Your submission

Please provide a brief summary of your experience and any relevant issues. Your submission should respond to one or more of the terms of reference.

You may also wish to include any solutions, suggestions, or recommendations you have corresponding to the terms of reference.

Please note that content from this page onwards may be published.

Summary of my experience

I have worked in the health and welfare areas since 1976 in various roles such as Community Health Field Nurse in remote communities such as Jigalong and Fitzroy Crossing, the Alcohol & Drug field as a Counsellor, Senior Education Officer and Project and Policy Manager as well as a Senior Practice Development Officer with the Department for Child Protection which included coordinating a National Project to support foster carers dealing with Children Who Sexually Abuse Other Children. I also coordinated a National Project to develop an Advocacy Role for Victim/Survivors of Sexual Violene. I currently work part-time training applicant foster carers.

a. Immediate and long-term measures to prevent violence against women and their children, and improve gender equality.

a 1 Peer Support to Develop Emotional Intelligence and Citizenship

While there are a range of Individual, Interpersonal & Environmental/Cultural factors impacting on violence against women and their children, an important underpinning factor is Emotional Intelligence. In particular, empathy and compassion as well as relationship skills and conflict resolution. These very generic skills have been demonstrated to enhance many life domains including physical, social, emotional, academic wellbeing. This is important as funding and energy for any project is more likely when that project impacts on many areas (including violence agains women and their children).

While elements of emotional intelligence is taught to vaious degree in the K-12 sillabus, a more practical way for children to learn this is through a developmentally appropriate, peer-support / coaching program. This program would link children in boy-girl, same-age pairs (in co-ed schools) as well as small groups of 2 pairs (4) same-age children. Children are taught a range of support skills. I don't have an exact example of this, however, click here for an approximation (the project I envisage may include formal peer coaching for older students but would essentially be more about listening, supporting, expressing feelings & issues, embracing difference, developing respectful relatinships, managing disclosures etc. n

Boys and girls naturally separate through primary school. This program would ideally not only develop greater gender familiarity but also shift a generation of children who grow up to be I/Me focussed to children who are more 'Other Focussed' and sensitive to the needs of others as well as themselves. Help seeking and help giving will be important aspects of this program (which would be conducted alongside protective behaviour programs). In addition to the prevention of physical and sexual violence, general societal improvements, a greater foucs through this supportive, action-based program will also improve community spirit and citizenship which is at the heart of a successful democracy.

a 2 Protective Behaviour Programs for Families

Protective Behaviour Programs are generally conducted in schools with students. These programs would be greatly enhanced if they were extended to within the family home. For example, students could take home (supported by an email to parents / carers) a sheet which is to be read out (or a short video to watch) about secrets, creating a family safety plan, etc in the family. Besides children feelng more safe, potential perpetrators may be less likely to act if they know the child will report (deterrence theory: Sure, Swift, Severe with Sure & Swift being the powerful deterrents). So while resources like this have some utility, they are unlikely to be particularly effective in facilitating behaviour change in the most at risk families. Click here for types of resources which could be linked to protective behaviour programs to be used in the home.

Protective behaviour programs are typically aimed at younger children. In this era of easy access to hard core pornography, pre-teen and teenager relationship and sexuality programs are also required.

a 3 Limit access to Pornography and respectful sex education.

Pornography typically involves male dominating abusive sex. To counter this, sex education such as that described in the English TV series The Sex Education Show is required for teenagers – possibly from age 14 (year 9) and up. Part of this education needs to dispel the myths associated with pornography.

Free pornography such as Pornub should at the very least require age validation with a credit card or something similar. While teenagers may find a way around this (as they have with parental control and child monitoring apps), it's likely to reduce its use as well as to prevent primary school aged children watching porn on their phones. Cyber safety parent education need to ask parents to bring in their children's phones and tables to set up parental controls.

b Best practice and lessons learnt from international experience, ranging from prevention to early intervention and response, that could be considered in an Australian context.

b 1 Advocacy Role for Sexual Violence

In 2013 I coordinated a National FaHCSIA Project under the auspices of the National Framework for Protection Australia's Children. aimed at developing an Advocacy Role For Victim/Survivors of Sexual Violence.
This link provides core documents including 2 literature reviews containing evidence from other countries, Advocacy Role Standards and more.
This link provides a simplified rationale for the Advocacy Role.

