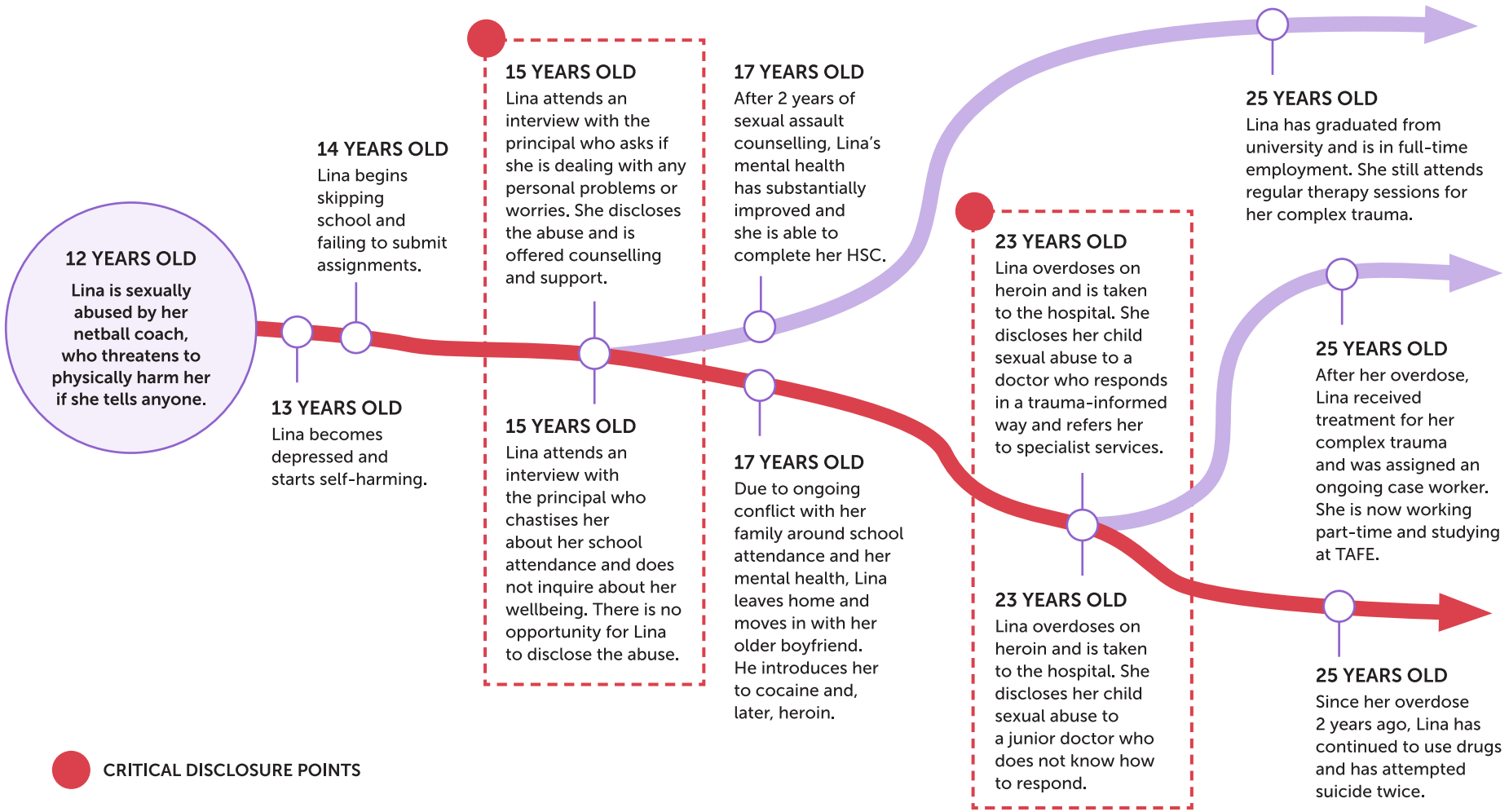
PRACTICE TIP

Providing choice and flexibility

'There is overwhelming evidence that people and families who have more choice about how their care is delivered, and by whom, experience better health and wellbeing outcomes. Health responses should be based on the unique and holistic needs of the person receiving care and their family. They should be flexible, respectful, and sensitive, and identify and prioritise a person and family's strengths, preferences, dignity, and cultural identity.'

– Extract from NSW Health's Integrated Prevention and Response to Violence, Abuse and Neglect Framework

RESPONDING WELL TO A VICTIM OR SURVIVOR CAN CHANGE THEIR LIFE OUTCOMES



4B The role of family, kin and supporters in healing and recovery

KNOWLEDGE	SKILLS
You need to know: • supportive relationships with families, kin, partners and friends are extremely important to the resilience and recovery of victims and survivors • there are better long-term outcomes for victims and survivors of all ages if they feel supported by significant people or relationships in their life.	**You can:** • convey how important a supportive relationship is to the healing and recovery of the victim or survivor with their family, kin and supporters • acknowledge that young people and adult victims and survivors may have networks of support beyond families and partners who can be equally important for their ongoing wellbeing.

TOOLS TO SUPPORT YOU

RESOURCE

Information for adult victims and survivors and their families, kin and supporters

The following resources are designed for victims and survivors and their families, kin and supporters:

- Sharing the Un-shareable: A resource for women recovering from child sexual abuse from the NSW Health Education Centre Against Violence
- Supporter's Guide for people supporting an adult survivor of sexual trauma Sexual Assault Resource Centre Western Australia
- Sexual Assault of Men and Boys from the US Rape, Abuse & Incest National Network (RAINN)
- A self-help guide for males who have been sexually abused from Ben's Place, Survivors West Yorkshire (UK).

These fact sheets from Wirringa Baiya Aboriginal Women's Legal Centre – a NSW state-wide community legal centre, are designed specifically for Aboriginal and Torres Strait Islander women, children and young people:

- Protecting kids from sexual abuse
- Bad secrets: Info for children about being safe.

4C Communicating hope in healing and recovery

KNOWLEDGE	SKILLS
You need to know: • each person brings skills and strengths to their process of healing and recovery • people who have experienced child sexual abuse should not be defined solely by their status as a victim and survivor • healing and recovery from trauma is not always a simple or linear process • some people recover well with the help of family, kin and supporters and do not experience longer-term impacts – particularly where they are believed and provided with a sensitive and compassionate response to their disclosure.	**You can:** • listen to what the victim and survivor has told you • notice the victim and survivor's strengths and resilience • reassure and help victims and survivors to find the right support • use language that is not labelling, stigmatising, or pathologising, and that is in line with the individual's preferred terminology.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Communicating hope

'Research shows that trauma can be resolved, that optimism about recovery from trauma is justified, and that positive relational experiences significantly assist in the recovery process.'

– Extract from Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce, NHS Education for Scotland

In a research report on client and worker experiences of disclosure and help-seeking by Breckenridge et al. (2008), a counsellor described the importance of hope to victims and survivors of child sexual abuse:

'It's about not seeing the person as someone that has only been subjected to bad things. But seeing them as active and engaged with life and experience. Giving them a sense of where they have taken charge. It's not about us giving tips or steps for getting life in order. It's about helping people to connect with their hopes – but doing it slowly and taking time for people to experience some agency in the work. Their work is often done at home after they've left the counselling room.' (p 66)

4A Services are safe and are accessible, flexible, and responsive to victims' and survivors' needs and choices

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • victims and survivors have the right to choose the services they think will best suit them and the right to withdraw consent to these services at any time • the importance of providing clear information about the service, treatment options, costs and length of engagement • service provision should be flexible and accommodate the different needs of victims and survivors • the impact that your cultural context and world view may have on victims and survivors • it is important to engage with victims and survivors in a way that builds trust with you and your service.	**In addition to Tier 1 skills, you can:** • provide written information and discuss what the service offers, as well as likely timeframes and wait-list management processes (where you are continuing to work with a person) • avoid making promises that you can't keep • obtain informed consent in a way that is specific to your work context • collect relevant information about victims' and survivors' circumstances and needs in a culturally safe and trauma-informed way and inform them about how their information will be stored and used • enquire about any accommodations the person needs to access the service and take steps to accommodate these • recognise when victims and survivors have intersecting needs and adapt your practice to make services responsive.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Practice wisdom

'I don't promise anything I can't deliver, no way. Because this is just, it's basically re-doing to them what was done to them in the past.'

– Sexual assault counsellor, quoted in Salter et al. (2020), p 89

4A Services are safe and are accessible, flexible, and responsive to victims' and survivors' needs and choices (CONT)

TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

Informed consent is critical

The principle of informed consent refers to:

> The act of agreeing to or giving permission for certain actions affecting one or more aspects of one's life (e.g. legal, financial, health, lifestyle and social). To be informed a person must be given information about the proposed activity relative to the individual situation; including potential for an adverse outcome, other options and the possible results of alternative action or no action. To be effective, the person should be able to communicate an understanding of the proposed activity. Consent can be refused or withdrawn at any time.[18]

The NASASV Standards of Practice Manual for Services Against Sexual Violence 3rd edition notes that obtaining informed consent:

- is central to demonstrating respect for a victim and survivor and can assist staff to demonstrate trustworthiness and their desire to work with victim and survivors in a collaborative way
- is not always a simple process and organisations must have a comprehensive and flexible system in place to ensure that all victims and survivors are fully engaged in the consent process, from initial contact through to the file closure.

WHAT DO VICTIMS AND SURVIVORS TELL US?

Rural and regional

These 2 excerpts, taken from a case study from the Royal Commission, shed light on the challenges of reporting and seeking help for child sexual abuse in small rural towns:

'Mr Troy Quagliata talked about his experience of being sexually abused as a young boy by the local cricket club coach in rural Queensland. Mr Quagliata described the difficulties he faced living in a small town, trying to overcome his fear of judgment or ridicule and finding support he could trust: "The shame and thoughts of the abuse are with you all the time. You don't know where to look for help. In town, all the school teachers live in the community. I didn't feel comfortable talking to them."

"I think it is harder for kids in smaller towns to report abuse. It hasn't changed much over the years. It was hard for me to report the abuse because everyone knows everyone. It is still the same today. People gossip all the time. If you stand out, people talk about you.'

A research project by Australia's National Research Organisation for Women's Safety notes that women in rural and regional areas who experience child sexual abuse have a higher risk of experiencing sexual re-traumatisation later in life.

4A Services are safe and are accessible, flexible, and responsive to victims' and survivors' needs and choices (CONT)

TOOLS TO SUPPORT YOU (CONT)

PRACTICE TIP

Informed consent when working with people with intellectual disability

It is critical that people with intellectual disability are included in decision-making about their health and wellbeing. Many people with intellectual disability have the capacity to provide consent on their own, while others will need support. The Council for Intellectual Disability (Australia) provides the following tips for helping the person with intellectual disability understand and make their own decision:

- involve someone whom the person likes talking to
- talk about the treatment somewhere that is quiet and where the person feels relaxed
- try to use words the person knows. If you have to use difficult words, try to explain them simply
- if the person has an alternative communication system, use that
- use pictures that show the problem and the proposed treatment
- stick to the basic information. Do not overload the person with detail
- give the person time to think about the information and then have another talk.

If you are concerned that the person with intellectual disability is unable to give informed consent, you should consult any relevant policies or procedures your organisation may have or seek information from your local Public Advocate or guardianship tribunal. The Australian Guardianship and Administration Council provides a list of state and territory member organisations.

PRACTICE TIP

Informed consent when working with children and young people

People have the legal capacity to consent if they have the mental ability and maturity to understand the nature and effect of what they are consenting to. It is important that you are aware of the guidance about seeking consent from a child or young person in your state or territory. The NSW Office of the Advocate for Children and Young People, provides a comprehensive handout with a checklist of questions about issues to consider when seeking consent from a child or young person.

4A Services are safe and are accessible, flexible, and responsive to victims' and survivors' needs and choices (CONT)

ISSUE IN FOCUS: CHALLENGES IN RURAL, REGIONAL AND REMOTE LOCATIONS

Victims and survivors living in regional, rural and remote areas can experience additional difficulties in disclosing, seeking help and receiving appropriate services. These include:

LACK OF SERVICES

In many rural and remote areas there is a shortage of specialist services, including forensic medical and sexual assault counselling services, and even generalist services may be limited.

GEOGRAPHIC ISOLATION

The closest services may be hundreds of kilometres away from a victim or survivor's home, and options for transportation, either private or public, may be limited or non-existent, and come at considerable cost. Physical isolation can also present barriers to accessing forensic medical services within the required timeframes.

LIMITED TELECOMMUNICATIONS ACCESS

In remote areas, there may be no reliable telephone and internet services and working services may be prohibitively expensive. Children especially may not have any access to technology to report sexual abuse or seek help.

