Submission in response to the Sexual Violence Prevention and Response Strategy

Please accept this submission on behalf of Parkerville Children and Youth Care (Parkerville CYC). We welcome the development of a Strategy to help prevent sexual violence, improve service responses and outcomes for victim-survivors, and hold people who use sexual violence accountable.

In providing this submission we have illustrated points with current case or practice examples. To protect the privacy of those involved we have removed identifying details and provided pseudonyms.

Acknowledgement of lived experiences of violence and abuse

Parkerville CYC acknowledges the lives and experiences of the children, young people and families represented in this submission who are affected by all forms of child abuse and sexual violence. We recognise their individual stories of courage, hope and resilience, and that of all victim-survivors.

Introduction

In this response, we particularly focus on highlighting the breadth and complexity of sexual violence against children and young people that we see in our services, the impacts on victim-survivors, and the current systemic challenges in prevention, response and recovery.

As the recently published Australian Child Maltreatment Study (ACMS) has powerfully demonstrated, 'policy and programmatic reforms are needed to promote education and skill development, enhance parenting, change harmful attitudes justifying violence against children and women, and create norms protecting children, provide social and therapeutic services, and improve structures and policies to support individuals, parents and families' (ACMS, 2023).

We also note the importance of an intersectional lens, recognising that violence against women and children exists in relation to multiple and intersecting structural and systemic forms of discrimination, such as racism, ableism, homophobia, and transphobia, which can increase the severity or prevalence of violence, create barriers to help-seeking, and/or worse outcomes for particular groups (Coumarelos *et al*., 2023). This recognises that gender and gender inequality may be constructed and experienced differently, and that prevention, intervention and recovery and healing must therefore respond to the diversity of families and communities (*ibid.*).

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There is nothing more damaging to wellbeing and whole of life outcomes than growing up in poverty, in insecure and abusive homes and communities, and with unequal access to essential and specialist services. It is imperative to have a whole-of-Government approach that recognises this context and the profound impact on children and young people, and as they develop throughout childhood, adolescence and into young adulthood.

Our holistic support to children, young people, and families

Parkerville CYC is a For Purpose organisation that supports children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves. We see a future where Western Australia is the safest place in the world and all children, young people, and their families feel safe to dream, to thrive, and to reach their fullest potential. We have been working alongside vulnerable children, young people, and their families for 120 years, and every year, we support more than 13,000 people across WA through our therapeutic, out of home care, youth, and education services. The future of those we serve depends on what we do in the present to support them to reach their potential.

Parkerville CYC's services

Education Services

- **Child and Parent Centres (CPCs):** Parkerville runs two CPCs in Perth, servicing 12 primary schools in vulnerable communities. The centres work to create an entry point into the school systema and help with school readiness, but importantly they focus on increasing family capacity and help them provide appropriate developmental experiences and a happy, healthy home.
- **Education Employment and Training Program (EET)**: For young people at extreme educational risk due to trauma, mental health, family issues

Youth Services

- **Support and Community Services (SACS):** service for families with children aged 4-14 that are experiencing homelessness, or at risk of homelessness and living in supported accommodation.
- **Moving Out, Moving On (MOMO):** service for young people aged 15-21 who are experiencing homelessness, or at significant risk of homelessness or transience.
- **Reconnect:** a diversion and early intervention service for families with young people (12-18) at risk of homelessness or family breakdown.
- **Yong Women's Program:** medium-term accommodation and support for young women (including those with children) aged 16-25 experiencing or at risk of homelessness, or who need help to live independently.
- **Armadale Youth Accommodation Service (AYAS):** short-term crisis accommodation for young people experiencing/at risk of homelessness.

Therapeutic Services

- **Multi-agency Investigation and Support Team (MIST):** co-located, multi-disciplinary, trauma-informed model to reduce harmful impacts of trauma from abuse. WA's first truly integrated child sexual abuse (CSA) response, with Child Advocacy Centres in Armadale (2011) and Midland (2019), and Child and Family Advocates (CFA) and psychology services attached to the Perth District Child Abuse Team (2020). MIST's core principle is to reduce instances of children having to tell and re-tell their story, and coordinate services (including Police) to wrap around the child and family, through collaborative relationships and knowledge-sharing.
- **Therapeutic Services:**
  CSATS: We provide a Child Sexual Abuse Therapeutic Service (CSATS) in a regional area of WA.
  PACTS: We also provide a Parents and Children's Therapeutic Service (PACTS) in a northern Perth suburb. 84% of children and young people receiving a service had experienced child sexual abuse.

Out of Home Care

- Parkerville CYC cares for 126 children and young people across foster care, family group homes (FGH) in the Metro area and in the Murchison. We also run an intensive residential program for young people aged 12-17 currently under the care of the Department of Communities (Belmont Youth Program). We are implementing an innovative new model (Our Way Home) – radically personalised shared care: focusing on the needs and desires of each child, and deliberately seeking to establish, maintain and deepen connections between children and their families.

