



Our **Mission** is to prevent child sexual assault in our society.
Our **Vision** is to make Australia the safest place in the world to raise a child.

7th January 2021

Victorian Law Reform Commission
GPO Box 4637
Melbourne, Vic 3001
E-mail: law.reform@lawreform.vic.gov.au

**Submission: Issues Paper:
Improving the Response of the Justice System to Sexual Offences**

To Whom it May Concern,

Bravehearts is pleased to provide this submission to the Victorian Law Reform Commission (VLRC) review on 'Improving the Response of the Justice System to Sexual Offences'.

As an agency that works with, and advocates for, survivors of child sexual harm, we welcome the current work by the VLRC reviewing and improving responses of the justice system to sexual offences. With our extensive experience working with survivors of child sexual assault and exploitation, and lobbying for reform, Bravehearts strongly advocates for legislative and policy responses that ensure, as far as possible, justice for survivors and the safety of the community.

In relation to the current Issues Papers we note the alarming prevalence of child sexual assault and exploitation, along with the risks of online child exploitation. Statistics vary depending on the source of the figures, but most agree that approximately one in five children will experience some form of sexual harm before their 18th birthday (Price-Robertson, Bromfield and Vassallo, 2010; Mills, Kisely, Alati, Strathearn, & Najman, 2016; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017a).

"There were about 5.7 million children in Australia in 2016. It's difficult to know for sure how many children are sexually abused, but best estimates put it at roughly 8 per cent of boys and 20 per cent of girls. Put all those numbers together, and you could fill the MCG eight times over with children living in Australia right now who have been or will be sexually abused (Gilmore, 2017).

There is no question that there needs to be a commitment to responding to sexual offences across our country.

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

Index to Responses to Issues Papers

Issues Paper A: Working Together to Respond to Sexual Offences: Systems.....	3
Issues Paper B: Sexual Offences: Key Issues in the Criminal Justice System	8
Issues Paper C: Defining Sexual Offences.....	11
Issues Paper D: Sexual Offences: Report to Charge	12
Issues Paper F: People Who Have Committed Sexual Offences	14

Issues Paper A: Working Together to Respond to Sexual Offences: Systems

There are ongoing reviews of criminal justice and legislative responses to how we address sexual offending in our communities. Comparisons between self-report/victimisation surveys and official statistics from the police and the courts clearly show that the number of offenders who come to the attention of the authorities is comparatively low. The lack of reporting or underreporting of offences is higher in crimes of sexual assault, and in particular sexual offences against children, than general criminal violence.

What we do know is that only a small percentage of sex offenders are ever charged and convicted in the first place. This is due to a range of factors, including, but not limited to, the likelihood of victims speaking out, how long it may take for a victim to report, and difficulties in assuring enough evidence to proceed.

Statistics relating to disclosure rates and criminal justice statistics illustrate the difficulty in having child sex offenders charged (we note the need for ongoing research and statistical and trend analyses in this specific area):

Disclosure:

- Two studies cited by ICAC (Independent Commission Against Corruption NSW), suggest respectively that only 2% of familial and only 6% of extra-familial child sexual abuse were ever reported to police. (Wood, 1997)
- One in five parents who were aware that their child had been sexually abused did not report the abuse. (Smallbone & Wortley, 2000)
- A review of 13 studies with adult survivors of child sexual abuse showed that just 5 - 13% of cases were reported to police (London et al., 2008).
- Among survivors participating in private sessions for the Royal Commission into Institutional Responses to Child Sexual Abuse, 57% said they did not disclose about the abuse until they were an adult. Further, survivors took, on average, 23.9 years to disclose the abuse, with men taking longer to disclose than women (25.7 years for men and 20.6 years for women). Some survivors (10%), most of them male, reported that they were disclosing for the first time to the Royal Commission (Royal Commission, 2017)
- Disclosure rates vary as much as between 24% and 96% (London, Bruck, Wright & Ceci, 2008). These varying rates may be due to a number of factors, including use of differing sources of information (e.g. retrospective surveys; forensic evaluations) and differing definitions of both child sexual abuse and disclosure (Lahtinen, Laitila, Korkman & Ellonen, 2018).

Charges, Convictions and Sentences:

- Only about 17% of reported sexual offences result in a conviction, a figure consistent with data from other States and overseas. (Queensland Crime and Misconduct Commission, 2003)
- A comparison of sentencing outcomes for serious violent offences as well as sexual offences in Queensland during the period 2006-06 to 2009-10 showed that the median sentence for: murder was life imprisonment; manslaughter was 8 years; rape was 6.5 years; maintaining a sexual relationship with a child was 6 years; incest was 5 years; robbery and grievous bodily harm was 3 years; indecent treatment of a child under 16 years was 1.5 years; carnal knowledge with or of children under 16 years was 1 year; and possession of child exploitation material was 1 year (Sentencing Advisory Council Qld, 2011).
- A comparison of sentencing outcomes observed in New South Wales with those recorded in Queensland and Victoria found that median head sentences for the offence of sexual assault of a

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

child under 10 years were: 84 months in NSW (2006-13), 72 months in Queensland (2007-13), and 48 months in Victoria (2007-12) (Brignell & Donnelly, 2015).

- The Bureau of Crime Statistics and Research (BOSCAR) in NSW found that criminal proceedings were initiated in only 15% of incidents of sexual assault reported to police involving child victims, and 19% of incidents involving adult victims (Fitzgerald, 2006, cited in Millsteed & McDonald, 2017).
- Data from the NSW Bureau of Crime Statistics and Research showed that during 2012-16, the average conviction rate for all offences was 89%. The conviction rate for child sexual assault offences was 60% over that same period, compared with 50% for adult sexual assault, 70% for assault, 73% for robbery and 94% for illicit drugs (Browne, 2017).
- Data from the NSW District Court shows that conviction rates for child sexual assault cases are declining despite the number of cases doubling over a three-year period. In 2012-13, 73 child sexual assault matters were finalised at a defended hearing in the District Court with a conviction in 56% of cases. Meanwhile in 2015-16, 142 matters were finalised at a defended hearing with a conviction in 47% of cases (Browne, 2017).

1. What would make it easier for people who have been sexually harmed to get the supports and services they need, so they can decide whether to report the sexual harm?

We know that there are many barriers to survivors of sexual offences to disclose and seek support. Incidence studies, which measure the number of new cases occurring during a one-year period, reflect only cases that are officially reported to authorities and fail to recognise the many cases (estimated at 95 - 97%) that go unreported (Martin & Silverstone, 2013).

The high rates of occurrence of child sexual assault and low rates of disclosure are particularly concerning in the light of research evidence that reveals links with long-term psychological and social outcomes. Barnes and Josefowitz (2014) reviewed the wide range of negative outcomes that have been shown to be associated with experiences of child sexual assault, including psychological difficulties such as depression, anxiety, sleep disorders, personality disorders and psychotic disorders, behavioural problems such as substance abuse, self-harm, eating disorders, conduct disorders and antisocial behaviour, as well as relationship difficulties, poorer physical health, and poorer educational and occupational achievement. A body of literature has also revealed links between the experience of child sexual assault and later suicide or attempted suicide. For example, an Australian study of 2,759 substantiated cases of child sexual assault, with a follow up period of up to 44 years, showed that the rates of suicide and accidental drug overdose were significantly higher among those who experienced child sexual assault compared with age-limited national data for the general population (Cutajar et al., 2010). A school-based survey study with 2,485 South Australian early adolescents also showed that reported experience of sexual assault was associated with suicidal ideation and suicidal behaviour (Martin, Bergen, Richardson, Roeger, & Allison, 2004).