LACK OF ANONYMITY AND PRIVACY

In small, close-knit communities it can be very hard for victims and survivors to remain anonymous and this may deter reporting of child sexual abuse and help-seeking. Fear of shame, community gossip and people 'taking sides' can make it difficult for people to remain in school and workplaces, particulalrly in public-facing roles.

SOCIAL BARRIERS

Traditional gender norms can be strong in rural areas, which can result in the minimisation and even normalisation of sexual violence, particularly against girls and women. A heightened emphasis on self-reliance and privacy within families may also discourage disclosure and reporting.

LACK OF CULTURALLY APPROPRIATE SERVICES

Support services are often not appropriate to the needs of Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse and faith-based backgrounds, and gender-diverse people.

4B The role of families, kin and supporters in healing and recovery

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • support from family, kin, partners and friends can enable victims and survivors to access services and receive an appropriate response • some family, kin, partners and friends will find it easy to be supportive, while others may find it difficult • children and young people may rely on parents, carers, guardians and supporters to help them engage with services and take them to appointments • the key messages you can share with family, kin and supporters are: – your support is important – the only person who is responsible is the person who perpetrated the sexual abuse – it is okay to be upset and you may need your own support.	**In addition to Tier 1 skills, you can:** • encourage family, kin and supporters to offer the victim and survivor information about services that are available and how to access them if they would like to • provide information to family, kin and supporters about how to seek help for themselves • provide the following key messages to family, kin and supporters for them to share with the victim or survivor: – I believe you – it is not your fault – I am here to support you – there is support available.

TOOLS TO SUPPORT YOU

PRACTICE TIP

Sensitive practice requests

This Sensitive Practice Request form is an example of a tool that could be provided to victims and survivors when they first contact your service to help give them control over how health care can be provided to them safely. It could be adapted by your agency for victims and survivors to use when they engage with other services.

RESOURCE

Working with abuse and violence for medical practitioners

Medical practitioners may wish to look at the relevant sections in the Royal Australian College of General Practitioners' guideline *Abuse and violence: working with our patients in general practice*, 5th edition (the White Book).

4B The role of families, kin and supporters in healing and recovery (CONT)

TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

Barriers to help-seeking

There are a range of potential personal barriers to help-seeking for family members, kin and other supporters, including:

- disbelief of the victim or survivor's disclosure
- concerns about family dissolution
- feelings of shame and fear of social stigmatisation
- fear or experience of a negative response
- distrust of institutions and authority
- concerns about privacy and confidentiality.

There are a range of structural barriers to help-seeking for family members, kin and other supporters, including:

- lack of information regarding available support
- referral process
- lack of affordable services
- lack of accessible services
- lack of appointment availability
- hidden costs of seeking treatment (time off work/school, cost of travel)
- lack of coordination between support services.

WHAT DO VICTIMS AND SURVIVORS TELL US?

The examples below are taken from a study by Gallo-Silver et al. (2014) where male adult survivors of child sexual abuse were asked to recount instances of poor and good practice when they had accessed medical care.

Example of good practice:

'I passed out in the street and cut my face up when I hit the pavement. I woke up in the emergency room, and I was very scared. The thorough examination included a rectal exam. I began to shiver; I guess I was nervous, and I refused the examination. The ER [emergency room] doctor explained that he needed to see if I was bleeding and if that was why I passed out. Crying, I told him that my brother forced me to have anal intercourse when I was a kid. He was really cool. He said it was my choice to be examined. He told me if I agreed I would feel some pressure, but he would be very brief. So, I agreed. After, he asked me if I was okay and if I wanted to talk to a social worker.'

Example of poor practice:

'I went to a urologist due to prostate symptoms. I was not able to find a woman urologist that would see adult male patients. I told the urologist about the sexual abuse when I was a kid, but he seemed not to get it. He told me to "drop 'em" (meaning pull down my pants) when he wanted to examine me. When he did the digital rectal examination, I winced due to the discomfort, and he joked: "And I didn't even buy you a nice dinner.'

4C Communicating hope in healing and recovery

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • there are different views about healing and recovery and each victim and survivor will have a different perspective on what healing and recovery looks like for them • Aboriginal and Torres Strait Islander approaches emphasise trauma-aware culturally safe, healing informed practice as a strengths based approach to healing • a strengths-based approach conveys hope and focuses on the strengths and resilience of the victim or survivor and most effectively ensures your response is victim and survivor-centred.	**In addition to Tier 1 skills, you can:** • view the person holistically and get to know them as a person • communicate your belief in the victim and survivor's recovery and maintain a sense of optimism in the face of setbacks • provide information about the recovery process • provide reassurance that the impacts on the victim or survivor's life can lessen over time • offer encouragement and communicate hope when victims and survivors are feeling they are not healing • help victims and survivors to recognise and use their existing strengths, skills and resources in their everyday life.

TOOLS TO SUPPORT YOU

WHAT DO VICTIMS AND SURVIVORS TELL US?

'It seems like after things like this happen, and it's like "oh that person's broken" or "something awful's happened to that person". It's like for that person to know they are whole, they are this person, they have all these things about them, they have their own personality. That's happened to them, yes, but that hasn't affected who they are as a person. You're still who you are. You can still be whoever you want to be after this has happened to you.'

– Female victim-survivor, quoted in Warrington et al. (2017), p 62

4C Communicating hope in healing and recovery (CONT)

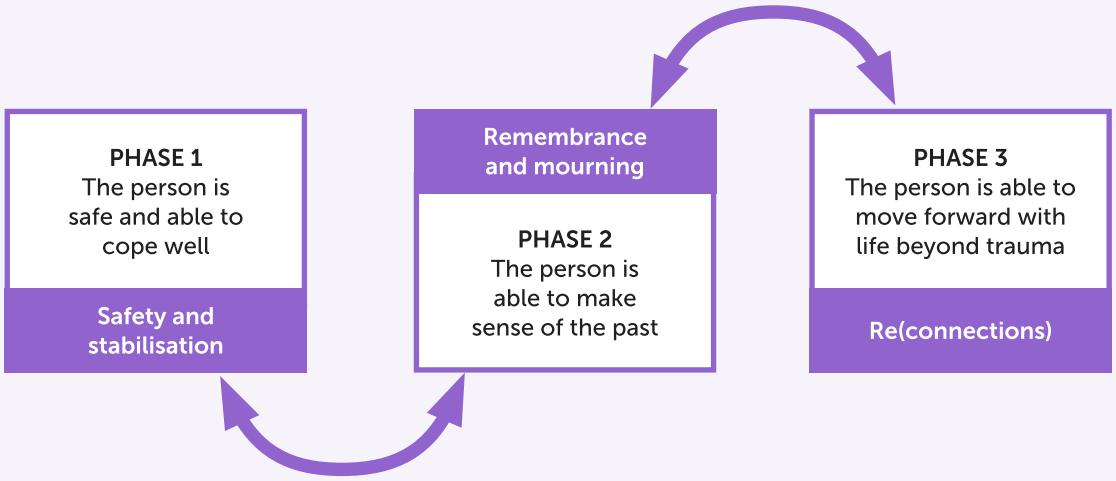
TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

An approach to the trauma recovery process

Recovery is often not linear; however, a phase-based approach to trauma recovery is a helpful way of conceptualising this process.

The graphic below identifies three phases of recovery based on the influential work of Judith Lewis Herman.[19]



Graphic adapted from *Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce*, NHS Education for Scotland

4C Communicating hope in healing and recovery (CONT)

TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

Factors to consider when being victim and survivor-centred

Shame

Shame can have a particularly debilitating impact in small communities such as regional or remote areas, where it can be difficult for victims and survivors to seek support anonymously.

Intersectionality

Many people experience the cumulative and intersecting effects of racism, sexism, class oppression, transphobia, ableism and more. The concept of intersectionality is an important way to understand the multiple effects of these abuses of power, the meaning people make of their experiences, and the decisions people make in relation to reporting and help-seeking. Read Our Watch's factsheet on intersectionality and violence against women.

DID YOU KNOW?

Key issues and evidence gaps for LGBTQIA+ victims and survivors

LGBTIQ+ Health Australia identified some key issues and evidence gaps around child sexual abuse and LGBTQIA+ communities:

- **Education and building child safe cultures:** Many educational environments are not safe for young LGBTQIA+ people. Transgender and non-binary students in particular report experiencing elevated levels of harassment, bullying and physical or sexual violence in school, predominantly from classmates.
- **Supporting and empowering victims and survivors:** Mainstream organisations providing support for LGBTQIA+ people need appropriate training.
- **Improving the evidence base:** The absence of quality and robust demographic information on LGBTQIA+ people, as well as lack of inclusion in the national census, inhibits the ability of service providers to develop sophisticated and targeted program initiatives for LGBTQIA+ people.

4A Services are safe and are accessible, flexible, and responsive to victims' and survivors' needs and choices

KNOWLEDGE

In addition to Tier 1 & Tier 2 knowledge, you need to know:

- the importance of trust and safety in a therapeutic or healing relationship. To establish this, you need to:
  - take time to build the relationship with the victim or survivor
  - be consistent, predictable and reliable in your connection with the victim or survivor
  - know that previous experiences of disclosure and help-seeking may affect a victim and survivor's willingness to engage with you and your service.
- some children will find it helpful to talk about what happened and others will not
- victims and survivors need to work at their own pace in counselling, so they feel in control
- victims and survivors may need support to maintain contact with services
- victims and survivors may be re-triggered by significant events (e.g. pregnancy, childbirth, anniversary of the abuse), which may need your immediate attention
- networking and community engagement can assist to deliver inclusive services.

SKILLS

In addition to Tier 1 & Tier 2 skills, you can:

- welcome people with complex trauma histories and provide the longer-term support, case management and advocacy that they need for their recovery and healing
- skilfully and sensitively respond to different interpersonal communication styles and ways of being while remaining person-centred and trauma-informed
- actively engage and support diverse lifestyles, choices, and worldviews
- maintain a constructive working relationship attending to and effectively resolving any challenges
- identify groups in the community that are not represented in the service population and develop plans for engaging these communities
- wherever possible, give the victim and survivor plenty of notice of any changes to usual routines (e.g. holidays, absences, change in role) and provide space for them to process their reactions
- work with children and young people to develop skills for emotional regulation and self-soothing.

TOOLS TO SUPPORT YOU

PRACTICE TIP

Establishing healthy boundaries

Establishing healthy boundaries is an important skill for workers and victims and survivors. This Healthy Boundaries resource from the Centre Against Sexual Violence in Queensland provides some useful information.

4A Services are safe and are accessible, flexible, and responsive to victims' and survivors' needs and choices (CONT)

WHAT DO VICTIMS AND SURVIVORS TELL US?

'She wasn't in my life for that long, but she made a big impact. She was someone who was good at her job, who showed that she cared and that she believed in us. I never saw or heard from her outside of the group and when she contacted me it was always through my parents. That was good – I felt safer because my parents knew her and knew what we were doing ... I always knew what to expect from her. She was kind of strict, but she was caring at the same time. I always knew where I stood with her.'

– Young person quoted in the Commission for Children and Young People's *Empowerment and participation: A guide for organisations working with children and young people*

DID YOU KNOW?

Building Trust

Engagement in therapeutic interventions is most likely to occur "...in the context of a trusted professional relationship where [victims and survivors] feel supported and emotionally close to the worker."

– Excerpt from research article by Lefevre et al. (2017)

"The core experience of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based on the empowerment of the survivors and the creations of new connections"

– Excerpt from Herman (1992)[19]

4B Families, kin and supporters have a role in healing and recovery

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • it is important to ask young people and adult victims or survivors whether they want family, kin or supporters involved, and in what way • family, kin and supporters may find it difficult to offer support to a victim or survivor if they have lived or living experience of child sexual abuse themselves • it may be useful to assist them to find support for themselves before involving them in the healing and recovery of another person • in the case of children and young people, it is important to be mindful of their capacity to choose to involve parents, carers, guardians and supporters, the safety implications and your legal responsibilities • family, kin and supporters may provide useful information to support healing and recovery.	**In addition to Tier 1 & Tier 2 skills, you can:** • help the victim and survivor to identify how they would like to involve family, kin and supporters • work with the child, young person or adult to identify someone that they feel they can trust and turn to when they feel distressed • if appropriate, genuinely involve family, kin and supporters in the healing process rather than only keeping them informed • manage confidentiality and be clear about the limits of information-sharing, particularly when working with young people and their parents or carers.

TOOLS TO SUPPORT YOU

PRACTICE TIP

A whole-of-family approach

This video from the UK Centre of Expertise on Child Sexual Abuse outlines the components of a whole-of-family approach to supporting child victims and survivors.

You may also find some of the webinars, podcasts and practice papers on the Emerging Minds website useful.

DID YOU KNOW?

