SEXUAL VIOLENCE IN SOUTHERN TASMANIA: RESEARCH REPORT FOR SEXUAL ASSAULT SUPPORT SERVICE TASMANIA

July 2022

Tasmanian Institute of Law Enforcement Studies (TILES) is committed to excellence in law enforcement research. Collaborative research that links academics with practitioners is a hallmark of that research. The Institute focuses on four strategic priorities namely research, teaching, communication, and professionalism.

TILES Vision | To achieve an international reputation for excellence in law enforcement research.

TILES Mission | To conduct and promote evidence-based research to improve the quality of law enforcement and enhance community safety.

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ACKNOWLEDGEMENT OF COUNTRY

We acknowledge, with deep respect, the traditional owners of the lands on which we work and live.

The Tasmanian Institute of Law Enforcement Studies is sited on *lutruwita* (Tasmania) Aboriginal land, sea and waterways, and our scholars work across the lands of the *muwinina* people of *nipaluna* (Hobart), and the *palawa* peoples of *palanwina lurini kanamaluka* (Launceston) and *pataway* (Cradle Coast).

The muwinina and palawa peoples belong to the oldest continuing cultures in the world. They cared and protected Country for thousands of years. They knew this land, they lived on the land and they died on these lands.

We honour them.

We acknowledge that it is a privilege to stand on Country and walk in the footsteps of those before us. Beneath the mountains, along the river banks, among the gums and waterways that continue to run through the veins of the Tasmanian Aboriginal community.

We pay our respects to elders past and present and to the many Aboriginal people that did not make elder status and to the Tasmanian Aboriginal community that continue to care for Country.

We recognise a history of truth which acknowledges the impacts of invasion and colonisation upon Aboriginal people resulting in the forcible removal from their lands.

Our Island is deeply unique, with spectacular landscapes with our cities and towns surrounded by bushland, wilderness, mountain ranges and beaches.

We stand for a future that profoundly respects and acknowledges Aboriginal perspectives, culture, language and history. And a continued effort to fight for Aboriginal justice and rights paving the way for a strong future.

ACKNOWLEDGEMENTS

CONTENT NOTE

This report discusses sexual violence in a range of contexts. Content within may be distressing. If you require support for experiences of sexual violence, please view a range of services at this link.

TABLE OF CONTENTS

TABLES

EXECUTIVE SUMMARY

There is an absence of Tasmania-specific data around sexual violence, evidence critical to obtain funding for local service provision. To address this gap, Sexual Assault Support Service (SASS) based in southern Tasmania—in partnership with the Tasmanian Institute of Law Enforcement Studies (TILES)—have conducted the first Tasmanian study of its kind giving communities in Tasmania a voice. This study considers the scale of sexual violence, its nature, barriers to seeking help, and potential solutions.

This study focusses on the Sandy Bay/South Hobart, Huonville, and Clarence Plains/Rokeby regions. This includes the experiences of diverse communities: culturally and linguistically diverse (CALD)/migrant; Aboriginal; lesbian, gay, bisexual, transgender, intersex, queer, asexual+ (LGBTIQA+); and disability. Interviews were conducted with nine community members and 21 stakeholder participants. Stakeholders include key frontline and other professionals, community leaders and key advocacy groups. An analysis of referral data from SASS and Tasmania Police was also provided. This report summarises the key findings of these interviews and makes recommendations as how SASS, government and other non-government organisations can begin to address the issues identified herein.

Sexual violence was identified as widely prevalent and pervasive throughout society, and not unique to Tasmania. However, some unique types were identified in isolated and close-knit communities, which tend to amplify harmful cultures. Families, adult intimate partner relationships and sexual relationships among young people were identified as sites of violence. These contexts contributed to the barriers for seeking support. Pathways to seeking support ranged from friends and family, trusted adults, general practitioners and police.

Most community members and stakeholders had a general awareness of SASS and their provision of crisis services, with a strong knowledge of prevention work in schools from stakeholders. Participants were positive about experiences with SASS, but there were common

concerns around waiting lists, limited service periods, and capacity issues. SASS services may be handling the initial crisis support well but may want to consider either extending this or including a service that can accommodate potentially long-term and more complex support.

Service gaps were often linked with barriers and the contexts of sexual violence. Discretion in service access was raised by Huonville participants. Participants in the Clarence Plains/Rokeby region noted a distinct lack of local services. Generally, overloaded services and not knowing the best place to seek support was complicated by extensive bureaucratic referral processes and a lack of trauma informed care in all services. A lack of funding and ineffective service merging or collaboration were discussed as systemic issues preventing consistent workforce capacity and delivery across the community services. These challenges also contribute to a lack of communication and engagement with communities, particularly with the most vulnerable members. Several gaps and solutions identified require responses beyond the scope of SASS alone. However, participants had some suggestions that have been integrated into the recommendations.

Many participants noted the value of services sharing locations, whether permanently or in an outreach context. The pilot multidisciplinary centre (MDC) to be established in Hobart will contribute to strengthening collaboration and the provision of more networked support (Petrusma 2022), but it is critical that efforts do not stop there. Engagement with specialised services around the most vulnerable community members is a key step to strengthening responses for these groups. While the MDC is expected to play a key role in modelling and strengthening collaborative practice, it is important to embed monitoring and evaluation measures into its implementation. This will enable rigorous assessment of efficacy to replace assumptions about its impact prior to replication. TILES is experienced in evaluation and would welcome the opportunity to collaborate with the MDC implementation team to develop a robust monitoring and evaluation plan.

Participants discussed a range of prevention options including education and awareness training for the broader community. Information in schools, workplaces, sporting clubs, community and

religious groups needs to be relevant and explicit. The necessity to enhance prevention in the context of family and parenting capacity was also emphasised. Services and referral pathways for perpetrators need to be more widely advertised with relevant organisations.

It takes time to build trust in regional communities, but services in these regions need to avoid the Hobart-centric idea of people coming to services offered in the city. Huonville and Clarence Plains/Rokeby also provided some opportunities where building support and knowledge for local community members to become referral pathways can strengthen regional response.

Discussion of the experiences of Aboriginal Tasmanians noted mistrust of services. Indigenous people require culturally safe services led by or developed in consultation with community (Langton et al. 2020). Given the large gap in study participation from Aboriginal Tasmanians and organisations representing them, culturally appropriate research processes developed with community are critical to identify sexual violence contexts and needs of Aboriginal Tasmanians. TILES has initiated discussions with South-East Tasmania Aboriginal Corporation (SETAC) about how to engage safely with Aboriginal Tasmanians on this issue.

For CALD/migrant communities, help seeking around sexual violence was seen to be sparse. Shame and stigma around sexual violence may be amplified by cultural contexts. Services were not seen as catering for CALD/migrant clients, which poses a barrier for help seeking. Study participation from this group was thin and it is critical that culturally appropriate research takes place to identify sexual violence issues and needs amongst CALD, migrant and refugee communities in Tasmania. TILES is keen to work with SASS on creating a bespoke engagement strategy to canvas the perceptions and attitudes of CALD/migrant/refugee Tasmanians to sexual violence and culturally appropriate service delivery.

Discussions of disability often referred to the lifelong disabling effects of post-traumatic stress disorder. Unique contexts of violence were raised for disabled girls and women, along with the lack of disability specific education. Support service gaps were also discussed for this cohort. As suggested by one participant, there may be scope to partner with disability organisations and

family planning to conduct outreach workshops for residential homes and other disability service providers around sexual harm prevention and respectful relationship education, consent, and supports. Members of TILES work closely with disability organisations in Tasmania and can collaborate with SASS in creating a targeted response to sexual violence experienced by disabled people.

