



**Lived  
Experience**  
AUSTRALIA

# **Draft Five-year Strategy 2023-2027**

## **The National Centre for Action on Child Sexual Abuse**

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Submitted via Email:

[info@ncacsa.org.au](mailto:info@ncacsa.org.au)

Lived Experience Australia Ltd  
Contact: Sharon Lawn  
Chair & Executive Director  
[slawn@livedexperienceaustralia.com.au](mailto:slawn@livedexperienceaustralia.com.au)  
PO Box 12, Oaklands Park SA 5046  
Phone 1300 620 042  
ABN: 44 613 210 889

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## Introduction

Lived Experience Australia Ltd (LEA) is a national representative organisation for Australian mental health consumers and carers, formed in 2002 with a focus on the private sector. All members of our Board and staff have mental health lived experience as either a consumer, family carer or both.

Our core business is to advocate for systemic change to improve mental health care across the whole Australian health system. This includes advocating for empowerment of consumers in the broad range of issues that impact their mental and physical health, empowering consumers in their own care and contact with health and social services, promoting engagement and inclusion of consumers and carers within system design, planning and evaluation and most importantly, advocating for consumer choice and family and carer inclusion and wellbeing. Our submission comes from the perspectives and experiences of people with lived experience of mental health challenges, their families, and carers.

We welcome the opportunity to provide our submission on the Draft Five-year Strategy 2023-2027 for The National Centre for Action on Child Sexual Abuse. We recognise that childhood trauma, particularly child sexual abuse, can have among the most significant impacts on the future mental health and wellbeing of victims and survivors. They carry these impacts with them throughout their lives; hence, the importance of strategies to prevent child sexual abuse, identify victims, survivors and perpetrators early, and provide effective, empowering and trauma-informed support to victims and survivors as early as possible and for as long as they need throughout their life.

We commend the strength and commitment of the partnership between Blue Knot Foundation, the Aboriginal and Torres Strait Islander Healing Foundation and the Australian Childhood Foundation in their leadership to take the work of the Strategy and the National Centre forward.

## Our Broad Comments on the Draft Strategy

The document appears to be well laid out. The quotes and diagrams work well.

The current document does not seem to reflect a significant shift in the movement to empower sexual abuse survivors to 'come out' and report child sexual abuse. Related to this, we would like to highlight the importance of the 'Me Too' movement in increasing the likelihood of victims to report child sexual abuse. Whilst we are very conscious of the potential trauma that this can entail for the person and those closest to them, we also are fully aware of the traumatic consequences of living with the experience of child sexual abuse on the person where justice, or a sense of justice, has not been achieved; where their experience has been silenced, dismissed, disbelieved, refuted, or simply overlooked.

Lived Experience Australia's network of friends hold a diverse range of views on how action should be taken, with some demanding more justice, and others being concerned about the further trauma that may be experienced. This is largely because, over decades, policing, justice and care systems have repeatedly failed them and their families and friends who have sought help. We embrace the wave of the 'Me Too' movement's current calls in naming and shaming of perpetrators in our communities and families, and their message that abusers in Australia need to feel more certain that they will be reported for this criminal action. We want to further reinforce the community's rage against child sexual abuse, and the messaging needs to reflect that perpetrators are no longer protected by any part of society, including the institutions that have historically protected them, and that the 'sex offender' label will follow them always.

We therefore suggest that the language of the Strategy reflect a tougher stance towards perpetrators. For example: On page 10: "For the community, it is a promise to keep child sexual abuse central to our awareness, *the need for widespread cultural change in embracing and*

*encouraging survivors to report previous crimes, empower more people to take action to prevent sexual crimes [delete “it”] through a shift to never protect or excuse perpetrators, end all stigma associated with it and respond to the needs of children, young people and adults it has affected.”*

A note on language. Grace Tame and so many others talk about ‘evil’ sex offenders. We believe we must eliminate the use of the word ‘evil’ as this can then lead to media and documentaries that show offenders hide under the blanket of “well it was the devil in me that made me do it”. People do not commit crimes because the devil made them, they make choices be they because of nature or nurture, and they must expect and receive the legal consequences.