Supporting parents

' ... Parenting while trying to cope with the turmoil caused by the discovery/suspicion of abuse is an immense challenge. Parents who feel supported are more able to manage their own feelings and provide the support their child needs. They are also more likely to engage effectively with professionals seeking to address the abuse and protect the child.'

– Extract from Supporting parents and carers: A guide for those working with families affected by child sexual abuse, UK Centre of Expertise on Child Sexual Abuse

4C Communicating hope in healing and recovery

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • it is important to communicate your commitment to, and belief in, the recovery of the victim and survivor • the importance of helping victims and survivors reconnect with ordinary life and engage or re-engage with support networks of their choice • for children and young people, this may be re-engagement in schooling and education and other sporting or organised activities to support hope in recovery • that many victims and survivors find peer support very helpful.	**In addition to Tier 1 & Tier 2 skills, you can:** • ask the victim and survivor about their hopes for healing and recovery and translate these into achievable goals • help the victim and survivor to identify what is meaningful for them and what would allow them to reconnect with ordinary life • encourage victims and survivors to engage with positive social supports and create new networks • support victims and survivors of all ages to build their skills, seek appropriate help with confidence and act in their own best interests • find and share public victim and survivor stories to demonstrate that healing and recovery is possible • notice and highlight changes throughout work with the victim and survivor.

TOOLS TO SUPPORT YOU

RESOURCE

This Australian research article by MacGinley, Breckenridge and Mowll (2019) explores the experience of shame following child sexual abuse.

This study by Lateef et al. (2023) provides insights into the legacy of shame following child sexual abuse disclosures and how this may impact the needs of victims and survivors.

Practice Area 5
Coordinating service systems and developing partnerships

As we know from **Practice Area 3**, some victims and survivors of child sexual abuse never disclose, and many of those who do experience a poor response. When a victim or survivor does not receive the help they need, the trauma of child sexual abuse can compound over time. Victims and survivors (and their families, kin and supporters) may continue to engage with a broad range of service systems related to these traumatic effects or to help manage them, while never receiving the necessary support to heal and recover from the original childhood trauma.

Depending on the person's age and life stage, these services can include child protection, out-of-home care, education, health, welfare, justice, housing, employment, and alcohol and other drug services. Victims and survivors frequently describe service systems as poorly coordinated, siloed, fragmented, complex, confusing and difficult to navigate – leading to frustration and a sense of entrapment.

When child sexual abuse is not the core business area of your organisation, workers may not have the knowledge, skills or confidence to respond to a disclosure and may limit the assistance they provide to the organisation's main service-delivery function. The 'no wrong door' approach described in this Practice Area seeks to ensure a victim and survivor receives a trauma-informed response or warm referral to appropriate services, regardless of which service or worker they disclose to.

THE IMPORTANCE OF JOINED-UP, HOLISTIC RESPONSES

When reflecting on their help-seeking, many victims and survivors have expressed support for 'joined-up' services; that is, where services and workers communicate and cooperate with one another to provide holistic, integrated, person-centred, and family-focused responses. Having joined-up services reduces the number of times a victim and survivor must tell their story and can improve the service experience and outcomes for the victim and survivor.

You may see a number of other terms used to describe joined-up and holistic responses to child sexual abuse, other sexual violence and complex trauma. The most common are:

INTEGRATED SERVICE PROVISION

- Integrated or wrap around services are mostly offered through service networks and by developing warm referral pathways with other agencies, including government departments in a given state or territory or local services in a geographic area.
- Separate services may be linked through their shared use of a trauma-informed framework, and information- and resource-sharing protocols and agreements between government departments or service providers in a geographic region.

COORDINATION OF CARE (SOMETIMES CALLED CASEWORK OR CASE MANAGEMENT)

- When an organisation or worker is unable to meet a victim's, survivor's, or supporter's needs due to limitations in funding, workforce constraints or a specific contractual focus, the caseworker or case manager coordinates the care required with other services to make sure the person's needs are met.
- When a worker is responsible for coordinating care, they assist a victim or survivor to navigate the relevant service systems so that they do not 'fall through service gaps.'

COLLABORATION (SOMETIMES IDENTIFIED AS MULTI-AGENCY, INTERAGENCY OR MULTIDISCIPLINARY RESPONSE)

- A range of organisations with different priorities and goals may respond to child sexual abuse. Collaboration involves finding common ground between organisations and does not always require formal agreement.
- Organisations that collaborate may provide support, education, and advocacy to one another. This can build a common purpose and enable the sharing of protocols and processes, as

well as raising the skill and knowledge level of the workforce overall.

You should seek consent from victims and survivors (and parents and carers of children and young people) prior to collaborating with other service providers, and ensure that any information-sharing is consistent with the laws in your state or territory. Your organisation may already have these processes in place.

This Practice Area outlines the knowledge and skills you may need to contribute to service systems that are coordinated, joined-up and victim and survivor-centred. It aligns with **Standard 3** of the Minimum Practice Standards: 'Services provide holistic, integrated supports that are inclusive of victims, survivors, and their support system, provide connection to community, and the broader service system'.

Practice Area 5 has 3 sections:

5A	The wellbeing of victims and survivors takes priority over systems and processes
5B	Ensuring 'joined-up' care
5C	Improving the capacity of service systems to respond to the needs of victims and survivors

5A The wellbeing of victims and survivors takes priority over systems and processes

KNOWLEDGE	SKILLS
You need to know: • while your core business may not be responding to child sexual abuse, you can be the recipient of a disclosure or providing services to victims and survivors at any time • victims and survivors can have a range of therapeutic and support needs resulting from the traumatic impacts of child sexual abuse, and may need to engage or have engaged with multiple service systems, including health, legal, child protection, housing, employment, financial, drug and alcohol, family violence, and justice and corrections services • systems and processes need to be flexible to accommodate the specific needs of the victim or survivor • you may require extra time to provide an appropriate response where your usual processes are not meeting the needs of the victim and survivor.	**You can:** • work with the child, young person or adult victim or survivor to consider their preferences for support and referral • recognise circumstances where your processes should be adjusted to minimise distress to an individual • patiently and compassionately work with an individual who requires adaptations in the usual response you provide, rather than make them feel like they are being difficult or a burden • seek guidance from a manager if you are unsure whether usual processes can be adapted, or if you need specific information and support to address complex issues.

TOOLS TO SUPPORT YOU

WHAT DO VICITMS AND SURVIVORS TELL US?

'Part of the barrier seems to be they want to fit you into a mould, so they've got a system that operates in a certain way. If you're not fitting into that system, you're not fitting in with them.'

– Male adult victim or survivor, quoted in Quadara et al. (2017), p 69

5B Ensuring 'joined-up' care

KNOWLEDGE

You need to know:

- 'joined-up care' in the context of child sexual abuse can take a number of forms:
  - integration
  - coordination of care (sometimes called casework or case management)
  - collaboration (sometimes identified as multi-agency working or a multidisciplinary response)
- victims and survivors receive the best outcomes when services are 'joined up' and coordinated with one another through information – and resource-sharing between local services. This can be achieved through formal protocols or informal interagency partnerships
- a victim and survivor-centred approach requires services to work together to provide care and support to children, young people and adults, who often have complex needs
- relevant services that provide joined-up care for victims and survivors in your area
- any processes within your organisation to seek permission to share information, and the limits of confidentiality
- how regulations and policies regarding working with children checks, child safe organisations, information-sharing, and management, privacy and confidentiality apply to your work.

SKILLS

You can:

- convey understanding and empathy for victims and survivors experiencing difficulties navigating service systems and offer to help them navigate the complexity
- provide warm referrals to other agencies and service providers:
  - to reduce the number of times victims and survivors must tell their stories
  - minimise the burden of navigating multiple systems for victims and survivors and their families
- share information with consent and/or in accordance with legal requirements in your state or territory and in accordance with your role.

5B Ensuring 'joined-up' care (CONT)

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Pathways to support services

In their Framework for historical influences on institutional child sexual abuse, Quadara et al. (2017) examined pathways to support services for victims and survivors of child sexual abuse and their families in the context of the Royal Commission into Institutional Responses to Child Sexual Abuse. They found that victims and survivors and parents/carers use '... a constellation of key services in the medium and longer terms that they perceive to be helpful for their own particular context.' The most common services involved in a response were:

- doctors, medical professionals/services
- individual counselling
- police.

Extending out from these core services were a range of other services, including:

- lawyers and legal professionals
- sexual assault services
- mental health services
- advocacy services
- peer support services
- alternative and complementary services.

DID YOU KNOW?

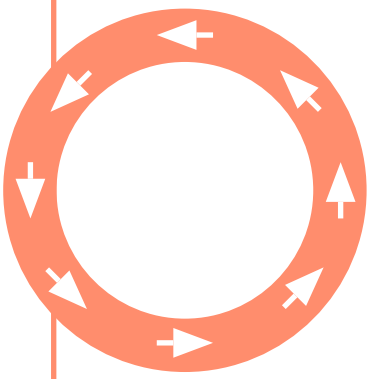
Any worker or organisation can ensure help is provided

Victims and survivors tell us that they get the most effective help when all services work together and there is a 'no wrong door' response to their disclosure. The infographic on the next page provides more information about a 'no wrong door' response.

A 'NO WRONG DOOR' RESPONSE TO DISCLOSURE

PROBLEM

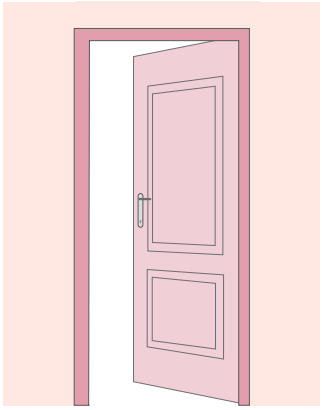
VICTIMS AND SURVIVORS OFTEN STRUGGLE TO FIND THE HELP THEY NEED



- Victims and survivors may have to knock on multiple doors and tell their story numerous times.
- Workers may believe they are the 'wrong person' to receive the disclosure and shut the conversation down.
- Services are often fragmented and poorly coordinated, leading to a 'merry-go-round' of referrals and an endless help-seeking journey.
- Poor responses can further traumatise victim-survivors and prevent them from accessing services they need.

SOLUTION

VICTIMS AND SURVIVORS RECEIVE A JOINED-UP, COMPASSIONATE AND TRAUMA-INFORMED RESPONSE REGARDLESS OF WHOM THEY DISCLOSE TO



- Services are able to provide a response or facilitate a warm referral to appropriate services in a timely manner (i.e. 'no wrong door').
- Services effectively collaborate and coordinate with one another, reducing the number of times a victim or survivor must retell their ordeal and supporting their path to recovery.

5C Improving the capacity of service systems to respond to the needs of victims and survivors

KNOWLEDGE	SKILLS
You need to know: • navigating multiple systems can be complex, especially when people are in crisis • the process of help seeking can be re-traumatising for victims and survivors' as they are often required to retell their story to multiple services • it is not your role to ask about the details of child sexual abuse.	**You can:** • invite the victim or survivor to tell you what they believe is relevant to their business with you • reassure them that they do not need to tell you anything about the child sexual abuse • use any processes designed by your organisation to minimise the number of times a person is required to repeat their disclosure of child sexual abuse.

TOOLS TO SUPPORT YOU

WHAT DO VICTIMS AND SURVIVORS TELL US?

'Too many of us are being re-traumatised trying to engage with systems that are meant to "protect" us but fail. Systems that create barriers to access and have costs beyond our means because services are not designed for the realities of our lives. Instead, they perpetuate the same dynamics of power and control as our abusers. Systems that wait until the worst has happened before they respond, then blame us for not reporting …'

– Extract from a statement from Members of the Independent Collective of Survivors, in the National Plan to End Violence against Women and Children 2022-2023

5A The wellbeing of victims and survivors takes priority over systems and processes

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • many victims and survivors, families, kin and supporters seek justice and redress following child sexual abuse • the justice system (police, child protection and courts) can be complex to navigate, and engagement can be traumatic for victims and survivors, family, kin and supporters given the requirement to provide evidence about child sexual abuse • there are services to support access to the justice system and evidence collection, including court support, forensic and medical services, legal services, redress services and the appropriate ombudsman, commission or tribunal • poor outcomes in court or through complaint processes can compound distress and exacerbate a range of other difficulties for the victim and survivor • achieving 'justice' can mean different things for different people, and not all victims and survivors will want to pursue a criminal justice outcome.	**In addition to Tier 1 skills, you can:** • if you are continuing to work with the victim or survivor, prioritise their wellbeing and support needs throughout their involvement with criminal justice, child protection and complaint systems • link victims and survivors with additional support services as early as possible in the criminal justice or complaints process • communicate regularly with victims and survivors to keep them updated where that is within your role • provide support for victims and survivors and their family, kin and supporters throughout the court or complaint process.

TOOLS TO SUPPORT YOU

WHAT DO VICTIMS AND SURVIVORS TELL US?

