

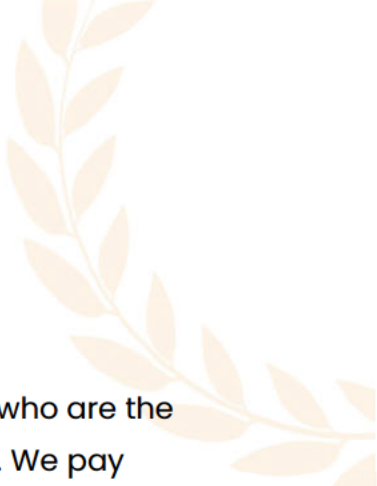
Second Action Plan Consultation

National Plan to End
Violence against
Women and Children
2022–2032

July 2026



Laurel House
SEXUAL ASSAULT SUPPORT
COUNSELLING • EDUCATION • ADVOCACY • CHANGE



Acknowledgement of Country

Laurel House acknowledges and pays respect to the Palawa, who are the Traditional Custodians of the land and waters of Lutruwita. We pay respects to Elders past and present. We particularly acknowledge the resistance and resilience of those Aboriginal people who have experienced sexual violence.

Acknowledgement to Victim-Survivors

Laurel House also honour and acknowledge the victim-survivors of child sexual abuse and other forms of sexual violence. We recognise the immense strength it takes to confront and heal from these traumatic experiences. We commit to amplifying your voices, advocating for change, and standing side by side on the path to healing and recovery.

Disclaimer:

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This document was written by [REDACTED] (Policy, Advocacy, and Lived Experience Lead) and [REDACTED] (Policy Officer) with input from Laurel House staff.

About Laurel House

Laurel House — the North and North-West Tasmanian Sexual Assault Support Service — was established in 1988. Our vision is that everyone acts to prevent and respond to sexual harm, and our purpose is to drive change through counselling, education and advocacy.

We are a not-for-profit, community-based specialist service providing trauma-informed, evidence-based therapeutic support to victim-survivors of sexual assault, as well as their families and supporters. Our services include face-to-face counselling across Launceston, Devonport and Burnie, outreach throughout the North and North-West regions, and 24/7 telephone support, including assistance with police and forensic medical processes.

Laurel House partners with the Tasmanian Government to deliver the Arch Centres—multidisciplinary hubs for victim-survivors. The Northern Arch opened in 2023, and the North West Arch Centre opened in the first half of 2026. With Engender Equality, we deliver the Primary Care Family and Sexual Violence program, supporting primary health professionals to better respond to family and sexual violence, including child sexual abuse.

We also provide specialist programs for children and young people who have displayed harmful sexual behaviours with tailored place-based programs designed for the North and North-West. From 2026, we will partner with Women's Legal Service Tasmania to deliver justice-navigation and restorative justice initiatives under the Commonwealth's new specialised sexual violence legal service pilot.

Our team delivers community education and capacity-building programs focused on preventing sexual harm and strengthening safe, confident responses to disclosure.

Laurel House also plays a key role in policy and advocacy, including through our Lived Experience Engagement Program (LEEP), which centres victim-survivor expertise in shaping our services and broader system reform. LEEP includes trauma-informed advocacy and peer support streams, enabling victim-survivors to influence policy, strengthen organisational practice, and provide connection and validation for others through peer-led support.

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Introduction

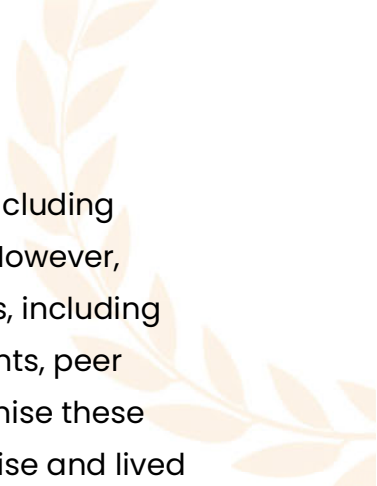
Laurel House welcomes the opportunity to contribute to the development of the Second Action Plan under the *National Plan to End Violence against Women and Children 2022–2032*. As a specialist sexual assault support service working across the North and North-West of Lutruwita/Tasmania, our submission is informed by our work providing counselling, education, advocacy, prevention programs and system navigation support to victim-survivors of sexual violence across the life course.

This submission takes a different approach to traditional policy submissions. Rather than addressing each priority area in isolation, we have structured our response around the story of “Alex”, a fictional victim-survivor whose experiences reflect the patterns, barriers and opportunities for change that Laurel House sees through our work with clients. Alex is not based on any individual person. Instead, her story brings together common experiences of victim-survivors seen in our work to demonstrate how sexual harm occurs across the life course, how systems respond at different points, and where opportunities for prevention, early intervention, response and recovery are missed.

Sexual violence does not occur in a vacuum. It is enabled by broader social and cultural conditions, including sexism, misogyny, harmful gender norms, abuse of power, discrimination and the continued minimisation of sexual harm. Ending sexual violence requires more than improving individual service responses after harm has occurred. It requires sustained cultural change across every environment where people live, learn, work and seek support, including schools, workplaces, health services, justice systems, sporting organisations and communities.

Our submission is guided by three overarching principles:

- 1. Sexual violence is distinct but interconnected with family violence**



Sexual violence shares common drivers with family violence, including gender inequality, sexism, misogyny and the abuse of power. However, sexual violence also occurs across a broader range of contexts, including within institutions, communities, workplaces, online environments, peer relationships and relationships of trust. Responses must recognise these distinct dynamics and ensure specialist sexual violence expertise and lived experience expertise are embedded across prevention, early intervention, crisis response, justice and recovery.

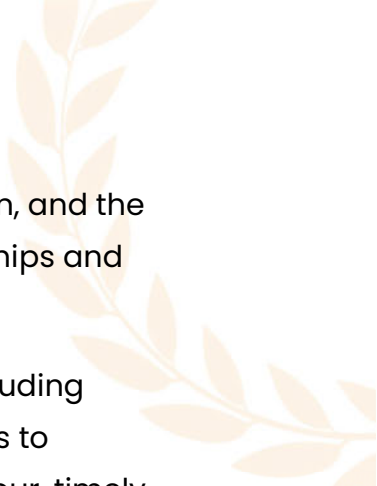
2. National priorities must connect to equitable, place-based, local action

National reform must translate into meaningful change for people in their own communities. Consistent national standards, frameworks, strategies, and commitments are important, but they must be implemented in ways that respond to local needs, particularly for regional, rural and remote communities where access to specialist services is often limited.

Responses must also recognise that sexual violence is not experienced equally. Aboriginal and Torres Strait Islander peoples, people with disability, culturally and racially marginalised communities, LGBTIQ+ people, children and young people, older people, sex workers, people who use alcohol and other drugs, and people experiencing other forms of marginalisation face additional barriers to recognition, safety, justice, and support. Effective reform requires flexible, community-led and culturally safe responses that equitably reach people who are currently excluded or underserved.

