



## Anglican Diocese of Adelaide

My name is Sharon Lockwood, and I am Survivor Advocate for the Anglican Diocese of Adelaide, the first dedicated role of its kind created within the Anglican Church of Australia. In this role I am the initial point of contact for survivors of child sexual abuse, adult sexual assault, and domestic and family violence. I also work with the Diocese to develop a range of support and advocacy services for people who have been subjected to sexual harm within the Diocese. I provide co-ordination and support for survivors in Healing Steps (a redress service for victim-survivors of sexual harm which operates within the Diocese of Adelaide), provide executive officer support to the Diocese's Survivor Advocacy Group, facilitate the Direct Personal Response process for survivors involved with the National Redress Scheme and offer survivor centric and trauma informed insights and improvements to policies, processes, and practices for the Diocese. I am a member of the [National Women's Safety Alliance](#) Sexual Violence Working Group. I am also a member of the Diocese's Domestic and Family Violence Working Group, and this Group has made its own submission to the Royal Commission on behalf of the Diocese in relation to the DFSV work of the Diocese.

Over the course of my career, I have worked with sexual violence victim-survivors in various settings, most recently for five years as Counsellor and Training Coordinator (Sexual Assault and Sexual Harassment) with the University of South Australia, and previously with The University of Adelaide, Yarrow Place Rape and Sexual Assault Service and Victim Support Service. I was employed in various roles at Yarrow Place for over twenty-one years, and was Social Work Coordinator there for eleven years, responsible for the management and clinical supervision of a team of social workers providing crisis intervention, counselling, and group work services to victim-survivors of sexual violence. In my work with Victim Support Service and Yarrow Place, I frequently supported victim-survivors engaging with the criminal justice system. My work in the tertiary education sector and with the Church has enabled me to develop experience assisting victim-survivors to navigate alternative redress models using restorative justice approaches.

I write this submission to provide information to the Royal Commission specifically in relation to sexual violence, drawn from my work history as I have 33 years' experience in social work practice in the gender violence sector, specialising in sexual violence prevention and response. I understand the many challenges faced by victim-survivors of domestic, family and sexual violence when seeking to have their support and justice needs met. I write this submission to advocate for much-needed improvements to the health, justice and community support systems, specifically in relation to sexual violence. I value and am committed to centring the voices of victim-survivors when

advocating for the broader structural and cultural changes needed to improve responses to sexual violence across the sector, and I write this to offer insights from my experience as a specialist sexual assault sector worker, using deidentified case examples.

A variety of reform measures for domestic and sexual violence currently exist, including numerous interstate and international examples of merit, which could be customised for use in South Australia. I have a highly nuanced understanding of the challenges faced by victim-survivors of sexual violence and the workers who strive to provide services to support and advocate for them as they seek to manage the effects of sexual violence whilst navigating the various health, justice, welfare and support systems.

I write to offer my responses and recommendations across the areas of prevention, early intervention, response, recovery and healing and co-ordination contained within the Royal Commission's Issues Paper. If the option of providing a verbal submission exists I would welcome that opportunity, and my contact details are:

**Sharon Lockwood BSocWk, M.A.A.S.W.**

**Survivor Advocate**

[Redacted contact information]

**Prevention:**

It is abundantly clear from decades of research that gender inequality is the cause of gender-based violence (GBV), with the underlying social drivers of GBV being rigid gender roles & stereotypes (including male dominance), social condoning of violence against women (i.e., victim blaming attitudes), men's control of decision making and limits to women's independence, and male peer relations and cultures of masculinity that emphasise aggression, dominance and control. In addition to this, another way to further conceptualise and understand the social drivers of GBV is via a framework called [The Four Pillars](#). This model articulates how people are socialised to enable and tolerate violence to be perpetrated against women and other marginalised groups and creates barriers for victim/survivors when seeking to accessing vital services and support.

In addition to understanding the impact of gender inequality and the four drivers of GBV, the Four Pillars framework exposes the social conditions within society which allow for one group of people to be consistently violent to another group of people and is a hierarchy that needs to be dismantled to enable successful primary prevention of GBV. These ideas exist to condone and excuse violence against women and others with

increased susceptibility to being subjected to acts of GBV, such as LGBTQIA+ people, First Nations people, people living with intellectual and other disabilities, CALD communities and many other marginalized groups, and the more intersections of disadvantage faced by an individual, the greater their risk of being subjected to violence, and most likely without consequence for the perpetrator. This is particularly true in relation to sexual offences. Service providers working in the sexual and domestic violence sector know it is our intersectional communities who face increased susceptibility to DFSV, and these communities experience additional barriers when seeking to report their experiences to police to seek accountability for those who perpetrate DFSV.

These Four Pillars are:

**1. The notion of hierarchy**- This idea states that some people are inherently ‘better’ than others, more logical, more intelligent, etc. and because they are better, they should hold the positions of power in society and be in the position to “rule” the lesser. This idea of one group being better than another is constantly reinforced in our culture through the media, our schools, customs, etc.

**2. The ability to force those at the bottom of the hierarchy (pyramid) to submit** – Victims of this oppression must be conditioned as a group to accept the domination, the right of the person at the top of the hierarchy to dominate, and their own inferior position, with support to reinforce these ideas from the media, our schools, customs, etc.

**3. The objectification of those at the bottom of the hierarchy (pyramid)** – Just as there is a cultural and social way to get those at the bottom of the hierarchy to submit to their inferior status there needs to be ways to make them into objects, or, in other words, make people believe that they are not worthy, not ‘normal’, not good enough. People at the top of the hierarchy are also taught to think of people at the bottom this way.

**4. The ability of those at the top of the hierarchy to use punishment, violence, or coercion without consequences** – leading to a lack of accountability with low reporting rates, high attrition rates when offences are reported, and low conviction rates.

As an ‘Institution’ the criminal justice system’s key organisations (police, Office of the Director for Public Prosecutions [ODPP]) have displayed poor responses to victim/survivors of adult sexual assault, revealed in studies such as the [It’s my story. It’s your case, but it’s my story](#) Australian Bureau of Crime Statistics and Research (BOCSAR) interview study exploring justice system experiences of complainants in sexual offence matters in New South Wales. Culture change for institutions was named by the Royal Commission into Institutional Responses to Child Sexual Abuse as an important aspect of improving institutional responses to victim/survivors of child sexual abuse, and the same can be recommended in relation to the criminal justice system’s responses to adult victim/survivors of DFSV. If culture change initiatives are not

put in place to shift this the efficacy of any new policies/programs/practices implemented because of this Royal Commission into DFSV will be undermined. The Victorian Government has implemented all of the recommendations from their Royal Commission into DFSV, and have provided extensive funding to [Changing Laws And Culture To Save Women's Lives](#) initiatives.

**Recommendation: Ensure a focus on culture change initiatives to enhance the efficacy of any new policies/programs/practices implemented by this Royal Commission into DFSV.**

The creation of the [Consent and Respectful Relationships Education](#) (CRRE) program, implemented within schools nationally, complements the work of Universities Australia's [Respect.Now.Always](#) campaign across the tertiary education sector. In relation to addressing two of the four drivers of GBV, (namely rigid gender roles and stereotypes and male peer relations encouraging aggression) further opportunities exist to specifically engage with adolescent boys and young men through specialised education programs. The [SA Women's Equality Blueprint](#) names the Power Community Limited (Port Adelaide Football Club) 'Respectful Relationships' programs to year 10 students, however there are a range of programs of merit available that should be explored for use in South Australian government and non-government schools, such as those offered by [Daniel Principe](#) and [The Man Cave](#). These programs are designed to create long-term, positive shifts in the attitudes and behaviours of adolescent boys by creating psychologically safe spaces in high school environments to challenge problematic gender stereotypes, enabling participants to explore healthier versions of masculinity. These programs draw upon the impacts of traditional versions of masculinity, which are as harmful to men and boys as they are to women and other marginalised communities, evidenced via [The Man Box](#) research by Jesuit Social Services. It is essential that this work is informed by best practice principles designed by experts in the primary prevention space.