'It felt like the police invaded my life, swarmed in, took what they wanted and then bye bye.'

– Bethany, 16 years old

Bethany felt pressured to go forward with criminal proceedings after assurances her case would be taken to court and was left feeling deceived when she was informed, after reporting, that the case may not go to court.

These feelings she experienced of coercion, deception and broken promises left her feeling disempowered, and mirrored the abuse. Her experience highlights the downfalls of process driven approaches to investigation that do not offer control or acknowledge the emotional impact on children and families.'

– Excerpt from a research article by Butterby and Hackett (2021) p 157

5A The wellbeing of victims and survivors takes priority over systems and processes (CONT)

TOOLS TO SUPPORT YOU

RESOURCE

Children's Commissioners and Guardians

You can find information about child-focused appeals, complaints about service provision and advocacy in your state and territory at these links:

National Children's Commissioner

ACT Children and Young People Commissioner

NSW Office of the Advocate for Children and Young People

NSW Office of the Children's Guardian

NT Office of the Children's Commissioner

Qld Family and Child Commission

SA Office of the Guardian for Children and Young People

Tas Commissioner for Children and Young People

Vic Commission for Children and Young People

WA Commissioner for Children and Young People

DID YOU KNOW?

Legal services for victims and survivors

knowmore offers free legal advice and support to victims and survivors of child sexual abuse and helps them consider their options on a range of legal matters, including compensation, redress and other legal issues related to abuse. knowmore also employs a team of Aboriginal Engagement Advisors to support Aboriginal or Torres Strait Islander victims and survivors.

RESOURCE

Working with children checks

There are key regulatory systems to improve the safety of children and young people. These include working with children checks, and complaints, appeals and advocacy options provided by Children's Commissioners and Guardians.

You can find information about **working with children checks** at these links:

Australian Capital Territory – Working with Vulnerable People Check

New South Wales – Working With Children Check

Northern Territory – Working With Children Clearance

Queensland – Blue Card Services

South Australia – Working with Children Checks

Tasmania – Registration to Work with Vulnerable People

Victoria – Working with Children Check

Western Australia – Working with Children Check

5B Ensuring 'joined-up' care

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • about any formal and informal partnerships, multi-agency collaboration and service coordination offered within your local service system • that you can: – refer to specialist sexual assault services or specialist child sexual abuse services – request consultation from a specialist service to guide your responses to victims and survivors – partner with a worker from another service to ensure cultural safety and access.	**In addition to Tier 1 skills, you can:** • assess whether referral to or consultation with a specialist sexual assault service is an appropriate response to a victim and survivor • work collaboratively across and in partnership with multi-agency systems to ensure that victims' and survivors' needs are at the centre of responses • attend interagency events and create opportunities to network with other services.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Importance of networking

'I think networking is my number one priority – get to the other services and knowing how you help the client the best. If you are not knowledgeable and if you just don't want to connect with other services, you cannot help your client as much as you want.'

– Alcohol and other drug counsellor, quoted in Salter et al. (2020), p 87

5C Improving the capacity of service systems to respond to the needs of victims and survivors

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • victims and survivors may have sought help from a range of other services for the traumatic impacts of child sexual abuse, and you may not be the only worker or service providing a response • when working with victims and survivors as part of a team, you may need to allow additional time to coordinate care with other workers • the importance of advocating for improvements to the service system based on feedback from victims and survivors, with consent.	**In addition to Tier 1 skills, you can:** • promote continued engagement by victims and survivors with your service (should they choose to do so and if an ongoing response is within the scope of your role) • discuss with your manager the extent and limits of collaboration with other workers involved in the care of the victim and survivor • listen to the victim and survivor to understand their preferences and choices so that workers providing other services can understand these and agree on appropriate goals, priorities, processes, and outcomes.

TOOLS TO SUPPORT YOU

RESOURCE

Victims and survivors seek help from a range of services

Child sexual abuse is one type of child maltreatment. Other types include physical abuse, emotional abuse, neglect, and exposure to domestic violence. The Australian Child Maltreatment Study established that across the Australian population, 39.4% of people have experienced multi-type maltreatment, and 23.3% have experienced 3 to 5 different types.

The study found that Australians who experience child maltreatment are more likely to have a mental disorder and engage in health-risk behaviours, including substance misuse, self-harm and suicide attempts.[20] Child maltreatment is associated with increased likelihood of hospital admissions, and higher numbers of consultations with healthcare professionals of various types throughout life.[21]

WHAT DO VICTIMS AND SURVIVORS TELL US?

'[We need] better referral between professionals/ services. I repeatedly experienced "sorry, not my area, can't help" from doctors and mental health services. It was very hard to find and be accepted by the right service.'

– Female adult victim-survivor, quoted in Quadara et al. (2017), p 100

5A The wellbeing of victims and survivors takes priority over systems and processes

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • advocating for victims and survivors within systems is important to establish safety, reduce the risk of re-traumatisation and ensure their needs are central in any response provided • how to prepare for upcoming child protection meetings, hearings and/or court cases, which involves providing information, emotional support, and developing strategies for managing emotions that arise during the process and afterwards • the importance of assisting victims and survivors to form realistic expectations about the outcomes of criminal justice and complaints processes.	**In addition to Tier 1 & Tier 2 skills, you can:** • provide information and support to assist a victim or survivor to navigate complex systems, including courts and child protection • assist victims and survivors to identify likely points of distress when engaging with systems, and implement strategies for managing strong emotions • assist victims and survivors, family, kin and supporters to work through less-desirable outcomes from prosecutions and complaints • support victims and survivors to undertake their own advocacy if they would like to do this.

TOOLS TO SUPPORT YOU

WHAT DO VICTIMS AND SURVIVORS TELL US?

'Well, if it's like a couple of months before court you feel like it's going to take forever before you get there but then say like 2 weeks before it feels like it's moving at a thousand miles per hour. You get a bit panicky. I was terrified to go to court.'

– Female victim and survivor, 14 years old, quoted in Warrington et al. (2017), p 129

DID YOU KNOW?

Redress and legal reponses to child sexual abuse are complex

knowmore provides redress and legal training for professionals.

5B The need for 'joined-up' care

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • the importance of providing simultaneous and coordinated multi-agency intervention, where a person has co-occurring mental health and substance use issues • that in cases of recent child sexual abuse and/or harmful sexual behaviour displayed by a child or young person, the need to work collaboratively with existing joint investigation protocols is very important • you may receive requests from other services or workers for specialist advice and support about how to work with child sexual abuse.	**In addition to Tier 1 & Tier 2 skills, you can:** • in consultation with the individual victim and survivor, choose the most suitable option for each from the range of models offering 'joined-up' care • where there is no established protocol, develop a written plan for a victim and survivor for working with other service providers, clearly delineating roles, responsibilities and identifying what information needs to be shared and how. This plan should be developed with the input of the victim and survivor, and family, kin and supporters where appropriate • use professional supervision to reflect on challenges when working collaboratively with other services • proactively engage with other services involved in cases of recent child sexual abuse and/or harmful sexual behaviour displayed by a child or young person.

5B The need for 'joined-up' care (CONT)

TOOLS TO SUPPORT YOU

DID YOU KNOW?

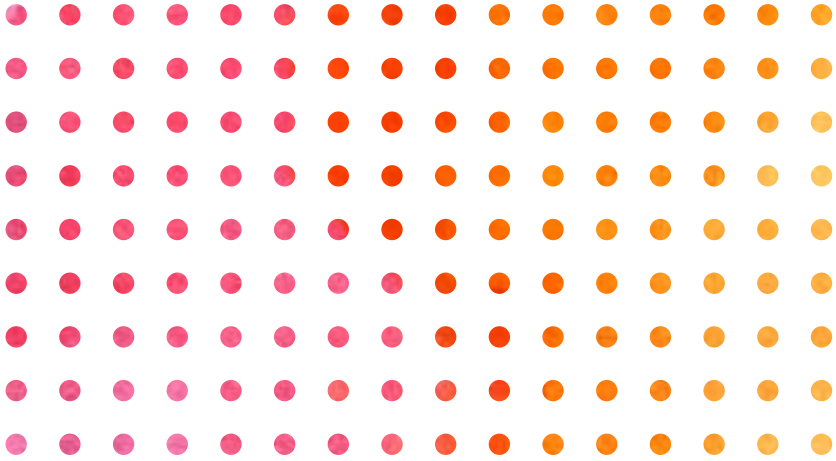
Integrated service responses

The degree to which services are integrated is often conceptualised as lying on a continuum, from no integration (service autonomy) to full integration (highly coordinated multidisciplinary care). The figure below is adapted from NSW Health's Integrated Prevention and Response to Violence, Abuse and Neglect Framework (2019) and is an example of this continuum.

NO INTEGRATION	LIMITED INTEGRATION	PARTIAL INTEGRATION	FULL INTEGRATION
A highly fragmented system with service delivery organisations working in isolation	Loose, informal cooperation (e.g. information sharing) between practitioners Sharing of office location, facilities and overheads, but no integration of services.	Some formal sharing of resources (e.g. staff, tools, data) and joint planning Information on multiple services available through single employee or website portal.	Integrated staffing, funding, technology applications, service delivery tools and case management Simultaneous and coordinated provision of multidisciplinary services.

5C Improving the capacity of the systems around victims and survivors to respond to their needs

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • victims and survivors will benefit if workers build positive professional relationships with other services • sharing knowledge about trauma and strategies that support recovery with other workers both inside and outside your organisation can enhance victim and survivor outcomes • a shared understanding of trauma and how to respond to it is helpful when working collaboratively with other services and clinicians from other disciplines. Seeking clarity around roles and language and terms used is also beneficial • victims and survivors many require specialist responses to other issues that may not be part of your core business, for example: – domestic and family violence – exhibiting harmful sexual behaviour – alcohol or other drug use – disability – faith-based or religious concerns.	**In addition to Tier 1 & Tier 2 skills, you can:** • make complex ideas about trauma accessible to other workers • support other workers to develop safe and effective professional relationships with victims and survivors through supervision, consultation and/or training • proactively and constructively engage with interagency partners when processes have broken down to avoid future issues • take responsibility for ensuring effective responses from your organisation • proactively engage with other specialist workers to build your knowledge of complex intersecting issues and seek advice.



5C Improving the capacity of the systems around victims and survivors to respond to their needs (CONT)

TOOLS TO SUPPORT YOU

RESOURCE

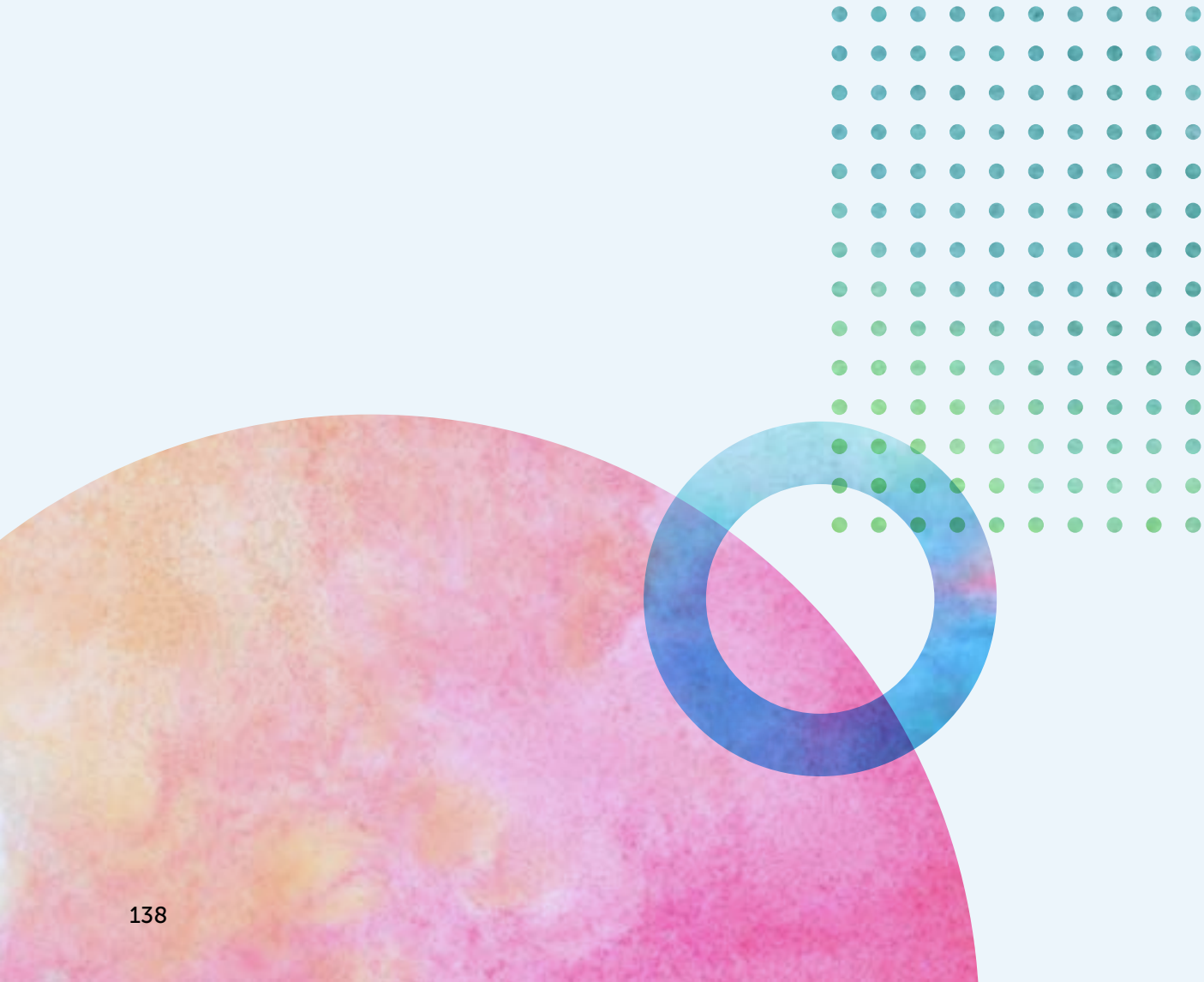
Multi-service provision for adult victims and survivors

'The service sector is built in such a way where people focus on a particular issue so as you add more and more presenting complex issues that an individual is facing, the smaller and smaller the number of services are there that can support that individual which makes access very hard ... The more complex issues you start adding into that mix, suddenly you get to a position where there's no services that can tackle every single one of those presenting needs, which in itself is traumatising, do you get what I mean? So you get to this thing where there's just nothing left, and you just can't address it.'

