



National Office for Child Safety

Via: [NationalOfficeforChildSafety@ag.gov.au](mailto:NationalOfficeforChildSafety@ag.gov.au)

2.11.2023

Dear National Office for Child Safety,

**Re: National Strategy to Prevent and Respond to Child Sexual Abuse**

Jesuit Social Services welcomes the opportunity to respond to the National Office for Child Safety's consultation paper, Understanding sexual behaviours displayed by children and young people: National principles and key terminology. In particular, we thank the Office for engaging with us directly to seek our feedback.

Jesuit Social Services is a social change organisation working to build a just society where all people can live to their full potential. For over 45 years, we have accompanied the most disadvantaged members of the community, providing services and advocacy in the areas of justice and crime prevention; mental health and well-being; settlement and community building; education, training and employment; and gender and ecological justice.

We are currently running a child sexual abuse prevention program for adults, and are developing a program for children and young people worried about their sexual thoughts and behaviours.

This submission outlines our child sexual abuse prevention programs and responds to two of the key feedback questions posed in the Consultation paper (questions 1 and 6).

On this basis, we make four recommendations:

1. Develop supplementary resources setting out comprehensive standards, detail and explanation of the principles, their application in particular contexts, and their implementation
2. Develop and offer free training for service providers and other relevant entities on how to implement the principles in the design of their services and in their ongoing practice
3. Consult subject-matter specialists from within the First Nations community on cultural healing and related matters to develop culturally appropriate and safe practices and appropriate frameworks and/or standards to inform training on the principles' implementation
4. Offer free consultation to service providers to support them to fully implement and adhere to the principles.

*Jesuit Social Services acknowledges the Traditional Custodians of all the lands on which Jesuit Social Services operates and pay respect to their Elders past and present. We express our gratitude for First Nations people's love and care of people, community, land and all life.*

### **Stop It Now!**

Stop It Now! was highlighted as part of the [National Child Sexual Abuse Prevention Strategy](#) in September 2021 to address a gap in preventative interventions for potential perpetrators which had been identified by the 2017 [Royal Commission into Institutional Responses to Child Sexual Abuse](#). Jesuit Social Services, in collaboration with the University of Melbourne, has been piloting a Stop It Now! Australia program since September 2022. We are currently seeking federal funding from the National Office of Child Safety to deliver the program for an additional four years as committed to in the Strategy.

The key features of the program are an anonymous helpline, chat service, and online resources for adults worried about their own or someone else's sexual thoughts and behaviours. The helpline is staffed by highly skilled practitioners and provides an anonymous space for people to talk about their concerns and get the help needed to prevent child sexual abuse.

We work closely with professionals and victim survivors of child sexual abuse to ensure their knowledge and voices help shape the service and the response. We also advocate for systemic change and work with the wider community to build knowledge and skills to prevent child sexual abuse.

Stop It Now! was founded in 1992 in the US and has since been successfully implemented in a number of other countries.<sup>1</sup> An evaluation undertaken by the University of Melbourne (to be completed this coming December) of Stop It Now! Australia preliminarily indicates that the program is having its intended effect of reducing risk factors and increasing protective factors for people concerned about their own thoughts and behaviours, and is successfully supporting friends and family to keep children safe.<sup>2</sup>

### **WASAPP**

Contrary to conventional belief that child sexual abuse is carried out by adults, research shows that harmful sexual behaviour by children and young people accounts for one third to one half of all child sexual abuse perpetration.<sup>3</sup> Despite this, there are currently no national early interventions in Australia for children and young people who are worried about their sexual thoughts or behaviours.

The Worried About Sex and Pornography Project (WASAPP) emerged in 2019 out of our advocacy for Stop It Now!. Jesuit Social Services is currently undertaking an action research project in collaboration with the

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<sup>1</sup> Van Horn, J. et al. Stop It Now! A Pilot Study into the Limits and Benefits of a Free Helpline Preventing Child Sexual Abuse. *Journal of Child Sexual Abuse*, [s. l.], v. 24, n. 8, pp. 861–867, 2015. [Weblink](#). A history of the implementation of Stop It Now! can be accessed on the international Stop It Now! website. [Weblink](#).

<sup>2</sup> University of Melbourne preliminary feedback presented privately via PowerPoint presentation, June 2023. Complete details are forthcoming.

<sup>3</sup> Boyd, C. R., & Bromfield, L. (2006). *Young people who sexually abuse: Key issues* (pp. 1–13). Melbourne: Australian Institute of Family Studies and Hackett, S., Phillips, J., Masson, H., & Balfe, M. (2013). Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers. *Child Abuse Review*, 22(4), 232–245.

University of Melbourne to develop and pilot an online early intervention service for children and young people which will likely include an online service tool with a helpline (live chat and/or phone line).

We are conducting research with children, young people, professionals and experts in the field to help inform the service. Currently, we are interviewing children and young people who have displayed harmful sexual behaviours to listen to their voices on the kinds of early intervention resources they would find helpful and engaging. This will be incorporated into the resources developed, which will undergo a 12-month pilot.

### **1. How would the national principles be used in your work? How would the national principles inform programs relevant in your area?**

#### ***Development of new services***

As outlined above, we are currently developing an early intervention service and targeted support for children and young people who are worried about their sexual thoughts or behaviours and who may be exhibiting harmful sexual behaviours.

The national principles will guide how the service is designed and will be used as a reference to monitor and assess the service against.

The language and terminology set out will be adopted, and the information in Appendix A will inform the written and verbal content on our online tool and the general scripts our practitioners use when engaging with children and young people.

Once released, the National Clinical and Therapeutic Framework will also be used to inform our online service tool and guide our program structure and practice model.

Of particular use to this program is principle 12 on non-stigmatising language and associated notes in Appendix A, specifically on how to avoid using adult-centric constructs or language, which can be difficult to achieve.