Recommendations

1. The Strategy must speak to the National Plan to End Violence against Women and Children 2022-2032. To achieve the National Plan's overarching goal, children must be recognised as victim-survivors in their own right, with developmentally appropriate, specialised trauma-informed initiatives.

Child Sexual Abuse (CSA)

2. The Strategy must speak to the First Commonwealth Action Plan to Prevent and Respond to Child Sexual Abuse (CSA), to develop a more robust and integrated evidence base and response to CSA. This should include:
   a. Awareness-raising efforts that include information tailored to age and developmental stage, responding to CSA disclosure and/or concerns, how to talk about safety, body autonomy and consent.
3. Priority pathways to child developmental services for children who have experienced CSA should be considered, recognising the significant impact of CSA on child development and negative lifelong outcomes.
4. Greater provision of family therapy for children affected by CSA and their families must be built into the system, to mitigate risk of family breakdown, or minimise its impact on the journey of recovery from trauma.

CSA: Harmful Sexual Behaviours (HSB)

5. The Strategy must support coordinated HSB prevention efforts, through:
   a. A multi-agency public health approach, including greater access to assessment and therapeutic intervention.
   b. Greater research into, and understanding of, both the incidence and impact of HSB at different developmental stages.
6. The Strategy must commit to secondary prevention of HSB where behaviours are developing/at greater risk of developing, such as in Out-of-Home Care. This includes:
   a. Implementation of Royal Commission recommendation 10.2: governments should ensure that timely expert assessment is available for individual children with problematic and harmful sexual behaviours, so they receive appropriate responses, including therapeutic interventions, which match their particular circumstances.
   b. Full implementation of all recommendations made in the Commissioner for Children and Young People's Independent Review into the Department of Communities' policies and practices in the placement of children with harmful sexual behaviours in residential care settings (2021). In particular, the Department must urgently review assessment and placement processes, including:
      i. The continuing placement of children 5 and under in group residential care alongside older children at very different developmental stages.
      ii. The placement of children known to have displayed or at high risk of displaying HSB in group residential care.
7. Guidelines must be introduced to ensure that if there is a criminal justice system response to HSB, it is developmentally appropriate and trauma-informed, and protects the rights both of children who are charged with offences and victim-survivors. Guidelines should include:
   a. Greater clarity around the policing and criminal justice response to children and young people displaying HSB, to reduce response and sentencing disparities.
   b. Clear guidelines for Juvenile Justice Teams, and consistent referrals for therapeutic intervention and other community-based, trauma-informed responses wherever possible.

CSA: Child Sexual Exploitation (CSE)

8. In line with the Royal Commission recommendation, the WA Government should adopt a clear definition for CSE, to enable the collection, sharing and reporting of inter-agency data on CSE as a form of CSA.
9. There must be a review of operational practice around children who go missing from care, with a strong focus on links to risk of sexual exploitation and priorities needed for protection, support and recovery, including:
   a. A child sexual exploitation lens when assessing repeat missing reports relating to children.
   b. A multi-agency response focused on prevention and early intervention, and focused on identifying CSE perpetrators.
10. There must be a robust investment in specialist support for young people affected by CSE, that meaningfully addresses barriers to engagement with services. This should include:
    a. More expansive eligibility, which does not exclude young people presenting with co-morbidities and includes outreach and case management that is persistent, non-stigmatising, and specialised.
    b. More resourcing for peer support services for young people affected by CSE.

1. Child sexual abuse

The First Action Plan 2023-2027 under the National Plan to End Violence Against Women and Children 2022-2032 states that, 'children and young people living with, or who have experienced violence in the past, can experience ongoing psychological, behavioural and health issues, affecting their development, health and education, but require different approaches to adults who have experienced violence' (emphasis added). In the development of the Sexual Violence Prevention and Response Strategy, we stress the profound need to recognise children and young people in their own right – and children in all their diversity, including LGBTQIA+, Aboriginal, and culturally and linguistically diverse children and young people.

Sexual violence is a manifestation of inequality and discrimination based on gender, race, and other power imbalances. It is rooted in historically unequal power relations that view women and girls as subordinate to men and boys (Commonwealth of Australia, 2022). However, it cannot be isolated from the entrenched disadvantages brought by systemic gender inequality, economic inequality, and the intersection with overlapping and compounding disadvantages like ethnicity, intergenerational trauma, gender identity and sexual orientation, and cultural context, to create/entrench individual and systemic disadvantage for our most vulnerable and at-risk children and young people.

1.1 Child sexual abuse and multi-type child maltreatment

It is critical that the Strategy recognises the differential ways in which sexual violence is targeted at and experienced by children and young people. It must demonstrate understandings of trauma, gender, culture and multiple and intersecting forms of disadvantage, and is sensitive, inclusive and responsive to the needs of different communities and at-risk cohorts of children.

Australian children, especially girls, are experiencing child sexual abuse in high numbers, and adults are living with the long-term and distressing impacts of sexual abuse experienced in their childhoods (NCA CSA, 2023).