3. Prevention and response must address sexual violence across the life course

Sexual violence must be understood across the life course, including the experiences of children and young people. While child sexual abuse (CSA) requires specific and dedicated responses, including through the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030*, it cannot be separated from broader efforts to end sexual violence. Many

A decorative graphic of a leafy branch, rendered in a light orange or tan color, is positioned in the upper right corner of the page. It features several elongated, pointed leaves arranged along a central stem, curving downwards and to the right.

adult victim-survivors first experienced sexual harm as children, and the impacts of CSA can continue to shape safety, health, relationships and interactions with systems throughout a person's life.

A life course approach requires investment at every stage, including primary prevention, early identification of harm, safe responses to disclosures, specialist responses to harmful sexualised behaviour, timely therapeutic support, justice options and long-term recovery. Schools, health services, child safety systems, justice systems and communities all have a role in challenging the conditions that enable sexual violence and ensuring children, young people and adults receive the right support at the right time.

Case Study: Alex's Story

Alex is a fictional person whose story draws together experiences commonly seen by specialist sexual violence services across Tasmania. While not based on any one individual, her journey reflects the experiences of many victim-survivors and highlights both the strengths and gaps within current prevention, response and recovery systems.

Schools Program

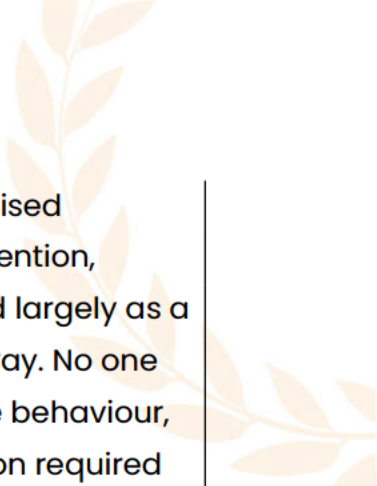
Alex grew up in Smithton on the far North-West Coast of Lutruwita/Tasmania. She was thirteen when a specialist sexual violence education program came to her school. Most school presentations faded from memory by the end of the week. This one didn't. For the first time, Alex heard adults talk openly about consent, boundaries and the ways people could be manipulated, pressured or sexually harmed. As the session continued, she realised that some of the examples sounded uncomfortably familiar.

Child Sexual Abuse

Shortly after participating in the program, Alex disclosed to a teacher concerning sexualised behaviour she had experienced from another young person. She was uncertain about what had happened and did not describe the experience in a clear or linear way. The adults around her interpreted the behaviour as experimentation, peer conflict, or simply "children being children". Alex left feeling embarrassed and not fully believed.

The consequences extended beyond that one disclosure. Alex realised she had also experienced child sexual abuse (CSA) as a child, but because of inadequate responses from adults when she disclosed the behaviour of her classmate, she decided not to tell anyone about the CSA.

Harmful Sexualised Behaviour

The other young person who had displayed the harmful sexualised behaviour (HSB) against Alex also received no specialist intervention, assessment or therapeutic support. The behaviour was treated largely as a disciplinary issue but not really addressed in any substantial way. No one appeared to explore what factors may have contributed to the behaviour, whether other children were at risk, or whether the young person required specialist intervention to prevent future harm.

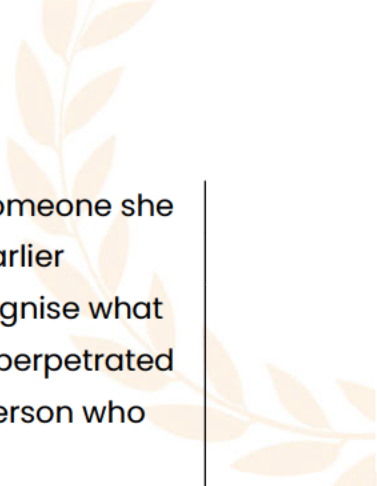
Child Safety Services

Following Alex's disclosure, the school made a mandatory report to Child Safety Services (CSS), as required by law. This action occurred behind the scenes, and Alex was not informed about what the report meant, what processes would follow, or how it might affect her safety and wellbeing. From her perspective, there was little visible change, and no clear communication about whether any assessment, intervention or support would occur as a result.

Access to Services

As Alex progressed through adolescence, the impacts of these collective experiences began to emerge. She struggled with anxiety, sleep difficulties and concentration at school. Her mum eventually got Alex to feel safe enough to disclose the historical abuse. Alex's mum wasn't sure where to go initially as she hadn't heard of any local services that could help. Eventually, after spending some time researching, she completed the intake for specialist counselling through Laurel House on Alex's behalf. However, support was not immediate. Laurel House provides services from offices in Burnie, Devonport and Launceston, while also delivering outreach services across the North and North-West. For young people living further west, including communities such as Smithton, access often relies on outreach, workforce capacity and travel arrangements.

Access to Forensic Medical Examination



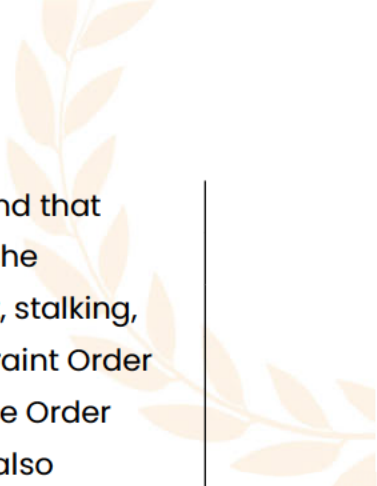
Years later, as a young adult, Alex was sexually assaulted by someone she had been casually involved with for a couple of months. The earlier consent education she had received in school helped her recognise what had happened. She understood that sexual violence could be perpetrated by someone known to her, that responsibility rested with the person who caused harm, and that specialist support services existed.

After the assault, Alex remembered her previous engagement with Laurel House and contacted them again. She needed help to decide whether to undergo a forensic medical examination (FME), and whether she wanted to report the matter to police. Living in Smithton, where the assault had occurred, meant that accessing an FME involved significant travel and coordination while she was distressed, exhausted and traumatised.

A Laurel House worker was able to explain her options over the phone, provide information about forensic and police processes, and support her decision-making. However, practical barriers remained. Travel arrangements, timing, and workforce availability all influenced the choices available to her. While she ultimately decided to go ahead with the FME, it required travel to Launceston, as the only qualified medical practitioner on the north-west was on leave. This meant she had to travel 5hrs return by car by herself, and had been advised not to shower, brush her teeth, or go to the bathroom. She also had to borrow money from her mum to cover petrol.

Sexual Violence Outside Family Violence Definitions

Following the assault, the perpetrator began sending unwanted text messages, appearing in places Alex normally visited, and threatening to share intimate images if Alex did not agree to speak with him. She was afraid to be alone at night because the assault had happened in her home, and she constantly worried about him turning up there. Because the perpetrator was someone she had been seeing casually for a short period of time, according to law in Lutruwita/Tasmania, she was not protected by family violence legislation because this didn't "count" as family violence.