Discussion of the experiences and needs of LGBTIQA+ people focussed on service suitability, and the absence of sex education featuring LGBTIQA+ perspectives. Contextual understanding of LGBTIQA+ communities is critical for appropriate service delivery. Warm handovers may help bridge services across the sector.[1] Holistic sexual harm prevention and respectful relationship education with explicit inclusion of this cohort is also necessary for sexual violence prevention.

RECOMMENDATIONS

The following recommendations are made.

1) Commence a research process to explore sexual violence support needs and solutions informed by Aboriginal Tasmanian priorities and culturally safe processes. This process must engage with Aboriginal stakeholders and communities from the point of research design throughout the life of the project.

2) Commence a research process to explore sexual violence support needs and solutions informed by CALD/migrant/refugee Tasmanians' priorities and culturally safe processes. This

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[1] Warm handovers refer to conscientious, person-centred and reflective case transfer techniques depending on the client's specific needs. This may be a verbal pre-briefing on the client's history, needs and ongoing interventions with the incoming professional and a humanising recount of said professional to the client prior to an escorted face-to-face introduction.

process must engage with CALD/migrant/refugee stakeholders and communities in Tasmania from the point of research design throughout the life of the project.

3) SASS to consider how it can further its capacity to develop and deliver training and community education campaigns focused on:

- prevalence of sexual violence in intimate partner and family relationship contexts and the specific issues around consent, stigma, shame, and harm in these contexts.

- expanding first responder workshops. Particular attention should be given to knowledge and capacity building of community responders (peers, friends, family, community and sporting groups) and professional responders (general practitioners, service providers and other frontline professionals) in regional areas to strengthen referral pathways.

4) SASS to review its sexual harm prevention and respectful relationship workshops to consider whether changes are required to:

- bring a stronger focus on positive consent models operating in a wide range of relationship contexts.

- include same sex and multi gender perspectives.

- until new School Safeguarding Officer program fully implemented, ensure there is appropriate follow up with each school after delivery on disclosures raised by participants, and wraparound services offered to participants requiring further support.

5) SASS, in collaboration with relevant organisations, to develop strategies (including resourcing requirements) for:

- regional outreach or development of local embedded services in the Clarence Plains/Rokeby region.

- regional outreach (embedded in other local services where appropriate), including engaging young people in the Huonville region.

6) SASS to develop a plan and resourcing requirements for:

- online support services such as chats and web forums for those seeking anonymous engagement.

- creation of web resources aimed at children and young people.

- use of tools such as QR codes to link survivors with resources.

7) SASS to develop a plan and resourcing requirements for exit pathways or integrating a service for longer term support beyond current SASS remit.

8) SASS, in collaboration with relevant organisations, to develop strategies (including resourcing requirements) for the enhancement of existing partnerships and development of new partnerships with:

- LGBTIQA+ and disability organisations to provide pathways and links to and from cohesive and trusted supports for LGBTIQA+ and disabled people experiencing sexual violence, including the use of warm handovers.

- disability organisations and family planning to conduct outreach workshops for residential homes and other disability service providers around sex education, consent and supports.

9) SASS to develop a plan and resourcing requirements for increasing the breadth of its engagement with more diverse communities, including people identifying as Aboriginal, CALD, migrant, refugee, disabled and LGBTIQA+, and with regions outside of Hobart. This could include, for example, attendance at workshops and information events where stakeholders and service providers who work with such communities are invited.

10) Further research to be funded, developed and undertaken to build on the findings in this report and generate more evidence pertaining to sexual violence throughout Tasmania. This should include:

- expanding the geographical scope of the study from Southern Tasmania to include participants from other regions across the state.

- collaborating with local service providers in the north and north-west, such as Laurel House.

- different methods for gathering data, such as yarning circles, focus groups, or surveys that will allow for greater number of participants to be included in samples.

11) The Tasmanian Government, in partnership with SASS, Tasmania Police and other relevant organisations, to ensure that the implementation of the MDC includes a monitoring and evaluation plan, and capacity for data collection, to enable the rigorous measurement of implementation and outcomes.

BACKGROUND

Recognising the scale and severity of gendered violence towards women and children, governments around the world are implementing policies to combat this urgent crisis. In Australia in recent years, there has been greater impetus to uncover and understand gendered violence towards women and children. This increased focus on the issues has included renewed policies, media attention, the formation of peak bodies, such as Australia's National Research Organisation for Women's Safety (ANROWS) and Our Watch, and various formal commissions of inquiry (de Ávila and Lopes Gomes Pinto Ferreira 2021). A key priority area featured in Australia's fourth action plan building on the *National Plan to Reduce Violence against Women and their Children 2010–2022* is to improve the response to sexual violence (Department of Social Services 2019). This emphasis on sexual violence is commensurate with the stark reality that one in five women in Australia have experienced sexual violence (Australian Bureau of Statistics [ABS] 2021b). The fact that underreporting of sexual violence has persisted (ABS 2021b) in the face of changing policy, laws and practices indicates that change is required. Hence, it is recognised that to address sexual violence against women and children, policies, laws and practices must be evidence based (Commonwealth of Australia 2019).

Consultation for Tasmania's *Third Family and Sexual Violence Action Plan* is currently underway. Yet, the availability of localised data to inform this plan, including on the scale and nature of sexual violence in Tasmania, is limited. Data from The Tasmania Project obtained by general surveys run by University of Tasmania in 2020 indicate that family violence in the Tasmanian community is a common theme (Lester et al. 2021). It is anticipated that the current Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings will also go some way towards unpacking sexual violence against children and how government institutions ought to respond. However, these sources do not focus specifically on sexual violence broadly occurring in Tasmanian communities. With the increasing impetus for evidence-based responses to sexual violence, it is imperative that Tasmania builds a strong evidence base on the local scale and nature of sexual violence.

To address this evidence gap, Sexual Assault Support Service (SASS) based in southern Tasmania in partnership with the Tasmanian Institute of Law Enforcement Studies (TILES) have conducted the first Tasmanian study of its kind giving communities in Tasmania a voice. This study considers the scale of sexual violence, its nature, barriers to seeking help, and potential solutions.

Aims, Scope and Research Questions

The findings from this study begin to provide the evidence needed to develop better and targeted responses to address the unique nature of sexual violence in, and needs of, local Tasmanian communities. The identification of specific dynamics linked to the Tasmanian context can ensure optimal service delivery.

This study achieves these aims by:

- Carefully planning, engaging, and selecting diverse communities that represent differing demographics and regions in southern Tasmania.

- Interviewing key frontline people who are the first point of contact for many survivors[2]—including health workers, police officers, and staff from community services and local government services and community groups—in each of these communities.

- Asking these local frontline experts to share with their perceptions of the scale and nature of the problem, effectiveness of current service responses, and the unique needs, barriers, and solutions to preventing sexual violence within their communities.

- Generating the crucial local evidence base that is needed to attract serious government attention to sexual violence in Tasmania and to encourage prioritising prevention over response measures.

- Working in partnership with government and key organisations in Tasmania to discuss effective prevention strategies that can contribute to the policy change and resourcing that is long overdue to end sexual violence.

The Tasmanian Government's current action plan (*Safe Homes, Families, Communities*) for family and sexual violence covers the period of 2019 to 2022. It is intended that findings from this project will inform the new action plan. It is also anticipated the study's findings will be used by SASS to refine and develop the services already provided in Tasmania based on the needs and gaps identified.

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[2] Terminology for people who have experienced sexual violence varies. We use 'survivor' throughout the report while acknowledging the range of ideas and preferences that can inform different language choices.