We also note that the focus is on victims, survivors and people with lived experience of child sexual abuse, with virtually no direct focus on perpetrators. We fully understand how the reference group informing this Draft Strategy has arrived at this position. We fully agree that the greatest focus and respect must be to the victims, survivors/lived experience. However, we wonder if something more can be said about public messaging to the community and reach to past and present perpetrators, and also how this strategy interacts with other documents that inform the treatment of perpetrators within the legal, correctional, forensic and rehabilitation systems. We are also conscious of the potential trauma that some perpetrators have experienced in their own life course. Although this does not condone their perpetration of child sexual abuse of others, we wonder how the Strategy might include these concerns. We note, on page 9, there is comment about the National Centre supporting efforts to improve the criminal justice system and recidivism, though very little more is said about this in the Strategy.

We have concern about the interchangeable usage of “victims”, “survivors” and “people with lived and living expertise of child sexual abuse.” Although we recognize why each of these terms has been used, we would prefer to see the latter phrase used more throughout the document in line with 2013 A national framework for recovery-oriented mental health services where the recommendation is to foster languages and cultures of hope and optimism. The terms “victim” and “survivor” both have the propensity to be used against those of use them who live with the implications of others’ abuse actions who have then traditionally been caught up in a system that focuses on victim-blaming and individual responsibility to forgive, forget and recover.

We are heartened to see reference to the potential for people with lived and living experience of child sexual abuse to also face a number of complex circumstances and life challenges. We would, however, like this to be expanded within the Strategy, especially given reference is also made to the life course and longitudinal impacts of child sexual abuse. Stated so briefly, the gravity of these points is somewhat lost. Also, the implication could be misinterpreted as responsibility for action resting with the person to change their circumstances and with service systems for which key partnership will be established. There is lack of detail about any of this in the document. Social determinants are only indirectly referred to, yet there is evidence for the contribution of poverty, unemployment, and poor housing to child sexual abuse.<sup>1</sup>

The Strategy is incredibly promising in what it is seeking to achieve in embedding lived experience and co-design principles; however, throughout the document the words “design” and “co-design” are used interchangeably where co-design is a very specific process that seeks to embed lived experience in the development and implementation in all aspects of service design and delivery. If this is to be the benchmark document that all stakeholders refer to, it presents an opportunity to set the standard for all things to come. It therefore follows that clear language around the priority of lived experience voices as equal to specialists, generalists, researchers and policy makers is made clear at all points throughout the document.

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<sup>1</sup> The Nuttfield Foundation. (2022) The Relationship Between Poverty and Child Abuse and Neglect: New Evidence. [https://research.hud.ac.uk/media/assets/document/hhs/RelationshipBetweenPovertyChildAbuseandNeglect\\_Report.pdf](https://research.hud.ac.uk/media/assets/document/hhs/RelationshipBetweenPovertyChildAbuseandNeglect_Report.pdf)

If the role of the National Centre is to “align, collaborate and partner with stakeholders across Australia” as “distinct from, but complementary to, that of other key government agencies that respond to child sexual abuse, such as the Australian Centre to Counter Child Exploitation (ACCCE), the Department of Social Services (DSS), the eSafety Commissioner and the National Office for Child Safety (NOCS)” (p13) there is also a key argument for embedding designated lived experience leadership within the governance structure of NCCSA. A similar model that could be implemented in achieving diversity of representation would be the current operation of the National Mental Health Consumer Carer Forum as supported by Mental Health Australia.

We note that the National Centre will commission and/or fund a minimum of \$3.38 million in research and evaluation projects. It is unclear whether this relatively small amount is for the total 5-year period. Given the many challenges identified and the significant amount of work to be achieved, this amount seems extremely low.

## Our Specific Comments on the Draft Strategy

There is an odd inconsistency with the interchangeable usage of “life course” and “lifespan” throughout the document. We note that neither of these terms appear in the Glossary. In relation to how each challenge will be broken down towards actualisation across the five years of the Strategy, there appears to be an odd vagary in how lived experience is to be drawn upon in research, review and implementation of the Strategy. We recommend that each challenge starts with the same personhood statement as at Challenge 5 on page 28; i.e. - What we will focus on in Year 1 - “Partner with people with the lived and living expertise of child sexual abuse to...”