The recently released [Effective Practice in Violence Prevention Education with Boys and Young Men](#) resource focuses on educational strategies aimed at the primary prevention of DFSV and explores how best to work with boys and young men in classrooms and other face-to-face settings, identifying six standards for best practice in this work. Police can also be proactive in leading sexual violence prevention efforts. An excellent example of police leading prevention efforts is a website called [That Guy](#) from Police Scotland that aims to reduce rape, serious sexual assault, and sexual harassment by having frank conversations with men about male sexual entitlement.

**Recommendation: Fund the provision of specialised primary prevention programs to better engage with adolescent boys and young men through education campaigns informed by best practice principles designed by experts in primary prevention.**

Universities in South Australia have resourced the sexual assault and sexual harassment (SASH) work by employing dedicated staff in SASH roles to prevent and respond to SASH by offering counselling support for students subjected to SASH, information about disclosing and reporting experiences of SASH, as well as offer training for students across three key areas, consent and respectful relationships, responding well to disclosures of sexual harm, and bystander approaches to prevent sexual harm. Implementing training and education programs across all these areas together offers a best practice approach to preventing and responding to sexual harm. Bystander education can be offered across a range of settings, including sporting and other communities, within and outside of educational settings. Effective bystander programs share the following common elements – that bystanders notice situations which are of concern to them and decide to take responsibility for intervening in these situations in ways that maintain their own safety and enhances that of others. Bystander actions send a message of support to the person subjected to sexual harm or abuse, and a message of accountability to those who perpetrate sexual harm or abuse, as well as challenge the violence supporting attitudes and behaviours which perpetuate violence against women.

Offering consent, respectful relationship and bystander training and education programs across all primary and secondary schools in South Australia would enable a layering and consistency of messaging for the primary prevention of DFSV across primary, secondary and tertiary education environments to help achieve the goal of ending DFSV in one generation. These programs need to be developed in age-appropriate ways, informed by prevention education and child education sector experts. In 2012 I visited a DFSV service in San Diego, California called the [Center for Community Solutions](#), which provides integrated services for survivors of DFSV, and prevention initiatives. At that time the service delivered consent and respectful relationships education programs for children and young people from kindergarten through to high school and within juvenile detention centres. Consent for any form of touching another person was taught from kindergarten age, such as asking to holding another child's hand or asking if it would be okay to give another child a hug, to normalise a culture of consent. The curriculum was more nuanced and comprehensive in age-appropriate ways, and ending relationships respectfully was taught for older adolescents in high school. In Australia we have been slow compared with other developed countries internationally to implement such effective and comprehensive primary prevention programs.

**Recommendation: Consent, respectful relationships and bystander training programs to be developed and delivered for primary and secondary schools across South Australia to enable primary prevention of DFSV across primary, secondary and tertiary education environments. These programs need to be developed in age-**

**appropriate ways, informed by prevention education and child education sector experts.**

In South Australia greater leadership and coordination in primary prevention to support and equip communities more broadly to undertake primary prevention work is needed. Elsewhere across Australia, services have been created to lead this work, such as [Preventing Violence Together](#) in Western Australia, and [Respect Victoria](#) and [Safe and Equal](#) in Victoria. In South Australia the absence of such services means that the training and resources available to support the GBV prevention workforce is variable, and there is no service responsible for the coordination of South Australian participation in ongoing international events such as the [16 Days of Activism against Gender-Based Violence](#), or any other prevention and awareness raising initiatives, for example the [Purple Bench Project](#). This is an international campaign to increase the visibility of domestic and sexual violence support services which originated in Nova Scotia in Canada, with purple benches located in public places to serve a dual role—to honour the memory of women murdered by their partners and to provide information for victim/survivors of DFSV to know where to turn for help. As we know from the most recent National Community Attitudes survey ([NCAS 2021](#)) 2 in 5 people would not know where to access DFSV support services. This project has been rolled out in [Western Australia](#) and the [Northern Territory](#), but not in South Australia. In Western Australia, the [Centre for Women’s Safety and Wellbeing](#) oversees the Purple Bench Project, and the Anglican Diocese of Perth also provides [information](#) to parishes in Perth about how to create a Purple Bench in their local parish. In my work with the Anglican Church our Domestic and Family Violence Working Group are keen to equip parishes across the Adelaide Diocese to enable Purple Benches on parish grounds and if there was coordination within the DFSV community here in South Australia it would be great to harmonise prevention efforts for projects such as this.

**Recommendation: Establish a South Australian Prevention of GBV peak body as a dedicated organisation to develop and support the domestic, family and sexual violence prevention workforce capability, and support the health and wellbeing of the primary prevention workforce to enhance the development and delivery of primary prevention initiatives across the state.**

In relation to sexual violence, in South Australia there is no current statewide specific sexual violence prevention or response plan such as the following in existence elsewhere across the country:

- The Sexual Violence Prevention Action Plan in [Queensland](#),
- The Sexual Violence Prevention and Response Strategy in [Western Australia](#),
- The [New South Wales](#) Sexual Violence Plan,
- [Tasmania’s](#) Family and Sexual Violence Action Plan,
- The [ACT’s](#) Domestic, Family and Sexual Violence Strategy
- [Victoria’s](#) Free from Violence Plan,

- the [Northern Territory's Sexual Violence Prevention and Response Framework](#).

In [South Australia](#) we have the Committed to Safety Framework 2021, and the [SA Women's Equality Blueprint](#), both of which lack a specific focus on preventing and responding to sexual violence. There is some overlap between sexual violence and domestic violence, however there are separate and distinct needs and challenges faced by victim/survivors of sexual violence, and these should be separately articulated in dedicated action plans.

**Recommendation: South Australia develops its own Sexual Violence Prevention and Response Action Plan, aligned with the [National Plan to Reduce Violence against Women and Children](#), to better enhance and coordinate sexual violence prevention and response efforts.**

### Early intervention

The cultural conditions that support GBV are pervasive throughout society, with men being responsible for perpetrating the vast majority of offences, but not all men perpetrate GBV. The reasons for this need further scrutiny, using evidence from a variety of sources. As most sex offenders never come to the attention of the criminal justice system, research into sex offending using incarcerated populations is unlikely to reveal all the answers needed, given the low reporting and low conviction rates for sexual offences committed against children and adults. The [Identifying and understanding child sexual offending behaviour and attitudes among Australian men](#) study measured the prevalence of risk behaviours and attitudes regarding child sexual offending among a representative sample of 1,945 Australian men aged 18 to over 65. This study is the largest of its kind undertaken globally, and revealed concerning findings, with 1 in 6 men surveyed disclosing a sexual interest in children. The various findings of this research warrant careful attention to inform the development of prevention and early intervention initiatives.

It is essential to listen to the voices of victim/survivors in relation to the development of prevention and early intervention initiatives, and we have the benefit of some excellent resources to assist with this, such as the [Hear us Now, Act Now – Our Collective Experience Project Report](#) from the Australian Childhood Foundation.

