July 22, 2026

Centre Against Sexual Assault Central Victoria

Submission to the Second Action Plan of the National Plan to End Violence against Women and Children 2022-2032.

Thank you for the opportunity to contribute to the Second Action Plan of the *National Plan to End Violence against Women and Children 2022-2032*.

Centre Against Sexual Assault Central Victoria (CASACV) is a non-profit, government funded specialist organisation that provides trauma informed counselling, advocacy and support for people who have experienced a recent or historical sexual assault.

We also provide a 24-hour crisis care response to people who have experienced recent sexual assault, including crisis counselling, information, support and advocacy for medical care and legal options.

Our service also delivers specialist family focused, prevention and early intervention therapeutic services to children and young people under the age of 18 who have engaged in problematic or harmful sexual behaviours. Further, we provide secondary consultation, community education and professional training across the sector and within the community.

Our vision is a community where all people live free from sexual violence and feel safe, respected and empowered. Our purpose is to:

- provide high-quality, sensitive and responsive services to people who have experienced and been impacted by sexual and family violence within the Loddon region;
- design and implement evidence-based education programs and initiatives that create systemic and social change to prevent gendered violence.

Our work is guided by feminist principles that acknowledge that sexual assault arises from a power imbalance, usually between men and women, and men and children. Sexual assault is a violent act which occurs regardless of age, class, culture and race. Men's exercise of power over women and children can be reinforced by myths and attitudes held in the home, workplace and the community.

CASACV advocates for change by educating and empowering the community to dispel myths and attitudes that perpetuate violence and reinforces power inequities. We work towards a safer community, encouraging and promoting changes within society to address gender inequities and the abuses of power.

To inform our submission, we conducted a staff workshop – asking our teams to focus on the consultation's priority areas – and to consider '*what else do we want them to know*'.

'Trauma is misunderstood and people don't understand what that means for the trajectory of someone's life. It's not just one episode of care that is needed – it's the course of their life.'
- CASACV staff member

Summary

CASACV recognises the National Plan as critical to addressing Australia's crisis that is violence against women and children.

While we work with all survivors of sexual abuse, including men and gender diverse people – overwhelmingly, women and children are over-represented in our data.

CASACV believes sexual violence must be explicitly recognised, prioritised and resourced as a distinct area of policy and practice, not subsumed within broader family and domestic violence frameworks.

While the *National Plan to End Violence against Women and Children 2022–2032* provides an important foundation, implementation gaps remain significant, particularly in relation to specialist sexual violence services, workforce capacity, prevention and justice responses.

Victim-survivors require a whole-of-life, trauma-informed and non-linear system of support**,** recognising that recovery from sexual violence is ongoing and does not follow predictable service pathways.

Current service models are constrained by short-term funding, long waitlists and workforce shortages, limiting access to timely counselling, crisis support and long-term healing. Sustained investment in specialist sexual assault services, including post-crisis recovery pathways and justice navigation supports, was identified by our staff as critical.

Prevention and early intervention must also go beyond awareness raising to address deep structural drivers of sexual violence, including gender inequality, coercive norms and the growing influence of pornography and digital platforms.

Exposure to online sexual content is reinforcing and increasing harmful attitudes towards consent, particularly among young people, highlighting the need for stronger regulation and more sophisticated prevention approaches in schools and communities.

Early years, schools and youth systems are key sites for early intervention but require improved capacity to respond to harmful sexual behaviours and better integration with specialist services.

Children and young people must also be recognised as victim-survivors in their own right, with access to sustained therapeutic care over the life course.

The justice and policing systems require significant strengthening in trauma-informed, sexual violence-specific practice, as victim-survivors continue to experience victim-blaming and inconsistency in responses.

Workforce shortages across the specialist sector further compound system pressures.

It is time to shift from policy frameworks to fully funded, measurable implementation, with sexual violence placed at the centre of prevention, response, recovery and accountability across all systems.