This project developed out of a Churchill Fellowship by Natalie Hall who investigated advocacy roles and organisations in the UK, USA and other countries. In addition to the the above Her study resulted in the development of the George Jones Child Advocacy Centre. This best practice model of a one-stop, all inclusive hub for victims/survivors of sexual violence and their families also operates as a hub connecting a range of associated services. After being Director of the George Jones Child Advocacy Centre and overseeing the above project, Natalie Hall is now the Director Policy, Monitoring and Research at the Commissioner for Children and Young People WA. Natalie has a wealth of National & International knowledge in this area[redacted]

While Sexual Assault Referral Centres (SARCs) do a great job, they tend to have a bias towards counselling, do not offer end to end service, provide variable supports as victim/survivors navigate the justice system, etc. Sexual violence advocates tend to be more tuned into their client & family's practical needs which might include things like installing a security system, re-housing, restraining orders, safety when the offender is released from jail, etc etc.

The advocacy role for victim/survivors of sexual violence also aimed to up-skill advocacy roles in generic professionals as well as promoting/advocating for advocacy role to be included in job descriptions.

The advocacy role for victim/survivors of sexual violence standards were written with each standard having an overview, then elements divided into Performance (skills) and Knowledge/Understanding. This was done so the standards could easily be developed into a TAFE unit. The Certificate IV in Community Services Advocacy (CHC42015) contains units for mental health, housing, domestic violence, youth, the elderly, alcohol & other drug use, but not sexual assault/violence. Indeed, there are no specific TAFE units dealing with sexual assault/violence.

Volume 9 of the *Royal Commission into Intistutional Responses to Child Sexual Abuse* is titled '*Advocacy, support and therapeutic treatment services*'. The extract below exemplifies the Royal Commission's support for Advocacy;

"Advocacy and support and therapeutic treatment services are interdependent, assisting victims and survivors by addressing their practical, emotional and therapeutic needs. Advocacy and support can connect people to therapeutic treatment and can also be therapeutic. A strong advocacy sector can ensure responsive support services, effective and appropriate therapeutic treatments, and continuous improvement."

The importance of Advocacy within role and service delivery is expressed in the first of nine recommendation in Volume 9;

"The Australian Government and state and territory governments should fund dedicated community support services for victims and survivors in each jurisdiction, to provide an integrated model of advocacy and support and counselling to children and adults who experienced childhood sexual abuse in institutional contexts.

Funding and related agreements should require and enable these services to:

a. be trauma-informed and have an understanding of institutional child sexual abuse

b. be collaborative, available, accessible, acceptable and high quality

c. use case management and brokerage to coordinate and meet service needs

d. support and supervise peer-led support models.".

As far as I am aware, no specific funding has been provided since 2013 to further promote and develop the advocacy role in the sexual assault/violence field.

Recommendations;

1. an audi of SARCs and other organisations who deal with victim/survivors of sexual violence to:
- identify the degree to which job descriptions reflect the elements of the advocacy role

- identify the agency orientation to elements of advocacy

- identify the degree to which the agency and staff use advocacy approaches in their clinical work.

2. The development of a TAFE unit within the Certificate IV in Community Services Advocacy (CHC42015) on Advocacy for victim/survivors of sexual assault (based ont the Sexual Violence Advocacy Role standards.

3. Provide funding to further develop and promote the advocacy role for victim/survivors of sexual violence within specialist and non-specialist agencies and professional staff.

4. The one-stop, hub-type George Jones Child Advocacy Centre be promoted as the model for replication in other centres around Australia.

Thank you for your consideration of this submission.

Jonathon (Jon) Rose RN, MHN, Post Grad Dip Hlth Sc (Distinction)
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If there is insufficient room above to summarise your experience and relevant issues, please attach additional pages to this submission as required.