The current Independent Inquiry into Child Sexual Abuse in the United Kingdom has recently released a research paper focusing on victim experience of support services (Gekoski, et.al., 2020). In this research, 84% of respondents identified at least one form of personal (67%), service-specific (53%), family or community (48%), practical (33%) or financial (29%) issues which they felt had stopped, delayed, or discouraged them from accessing, or continuing with, any support services. One personal barrier participants spoke of was feeling that you should 'just get on with it'. Another strong theme relating to personal barriers to accessing support, from those with no experience of support services, was feeling that the abuse they suffered was not 'serious' or 'severe' enough in comparison to others, particularly if they had sustained no physical injuries. Service-specific barriers included long waiting times. While family or community barriers included protecting the family.

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

Delays in being able to access support services was also a key theme discussed, with over half (55%) reporting that they had experienced long waiting lists when trying to access services.

Knowledge and awareness of service availability and appropriateness has also been identified as an issue, with only a third of respondents (33%) feeling they were eligible to access services and support when needed and understanding what services were suitable for their needs (Gekoski et.al., 2020):

- “I know that everyone can go and get some counselling if they need it, but I wouldn’t know who to go to; who would be specialised, experienced in that kind of thing.” – Maya.
- “If you had suicidal thoughts, we all know you could speak to the Samaritans. But when it’s something like a sexual matter, who would you speak to? I can’t think of anything that springs to mind.” – Aaron.
- “I don’t know what’s out there. I don’t know what I would be able to access. I suppose a quick Google search would probably answer those questions for me, but I wouldn’t know where to start looking really.” – Kerry.
- “Because of where I live [rural area], it’s quite difficult. Had I gone to the doctors, it would’ve got back to my parents: ‘I saw Kerry at the doctors the other day, is everything all right?’ and then I would have got, ‘why were you at the doctors the other day?’ If I had accessed stuff through school, I don’t know that I would’ve trusted school not to have told my parents.”- Kerry.

While this research was conducted in the UK, in Bravehearts experience these barriers to accessing support are common in Australia. A wide-reaching awareness campaign and a focus on supporting services is critical and severely lacking in Australia. Organisations providing counselling and support rarely receive support to promote their services.

Specialist counselling and support services need to be funded, promoted, and resourced. The importance of being able to access specialised therapeutic support for victims of child sexual assault cannot be understated. Ineffective therapeutic responses can result in victims being further traumatised or being reluctant to seek further support.

There are still so many myths surrounding child sexual assault (and sexual assault more broadly), for example around ‘stranger-danger’ (when we know that most offenders are known, loved and trusted by the victim). Acknowledging the realities of sexual offences, including prevalence, who the offenders are and the impacts, can assist victims of sexual offences feel more empowered to seek help, knowing that what they are experiencing is ‘normal’ and they are not alone.

A community awareness campaign, that includes avenues for support, would be a huge benefit to making it easier for people who have been sexually harmed to get the supports and services they need.

2. **How can collaboration within the sexual assault system be improved, so that the justice system responds effectively to sexual harm?**
3. **How can the relationship between family violence services and the sexual assault system be improved, so that the justice system responds effectively to sexual harm?**

There are three main issues here. Firstly, the capacity for the system and services to be able to provide coordinated access to services to best support victims and families, share information and work collaboratively to achieve the best outcomes for victims and perpetrators.

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

Secondly, there must be clear accountability and transparency at all levels to ensure not only that the system is being run effectively and in line with child protection goals (including the best interests of the child) but also to assure public confidence in the system. In Australia, constitutional limits to judicial accountability are in place to ensure independence and separation of powers. However, our position is that our justice system and courts need to be conscious of the societal and non-legal consequences of the decisions they make in a broader sense. Two general features related to increasing transparency, that we believe are equally applicable to all tiers of the criminal justice system, include:

- Increased openness in allowing people into Courts would allow for greater public scrutiny of court processes and decision making, and
- More information coming out of Courts for those taking part in proceedings as well as for others.

Both of these aspects are raised as avenues for increasing the legitimacy of the criminal justice system process and decision-making and decreasing vulnerability to claims of secrecy and unfair decisions.

Thirdly, there is the issue of cross-jurisdictional coordination and information sharing, when matters cross jurisdictional boundaries. To better enable service delivery and support across Australian states and territories, the first hurdle is the lack of uniformity in legislative and policy responses including information sharing.

4. How can the relationship between Child Protection and the sexual assault system be improved, so that the justice system responds effectively to sexual harm?

The 1997 ALRC Report (Recommendation no.92) recommended that “[s]pecialised interview teams comprising, as appropriate, a police officer and family services department worker or counsellor should deal with all allegations of child maltreatment in which multiple court proceedings are possible”, and that ... “[t]hese teams should be modelled on the US Child Advocacy Centres.”

As the ALRC noted in making its recommendation, the *“teams should have as their goal eliciting accurate and reliable information from children in a manner that allows the information to be used in a number of different proceedings (criminal, care and protection, family, civil etc.)”*.

Bravehearts staff have travelled to the US each year to learn more about Child Advocacy Centres (CACs) and their many benefits including:

- More immediate investigative response to child abuse reports;
- More efficient and specialised medical and mental health services and referrals;
- Accessible, relevant, and comprehensive victim services;
- Reduction in the number of child interviews;
- Saving time and costs related to family, criminal or children’s court processes;
- Reduced long term trauma;
- Increased successful prosecutions; and
- Consistent, evidence-based support for child victims and their families with outcomes identified through outcome data.

As a consequence of what we have learnt from this engagement with US CACs, Bravehearts has attempted, as far as possible, to increasingly align its practices to this model - bringing all our child sexual assault specialised, holistic, and professional services together in one place and to work in collaboration with and referral to, other professionals, agencies and government authorities to deliver on the best interests of the child. Bravehearts has been calling for a *Child and Family Advocacy Centre (CFAC)* model to be introduced to Australia.

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

Several Australian states and territories are experimenting with various versions of multi-disciplinary teams. This has already demonstrated the value of parts of the CFAC model. However, implementation is inconsistent, with many models not reflecting the holistic best practice approach that is essential to the CFAC model nor effectively addressing the support needs of the most vulnerable group of children and victims of sexual offences, as well as family and domestic violence.

5. How can we improve how other services and systems work with the sexual assault system, so that people are supported to seek justice?

See response under Question 2 & 3.

6. Is there a need for a stronger focus on governance or shared outcomes in the response of the justice system to sexual harm?

See response under Question 2 & 3.

7. What are the opportunities for, and benefits of, improving data, research and evaluation in relation to sexual offending?

In considering the opportunities for, and benefits of, improving data, research and evaluation in relation to sexual offending, the starting point must be to attain consistency in definitions and legislation. Without a shared understanding of what constitutes sexual offending and consistency in how legislation defines offences, attempts to understand incidence and prevalence rates will never provide a true picture. Having shared definitions of behaviours allows for direct comparisons and more robust and reliable figures. Similarly, different legislative definitions of offence types, complicate understanding rates of official offences across jurisdictions.

It is critical to note reporting and disclosure issues. Official statistics (police, child protection, courts) will never provide a true reflection of the prevalence sexual offending in our communities, as there is an incredibly high nondisclosure rate. Self-report, victim and personal safety research allows for a more thorough understanding of the actual rates of violence.

On a broader level, research and evaluation are critical to ensuring that knowledge and understandings are relevant and able to provide a robust evidence-base from which policy, programs, and legislation can be assessed, reviewed and developed.