– Manager/supervisor, homelessness service, quoted in Salter et al. (2020), p 86

Read more about service provision for adult victims and survivors across multiple service providers in this paper by Breckenridge et al. (2015).

Practice Area 6
Prioritising workforce development and wellbeing



Practice Standard 5 of the Minimum Practice Standards requires services to provide a workforce that is knowledgeable, skilled, and supported, to ensure consistent victim and survivor-centred care, provided in a culturally safe and trauma-informed way. To do this, workers and their managers need to have the appropriate knowledge and skills to best respond to the diverse needs of victims and survivors. While this is a voluntary standard for specialist and community support services that provide targeted programs that respond to child sexual abuse, it is relevant for all organisations. It is inevitable that you will engage with children, young people and adults who are victims and survivors at some point in your work, given the high prevalence of child sexual abuse in the community and the potential lasting effects of the abuse throughout a person's life.

It is also critical that organisations support the safety and wellbeing of workers who provide responses to victims and survivors of child sexual abuse. It is well-established that working with trauma can be challenging and have impacts on the worker's mental and physical wellbeing and their experiences at work. Workers may also have a lived or living experience of child sexual abuse or have a family member or friend who is a victim and survivor, and require additional workplace supports.

IT IS IMPORTANT THAT YOU FEEL SUPPORTED AND KNOW THAT YOU ARE NOT ON YOUR OWN

In addition to providing workers with the necessary tools, resources and support to perform their role and work duties, organisations are required to provide an environment which is safe and supports the health and wellbeing of workers. This includes managing employee burnout, vicarious trauma and compassion fatigue which may arise from exposure to trauma when working with victims and survivors of child sexual abuse. The National Centre for Action on Child Sexual Abuse emphasises that trauma-informed practices must also extend to staff, particularly given the likelihood that some workers will have their own lived experience of child sexual abuse.[22]

You need to be aware there are specific strategies and supports organisations can implement to safeguard the wellbeing of workers and promote the sustainability of the workforce. These include:

- fostering an organisational culture of safety, care, compassion and respect for diversity for both service users and workers
- embedding a trauma-informed approach into all organisational policies, practices, and procedures
- ensuring systems and processes are in place to identify, minimise and mitigate the risks and impacts of vicarious trauma, burnout and compassion fatigue among workers responding to victims and survivors
- actively engaging with workers about their health and wellbeing, particularly following a complex disclosure or critical incident
- facilitating access to supervision and, where appropriate to the role, therapeutic supervision
- providing appropriate training, professional development, and ongoing learning opportunities to ensure workers can meet the needs of victims and survivors from a diversity of backgrounds and groups, and work in a culturally safe way
- facilitating access to culturally safe training, cultural supervision and access to traditional healing for Aboriginal and Torres Strait Islander workers
- challenging stigmatising attitudes and language in the workplace.

Practice Area 6 has 2 sections:

6A	Workers can identify and know how to access support for their own wellbeing
6B	Organisations provide workers with support, opportunities to debrief and regular supervision

6A Workers can identify and know how to access support for their own wellbeing

KNOWLEDGE	SKILLS
You need to know: • that it is understandable and normal to feel distressed or overwhelmed after receiving a disclosure of child sexual abuse or hearing about a person's trauma • what compassion fatigue and vicarious trauma are • Some of the common indicators of compassion fatigue or vicarious trauma, including: – headaches – feeling tired – difficulty sleeping – lack of motivation for everyday activities – depression or negative worldview – inability to focus on work – minor illnesses • that your own experiences of trauma and abuse may affect how you respond to a victim or survivor • the importance of taking steps to manage your own health and wellbeing and practicing self-care.	**You can:** • recognise when a disclosure of child sexual abuse has created secondary stress or trauma for you • recognise where your own responses to trauma are affecting your responses to victims and survivors and their family, kin and supporters • ask your manager or trusted colleague for help if you are feeling overwhelmed for a number of days following a victim or survivor disclosing to you • identify and implement strategies for self-care that work for you (for example, yoga or sport, spending time with family and friends, spending more time on hobbies and interests, and contacting support services if needed) • discuss and develop a self-care plan.

TOOLS TO SUPPORT YOU

RESOURCES

Taking stock of how you are feeling

This checklist from 1800RESPECT is a way to gauge how you are feeling about your work. The things on the list do not necessarily mean that you have work-induced trauma. An answer of 'yes' to any of the questions can alert you to the need to speak to someone. Counsellors at 1800RESPECT are trained to talk about recognising work-induced trauma. Hearing about other people's trauma can trigger our own unresolved trauma. Remember to ask for help if you need it.

6A Workers can identify and know how to access support for their own wellbeing (CONT)

TOOLS TO SUPPORT YOU (CONT)

DID YOU KNOW?

Compassion fatigue, vicarious trauma and self-care

Blue Knot provides a resource about compassion fatigue, which can be a side effect of caring for someone in need. It causes physical and emotional exhaustion and reduces the ability to empathise. When you are overly compassionate without taking time to regularly recharge, you can become less able to feel and care for others.

Vicarious trauma is a **normal** response to ongoing exposure to other people's trauma or a very stressful incident. Working with people who have experienced trauma, and hearing, seeing and learning about their experiences, can affect you and many aspects of your life.

Self-care strategies and organisational support can help prevent and minimise the effects or vicarious or secondary trauma. These resources provide information about vicarious trauma and self-care strategies:

- Self-care and vicarious trauma fact sheet from the Laurel House Disability Workforce Toolkit
- Work-induced stress and vicarious trauma from 1800RESPECT, which also provides telephone support (free of charge) to workers affected by disclosures of child sexual abuse
- Self-care resources for professionals from ReachOut, which provides online mental health support for young people.

6B Organisations provide workers with support, opportunities to debrief and regular supervision

KNOWLEDGE	SKILLS
You need to know: • you are entitled to be psychologically safe at work and your employer has a legal responsibility to provide a safe workplace • the options and opportunities your organisation provides to support your wellbeing and assist you to manage the impact of exposure to trauma.	**You can:** • make use of available supports, including Employee Assistance Programs, debriefing after critical incidents and any supervision offered • access training and development opportunities to: – develop appropriate knowledge and skills to respond effectively to disclosures of child sexual abuse – understand how compassion fatigue and vicarious trauma may affect you, and the strategies which can help mitigate the impacts.

TOOLS TO SUPPORT YOU

DID YOU KNOW?

Work health and safety

Under work health and safety legislation, your employer has a positive duty to eliminate or, where that is not possible, minimise the risk of physical or psychological harm related to exposure to traumatic events or materials, including responding to vicarious trauma. See Safe Work Australia for more information.

DID YOU KNOW?

Workers can be victims and survivors too

In a national survey of practitioners working with victims and survivors of child sexual abuse conducted by the National Centre for Action on Child Sexual Abuse, 31% of respondents had a lived and living experience of child sexual abuse (self or family). The majority of these reported that the shame and stigma associated with the experience of child sexual abuse was obvious within their workplace, and as a result, they had not disclosed their lived experience to anyone (including management) at work.

6A Workers can identify and know how to access support for their own wellbeing

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • the importance of reflecting on your own beliefs and attitudes about trauma and how these may affect how you respond to a disclosure or aspects of a victim or survivor's story • your threshold for coping with trauma exposure in the workplace may be affected by stressors in your personal life • any specific supports and strategies your organisation offers, including professional development opportunities, to manage any traumatic impacts of disclosures.	**In addition to Tier 1 skills, you can:** • make connections between your own attitudes and beliefs about trauma and how these may impact your practice • recognise when stressors in your personal or professional life may be affecting one another • discuss your reflections in supervision or with managers • request cultural supervision from an appropriate Aboriginal and Torres Strait Islander worker as appropriate • request specialist supervision or consultation when working with priority population groups • identify and seek to access training opportunities • promote cultural safety and respect for diversity for both workers and service users • develop a self-care plan that responds specifically to your needs and preferences.

TOOLS TO SUPPORT YOU

RESOURCE

Self-care plans

You may wish to use the ideas from the Mental Health Self Care Wheel to think about ways you can care for yourself and develop a self-care plan.

DID YOU KNOW?

Opportunities for professional training and development

1800RESPECT provides an overview of the level of training about domestic, family and sexual violence that workers should access depending on their role and professional background.

6B Organisations provide workers with support, opportunities to debrief and regular supervision

KNOWLEDGE	SKILLS
In addition to Tier 1 knowledge, you need to know: • that people can develop vicarious resilience from their work in this area • that professional supervision is distinct from line management, and has a role in ensuring effective practice • supervision and support from your line manager is an important component of managing self-care at work.	**In addition to Tier 1 skills, you can:** • ask for assistance from your manager or organisation to manage the impacts of vicarious trauma and compassion fatigue • seek out opportunities to debrief following distressing or traumatic experiences • with the support of your organisation, seek out separate professional supervision as needed.

TOOLS TO SUPPORT YOU

RESOURCE

Vicarious resilience

While vicarious trauma and secondary trauma are important issues for you to be mindful of, recent research has highlighted the positive effects that people may derive from trauma work, and the resilience gained vicariously from an attuned and supportive workplace culture. To learn more about the concept of vicarious resilience, read this research article by Hernandez-Wolfe (2018).

PRACTICE TIP

Seeking professional supervision

Your organisation may offer professional supervision for trauma-related work in various forms. This supervision should offer the opportunity to reflect on the impact of the work and provide relationship-based education and training to support and develop your practice. This may be provided by your manager, an externally contracted supervisor, or your Employee Assistance Program.

6A Workers can identify and know how to access support for their own wellbeing

KNOWLEDGE

In addition to Tier 1 & Tier 2 knowledge, you need to know:

- where relevant or required by your current role, maintain registration and/or accreditation with your professional body
- you have an ethical and professional obligation to ensure that you are appropriately trained and working within the limits of your professional competencies
- treatment and ways of responding to trauma are dynamic and it is important to implement a professional development plan to ensure you are providing a best-practice approach to achieve optimal outcomes for victims and survivors
- training opportunities should be individually tailored to ensure they best meet the needs of your work and role.

SKILLS

In addition to Tier 1 & Tier 2 skills, you can:

- prioritise ongoing learning to enrich your work with victims and survivors of child sexual abuse as well as their family, kin and supporters
- identify gaps in your knowledge and skills in professional supervision or peer support and identify professional development opportunities with your supervisor to address these gaps
- share your knowledge and skills with other workers in your organisation
- adjust service provision to better reflect the needs of victims and survivors from diverse populations.

TOOLS TO SUPPORT YOU

RESOURCE

Supporting and valuing staff

The following resources address the needs of staff in specialist sexual violence services:

- Standard 5 of NASASV's Standards of Practice Manual for Services Against Sexual Violence (3rd edition) – 'Valuing Staff'
- Standard 5 of the National Office for Child Safety's Minimum Practice Standards: Specialist and community support services responding to child sexual abuse – 'Skilled and Supported Workforce'.