'The whole experience of victim survivors of family and domestic violence and sexual violence is that it's not linear – but it is funded in a linear way.' – CASACV staff member

Our recommendations

Policy and funding

1. Recognise sexual violence as a distinct national priority within the National Plan, with dedicated funding and embedded accountability mechanisms for sexual violence.
2. Provide long-term, sustainable funding for specialist sexual assault services to reduce waitlists, expand crisis, therapeutic and recovery support, and build workforce capacity.
3. Strengthen national data collection, service monitoring and evaluation to inform investment, identify unmet need and improve outcomes for victim-survivors of sexual violence.
4. Develop and fund a national sexual violence workforce strategy to address recruitment, retention, supervision, specialist training and workforce wellbeing across specialist sexual assault services.

Victim survivor response

5. Provide sustained, developmentally appropriate therapeutic support for children and young people affected by sexual violence, recognising recovery as a lifelong process rather than a time-limited intervention.
6. Recognise and develop flexible, life-course funding models that allow children and young people to re-access specialist support as needed throughout their lives.
7. Implement safety plans for young people within the education system.
8. Establish integrated, life-course models of care that provide continuity of support across crisis, recovery and re-engagement for all victim survivors of sexual abuse.
9. Expand access to subsidised long-term trauma-specific counselling within the specialist service system.
10. Strengthen national responses to technology-facilitated sexual violence through legislation, policing capability and specialist support.
11. Embed routine trauma-informed enquiry, specialist referral pathways and accessible self-referral options across health, education and community services.
12. Introduce mandatory, continuous trauma-informed training across policing and the broader justice system, supported by independent quality assurance and victim-survivor feedback mechanisms.
13. Ensure a female police officer is rostered for every shift in specialist sexual violence policing teams (ie SOCIT).
14. Embed justice system navigators across all jurisdictions for victim survivors of sexual assault.

People who use sexual violence

15. Invest in specialist behaviour change programs for people who use sexual violence that address sexual entitlement, coercion, pornography-influenced behaviours and distorted understandings of consent. This is an important distinction from generic men's behaviour change programs.

Prevention

16. Strengthen the capacity of schools and education systems to identify, respond to and prevent harmful sexual behaviours through specialist training, clear protocols and funded referral pathways to specialist services.
17. Strengthen prevention by investing in evidence-informed sexuality education that addresses consent in practice, coercion, pornography, online sexual cultures and gender norms, alongside stronger protections to reduce children's exposure to harmful online sexual content.
18. Deliver a sustained national public education campaign focused specifically on sexual violence, consent, perpetrator accountability and reducing stigma.

Priority area 1. Victim-survivors of violence against women and children and other forms of gender-based violence.

A strengthened whole-of-society and life-course approach must explicitly centre victim-survivors of sexual violence, recognising it as a distinct, pervasive and often under-prioritised form of gender-based violence that occurs across all settings, relationships and life stages.

Sexual violence frequently occurs within broader patterns of grooming and coercive control and should not be understood or responded to as isolated incidents. While sexual violence is included within the National Plan framework, it remains overshadowed by a primary focus on family and domestic violence, limiting visibility, funding and system responsiveness.

Victim-survivors of sexual violence require access to sustained, specialist, trauma-informed services that are adequately funded to meet demand. Earlier access to support is critical to improving outcomes and reducing long-term harm.

This includes community education that promotes recognition and disclosure, routine screening in appropriate health and community settings, trusted referral pathways, accessible self-referral options, and reducing financial barriers to ongoing therapeutic support.

Current services are experiencing long waitlists, workforce shortages and fragmented funding cycles, which directly undermine recovery and safety. There is a clear need for long-term funding certainty for specialist sexual assault services, including expanded therapeutic capacity, crisis response, and post-crisis recovery pathways.
The experience of sexual violence is rarely linear. Victim-survivors move between crisis, safety, recovery and retraumatisation over time, yet service systems are still structured in sequential pathways. This mismatch creates barriers to care and risks disengagement. Integrated models that provide continuity of support across the life course are essential.

Justice and policing responses need reform. Victim-survivors continue to report victim-blaming, minimisation and inconsistent trauma-informed practice. These experiences reduce reporting and reinforce systemic distrust. Mandatory, and annual, trauma-informed training, improved supervision, and independent feedback mechanisms are required across policing and justice systems.