As noted in the draft Strategy, the Australian Child Maltreatment Study (ACMS) found that women were almost twice as likely as men to report CSA: whilst women experienced comparable levels of childhood physical abuse and exposure to domestic violence to men, they reported substantially more childhood sexual abuse (35.2% vs 14.5%). Moreover, four in 10 young people experienced more than one type of maltreatment, and girls are almost twice as likely to experience 4 or 5 types (4.7% vs 2.0%). Child sexual abuse rarely happens only once and is often experienced chronically (Haslam *et al.,* 2023).

This ACMS data shows the extent to which girls, in particular, are vulnerable to multitype child maltreatment. This is a crucial point to highlight and is reflected in our services: frequently, if not overwhelmingly, the 'presenting issue' for the girls and young women that we support is only one form of trauma or disadvantage with which they are dealing. Whilst the evidence presented below refers predominantly to child sexual abuse (CSA) and its greater prevalence for girls, it is important to note this complexity, which is clear from the presented case studies.

Our support for children, young people and families affected by child sexual abuse (CSA)

Multi-agency Investigation and Support Team (MIST)

Parkerville CYC's MIST service is a co-located, multi-disciplinary, trauma-informed model working to reduce the harmful impacts of trauma from abuse. It provides WA's first truly integrated child sexual abuse (CSA) response. We opened Child Advocacy Centres in Armadale (2011) and Midland (2019). In the past 12 months, Parkerville CYC has supported 1,280 children affected by child sexual abuse through these Child Advocacy Centres. The core principle of MIST is to reduce instances of children having to tell and re-tell their story, and coordinate services (including Police) to wrap around the child and family, through collaborative relationships and sharing knowledge to produce better outcomes. In the 12 months from March 2022 to March 2023, 76 per cent of clients supported by MIST were female/identified as female.

Therapeutic Services

CSATS: We provide a Child Sexual Abuse Therapeutic Service (CSATS) in a regional area of WA. Our specialist staff saw 44 clients in the 1 July-31 December 2022 period, of whom 88% were children and young people. Of the total number of children seen in this period, 77% were female.

PACTS: We also provide a Parents and Children's Therapeutic Service (PACTS) in a northern Perth suburb. 84% of children and young people receiving a service had experienced child sexual abuse. Of the total number of children seen in the 1 July-31 December 2022 period, 63% were female.

1.1.1 CSA prevention and response: lessons from practice

Our practice in supporting children, young people and families affected by CSA demonstrates the significant impact of this trauma for the child and young person, and non-offending family members. And the research cited above reinforces what we see in practice: the trauma of CSA is rarely the sole abuse experienced by children and young people. For instance, we supported 19 children in PACTS from 1 July-31 December 2022, but recorded 46 combined experiences of abuse (witness of FDV, physical abuse, emotional abuse sexual abuse, i.e., most children experienced multiple types of abuse, the highest incidence being for sexual abuse and witness of FDV. Similarly, our CSATS program recorded 90 combined experiences of abuse for 44 children.

For all our services supporting children, young people and families affected by CSA, we see how entrenched poverty and multiple disadvantages, family complexity and intergenerational trauma intersect with gender inequality and gender-based violence to create differential risk to children and young people according to sex, gender, ethnicity, and other facets of identity. At the family level, parents/caregivers may be emotionally

or physically unavailable, may themselves be the perpetrator or minimise/justify the abuse, may have their own history of CSA and/or intergenerational trauma, and in cases of sibling-on-sibling abuse (which continues to increase as a presenting issue in our services) – be managing highly complex and traumatic intrafamilial circumstances. Indeed, many of our cases are within the family network: for clients in CSATS and PACTS, our most recent data shows that in 68% and 74% respectively of cases the perpetrator is a parent, carer, or immediate family member. This proportion is mirrored in our MIST program.

More generally, Parkerville CYC takes a family systems approach to supporting children and young people affected by CSA, including the provision of Family Therapy in MIST to further wrap holistic support around families as they navigate deeply traumatic circumstances – both the CSA itself, and the police, child protection and court systems. These systems often lack capacity to provide an individualised, child-safe and child-centred approach, with families left to mould to the system, participating in processes that are not developmentally appropriate. For example, expectations that a child will disclose their abuse to a stranger in a police setting, expectations that all children/families trust police, expectations that children will be assertive in the face of questioning by a defence lawyer, expectations that children will be strong and fearless when called a liar by a defence lawyer, expectations that a child will be able to sit still and answer questions in both these settings.

Non-offending parents/caregivers often experience feelings of guilt and shame that are intensified by the real or perceived judgments of others and the stigma surrounding child sexual abuse, creating isolation, and making it difficult to process the impact of disclosure, and seek the necessary support to move forward. Families are often torn apart by CSA allegations, with extended families taking sides, children often not believed, and non-offending caregivers subject to intense supervision and scrutiny. Families often do not know how to parent a traumatised child or adolescent (and their siblings), or where to turn for help. And many families that we support have their own social issues, trauma histories and complexities, including previous interactions with police and child protection, positive and negative.