In my clinical practice I provided support for a victim/survivor of a past sexual assault committed by someone unknown to her when she was aged [REDACTED] years and was walking alone [REDACTED] during a family holiday. This offence was reported to police, and she had a forensic examination. Nine years passed before police contacted her after they were able to identify a suspect through DNA evidence. This DNA came to light when the suspect's [REDACTED] reported him to police for domestic violence offences. People who commit sex offences are not a homogenous group, and may also commit further offences, or 'crossover' offences. Dr. David Lisak, past Associate Professor of Psychology

at the University of Massachusetts in Boston, USA, conducted and supervised research on the causes and consequences of interpersonal violence. He studied the motives and characteristics of what he describes as “undetected rapists” – men who commit rape but are rarely prosecuted. One piece of [research](#) conducted by Dr Lisak revealed 120 men had committed 483 rapes against women they knew. None of these rapes were ever reported to police. Of these 120 men, 76 were serial rapists who had each, on average, 14 victims. Their collective tally included 439 rapes and attempted rapes, 49 sexual assaults, 277 acts of sexual abuse against children, 66 acts of physical abuse against children and 214 acts of violence against intimate partners.

**Recommendation: Early intervention initiatives targeting sex offending be evidence based, informed by a variety of Australian and international research sources.**

The recently released [Australian Child Maltreatment Study](#) reveals rates of perpetration by adolescents is rising. A theory put forward about the reason for this increase is the effect of pornography for young people, with access to pornography being greater than ever before in human history, with extreme, violent and degrading pornography readily available. In my clinical experience with adult victim/survivors of child sexual abuse over the past 30 years I have worked with many people who were sexually abused in childhood or adolescence, by adolescents. It is easier for adolescents to gain access to other children, as the perceived risk posed by adolescents to children is often underestimated by parents and caregivers. Sibling sexual abuse can be a pervasive form of child sexual abuse, and is an area requiring greater research and resource allocation in Australia compared with other countries like the United Kingdom, whose [Centre of Expertise on Child Sexual Abuse](#) offers research and resources on identifying and responding to sibling sexual abuse.

**Recommendation: Increase resources for early intervention programs that engage with adolescents with concerning sexual behaviour.**

[Adverse childhood experiences](#), or ACEs, are potentially traumatic events that occur in childhood, and examples include experiencing violence, abuse, or neglect, and witnessing violence in the home or community. ACEs can have lasting effects on health and well-being in childhood and life opportunities well into adulthood, including the risk of being subjected to further violence. The [Australian Child Maltreatment Study](#) provides a current prevalence rate for child sexual abuse of 1 in 3 girls, 1 in 5 boys and amongst all Australians 39.6% experienced exposure to domestic violence in childhood. This study found that girls are twice as likely as boys to experience 4 to 5 types of childhood maltreatment (physical abuse, sexual abuse, emotional abuse, neglect, exposure to domestic violence).

Another study, [The Australian Longitudinal Study on Women’s Health](#) (ALSWH), captured sexual violence data and assessed the prevalence of sexual violence over a lifetime and

the impacts of experiencing sexual violence on the economic, social, emotional and physical wellbeing of Australian women. Whilst the Australian Bureau of Statistics Personal Safety Survey statistic often quoted of 1 in 5 women in Australia being subjected to sexual violence, this study reveals a differing level of prevalence of sexual violence across the lifespan. This study reveals that 1 in 2 (51%) of women in their twenties, 1 in 3 (34%) of women in their forties and 1 in 4 (26%) of women aged 68 to 73 have experienced sexual violence. This study also revealed that women who experienced childhood sexual violence are also twice as likely as those who did not to have experienced sexual violence, domestic violence and physical violence as an adult.

**Recommendation: Increase resources for quality therapeutic services for children and young people subjected to child sexual abuse and exposed to domestic violence in childhood to prevent subsequent experiences of sexual and physical victimisation.**

In the United States an organisation called [Alliance for Hope International](#) was established by Casey Gwinn, who also founded the Family Justice Center model (described in more detail later in this submission). In his book [Hope Rising](#) he speaks about the science of hope, drawing upon over 2,000 studies on hope to demonstrate that hope is the best predictor of success personally and professionally. The book gives examples from a range of industries where hope provided the pathway to thriving, as he speaks about ways to quantify a "Hope score". He addresses the impact of childhood trauma and adversity and offers a clear pathway to how these can be overcome, providing practical ways for people to increase their Hope score. Gwinn and Gael Strack have been recognized for identifying the relationship between domestic violence, trauma-exposed children, and the strangulation of women. Gwinn argues that children who witness domestic violence could be more likely to be violent in the future, and goes on to say, "once we increase hope, we can change the trajectory of their lives".

The following are key messages from his work on hope - "Hope is not just an idea. Hope is not simply an emotion. It is far more than a feeling. It is not a wish or even an expectation. Hope is about goals, willpower, and pathways. A person with high hope has goals, the motivation to pursue them, and the determination to overcome obstacles and find pathways to achieve them. We each need to find an object—a goal—to focus our hope on if we are to be people of high hope. Agency is the motivational aspect of hope. It is often associated with cheerleaders, close friends, or mentors in our lives that spur us on to pursue our goals. Agency is a complex term used to describe your ability to dedicate mental energy (willpower) to begin and sustain the journey toward your goals."

In the United States [Camp Hope America](#) programs offer a nationwide camping and mentoring initiative focusing on children exposed to domestic violence, which grew out of the vision and work of the Family Justice Center Alliance and Alliance for HOPE International. The vision for Camp Hope America is to break the generational cycle of

domestic violence by offering healing and hope to children who have witnessed family violence or experienced child abuse. Camp Hope America provides weeklong camping experiences for children at no cost to them or their families.

**Recommendation: Explore the viability of the Camp HOPE model for use in South Australia.**

#### **Response**

Over the course of my career, I have supported and provided advocacy for many victim/survivors of rape and sexual assault and adult survivors of child sexual abuse who have had varying experiences with the criminal justice system. Many myths and stereotypes about 'real rape' continue to pervade at all levels across the criminal justice system, and the resulting institutional betrayal victim/survivors of sexual offences experience has not been adequately acknowledged, addressed, or remediated in meaningful ways to date. The criminal justice system frequently and repeatedly perpetrates institutional betrayal in a variety of ways to victim/survivors of sexual offences. The Royal Commission into Institutional Responses to Child Sexual Abuse recognised the institutional betrayal of many organisations, and made 85 [recommendations](#) for improvements to the criminal justice system in relation to child sexual abuse, however the institutional betrayal experienced by victim/survivors of adult sexual assault may have exposed and addressed if adult sexual assault was included within the terms of reference for that Royal Commission. There is an overlap between the experiences of victim/survivors of child sexual abuse and adult sexual assault when engaging with the criminal justice system, and this Royal Commission into DFSV should seek advice from the South Australian Police (SAPOL) and the Office of the Director of Public Prosecutions (ODPP) to ensure that the recommendations for improvements to the criminal justice system from the Royal Commission into Institutional Responses to Child Sexual Abuse have been fully implemented in South Australia.

**Recommendation: The Royal Commission into DFSV seeks advice from SAPOL and the ODPP to ensure that the recommendations for improvements to the criminal justice system from the Royal Commission into Institutional Responses to Child Sexual Abuse have been fully implemented in South Australia.**

In 1991 when I started my career in the sexual assault sector, the Sexual Assault Unit (SAU) existed within SAPOL, providing a specialised and trauma sensitive police response for adult and child sexual assault victim/survivors. This unit was staffed 24 hours a day, 7 days a week by an all-female team of plain clothed police officers. Their role was to assist sexual assault victim/survivors who reported sexual offences to SAPOL by being the first point of contact for sexual assault victim/survivors, arranging for forensic examinations to occur, and they took the person's statement about the sexual assault. At times they provided transport for sexual assault victim/survivors from their

home or other location to the hospital for the forensic examination, in an unmarked police car which enabled a level of privacy. Once the statement was complete and signed by the victim SAU would hand the matter over to the Criminal Investigation Branch for investigation. The care and support provided by SAU team members enabled victim/survivors to feel supported as they embarked upon the criminal justice process, and they were able to contact SAU with any questions they had to assist in clarifying their expectations about the criminal justice processes ahead of them.