RESOURCE

Checking in: Compassion satisfaction and compassion fatigue

The Professional Quality of Life Scale is a compassion satisfaction and compassion fatigue scale that will allow you to 'check in' with how you are managing your own responses to hearing about trauma and your current work situation. The scale is easy to complete, and you will receive a score informing you of how you are travelling. It may be helpful to complete the scale regularly, to monitor your responses over time and see if there are any changes you need to be aware of. This scale is available in 28 languages.

6B Organisations provide workers with support, opportunities to debrief and regular supervision

KNOWLEDGE	SKILLS
In addition to Tier 1 & Tier 2 knowledge, you need to know: • staff with lived or living experience, including those employed on the basis of this experience, may have specific support and supervision needs • looking after yourself will enhance the quality of your work, and in turn will impact the wellbeing of victims and survivors you work with • professional supervision is key to your wellbeing and effective service provision • it is important to have a balanced and diverse caseload and a range of work tasks to support your wellbeing • your organisation should have systems and processes in place to identify, minimise and mitigate the risks and impacts of vicarious trauma within their staff group.	**In addition to Tier 1 & Tier 2 skills, you can:** • appreciate the positive aspects of working with victims and survivors of child sexual abuse and their family, kin and supporters • advocate for support and supervision based on your own unique circumstances • ensure that professional supervision meets the requirements of professional bodies where relevant • constructively discuss and resolve difficult dynamics within teams and different approaches to work with victims and survivors • work towards a balanced caseload and a diversity of tasks in your workplan, such as engaging in research, developing resources, interagency engagement, and supervising students.

TOOLS TO SUPPORT YOU

RESOURCE

The National Centre's Learning and Development Survey

You may wish to take a closer look at the results of the National Centre for Action on Child Sexual Abuse's Learning and Development Survey. The findings provide valuable insights on what is most important for workers to provide timely and trauma-informed supports and services to victims and survivors, including the workplace conditions and supports organisations can implement to minimise secondary stress and enable vicarious resilience.

6. Key referrals

Throughout this Guide we have mentioned the importance of referral to specialist or other services that may address a victim and survivor's needs

Making a referral can mean you can make the referral with or for the victim and survivor. It is important to ensure you are aware of the services in your local geographic area, and that you know the:

- specialist service providers that may support workers and victims and survivors
- services that provide a response to the effects of child sexual abuse, such as mental health, alcohol and other drug and housing organisations
- interagency networks that you need to attend to ensure interagency collaboration and an effective integrated response that promotes healing and recovery.

The following resources and referrals are current as of the publication of this Guide. When compiling your directory of services, remember workers and services change and links can break over time. Refer to the National Office for Child Safety website (childsafety.gov.au) for updated information.

CONNECTING VICTIMS AND SURVIVORS WITH SUPPORT SERVICES

It is important that you are aware of the range of referral options for victims and survivors to access crisis and therapeutic support services and are able to provide onward referral to these services in a timely manner.

Depending on a clients, geographic location and accessibility needs, services may be available in a variety of modes, including:

- face-to-face
- telephone
- online chat
- videoconferencing.

Not all of these options will be appropriate or accessible for everyone so, where possible, you should discuss with the client their preferences and any accessibility issues they may have.

To assist you in making a referral, the next section provides an overview of key national and state and territory support services, including services for specific population groups.

USEFUL HELPLINES AND SUPPORT ORGANISATIONS

NATIONAL SERVICES FOR ALL VICTIMS AND SURVIVORS		
Bravehearts	• Specialist child sexual assault and exploitation counselling and support services. • Offers a telephone information and support service.	1800 272 831 Mon to Fri, 8:30 am to 4:30 pm AEST https://bravehearts.org.au/what-we-do/counselling-and-support/
Blue Knot Helpline and Redress Support Service	• Supports adult survivors of childhood trauma and abuse, parents, partners, family and friends, as well as the professionals who work with them. • Offers telephone counselling. Webchat available for people seeking information, education or support around referrals.	1300 657 380 9 am to 5 pm AEST/AEDT, 7 days a week including public holidays https://blueknot.org.au/
1800RESPECT	• Confidential information, counselling and support in cases of sexual assault, domestic violence or abuse. • Offers telephone or online chat. • Offers services and resources to workers. • Please note this is not a specialist child sexual abuse service.	1800 737 732 24 hours, 7 days a week https://www.1800respect.org.au/
Full Stop Australia	• Confidential, trauma-specialist counselling for people of all genders who are impacted by violence and abuse, as well as their friends, colleagues and family members. • Offers telephone or online chat. Also face-to-face counselling in NSW only. • Offers the NSW Sexual Violence Helpline. • Please note this is not a specialist child sexual abuse service.	1800 385 578 24 hours, 7 days a week https://fullstop.org.au/ 1800 424 017 (NSW Sexual Violence Helpline)
National Sexual Abuse and Redress Support Service	• Redress Support Services (RSS) are specialist, trauma-informed, culturally safe, survivor-centred services for people impacted by institutional child sexual abuse. • National RSS offer online and telephone support services. Face-to-face services are available in some locations, specified on the relevant state or territory page.	1800 737 377 Mon to Fri, 8 am to 5 pm AEDT https://www.nationalredress.gov.au/

NATIONAL SERVICES FOR ALL VICTIMS AND SURVIVORS		
National Association of Services Against Sexual Violence	• The peak body for specialist organisations who provide prevention and response services to people who are at risk of or experience sexual violence in Australia. • Provides a state and territory support directory of services, including emergency and crisis care, information and advocacy, and counselling and support.	(03) 5025 5400 https://www.nasasv.org.au/ Support directory of services: https://www.nasasv.org.au/support-directory
knowmore	• Free legal advice and support to survivors of child sexual abuse. • Services include legal advice and assistance, support services, financial counselling, and culturally safe supports for Aboriginal and Torres Strait Islander people.	1800 605 762 Mon to Fri, 9 am to 5 pm AEST https://knowmore.org.au/
Youth Law Australia	• Free, confidential legal information and help for young people aged under 25 (and their advocates), provided through an online service.	1800 950 570 (SA, NSW, Tas, Qld, NT, ACT only) (02) 9067 6510 (Vic, WA) Mon to Fri, 9.30 am to 5 pm (AEST) https://yla.org.au/ Online service available 24 hours a day.

STATE AND TERRITORY SERVICES
A comprehensive list of national, state and territory support services and groups is available on the National Office for Child Safety website.

SERVICES FOR SPECIFIC POPULATION GROUPS		
FOR CHILDREN		
Kids Helpline	• Telephone, email and web counselling for children and young people.	1800 55 1800 24 hours, 7 days a week https://www.kidshelpline.com.au
FOR FAMILIES		
Relationships Australia	• Support groups and counselling on relationships, and for abusive and abused partners.	1300 364 277 https://www.relationships.com.au

SERVICES FOR SPECIFIC POPULATION GROUPS		
FOR MEN		
Mensline Australia	• Supports men who are dealing with family and relationship difficulties.	1300 78 99 78 24 hours, 7 days a week https://mensline.org.au/
SAMSN	• Survivors & Mates Support Network (SAMSN) works with male survivors of child sexual abuse to provide ongoing support services, and facilitates support groups and workshops for men, their families, and supporters.	1800 472 676 Mon to Fri, 9 am to 5 pm AEST/ AEDT https://www.samsn.org.au/get-in-touch-with-samsn/
FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE		
The Healing Foundation	• A national Aboriginal and Torres Strait Islander organisation that provides a platform to amplify the voices and lived experience of Stolen Generations survivors and their families.	(02) 6272 7500 https://healingfoundation.org.au/stolen-generations/support/ Please note the Healing Foundation is not a crisis support or counselling service.
13YARN	• Free 24/7 crisis support line that is led, co-designed, developed and delivered by Aboriginal and Torres Strait Islander people for Aboriginal and Torres Strait Islander people.	13 92 76 24 hours a day, 7 days a week. https://www.13yarn.org.au/
Indigenous language interpreting	• 2M Language Services provide interpreting services to assist communities in accessing essential public services. They can provide onsite interpreting, telephone interpreting and video remote interpreting. • Aboriginal Interpreter Service (Northern Territory) • Aboriginal Language Interpreting Service (South Australia) • Aboriginal Interpreting (Western Australia)	2M Language Services (02) 73367 8722 https://www.2m.com.au/interpreting-services/indigenous-language-interpreting/ Aboriginal Interpreter Service (NT) https://nt.gov.au/community/interpreting-and-translating-services/aboriginal-interpreter-service Aboriginal Language Interpreting Service (SA) 1800 280 203 https://translate.sa.gov.au/ALIS Aboriginal Interpreting (WA) 0439 943 612 https://aiwaac.org.au/

SERVICES FOR SPECIFIC POPULATION GROUPS		
Translating and Interpreting Service	• Free phone service to gain access to an interpreter in your own language.	131 450 24 hours, 7 days a week tisnational.gov.au
FOR PEOPLE WITH A DISABILITY		
National Disability Abuse and Neglect Hotline	• A telephone hotline for reporting abuse and neglect of people with disability.	1800 880 052 / TIS: 131 450 / NRS: 1800 555 677 9 am to 9 pm Mon to Fri and 10 am to 4 pm Sat to Sun and public holidays AEST/AEDT
National Relay Service	• For people who are d/Deaf or hard of hearing, or have speech disability or difficulty using the phone.	Voice relay: 1300 555 727 TTY: 133 677 SMS relay: 0423 677 767 https://www.accesshub.gov.au/about-the-nrs The National Relay Service also offer video relay services for Auslan users: https://www.accesshub.gov.au/services/video-relay
FOR LGBTQIA+ PEOPLE		
Rainbow Sexual, Domestic and Family Violence Helpline	• Telephone trauma counselling for anyone from the LGBTQIA+ community who has recently or in the past experienced sexual, domestic or family violence. • Support for family members, friends and supporters, or professionals who are impacted by violence against the LGBTQIA+ community.	1800 497 212 24 hours, 7 days a week https://fullstop.org.au/get-help/our-services/rainbowviolenceandabusesupport
QLife	• QLife provides anonymous and free LGBTQIA+ peer support and referral for people in Australia wanting to talk about sexuality, identity, gender, bodies, feelings or relationships.	1800 184 527 and webchat 3pm to midnight (local time), 7 days https://qlife.org.au/ For additional services please see https://qlife.org.au/resources/directory/
FOR CARE LEAVERS		
Care Leavers Australasia Network (CLAN)	• Free telephone counselling and face-to-face by appointment counselling in Sydney and Melbourne offices.	1800 008 774 Mon to Fri, 9:30 am to 5:00 pm AEST/AEDT, or support@clan.org.au https://clan.org.au/resources/counselling/

7. Glossary

TERM	DEFINITION
Aboriginal and Torres Strait Islander peoples	Aboriginal and Torres Strait Islander peoples are the first inhabitants of Australia. Aboriginal peoples comprise diverse Aboriginal nations, each with their own languages and traditions, and have historically lived on mainland Australia, Tasmania and many of the continent's offshore islands. Torres Strait Islander peoples come from the islands of the Torres Strait, between the tip of Cape York in Queensland and Papua New Guinea.[23] See also **First Nations**, which is the term preferred by some Aboriginal and Torres Strait Islander peoples and groups.[24]
Child sexual abuse	Any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards. Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism, and exposing the child to or involving the child in pornography. It includes child grooming – see definition of **grooming**.[3]
Child sexual abuse material	Child sexual abuse material is generally defined as material that depicts a child, or a representation of a child, in a sexual or offensive context, or as the subject of torture, cruelty or abuse (see, for example, *Criminal Code Act 1995* (Cth), sch 2, s 473.1). The term 'child pornography', and others like it, is not used. It is inaccurate and harmful. The word 'pornography' is usually used to describe content depicting consenting adults engaging in lawful activity. In most cases, children and young people cannot lawfully consent to these activities, and child sexual abuse material depicts criminal activities. Child sexual abuse material may be used to normalise abuse with children and young people. Framing child sexual abuse materials as 'pornography' may also make it easier for perpetrators to disconnect from the child or young person. This can mean adults see children and young people as willing participants or actors in pieces of acceptable media content, rather than as victims.
Child sexual assault	A term commonly used to describe forms of child sexual abuse where a person has engaged in sexual activity with a child or young person, where there has been physical contact or intent of contact. In most jurisdictions in Australia, a child or young person cannot consent to sex if they are under 16 years of age (in South Australia and Tasmania, the age of consent is 17 years).[25]
Children and young people	The United Nations Convention on the Rights of the Child (1989) defines a child as a human being who is below the age of 18 years. Children and young people are also defined in Australian legislation and the National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030 as being under the age of 18. The age of consent varies across Australia, but is most often 16 years.[26] Consistent with these definitions, this Guide uses 'children and young people' to refer to people under 18 years of age.