Sexual violence is also increasingly facilitated or reinforced through technology. Image-based abuse, online coercion, cyberstalking, digitally enabled harassment, and emerging forms of AI-enabled abuse can extend the impact of sexual violence, facilitate perpetrator control, and create additional barriers to safety and recovery. Responses across prevention, policing, legislation and specialist support services must evolve to address these forms of technology-facilitated abuse.

Shame is still a barrier to disclosure. Sexual violence is still surrounded by stigma that silences victim-survivors, while perpetrators are often not held to equivalent social accountability. A national cultural shift is required to 'shift shame to the perpetrator,' supported by sustained public education.

Addressing sexual violence requires it to be treated not as a subset of broader violence, but as a core national priority with dedicated funding, specialist services, and system-wide accountability.

"Most people still believe victim survivors make it up. In some cases, even the parents don't believe them"

– CASACV staff member

Priority Area 2. Prevention and early intervention

Prevention and early intervention must explicitly address sexual violence as a central driver of harm, not only as an outcome of broader gender inequality. Current prevention efforts often focus on family violence broadly, leaving sexual violence-specific drivers under-addressed, particularly in relation to pornography, digital environments and peer sexual norms.

There is growing concern among our staff about the influence of pornography and online platforms in shaping sexual attitudes, particularly among young people. Exposure to violent or degrading sexual content is normalising harmful behaviours, including coercion and non-consensual practices. There is urgent need for stronger regulation of pornography access and more effective online safeguards, alongside education that directly addresses digital sexual cultures.

Respectful relationships education is necessary but not sufficient. While young people can often repeat definitions of consent, this does not translate into behaviour in real-world sexual situations. Within our work in schools, we hear that that “respect” is not a term young people relate to or engage and in some contexts has a negative meaning e.g “you will respect me” or “you will respect the rules”. It is important to ensure the messages and message delivery are, and remain, relevant to young people.

This gap is particularly evident in ‘hook-up’ contexts where there is coercion, pressure and ambiguity. Prevention must move beyond knowledge-based learning to address ethical decision-making, power and gender norms. This includes addressing harmful myths that minimise grooming and sexual coercion or normalise aggressive sexual behaviours. Some behaviours, such as non-fatal strangulation or coercive sexual practices, are becoming normalised through media and peer culture, despite lack of genuine consent.

Prevention must also be geographically and culturally responsive. Rural and regional communities often have reduced access to prevention messaging and specialist supports, reinforcing inequities in awareness and help-seeking. These communities are often less likely to believe, understand or have conversations about consent. This also applied across diverse cultural communities.

Early intervention systems must be strengthened in schools, where harmful sexual behaviours are emerging. Educators require specialist training, clear protocols and referral pathways into sexual assault and therapeutic services. Schools should not only educate but actively identify, respond to and prevent escalation of sexual violence behaviours.

Workplaces also have a critical role in prevention through clear policies, ongoing education and leadership that promotes respectful workplace cultures, addresses sexual harassment, and supports early reporting and intervention.

Prevention requires a whole-of-community approach. Parents, carers, sporting clubs, faith communities, youth organisations and community leaders all play an important role in challenging harmful attitudes, modelling respectful relationships and reinforcing messages about consent and gender equality across the settings where people live, learn, work and socialise.

Investment should prioritise evidence-informed prevention initiatives, with ongoing evaluation to identify the approaches that are most effective across different settings and communities and to ensure resources are directed towards interventions that achieve measurable reductions in sexual violence.

'The proliferation of pornography and children's access to pornography is making it the norm to think choking, etc is normal. There needs to be tighter controls around kids accessing pornography. The social media ban is not slowing access. There are still ways to access it.'

- CASACV staff member

3. Children and young people in their own right

Children and young people must be recognised as direct victim-survivors of sexual violence in their own right, not only as future adults or secondary to family violence frameworks. Sexual violence against children and adolescents requires distinct, specialised responses across prevention, early intervention, response and recovery.