On page 4: “This Draft Five Year Strategy sets the starting point for what the National Centre intends to do and accomplish.”

- Just accomplish? – “do and accomplish” is a tautology

On page 5: RE the purpose of the Draft Strategy, we believe strongly that there should be an initial dot point about the purpose also being to empower the person who has experienced child sexual abuse. This is a clear omission that needs correction, given the many comments about partnership and inclusion throughout the document.

On page 10: For Researchers – We believe that Lived Experience researchers should also be noted here. Also, there is no explicit section for the role of advocacy groups. Their role cannot merely be assumed within the ‘Community’ response.

On page 11: “We leverage the leadership and decision-making expertise of victims and survivors to shape and design responses.”

- Co-design, not design

On page 12: “Research and Evaluation – Commission and drive the building and sharing of a robust evidence base about what works in policy and practice.”

- Add to the end of the session – co-designed and led by people with lived experience of child sexual abuse. To align with both Principle 2 (p.11) – participatory and collaborative and the NMHC’s Lived Experience (Peer) Workforce Development Guidelines.

“Stigma Reduction” should also something about safe disclosure related to stigma, given we recognize that many individuals, especially those with other complex issues in their lives (such as addiction and mental illness) may be reluctant to seek help due to real or perceived experiences of stigma and self-stigma.

‘Capability Building’ should also mention the issue of safety.

On page 13, the Advocacy peaks and other organisations involved in advocacy are not represented in the Stakeholder Landscape diagram, even though their advocacy has and will continue to be of great importance in helping to address child sexual abuse. Also, the diagram showing the various organisations and their roles makes no mention of families and which organisations support them.

On page 14: “We also recognise the need to align with relevant initiatives already in progress, key examples of which include:”

- The NMHC’s Lived Experience (Peer) Workforce Development Guidelines is missing and needs to be considered, given reference to lived experience throughout the document and especially in tandem with the National Mental Health and Suicide Prevention Plan and Vision 2030: Blueprint for Mental Health and Suicide Prevention as specifically stated examples.

It is also unclear how the current Draft Strategy and the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 interact.

On page 17: “The challenges we need to address”

- Add “the reality that” to the end of the sentence to better contextualise to the related statements
- Language returns to life course not lifespan. Clarify desired word choice to inform consistent style guide

“Knowledge about complex and intergenerational trauma and dissociation does not generally inform responses to individuals with lived and living experiences of child sexual abuse”

- Knowledge about complex trauma, intergenerational trauma and dissociation

“We are a more compassionate and trauma aware community that understands...”

- Following on from the statement – The change we want to see: “The creation of a more compassionate and trauma aware community that...”

“It is easier for victims and survivors to receive the support they need, when and where they need it, to live and heal. Mainstream health, community and justice systems are more aware and responsive to people who have experienced child sexual abuse.”

- Switch these two sentences around when considering as follow-on statements from – The change we want to see: “Mainstream health, community and justice systems are more aware and responsive to people who have experienced child sexual abuse. This means [or another word here] it is easier for victims and survivors to receive the support they need, when and where they need it, to live and heal.”

“We will partner with”

- Recommended additional priority group: Lived experience leadership, advocates and the non-clinical workforce already embedded within the system (referring to the above statement under – The change we want to see – in relation to victims/survivors/people with LE currently “stuck in the system”).

Again, there is no mention of the Advocacy organisations in this diagram, ‘Community, ‘in all its forms’ is not sufficient to reflect the role and importance of these groups. The first mention of them in the document is on page 20 as ‘peak bodies’.

On page 18: “Commission research to build a comprehensive understanding of intrafamilial child sexual abuse and support its incorporation into all aspects of child sexual abuse prevention, intervention and service design and delivery for victims and survivors.”

- Co-design not design

“Benchmark current community knowledge and attitudes about child sexual abuse and harmful sexual behaviour in Australia and use the results to develop a key message framework that can support community awareness raising initiatives”

- With comparative datasets arising from the NMHC’s Stigma and Discrimination Reduction Strategy, is there a partnership already operating here in-line with above stated current Mental Health and Suicide Prevention strategies?

On page 19: “Build the capacity of specialist and generalist services to implement the preferred definition framework within their own practice, program design and service delivery to promote consistency of language across the community.”