This project focusses on southern Tasmania, but it is hoped that the findings also generate interest and support to expand the study more broadly to involve a Tasmania-wide exploration of sexual violence.

The following research questions shaped this study.

1) What forms of sexual violence (e.g., types of behaviours and types of relationships) are readily identified and understood and what forms of sexual violence are rarely identified or understood?

2) What is the perceived scale/prevalence (e.g., frequency, socio-demographic groups affected) of different forms of sexual violence and what characteristics of sexual violence might be unique within each community?

3) What are the perceived and actual barriers to seeking support for survivors and are any of these unique with each community?

4) What proportion of survivors seek support for experiences of sexual violence and what support services are they contacting and why?

5) What is the level of awareness (including services provided) of specialised support services such as SASS?

6) What experiences have community members had in seeking support from SASS and what changes/results, if any, did they experience as a result of this contact?

7) What are the gaps in support to address sexual violence, if any, and what services, resources and other approaches might be needed to improve responses to sexual violence?

8) What might be some feasible solutions to prevent sexual violence and what role might SASS and other support services play in prevention?

This report presents the results of research interviews with community members and stakeholders in three regions of southern Tasmania. After outlining the methodology and methods, findings are presented according to the research questions. Data is also considered in relation to regions and some diverse groups to explore the contexts of sexual violence and service needs for these communities. A summary and analysis of key findings is then presented, followed by recommendations informed by these findings.

METHODOLOGY

This study focusses on the Sandy Bay/South Hobart, Huonville and Clarence Plains/Rokeby regions. Clarence Plains/Rokeby and Huonville were selected as SASS provides services in those regions including in schools. The Sandy Bay/South Hobart region and services representing diverse communities in southern Tasmania were selected with the hope of including a range of perspectives. This includes the following diverse communities: culturally and linguistically diverse (CALD)/migrant; Aboriginal; lesbian, gay, bisexual, transgender, intersex, queer, asexual+ (LGBTIQA+); and disability. Data collection occurred through semi-structured interviews with community members and stakeholders (See Appendix 2 for interview guide).

Given the sensitive research topic, procedures were in place to support the wellbeing of participants throughout the recruitment, booking, interview and post-interview stages. Procedures were also in place for interviewer and coder wellbeing.

The Tasmania Police (TasPol) Safer Families and Communities Unit analysed quantitative data of sexual assault reported to police and support sought from SASS. This analysis is based on the TasPol and SASS data sets, both inclusive of the period 1 January 2017 to 31 December 2021. A summary of this analysis was provided. This report includes descriptive statistics from the summary to supplement the discussion of prevalence of sexual violence and barriers to help-seeking.

Research was approved by the University of Tasmania Human Research Ethics Committee (project ID 26555). Ethics approval was also granted by Tasmania Police (reference number A21/223697) for the participation of police interviewees and permission to integrate the TasPol analysis into the report. Participants are deidentified throughout the report.

Recruitment

Community members

To recruit community member participants, paid advertising was undertaken via Facebook and Instagram using the SASS and TILES Facebook pages. This promotion targeted people over the age of 18 years, of any gender, living or working in regions of focus. This post was shared by members of the research team, including in region specific Facebook groups. The advertisement was also posted on the TILES Twitter account. Invited stakeholders were also requested to share community recruitment information among their clients.

Community member participants who clicked the advertisement were taken to project information and a Qualtrics screening questionnaire to ensure they met the demographic requirements of:

- 18+ years old;

- living or working in Sandy Bay/South Hobart or Huonville or Clarence Plains/Rokeby; and

- having *not* experienced violence in the last six months.

The final criterion formed part of procedures to ensure participant and interviewee wellbeing.

One participant only completed the first half of an interview due to technical difficulties and illness prevented rebooking. Data from the first half of this interview is included, amounting to nine community members participating in a Zoom or in-person interview. Due to record keeping processes and cancellations, quote attribution for community members includes numbering up to 11 (e.g., Community member 11). Interviews lasted approximately 60 minutes.

Stakeholders

Stakeholder recruitment aimed to gather the views of key frontline and other professionals, community leaders and key advocacy groups across a range of services and diverse groups. Members of the research team brainstormed relevant types of stakeholders, identifying stakeholder contacts among researcher networks, with SASS, Our Watch and Anglicare contributing contacts. Recruitment of stakeholder interviewees involved direct or indirect emails inviting them to participate. Stakeholders were invited to refer others in their workplace, if more appropriate, and share the invitation among their networks. The invitation directed those interested in participating to an online interview booking sheet. Three participants were unable to keep their bookings due to illness or urgent work requirements. In total, 21 stakeholders completed a research interview using Zoom. Interviews lasted approximately 60 minutes.

Analysis

Interviews were automatically transcribed by software, Otter, and then checked for major errors and deidentified by research team members. Transcripts of interviews were provided to participants for review and clarification. Transcripts were uploaded into NVivo qualitative data management software for top-line thematic coding of data around the research questions. Top-line themes were then analysed to identify the key issues discussed by community members and stakeholders.

Limitations

There was limited engagement from Aboriginal community members along with stakeholders representing these communities. Efforts were made to engage local Aboriginal organisations but the two main organisations providing community supports are often overloaded in having to meet various support needs for local Aboriginal populations and being the key state services available. There is also history of harm and exploitation in the conduct of research of Indigenous populations (Tuhiwai-Smith 1999) and frustration around consultation outcomes that go ignored (Althaus et al. 2013). These contexts shape the necessity of engagement around sexual violence support needs shaped by local Aboriginal priorities and processes from the beginning ('Otunuku 2011: 49). TILES has initiated a discussion with South East Tasmanian Aboriginal Corporation (SETAC) about how to develop a culturally safe methodology for further engagement.

Efforts were made with numerous stakeholder organisations to engage with CALD/migrant communities. Hesitance to engage could be explained by overloaded NGOs, and over-researched communities who may be exhausted by the constant requests for the CALD perspective on many social issues. Cultural perspectives where these issues are taboo would have contributed to the absence of engagement in this research. However, given this project was conducted in English by white people, the cultural capability of the team may have also been an issue. This was compounded by the limited funds to promote the research and conduct interviews in community languages.

These limitations suggest more work is needed to identify issues of concern and approaches to best support Aboriginal, CALD, migrant and refugee communities in responding to and preventing sexual violence. It is critical that further research be co-developed with such communities to ensure processes are culturally safe and appropriate. This is a key step in developing culturally safe and accessible services for these Tasmanians.

Only a small number of community member participated in this research, but of these participants, the research team was able to capture the views of community members from each of the regions, along with LGBTIQA+ and disabled people's experiences. This suggests diverse members of the community were represented. There were no male community member participants, but several stakeholders discussed issues pertaining to male survivors and offenders. As with the marginalised communities already noted, more work is needed to engage male survivors, who are often forgotten in the policies and practices of service providers. The views of offenders were also not captured in this study. Given it is their behaviour and actions that need to change, more work on engaging this population is critical to better outcomes for both offenders and survivors.

Participants

Community members

Interviews were conducted with nine community members. Regions and broad demographics of participants were collected to identify how experiences varied. Participants were asked to select the broad groups which they identify with, with the following language reflecting the collection form (see Appendix 1): Aboriginal or Torres Strait Islander; Culturally and linguistically diverse (CALD)/migrant; LGBTIQA+, queer, or sex, sexuality, or gender diverse;[3] Disabled, person with a disability, person with a chronic illness, person with long term mental health issue.[4] Table 1 shows community member participants according to these categories, and their regions. Some participants did not identify with any of the demographic categories.