TERM	DEFINITION
Clinical intervention	Professional activities undertaken by clinicians in a clinical setting, directed at assessing, maintaining or improving the health and wellbeing of a person.[27]
Collective healing	Collective healing is a term used to describe a model where individuals develop their own skills and capacities to empower healing in themselves and their families and communities. Whatever form it takes, collective healing is supported by bringing people with similar experiences together, often with their children and grandchildren, in a safe space where they can share, get to know their own story, build understanding and skills, and take positive steps towards a better future.[4]
Community support service	Community support services offer primary, secondary and/or tertiary interventions to individuals and groups who are experiencing a crisis or persistent hardship, to build their capacity and resilience. Community support services include accommodation support; respite; therapy and behaviour intervention; individual, family and group counselling; and support, advocacy, referrals, and information. Community support services are often delivered by not-for-profit agencies but can also be delivered by government and other organisations.[8]
Complex post-traumatic stress disorder (CPTSD)	A disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible. CPTSD is characterized by (1) severe and persistent problems in affect regulation, (2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic events, and (3) difficulties in sustaining relationships and in feeling close to others.[28]
Complex trauma	Refers simultaneously to complex forms of victimisation, involving repeated incidents of abuse and betrayal, and the complex traumatic and dissociative symptomatology that results from it.[29] In contrast with 'single-incident' trauma, complex trauma is *cumulative*, *underlying*, and often *interpersonally generated*.[30] The new International Classification of Diseases 11th Revision (ICD-11) diagnosis of CPTSD shows the limitations of confining the definition and diagnosis of trauma to exposure to 'single incident' events, complex trauma, is well documented to have more extensive impacts than 'one-off', 'out-of-the-blue' events.
Concerning sexual behaviours	Concerning sexual behaviours are sexual behaviours that fall outside the range of typical or developmentally appropriate activity for a child or young person's stage of development. Concerning behaviours may not include overt intent to harm and/or may be developmentally appropriate but expressed in an inappropriate context. Concerning sexual behaviours may indicate a child has been harmed or may signal they are at risk of being harmed. Concerning sexual behaviours can occur in any setting, including in person and online, and may or may not be directed towards a child or another individual.

TERM	DEFINITION
Contact child sexual abuse	Contact child sexual abuse is when a person physically sexually abuses a child or young person. There are criminal offences for different types of contact child sexual abuse. These are sometimes called 'contact offences'.
Cultural competence	The ability to identify and challenge one's own cultural assumptions, values and beliefs and to demonstrate respect and minimise adverse effects on communication with any person. Cultural competence includes empathy and appreciation that there are many different ways of viewing the world, influenced by culture.[31]
Cultural humility	When organisations value and promote cultural safety, they encourage all workers to come from a place of cultural humility. Cultural humility means committing to lifelong reflection and self-evaluation, addressing power imbalances, and developing equal and mutually beneficial relationships with people with lived experience and communities where practitioner beliefs and biases are not imposed on others.[32]
Cultural knowledge	The Healing Foundation defines cultural knowledge as an accumulation of knowledge that has been handed down from generation to generation, which might be held by particular individuals or family groups. It includes knowledge about spiritual relationships, relationships with the environment and the use of natural resources, and relationships between people, which are reflected in language, stories, social organisation, values, beliefs, and cultural laws and customs.[4]
Cultural safety	An environment that is safe for people: where there is no assault on, challenge to or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity, and truly listening.[33]
Culturally and linguistically diverse communities	Australia's population includes many people who were born overseas, have a parent born overseas or speak a variety of languages. Together, these groups of people are known as culturally and linguistically diverse (CALD) populations or communities. However, some commentators view the term as increasingly problematic; for example, the Diversity Council of Australia suggests the term prioritises cultural and linguistic explanations of difference and is therefore insufficient for any meaningful discussion or understanding of race and racism.[34,35]
Culture	Culture is a shared meaning and understanding of norms, values, and the way we see the world.
Debriefing	A process usually administered to groups of people shortly after a traumatic incident, in which participants identify their thoughts and feelings in response to the incident.[29]

TERM	DEFINITION
Developmentally typical sexual behaviours	Developmentally typical sexual behaviours are behaviours that are typical for an identified child or young person, according to their stage of development, are socially appropriate, and that occur within an appropriate context. Where they involve another child or young person, they are mutual, reciprocal, and include shared decision-making. Most sexual behaviour in children and young people is developmentally typical and can occur in any setting, including in person and online.
Dissociation	Commonly described as 'partial or complete disruption of the normal integration of a person's psychological functioning'.[36 in 37] While there is a lack of consensus regarding the definition of dissociation, most clinicians would agree that dissociation occurs beyond conscious awareness and control, that it varies in intensity, and that it impedes linkage between different registers of functioning.[37]
Faith-based community	A faith-based community refers to a group of individuals united by a clear structure and system of religious or spiritual beliefs.
First Nations	'First Nations' or 'First Peoples' (capitalised) can refer to the peoples or nations of people who were there from the beginning, prior to the settlement of other peoples or nations.[37] The Australian Government prefers this term to acknowledge Aboriginal and Torres Strait Islander peoples as the first peoples of this land.[38]
Forensic medical examination	A forensic examination is an examination conducted by a specially trained doctor or nurse following a recent sexual assault. The examiner can collect evidence such as swabs and clothing that may contain the DNA of the perpetrator. The examiner also documents any injuries and may collect blood or urine samples to look for drugs or alcohol if these were used to facilitate the assault. Injuries, including ano-genital injuries, may be photographed. A child or young person may lack the capacity to consent to an examination, in which case consent will be sought from a parent or guardian. Samples collected in the forensic examination are passed on to the police with the consent of the victim or survivor or their parent or guardian.
Gender	Gender is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female. Gender includes the following concepts: • Gender identity is about who a person feels themself to be. • Gender expression is the way a person expresses their gender. A person's gender expression may also vary depending on the context, for instance expressing different genders at work and home. • Gender experience describes a person's alignment with the sex recorded for them at birth i.e. a cis experience or a trans experience.

TERM	DEFINITION
General medical examination	Some sexual assault services offer general medical examinations to children and young people who have been sexually assaulted. These examinations are conducted to ensure the child/young person is medically well, rather than for the purpose of collecting evidence for potential prosecutions. The examination may include an examination of the ano-genital region, screening for sexually transmitted infections and pregnancy, and HIV prophylaxis. A child or young person may lack the capacity to consent to an examination, in which case consent will be sought from a parent or guardian.
Grooming	Grooming describes behaviours that manipulate and control a child, their family, kin and carers or other support networks, or organisations. The intent of manipulation is to: • gain access to the child • obtain the child's compliance • maintain the child's silence • avoid discovery of sexual abuse. Grooming can be done by people already well known to the child, including by a child's family member, kin or carer. Grooming can take place in person and online.[3]
Harmful sexual behaviours	Harmful sexual behaviours are sexual behaviours displayed by children and young people that fall outside what may be considered developmentally typical or socially appropriate, cause harm to themselves or others, and occur either in person or online. When these behaviours involve others, they may include a lack of consent, reciprocity and mutuality, and may involve the use of coercion, shame or force, or a misuse of power. Harmful sexual behaviours evoke worry about the development and wellbeing of the child, young person or others involved, and where they involve other children or young people, the behaviours may cause significant harm and may be experienced as abusive by the other children and young people involved. Harmful sexual behaviours may include illegal behaviours that require a criminal justice response. Harmful sexual behaviours can occur in any setting, including in person and online.
Healing	Relates to an individual's ability to address distress, overcome trauma, and restore wellbeing. Healing occurs at a community, family, and individual level. Healing continues throughout a person's lifetime and across generations.[4]
Image-based sexual abuse	Image-based sexual abuse is defined as the non-consensual taking, sharing or threats of sharing nude or sexual images (photos or videos) of a person.[39]

TERM	DEFINITION
Integration	Formal and informal integration, coordination and collaboration can take many forms, and can be understood as a continuum, with integration the end point, where services are delivered by a single system with sub-units and cross-unit accountability.[24] Integration can range from involving two or more agencies/services to programs with a formalised partnership or joint service agreement between agencies, or where there is a formalised statement of shared principles/goals between organisations. It can include 'one-stop shops' or case coordination/management initiatives.
Intergenerational trauma	Intergenerational trauma refers to trauma that is passed from the first generation of survivors who have experienced trauma, down to future children, grandchildren, nieces, and nephews. If the trauma is unresolved, further generations have a higher risk of developing trauma presentations. An example is where parents have been denied the right to develop safe attachments with their children and provide those children with predictable home environments. In that case, children may be vulnerable to developmental delay, poor education outcomes, interpersonal issues, disability, and higher chances of coming into contact with the criminal justice system. The likelihood of intergenerational trauma is high in families impacted by the Stolen Generations.[40]
Intersectionality	An approach that considers the complexity of a person's identity and how that manifests in their lived experience, and simultaneously considering how systemic forms of violence and discrimination can interact with one another, creating multiple barriers for individuals.[24]
Interventions	Interventions are actions that workers take on behalf of or with individuals, families, communities and systems to improve health and wellbeing and prevent harm.
Intrafamilial child sexual abuse	Intrafamilial child sexual abuse is understood by specialist sexual violence services as the crime of a child being sexually abused by relatives or others (such as foster carers or a parent's partner) who feel like family from the child's point of view. This is also known as incest, but this is not preferred terminology.
Institutional child sexual abuse	Broadly speaking, this form of child sexual abuse occurs when it happens on the premises of an institution, where activities of an institution take place, or in connection with the activities of an institution, or is committed by an official of an institution in circumstances whereby the institution has in any way contributed to the risk of child sexual abuse occurring.[24]

TERM	DEFINITION
LGBTQIA+	An abbreviation used to refer to lesbian, gay, bisexual, trans, queer, intersex and asexual people. Often extends to other identities. Used in this report to refer to all people who identify as lesbian, gay, bisexual, transgenderqueer, intersex or asexual, or as having any other minority sexual orientation or gender identity. **Lesbian** – an individual who identifies as a woman and is sexually and/or romantically attracted to other people who identify as women.[41] **Gay** – an individual who identifies as a man and is sexually and/or romantically attracted to other people who identify as men. The term gay can also be used in relation to women who are sexually and romantically attracted to other women.[4] **Bisexual/bi** – an individual who is sexually and/or romantically attracted to people of the same gender and people of another gender. Bisexuality does not necessarily assume there are only two genders.[41] **Transgender/trans** – An inclusive umbrella term that describes people whose gender is different to what was presumed for them at birth. Trans people may position 'being trans' as a history or experience, rather than an identity, and consider their gender identity as simply being female, male or a non-binary gender. Some trans people connect strongly with their trans experience, whereas others do not. Processes of medical and legal gender affirmation may or may not be part of a trans person's life.[42] **Queer** – A term which encapsulates political ideas of resistance to heteronormativity and homonormativity and is often used as an umbrella term to describe the full range of LGBTQIA+ identities.[41] **Intersex** – An umbrella term used to describe a variety of bodies whose sex characteristics, whether physical, chromosomal or hormonal, do not conform to medical norms for female or male bodies. Intersex people are a diverse population with many different intersex traits and other characteristics. Individual people with intersex variations use a variety of different terms, including being intersex, having an intersex variation or condition, having an innate variation of sex characteristics, or naming specific traits.[41] **Asexual/ace** – a sexual orientation that reflects little to no sexual attraction, either within or outside relationships. People who identify as asexual can still experience romantic attraction across the sexuality continuum. While asexual people do not experience sexual attraction, this does not necessarily imply a lack of libido or sex drive.[41]
Mainstream services	Services that meet the health and wellbeing needs of the entire population, such as general practitioners, mental health services, the education system.
Mandatory reporter	A person who is required by either state or territory law to report known and suspected cases of child abuse and neglect to a nominated government department or agency. Usually, they need to report to a child protection authority.
Offender	A person who is found by a court to have done something that is prohibited by law.