These histories and pressures can impact on families' capacity to participate in and navigate these systems, as well as successfully access supports and coping strategies, amid a context in which free, appropriate, trauma-informed services for families are lacking or subject to long wait lists. This point is particularly salient given the greater complexity of need with which families are presenting to MIST over 2023, including the increasing impact of systemic issues such as poverty and the need to link with emergency relief and food, and families requiring accommodation services.

Case Snapshot

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Moreover, the prevalence of CSA and its harmful impacts present not only in our specialist CSA services, but across the breadth of our programs. The complexity of issues present in young people's lives because of sexual abuse (and almost universally, other forms of abuse), often requires intervention by multiple Parkerville services, as seen in the case below.

Case Snapshot

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1.2 CSA: Harmful Sexual Behaviours

We welcome the draft Strategy's focus on harmful sexual behaviours (HSB), and the 'compelling link between exposure to family and domestic violence and other adverse childhood experiences and the commission of sexual and other violent offences among male youth.' However, we call for a much stronger response than is implied by the proposed, 'Improve understanding of and responses to children and young people who display harmful sexual behaviours.'

HSB is a term that encompasses a wide range of behaviours along a continuum of severity, intensity, and impact within each psychosocial stage of development. It includes behaviours that are concerning, very concerning, serious, or extreme and deviate from developmental and societal expectations. The level of concern, impact, and intensity varies across the continuum. This demands a highly specialised and well-resourced response (gaps in the availability of specialist HSB provision is an acute concern, explored further below) that is responsive to the growing evidence base from research and practice, and can engage meaningfully with the contexts, complexities and multiple disadvantages faced by victim/survivors, those who have engaged in HSB, and their families.

This requires all responses, from criminal justice and child protection to community-based and/or therapeutic, to be developmentally appropriate and guided by an understanding of the role of trauma in these circumstances. In particular, we call for:

- **Therapeutic and trauma-informed response first:** At minimum, the initial response for all children and young people who display HSB should be therapeutic and sensitive to the trauma history and developmental stage of the child or young person, regardless of subsequent criminal justice involvement. This is especially needed given the lack of consistency in system responses (see below). Above all, we echo the Royal Commission's (2017) emphasis on children and young people's capacity for rehabilitation if provided with appropriate support, education, or therapeutic interventions: 'timely access to early intervention, assessment and therapeutic treatment services is essential.'
- **Systemic inconsistencies to be addressed**: For a small group of children, a child protection or criminal justice response may be necessary. However, greater transparency and reason should be applied to these responses. Frequently, we see inconsistencies with no discernible logic to explain the discrepancy, with some children and young people placed on care plans, and others criminalised. Indeed, we have supported neurodivergent young people (who, statistically, are over-represented in displaying HSB) sentenced to juvenile detention for a single instance of HSB, and other young people with recurrent and more extreme HSB behaviours who have not been criminalised. There is currently little clarity in the system about why some young people are sent down one – criminalised – path, and others receive a more nuanced response.

1.2.1 Specialised therapeutic response

Parkerville's highly specialised therapeutic services have provisional and clinical psychologists with expertise in providing a clinical response to HSB. Our CSATS and PACTS programs accept referrals for children and young people who are displaying HSB, and the demand for this service has been steadily increasing: for PACTS, we have seen a considerable increase in the first half of 2023 of children and young people that have either demonstrated HSB toward other children or young people, or were considered at risk of engaging in HSB (24% compared to 13% for July-December 2022).

In particular, over the last 12-18 months we have begun to see a specific increase in sibling CSA. This cohort requires considered planning and review prior to their engagement, with specialist training to ensure optimal outcomes for the child/young person and their family. By having multiple specialist clinicians, our services can holistically support multiple family members, without either conflicts of interest or sending the family to multiple agencies. We believe strongly that enabling families who have experienced sibling sexual abuse to be seen within a single service has a notable positive impact on child and family outcomes.

Grounded in an understanding of the continuum

Understanding and responding to HSB requires an understanding of the continuum of developmentally appropriate, developmentally inappropriate, concerning, very concerning and serious/extreme sexual behaviours. Understanding the continuum of HSB and considering these factors helps professionals and practitioners to appropriately assess, intervene, and address HSB in children and adolescents. By recognising the complexity and varying degrees of severity, interventions can be tailored to meet the specific needs of individuals and promote healthy development and relationships.

Grounded in understanding the trauma history

It is essential that HSB prevention and response efforts are well grounded in understanding the trauma context. In our extensive clinical and therapeutic work with children and young people who display HSB, we find clear themes related to trauma:

- Exposure to family and domestic violence, witnessing/becoming normalised to exposure to sexual violence, and exposure to violence more generally. These trauma experiences have a profound impact on a child or young person's sexual development, generate a trauma response, and impact on disposition to impulsivity.
- Highly punitive parenting and discipline, which can cause attachment disruption with the parent/caregiver.