To Alex, these behaviours formed part of a pattern, yet she found that different parts of the system viewed them as separate. When she approached Police for protection in relation to the harassment, stalking, and threats, she was told she'd have to apply for her own Restraint Order (RO), as the Police weren't able to issue a Police Family Violence Order (PFVO) given the matter didn't constitute family violence. This also prevented her from applying to the Court for a Family Violence Order (FVO), which could have terminated the lease agreement so she could leave her rental property without penalty.

Alex was left to navigate these different systems alone. While there were supports available for some of these issues, responses were fragmented, inconsistent, and often not available in her area.

Multidisciplinary Arch Centres

When Alex decided to have the FME, she hadn't been sure she wanted to proceed with a report to Police. However, having received support and information from Laurel House, she decided she wanted to make a report. Laurel House supported her to do this through the Burnie Arch Centre, a multidisciplinary service designed to provide victim-survivors of sexual violence with coordinated access to forensic medical care, Police, specialist counselling, and other support services in a single, trauma-informed location.

Criminal Justice System

While Alex had some knowledge about the nature of the criminal justice process, it wasn't until she entered the system that she realised how challenging it was going to be. Initially, her matter was briefed to the Director of Public Prosecutions for a decision on whether it would even proceed. This took over a year. She was then required to recount deeply personal experiences again to police, then prosecutors, with each retelling reopening wounds she had been trying to heal. Months would pass with little information about what was happening, leaving her uncertain

whether anything was progressing or whether she would eventually be required to give evidence.

By the time legal proceedings finally began, the assault no longer felt like something in her past. The justice process had become part of her everyday life. Living in Smithton created additional challenges. Court appearances and meetings often meant lengthy travel, time away from work and additional expense. She wondered why she could not give evidence from somewhere closer to home rather than returning to the Court where she constantly feared seeing the man who had assaulted her.

Giving evidence in Court was excruciating, and at times felt worse than the assault itself. When she was asked about details she could not clearly remember, or why some aspects of her behaviour after the assault did not fit other people's expectations, she felt as though her own integrity was under examination. Even with specialist support beside her, there were times when it seemed her reactions to trauma were being scrutinised as closely as the conduct of her perpetrator.

Lack of Sexual Violence Leave or Financial Assistance

The assault also had consequences for Alex's employment. She needed time away from work to attend counselling appointments, speak with Police and the DPP, attend court, access medical support, and manage the impacts of trauma. Unlike victim-survivors of family violence, however, Alex's circumstances did not fit neatly within legislated workplace entitlements linked to family and domestic violence leave. As a result, she was forced to use up all her personal leave and annual leave, and then had unpaid time off, to attend appointments and participate in processes directly related to the sexual violence she had experienced.

The financial impacts extended well beyond Alex's leave entitlements. She incurred ongoing travel costs to appointments and court proceedings. The effects of trauma limited her ability to take on additional shifts and limited her career opportunities. Given the perpetrator's conduct, Alex no longer

felt safe in her home and eventually broke her lease, absorbing the costs of relocating and establishing a new place to live.

Lack of Coordinated Response

Throughout this period, Alex's needs extended far beyond counselling. She required assistance understanding legal processes, coordinating appointments, managing transport, maintaining employment, navigating housing concerns, communicating with different agencies and responding to ongoing safety concerns. No single service was funded to provide all this support, and much of the coordination fell to the specialist sexual violence service she trusted most.

Lived Experience Engagement Program

Over time, counselling and specialist support helped Alex move from crisis towards recovery. Several years later, she became involved in Laurel House's Lived Experience Engagement Program (LEEP). Through LEEP, Alex connected with other victim-survivors, contributed to service improvement initiatives and government submissions on legislation and strategy, and participated in consultation activities designed to improve systems and responses. She became a peer support worker and co-facilitated support groups with Laurel House counsellors for people on the waitlist, providing support and connection to people who needed it. For the first time, Alex felt that the experiences she had endured could contribute to positive change.

The sections below expand on the issues Alex faced through her experiences of sexual violence. Each section identifies which priority areas are relevant, and proposes recommended actions.

Schools Program

Priority Area 2: Prevention and Early Intervention

Priority Area 4: Children and Young People

Alex's experience demonstrates the value of sexual violence prevention education delivered by specialist sexual violence services in schools. To address this, Laurel House has partnered with La Trobe University to deliver the *Laurel House and La Trobe University Schools Project* as part of the Australian Government's Partners in Prevention of Sexual Violence initiative. The project adopts a whole-of-school approach, combining education for students with training for teachers, sessions for parents and caregivers, peer champion opportunities, referral pathways and ongoing specialist support.

Rather than providing a one-off respectful relationships presentation, the program builds the knowledge and capability of the entire school community to prevent sexual violence, recognise harmful sexual behaviours and respond safely to disclosures. It also provides a practical example of the type of ongoing, community-based consent education envisaged by Recommendation 38 of the Australian Law Reform Commission's *Safe, Informed, Supported* report, which calls on the Australian Government to resource and support ongoing public education about consent by building on existing initiatives and addressing gaps across different communities.¹

Before this project, Laurel House delivered similar specialist education on a fee-for-service basis, meaning access depended largely and inequitably

¹ Australian Law Reform Commission. (2025). *Safe, informed, supported: Reforming justice responses to sexual violence* (ALRC Report No. 143). Australian Law Reform Commission. <https://www.alrc.gov.au/publication/safe-informed-supported-reforming-justice-responses-to-sexual-violence-alrc-report-143/>

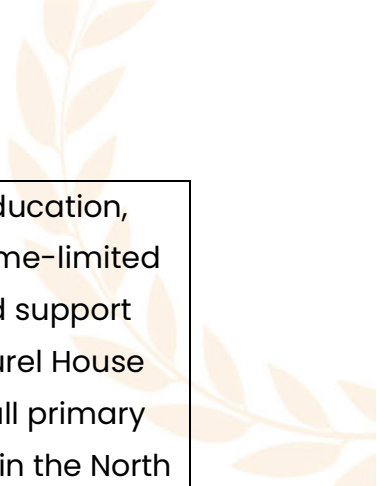
on whether individual schools could afford it. The current project has reduced these barriers, but delivering a genuine whole-of-school model in remote communities such as Smithton remains resource-intensive.

Despite its promise, the project is only funded until September 2026. This reflects a problematic broader pattern of short-term pilot funding for prevention initiatives.

High-quality consent education is not limited to teaching young people about individual behaviours or legal definitions of consent. When delivered by specialist services as part of a whole-of-school approach, it creates opportunities to challenge the broader attitudes and social norms that underpin sexual violence, including gender stereotypes, misogyny, harmful ideas about relationships and sexuality, and the minimisation of sexual harm. Programs of this kind can contribute to long-term cultural change by building the skills, knowledge and confidence of children, young people, families and communities to recognise, prevent and respond to sexual violence.

The need for specialist, contemporary education is increasing as children and young people navigate environments where attitudes about relationships, gender and sexuality are shaped by online content. The rise of online influencers promoting misogyny, rigid gender stereotypes and harmful attitudes towards women and girls demonstrates that prevention efforts must respond to the spaces where young people are developing their beliefs. Respectful relationships education must include critical digital literacy, challenge harmful online narratives and support young people to recognise respectful, healthy relationships both online and offline.