TERM	DEFINITION
Online child sexual abuse	In line with the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 (National Strategy), this Guide refers to 'online child sexual abuse' as 'any form of sexual abuse of children … which has a link to the online environment'.[2] Child abuse material is generally defined as material that depicts a child, or a representation of a child, in a sexual or offensive context, or as the subject of torture, cruelty or abuse.
Organised sexual abuse of children	Occurs in contexts other than institutions – in cults, paedophile rings and exploitative family networks. Disclosures relating to sexual abuse in these contexts often involve torture, mind control and physical restraint.[44] Research suggests that there is a strong connection between organised sexual abuse and the production of child sexual abuse material.[43]
People with disability	People with disability have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.[24]
Perpetrator	An adult who has sexually abused a child or young person, who may or may not have been convicted of this crime.
Post-traumatic stress disorder (PTSD)	A disabling condition of unresolved trauma which can follow experiencing or witnessing an event involving actual or threatened death or serious injury to oneself or others, or threat to the physical integrity of oneself or others.[30] It is characterised by (1) re-experiencing the traumatic event or events in the present in the form of vivid intrusive memories, flashbacks or nightmares, (2) avoidance of thoughts and memories of the event or events, or avoidance of activities, situations or people reminiscent of the event(s), and (3) persistent perceptions of heightened current threat, such as hypervigilance or an enhanced startle reaction to stimuli.[28]
Procurement offences	Procurement offences usually involve a person arranging to engage in sexual activity with a child. The person can encourage, entice, or recruit the child to engage in sexual activity. They can also persuade the child – including through threats or promises – to engage in that activity. Procuring may be done by grooming the child or someone with access to the child. Refer to definition of **grooming**.
Response	Any support provided to a service user by an organisation. This includes, but is not limited to, therapeutic/clinical interventions, cultural healing approaches, case management, legal advice/redress support, advocacy, peer support, and referral.
Secondary victims	People who are affected by child sexual abuse but are not the primary (the 'abused') victim. The secondary victim's exposure to the abuse may be because of their connection to the primary victim or their connection to the perpetrator. Secondary victims can include perpetrators' or victim and survivors' partners and children, parents and carers of abused children, and people who witnessed abuse.[3]

TERM	DEFINITION
Service provider	Organisations and their staff who provide a service to an individual.
Sexual violence	In the Australian Bureau of Statistics' 2016 Personal Safety Survey, sexual violence is defined as the occurrence, attempt or threat of sexual assault since the age of 15.[45] However, many researchers and clinicians in the field conceptualise sexual violence more broadly to encompass child sexual assault, sexual harassment, street-based sexual harassment and image-based abuse.
Specialist services	Services for which the core focus is working with people concerning the impacts of child sexual abuse. Specialist services provide free and confidential information, medical treatment, crisis and ongoing counselling and support, and court support for victims of sexual assault and child sexual abuse, as well as for non-offending family members, carers and friends. In some states and territories, specialist services are provided as part of the health system, while in others they are funded by state or territory governments but delivered by the non-government sector (or in partnership with government).[8]
Therapeutic treatment	A range of evidence-informed interventions that address the psychosocial impacts of child sexual abuse and improve physical, psychological, and emotional wellbeing. Treatments can include counselling, psychotherapy, body therapies, therapeutic groups and psychiatric care.[12]
Trauma	Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing.[46] A person may experience a single incident of trauma, such as witnessing a car accident, or they may be exposed to multiple incidents or multiple forms of trauma.
Trauma-aware, healing-informed practice	The Healing Foundation defines trauma-aware, healing-informed practice as a strength-based approach to healing that is guided by a shared understanding of, and responsiveness to, the impacts of trauma.[4] It prioritises cultural, spiritual, physical, psychological, and emotional safety for people seeking help and for the helpers.

TERM	DEFINITION
Trauma-informed	Trauma-informed approaches ensure practices, policies and culture recognise and respond to the effects of trauma on a person's wellbeing and behaviour. A trauma-informed approach is distinct from trauma-specific interventions or therapeutic treatments. These interventions are part of, but not the same as, a system-wide trauma-informed approach. A trauma-informed approach does not require a service to provide therapeutic treatment addressing the presentations of trauma.
Trauma specialist	The term 'trauma specialist' refers to services or practitioners that have specialist skills in the provision of services designed to address the impacts and effects of trauma and assist individuals to recover. While many agencies are required to be trauma-informed (i.e. operate with an awareness of the impacts and effects of trauma), trauma specialists are both trauma-informed and deliver trauma-specific interventions or therapeutic treatments.[12]
Vicarious trauma	Transformations to a person's cognition as a result of exposure to traumatic material and experiencing indicators of secondary traumatic stress, such as nervous system dysregulation, avoidance and intrusive thoughts.[29]
Victims and survivors	The term 'victims and survivors' refers to people who have been sexually abused as children or young people. The term is used to honour victims and survivors' preferences for terminology, and to capture current and historical abuse. In some contexts, the term 'victim' has a defined legal meaning. Some people prefer the term 'survivor' because of its association with resilience and empowerment. Others prefer the term victim as they do not feel they have 'survived' the abuse and its impacts. Some people do not identify with either of these terms.[3]

8. References

1 Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report: Our Inquiry – Royal Commission into Institutional Responses to Child Sexual Abuse*. 2017, Royal Commission into Institutional Responses to Child Sexual Abuse.

2 ECPAT International, *Terminology guidelines for the protection of children from sexual exploitation and sexual abuse*. 2016.

3 Commonwealth of Australia, *National Strategy to Prevent and Respond to Child Sexual Abuse, 2021-2030*. 2021: Barton.

4 Healing Foundation, *Glossary of healing terms*. 2020, Healing Foundation.

5 Mathews, B., Pacella, R., Scott, J.G., Finkelhor, D., Meinck, F., Higgins, D.J., Erskine, H.E., Thomas, H.J., Lawrence, D.M., and Haslam, D.M., The prevalence of child maltreatment in Australia: findings from a national survey. Medical journal of Australia, 2023. 218: p. S13-S18.

6 National Office for Child Safety. Who perpetrates child sexual abuse? 2023, Accessed: 23 Jan 2023; Available from: https://www.childsafety.gov.au/about-child-sexual-abuse/who-perpetrates-child-sexual-abuse.

7 Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report: Identifying and disclosing child sexual abuse, Volume 4*. 2017, Royal Commission into Institutional Responses to Child Sexual Abuse.

8 Royal Commission into Institutional Responses to Child Sexual Abuse, *Final report: Advocacy, support and therapeutic treatment services, Volume 9*. 2017, Royal Commission into Institutional Responses to Child Sexual Abuse.

9 Gewirtz-Meydan, A. and Finkelhor, D., Sexual abuse and assault in a large national sample of children and adolescents. Child maltreatment, 2020. 25(2): p. 203-214.

10 Australian Centre to Counter Child Exploitation Child Protection, *Five years of helping to protect children in Australia and around the world*. 2023.

11 Australian Communications and Media Authority and eSafety Commissioner, *Annual report 2022–23*. 2023, A. Government: Canberra, Australia.

12 Royal Commission into Institutional Responses to Child Sexual Abuse, *Final Report - Our Inquiry*. 2017, Commonwealth of Australia: ACT, Australia.

13 Breckenridge, J., Salter, M., and Shaw, E., Use and abuse: understanding the intersections of childhood abuse, alcohol and drug use and mental health. Journal of Substance Abuse Treatment, 2012. 5(4): p. 314-327.

14 Breckenridge, J. and Salter, M., *Child sexual abuse: Social-legal intersections of practice, in Social Work in the Shadow of the Law*, A. Day and L. Briskman, Editors. 2018, Federation Press: Sydney.

15 Salter, M. and Breckenridge, J., Women, trauma and substance abuse: understanding the experiences of female survivors of childhood abuse in alcohol and drug treatment. International Journal of Social Welfare, 2014. 23(2): p. 165-173.

16 National Office for Child Safety, SNAICC National Voice for our Children, and Victorian Aboriginal Child Care Agency, *Keeping our kids safe: Cultural Safety and the National Principles for Child Safe Organisations*. 2021, Commonwealth of Australia.

17 Australian Institute of Family Studies, *Key organisations for working with culturally and linguistically diverse families*. 2023, Australian Institute of Family Studies.

18 Australian Human Rights Commission, *Topic 8: Legal and ethical considerations of service delivery* 2016, Australian Human Rights Commission.

19 Herman, J.L., *Trauma and Recovery. New York: Basic*. 1992, Harper.

20 Scott, J.G., Malacova, E., Mathews, B., Haslam, D.M., Pacella, R., Higgins, D.J., Meinck, F., Dunne, M.P., Finkelhor, D., and Erskine, H.E., The association between child maltreatment and mental disorders in the Australian Child Maltreatment Study. Medical journal of Australia, 2023. 218: p. S26-S33.

21 Pacella, R., Nation, A., Mathews, B., Scott, J.G., Higgins, D.J., Haslam, D.M., Dunne, M.P., Finkelhor, D., Meinck, F., and Erskine, H.E., Child maltreatment and health service use: findings of the Australian Child Maltreatment Study. Medical journal of Australia, 2023. 218: p. S40-S46.

22 National Centre for Action on Child Sexual Abuse, *Learning and Professional Development Survey Report 2023*. 2023, The National Centre for Action on Child Sexual Abuse: Sydney, Australia.

23 Australian Human Rights Commission. Questions and Answers about Aboriginal & Torres Strait Islander Peoples. 2005, Accessed: 8 April 2024; Available from: https://humanrights.gov.au/our-work/publications/questions-and-answers-about-aboriginal-torres-strait-islander-peoples#q1.

24 National Association of Services Against Sexual Violence, *Standards of practice manual for services against sexual violence (3rd ed.)*. 2021: Mildura.

25 Australian Institute of Health and Welfare (AIHW), *Sexual assault in focus*. 2020, AIHW: Canberra.

26 Boxall, H. and Fuller, G., *Brief review of contemporary sexual offence and child sexual abuse legislation in Australia: 2015 update*. 2015, Australian Institute of Criminology: Canberra.

27 Australian Institute of Health and Welfare (AIHW). Metadata Online Registry - Clinical Intervention. n.d., Accessed: 17 March 2022; Available from: https://meteor.aihw.gov.au/content/index.phtml/itemId/327220.

28 World Health Organisation (WHO). International Classification of Diseases and Related Health Problems (11th Revision). 2019, Accessed: 28 February 2022; Available from: https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/585833559.

29 Salter, M., Conroy, E., Dragiewicz, M., Burke, J., Ussher, J., Middleton, W., Vilenica, S., Martin Monzon, B., and Noack-Lundberg, K., *"A deep wound under my heart": Constructions of complex trauma and implications for women's wellbeing and safety from violence*. 2020, ANROWS: Sydney, Australia.

30 Kezelman, C. and Stavropoulos, P., *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*. 2012, Blue Knot Foundation.

31 NSW Ministry of Health, *The Case for Change: Integrated prevention and response to violence, abuse and neglect in NSW Health*. 2019, NSW Ministry of Health: Sydney.

32 Tervalon, M. and Murray-Garcia, J., Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. Journal of health care for the poor and underserved, 1998. 9(2): p. 117-125.

33 Williams, R., Cultural safety—what does it mean for our work practice? Australian and New Zealand journal of public health, 1999. 23(2): p. 213-214.

34 Sawrikar, P. and Katz, I., *How useful is the term 'Culturally and Linguistically Diverse' (CALD) in Australian research, practice and policy discourse?* 2009, Social Policy Research Centre, UNSW Sydney, Australia.

35 Mousaferiadis, P. Why 'culturally and linguistically diverse' has had its day. n.d., Accessed: 25 February 2022; Available from: https://www.diversityatlas.com.au/heres-why-cald-has-had-its-day/.

36 Dell, P. and O'Neil, J., *Dissociation and the Dissociative Disorders*. 2011, New York, USA: Routledge.

37 Kezelman, C. and Stavropoulos, P., *Practice Guidelines for Identifying and Treating Complex Trauma-related Dissociation*. 2020, Blue Knot Foundation.

38 Australian Public Service Commission, *First Nations Vocabulary – using culturally appropriate language and terminology*. 2022, Australian Government: Canberra, Accessed: 6 May 2024; Available from: https://www.apsc.gov.au/working-aps/diversity-and-inclusion/diversity-inclusion-news/first-nations-vocabulary-using-culturally-appropriate-language-and-terminology.

39 Powell, A., Scott, A., Flynn, A., and Henry, N., *Image-Based Sexual Abuse: An International Study of Victims and Perpetrators: Summary Report*. 2020, RMIT University: Melbourne.

40 National Office for Child Safety, *National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030: An initiative of the Australian, state and territory governments*. 2021, Australian Government: Canberra.

41 Australian Institute of Family Studies (AIFS). LGBTIQA+ glossary of common terms - CFCA Resource Sheet. 2022, Accessed: 28 February 2022; Available from: https://aifs.gov.au/cfca/publications/lgbtiq-glossary.

42 ACON, A *Language Guide: Trans and Gender Diverse Inclusion*. 2019.

43 Salter, M. Ritual Abuse, Mind Control and Organised Abuse: Examining our History and Looking Forward. 2018, Accessed: 17 March 2022; Available from: https://news.isst-d.org/ritual-abuse-mind-control-and-organized-abuse-examining-our-history-and-looking-forward/.

44 Canadian Center for Child Protection, *Survivor's Survey Preliminary Report*. 2017, Canadian Center for Child Protection: Winnipeg.

45 Australian Bureau of Statistics (ABS), *Personal Safety, Australia*. 2017, ABS: Canberra.

46 Substance Abuse and Mental Health Services Administration, *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. 2014: Rockville.