Understanding these trauma experiences is critical to meaningful therapeutic work with children and young people: exploring its role in causing harmful behaviours, addressing the shame and guilt, re-education on appropriate sexual development and healthy relationships – all working towards preventing the behaviour from recurring.

Part of a well-resourced, specialist therapeutic system

However, we must stress the impact of wider system pressures on meeting the demand for specialist therapeutic HSB services. As it is, existing no-fee, specialist service provision is simply not adequate to meet demand: on average, CSATS wait times are 6 months, which puts an extraordinary pressure on families to manage what is likely a highly traumatic and destabilising circumstance, very possibly within the immediate family network, even within the immediate family home. The only remaining recourse for families is to seek private therapeutic care, which is far beyond the reach of most families that we support, and relies upon finding a clinician with sufficient experience in HSB (which given the specialist skills required, is by no mean guaranteed).

There is a significant need for greater mental health provision specialised in responding to HSB (and sexual violence against children in general): this requires more resources to train mental health practitioners and clinicians to meet the existing and growing need.

1.2.2 Family Systems response

Working eco-systemically is the foundation of good therapeutic practice, and this includes an understanding of the family history, dynamics, relationships, past traumas and their impacts, current pressures, family rules, patterns, and values. However, there is little specialised family therapy for HSB at a systems level in WA. This is a matter of concern, given that sibling HSB is an increasing trend and has a huge impact on the family system. Efforts to increase provision of specialist family services that can work alongside (not in place of) individualised intervention with the child or young person, to provide intensive support to families to hold and repair that system is of fundamental importance.

Parkerville introduced family therapy into out MIST program in 2022, in response to the profound impact of child sexual abuse on a family system[1], particularly in cases of intra-familial CSA. Our MIST Child and Family Advocates provide excellent psychoeducation and holistic support to children and families. However, the scale of impact on parents/caregivers and the family system, alongside the complexity of many families that MIST supports, necessitated a more focused family system response, to bolster family functioning and thereby better support children and young people affected by CSA (including HSB).

As we see with scarcity of specialised no-fee psychological support for children and young people, there is very little family therapy provision for affected families unable to pay, even if they were able to find a counsellor or therapist with CSA and/or HSB expertise.

However, the need is significant. Families can be profoundly impacted when their child exhibits HSB towards siblings/relatives: alongside enormous emotional upheaval, they must simultaneously support both the child who has harmed and those who have been harmed. Families are devasted by the abuse, and often find themselves in emotional and practical chaos. Parkerville's Family Therapy model takes an Attachment and Family Systems approach, working with the dyadic interactions and family context in which the abuse has occurred, supporting family health and functioning and ultimately, the healing journey.

Parkerville's Family Therapy is individualised to family need, but has several core facets, all to prevent or mitigate impact of family breakdown:

- Support to improve family functioning, parenting, and communication
- Building a shared understanding of the abuse
- Helping parents/caregivers to understand how to support healthy child development to flourish
- Recognising and working with family complexity (for instance, blended and/or separated families)

Case Snapshot

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Case Snapshot

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[1] This is supported by research, for instance: Fisher *et al*. (2017). *The impacts of child sexual abuse: A rapid evidence assessment*, London: The Independent Inquiry into Child Sexual Abuse

1.2.3 Focus issue: Out of Home Care

We support children and young people affected by and/or displaying HSB across our services - a reflection of its prevalence, particularly in relation to children who have experienced trauma. However, as noted in the Final Report of the Royal Commission (2017), children and young people in out-of-home care (OOHC) who exhibit HSB are likely to have more complex needs than other children and – as is true for all the children in our care, have histories of trauma.

The Royal Commission comprehensively detailed the systemic challenges around HSB and OOHC, and below we provide experience from our OOHC practice outlining the continuation of these challenges since the Royal Commission's conclusion. As Volume 10 of the Final Report states, and reiterated in clear terms by the WA Commissioner for Children and Young People (2021), residential care providers are often given insufficient information about the nature of the HSB a child has displayed, and assessments are rarely undertaken before a child is placed. There is a clear need for the Department to institute improved, timely assessment to ensure appropriate placement and to guide effective support to the OOHC provider and team, based on rigorous assessment of risk to safety of other children.

We welcome the Strategy's recognition of HSB in the context of early intervention. However, currently there are profound systemic challenges inhibiting early intervention for particularly at-risk cohorts: a system-level change is needed to ensure that children displaying HSB do not pose a risk to other children, and receive necessary, specialist support (CCYP WA, 2021). This necessitates key, fundamental changes:

1. Timely, thorough, and holistic **needs assessments** for children and young people coming into the care system.
2. Where HSB, or risk of HSB, are identified, children or young people must receive the **intensive, specialist interventions** that they require to address the behaviours and underlying trauma.
3. Where previous instances of HSB have been identified, serious consideration must be given to **appropriate placement** for that child, including thorough risk assessment for the child themselves, and the harm that they pose to other children in a residential care setting.