8. How well does the sexual assault system work? How would you improve it?

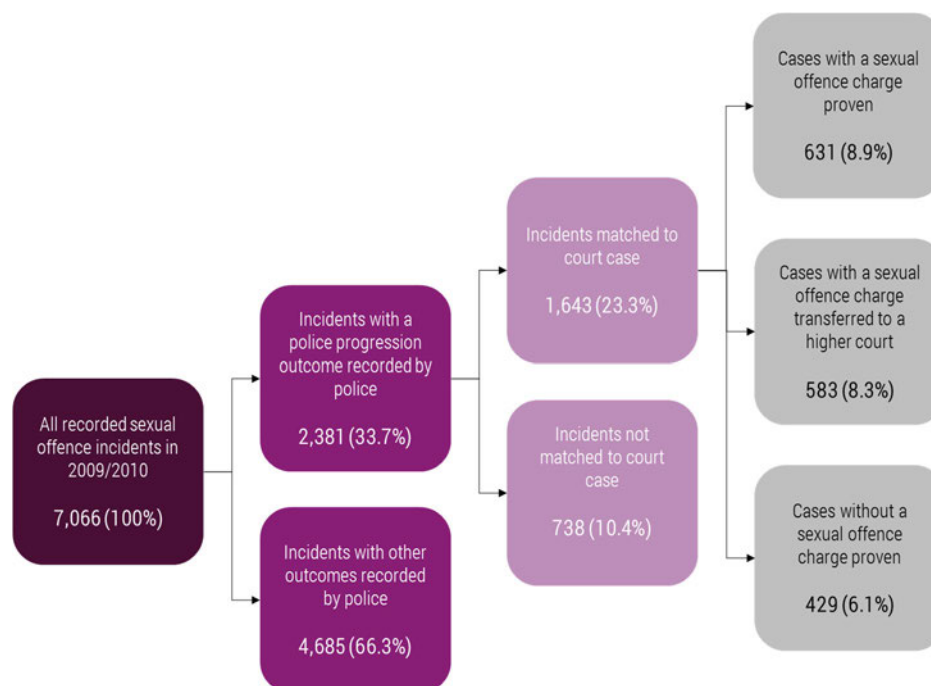
See response under Question 4.

Issues Paper B: Sexual Offences: Key Issues in the Criminal Justice System

1. **Is there a need to improve attitudes towards victim survivors or the understanding of sexual harm within the criminal justice system? If so, how?**

2. **Do you support introducing a specialist court for sexual offences? Why or why not?**
3. **If you support introducing a specialist court for sexual offences, what features should it have?**

Millsteed and McDonald (2017) explored the rate of attrition of sexual offence cases across the criminal justice system in Victoria. This research demonstrates the clear need to improve our responses to sexual offences and to consider alternative approaches:



The advantages and disadvantages of introducing specialist courts more generally in a field of law have been reviewed by Parkinson (2016). Parkinson suggested that benefits associated with the introduction of specialist courts include:

- Greater efficiency – gained through prosecutors and judges acquiring expertise as a result of focus on a specific subject matter;
- Increased quality of decision making – with greater expertise, decisions made are able to be more informed and less errors of judgement are likely to be made;
- Uniformity – through a reduction in the number of judges involved, there will be increased uniformity in decision making and judgments;
- Improved case management – a judge who has a particular expertise may be able to manage cases more effectively.

A number of potential risks or disadvantages associated with the introduction of specialist courts in a field of law. These risks include:

- Inefficient case load management – it is argued that specialist courts may be reduced in efficiency in terms of the number of cases that are able to be dealt with in a given year. When judges are generalists, any case may be allocated to any judge; however specialisation limits this ability;

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

- Difficulty attracting the most capable judges – the possibility of burnout and the constraints of specialist work makes it more difficult to attract lawyers. Additionally, there may be the risk of reduced job satisfaction or boredom;
- Loss of objectivity – while there is no research evidence supporting this claim, a possible risk may be that judges apply stereotypes to cases following their exposure to a succession of similar cases, whereby a judge ascribes the attributes of a past case to a current case;
- Public access – a specialist court requires centralisation and dedicated facilities and when a country is large in terms of physical geography, disadvantage may be placed on litigants who are located far from the court facility. While this problem may be reduced if judges and prosecutors are able to travel, this is more costly than if generalist judges and prosecutors are located in regional areas;
- Diminishing the role of the adversarial defence lawyer – in a specialist court, the defender becomes in most instances a collaborator who works with the judge and prosecutors, which may result in diminished effectiveness of defender and decreased confidence of defendants in the potential outcome.

Additionally, Parkinson (2016) suggests that a specialist court would be unable to operate effectively unless specific changes were part of a “suite” of reforms. Those courts that have been shown to be effective have introduced a range of specialist features, services and personnel.

One feature of specialist courts that have been implemented independently of such courts are specialist prosecution units. Parkinson (2016) discusses how evaluation of the Specialist Sex Offences Unit in Victoria has shown positive results. The case for specialist prosecution units is strong, particularly in the event where one prosecutorial team can take a case from inception to conclusion.

4. How well are reforms working to avoid delays in the criminal justice process, and what other reforms could address delay?

The low reporting, high attrition, and low conviction rates common among CSA cases indicate that change is required across all levels of the criminal justice system in order to increase reporting, reduce the attrition rate of reported cases and increase the number that go to trial, as well as to increase conviction rates. Traditional criminal justice system responses have not produced consistent sentencing and have not reduced recidivism; they have also not involved consideration of the safety of the victim, recognition of the established behaviour of sex offenders, or the accountability or treatment of the offender.

Cossins (2010) suggests that the concepts of safety and accountability should be integrated into the criminal justice response, and discusses ten reasons for reform of the systems approach to child sexual assault:

1. The relatively high incidence of child sexual assault in the Australian community
2. The much higher incidence of child sexual assault in Aboriginal communities compared to the non-Aboriginal population
3. The fact that the majority of offenders are either related or known to their victims and the reality of continued access to those children
4. The difficulties associated with detection and the high rate of underreporting
5. The high attrition rate of reported cases
6. The relatively low conviction rate for the small proportion of cases that go to trial
7. The long delays between charging and trial outcome and the need to increase disposition times

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

8. The need to develop a co-ordinated, integrated approach to the processing and management of child sexual assault cases by all agencies involved in the criminal justice process
9. The need to reduce the risk of recidivism, through the imposition of custodial sentences that are linked to treatment programs
10. The need to minimise re-traumatisation suffered by victims as a result of delays and the trial process.

Joint Trials

Sexual offences are generally committed in private, and in many cases there will be no medical evidence meaning that more than likely, the only direct evidence will come from the victim. Where the only evidence of the offence is the complainant's evidence, it can be difficult to satisfy beyond reasonable doubt that the alleged offence occurred.

Where one or more victims come forward in relation to the one offender, Bravehearts supports the recommendation by the Royal Commission into Institutional Responses to Child Sexual Abuse (2017c), that that "the current law in relation to tendency and coincidence evidence and joint trials must change to facilitate more admissibility of evidence and more joint trials in child sexual abuse matters".

The frequency of joint trials of sex offences around Australia varies in relation to allegations of similar sexual conduct despite the existence of identical or virtually identical tests for the admissibility of tendency and coincidence evidence.

Studies suggest that between one fifth and two thirds of CSOs will have multiple victims and that their sexual behaviour will vary according to the age and sex of the child. This is supported by a detailed Australian self-report study carried out by Smallbone and Wortley (2000). The 169 offenders who admitted having at least one victim, disclosed offences involving 1010 children during the research (34.4 per cent of offenders reported sexual contact with two to five children while almost 17 per cent reported contact with six or more).