Commonwealth Action	Application in Lutruwita/Tasmania
1. Embed a permanent and ongoing Commonwealth funding stream for specialist	Enables DECYP and Laurel House to deliver evidence-based prevention education as an ongoing



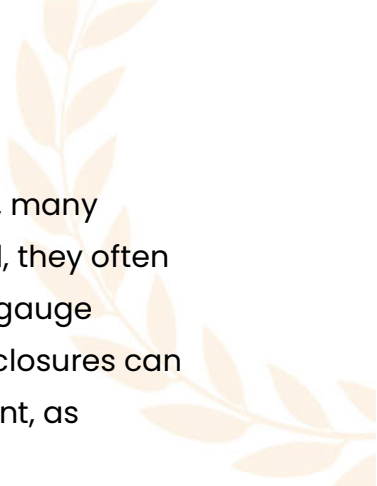
sexual violence services to deliver evidence-based prevention education that complements the Australian Curriculum and existing Consent and Respectful Relationships Education measures. Funding should support programs that build deeper understanding of sexual violence, consent, grooming, harmful sexual behaviours, responding to disclosures and pathways to support, replacing short-term pilot models with sustained investment. Funding should recognise the additional costs of regional, rural and remote delivery and prioritise programs subject to independent evaluation.	component of school education, rather than relying on time-limited pilot projects. This would support the expansion of the Laurel House Schools Project across all primary and secondary schools in the North and North-West, while maintaining its whole-of-school model incorporating students, school staff, parents and caregivers, peer champions and referral pathways.
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Child Sexual Abuse

Priority Area 2: Prevention and Early Intervention

Priority Area 4: Children and Young People

CSA is both common and significantly under-recognised. The *Australian Child Maltreatment Study* found that 28.5% of Australians have



experienced CSA before the age of 18.² Despite this prevalence, many children do not disclose abuse immediately or directly. Instead, they often "test the waters" by making tentative or indirect disclosures to gauge whether an adult is safe to tell. The response to these early disclosures can determine whether a child continues disclosing or remains silent, as indicated by Alex's story.

While the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* provides a dedicated national framework for addressing CSA, CSA must remain a central consideration within the Second Action Plan because it forms part of the broader continuum of sexual violence. Experiences of sexual violence do not occur in isolated policy categories. Childhood experiences of sexual harm can have lifelong impacts on health, relationships, education, safety and wellbeing, and can shape a person's future experiences of violence, help-seeking and recovery.

Effective prevention and early intervention require addressing the community attitudes and misconceptions that allow CSA to remain hidden. Programs like Laurel House's *Community Conversations* provide practical education for parents, carers, sporting clubs, community organisations and groups, and other trusted adults on recognising CSA, responding safely to disclosures, understanding grooming, consent, and connecting children with specialist support. However, programs of this kind remain limited in reach due to barriers including short-term funding, workforce capacity, and the significant time and costs associated with delivering face-to-face programs across regional, rural and remote communities.

² Haslam, D., Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Higgins, D. J., Meinck, F., Erskine, H. E., Thomas, H. J., Lawrence, D., Malacova, E., & Dunne, M. P. (2023). *The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study. 2023 brief report*. Australian Child Maltreatment Study.

<https://www.acms.au/resources/the-prevalence-and-impact-of-child-maltreatment-in-australia-findings-from-acms-2023-brief-report/>

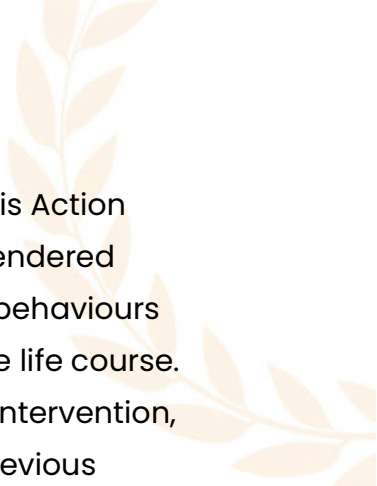
CSA also demonstrates why sexual violence must be recognised as distinct from, but interconnected with, family violence. While many children experience CSA within family relationships, CSA also occurs in institutions, communities, online environments and other relationships of trust or authority. The increasing prevalence of technology-facilitated CSA, including online grooming, exploitation and child sexual abuse material (CSAM) including AI-generated CSAM, further demonstrates that harm can occur in complex ways that are not limited by physical proximity or traditional understandings of relationships.

Commonwealth Action	Application in Lutruwita/Tasmania
2. Establish an ongoing Commonwealth funding stream for specialist community education that builds public capability to recognise, respond to and prevent sexual violence including child sexual abuse. Funding should support evidence-based programs delivered by specialist sexual violence services and recognise the additional costs of regional, rural and remote delivery.	Expand and permanently embed the Laurel House <i>Community Conversations</i> program across the North and North-West of Lutruwita/Tasmania to provide ongoing education for parents, carers, educators, sporting organisations, community groups and other adults, strengthening early recognition of child sexual abuse, improving responses to disclosures, and increasing timely access to specialist support.

Harmful Sexualised Behaviours (HSB)

Priority Area 3: People who use violence

Priority Area 4: Children and Young People



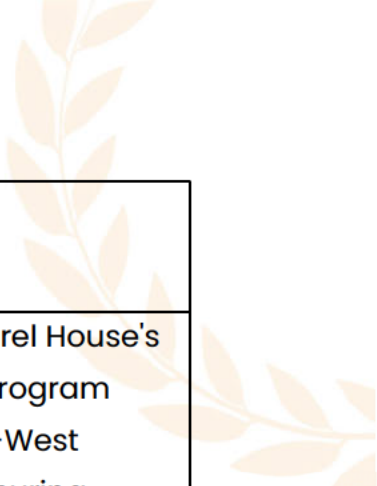
Harmful sexualised behaviours (HSB)³ must be addressed in this Action Plan because it sits at the intersection of child sexual abuse, gendered violence, and the early development of harmful attitudes and behaviours that may, without appropriate intervention, continue across the life course. This is an increasingly important area of prevention and early intervention, as the *Australian Child Maltreatment Study* found that while previous generations were more likely to report being harmed by an adult, young Australians are now more likely to report that the person who harmed them was another child.⁴

Responses to HSB too often focus on the immediate incident with responses that are inappropriate (e.g., a disciplinary approach) rather than ensuring that children and young people who have used HSB receive timely specialist assessment and intervention.

Laurel House has developed a specialist, place-based HSB model for North and North-West Lutruwita/Tasmania that demonstrates what effective early intervention can look like. For children and young people who have used HSB, early specialist intervention provides an opportunity to understand the context and drivers of the behaviour, identify ongoing risks, and support accountability and behaviour change before patterns become entrenched. The model combines specialist assessment, therapeutic intervention, outreach, family support, and community partnerships. This includes recognising and responding to emerging forms of technology-facilitated HSB, such as coercive image sharing, harmful online interactions and behaviours influenced by exposure to inappropriate or harmful digital content.

³ HSB refers to sexual behaviours that are developmentally inappropriate, coercive, exploitative or harmful to others.