Since that time in South Australia there has been a reduction in specialised responses within police for managing sex crimes, with training and resourcing for SAPOL to respond appropriately to sex crimes diminishing considerably over the years. Previously there existed a Paedophile Task Force and a Sex Crimes Investigations Branch within SAPOL in the early 2000's. Currently there is only a Special Crimes Investigation Section within the Public Protection Branch, which has a diminished role in relation to responding to historical and recent sexual offences compared with past SAPOL sex offence service models. Police across all jurisdictions in Australia should be resourced to provide specialised sex offence investigation units to enable more effective sex offence investigations given the complex nature of such offending. The absence of this in South Australia puts us very much out of step with the other jurisdictions across Australia where this exists.

**Recommendation: SA Police be resourced to provide specialised sex offence investigation units to enable more effective sex offence investigations given the complex nature of such offending.**

Today adult victim/survivors of sexual offences face a more challenging process when reporting to SA Police due to the lack of a specialised team to respond to sexual crimes. There are inconsistent practices, with some police deciding not to obtain a detailed statement from the victim/survivor, arbitrarily deciding that they don't consider that a serious enough crime has occurred to warrant taking a statement. I have had to advocate on several occasions for police to take a rape or sexual assault allegation seriously, as well as to seek advice or adjudication from the ODPP. Police routinely seek adjudications from the ODPP for a range of serious criminal offences but not often enough in relation to sexual offences in my experience. When I have questioned the decisions made by police I have been told that police have the discretion to decide how they will respond to information provided to them by victim/survivors of sexual offences.

One such example from my experience is a matter involving a victim/survivor wanting to report a historical rape in marriage by her [REDACTED]. Police declined to investigate or seek an opinion from the ODPP in relation to what legislation was in effect at the time of the offending. There are complexities involved in relation to prosecuting historical sex offences, particularly rape in marriage offences (see [PGA vs the Queen](#)) When I spoke with police to advocate on behalf of the victim/survivor I was told "she has made an

allegation of anal rape by her [REDACTED]. Anal sex was not legal at the time in South Australia – should I also charge her with an offence for engaging in anal sex?”

**Recommendation: SA Police consistently ensure that they seek advice/adjudications from the ODPD regarding sexual offences reported to police.**

There is ample evidence to show that myths and misconceptions about sexual assault exist across society, in Australia and elsewhere in the world. These false assumptions about sexual offending — about how often it happens, when it happens, where it happens, and how a victim/survivor might look, behave or act are widely held but do not reflect the reality of sexual offending. In South Australia we are not currently responding to sexual offences in an evidenced-based manner, at a police or prosecution level. Violent offences committed against women and men have different characteristics. Men are more likely to be subjected to physical assault, and usually perpetrated by strangers (e.g. as a victim of a “coward punch” attack). Women are at greater risk of sexual violence than men, and sexual violence is most likely to be perpetrated by a person known to the victim. The way that sexual offences perpetrated by a stranger are investigated and prosecuted in South Australia reveals an unconscious gender bias on the part of police and prosecution.

In South Australia a sexual assault victim who wants to report a sexual offence perpetrated by someone known to them must do so via their local police station, not via the Special Crime Investigation Section, who will only become involved if it is a matter involving a sexual offence where victim and offender are unknown to each other (dubbed the ‘real rape’ scenario by researchers). Sexual offences perpetrated by a stranger are more likely to receive media attention as police will use the media strategically to seek the public’s assistance in identifying the perpetrator. Sexual offences perpetrated by strangers are also more likely to proceed through court once an offender can be identified, and these cases will likewise attract more media coverage than offences prosecuted where victim and offender are known to each other. This can unfortunately create a misunderstanding on the part of the public, who may perceive that sexual offences committed by strangers are more prevalent and more impactful, however it is more confusing and distressing to be harmed by people who are supposed to love and care for you than it is to be harmed by a stranger.

**Recommendation: SA Police consistently conduct trauma-informed evidence based sexual assault investigations and receive training in the most effective methods of investigating sexual offences utilising models such as the [Forensic Experiential Trauma Interview](#) or [The Whole Story](#) approach.**

Inconsistencies exist from state to state across Australia in relation to the amount and type of information on police websites about reporting sexual offences, as well as on the websites of the Office of the Director of Public Prosecution in each jurisdiction. National guidelines on this should be created to ensure a consistent level of information is

provided to the public about recent and historical sexual offences, how these are defined, how to report, what supports are available for complainants, and prosecution processes. Some good examples of Australian police websites include the Victoria Police [website](#), the New South Wales Police [website](#) and the Western Australian Police [website](#). Some interstate police websites also offer people the option of reporting sexual offences anonymously. Ensuring information is available, and in multiple languages and simple English/easy read versions is essential to educate victim/survivors about how the justice system might respond to their report of sexual assault, enabling their informed participation.

There is currently no information at all about sexual assault on the SAPOL [website](#) to inform people about how to report a sexual assault to police. Sexual assault does not appear as an option under the “Your Safety” section of the SAPOL website, however child protection and domestic violence are listed, with information provided about how to report these to police and how SA Police can help. There is no information about the Special Crime Investigation Section or how to contact them. The absence of any information about reporting sexual offences to SA Police does not encourage victim/survivors to report to SA Police. Likewise, the South Australian Office of the Director of Public Prosecutions [website](#) has no information about how sexual offences are prosecuted. By contrast the Crown Prosecution Service in the United Kingdom has excellent information for victim/survivors of sexual assault on their [website](#), as well as information on their website providing information to the public about how [sexual offences](#) are defined and prosecuted in the United Kingdom.

Ensuring information is available, in multiple languages and simple English/easy read versions is essential if we want to engage victim/survivors to report their experiences of sexual assault. The Redfern Legal Centre has developed an excellent resource called “Your Body Your Choice” Sexual Assault [Factsheets](#), available in 11 different languages. This resource defines consent, sexual offences, and services available in NSW for support, medical assistance, and legal advice.

In 2019 I wrote to SAPOL and to the then Victims of Crime Commissioner to highlight the lack of information on the SAPOL website about reporting sexual offences, and I provided examples from other police websites such as the Victoria Police. I was informed that a working group was established by SAPOL, and I was assured that this would be rectified. When I made enquiries regarding the progress of this project over a year later I was informed that this project was put on hold whilst police resources were redirected to addressing the Covid-19 pandemic. To date there remains no information on the SAPOL website about reporting sexual offences to SA Police. There is currently more information on the University of South Australia’s (UniSA) [website](#) about reporting sexual assault to SA Police, which I wrote when I worked at the university as Counsellor and Training Coordinator (Sexual Assault and Sexual Harassment). The UniSA student facing Sexual

Assault and Sexual Harassment [website](#) also has versions of the “Your Body Your Choice” Sexual Assault Factsheets from Redfern Legal Centre, customised for use in South Australia defining consent, sexual offences, and providing information about services available in South Australia for support, medical assistance, and legal advice, and translated into simple Chinese, Malay and Vietnamese.