Table 1: Community member participant regions and demographics (n=9)

Region	Number of Participants
Clarence Plains/Rokeby	4
Sandy Bay/South Hobart	3
Huonville	2
Demographic	Number of Participants
Aboriginal/Torres Strait Islander	1
CALD/Migrant	1
LGBTIQA+	4
Disabled	7

Note: Demographic totals are greater than 9 as some participants selected multiple categories.

Stakeholders

Interviews were conducted with 21 stakeholders from a range of organisations. Stakeholders worked in roles representing and/or providing services to:

- children and young people (up to 25 years)
- women

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[3] The term 'LGBTIQA+' is used throughout.

[4] The term 'disabled' is used throughout, acknowledging that these participants might not identify that way.

- families

- women in crisis and experiencing family violence

- prisoners

- children and families of prisoners

- victims of crime

- LGBTIQA+ people

- homeless people

- migrants

- people with disabilities

- police

Table 2 shows that most stakeholders worked for organisations providing services state-wide or to multiple areas of Tasmania.

Table 2: Stakeholder participant areas of service (n=21)

Region	Number of Participants
State-wide or multiple regions	13
Huonville	3
Sandy Bay/South Hobart	3
Clarence Plains/Rokeby	2

Across the interviews, regions were relatively well represented, and a wide range of perspectives covered. However, as noted in the limitations section, Aboriginal and CALD/Migrant perspectives received little explicit representation.

CRITICAL ISSUES

Interview results are presented below and structured around the research questions.

Types of sexual violence, contexts and prevalence

This section focusses on two research questions:

1) What forms of sexual violence (e.g., types of behaviours and types of relationships) are readily identified and understood and what forms of sexual violence are rarely identified or understood?

2) What is the perceived scale/prevalence (e.g., frequency, socio-demographic groups affected) of different forms of sexual violence and what characteristics of sexual violence might be unique within each community?

TasPol's analysis of data provides some initial indicators of prevalence, contexts and types of violence. The number of reports received by SASS are up to three times as high as reported to police. However, the number of reports to the police have tripled in the five years from 2017 to 2021.[5] The majority of perpetrators of sexual violence were identified by survivors as male. For female survivors, 99% of perpetrators were male, whilst for male survivors, 91% of perpetrators were male. When National Redress Scheme (NRS) reports are excluded, the profiles of SASS and Tasmania Police survivors are relatively similar, even if the numbers vary. However, even when the NRS are excluded, the number of boys/men reporting to SASS over police is 3.5 times greater than girls/women (which is 2.7 times greater).

Characteristics of the perpetrators varied considerably between SASS and Tasmania Police, with the former more likely to receive reports of sexual assault perpetrated by family members (31% SASS compared to 23% Tasmanian Police), and reports of institutional abuse (18% SASS versus 4% Tasmania Police). The corollary to this variation is that Tasmania Police are more likely than SASS to receive reports of sexual assaults perpetrated by a friend or acquaintance (39% Tasmania Police compared with 27% SASS) and strangers (12% and 5%, respectively).

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[5] SASS provides support to individuals to claim through National Redress Scheme thus this would directly lead to an increase in clients, particularly those reporting historical incidents.

For interview participants, sexual violence includes a broad spectrum of acts ranging from coercion to physical force. Based on this broad definition of sexual violence, community members and stakeholders noted that sexual violence is highly prevalent and pervasive throughout the community. Participants commonly suggested that sexual violence is more common within family (particularly child sexual abuse) and intimate partner relationships.

Community members

Community participants identified the diverse ways sexual violence occurs. Some emphasised the way sexual violence can be a combination of physical acts or violating behaviour that affects people's psychological and emotional wellbeing. These broad perspectives included concepts such as 'harassment' or 'assault' as part of sexual violence. For example:

> Sexual violence is any violence perpetrated against another human being, that involves violence of a sexual nature. Anything involving physical … but also sexual assault, but also sexual harassment. So [it can be] verbal … harassment as well. And it can also be nonverbal, so body language and yeah, gestures and that kind of thing. (Community Member [CM] 11, Sandy Bay/South Hobart, Disabled)

Or more simply:

> [sexual violence] is so interpersonal and relational. And mostly, it just comes down to the fact that you feel violated and hurt by somebody. (CM9, Huonville, Disabled)

Some community members focused on physical acts, such as rape, whereas others identified the impact of non-physical harm, such as threats, coercion, and blackmail. The use of social media and the internet for grooming of young people was also a common theme across the interviews.

Community member participants often discussed young people either in terms of their own experiences or their children's, not necessarily in terms of experiences of sexual violence but attitudes and cultures of that age group.

Many participants discussed sexual violence as a structural issue, rather than an event or experience between individuals. In this context, sexual violence for some included victim-blaming, gender stereotypes, discrimination, and sexism, as well as community attitudes around sexualised behaviour. For example, double-standards in sexual relationships:

> The fact that a boy [who] does that is a stud or a player and if a girl engages in that she's a slut and a whore and … can be demeaned and devalued. But if you don't do it, you're frigid. (CM2, Clarence Plains/Rokeby)

The role of consent was an important aspect in how people understood sexual violence. It was rarely framed as a positive, affirming, enthusiastic agreement to engage in sexual activities, but rather its absence noted as a way of understanding sexual violence. That is, sexual violence occurs when people use physical force, disrespecting someone's boundaries, or taking control of a situation through coercion and manipulation.

While the role of intoxication was discussed in these interviews, community members suggested that sexual violence is most prevalent in unequal relationships, intimate partnerships, and families. For example:

> When kids experience sexual violence, it's at the hands of adults. And it's incredibly pervasive in Tasmania ... Sexual violence within romantic relationships is definitely real. And it happens more often than people dare to even believe. (CM4, Clarence Plains/Rokeby, LGBTIQA+, Disabled)

Community members believed that sexual violence within Tasmania was highly prevalent, where all participants knew someone who had experienced harm, some suggesting 'I have never met a friend that hadn't been sexually abused' (CM4). In general, interviewees noted anyone could be affected, anytime and anywhere.

Sexual violence also tends to go unrecognised because of how normalised it is within the community:

> it's happening at schools, it's happening in the workplace, it's happening at home, it's happening in nursing homes, it's happening in hospitals, it's happening, pretty much everywhere you can think of that people attend or are, together, [sexual violence] is happening. (CM3, Sandy Bay/South Hobart, Indigenous, LGBTIQA+, Disabled).

> We know stats like 1 in 3 girls, 1 in 4 boys. But that is vastly underreported in terms of [the] people that I've met over the years that don't think that they have had sexual violence happen to them, but they actually have. ... [sexual violence] is talked about like, 'well, if you haven't actually been raped, you haven't experienced sexual violence'. (CM9, Huonville, Disabled).

Most community members who knew someone that had experienced sexual violence stated it was rarely reported to the police and help-seeking from services was also limited (but more common than police reporting). Some believed the small and intimate geographical regions of Tasmania made safe disclosures difficult.

Stakeholders

Some stakeholders rejected the idea of a cultural context that exists in Tasmania, while others identified particular norms that shaped contexts or prevalence of sexual violence in some areas of Tasmania.[6] Like community members, stakeholders noted the structural norms shaping sexual violence. Most stakeholders discussed forms of sexual violence similarly to community members, but their responses tended to be contextualised by their role or expertise. For example, those in a legal background included acts such as forcing someone to watch pornography, and those in the family violence sector emphasised the role of coercion and power imbalances when discussing consent.