Early years settings and schools are critical for both prevention and early identification of harmful sexual behaviours, yet current capacity is inconsistent. Educators often lack specialist training to identify, respond to and safely manage sexual violence disclosures or peer-to-peer harmful sexual behaviours. Strengthened protocols, clearer safeguarding frameworks and better integration with specialist sexual assault services are urgently required.

Early intervention must include therapeutic, developmentally appropriate responses that recognise trauma impacts over the life course. Sexual violence experienced in childhood or adolescence is not an isolated event; it can shape identity, relationships, education and wellbeing long-term. Services must therefore provide sustained, flexible and ongoing care rather than time-limited interventions.

Children and young people who use harmful or abusive sexual behaviours also require structured, therapeutic and family-focused interventions. These responses must balance accountability with rehabilitation and safety, ensuring that underlying drivers such as trauma exposure, pornography influence or adverse childhood experiences are addressed.

There is an urgent need to confront the role of digital environments in shaping children's understanding of sex and consent. Exposure to pornography and online sexual content is increasingly shaping expectations and behaviours in ways that education systems are not fully equipped to address. The Second Action Plan should also address technology-facilitated sexual abuse, image-based abuse, online coercion, and sexual violence within adolescent dating relationships.

Young people must be meaningfully involved in designing prevention and education approaches. Messaging that is not co-designed risks disengagement, particularly where it fails to reflect lived realities of sexual pressure, coercion and digital sexual cultures.

Parents, carers and families also require accessible information and support to recognise signs of sexual violence, respond safely to disclosures, and engage with appropriate specialist services.

'There needs to be more supporting kids to help them process and heal'

– CASACV staff member

4. People who use violence

Responses to people who use sexual violence must be prioritised.

Early identification is critical, particularly among young people where harmful sexual behaviours may first emerge. Schools and youth systems require stronger capacity to respond to sexual violence behaviours, supported by specialist intervention pathways.

Without early intervention, patterns of harmful sexual behaviour can escalate into adult offending.

Accountability systems, including policing and justice responses, must be significantly strengthened through trauma-informed and sexual violence-specific training.

Behaviour change interventions must specifically address grooming, sexual entitlement, coercion, pornography-influenced behaviours and distorted understandings of consent. Generalised family violence programs are insufficient to address the specific dynamics of sexual violence, particularly when neither party see's the hook up or engagement as a "relationship"

Technology-facilitated sexual violence is a growing area requiring stronger legal and enforcement frameworks, particularly in relation to image-based abuse, coercion and online sexual exploitation. Current systems, including workforces (police, teachers, etc) are often not equipped to respond effectively to these harms.

Coercive control and non-physical sexual violence remain difficult to evidence and prosecute, yet are central to many victim-survivor experiences. Legal and policy frameworks that better recognise patterns of coercion, lack of (ongoing) consent, not just as isolated incidents, are needed.

Responses to people who use sexual violence must also be culturally safe, evidence-informed and appropriately tailored for Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, people with disability, LGBTIQA+ communities, and young people. Programs should be developed in partnership with communities while maintaining victim-survivor safety as the primary consideration.

Responses to people who use sexual violence should extend beyond policing and justice systems to include families and carers, schools, universities, sporting clubs, workplaces, community organisations and health services.
These settings play an important role in identifying concerning behaviours, promoting accountability, supporting early intervention and facilitating referrals to specialist services.

'The language and messaging isn't landing. Language around consent is saturated so people are no longer listening." – CASACV staff member

"Consent information particularly isn't landing with young people – they can quote it back but don't live it. They can define it, give examples, and if we're not being sophisticated it's easy to tick a box and say they get it and move on. But once we unpack it, it's not actually happening. Once they are off script, they reveal their values and attitudes.' – CASACV staff member

5. System integration and workforce

A fully integrated system must explicitly prioritise sexual violence as a specialist area requiring dedicated workforce capability, funding and coordination.

Current system integration efforts often focus broadly on family and domestic violence, resulting in sexual violence being under-resourced and inconsistently embedded across services.

The specialist sexual assault support workforce is experiencing significant pressure, including burnout, turnover and long-term workforce shortages. Client needs are increasingly complex.