⁴ Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Higgins, D. J., Meinck, F., Erskine, H. E., Thomas, H. J., Haslam, D. M., Tran, N., Lawrence, D., Malacova, E., & Dunne, M. P. (2023). *The Australian Child Maltreatment Study: Main findings*. Australian Child Maltreatment Study. Retrieved from <https://www.acms.au/findings>



Commonwealth Action	Application in Lutruwita/Tasmania
3. Establish an ongoing Commonwealth funding stream for evidence-based specialist assessment and therapeutic intervention for children and young people who have used harmful sexual behaviour. Funding should support place-based delivery by specialist sexual violence services and recognise the additional costs of delivering equitable services in regional, rural and remote communities.	Sustain and expand Laurel House's existing specialist HSB program across North and North-West Lutruwita/Tasmania, ensuring children and young people have timely access to specialist assessment and therapeutic intervention regardless of where they live, while embedding consistent specialist workers and strengthening partnerships with schools, Child Safety Services, health and other local agencies.

Child Safety Services (CSS)

Priority Area 4: Children and Young People

Priority Area 5: System Integration and Workforce

Mandatory reporting is a critical safeguard, but it is inadequate without further coordinated action. In Lutruwita/Tasmania, mandatory reports are made through the Strong Families, Safe Kids (SFSK) Advice and Referral Line (ARL), where concerns are assessed and either referred to appropriate community supports or, where statutory intervention may be required, escalated to CSS for assessment.

The Arch⁵ model demonstrates the value of multidisciplinary, place-based responses by bringing health, justice and community services together. However, the statutory child protection components of this pathway are not physically consistently embedded within the model. At present, SFSK staff are not physically available within the Burnie Arch Centre, and CSS are not co-located within any Arch Centre across Lutruwita/Tasmania.

This limits opportunities for day-to-day multidisciplinary collaboration, relationship building, joint assessment and timely in-person responses for children and families. It also reduces the ability of statutory child protection staff to develop the local knowledge and trusted interagency relationships that underpin effective place-based practice, particularly in regional communities.

Commonwealth Action	Application in Lutruwita/Tasmania
4. Include integrated, multidisciplinary responses to child sexual abuse as a priority under Commonwealth-State funding agreements, with funding linked to implementation of nationally agreed minimum standards for	Support the workforce capacity required to physically embed Strong Families, Safe Kids and Child Safety Services within all the Arch Centres across Lutruwita/Tasmania, enabling coordinated assessment, joint decision-making, timely in-person responses and integrated support

⁵ Arch Centres are multidisciplinary centres in Lutruwita/Tasmania that provide integrated, trauma-informed responses for victim-survivors of sexual harm. The model brings together partner agencies, including Laurel House (Northern and North-Western Arch) and Sexual Assault Support Service (Southern Arch) counsellors, Tasmania Police specialist investigators, Family Violence Counselling and Support Service workers, Strong Families Safe Kids Advice and Referral Line Child Safety and Wellbeing Workers, and Child Safety Service Child Safety Officers, to improve access to coordinated support, reporting and justice pathways.

collaboration, co-location and coordinated service delivery.	for children and families following mandatory reports.
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Access to Specialist Services

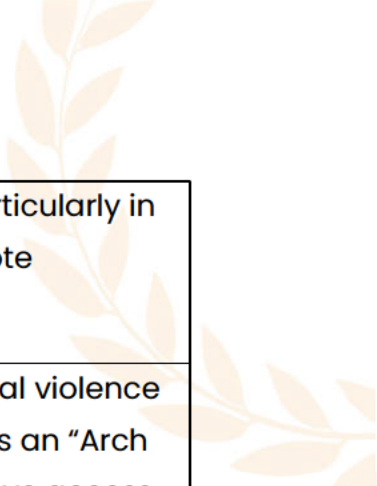
Priority Area 1: Victim-survivors

Alex's experience demonstrates that the existence of specialist services does not, by itself, ensure access. Her family needed to know where to seek help, be able to reach specialist support from a regional community, and receive that support when Alex was ready to engage.

Meaningful access requires victim-survivors to know that specialist services exist, be connected through clear referral pathways, and receive timely and appropriate support regardless of where they live. This is particularly important following disclosure, including disclosures of historical CSA. Many victim-survivors disclose only once and, if specialist support is unavailable or difficult to access at that point, may not seek help again.

Improving access therefore requires coordinated action to strengthen community awareness and referral pathways, reduce waiting times, and expand place-based outreach. Telehealth can support this work but cannot replace accessible face-to-face services, particularly where digital access or literacy is limited.

Commonwealth Action	Application in Luruwita/Tasmania
5. Establish nationally agreed maximum waiting times for specialist sexual violence services, provide funding to	Ensure specialist sexual violence services, including Laurel House, can provide timely support to children and victim-survivors



help services meet those timeframes, and publicly report on progress.	following disclosure, particularly in regional, rural and remote communities.
6. Expand ongoing funding for place-based outreach models delivered by specialist sexual violence services to improve access for victim-survivors in regional, rural and remote communities. Funding should support flexible service delivery, including outreach counselling, practical support and coordinated pathways to health, justice and other services, while recognising the additional costs of delivering specialist services outside metropolitan areas.	A mobile specialist sexual violence outreach model, such as an “Arch on Wheels”, could improve access for victim-survivors in North and North-West Lutruwita/Tasmania by bringing counselling, support, information and referral pathways directly to regional and remote communities where distance, transport and service availability remain significant barriers. This would build on the success of multidisciplinary Arch Centres while recognising that equitable access requires services to reach communities, rather than requiring victim-survivors to travel.
7. Fund sustained community awareness and referral initiatives that build understanding of specialist sexual violence services and strengthen pathways from schools, health services and other likely points of disclosure.	Improve awareness of Laurel House and referral pathways across North and North-West Lutruwita/Tasmania so children, victim-survivors, families and professionals know where to seek specialist support.

Access to Forensic Medical Examinations

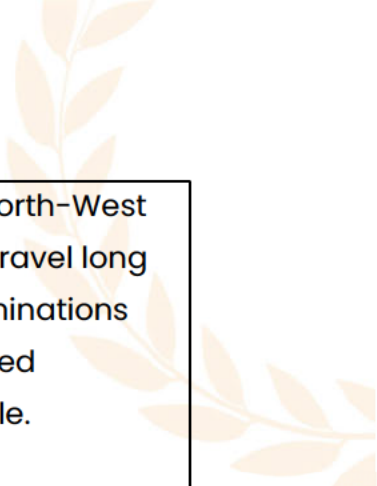
Priority Area 1: Victim-survivors

Priority Area 5: System Integration and Workforce

Alex's experience demonstrates that timely access to forensic medical examinations (FMEs) remains heavily influenced by geography and workforce. For victim-survivors outside metropolitan areas in Lutruwita/Tasmania, delays or the lack of forensic examiners can mean lengthy travel while attempting to preserve forensic evidence, additional personal expense, and difficult decisions about whether to proceed with an examination at all making future access to justice inequitable.