Some unique contexts were identified by participants, including sexual violence experienced by sex workers and by male survivors. Of the former, participants who were asked about consent in sex work identified that there are problematic attitudes towards sex workers in the community and that sex workers experience a high rate of sexual trauma and stigma. Discussion around male survivors mainly referred violence experienced as children but also noted the potential for this harm to translate into cyclical sexual violence across generations, or in later adult relationships. In the context of men, the provision of drugs for sex with young same-sex attracted men and sexual violence in prisons was also raised by stakeholders.

Experiences of sexual violence by children and young people were discussed by stakeholders, with many providing services or advocacy to children, young people or families. This was discussed in a range of contexts including: children or teenagers experiencing violence, the common experiences of young people when they start to form relationships and learn about consent, when online dating, and in social contexts where alcohol and drugs are involved. Issues raised here were similar to those discussed by community members. One participant explained some issues surrounding young people at length:

> The big context is online, at the moment that I'm hearing, things like Snapchat, social media dating sites, where they're engaging with someone talking, and someone's like, hey, I really liked you. And then it's post of genitalia that hasn't been asked for, consented on beforehand. A post about this is what I'm wanting to do to you, which is quite violating and confronting for someone who didn't realise it was going down that path, to have been exposed to things like videos and images of other people engaging in sexual acts, where they weren't aware that that was coming. … And then

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6   Some unique regional issues are discussed later in the Huonville and Clarence Plains/Rokeby profile sections.

in social context is where alcohol and other drugs are involved as well. ... I've heard a lot of stories from young people ... young women where their first sexual encounter was at a party with their boyfriend at the time, they both got really drunk together. And then before they knew it, they're engaging in sex, but they didn't really realise that that was what was going to happen. (Stakeholder Participant [SP] 7, Huonville)

Young people were also discussed in the culture of the family, stakeholders noting that there can be a range of positive and negative family influences. Some stakeholders identified cultures of sexual violence that can exist in families, such as the normalisation of sexual violence within intimate partner relationships that is modelled for young men in a family context. Close and small communities exacerbate the influence of such cultures. Stakeholders also identified the links between being exposed or experiencing sexual violence growing up then going on to experience further harm or perpetuate violence in adult relationships.

Sexual violence and consent for stakeholders was defined and discussed similarly to community members. Stakeholders uniquely raised how sexual violence was considered almost instrumental for maintaining power and control in intimate and family violence contexts. These types are less visible in society and less readily identified or named as sexual violence by those who experience it. This complicates disclosure and help-seeking:

> I do work a lot in that in the area of family violence. Sexual violence is something that gets named up or recognised much later in the journey, as well. It's not something yet they may recognise immediately as coming under, you know, that kind of umbrella. (SP16, state-wide)

Stakeholder participants identified an underlying pervasive culture of sexual violence not unique to Tasmania. This played out in structural norms and attitudes towards sex and sexuality, particularly the gendered differences around these behaviours. Families, intimate partnerships and sexual cultures among young people were identified as specific common sites of sexual violence.

Barriers to seeking support

Barriers to seeking support and/or reporting experiences of sexual violence was a critical issue raised by all participants. This section addresses:

3) What are the perceived and actual barriers to seeking support for survivors and are any of these unique with each community?

Interviewees raised a range of challenges around seeking help corresponding to the literature around barriers to disclosure (Valliere 2020).

Analysis of SASS and TasPol data provides empirical figures around barriers, particularly in terms of lag in reporting. This time lag between assault and reporting is shortest in terms of reporting to Tasmania Police, with 33% of survivors reporting to police within 72 hours, and only 13% reporting to SASS within 72 hours of the assault. These periods align with expectations around forensic processes and critical police responses versus processes around experiences of trauma and seeking and accessing longer term support, as intimated by participants.

Community members

The first barrier reported by community participants is the trauma unleashed by the experience of sexual violence (see, Valliere 2020). Often survivors shut down after an assault, and are not able to process the shock that sexual violence triggers. This impacts on the timing of reporting or seeking help. Community members also raised the lack of understanding by broader society that disclosing is difficult; it is a raw emotional response to trauma and judicious action (such as disclosing something bad has happened to you immediately) is elusive.

Community members discussed that it may take time to understand that they have experienced sexual violence. This can be due to not understanding the boundaries of consent, unaware of what constitutes sexual violence, frequent exposure to violent pornography, or reaching a level of maturity where they look back and realise that the experience was not okay. For example, one community member discussed that it was only through the media that they understood what was happening to them:

> I think one part of us found out that it was sexual abuse from an Oprah episode. You know, like, random shit that we saw on the TV is how we figured out that it was actually sexual abuse. And we didn't have those words prior to that. (CM9, Huonville, disabled)

Many community members raised social taboos about discussing sexual activity, feelings of shame, low self-esteem, and fear of not being believed as barriers to seeking supports.

Other barriers to disclosing included the survivor's internal threshold of seriousness and a negative view of service providers. Community members expressed poor opinions of police treatment when reporting sexual violence such as attitudes of police officers and poor follow-up. Some community members were concerned about the impact of a criminal justice intervention on their lives.

Access to counselling services was also an issue for community members seeking support. This can be because of competing commitments:

> Someone's at work all day and they've got to jump in on their lunch to do counselling. It's not the best way to do counselling. But if that's the only resource you've got left, that's what you do. (CM3, Sandy Bay/South Hobart, Indigenous, LGBTIQA+, Disabled)

Access to services is also impacted by local access, visibility of service, and socio-economic status (SES), which are discussed in more depth the Clarence Plains/Rokeby and Huonville sections.

Stakeholders

Stakeholder interviewees noted that shame, guilt and self-blame create barriers to accessing services and justice. A lack of understanding of sexual violence within a relationship context was also seen as a barrier to seeking help. This was accompanied by a fear of not being believed because the sexual violence was committed within a relationship.

> Women or people, people who are experiencing sexual violence, within intimate partner relationships, marriages, long term relationships, they don't seek help. Because of that our belief system that it's your duty, and that's what you should do, and no one believes them. (SP1, state-wide)

Stakeholders suggested that help-seeking was easier when the offender was not a family member or partner. This is related to a general lack of understanding of consent, as also raised by community members.

> I think people aren't aware of what sexual violence is. I've spoken to parents about it, … they're very uninformed about consent. They're uninformed about what that is, what that looks like, how consent is obtained, that it's not just once someone says yes, once then therefore, for each point onwards. They are unaware of all those things. (SP7, Huonville)

This lack of knowledge about rights within relationships to sexual autonomy requires critical attention in the response to sexual violence.

One interesting observation was that the reaction of the person who was first told of the violence impacted the subsequent help-seeking and reporting behaviours of survivors, which relates to stigma. Stigma is a critical factor in survivor responses. Stigma can be generated broadly from national culture, perceptions of communities, and reactions of family and friends.

> There's such an aversion to hearing or listening and acknowledging this stuff. That if they get an adverse reaction, when they do raise it, they'll just suck that back into themselves and take that as another reason probably not to disclose and, and to feel shame about what's happening. (SP5, Sandy Bay/South Hobart)

Stakeholders also discussed service-level barriers for help-seeking. There was a recurrent theme that young people, in particular, were not aware of the services available. Young people might feel isolated because there are no specialist services available in a given area or that mainstream services do not have a specialist practitioner available. Stakeholders also reported hearing of young people being ashamed to be seen entering a dedicated sexual assault service because anyone who saw them would know why they were accessing the service.

A major theme was needing to trust the service. This might be via familiarity with the name or a recommendation from a trusted person. Stakeholders also stressed the importance of the therapeutic relationship between the survivor and the counsellor. A major issue for survivors is when a relationship has been established and the counsellor leaves, or the service closes, and they need to re-tell their story and rebuild rapport and trust with the counsellor and/or service.