Parkerville practice response to HSB

Parkerville's OOHC Practice

Parkerville CYC is contracted to look after 126 children, cared for across 4 Tier 1 family group homes (FGH) (owned by the WA Department of Communities) in the Perth Metro area and 4 FGH in the Murchison, accommodating children usually aged 7-17 for up to 2 years; 5 FGHs owned by Parkerville CYC (usually sibling groups, without limits on length of care and from 0-17 years), and in foster care placements in Metro and the Murchison. Finally, Parkerville CYC runs an intensive residential program for young people aged 12-17 currently under the care of the Department of Communities (Belmont Youth Program); the home accommodates up to 5 children.

Parkerville has developed a new, Award-winning OOHC model, *Our Way Home*[2] – radically personalised shared care, where restoration is the end goal: reunification where safe and possible, or ongoing and stable shared care arrangements built on strong and trusting relationships between child, family, and carer.

[2] www.parkerville.org.au/what-we-do/out-of-home-care/our-way-home

As outlined, Parkerville is highly experienced in providing a trauma-informed, therapeutic, and holistic response for children displaying HSB and those affected by HSB. This includes mandatory HSB training for our OOHC team, and a Harmful Sexualised Behaviours Practice Guide, aligned to the Department of Communities Harmful Sexualised Behaviour Framework, which sets out our key practice principles and provides staff with practical tools for implementation.

Through our innovative *Our Way Home* model, we work therapeutically and holistically with children and young people who display HSB that are, for instance, developmentally inappropriate (such as lack of appropriate boundaries), but where there is no risk of harm to other children and young people; to prevent escalation and facilitate healthy development.

However, for children and young people who display HSB that harm or have the potential to harm other children, this risk cannot be suitably managed in a group residential care setting. Inadequate information sharing about children's HSB can compromise the care provided, and jeopardise the safety of other children in the home (Royal Commission, 2017). Whether through insufficient assessments before placement in our Tier 1 homes, failure to grasp the risk that these children and young people might pose to others, systemic failure to provide alternative care arrangements for these children, or (most likely) a combination of some or all of these factors, our experience is that the Department's response to HSB risk when referring children and young people is inadequate.

Parkerville have highly circumscribed powers to influence which children and young people come into our care in our Tier 1 homes. We have had to build in significant additional capacity to our service to manage the high levels of risk that come with the placement of children with high need, including (but not limited to) displaying HSB. This includes additional staff for oversight, which can only ever be a stop-gap measure whilst the underlying risk remains: these children require a safe environment in which they cannot harm others, and where they can access intensive supports to address their behaviours and the underlying traumas.

And yet it must be reiterated, this is within a context of insufficient therapeutic intervention services for children who exhibit HSB, particularly for the most vulnerable children and young people, notably, those in out-of-home care. Timely and thorough assessments of individual need and, crucially, an effective therapeutic response that addresses and moderates the impact of their trauma, would have a significant positive effect on children's outcomes.

2. Sexual exploitation of children and young people

In this submission, we want to draw specific attention child sexual exploitation (CSE) which, while a clear form of child sexual abuse, has particular complexities and characteristics that require significantly greater policy attention – including in the Strategy - and resources directed at prevention, early intervention and response. It is insidious, multi-faceted, often highly organised, and as we see, frequently and systematically targeted at the most vulnerable, isolated, and disadvantaged children and young people.

CSE occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. Critically, the victim may have been sexually exploited ***even if*** the sexual activity appears consensual. CSE is complex and children are often reluctant to disclose experiences of exploitation due to feelings of loyalty and shame. Many may not recognise what they are experiencing as abuse or that they require support or intervention, believing they are in control or in a healthy consensual relationship (UK Department for Education, 2017).

We support children and young people experiencing forms of sexual exploitation across our services. The use of online methods is certainly highly prevalent and there has been much policy focus in this area, which is welcome. However, online exploitation is often only part of the picture for our children and young people – it facilitates and connects the perpetrator, and is one part of the larger picture in which an adult uses various methods to exploit power disparities and ingratiate themselves with vulnerable young people, including buying clothes, phone credit, drugs and alcohol; or simply showing interest in the young person. This can escalate rapidly to requesting sexual content and services from the young person as a condition for further attention, products and/or (as we see in our youth homelessness services) accommodation.

As noted above, it is often the case that our young people have been conditioned by prolonged childhood trauma to have a poor understanding of healthy relationships and of consent, and frequently do not recognise these 'relationships' with adults as exploitative or abusive.

2.1 Out-Of-Home Care: trauma history and vulnerability to exploitation

At 30 June 2021, there were 5,344 children and young people in OOHC in WA, more than half of whom (57.2%) were Aboriginal. (CCYP, 2022). Children in OOHC have faced significant and complex issues, with pre-care histories often including abuse and neglect, and high levels of social disadvantage (such as living in highly disadvantaged areas, poverty and food insecurity, parental mental health, substance issues, or domestic violence) (Maclean, Taylor & O'Donnell, 2016). Young people who have been in care are at high risk of a range of poor outcomes, even compared to other children who have experienced adversities. This includes adverse outcomes in the areas of physical health, mental health, and education, with Aboriginal children with child protection involvement even more likely to experience disadvantage and poorer outcomes (Lima, Maclean and O'Donnell, 2018).