A significant contributor to this problem is the current forensic medical examiner workforce model. Access to FMEs continues to rely on a small number of highly specialised clinicians. Discussions with forensic medical practitioners indicate that the primary barrier is not a lack of willing registered nurses, but limited pathways into the workforce. Training is expensive, lengthy, delivered interstate (with local applicants prioritised), places are limited, and practitioners require ongoing supervision before being recognised as expert witnesses. High rates of burnout further reduce workforce retention. Together, these factors create a fragile, person-dependent system that leaves regional communities vulnerable whenever trained practitioners are unavailable.

Commonwealth Action	Application in Lutruwita/Tasmania
8. Invest in a sustainable national forensic medical examiner workforce by:	Increase the number and geographic distribution of qualified forensic medical examiners, reducing the need for victim-



(a) funding registered nurses and medical practitioners to undertake specialist forensic training, (b) expanding the availability of locally delivered training programs, (c) reserving training places for nurses from regional, rural and remote areas, and (d) supporting ongoing supervision, accreditation and workforce retention initiatives.	survivors in North and North-West Lutruwita/Tasmania to travel long distances or delay examinations because suitably qualified clinicians are unavailable.
9. Establish a national financial assistance scheme, modelled on the Escaping Violence Payment, to immediately cover the costs associated with accessing a forensic medical examination, including transport, accommodation, meals, clothing, and other necessary out-of-pocket expenses.	Ensure victim-survivors can access timely forensic medical examinations regardless of where they live or their financial circumstances, removing cost as a barrier to seeking healthcare and preserving forensic evidence.

Sexual Violence Outside Family Violence Definitions

Priority Area 1: Victim-survivors

Priority Area 5: System Integration and Workforce

Alex's experience demonstrates a significant gap in current responses to sexual violence in Lutruwita/Tasmania. Although she experienced ongoing harassment, intimidation and concerns for her safety following the assault, many of the coordinated responses available to victim-survivors of family violence were not available because the violence occurred outside the narrow legislative definition of family violence.

Unlike for family violence matters, Tasmania Police have no equivalent power to issue an immediate protection order following reports of sexual violence occurring outside a family violence context. Victim-survivors are instead required to consider applying for a Restraint Order through the Magistrates Court, a process that places the burden on the victim-survivor to initiate legal proceedings rather than police, often while managing the immediate impacts of trauma.

These gaps are increasingly significant as technology creates new ways for perpetrators of sexual violence to continue harm after an assault. Victim-survivors may experience ongoing threats, intimidation and control through technology-facilitated abuse. A nationally consistent approach must ensure that victim-survivors can access timely protection and support based on the nature and risk of the harm experienced, regardless of whether the abuse occurs within a family violence relationship.

Housing responses similarly remain largely tied to family violence frameworks. Victim-survivors of sexual violence who do not meet the definition of family violence often have limited access to emergency accommodation pathways or tenancy protections. Where sexual violence occurs in shared housing, rental accommodation or informal living arrangements, there are few mechanisms that enable victim-survivors to safely leave a tenancy without financial penalty or to remain safely housed while the person who caused harm is excluded.

Alex's experience demonstrates that eligibility for safety responses should be determined by the nature and impact of the violence experienced, rather than solely by the relationship between the parties. While sexual violence and family violence frequently intersect, many victim-survivors experience serious ongoing risk outside family violence legislative frameworks.

Commonwealth Action	Application in Lutruwita/Tasmania
10. Work with states and territories through the Standing Council of Attorneys-General (SCAG) to develop and implement National Minimum Standards for responding to sexual violence occurring outside family violence definitions. The Standards should require all jurisdictions to ensure victim-survivors have equitable access to coordinated safety planning, legal protection mechanisms, housing and tenancy protections, and multidisciplinary support, while allowing jurisdictions flexibility in how these minimum requirements are implemented within their legislative frameworks.	Enable Lutruwita/Tasmania to strengthen legislative and service responses so victim-survivors of sexual violence have equitable access to coordinated safety planning, protection, housing and multidisciplinary support regardless of the legal definition of family violence or their relationship with the person who caused harm.

Criminal Justice System

Priority Area 1: Victim-Survivors

Priority Area 5: System Integration and Workforce

The criminal justice system remains one of the most challenging systems for victim-survivors of sexual violence to navigate. While reform is necessary and urgent, many barriers are not simply the result of individual practices or procedural shortcomings but reflect deeper structural issues within a system that was not designed around the needs and experiences of people impacted by trauma.

Victim-survivors may be required to give detailed evidence, undergo cross-examination, and have deeply personal aspects of their lives examined, including their relationships, communications and behaviour before and after an assault. Yet despite being central to proceedings, victim-survivors remain a witness rather than a party, with limited control over the process. This can leave victim-survivors feeling as though they, rather than the alleged offending, are on trial.

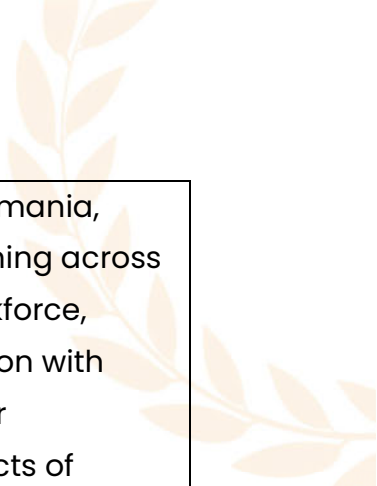
Jury decision-making also reflects broader community attitudes. While juries play an important role in community participation in justice, misconceptions about consent, trauma, victim behaviour, gender inequality and the dynamics of sexual violence continue to influence how evidence is understood. This demonstrates why justice reform cannot be separated from prevention: the attitudes that minimise sexual violence within communities are the same attitudes victim-survivors must overcome within courtrooms.

Within the existing system, the Australian Law Reform Commission (ALRC) identified critical reforms that would significantly improve victim-survivors' experiences in their report *Safe, Informed, Supported: Reforming Justice Responses to Sexual Violence*. Laurel House supports broader calls for all recommendations from this report to be implemented at federal and state

levels, many of which would go a long way to address the issues Alex faced in the justice system.

The ALRC recognised that victim-survivors require coordinated legal, practical and emotional support throughout their justice journey. In response, Laurel House and Women's Legal Service Tasmania (WLST) have established a pilot *Justice System Navigation Service* delivered through the Burnie Arch. The pilot established a Justice System Navigator role at the Arch to support victim-survivors navigate the justice system, so they are not required to do so alone. While this is an important step which would have made a significant difference to Alex's experience, the pilot remains short-term and insecurely funded, and does not account for the additional workforce, outreach, travel and infrastructure costs associated with delivering equitable services in rural, regional, and remote areas.