**Recommendation: Consistent information about reporting and prosecution processes for sexual offences be developed and publicly available on the SA Police and the Office of the Director of Public Prosecution websites. This information should be made available in multiple languages and simple English/easy read versions. Additional supports available such as SAPOL’s [Gay Lesbian Liaison Officers](#) and Witness Assistance Services ODPP be promoted on these websites.**

In 2022 whilst employed at UniSA I supported an [REDACTED] student who wanted to report a recent sexual assault to police. She disclosed to me that she had been sexually assaulted by [REDACTED]. She had attempted to report this to the police herself by attending her local police station in person. [REDACTED] students will have varying degrees of sexual health literacy and vocabulary and may experience difficulties in describing experiences of a sexual nature in general, and particularly non-consensual sexual activity due to feeling uncomfortable, ashamed or embarrassed. As she was not able to adequately describe the nature of the sexual assault to the police officer at the front counter she was sent away and told to return with someone from [REDACTED] to assist her. SAPOL did not offer her [REDACTED], nor did they refer her to a specialised sexual assault service for support or information about her choices and options.

The student contacted me at UniSA within a week of the sexual assault occurring, and the nature of the sexual assault was such that she did not require a forensic medical examination, but she did want support to report it to police. When I contacted police about this they said they would not be able to arrange an interpreter, as they only arrange an [REDACTED] when they have established that a crime has occurred – which of course begs the question - how can you establish that a crime has occurred unless you use an [REDACTED] to speak with the victim/survivor? I asked police if I could arrange a time to come in with the student and an [REDACTED]. I was told that it was not possible to arrange an appointment to report the sexual assault, and that we would have to present to the front counter of a police station and explain to the police officer on duty that we were there to report a sexual assault. We did this, attending a police station in the Adelaide [REDACTED] and in front of the people waiting in line at the front counter I explained that we were there to report a sexual assault. We were asked to provide details about the nature of the sexual assault, including whether it involved penetration, whilst standing at the counter. It should not be this difficult, or this exposing or embarrassing for a person to report a sexual assault to police.

Funding was recently announced for Justice Navigators in Victoria as part of their [Changing Laws And Culture To Save Women's Lives](#) funding package. Justice Navigators are people based in specialist sexual assault services whose role is to support survivors to understand and exercise their rights within the criminal justice system, help survivors to navigate all the support, compensation, justice, and recovery options available to them, including by attending court and hearings, and be available to survivors for as long as support is needed and won't be tied to any one pathway or procedure. This will be an Australian-first, but the program has been proven to work overseas. England and Wales have had these roles since 2005 and from the research into their efficacy they halved the number of survivors who dropped out of legal procedures. In the United Kingdom they are called [Independent Sexual Violence Advisers](#) (ISVAs) and they play an important role in providing specialist tailored support to victims and survivors of sexual violence, irrespective of whether they have reported to the police, and acts as a single point of contact to provide ongoing continuity, advocacy and impartial advice and information to a victim/survivor of sexual violence.

**Recommendation: The Justice Navigators program should be made available in South Australia.**

In Cuyahoga County in the United States [research](#) was conducted using forensic rape kits, producing a range of research findings. The research team examined forensic kits from 1993 to 2010 that had either resulted in prosecution or were not pursued due to insufficient evidence. From the case files the team coded police and investigative reports, forensic lab reports, and criminal histories and developed an extensive database of codes to assist in knowing more about the victims, offenders, serial offenders, and sexual assaults, at what point in the process the investigations stalled, and the factors that lead to more successful prosecutions.

Specialised responses to prosecuting sexual offences should be created in South Australia. Sexual violence offences are amongst the most complex matters to prosecute. A focus on integrating the neurobiology of sexual assault trauma to enhance trauma informed practice within the criminal justice system is essential to improving justice processes and outcomes in relation to adult sexual assault. In Australia we could better avail ourselves of the science in this area, as has been the case in the United States. Kathleen Daly and Brigitte Bouhours' research [Rape and Attrition in the Legal Process: A Comparative Analysis of Five Countries](#) revealed that the United States and Scotland were the only two jurisdictions of the five countries studied in which average conviction rates had not declined significantly over the 35-year period researched. Much can be learnt from international contexts and efforts to improve prosecution practices for adult sexual assault matters. In the United States there are resources available on the [AEquitas](#) website, created to support prosecutors in gender-based violence and human trafficking cases in the United States, which could be adapted for use in South

Australia. The [Model Response to Sexual Violence](#) is an excellent resource developed by AEquitas for improving the prosecution response to sexual violence. Another example of best practice in the prosecution of sexual offences is the Crown Prosecution Service (CPS) in the United Kingdom's [Operation Soteria](#). This prosecution model ensures that the actions of the suspect are at the forefront of the investigation of a sexual assault case, so that victim/survivors do not feel like they are the ones on trial. The development of this model for the prosecution of adult sexual assault cases has enabled the CPS to embed the suspect-centric approach to their prosecution processes.

**Recommendation: Further investigation into existing examples of specialised sexual assault courts models and their applicability in South Australia be investigated.**

Expectations of sexual assault victim/survivors when participating in the criminal justice system are inconsistent with what the existing research and scientific evidence base tells us about memory and sexual assault trauma, due to prevailing myths and stereotypes and victim blaming attitudes. Dr. Jim Hopper is an expert in the neurobiology of sexual assault trauma. His Sexual Assault and the Brain [website](#) contains excellent information to educate anyone working in the criminal justice system with sexual assault victim/survivors, about memory and typical reflexes and habits exhibited by people when subjected to sexual assault. His website also contains an excellent resource for Sex Crime Investigators, Prosecutors, and Judges, on [Sexual Assault and the Brain: Key Information](#)

Counterintuitive evidence may be one way to challenge these misconceptions which also pervade the courtroom. In New Zealand psychologists give 'counter-intuitive' expert evidence (CIE) in child sexual assault trials to educate jurors and to challenge 'commonly held misconceptions' about child abuse (Seymour et al. 2013, p. 1). CIE testimony is 'mainstream psychological evidence based on clinical experience and research literature' (Seymour et al 2013, p. 10). The NZ Law Commission (1999) explained that purpose of CIE evidence is:

*“to impart specialized knowledge the jury may not otherwise have, in order to help the jury to understand the evidence of and about the complainant, and therefore be better able to evaluate it. Part of that purpose is to correct erroneous beliefs that juries otherwise hold intuitively. That is why such evidence is sometimes called ‘counter-intuitive’ evidence: it is offered to show that behaviour a jury may think is inconsistent with claims of sexual abuse is not or may not be so; that children who have been sexually abused have behaved in ways similar to that described of the complainant; and that therefore the complainant’s behaviour neither proves or disproves that he or she has been sexually abused.”*

CIE testimony is general in nature. Psychologists giving CIE do not interview or have any contact with either the complainant or the defendant. CIE testimony does not involve ‘estimat[ing] the accuracy of the child’s testimony’ or giving an opinion on whether or not the child has been abused (Seymour et al. 2013, p. 9). While the CIE expert witness may demonstrate that certain behaviours or circumstances are possible in child sexual assault cases (such as a child not telling a parent about abuse), it is the role of the prosecution to prove that such behaviours or circumstances were probable on the facts of the case.

Since 2008, under New Zealand’s Evidence Act 2006, judges are required to direct juries on misconceptions about sexual offending in certain situations. Resources have been developed to assist judges with these directions at the recommendation of the New Zealand Law Commission to help prosecution and defence lawyers prepare for sexual violence hearings. In July 2024 the resource [Responding to misconceptions about sexual offending: Example directions for judges and lawyers](#) was released in New Zealand to provide the most current research about sexual offending to identify what should be considered a misconception, and to provide evidence-based information about the behaviour and responses of victims and offenders in sex offence trials. The purpose of giving these directions in sexual assault trials is to reduce the risk that jurors will engage in improper reasoning during their deliberations.