Stakeholders noted that services with a 'middle-class lens' are less attractive to survivors from low SES backgrounds. These services may have specific client eligibility issues or time-limited services, and present barriers around physical access created by lack of funds or transport. During COVID-19 lockdowns, Zoom or telehealth counselling became available but survivors on low incomes were unlikely to have access to equipment, the internet, or phone credit to access these options.

For those considering the criminal justice approach, the process of obtaining evidence can be a barrier.

> Yeah, initially, I think being a bit scared because there's a whole forensic process that is scary. … intimate procedures on you that are scary and freaky and just not very nice. (SP2, southern Tas)

In summary, there were a multitude of internally generated and externally imposed barriers to help seeking, which involved a complex web of shame, stigma, privacy, trust, readiness for disclosure, awareness of services, and having the emotional and physical resources to access help. In this context, unique barriers emerged for young people and people in low SES demographics.

Pathways to support services

As noted previously, there are a variety of barriers to reporting, some of which relate to the pathways to support services. This section addresses:

4) What proportion of survivors seek support for experiences of sexual violence and what support services are they contacting and why?

Similar themes emerged from both community members and stakeholder interviewees. Interviewees described a variety of pathways for seeking assistance. The pathways to help-seeking were understood as being dependent on the type of survivor.

Community members

Overwhelmingly, community interviewees reported that a survivor would reach out to a trusted family member or friend in the first instance. Consistent with the existing research, and discussion from community members around reporting behaviours, most survivors tell no one else other than their family or friends. They might be encouraged to seek out a counsellor from a known service (e.g., a school counsellor in the case of children or a social worker with whom they already have a relationship). Community members discussed help seeking as a process.

> The first action, maybe talk to their family members or close friends, then seek professional help from those services. And yes, some of them, very little of them may go to the police and seek legal address. (CM10, Sandy Bay/South Hobart, LGBTIQA+, CALD/Migrant)

Sometimes informal disclosure happened within conversations about contemporary issues. Several interviewees mentioned people disclosing their own experience during a discussion of the Brittany Higgins case or a news item about a sexual assault.

Reporting to police was regarded as rare except in cases where the survivor was seeking damages through a redress scheme.

> you might not get a female officer. ... And even if police are really good, you don't know what going to court, is going to be like. And you don't know whether if the end result is going to change or whether you're just going to be re victimised or re traumatised through the court system, and being in the same room with that person. (CM8, Clarence Plains/Rokeby, Disabled)

Police were not seen by community participants as a pathway, and criminal justice processes were seen as daunting.

Stakeholders

Stakeholders raised the individual nature of the impacts of violence. Individual survivors undergo a process of dealing with the aftermath of assault, and disclosures to services and authorities may take some time depending on the perceived seriousness of the sexual violence. For others it may be a stop-start process as the survivor gradually comes to terms with the violence.

> I think that that can be heavily influenced by when testing the water, that type of things. So when they're sussing out what actually has happened to them, when they're trying to work those types of things out and some of the responses that they get, but I actually do think that ... people that I'm supporting, that I've been supporting for a long period of time, and it might come out, even if it's historical, if they feel safe, if they trust, and if you support them through that, then they're highly likely to see support. (SP16, state-wide)

The main theme that has arisen from this question is that it is an individualised process, and it would be impossible to establish a 'one size fits all' approach.

> SASS is obviously the big [support agency] ... that we would sort of push to unless it's pretty significant, in which case we talk to police, bring them on board. Mainly, well, I think what we probably do is we assess the situation as it stands as an individual and sort of talk with the client around what they actually need. For example, if they're not willing to engage in SASS, they might be willing to engage in Lifeline at night when they're on the phone. They might be willing to engage in other things that they can at least talk generically to someone about, it could be their GP, it could be you know anyone else that they identify they're willing to talk to, because there's no point in us putting a safety plan in play, if they won't do it. (SP20, state-wide)

Finding the right referral pathway for the context of each survivor means that referral needs to be iterative and have multiple trajectories to match the recovery process of each person.

However, there is a double-edged sword with a system characterised by multiple pathway options. Both community members and stakeholder interviewees raised issues with the fragmentation of services and service eligibility criteria, noting that this obscured pathways to seeking help.

I think the pathways, the referral pathway is dysfunctional. And I hate saying that, because when I worked at [redacted], I was out preaching to every man I could find, if a sexual assault comes through your ER or to you as a GP, call Laurel House so they can facilitate helping this person work out what they need, but that's not happening properly. That's not the stories that I'm hearing. Everyone I spoke to I say, 'did they give you a pamphlet or a number for Laurel House or SASS? Or, you know, even 1800RESPECT for God's sake? Yeah, what have they given you?' And they're like, 'nothing, said I could report to the police and I went home.' ... it's someone at the hospital, the referral pathways, particularly in smaller communities, failing? Yeah, I don't know whether that speaks to more training needed in the health professionals, it probably does. So that's, yeah, that's failing. (SP1, state-wide)

The variety of pathways for seeking assistance link to the circumstances of the person seeking help, which include friends and family, trusted adults, general practitioners (GPs), and police. Fragmentation of services can mean opportunities to provide the assistance needed are missed by service providers.

Knowledge and experiences of support services and SASS

Whether a survivor encounters barriers to help seeking or referral pathway is highly dependent on their knowledge of support services available to them. This section addresses two research questions:

5) What is the level of awareness (including services provided) of specialised support services such as SASS?

6) What experiences have community members had in seeking support from SASS and what changes/results, if any, did they experience as a result of this contact?

Participants provided generally positive feedback about SASS, but there was a broad awareness of long waiting lists for supports.

Community members

Community participants discussed a lack of knowledge of services available for support.

I don't actually know if we have another service in Tassie for sexual assault specifically. I just don't know, I haven't heard of one before. (CM6, Huonville, LGBTIQA+, Disabled)

> There's a gap in the allied health. … If they don't know, they really don't know. It takes someone to be affected sometimes before they even know the services are available. (CM3, Sandy Bay/South Hobart, Indigenous, LGBTIQA+, Disabled)

This lack of knowledge results in people hesitating to reach out for support, or reaching out too late to access services.

While all except one community member participant had heard of SASS, there was a common thread that the range of services provided by SASS were not well known in the wider community.

> I'm going to say SASS is probably more recognised with people that have been affected but the general community I don't think so. Like people sort of don't know who SASS is. (CM3, Sandy Bay/South Hobart, Indigenous, LGBTIQA+, Disabled)

Most community members were aware of in-house crisis support services and some were aware of the workshops being undertaken in schools. One mentioned the phone line. SASS was not discussed beyond those contexts and services.

There was a sense that the explicit name of the service might be a barrier for access, particularly for young people.

> I only have one friend that has ever actually mentioned SASS to me. … She said that she was very happy with the fact that she was able to access free, regular counselling, but most people don't want to do it. Most people don't want to speak, or even be seen walking into SASS. I mean, I often would refer people to Headspace because people feel a lot more comfortable going there, because it's not specifically about being sexually abused. (CM4, Clarence Plains/Rokeby, LGBTIQA+, Disabled)

Community participants who were familiar with SASS had generally positive feedback.

> They are fantastic. They just are there when you need them, they have the 24-hour number as well to call which is good. (CM3, Sandy Bay/South Hobart, Indigenous, LGBTIQA+, Disabled)

Community participants seemed to agree that most support service provision revolves around first response. If the first responder knows nothing of SASS or its services, then they may not seek help beyond their personal networks.

There was frustration among community members with the administrative restrictions of access to SASS, including waiting lists and the 12-month limit on support.