Children in OOHC have poorer physical, mental, and developmental health compared to their peers, largely due to the adverse effects of neglect, abuse and trauma on neurodevelopmental and epigenetic and metabolic pathways, as well as the effects of disruption to attachment and family structures (RACP, 2019).

These factors can lead to significant emotional, behavioural, and mental health needs, putting them at increased risk of being groomed or exploited by people offering them the attention, affection, or support that they have struggled to find elsewhere. Moving between care placements, or in and out of care, can further impact a child's emotional and mental wellbeing, and can further compound patterns of disrupted attachments, familial disconnection, and risk-taking behaviours.

2.1.1 Safety Planning and harm minimisation

Sexual exploitation represents a serious, almost systemic risk to children and young people in OOHC, who – as explored above – have in many ways been 'primed' for exploitation by trauma experiences that distort their understanding of safety, boundaries, and healthy relationships with peers and adults.

Parkerville are effective in mitigating CSE risk to our children and young people, and our care teams are alert to indicators of CSE such as being absent from placements, being picked up in cars by unknown and/or unsafe adults, and experiencing deterioration in mental health after being missing from care. We also have young people in our care who we strongly suspect have been sexually exploited before their placement with us, and are at ongoing risk from adults in the community. This is supported by sector research: MacKillop Family Services found that 43% of their young people had experienced sexual exploitation at the time of or prior to

the onset of their current placement, which they reduced by almost half with an approach aligned with Parkerville's own – strongly collaborative and preventative (MacKillop Family Services, 2020).

Thorough safety plans, education, ongoing risk assessment and harm minimisation all contribute to a trauma-informed and person-centred approach to addressing the CSE risk for our children and young people. In some instances, we have made reports of suspected grooming and CSE perpetration by adults in the community against children and young people in our care, and received a Court Order, but this requires knowing the individual's name, which may well not be the case given how effective CSE perpetrators can be at disguising their own behaviours and controlling a young person's. And as outlined above, the reality of trauma, disrupted attachment and subsequent (often risk-taking) behaviours means that this risk cannot be entirely eliminated. Sexual abuse and exploitation have been so entrenched in the lives of some young people before coming into Parkerville's care, that it can feel 'normal' for them.

The risk remains significant, it can escalate rapidly, and there is often little immediate response by the Department to a child or young person going missing and what this can mean in terms of immediate harm from CSE.

2.2 Children and Young People affected by homelessness: trauma history and vulnerability to exploitation

Parkerville's Youth Services

- **Support and Community Services (SACS):** service for families with children aged 4-14 that are experiencing homelessness, or at risk of homelessness and living in supported accommodation.
- **Moving Out, Moving On (MOMO):** service for young people aged 15-21 who are experiencing homelessness, or at significant risk of homelessness or transience.
- **Reconnect:** a diversion and early intervention service for families with young people (12-18) at risk of homelessness or family breakdown.
- **Yong Women's Program:** medium-term accommodation and support for young women (including those with children) aged 16-25 experiencing or at risk of homelessness, or who need help to live independently.
- **Armadale Youth Accommodation Service (AYAS):** short-term crisis accommodation for young people experiencing/at risk of experiencing homelessness.

Parkerville's Youth Services teams support children and young people experiencing homelessness through crisis accommodation, short-to-medium term supported accommodation, and outreach services working variously with children, young people (and where relevant and appropriate, their families) ranging from 4-25. Whilst the individual services vary in their eligibility criteria, age range, length of service and so on, the common factors across our work with children and young people affected by homelessness are frequently acute and complex trauma, exposure to or use of alcohol and other drugs, mental and physical health challenges (which have often gone undiagnosed or untreated due to multiple disadvantage, transience and other barriers to service engagement), and previous and/or ongoing exposure to multiple forms of violence and abuse.

2.2.1 Presenting issues

We have seen a marked increase in the interplay between increased financial insecurity, acute mental health difficulties, and pressure of system strain and capacity. In the 6 months to December 2022, 42.9% of young people in our Moving Out, Moving On program engaged initially with no income. Young people reported having insufficient forms of ID or being sabotaged by their caregivers when attempting to apply for Centrelink. As such, more young people required emergency relief to meet their basic needs of food, hygiene, appropriate clothing, and medical support. Young people continue to present with severe and acute mental health, and instances of self-harm, suicidal ideation, intrusive thoughts and psychotic symptoms: critically, this often makes young people ineligible for housing services.

Our Youth Services support young people to increase their knowledge and understanding of the systems they are engaging in, to identify safe and healthy family members and improve these relationships, and to develop safety plans, assertiveness and confidence when choosing to continue contact with abusive and unsafe family members.