This is exacerbated by short-term funding cycles and increasing demand. A national workforce strategy specific to sexual violence services is urgently required, including recruitment, retention, supervision and professional development pathways.

Trauma-informed practice must explicitly include sexual violence-informed approaches.

While many services reference trauma-informed care, implementation is inconsistent, particularly in policing, courts and mainstream services. Victim-survivors of sexual violence frequently report experiences of disbelief, minimisation or procedural insensitivity, highlighting the need for systemic cultural change.

Integrated systems must include clear navigation pathways for sexual violence victim-survivors, including justice navigators who can support engagement with legal processes.

The non-linear nature of recovery from sexual violence means victim-survivors often move in and out of services over time, requiring flexible and coordinated responses.

Effective integration requires shared referral pathways, multidisciplinary collaboration, consistent risk assessment processes and appropriate information-sharing arrangements between health, justice, education and specialist sexual assault services.

Digital environments must also be considered within system integration, as both a site of harm and a tool for engagement. Sexual violence prevention and response systems must address online abuse, pornography exposure and technology-facilitated coercion as core components.

Specialist and universal services should be supported and funded to deliver culturally safe, accessible and disability-inclusive responses, with workforce capability tailored to the needs of Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, LGBTIQA+ communities and people with disability.

A connected system must also ensure accountability through feedback mechanisms that allow victim-survivors of sexual violence to safely report systemic failures and inform continuous improvement. Implementation should be supported through national data collection, workforce evaluation, service quality indicators and mechanisms for continuous learning informed by victim-survivor feedback.

6. What else do we want to say?

There is an urgent need for sexual violence to be treated as a distinct national policy priority, not subsumed within broader family violence frameworks. Without this, prevention, funding and service delivery will continue to be insufficient.

The perpetration of sexual violence requires structural analysis.

Stronger regulation of pornography and digital sexual content is required, given its significant influence on shaping sexual norms and behaviours among young people. Current approaches are not effectively limiting access or mitigating harm.

A national cultural shift is required to address persistent victim-blaming and stigma surrounding sexual violence. Shame must be shifted from victim-survivors to perpetrators, supported by sustained public education and leadership.

Housing insecurity and financial disadvantage must be recognised as a key risk factor for sexual violence vulnerability, particularly for women, young people and those experiencing intersecting disadvantage.

The system must move from policy frameworks to implementation. Outcomes for sexual violence will depend on sustained investment, measurable targets, and accountability mechanisms that ensure real change for victim-survivors across all communities.

Education on sexuality for women/gender diverse people/people with disabilities has been overlooked across generations. Men's sexuality has been glorified and prioritised. This creates a hierarchy of people and their sexuality – for example, men, women, people with disabilities. This places men's sexual needs above all others, and feeds into beliefs that women/gender diverse bodies are for male pleasure. It also feeds myths that a 'man's sex drive is so powerful it caused him to rape you'.

'There is no structural analysis applied to things, for example non-fatal strangulation – this is normalised, everyone thinks it's what everyone is doing. Women need sex positive education. Social media messaging that glorifies sexual activities e.g. BDSM needs to change. Non-fatal strangulation happens in intimate relationships, and while a woman who receives it might theoretically approve of it, when they come into CASA it's apparent they didn't give consent.' – CASACV staff member

'Are laws being enforced, are people being charged? It's very hard to prove. Anything with evidence of physical violence is easier to convict.' – CASACV staff member

'*Coercion; sex within marriage – this is prevalent across all communities, but particularly in migrant communities. Who is doing the prevention education work with new arrivals – CASA's do it, but they're not funded to do it' – CASACV staff member*

"In theory, detectives are better and the creation of SOCIT was progress – but they cycle through quickly and newer detectives often have a victim-blaming view. We often hear victim survivors told 'we don't want to end this fella's life'. Even if there isn't enough evidence to proceed to charges, it's not okay to say 'we don't want to hurt this person's feelings'. We also don't want a victim survivor to feel responsible for the possibility of ending someone's life." – CASACV staff member