I think [SASS is] good, but I do know that it takes a long time to get in with SASS, right. They've got a lot of people waiting. (CM6, Huonville, LGBTIQA+, Disabled)

A friend suggested SASS for me, and that helped for 12 months. … it's just not long enough. Like 12 months is not long enough … and I don't begrudge those services, because they were wonderful. But there was nothing afterwards. So, it's kind of left blind to try and find out 'what the hell do I do now?' And then you get a diagnosis of PTSD [post-traumatic stress disorder], but there's nothing to help you with it. So, it's like, 'Oh, great'. And then people are walking away. SASS … it's like a launching pad. You've been listened to, you're being heard. You're being guided, supported in your choices validated, respected. (CM8, Clarence Plains/Rokeby, Disabled)

A further issue for community members was the impact of waiting lists and staff turnover on their healing journey.

… you can get a counsellor and if that counsellor leaves, you go back on the waiting list. And that can be devastating. Yeah, really devastating and kind of traumatising. And if that person, the next one leaves, you're back on a waiting list again. … And the response to that is quite clinical. It's not very compassionate. So perhaps some more compassion around, even just the waiting list, a more compassionate response to having to put someone on a waiting list. (CM11, Sandy Bay/South Hobart, Disabled)

Feedback from community members emphasised that their needs were complex and whilst their initial contact was often positive, they require a commitment to long-term support from SASS. This looked like consistent case workers who listened and understood their experiences, and who could provide 'follow ups' and routine 'check ins' (such as on anniversaries of traumatic events).

Stakeholders

While stakeholders were aware of SASS, many of the stakeholders interviewed had not had any feedback from clients so were unable to comment. There appeared to be a general assumption that SASS is in some way involved in each sector, but there is not necessarily a clear understanding of the capacity and remit of SASS.

Where there was awareness and feedback, stakeholders thought that SASS was highly regarded and seen to be doing a great job both in the areas of counselling and with the primary prevention programs in schools.

My feedback on the few that I've actually heard, that it's been a good experience, that it's ... enabled them to for the first time to actually speak about these things in front of people who know and understand. And I think that's been an opening of a door to recognise the pain and the hurt that somebody has been carrying for a long time that there is a way forward, there is a way to theoretically, therapeutically manage these situations. (SP19, state-wide)

Some stakeholders commented that SASS appeared to be under-resourced and had capacity issues. Another remarked that while the service was good, the waiting period was onerous and clients had reported being disappointed about staff turnover. Suggestions included opening an office at Rosny and providing some anonymous services like online chats or web forums for people who are nervous about being seen accessing the service.

Beyond the issues of consistency and timeliness of support from SASS, a stakeholder was highly complimentary about the service being offered at the prison, but was unsure whether the access would be maintained on release. Additionally, support programs for perpetrators of sexual violence are unknown to most stakeholders.

There was a broad awareness of SASS and their crisis service. Stakeholders were also well aware of the prevention work SASS undertakes in schools. Feedback about SASS was positive, but concerns were raised about waiting lists, limited service periods, and capacity/resource issues.

Support service gaps and improving responses

Building on help-seeking options, this section responds to the research question:

7) What are the gaps in support to address sexual violence, if any, and what services, resources and other approaches might be needed to improve responses to sexual violence?'

Community members and stakeholders provided insights on the obstacles to and opportunities for service delivery.

Community members

Interviewees widely commented on service gaps and the lack of staffing across a range of specialisations.

I think it's just the system is clogged. I think the Tasmanian health system needs really good revamp. The allied services, which I truly believe this one falls under, is just not

working to its best capacity. There's shortage on psychologists, counsellors, there's all sorts of facets that go into it. And it's just sad to know that people have to wait when they need a service sort of sometimes immediately. (CM3, Sandy Bay/South Hobart, Indigenous, LGBTIQA+, Disabled)

Community participants also indicated that a lack of service integration results in siloed services. This impacts individuals who want to avoid a maze of referrals and bureaucratic processes. It was evident that too many services interacting with one client eventually leads to survivors feeling overwhelmed and disconnected from support services. A point was made that a person-centred pathway was needed in cases where survivors need assistance in deciding what help they need each step of the way.

Suggestions from community members considered the need for non-crisis support, in the form of 'open door' service, where people can contact SASS when they feel comfortable. This could be a drop-in service where individuals can explore their options or find information about whether their experience is sexual violence. Such options are important when survivors were coming to terms with harm they experienced, which may not necessarily need an immediate crisis response.

Suggestions to improve awareness and access included the use of online media. Such ideas include anonymous online chat services, and the use of connecting technology such as QR codes and kid/adult friendly websites that are designed to help survivors and practitioners know what SASS does and for whom. Technological access should be accompanied by regular, updated lists of programs and support services sent across service providers to ensure people are being referred to appropriate places.

There was some level of agreement that trauma-informed responses are needed in all service areas (including hotline volunteers, such as Lifeline), and that most practitioners should be trained in trauma-informed practices (this is also something identified in other research in regional Tasmania, Bartkowiak-Théron 2021). However, there was also consensus that trauma-informed practice does not stop at initial response, as discussed later in the disability section.

Two community participants discussed unsatisfactory responses to mandatory reporting experiences, which highlights the broader system gaps here. One was an inadequate police response to inappropriate text messaging and attempts to build relationships with young people, and the other was an inadequate response from a religious school and its system. On the school response, the participant explained:

The help that I got around that was not from the school. I left the school because of their handling of it. … the outside services were brilliant. … What I expected was the kids were going to be wrapped in care, they were not. It seems like everyone just did this ass-covering exercise because they were year 10s and they were moving on. … I was meant to be contacted by [the school administration's] mandatory reporting person, everything in the manual that you meant to have happen didn't. If anything, I was scapegoated. It was like, 'Why'd you kick that rock over? They were almost gone.' (CM2, Clarence Plains/Rokeby)

Participants also discussed the gaps in service response for LGBTIQ+, disabled and CALD people, detailed in the specific sections below.

Stakeholders

Stakeholder participants discussed the collaborative and integrative aspect of service delivery (or the lack thereof). The current siloing of service delivery means that most organisations are focused on one aspect of social harm, when harms commonly co-exist, and organisations should collaborate according to 'whole of government' problem-solving policies. The partitioning of core business, however, causes a lack of knowledge of what each service does, and how they manage disclosures of sexual violence. Multiple participants noted that the most marginalised groups were being excluded from services.

Another gap noted by stakeholders was the lack of collaboration and communication between organisations and the challenges around this. For example,

… communication between agencies would facilitate things a lot more. Having processes so everyone's got the same expectations around how things work, particularly around scope of practice, where does my responsibility end, and then become someone else's. Because of the pressures, I think there's—that there can be a lot of pushback, probably between everyone. (SP9, state-wide)

Participants suggested some possible responses such as well networked and flexible solutions to support the most marginalised community members, including warm handovers, and embedding specialised services within broader services. One example provided by participants was outreach workers available to chat at a community centre or youth centre once a week. Also in the context of young people, a gap was identified around education in schools, with case workers needed in the days after sexual harm prevention and respectful relationship education workshops to help with disclosures or questions.

The incapacity for services to properly gather data was mentioned as an obstacle to acquire additional funding. Services are constantly 'in delivery' mode and they do not have the capacity to collect data to inform their claims for further funding.

Challenges in system navigation and a lack of trauma informed care contributed to support service gaps. This was compounded by service loads, funding challenges and systemic capacity and workforce issues. However, participants contributed a range of possible solutions.