2.2.2 Sexual exploitation: lessons from practice

In many cases, CSE has been a part of the childhood 'trauma fabric' for the young people that we support in our Youth Services: young people affected by homelessness are more likely to have experienced sexual violence in their past, and insecure housing – alongside pre-existing normalisation of violence and exploitation - creates heightened risk and vulnerability to be exploited by perpetrators. Whilst an endemic issue across our Youth Services, CSE presents most often amongst older teens and young people. Frequently, they are young people with histories of complex trauma, poverty and multiple disadvantage, undiagnosed or untreated mental and/or physical health needs, and social isolation. They have 'aged out' of CPFS care and oversight, and likely have fallen between the gaps in services, unable to meet criteria that do not meet them where they are.

As a result, we see young people who have developed systems, behaviours, and relationships to navigate and order an insecure world, but which are fundamentally built upon the sexual (and/or, not unusually, labour) exploitation of young people to secure the resources, housing, and human connection that they need. CSE for young people experiencing homelessness forms part of a complex picture, but some examples from practice include:

- Normalisation of self-produced child exploitation material:
  - Caregivers facilitating sexual exploitation by selling personal images and sexualised materials; young people becoming normalised to and continuing this behaviour.
  - Young person with a history of CSA selling sexually explicit photos and being paid with Uber Eats; high risk associated with perpetrator knowing her address.
- Young people reporting knowledge of organised criminal networks to which they can sell sexual content or 'services.'

Parkerville practice response to CSE

Much of our work with young people experiencing homelessness to address the complexity of their needs, including CSE, is rooted in the outreach model: sitting alongside young people in parks, cafes, and cars, giving space for small conversations and proactive efforts, all build trust and a sense of safety for young people to

talk about their experiences and make disclosures when they are ready. This is particularly important given that most have had poor or non-starting relationships with clinical and other services: our outreach programs can be a more informal, flexible and non-stigmatising conduit to young people who have experienced or are experiencing abuse and exploitation engaging in more structured services. This is critical to navigating the barriers to engagement for young people who have been excluded from services for not meeting (or not being able to meet) rigid criteria, or not feeling safe to be visible in their communities, when this has been a profoundly unsafe environment for them in the past.

Case Snapshot

Redacted

3. LGBTQIA+ children and young people: Violence and intersecting maltreatment

There is growing evidence that LGBTQIA+ people are more likely to experience sexual violence and family violence, face barriers to help-seeking and/or worse outcomes (Coumarelos *et al.*, 2023), are more likely than heterosexual siblings to experience childhood verbal, physical and sexual abuse (Carman *et al.,* 2020). Further, trans and gender-diverse people aged 16 and over report experiencing sexual assault or coercion at rates that were nearly four times higher than the general Australian population (Callander et al., 2019).

Experiences of family rejection have been found to have significant negative consequences on the mental health and wellbeing of LGBTQIA+ young people and, by contrast, family acceptance has both a positive impact and protective effect against negative outcomes (Carman *et al.,* 2020). We see the far-reaching impact for children and young people of family rejection, intra- and extra-familial violence and abuse, and other forms of discrimination and disadvantage perpetrated against LGBTQIA+ children and young people. Equally, we see the profound value that acceptance and unwavering support from parents/caregivers, given and chosen family, and community more widely, has for LGBTQIA+ young people, particularly in response to and recovery from trauma and abuse.

As an organisation providing services to LGBTQIA+ children and young people (and their families), and to LGBTQIA+ families, we strive to provide the best possible care, in a culturally safe, welcoming and trauma-informed way, recognising the intersecting challenges and harms. To better safeguard and champion our LGBTQIA+ children, young people, and communities, it is imperative that this is a shared community, State, and nation-wide endeavour.

Case Studies

Redacted

Summary

In our work supporting vulnerable children, young people, and families, we are continually awed by the resilience they display in managing the impacts of abuse, trauma and/or other, often overlapping, challenges. Trauma-informed, person-centred care is at the heart of Parkerville's work, and we endeavour to circumnavigate seemingly implacable systemic barriers by working with agility and flexibility, leveraging relationships and finding workarounds to access services.

Nevertheless, for the most part our experience is that there is inadequate recognition of the profound impact of sexual violence against children and young people, its co-presentation with other forms of child maltreatment, and the ways in which sexual abuse and exploitation can become normalised for children and young people. This leads to inadequate provision of targeted, holistic care, by a largely inflexible and under-resourced services sector. This is a disservice to our children and young people, and causes long-term, often inter-generational harm. Children and young people who have been highly disadvantaged by abuse, trauma, and other adverse childhood experiences, whose often complex and multiple needs repeatedly fail to be accommodated, require, and deserve, a system that supports them at the point of need to reach their full potential, despite the challenges they have faced.

Yours sincerely,

Kim Brooklyn
Chief Executive Officer

N.B. It should be noted that the case studies are real, albeit deidentified, and were developed in partnership with our exceptional team of highly experienced practitioners. Given that the case studies are real, we request that they are not published. We are more than happy for our commentary and recommendations to be part of any publicly available document or information.

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