Issues Paper C: Defining Sexual Offences

1. Is there a need to change any of Victoria's sexual offences, or their application? If so, what changes?

As a general note, as we discussed under Question 7, Issues Paper A, we believe that we need to achieve consistency across definitions and legislation, across the country. Without a shared understanding of what constitutes sexual offending and consistency in how legislation defines offences, attempts to understand incidence and prevalence rates will never provide a true picture. Having shared definitions of behaviours allows for direct comparisons and more robust and reliable figures. Similarly, different legislative definitions of offence types, complicate understanding rates of official offences across jurisdictions.

2. How well is Victoria's model of communicative consent working? Should there be any changes?

From our understanding of Australian legislation the meaning of consent as it relates to rape and sexual assaults in Victoria is relatively consistent with other jurisdictions. However, we note that Tasmanian sexual consent laws are the strictest, relying on 'active consent' where consent must be proven to have been communicated either verbally or by actions.

We fully support the inclusion of affirmative consent within legislation, ensuring that parties mutually, knowingly, voluntarily, and freely consent through words or actions; noting that silence or lack of resistance, in and of itself, does not equate to an individual consenting to sexual activity.

Our sector partners have in the past raised concerns with us around the issue of consent and the argument that consent to one sexual act should not imply consent to all sexual acts. In addition, the duration of the applicability of given consent, must be considered. If an individual consents to sex at one point of time (for example, at night), that consent is for that point in time and should not be considered to carry over to another (for example, the next morning).

In relation to child victims, we note that age of consent laws are designed to protect young and innocent children from physical and psychological harm caused by engaging in sexual intercourse before he or she is psychologically mature enough to consent to such activity. Adults can intellectually coerce, convince and confuse children and young people. Most of what we see as "consensual" behaviour on the part of children is a response to the powerful incentives and authority that adults hold.

We would like to see more consistency in age of consent laws across the country.

Issues Paper D: Sexual Offences: Report to Charge

1. **How well are Sexual Offence and Child Abuse Investigation Teams (SOCITs) and Multidisciplinary Centres (MDCs) working? How can they be improved?**
2. **What other issues need to be addressed to improve the experience of the police investigation process for adults who have been sexually harmed? How can they be addressed?**
3. **What other issues need to be addressed to improve the experience of the police investigation process for children who have been sexually harmed? How can they be addressed?**

The 1997 ALRC Report (Recommendation no.92) recommended that “[s]pecialised interview teams comprising, as appropriate, a police officer and family services department worker or counsellor should deal with all allegations of child maltreatment in which multiple court proceedings are possible”, and that ... “[t]hese teams should be modelled on the US Child Advocacy Centres.”

As the ALRC noted in making its recommendation, the “teams should have as their goal eliciting accurate and reliable information from children in a manner that allows the information to be used in a number of different proceedings (criminal, care and protection, family, civil etc.)”.

Bravehearts staff have travelled to the US each year to learn more about Child Advocacy Centres (CACs) and their many benefits including:

- More immediate investigative response to child abuse reports;
- More efficient and specialised medical and mental health services and referrals;
- Accessible, relevant, and comprehensive victim services;
- Reduction in the number of child interviews;
- Saving time and costs related to family, criminal or children’s court processes;
- Reduced long term trauma;
- Increased successful prosecutions; and
- Consistent, evidence-based support for child victims and their families with outcomes identified through outcome data.

As a consequence of what we have learnt from this engagement with US CACs, Bravehearts has attempted, as far as possible, to increasingly align its practices to this model - bringing all our child sexual assault specialised, holistic, and professional services together in one place and to work in collaboration with and referral to, other professionals, agencies and government authorities to deliver on the best interests of the child. Bravehearts has been calling for a Child and Family Advocacy Centre (CFAC) model to be introduced to Australia.

Several Australian states and territories are experimenting with various versions of multi-disciplinary teams. This has already demonstrated the value of parts of the CFAC model. However, implementation is inconsistent, with many models not reflecting the holistic best practice approach that is essential to the CFAC model nor effectively addressing the support needs of the most vulnerable group of children and victims of sexual offences, as well as family and domestic violence.

4. **Do you support access to alternative ways of reporting sexual harm? Why or why not?**
5. **If you support alternative ways of reporting sexual harm, what features should they have?**

Bravehearts understands that many victims need the belief and/or validation of others to gain the strength to disclose and to heal. Bravehearts also recognises that disclosure, awareness and education are the best weapons against the continuing sexual assault of children.

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

Many challenges exist in the identification, reporting and disclosure of child sex offenders and offences. These include:

- Fear of breaking the silence and coming forward;
- Fears that the victims' story will not be heard let alone believed or validated;
- The victims themselves are increasingly isolated by their own fear, shame and self persecution;
- Fear and lack of faith in the establishment/authority figures;
- Anxiety about their own families and society's potential disbelief, intolerance and lack of support;
- Fear that disclosure will result in them being treated 'differently' by friends and family;
- Concerns about confidentiality, losing control of the situation; and
- No confidence or gratification in the sentencing/justice outcomes.

The Sexual Assault Disclosure Scheme (SADS: <https://bravehearts.org.au/SADS>) was developed by Bravehearts to overcome these barriers and assist survivors in their disclosure to police in a safe and non-confronting way. The SADS is currently in place across the country and we work closely with all police jurisdictions to assist in the disclosure process.

Two forms (linked by a common identification number) are completed either online or via paper copy.

1. Form A only seeks information on the person making the disclosure. Form A is held securely by Bravehearts.

2. Form B seeks information on the alleged offender and offence. Form B is provided to the Police. The first question on this form provides you with the opportunity to provide police with your name and contact details directly or choose to remain anonymous and only be contacted through Bravehearts.

Information from Form B is processed by the Police and entered into their system.

The Police assess the information and contact Bravehearts with the forms identification number when they wish to speak to the discloser (unless you have indicated on Form B that Police can contact you directly)

Bravehearts contacts the discloser, letting them know that the Police are interested in speaking to them, what this means and seeking permission to pass on your name and contact details to the Police.

If you are happy to speak to the Police your details are passed on and Police can speak with you to establish whether or not an investigation is possible. If you do not wish to speak to the Police, the information from Form B remains in the Police system as intelligence.

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

Issues Paper F: People Who Have Committed Sexual Offences

While any offender's subsequent re-offending is of public concern, the prevention of child sexual assault is particularly important, given the irrefutable harm that these offences cause child victims and the fear they generate in the community as a result.

As discussed below under the section on evidence-based treatment programs, research has shown a marked favourable difference between reoffending rates of sex offenders who have completed treatment programs and those that have not, suggesting that through addressing risk factors we can reduce recidivism rates.

There are a range of factors that are associated with increased recidivism among sex offenders, but that may vary among individual offenders. These include, among others:

- Negative mood
- Substance abuse
- Lack of support
- Sexual pre-occupation
- Non-compliance with supervision plans
- Conflicts in relationships
- Deviant sexual interests
- Pro-offending thoughts
- Anti-social orientation
- Access to victims
- Poor self-regulation.

Any response aiming to reduce sexual reoffending must be able to address the individual risk factors, and must, in our view, be included in any preventative, pre-release and post release programs.

<p>1. Do responses to sexual offending sufficiently address the diverse needs of different people who have committed sexual offences? If not, what more is needed?</p>

Bravehearts believes that it is critical that the development and delivery of responses to those who have committed sexual offences, is based on a body of evidence. Ad hoc or reactive policies, programs and legislation, or programs not developed for a specific population, may cause more issues that they seek to address.