- Co-design not design

“Support the design of campaigns with evaluation in mind including consideration of logic models, implementation science, and attitudinal and behaviour change theories.”

- Co-design not design

On page 21: “Design and develop learning materials and opportunities for practitioners and services providers to...”

- Co-design not design

Challenge 2 should also say more about cultural barriers to disclosure and reporting of child sexual abuse. We are aware through our own lived experiences how some families, due to their cultural beliefs, attempt to ‘manage’ child sexual abuse within the family or kinship group, particularly where the perpetrator is a family member.

Also, there are many crossovers between Challenge 2 and Challenge 3. Please review to ensure their distinction is clearer.

On page 23: “Use the results of the training needs analysis to design and deliver practice guides, tools, learning materials and training opportunities for...”

- Co-design not design

On page 26: “Support the design of harmful sexual behaviour community education/action campaigns that address critical contextual and messaging considerations.”

- Co-design not design

On page 28-29: “Use the results of the training needs analysis to design and deliver practice guides, tools, learning materials and opportunities that...”

- Co-design not design

Re: ‘What we will focus on in Year 1’ – We note the comment ‘map the service needs’; however, why is it only the service needs that will be mapped here. Stated in this way limits the range of actions, and also assumes that services hold all the solutions and will fix everything. This is simply not the case. Victims, survivors and people with lived experience of child sexual abuse are and can be empowered through a range of opportunities and connections through their life course, including informal ones.

We also suggest that the peer worker role could be mentioned in this section, particularly because central to their role is expertise in building trust and safety which are key considerations for people who have experienced child sexual abuse.

More could also be said about communication and confidentiality, disclosure and information sharing over time, for example, in the focus of Years 2-3.

On page 30: “The National Centre will integrate a deep understanding of the complex and intergenerational trauma consequences of and dissociative responses to child sexual abuse into the ways that services are designed and delivered.”

- Co-designed not designed

“Support the development of trauma-informed policy, system and program design”

- Co-design not design

The 3<sup>rd</sup> dot point in the focus areas for Year 1 is a pivotal activity and should be elevated.

On page 31: “Ensure that cultural knowledge is privileged as a legitimate evidence base from which design thinking for system, program and intervention approaches can be drawn.”

- Co-design not design

“Build a theory of change embedding a trauma-informed approach into program/model design”

- Co-design not design

“Invest in position papers and critical reviews into the systems seeking to reform policy, legislation and system design to address fragmentation and delivers services that address the critical needs of victims and survivors using best practice approaches to support and therapeutic responses.”

- Co-design not design

“Continue to ensure that cultural knowledge is privileged as a legitimate evidence base from which design thinking”

- Co-design not design

“Continue to support the development of trauma-informed policy, system and program design and transformational change processes to ensure victims and survivors needs are understood and responded to appropriately.”

- Co-design not design

“Continued investment in position papers and critical reviews into the systems seeking to reform policy, legislation and system design to address...”

- Co-design not design

“Continue to ensure that cultural knowledge is privileged as a legitimate evidence base from which design thinking for system, program and intervention approaches can be drawn.”

- Co-design not design

On page 32: Here, and across the document, there is little mention of people with experience of child sexual abuse who reside in institutions (e.g., aged care, disability, mental health, forensic, prisons).



## Contact

We thank the National Centre for Action on Child Sexual Abuse for the work it is doing on this important national issue. We wish you every success with the next steps. We would be keen to discuss further, any clarification or issues raised here with you.

Your sincerely

Professor Sharon Lawn  
Lived Experience Australia Ltd  
Board Chair and Executive Director  
Email:  
[slawn@livedexperienceaustralia.com.au](mailto:slawn@livedexperienceaustralia.com.au)  
Mobile: 0459 098 772

Fi Peel  
Lived Experience Australia Ltd  
ACT Advisory Forum Coordinator  
Email:  
[fi.peel@livedexperienceaustralia.com.au](mailto:fi.peel@livedexperienceaustralia.com.au)

Darren Jiggins  
Lived Experience Australia Ltd  
Deputy Chair & TAS Advisory Forum  
Coordinator  
Email:  
[djiggins@livedexperienceaustralia.com.au](mailto:djiggins@livedexperienceaustralia.com.au)