Commonwealth Action	Application in Lutruwita/Tasmania
10. Permanently fund and embed specialist sexual violence Justice System Navigation services nationally, consistent with the ALRC's <i>Safe, Informed and Supported</i> model (Recommendation 1). Funding models should recognise the additional costs associated with delivering equitable access in regional, rural and remote communities.	Provide ongoing funding for the Laurel House and Women's Legal Service Tasmania partnership to ensure victim-survivors across Northern and North-West Tasmania have access to specialist, trauma-informed support to understand their options, navigate police and court processes, access legal advice, and remain connected with support throughout their justice system journey.
11. Commit to implementing the recommendations of the	Support implementation of consistent, trauma-informed



Australian Law Reform Commission's <i>Safe, Informed, Supported</i> report, supported by a publicly available implementation plan, timeframes, and ongoing reporting against progress.	justice responses in Tasmania, including specialist training across the criminal justice workforce, improved communication with victim-survivors, greater recognition of the impacts of trauma, and access to safe and flexible ways of participating in court processes regardless of geographic location.
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Lack of Sexual Violence Leave or Financial Assistance

Priority Area 1: Victim-Survivors

Priority Area 5: System Integration and Workforce

Alex's experience highlights the economic impacts of sexual violence. Victim-survivors frequently incur costs associated with counselling, medical care, legal processes, travel, safety planning and lost income, while also experiencing reduced capacity to participate in education and employment. Alex was required to use annual and personal leave entitlements and manage the practical consequences of attending appointments, engaging with legal processes and prioritising her recovery.

National economic analysis demonstrates that sexual violence has substantial economic consequences for victim-survivors and the broader community, reducing labour force participation, earnings and productivity while contributing to significant lifetime costs associated with health,

wellbeing and lost economic participation.^{6,7} Despite these realities, Australia provides dedicated paid leave for victim-survivors of family and domestic violence, but no equivalent entitlement exists for people recovering from sexual violence occurring outside family violence contexts despite many of the subsequent requirements and impacts being comparable.

Commonwealth Action	Application in Lutruwita/Tasmania
12. Amend the National Employment Standards in the Fair Work Act 2009 (Cth) to expand access to paid family and domestic violence leave to include victim-survivors of sexual violence, regardless of whether the violence occurred within a family violence relationship.	Reduce the financial burden on victim-survivors in regional, rural and remote Lutruwita/Tasmania, where accessing support often requires significant travel, time away from work and out-of-pocket expenses.
13. Establish a nationally funded Sexual Violence Recovery Payment, modelled on the Escaping Violence Payment, to provide flexible and timely financial assistance for victim-survivors of sexual	Ensure victim-survivors in Lutruwita/Tasmania, particularly those in regional, rural and remote communities, can meet the immediate costs associated with sexual violence recovery, including transport, accommodation,

⁶ Sabia, J., Dills, A., & DeSimone, J. (2013). *Sexual Violence against Women and Labor Market Outcomes*. *American Economic Review*, 103(3), 274–278.

⁷ Perks, B., & Gilchrist, D. J. (2025). *The lifetime price of harm: Economic costs of sexual violence and the case for timely intervention in Australia*. UWA Public Policy Institute for Allambee.

violence regardless of their relationship to the person who caused harm.	healthcare, safety needs, technology replacement, lost income and accessing specialist support.
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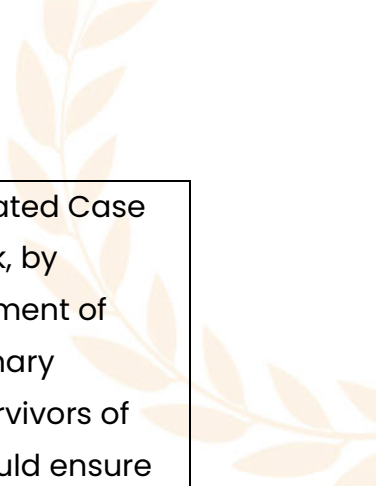
Lack of Coordinated Response

Priority Area 5: System Integration and Workforce

Alex's experience demonstrates the challenges victim-survivors face when systems respond to different aspects of harm in isolation, and her needs extended far beyond counselling. She required assistance understanding legal processes, coordinating appointments, managing transport, maintaining employment, navigating housing concerns, communicating with different agencies and responding to ongoing safety concerns. No single service was funded to provide this level of coordination, with specialist sexual violence services often filling these gaps despite this work sitting outside their funded remit.

Lutruwita/Tasmania has demonstrated the value of integrated responses through the Safe at Home model, including the Integrated Case Coordination (ICC) framework, which brings agencies together to share information, assess risk and coordinate responses for victim-survivors of family violence. No comparable multidisciplinary coordination mechanism exists for victim-survivors of sexual violence occurring outside family violence contexts.

Commonwealth Action	Application in Lutruwita/Tasmania
14. Develop a National Framework for Integrated Sexual Violence Responses	Build on the success of coordinated response models in Lutruwita/Tasmania, including Safe



that establishes minimum standards for coordinated, multidisciplinary responses to sexual violence, including referral pathways, information sharing, risk assessment, case coordination and partnerships across health, justice, housing and specialist sexual violence services.	at Home and the Integrated Case Coordination framework, by supporting the development of equivalent multidisciplinary responses for victim-survivors of sexual violence. This would ensure victim-survivors can access coordinated support across legal, health, housing, safety and specialist services, rather than relying on specialist sexual violence services to fill gaps between disconnected systems.
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Lived Experience Engagement

Priority Area 5: System Integration and Workforce

Alex's journey demonstrates that recovery is not only about accessing support, but also about having opportunities to shape the systems that affect others. Alex was able to do this safely and in a supported and trauma-informed way through a formally structured lived experience engagement program (LEEP) which professionalises lived experience engagement including payment, training, supervision, EAP/counselling access, pre- and de-briefing, professional development, and ongoing dedicated program support and coordination.

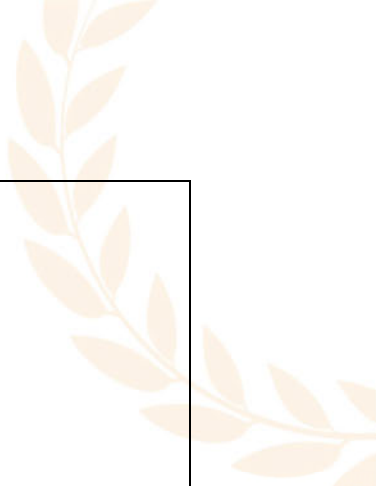
Lived experience is a form of expertise, and victim-survivors hold unique knowledge about how violence occurs, how systems succeed or fail, and what meaningful prevention, response and recovery look like in practice. This expertise is fundamental to improving policy, law reform, service design and cultural change. Decisions made without lived experience risk

overlooking barriers that are invisible to those who have not navigated these systems themselves.

Genuine lived experience engagement cannot rely on one-off consultations or requests for individuals to repeatedly share deeply personal experiences without recognition. It must be embedded across policy development, legislation, research, service design, implementation and evaluation.

It is equally important that lived experience initiatives reflect the diversity of people affected by sexual violence. Too often, systems privilege the voices of those who most closely align with society's perception of the "ideal" victim-survivor, while the experiences of people facing stigma and marginalisation remain unheard.