This model of CIE testimony from New Zealand could be drawn from to introduce CIE testimony in adult sexual assault trials and child sexual assault matters in South Australia. Psychologists or social workers with expertise in service provision to victim/survivors of sexual offences could testify in court about the realities of sexual offending and behaviour and experiences of victim/survivors to assist juries to better understand the facts of the case. CIE testimony has been found to decrease jurors’ reliance upon myths and misconceptions. Resources such as the ‘Responding to misconceptions about sexual offending: Example directions for judges and lawyers’ could be adapted for use in South Australian sexual offence trials, as well as by drawing from resources such as [Challenging misconceptions about sexual offending: Creating an evidence-based resource for police and legal practitioners](#), which was produced by the Australian Institute of Family Studies and Victoria Police in 2017. This resource gathers key information and research to enable an informed response to the prosecution of sexual offences – this is the description of the resource:

“Most people would not be fully aware of the vast body of scientific literature regarding sexual offending. This is despite the fact that specialist knowledge is the key to effectively responding to sexual crime in the criminal justice system (Cossins, 2006). The purpose of this resource is to synthesise over 40 years of research evidence to present an accurate and updated picture of sexual offending. With specialist knowledge, we can work towards improving criminal justice responses and outcomes in cases of sexual crime.

This reference booklet addresses some of the most significant myths and misconceptions about adult rape and sexual offences, as well as child sexual abuse. The evidence has been collated from an analysis of the psychological and criminological literature. It provides a clear picture of what should be considered a misconception, alongside the current evidence of what is considered “typical” and “common” behaviour in both offenders and victims. There are multiple ways that this resource could be used. It may be useful as a guide to assist fact finders at different stages of the criminal justice process.”

**Recommendation: The CIE model from New Zealand be adapted for use in South Australian sexual offence trials.**

Restorative justice, civil litigation and compensation or redress schemes are all additional aspects of a justice response that should receive consideration as part of this Royal Commission in relation to sexual harassment and sexual assault matters. In relation to civil litigation for adult sexual assault there are ways in which adult sexual assault victim/survivors experience disadvantages that adult survivors of child sexual abuse don't, such as time limits for initiating proceedings, and the availability of redress schemes and free specialised legal advice about the rights and options victim/survivors have in relation to these. There are many victim/survivors of adult sexual within institutional settings, with some research suggesting that clergy sexual misconduct is perpetrated primarily against adults and not against children, with some studies quoting prevalence rates as high as four times as many priests involving themselves sexually with adult women, and twice the number with adult men, as priests who involve themselves sexually with children (Sipe, (1994, p. 134). In her book [Vocation and Violence – The Church and #MeToo](#) Miryam Clough discusses prevalence rates of sexual harassment and sexual assault perpetrated by clergy (pages 8 & 9). Some of these victim/survivors may have been groomed in adolescence, with the sexual assaults commencing once they turned 18 years of age. The Royal Commission into Institutional Responses to Child Sexual Abuse may have revealed this if adult sexual assault was included within the terms of reference, and this would have afforded adult sexual assault victim/survivors a redress option via the National Redress Scheme. [Knowmore](#) legal service is funded to provide specialised free and independent legal advice for survivors of child sexual abuse but does not offer legal advice to adult sexual assault victim/survivors, and there is no comparable specialised legal service for adult sexual assault victim/survivors.

**Recommendation: Provide free and independent specialised legal advice for adult sexual assault victim/survivors.**

There is a need for privacy and vulnerable witness provisions currently available for sexual assault victim/survivors in the criminal jurisdiction to be extended to the civil jurisdiction. A great case example of the need for this is a recent case in South Australia, where a matter being heard before the South Australian Civil and Administrative Tribunal

received significant [media coverage](#). This case involves an allegation of rape not being prosecuted through the criminal courts, which sadly is the case for the majority of rape allegations made to police. There was extensive daily media coverage of this matter in Adelaide, with the victim/survivor being photographed and filmed walking in and out of the hearing, and her testimony received broad and detailed media coverage. This would serve to be such a deterrent to other victim/survivors of sexual assault and sexual harassment taking civil action – or criminal action for that matter as many would not know that there is a difference between the privacy provisions available in the civil and criminal jurisdictions. In South Australia it is an offence for the media to name a person who is the victim of a sexual offence under the Evidence Act {Division 3, section 71 A (4)} and we also have vulnerable witness provisions, as is the case in other criminal jurisdictions around the country.

**Recommendation: South Australia introduce legislation to extend vulnerable witness provisions and privacy provisions to protect the anonymity of adult sexual assault victim/survivors within civil litigation processes.**

The availability of redress schemes for survivors of sexual misconduct offers a restorative justice pathway for survivors and demonstrates an organisation's commitment to the practice of institutional courage. In my role as Survivor Advocate with the Anglican Diocese of Adelaide I assist many adults who were sexually assaulted as adults and are unable to access any of the restorative justice measures via the National Redress Scheme. Many Church-based institutions offer their own 'in-house' redress schemes, some only creating these after the National Redress Scheme was established. Redress processes have evolved significantly over time and many examples exist across Australia, and internationally. The Church of England in the United Kingdom for example is currently developing its own Redress Scheme and survivors of sexual, physical, psychological, and emotional abuse (including spiritual abuse) relating to the Church will be eligible to apply for redress via this scheme. In Australia all 23 Anglican Diocese have joined the National Redress Scheme and the Adelaide Diocese is one of 14 Anglican Diocese in Australia to also offer its own alternative redress scheme, for survivors of both child sexual abuse and adult sexual assault. These redress schemes are comparable to the National Redress Scheme in that they offer an apology, funding for counselling and monetary compensation.

There is currently a 3-year statute of limitations for civil proceedings, which can vary across jurisdictions. However, if the victim/survivor was underage when the sexual assault occurred, there is no statute of limitations for a civil compensation claim to be made. The absence of the same provision in relation to no time limit on applications can undermine the bargaining position of adult sexual assault victim/survivors in institutional redress schemes, as it can often be the case that institutions are keen to reach a negotiated outcome. Victim/survivors who are dissatisfied with the offer through the

institution's redress scheme can opt out and seek a remedy through the civil court. If there is no option for adult sexual assault victim/survivors to seek a remedy through the civil court due to the statute of limitations, they can be forced to accept a lower redress amount.

**Recommendation: South Australia to introduce legislation to repeal the statute of limitations to enable adult sexual assault victim/survivors and child sexual abuse victim/survivors the same rights in civil litigation processes.**

### **Recovery and healing**

In Australia domestic violence shelters and services have evolved at separate times and along separate pathways to the development of victim support services and specialised sexual assault services, with different service delivery models and funding sources. This year we observed the 50<sup>th</sup> anniversary of [Elsie Women's Refuge Night Shelter](#), which was the first women's shelter of its kind in Australia. Across Australia sexual assault, domestic violence and victim support services have all evolved at different times and in different ways. In some states across Australia, domestic violence services are often located in the non-government sector, and victim support services can span both the government and non-government sectors across Australia. Some sexual assault services operate as non-government services, some operate as government funded health services, such as [Yarrow Place](#) in South Australia and the [Sexual Assault Resource Centre](#) in Western Australia. Given these different histories and contexts there was no consideration of what a 'best practice' service would look like, as services were created by the pioneering efforts of victim/survivors, allies and advocates maximising opportunities as they arose. Acquiring funding for service provision via competitive tender processes has turned the DFSV sector in Australia into rivals for scarce resources, which undermines efforts for collaboration across the sector, and fragmentation of service provision and 'silos' is an inevitable outcome. There now exists via the work of this Royal Commission an opportunity to imagine what could be possible, and looking to international examples might give some helpful guidance. It is of interest that the [Victims of Crime fund](#) in South Australia reached \$200 million in 2024. When coercive control becomes criminalised in South Australia there will be an increased need for specialised services to provide information and support for victim/survivors of DFSV.