In relation to sexual offenders, it is important to understand that those who sexually offend are not a homogenous group. Generally, sex offender legislation and programs assume that sex offenders are a homogenous group of offenders who exhibit similar offending patterns irrespective of their type. Different subtypes of offenders offend for different reasons, pose varying levels of risk, and reoffend at different rates. Further, individuals who sexually offend may have different risk factors related to offending.

Understanding subtypes of offenders and individualistic factors are important at all levels of the justice system, from investigation to prosecution, sentencing to release programs.

2. **How well are rehabilitation or reintegration measures for people who have committed sexual offences working? How can they be improved?**
3. **How well are post-sentence detention and supervision, and sex offender registration working? How can they be improved?**

Evidence-based Treatment Programs

Every state and territory in Australia has community and prison based programs catering for low to moderate and moderate to high risk of reoffending child sex offenders, who accept some responsibility for their actions (Macgregor, 2008). Community based programs may include private psychologists delivering individual treatment programs, group programs specific to offenders or some variation of this.

While there may be little faith in the community around rehabilitation programs and the capacity for child sex offenders to respond positively to these programs, from a victim and community perspective this is understandable. Child sex offenders can be incredibly manipulative and many see child sex offenders as 'untreatable'. However, research on the impact of treatment on reoffending shows positive trends. MacGregor (2008) reviewed evaluation results from studies of eight treatment programs for adults and five treatment programs for adolescents who sexually offend across Australia and New Zealand. The reviewed evaluations showed that twelve out of the thirteen programs were effective in reducing sexual recidivism.

Kim and colleagues (2016) reviewed a number evaluations of sex offender treatments (including psychological treatment, institutional treatment and medical intervention approaches) designed to reduce recidivism, and found that each of the 11 included evaluations reported significant recidivism reduction outcomes (with the most recent 5 meta-analyses showing an overall 22% reduction in recidivism).

Various meta-analyses have shown similar empirical support for the effectiveness of treatment programs for sex offenders. For example, a recent meta-analysis of recidivism studies involving equivalent treatment and control groups (the majority of which involved cognitive behavioural therapy) found a difference in recidivism between treated and control groups of 3.6 percentage points (10.1% in treated vs. 13.7% in untreated offenders) and a relative reduction in recidivism of 26.3% (Schmucker & Lösel, 2015). Additionally, an older but well-cited Canadian study examining over 9,000 sex offenders in four different countries found that 9.9% of treated sex offenders reoffended sexually, compared with 17.3% of non-treated sex offenders (Hanson, Gordon, Harris, et al., 2002).

Australian research has indicated that evidence now suggests that "sex offender treatment is at least moderately effective in reducing reoffending. Not all programs are equally effective however, and a number of sex offenders will re-offend even after treatment — particularly those assessed as high risk" (Sheehan & Ware, 2012).

Pre-Release Support

Bravehearts work with prisoners through our Royal Commission work has shown a critical gap in the support of offenders in readiness for release and for support on release (see below under Community-based Management and Support). Evidence-based pre-release programs can assist prisoners in transitioning from prison and reduce negative impacts that may increase the likelihood of reoffending.

Pre-release programs should focus on acquisition of skills (such as behavioural skills, prosocial thinking, emotional awareness, and practical skills that assist in day to day life), skills application

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

(learning to integrate learned skills into their lives, and including relapse prevention strategies) and skills to assist with the transition from prison and that foster the development of informal social control mechanisms (including basic skills that will assist in finding work, participating in education, foster positive family and peer relationships, and prosocial activities).

Dangerous Prisoners: Continued Detention and Intensive Supervision Orders

As a community we need to find ways in which to manage sex offenders and respond to those that are clearly a serious risk. In order to keep our communities, and in particular our children, safe and protected from harm, we need to find effective measures to protect our children against those known offenders who demonstrate that they are a risk. In light of this, Bravehearts fully supports the continued detention of sexual offenders who pose a continued risk of re-offending.

In recognition that there are offenders, who either cannot or will not control their predatory behaviours and urges, Bravehearts believes that the continued detention of these offenders is fundamental in protecting children and others who could potentially be victims of known dangerous sex offenders who are judged not to have been rehabilitated and were seen as likely to reoffend. It is our belief that we have a responsibility to protect our children and communities from those offenders who pose a serious and genuine risk. The protection of children from offenders known to be a risk must be our first priority.

Where it is assessed that the level of risk an offender poses would be able to be managed in the community, intensive supervision orders

Community-based Management and Support

With the majority of offenders eventually being released into the community, post-release services are of great importance to aid in successful reintegration. To reduce recidivism, pre and post release programs are essential to address risk factors. Literature emphasises the importance of support that helps increase participation in work, education, family life, and prosocial activities and that foster the development of informal social control mechanisms that can sustain positive outcomes (Gill and Wilson, 2016; Youssef, Casey & Birgden, 2017).

Unfortunately, as has been the experience of many of the prisoners Bravehearts has supported through our Royal Commission work, many are being released with no to little financial or practical assistance and struggle to know where to seek support from. There is a critical identified need for services that assist offenders transition from prison, reducing the risk of them experiencing social isolation, psychological impacts and other influences that may increase risks of reoffending.

Circles of Support and Accountability (COSA)

The period immediately following the release of sex offenders from prison into the community carries the highest risk of reoffending. However, research shows that sex offenders who receive support during this time are less likely to reoffend.

The emerging international evidence suggests that COSA can reduce sexual, violent and general reoffending, protect the community from sexual recidivism, and more effectively monitor and manage sex offenders in the community than statutory (parole) supervision alone.

Research evidence provides support for the effectiveness of community re-integration programs such as COSA. Two rigorous evaluations of COSA have been conducted in Canada (Wilson, Cortoni & McWhinnie, 2009; Wilson, Picheca et al. 2005). The results of both of these studies showed significantly lower rates of recidivism among COSA than comparison group offenders, for sexual, violent and general recidivism. Wilson et al.'s (2005) original study found that COSA participants had

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

70% less sexual recidivism than offenders who did not participate in a COSA. In the more recent study, Wilson et al. (2009) found that COSA participants had 83% less sexual recidivism than non-participants.

Bravehearts was a research partner on a research ANROWS funded evaluation of the COSA being run in Adelaide through the Offenders' Aid and Rehabilitation Service (OARS) and a Cultural Mentoring Program in Townsville. The research was led by researchers from the Crime and Justice Research Centre (CJRC) at Queensland University of Technology (QUT), in partnership with the University of the West of England (UWE), the Offenders' Aid and Rehabilitation Service of South Australia (OARS), Queensland Corrective Service (QCS), and Bravehearts, and found that this program has been successful in engaging core members in activities that are aligned with current understandings around factors that support desistance from reoffending (Richards, Death & McCartan, 2020).

When we specifically asked survivors for their thoughts on the CoSA program, survivors' views, while mixed, were mainly supportive of the program (Richards, Death & Ronken, in press). Predominately, survivors were supportive of efforts to reintegrate sex offenders after release, and acknowledged that to support successful reintegration, there are needs that are required to be met. For survivors this was often expressed in terms of the need to prevent others being victimised. That is measures to assist in desistance from further offending, were seen as vital to meet the safety needs of the individual survivor and the broader community.

Polygraph testing

Bravehearts supports enhanced and strengthened approaches to supervising offenders in the community to assist offenders in managing their risk levels. It is our position that we need to utilise a battery of tools in order to decrease the likelihood of a child sex offender re-offending. This includes not only psychological testing and drug and alcohol testing, but also psychophysiological tests, specifically polygraphs and emerging integrity testing technologies.