#### ***Existing services***

We will review the practices and material associated with our existing work at Stop It Now!, our child sexual abuse prevention program for adults, to ensure that all reports and early intervention services adhere to the principles and terminology.

The Stop It Now! program is primarily a service for adults. As such, when children and young people concerned about their own sexual thoughts or behaviours call the helpline, they are often referred elsewhere. However, the service does encompass, and often works with, family members of young people who may be exhibiting harmful sexual behaviours. The principles and terminology are particularly relevant in this context.

### ***Broader use***

Overall, the national principles provide clear and comprehensive guidance on how to talk about sexual behaviours displayed by children and young people, and a strong foundation for everyone seeking to support developmentally expected sexual behaviours in children and prevent and respond to concerning or harmful sexual behaviours.

These principles will assist professionals and community members to understand the expected standards in the first place, and as such to adopt them. Having consistency in standards, expectations and practice across the board will help reduce harm and bolster the effectiveness of prevention measures.

### **6. What would assist you or your organisation with the implementation of the national principles?**

We note that the principles are intentionally broad and that additional resources are forthcoming, namely specific guidelines or standards for particular sectors and a National Clinical and Therapeutic Framework for responding to children and young people who have displayed concerning and harmful sexual behaviours.

The draft principles document also states, however, that the principles are intended to provide guidance to (among others) specialist services that assess and therapeutically respond to children and young people who have displayed harmful sexual behaviours, of which we are an instance.

While we consider the principles to be strong, appropriate and helpful, we do not believe that they can provide sufficient guidance as they stand to a specialist service such as ours without significant further detail and supplementary resources.<sup>4</sup>

We consider that ensuring that the principles are understood and implemented well and consistently will require additional material which offers greater detail, examples and concrete specification; free training and consultation from the National Office for Child Safety; collaboration with and/or endorsement of training programs run by Aboriginal Community-Controlled Organisations; and consultation with the Office to guide the implementation of the principles.

We list a number of examples below. They have not been divided according to corresponding measure as there is significant overlap in each example of appropriate corresponding measures.

**Principle 4** states that approaches are to be knowledge-based, but the discussion under it does not stipulate which approaches are knowledge-based and which are not, what an approach needs in order to be knowledge-based, or how a knowledge-based approach should be developed.

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<sup>4</sup> Noting that some of this may be included in the forthcoming Framework.

We note that cultural knowledge systems are diverse, and that there may not be a list of necessary and sufficient conditions to satisfy this criterion across the board. As such, comprehensive resources may be required from the National Office for Child Safety, or resources that are endorsed by it or collaborated on (with Aboriginal Community-Controlled Organisations), to guide and train service providers to best utilise or adhere to appropriate knowledge systems.

Similarly, the discussion under **Principle 5** highlights the need for trauma- and healing-informed practices for First Nations children and young people. However, it does not give further guidance on what constitutes a safe, trauma- and healing-informed practice for First Nations children and young people.

The discussion under **Principle 6** states that responses need to consider the diverse identities of children and young people across various categories, highlighting children with neurodiversity, developmental challenges, learning difficulties or disabilities; and that services that lack the knowledge or skills should seek these out. However, it does not offer an indication of the appropriate sources for such knowledge.

The Good Ways model is an example of how services can respond safely and appropriately to children who present with cognitive difficulties. Stipulating that such a model is appropriate for use would be helpful, alongside other appropriate models and sources.

Organisations providing specialist services in child sexual abuse prevention also often lack the staffing, expertise and availability of resources to undertake a thorough implementation process of principles such as those highlighted in the draft document.

We make the following recommendations which would assist our organisation, and others like it, with the implementation of the national principles.

**Recommendation 1: Develop supplementary resources setting out comprehensive standards, detail and explanation of the principles, their application in particular contexts, and their implementation.**

As discussed above, supplementary materials should be appended to the principles setting out, in detail, what the principle in question means, what it looks like when implemented (for the relevant cohorts), what information an organisation or other party must have in order to apply it, what resources, training and consultation are available to support its implementation, any other information that may support an organisation or entity in implementing or adhering to the principle, and where they can go to for enquiries and advice.

**Recommendation 2: Develop and offer free training for service providers and other relevant entities on how to implement the principles in the design of their services and in their ongoing practice.**

In order to support organisations to implement the principles, and in order to ensure consistency across the board, the National Office of Child Safety should develop and offer training to those entities and

organisations who are charged with adhering to the principles. These training programs should be free to ensure that there is no barrier to uptake.

**Recommendation 3: Consult subject-matter specialists from within the First Nations community on cultural healing and related matters to develop culturally appropriate and safe practices and appropriate frameworks and/or standards to inform training on the principles' implementation.**

For any cohorts, principles and subject-matter that relate to Aboriginal and Torres Strait Islander peoples, the Office should consult subject-matter specialists from within the First Nations community in order to guide and inform the development and communication of a framework or standards according to which training programs can be developed for implementing the standards which are culturally appropriate and safe.

Where possible, programs and training run by Aboriginal Community-Controlled Organisations which are within the framework or which meet these standards should be offered and endorsed.

**Recommendation 4: Offer free consultation to service providers to support them to fully implement and adhere to the principles.**

In order to ensure that organisations and others who are charged with adhering to the principles can do so well, consistently and confidently, we consider that the Office needs to make itself available to consult on best practice, particular instances and questions, and anything further that arises for those implementing and adhering to the principles. It is important that this be done by the Office itself, such that its authority and expertise can be relied upon by all relevant bodies and so that best practice can be maintained.

We thank the Office for the opportunity to respond to this consultation paper and welcome further discussion regarding the feedback detailed in this letter.

Yours sincerely,



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