In South Australia sexual assault services began their evolution in 1977, via the pioneering efforts of Dr Aileen Connon AM and her colleagues at the Queen Elizabeth Hospital. The service started by offering forensic medical services for child and adult victims of sexual assault, with counselling services being introduced in 1980. The increasing volume of referrals eventually led to the development of specialised child focused forensic medical and counselling services, with the creation of Child Protection Services at the Women's and Children's Hospital and Flinders Medical Centre. These

services each developed their own model of service provision, and in recent years a new Child Protection Service has also been created at the Lyell McEwin Health Service. These services offer specialist assessment and treatment for children from birth to 18 years and their families where there is a suspicion of child sexual or physical abuse, psychological maltreatment and/or neglect. Whilst the evolution of these services was necessitated by demand, often these service models evolved in different ways, resulting in a lack of consistency of service provision across all sites.

In South Australia we lack a lead agency that integrates service provision for adult survivors of child sexual abuse and adults subjected to sexual assault. Yarrow Place were able to do so until 1997, when a decision was made to focus on being a lead agency in relation to adult sexual assault (except for the Yarrow Place Youth Team, which provides services to survivors of child sexual abuse, but only for young people aged 12-25 years under Guardianship at time of referral). Relationships Australia provide services via their [Child Sexual Abuse Counselling Service](#)

In South Australia domestic violence, child sexual abuse and sexual assault services tend to operate as separate services, although Yarrow Place has in recent years extended forensic service provision to victim/survivors of domestic violence and has always provided medical and counselling services in situations where sexual violence has occurred within the context of domestic violence. In the United States integrated service delivery models provide identical services simultaneously to both domestic violence and sexual violence victim/survivors and is well-established, with these service delivery models being in place for years. Exploration of these service delivery models in South Australia is warranted.

For example, in 2012 I was awarded a Fellowship to attend an Ending Violence against Women International Conference in San Diego, California. Whilst there I took the opportunity to visit the Center for Community Solutions in San Diego. In South Australia we do not have DFSV services which operate in the same integrated way that the Center for Community Solutions does.

The key areas of service delivery at the Center for Community Solutions are as follows:

- [Legal Services](#) - trauma-informed, no-cost, holistic, wrap-around legal services to low-income survivors of domestic and sexual violence.
- [Advocacy Services](#) - Advocates provide support to help survivors of DFSV navigate the criminal justice and Family Court systems, enabling them to make informed decisions. This service includes support whilst accessing forensic medical examinations for survivors of both domestic violence and sexual violence.
- [24/7 Crisis Hotline](#) - for crisis intervention, information, and referrals related to domestic violence, sexual assault, and stalking. Counsellors provide trauma-informed safety planning, emotional support, expert navigation of resources, and connection to supportive services.

- [Counselling](#) - individual, group, family, and child counselling using trauma-informed approaches for survivors of recent intimate partner violence and/or sexual assault (with services available in either English or Spanish).
- [Residential Services](#) - shelter services are provided through two emergency shelters and two long-term shelter programs, providing safe housing for adults and children escaping violence.
- [Education and Outreach services](#) - prevention and community engagement specialists provide educational programs and workshops for professional audiences, youth groups, correctional facilities, schools K-12, colleges and universities, and the public. Most programs offered are free, developmentally appropriate, interactive, and are available in both English and Spanish.
- [High Risk Teams](#) – information, referral, and risk assessments for women in situations where there is a risk of domestic violence homicide. They conduct their meeting of the various workers on site, including a lawyer and police representative, in the presence of the victim/survivor to discuss her needs, to create safety and support, which is similar but significantly different to the way that we practice the Family Safety Framework and Family Safety Meetings in South Australia. In South Australia victim/survivors are not present for Family Safety Meetings and I wonder if this is a practice that can be reviewed, as it can be an empowering experience for a victim/survivor and reduce a sense of isolation for her to feel supported by a community of service providers who are most concerned about her safety and well-being. Perpetrators of domestic violence will often use the tactic of social isolation against victims and convince them that there is no one to turn to for help. Attendance at the meetings can demonstrate that this is not the case and can serve to assist the woman to engage more with services.

The Victim Support Service (VSS) in South Australia was established in 1979 by the collaborative efforts of parents of murder victims of what the media dubbed the ‘Truro’ murders and the ‘Family’ murders, who worked with former Queensland police commissioner Ray Whitrod, to create the service originally known as the Victims of Crime Service. This service was once widely regarded as a world leader in victimology. After 40 years of service the South Australia community the then State Liberal government withdrew funding for the service in 2020. VSS has a very proud 40-plus year history of significant service provision to victims of domestic, family, and sexual violence, and was previously funded to enable efforts in relation to crime prevention, early intervention, response, recovery and healing, and supported the integration and coordination of service responses to victims of crime among government, non-government and community organisations across metropolitan and regional South Australia.

VSS was an essential service in South Australia which offered a survivor centric and trauma informed service delivery model catering to the needs of DFSV victim/survivors and their friends and family, which by its very existence recognised that these are crimes of violence that are worthy of a specialised service response, incorporating a victims' rights approach drawing upon the principles which govern the treatment of victims of crime enshrined in the South Australian [Victims of Crime Act](#). The current [rebuild program](#) at Relationships Australia does not offer the same breadth and quality of service to victim/survivors of DFSV, as it provides a set formula for the number of counselling sessions per stage of the CJS. Given that DFSV are the most under-reported and under-prosecuted crimes this service delivery model has inherent flaws. People can self-refer but the crime must be reported to the police, GP or other professional. Insisting upon reporting as an eligibility criterion for service can reinforce victim-blaming ideas, as it suggests the person can only be believed if they have disclosed or reported the crime before seeking counselling, failing to appreciate the significance of the contemplative stage of change experienced by victim/survivors of DFSV.

When I worked at the Victim Support Service (VSS) services were provided across the areas of sexual, domestic and family violence. I provided services to many victim/survivors of DFSV, even though there were also specialised services available via other services such as Yarrow Place. Enabling choice is important for victim/survivors of DFSV to self-determine which service they consider best to meet their needs. Much of my clinical caseload consisted of adult survivors of child sexual abuse, non-offending parents of children who had been sexually abused, relatives of homicide victims (many of these murders had occurred within the context of domestic violence), victims of domestic violence and victims of sexual assault as adults. Often clients had experienced more than one of these forms of crime, and I recall providing services to victims of crimes such as armed robbery, who were also sexually abused in childhood and had not sought counselling for that crime previously. Accessing a service for victims of crime was the choice made by these clients. DFSV are crimes which have significant and devastating impacts, often compounded by interactions with the criminal justice system (CJS), and clinicians need to integrate psychoeducation about the CJS process within the therapeutic counselling process.

Specialised services developed for DFSV often overlook the therapeutic and support needs of relatives and friends of domestic violence homicide victims. The Homicide Victim Support Service was established 30 years ago at Victim Support Service, as were various other therapeutic groups, such as the Special Mum's Group (for non-offending mothers of children who had been sexually abused), the Women's Support Group (for women who were victims of various crimes), and psychoeducational groups on understanding the CJS process for victims of crime. VSS has always been a key source of information and support for victims of crime in navigating the various components of the CJS and offers training to key stakeholders within the CJS and other services on trauma

informed and victim rights focused responses to the needs of victims of crime. Over the years VSS grew to provide a dedicated Helpline for information and advice for crime victims, the Staying Home Staying Safe program, the volunteer Court Companion Program across metropolitan and regional courts in South Australia, established the Women's Domestic Violence Legal Service, as well as attending Family Safety Framework meetings in high-risk domestic abuse matters. VSS offered opportunities for survivors to become volunteers of the service in a variety of roles.