Based on the experience of overseas usage of such testing in the community supervision setting, Bravehearts advocates for:

- The introduction of the use of integrity testing as part of a battery of assessment and monitoring tools for child sex offenders in Australia.
- A trial be put in place, guided by current practice in International jurisdictions.

Registration Laws

Community notification laws are the least best option in terms of effectively protecting the community but are attractive to the community. They have the potential to provide some parts of the community with some feelings of comfort that governments and the authorities are giving them all the information that they need to keep themselves and their children safe and they satisfy the right of the public to know if an offender is living nearby. Community notification laws are a reaction to the failure of the current systems' ability and willingness to protect the community against known child sex offenders and prevent offenders from re-offending.

Research into the effectiveness of sex offender registration and notification (SORN) laws, such as Megan's Law in the United States, generally show that these measures do not lead to significant reductions in recidivism (e.g., Zgoba, Veysey, & Dalessandro, 2010; Zgoba, Witt, Dalessandro, & Veysey, 2008; Tewksbury, Jennings & Zgoba, 2012). A recent, long-term evaluation of Megan's Law examined the sexual and general recidivism rates of 547 convicted sex offenders released before and after the enactment of the law in New Jersey. Offenders were followed up for an average period of 15 years. The results of this evaluation showed that SORN legislation has not had a significant

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

impact on sexual or general reoffending rates for sex offenders overall in the past two decades. The evidence did show, however that the legislation may have slightly impacted on re-offenses generally for those “high risk” offenders – those who are most likely to reoffend, and at high rates, post-release (Zgoba, Jennings & Salerno, 2018).

Sandler and colleagues (2008) explored differences in sexual offense rates in New York State before and after the implementation of state-wide SORN laws. This study involved analysing more than 170,000 recorded sexual offence arrests for the years 1986-2006, and found that the large majority of sex offence arrests (95%) were of first-time sex offenders. The authors concluded that SORN laws have not reduced sexual offending by first-time offenders and have also not impacted significantly on recidivism rates of convicted offenders (Sandler et al., 2008).

Along with not being found to impact significantly on overall recidivism rates, SORN laws have been shown to have adverse impacts on offender re-integration factors, such as the ability to obtain housing, employment and prosocial supports, all of which have been shown to be significant risk factors for recidivism (Grossi, 2017).

Bravehearts advocates that the first response should be the continued detention of dangerous sex offenders. It is our position that dangerous sex offenders should not be released back in to the community, until such time as they are assessed as low risk and that that risk can be managed in the community. We have continued detention (such as the QLD Dangerous Prisoners (Sexual Offenders) Act 2003) legislation (as a direct result of lobbying by Bravehearts) across the nation that can achieve this if implemented in the way it was intended.

Bravehearts believes that the call for broad-scale community notification laws to be introduced into Australia is based on the understandable fear the community feels and the lack of faith and belief in the correctional and legal systems to adequately ensure that offenders who are released are low risk and will be managed and monitored effectively. If the community had confidence in the correctional system, in the rehabilitation of offenders and in the system’s ability to monitor offenders in the community, community notification laws would be unnecessary.

While Bravehearts does not support widespread community notification of sex offenders (based on the experience of *Megan’s Law* in the United States), given the lack of will by the courts to continually detain dangerous offenders, we do believe that current registration legislation should be expanded to allow for restricted community notification. We advocate the duplication nationally of the Western Australian legalisation which provides for the public disclosure of limited information relating to released adult serious child sex offenders.

This scheme provides a three-tiered approach, providing:

- Tier 1: Information on missing sex offenders
- Tier 2: A local search facility that allows members of the public to search their local area (by postcode) for:
 - Dangerous sexual offenders subject to supervision orders under the Dangerous Sexual Offenders Act 2006;
 - Serious repeat reportable offenders;
 - Persons who have been convicted of an offence punishable by imprisonment for 5 years or more, and concern is held that this person poses a risk to the lives or sexual safety of one or more persons or persons generally.

The search results provide images of the offenders in the area, but does not provide addresses.

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

- Tier 3: Parents or guardians with the option to enquire on whether or not a person of interest, who has regular unsupervised contact with their child, is a reportable offender.

4. **Is there a role for early intervention or diversion programs for adults responsible for sexual harm? Why or why not?**
5. **If you support early intervention or diversion programs for adults responsible for sexual harm, what should be the features of the program?**

The Dunkelfeld Project

The Prevention Project Dunkelfeld (PPD) is a primary prevention program in Germany which targets paedophilically inclined men, with the intention of preventing sexual offences against children (Beier et.al., 2014). The PPD was established in order to reach child sex offenders in order to prevent future offending, as well as paedophilic men who wish to avoid becoming offenders (Beier et.al., 2009). The launch of the PPD in 2005 was accompanied by an extensive media campaign intended to advertise the programs services to potential patients (Beier et.al., 2014).

A study by Beier and others (2009) assessed the success of the initial media campaign by evaluating contact made to the clinic in the 18 months following the projects official launch. In this time, a total of 476 individuals made contact to enquire about the project. The majority of these individuals were located in Germany, but contact also came from Austria, Switzerland, and England. Of the original 476 contacts, 286 individuals participated in a phone screening interview. Approximately half of this sample had attempted to seek assistance prior to contacting the PPD clinic. 54.7% had enquired about professional help, and 54.2% had sought help from friends. 53.4% of the sample had had sexual contact with a minor, and 50.9% of the sample feared that they may commit a future child sexual offence. In total, 241 participants travelled to Berlin to attend an interview. Of this sample, 57.7% were diagnosed as paedophiles due to an expressed sexual preference for prepubescent minors. The results of this study were highly positive; it indicated that a significant number of paedophiles who have not been detected by the legal system are motivated to participate in a treatment program which aims to prevent child sexual abuse (Beier et.al., 2009). This study demonstrated that not only do these individuals exist in the community, but that they can successfully be reached for primary prevention through a media campaign (Beier et.al., 2009). Further results indicated that the PPD media campaigns continued to be successful (Beier et.al., 2014). By March 2014, 1959 individuals had applied for the PPD, 854 had been assessed, and 412 had been offered treatment (Beier et.al., 2014).

Results from post-program assessment are that individuals completing the program reported reductions in emotional loneliness, emotion-oriented coping, emotional victim empathy deficits, offense-supportive attitudes, coping self-efficacy deficits, and sexual preoccupation, indicating an increase in sexual self-regulation (Beier et.al., 2014).

Klaus Beier and Isabel Schilg from Charité in Germany recently reached out to Bravehearts to discuss the potential for bringing PPD to Australia, as the program is able to be remotely facilitated. If the VLRC would like to explore this further, we are able to provide contact information.

Stop It Now

The Stop it Now! approach (e.g. US, UK, Netherlands) takes a public health approach to preventing child sexual assault. The program is based around an anonymous helpline (phone or email) that allows potential or actual sex offenders to seek support in managing their behaviours, as well as advise to anyone with concerns around child sex offenders (such as family members or professionals).

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

In 2019, the Men's Project at Jesuit Social Services released a report exploring the potential implementation of Stop It Now! in Australia. Subsequently, the Men's Project in collaboration with the University of Melbourne have recently been awarded a three-year grant to develop a pilot Stop It Now! style service in Australia and build evidence to inform a nation-wide program.

6. What is working well in responding to harmful sexual behaviour in children? What improvements can be made?

Education and Primary Prevention

School-based personal safety and respectful relationships programs (such as Bravehearts' Ditto's Keep Safe Adventures, CyberEcho and ProjectYou) have a role to play in supporting children and young people develop an awareness of consensual, positive relationships. Through educating children and young people around acceptable and unacceptable behaviours, we can work with younger generations to model and teach appropriate and positive personal relationships.