Commonwealth Action	Application in Lutruwita/Tasmania
15. Develop and fund a National Lived Experience Engagement Framework for the sexual violence sector that establishes minimum standards requiring: a) Lived experience expertise to be embedded across governance, policy development, law reform, research, service design and evaluation. b) Lived experience engagement to commence at the earliest stages of policy and program development,	Support specialist sexual violence services in Lutruwita/Tasmania to sustain and expand existing lived experience programs, including Laurel House's LEEP and LEAPY programs, ensuring lived experience expertise is embedded through ongoing advisory structures, co-design, paid participation and supported advocacy.



before preferred solutions have been determined. c) Decision-makers to demonstrate how lived experience advice has influenced final decisions or outcomes/outputs and, where recommendations are not adopted, to provide transparent reasons why. d) Lived experience expertise to be recognised through appropriate remuneration, training, professionalisation, and wellbeing supports. e) Representation from diverse communities, particularly people whose voices have historically been excluded because of stigma, discrimination or intersecting forms of disadvantage.	
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Other areas of action

Priority Area 5: System Integration and Workforce

The specialist sexual violence sector faces broader workforce challenges, including lower wages, constraints under the SCHADS Award, limited

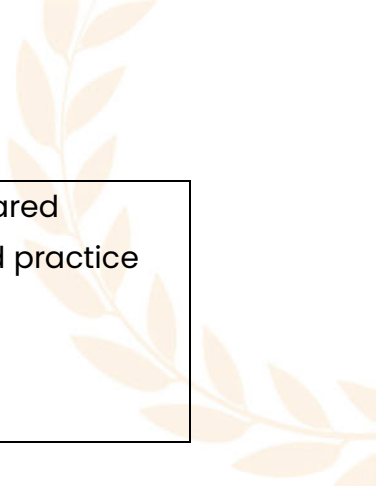
childcare and affordable housing, particularly in regional and rural Lutruwita/Tasmania, and stagnant funding within a difficult State economic environment. These issues are addressed in detail in the submission of the Tasmanian Family and Sexual Violence Alliance (the Alliance). Rather than duplicate that analysis, this section focuses on establishing a national Community of Practice for specialist sexual violence practitioners.

Timely, evidence-based and trauma-informed responses depend on a skilled and sustainable specialist workforce. However, practitioners, particularly in regional, rural and remote communities, can experience professional isolation and limited access to specialised training, peer consultation and practice development.

Specialist sexual violence services hold significant collective expertise, but there are few mechanisms for sharing this knowledge nationally. Building workforce capability requires ongoing structures that enable practitioners to connect, reflect and collaborate, rather than relying on one-off training or conferences.

A nationally funded, secure and moderated online Community of Practice could include national forums, state and territory networks, and topic-specific groups addressing emerging areas such as CSA, HSB, technology-facilitated abuse, priority populations, and regional and remote service delivery.

Commonwealth Action	Application in Lutruwita/Tasmania
16. Establish and fund a national specialist sexual violence Community of Practice to support workforce capability, professional connection and knowledge-sharing across	A national Community of Practice would strengthen the specialist sexual violence workforce in Lutruwita/Tasmania by reducing professional isolation, particularly in regional and remote areas, and

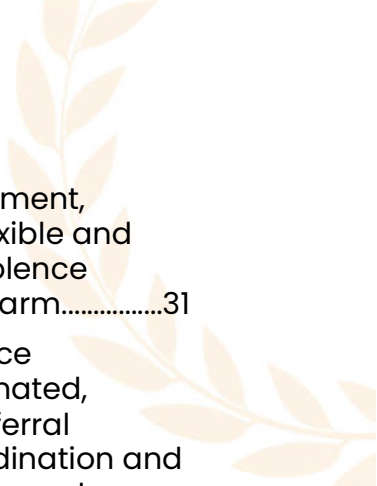


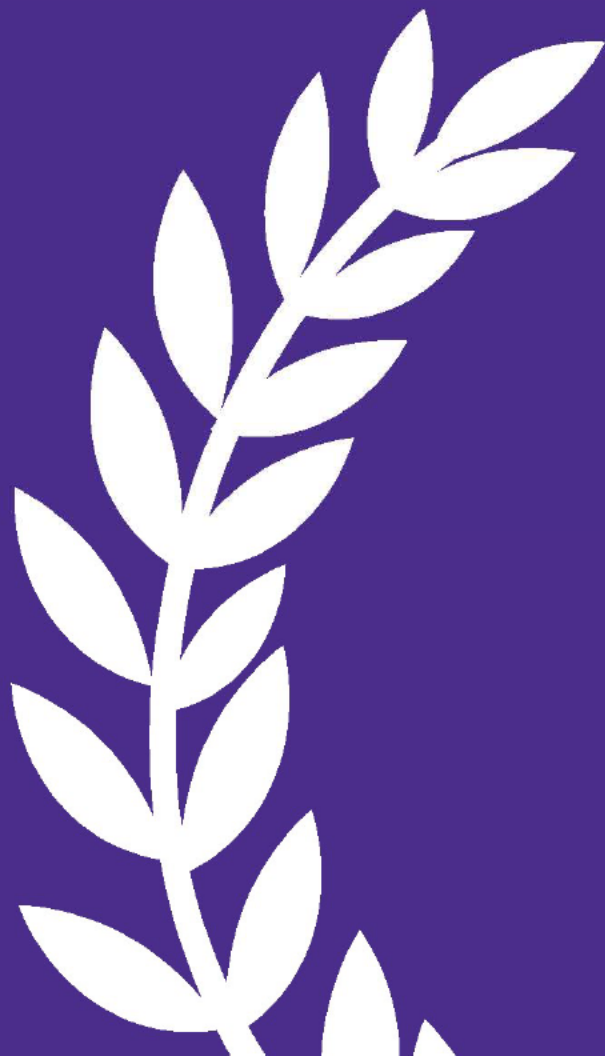
Australia, including dedicated support for practitioners working in regional, rural and remote communities.	improving access to shared expertise, resources and practice development.
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List of recommendations

1. Embed a permanent and ongoing Commonwealth funding stream for specialist sexual violence services to deliver evidence-based prevention education that complements the Australian Curriculum and existing Consent and Respectful Relationships Education measures. Funding should support programs that build deeper understanding of sexual violence, consent, grooming, harmful sexual behaviours, responding to disclosures and pathways to support, replacing short-term pilot models with sustained investment. Funding should recognise the additional costs of regional, rural and remote delivery and prioritise programs subject to independent evaluation..... 15
2. Establish an ongoing Commonwealth funding stream for specialist community education that builds public capability to recognise, respond to and prevent sexual violence including child sexual abuse. Funding should support evidence-based programs delivered by specialist sexual violence services and recognise the additional costs of regional, rural and remote delivery..... 18
3. Establish an ongoing Commonwealth funding stream for evidence-based specialist assessment and therapeutic intervention for children and young people who have used harmful sexual behaviour. Funding should support place-based delivery by specialist sexual violence services and recognise the additional costs of delivering equitable services in regional, rural and remote communities. 20
4. Include integrated, multidisciplinary responses to child sexual abuse as a priority under Commonwealth-State funding agreements, with funding linked to implementation of nationally agreed minimum standards for collaboration, co-location and coordinated service delivery.....21
5. Establish nationally agreed maximum waiting times for specialist sexual violence services, provide funding to help services meet those timeframes, and publicly report on progress..... 22
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