On average an estimated 50 sexual assaults take place in residential aged care in Australia every week, as revealed by the Royal Commission into Aged Care Quality and Safety in 2018. Older people also experience sexual assault in their own homes and the needs of this client group should receive greater recognition. The trauma they experience is compounded by the lack of education for service providers. The [#ReadyToListen](#) project was developed in New South Wales and aims to build the skills and capacity of residential aged care service providers to better prevent and respond to sexual assault in residential aged care. Customisation of this resource for use in South Australia could be prioritised and promotion of its availability across the aged care section will enable better care to be provided to a very vulnerable client group.

**Recommendation: Explore the viability of integrated co-located models of domestic and sexual violence service delivery for use in metropolitan and regional South Australia.**

#### **Coordination:**

The creation of service models such as [Women's Safety Services SA](#), [The Yellow Gate](#) in the southern metropolitan area and the [Northern Adelaide Domestic Violence Service](#) provide examples of co-located models of service provision in existence in South Australia, which are a great start, but the range of services offered could be improved upon and expanded in line with other interstate and international examples of merit. In addition to the [Center for Community Solutions](#) services mentioned earlier in this submission other co-located integrated service delivery models for DFSV exist in the United States and elsewhere across the world. There are more than 100 [Family Justice Centers](#) (FJC) across the United States and more than 20 countries around the world. FJC are multiagency, multidisciplinary service centres where public and private agencies provide services to victim/survivors of domestic violence, sexual assault, elder abuse and human trafficking from one location to reduce the number of times victim/survivors must tell their story, reduce the number of places victim/survivors must go for help and increase access to services and support for victim/survivors and their children. FJC have been identified as best practice in helping domestic and sexual violence victim/survivors and their children.

Family Justice Centers have the following services brought together within the one location:

- sexual assault advocates and counselling services
- domestic violence advocates and counselling services
- human trafficking advocates and counselling services
- Police specialising in domestic and sexual violence
- medical personnel offering forensic medical and follow up medical services for victims of domestic and sexual violence
- specialised prosecutors for domestic and sexual violence matters
- victim-witness program personnel for domestic and sexual violence matters
- domestic violence shelter service staff
- social service (i.e., Centrelink) staff
- child welfare agency social workers
- Child and Family Health services offering health checks for mothers, babies and children, especially important as DFV can begin or escalate during pregnancy or after childbirth
- mental health professionals
- Family Court legal service providers.

Casey Gwinn, who pioneered the establishment of FJC is recently quoted as saying in relation to media reports of a recent domestic violence homicide “Such a preventable tragedy. This is why we created Family Justice Centers, where the professionals can all work as a high-risk team. Women don’t die when wrapped in safety, support, and choice-based services. Family Justice Centers provide wraparound services to survivors AND pursue offender accountability.”

In addition to Family Justice Centres, the [Multi-Disciplinary Centres](#) (MDC) model from Victoria Police provides another example of service integration worth exploring for use in South Australia. These centres combine a range of agencies in the one building and provide victim-centred, integrated services to victims and/or survivors of sexual assault, child abuse and, in some locations, family violence.

MDCs are a 'one-stop shop' for providing safe and discreet access to:

- specially trained police investigators
- counselling and advocacy support
- private counselling rooms and group therapy spaces
- Video Audio Recorded Evidence ('VARE') rooms where children and people with cognitive impairments can provide their statement
- clinic rooms for health and wellbeing needs assessments

- treatment programs for children and young people up to 18 years of age who are displaying or engaging in sexually abusive behaviours
- forensic medical suites (at some locations) to enable forensic examinations onsite
- remote witness facilities (at some locations) so victim-survivors can provide their evidence to court.

**Recommendation: Explore the viability of the Family Justice Centres and Multi-Disciplinary Centre model for use in South Australia.**

### **Summary of Recommendations**

#### **Prevention Recommendations:**

1. Ensure a focus on culture change initiatives to enhance the efficacy of any new policies/programs/practices implemented by this Royal Commission into DFSV.
2. Fund the provision of specialised primary prevention programs to better engage with adolescent boys and young men through education campaigns informed by best practice principles designed by experts in primary prevention.
3. Consent, respectful relationships and bystander training programs to be developed and delivered for primary and secondary schools across South Australia to enable primary prevention of DFSV across primary, secondary and tertiary education environments. These programs need to be developed in age-appropriate ways, informed by prevention education and child education sector experts.
4. Establish a South Australian Prevention of GBV peak body as a dedicated organisation to develop and support the domestic, family and sexual violence prevention workforce capability, and support the health and wellbeing of the primary prevention workforce to enhance the development and delivery of primary prevention initiatives across the state.
5. South Australia develops its own Sexual Violence Prevention and Response Action Plan, aligned with the [National Plan to Reduce Violence against Women and Children](#), to better enhance and coordinate sexual violence prevention and response efforts.

#### **Early intervention Recommendations**

1. Early intervention initiatives targeting sex offending be evidence based, informed by a variety of Australian and international research sources.
2. Increase resources for early intervention programs that engage with adolescents with concerning sexual behaviour.
3. Increase resources for quality therapeutic services for children and young people subjected to child sexual abuse and exposed to domestic violence in childhood to prevent subsequent experiences of sexual and physical victimisation.

4. Explore the viability of the Camp HOPE model for use in South Australia.

### **Response Recommendations:**

1. The Royal Commission into DFSV seeks advice from SAPOL and the ODPP to ensure that the recommendations for improvements to the criminal justice system from the Royal Commission into Institutional Responses to Child Sexual Abuse have been fully implemented in South Australia.
2. SA Police be resourced to provide specialised sex offence investigation units to enable more effective sex offence investigations given the complex nature of such offending.
3. SA Police consistently ensure that they seek advice/adjudications from the ODPP regarding sexual offences reported to police.
4. SA Police consistently conduct trauma-informed evidence based sexual assault investigations and receive training in the most effective methods of investigating sexual offences utilising models such as the [Forensic Experiential Trauma Interview](#) or [The Whole Story](#) approach.
5. Consistent information about reporting and prosecution processes for sexual offences be developed and publicly available on the SA Police and the Office of the Director of Public Prosecution websites. This information should be made available in multiple languages and simple English/easy read versions. Additional supports available such as SAPOL's [Gay Lesbian Liaison Officers](#) and Witness Assistance Services ODPP be promoted on these websites.
6. The Justice Navigators program should be made available in South Australia.
7. Further investigation into existing examples of specialised sexual assault courts models and their applicability in South Australia be investigated.
8. The Counter Intuitive Expert Testimony (CIE) model from New Zealand be adapted for use in South Australian sexual offence trials.
9. Provide free, independent specialised legal advice for adult sexual assault victim/survivors.
10. South Australia introduce legislation to extend vulnerable witness provisions and privacy provisions to protect the anonymity of adult sexual assault victim/survivors within civil litigation processes.
11. South Australia to introduce legislation to extend the same vulnerable witness provisions and privacy provisions to protect the anonymity of adult sexual assault victim/survivors within civil litigation processes.
12. South Australia to introduce legislation to repeal the statute of limitations to enable adult sexual assault victim/survivors and child sexual abuse victim/survivors the same rights in civil litigation processes.

### **Recovery, Healing and Co-ordination Recommendations**

1. Explore the viability of integrated co-located models of domestic and sexual violence service delivery for use in metropolitan and regional South Australia.

2. Explore the viability of further integrated service delivery models such as the Center for Community Solutions, Family Justice Centres and Multi-Disciplinary Centre models for use in South Australia.