Young People and Sexualised Behaviours

The need to address harmful sexualised behaviours in young people, to prevent future offending has been addressed in the recent *Royal Commission into Institutional Responses to Child Sexual Abuse*. Volume 10, of the Final Report handed down in December 2017 (2017b), was dedicated to children and young people with harmful sexual behaviours. All 7 recommendations delivered in Volume 10 (set out below) are aimed at ensuring that there is an evidence-based response to this issue:

- 10.1: Adopting a public health approach to this issue through the establishment of initiatives at the primary, secondary and tertiary level
- 10.2: Ensuring availability of timely expert assessment and appropriate intervention for children engaging in harmful sexual behaviour
- 10.3: Adequate government funding and resourcing for therapeutic interventions addressing harmful sexual behaviour perpetrated by youth
- 10.4: Clear referral pathways for youth to access appropriate assessment and interventions, regardless of this being a voluntary process or through formal child protection or justice responses
- 10.5: That therapeutic interventions are based on the following principles:
 - * a contextual and systemic approach
 - * family and carer involvement
 - * establishment of safety
 - * accountability and responsibility for the harmful sexual behaviours
 - * a focus on behaviour change
 - * interventions should be developmentally and cognitively appropriate
 - * care provided should be trauma-informed
 - * therapeutic services should be culturally safe
 - * therapeutic interventions should be accessible to all children engaging in harmful sexual behaviours
- 10.6: Adequate government funding for professional training and supervision of staff specialising in this work, and
- 10.7: The Australian Government should fund and support evaluation of programs providing interventions to address harmful sexual behaviour perpetrated by youth.

There is a growing body of research on appropriate and effective treatment methods for youth who present with harmful sexual behaviour. At present the evidence suggests that multi-systemic therapy (MST) programs, which are less commonly used for young people than CBT programmes, show more significant effects on recidivism (Radford, Richardson Foster, Barter & Stanley, 2017). For

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

example, a randomised clinical trial of MST with youth, using an 8.9-year follow-up of rearrest and incarceration data, showed that MST participants had lower recidivism rates than did participants of usual community services, for both sexual (8% vs. 46%, respectively) and nonsexual (29% vs. 58%, respectively) crimes (Bordin, Schaeffer & Heiblum, 2009).

As part of our holistic response to child sexual assault Bravehearts launched a new initiative in September 2016 called *Turning Corners*. While Bravehearts has always provided counselling support for children under 12 years old presenting with problematic sexual behaviours. The *Turning Corners* program extends this work to include youth between the ages of 12 – 17 years of age and was made possible through start-up monies from a philanthropic foundation and has continued its operation through ongoing philanthropic grant monies. The program provides a comprehensive and integrated response to youth who have engaged, or are at risk of engaging, in harmful sexual behaviour. An evaluation of *Turning Corners* is currently being finalised through the University of the Sunshine Coast.

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

As noted in our submission, we fully support and commend the VLRC for undertaking this large process. Improving the response of the justice system, and those systems supporting it, is absolutely critical for supporting survivors of sexual offences to both attain justice (where possible).

Please contact us on research@bravehearts.org.au if further information or clarification is required in relation to this submission.

Kind Regards,



Hetty Johnston AM

Founder & Executive Director

Carol Ronken

Director of Research

References

- Barnes, R., & Josefowitz, N. (2014). Forensic assessment of adults reporting childhood sexualized assault: Risk, resilience, and impacts. *Psychological Injury and Law, 7*, 34–46.
- Beier, K. M., Grundmann, D., Kuhle, L. F., Scherner, G., Konrad, A., & Amelung, T. (2014). The German Dunkelfeld Project: A Pilot Study to Prevent Child Sexual Abuse and the Use of Child Abusive Images. *The Journal of Sexual Medicine, 12*(2), 529-542.
- Beier, K. M., Neutze, J., Mundt, I. A., Ahlers, C. J., Goecker, D., Konrad, A., & Schaefer, G. A. (2009). Encouraging Self-Identified Pedophiles and Hebephiles to Seek Professional Help: First Results of the Prevention Project Dunkelfeld (PPD). *Child Abuse & Neglect, 33*(8), 545-549.
- Bordin, C.M., Schaeffer, C.M., & Heiblum, N. (2009). A randomized clinical trial of Multisystemic Therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity. *Journal of Consulting and Clinical Psychology, 77*, 26-37
- Brignell, G., & Donnelly, H. (2015). *Sentencing in NSW: A cross-jurisdictional comparison of full-time imprisonment*. Research Monograph 39. Sydney: Judicial Commission of NSW.
- Browne, R. (2017). *More child sexual assault cases in court but fewer convictions: Justice Peter McClellan*. Sydney Morning Herald, 12 April: <https://www.smh.com.au/national/nsw/more-child-sexual-assault-cases-in-court-but-fewer-convictions-justice-peter-mcclellan-20170412-gvj9vb.html>
- Cossins, A. (2010). *Alternative models for prosecuting child sex offences in Australia*. Report of the National Child Sexual Assault Reform Committee.
- Cutajar, M. C., Mullen, P. E., Ogloff, J. R. P., Thomas, S. D., Wells, D. L., & Spataro, J. (2010). Suicide and fatal drug overdose in child sexual abuse victims: A historical cohort study. *Medical Journal of Australia, 192*, 184–187.
- Gekoski, A., McSweeney, T., Broome, S., Adler, J.R., Jenkins, S. & Georgiou, D. (2020). *Support services for victims and survivors of child sexual abuse*. London: Independent Inquiry into Child Sexual Abuse
- Gill, C., & Wilson, D. B. (2017). Improving the success of re-entry programs: Identifying the impact of service-need fit on recidivism. *Criminal Justice and Behaviour, 44*(3), 336-359
- Gilmore, J. (2017). Domestic violence half-yearly update: The numbers we need to know. *The Sydney Morning Herald, 05/07/2017*.
- Greenberg, D., J.-A. Da Silva & N. Loh (2002). *Evaluation of the Western Australian Sex Offender Treatment Unit (1987–1999): A Quantitative Analysis*. Perth: The University of Western Australia.
- Grossi, L.M. (2017). Sexual offenders, violent offenders, and community reentry: Challenges and treatment considerations. *Aggression and Violent Behavior, 34*, 59-67.
- Hanson, R. K. (2002). Recidivism and Age: Follow-Up Data from 4,673 Sex offenders. *Journal of Interpersonal Violence, 17*(10): 1046.

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

- Hanson, R.K., Gordon, A., Harris, A.J.R, Marques, J.K., Murphy, W., Quinsey, V.L. & Seto, M.C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14(2), 169-194.
- Hood, R., Shute, S., Feilzer, M. & Wilcox R. (2002). Sex offenders emerging from long-term imprisonment: A study of their long-term reconviction rates and of parole board members' judgements of their risk", *British Journal of Criminology*, 42(2,): 371–94.
- Kim, B., Benekos, P.J., & Merlo, A.V. (2016). Sex offender recidivism revisited: Review of recent meta-analyses on the effects of sex offender treatment. *Trauma, Violence & Abuse*, 17(1), 105-117
- Lahtinen, H., Laitila, A., Korkman, J., & Ellonen, N. (2018). Children's disclosures of sexual abuse in a population-based sample. *Child Abuse and Neglect*, 76, 84-94.
- Lanning, K. (2010). *Child Molesters: A behavioural analysis for professionals investigating the sexual exploitation of children* (Fifth edition). Alexandria [Va.]: National Center for Missing and Exploited Children.
- Lievore, D. (2004). *Recidivism of Sexual Assault Offenders: Rates, Risk Factors and Treatment Efficacy*. Canberra: Australian Institute of Criminology.
- London, K., Bruck, M., Wright, D., & Ceci, S. (2008). Review of contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. *Memory*, 16, 29-47
- Macgregor, S. (2008). *Sex offender treatment programs: Effectiveness of prison and community based programs in Australia and New Zealand*. Australian Institute of Criminology. Brief 3.
- Martin, E. K., & Silverstone, P. H. (2013). How much child sexual abuse is "below the surface," and can we help adults identify it early? *Frontiers in Psychiatry*, 4, 1-10.
- Martin, G., Bergen, H. A., Richardson, A. S., Roeger, L., & Allison, S. (2004). Sexual abuse and suicidality: Gender differences in a large community sample of adolescents. *Child Abuse & Neglect*, 28, 491–503.
- McSherry, B., & Keyzer, P. (2009). *Sex offenders and preventative detention: Politics, policy and practice*. Leichardt: Federation Press.
- Mills, R., Kisely, S., Alati, R., Strathearn, L., & Najman, J. (2016). Self-reported and agency-notified child sexual abuse in a population-based birth cohort. *Journal of Psychiatric Research*, 74, 87-93
- Millsteed, M., & McDonald, C. (2017). *Attrition of sexual offence incidents across the Victorian Criminal Justice System*. Melbourne: Crime Statistics Agency.
- Parkinson, P. (2016). *Specialist prosecution units and courts: A review of the literature*. Report for the Royal Commission into Institutional Responses to Child Sexual Abuse.

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917

- Petrunik, M., & Deutschmann, L. (2008). The exclusion-inclusion spectrum in state and community response to sex offenders in Anglo-American and European jurisdictions. *International Journal of Offender Therapy and Comparative Criminology*, 52(5), 499-519.
- Oates, D., Jones, P.H., Denson, D., Sirotnak, A., Gary, N., & Krugman, R.D. (2000). Erroneous concerns about child sexual abuse. *Child Abuse & Neglect*, 24(1), 149-157.
- O'Donohue, W., Cummings, C., & Willis, B. (2018). The frequency of false allegations of child sexual abuse: A critical review. *Journal of Child Sexual Abuse*, 27(5), 459-475.)
- Price-Robertson, R., Bromfield, L., & Vassallo, S. (2010). Prevalence matters: Estimating the extent of child maltreatment in Australia. *Developing Practice: The Child, Youth and Family Work Journal*, 26, 12-20
- Queensland Crime and Misconduct Commission (2003). *Seeking justice: An inquiry into how sexual offences are handled by the Queensland criminal justice system*. Brisbane: Queensland Crime and Misconduct Commission.
- Radford, L., Richardson Foster, H., Barter, C., & Stanley, N. (2017). *Rapid Evidence Assessment: What can be learnt from other jurisdictions about preventing and responding to child sexual abuse*. Connect Centre for International Research on Interpersonal Violence School of Social Work, Care & Community, University of Central Lancashire.
- Richards, K. (2011). Misperceptions about child sex offenders. *Trends and Issues in Crime and Criminal Justice*(no. 429). Canberra [ACT]: Australian Institute of Criminology.
- Richards, K., Death, J., & McCartan, K. (2020). *Community-based approaches to sexual offender reintegration* (Research report, 07/2020). Sydney, NSW: ANROWS.
- Richards, K., Death, J., & Ronken, C. (in press). What do victim/survivors of sexual violence think about Circles of Support and Accountability? *Victims & Offenders*.
- Royal Commission into Institutional Responses to Child Sexual Abuse (2017a). *Final report, Volume 4: Identifying and disclosing child sexual abuse*. Commonwealth of Australia.
- Royal Commission into Institutional Responses to Child Sexual Abuse (2017b). *Final report, Volume 10: Children with harmful sexual behaviours*. Commonwealth of Australia.
- Royal Commission into Institutional Responses to Child Sexual Abuse (2017c). *Criminal Justice Report (Parts III – VI)*. Commonwealth of Australia.
- Sandler, J.C., Freeman, N.J., & Socia, K.M. (2008). Does a watched pot boil? A time-series analysis of New York State's sex offender registration and notification law. *Psychology, Public Policy, and Law*, 14, 284-302
- Schmucker, M., & Lösel, F. (2015). The effects of sexual offender treatment on recidivism: an international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology*, 11(4), 597-630.

Sentencing Advisory Council Qld (2011). *Minimum standard non-parole periods: Consultation paper*. Brisbane: Sentencing Advisory Council.

Sheehan, P., & Ware, J. (2012). Preparing sex offenders for treatment: A preliminary evaluation of a preparatory programme. *Sexual Abuse in Australia and New Zealand*, 4(2), 3-12.

Smallbone, S. & Wortley, R. (2000). *Child sexual abuse in Queensland: Offender characteristics and modus operandi*. Brisbane [Qld]: Queensland Crime Commission.

Stop It Now! (2000). *Four-year Evaluation: Findings reveal success of Stop It Now! Vermont*. Stop It Now! Report (May 2000, no.5).

Stop It Now, UK & Ireland. (2009). *Stop It Now! News*. (Spring, Issue 11)

Tewksbury, R., Jennings, W.G., & Zgoba, K. (2012). A longitudinal examination of sex offender recidivism prior to and following the implementation of SORN. *Behavioral Sciences & the Law*, 30, 308-328.

The Men's Project (2019). *Stop It Now! A scoping study on implementation in Australia*. Melbourne: Jesuit Social Services.

Wilson, R., Cortoni, F., & McWhinnie, A. (2009). Circles of Support and Accountability: A Canadian national replication of outcome findings. *Sexual Abuse: a Journal of Research and Treatment*, 21(4), 412-430.

Wilson, R., Picheca, J., & Prinzo, M. (2005) Circles of Support and Accountability: An evaluation of the pilot project in South-Central Ontario (Research Report No. R-168). Correctional Service Canada, Ottawa. Accessed at http://www.csc-scc.gc.ca/research/092/r168_e.pdf

Wood, The Hon Justice JRT. (1997). *Royal Commission into the New South Wales Police Service. Final Report. Volume V: The paedophile inquiry*. Sydney: NSW Government.

Youssef, C., Casey, S., & Birgden, A. (2017). Potential underpinnings for community maintenance programs for sexual offenders. *Aggression and Violent Behaviour*, 36(1), 108-117.

Zgoba, K., Jennings, W., & Salerno, L. (2018). Megan's Law 20 years later: An empirical analysis and policy review. *Criminal Justice & Behavior*, 45(7), 1028-1046.

Zgoba, K., Veysey, B.M., & Dalessandro, M. (2010). An analysis of the effectiveness of community notification and registration: Do the best intentions predict the best practices? *Justice Quarterly*, 27, 667-691.

Zgoba, K., Witt, P., Dalessandro, M., & Veysey, B.M. (2008). *Megan's Law: Assessing the practical and monetary efficacy (Document No. 225370)*. Washington, DC: U.S. Department of Justice.

Bravehearts Foundation Ltd. bravehearts.org.au

National Office: (07) 5552 3000 | Fax: (07) 5552 3088 | Bravehearts Information & Support Line: 1800 272 831
Postal: PO Box 575, Arundel BC, QLD 4214 | Email: admin@bravehearts.org.au | ABN: 41 496 913 890 | ACN: 607 315 917