Prevention and the role of support services

Central to the remit of SASS is its work in preventing sexual violence. This section addresses the research question:

8) What might be some feasible solutions to prevent sexual violence and what role might SASS and other support services play in prevention?

Community members and stakeholders had a range of suggestions on how to prevent sexual violence, which covered the broadest of structural issues (such as tackling gender inequality in the media) to the individual (such as addressing power imbalances within families).

Community members

Discussion of prevention of sexual violence focussed on the need for greater education on what sexual violence is, what it looks like, and the contexts in which it occurs. Knowledge of these things was seen to minimise shame and embarrassment, facilitate bodily autonomy, encourage healthy sexual communication in relationships, and aid people to recognise when they have experienced sexual violence. In general, community members emphasised that sex and sexual violence are still private issues that are not discussed openly, which creates an air of secrecy and shame for survivors.

> I was taught that my vagina was my front bottom. And I didn't like start calling it my vagina until I was like, I think like 13 or 14, right? And I think that causes a lot of shame, because obviously you don't call it what it is and then it's like, oh, that must be part of my body that I should hide, you know? (CM6, Huonville, LGBTIQA+, disabled)

Other responses emphasised that sexual health, consent, and relationship workshops in schools need to be standardised across public and private sectors, have relevant and context specific information, and to be available for children of all ages. Education in schools needed to actively disrupt what kinds of relationships families might consider 'normal'. This was extremely important for community members who experienced child sexual abuse or had complex family

histories involving intimate partner violence. For example, one community member emphasised that in their social context, it is socially acceptable for relationships to occur between adults and young people in their local community. Another community member stated that as a child they did not have the knowledge of what child sexual abuse was or how it looked like within the family and/or between siblings.

Stakeholders

Much like community members, stakeholders suggested that education in schools needed to start earlier, be contextually specific, up to date, and to be 'brave' when discussing child sexual abuse.

> I think we need to be quite explicit. Like we can't assume that people know what consent means or what that looks like, because young people don't. And some of the images they see [in pornography] are violent. And I think sometimes that can be assumed that that's normal when it's not. (SP15, Huonville)

Some stakeholders stated that there is a need for more explicit information on what constitutes sexual violence and how to respond to throughout the community, such as in nursing homes, workplaces, schools, churches, sporting clubs and community groups. Increasing the knowledge and awareness of sexual violence in these social contexts is not only about how those spaces could be places where individuals might feel safe to disclose, but also acknowledgement of the broader contexts where sexual violence occurs:

> Those people who are involved in the sporting clubs, organisations ... the community groups ... they may be someone there with trust that individuals could go to, I just don't know if they've had the training and support. (SP7, Huonville)

> Large workplaces and everything like that ... you know, sporting clubs, I just don't think that we're doing enough it at that space. (SP16, state-wide)

These responses demonstrate community-wide opportunities in terms of primary and secondary prevention.

Most stakeholders who worked with adults referenced sexual violence as being heavily intertwined with family violence. This meant their primary prevention ideas circulated around education and training for families to learn how to sustain positive, healthy relationships.

In less functional households, we're not talking about relationships, we're not talking about respect, we're not taught about what is right and what is wrong. And I think … that [sexual violence] becomes largely normalised. (SP19, state-wide)

We can't just leave it up to schools and say 'oh well school is gonna deal with it, or that or some program's gonna deal with it' … What we know is parents do it better. If we can get parents healthy enough, they do it better. Not the government. (SP20, state-wide)

Continuing the focus on young people, some stakeholders referred to secondary prevention of harmful behaviours. They noted more support is necessary for young people who are engaging in problematic sexual behaviour.

Participants discussed prevention most often in reference to basic bodily, sex and consent education. This focussed largely on young people but gaps within society broadly were noted. The importance of strengthening community and family knowledge and supports was also raised.

REGIONAL PROFILES

This section discusses responses from participants living or working in the Huonville or Clarence Plains/Rokeby regions with the aim of exploring in more depth some of the contexts of sexual violence and service needs of these communities. Two community participants and three stakeholders lived or worked in the Huonville region. Four community participants and two stakeholders lived or worked mainly in Clarence Plains/Rokeby. Some stakeholders who did not currently live or work in these regions also provided relevant insights.

The nature of small and close communities was seen to amplify cultures of sexual violence as well as hesitancy around help-seeking and access challenges. These discussions are structured around three broad topics, informed by the research questions: contexts of sexual violence pathways, barriers and service gaps, and solutions.

Huonville

Contexts of sexual violence

The contexts of sexual violence were multi-layered, but stakeholders spoke of the role of generational influences and trauma within families, and an ongoing lack of understanding about the nature of sexual violence. Because of isolation, stakeholders noted social and familial pressure on young people to be involved sexually at a much younger age. SP12 felt that there was pressure on young people in the region to 'go out to parties, start dating … and have children earlier,' which put them in the position of having sex and being in sexually active relationships earlier than they might otherwise. SP7 found it troubling that parents would celebrate their very young children 'becoming a mum' without enquiring after the level of consent, or even possible violence for how that conception occurred. In addition, language that is persistent in some Huon Valley communities around 'ownership' of women, a lack of understanding of what constitutes sexual violence and what consent truly means were raised as concerns.

Pathways, barriers and service gaps

Pathways for survivors to seek help in this region were grounded in local community organisations. One stakeholder saw organisations that play a part in supporting people in the Huon Valley as including sporting clubs, organisations like Rotary, and community groups, 'where there may be someone that young people trust and can talk to' (SP7, Huonville). These organisations play important referral roles to organisations like SASS. But as SP7 noted, the

challenge, then, is ensuring that people within those organisations have the appropriate training and knowledge.

There were several location and region-specific barriers, including a lack of spaces available for young people to spend leisure time. Interviewees suggested that access to safe spaces and activities was a preventative and protective tool. The lack of local services available after hours for all community members was also seen as a barrier for people wanting to seek support at these times.

Rural and regional communities are often insular, and anonymity is difficult to maintain. This exacerbates the issues of help-seeking and reporting, especially when offenders are known to survivors. Another barrier is in the fear of being identified as a victim of sexual violence by local community members. Stakeholders were cognisant of the fact that if there was clear signage identifying a sexual assault support service, there would be a hesitancy to enter because everyone in that small community knows you. Yet, distance also prevents access to city-based services:

> And to be honest, if you've got florid PTSD type symptoms, you ain't gonna get on public transport to go somewhere. (CM9, Huonville, Disabled)

The primary services available to support survivors were GPs, with most towns in the Huon Valley having a local doctor. For some, however, the lack of bulk billing presented a barrier.

Solutions

Smaller communities also bring with them issues around confidentiality and trust. This often means that trust in new service providers takes time to build. Stakeholders provided critical insight on the tendency for the community to wait and see if a new service provider is 'trustworthy' or not. Organisations might receive funding to come to Huonville but might not be committed to the time it takes to 'break through that barrier'. It is not only the service, but the staff who must be consistent in rural communities.

> I think what's been successful with SASS is that we've been able to go, 'okay, there might not be anyone for six months. But we'll stick it out and give it a year or two' … So often, it was seen that there's no demand for the service. But it's … people are waiting to see if you're trustworthy or not, and then valid. (SP12, Huonville)

Discreet service providers are supported in this region along with multidisciplinary centres, where reason for service visit is not apparent to passers-by. Solutions must be based in the community because many people do not drive or travel to Hobart.

A community member also noted the general service gap and suggested general support services in the region.

> There's The Link in Hobart. … there's not many safe spaces for people to be at in Huonville. The Link, they've got a kitchen. They've got washing machines. They've got free food if you need it. And then there was mental health professionals or people who were still in uni or stuff like that, even volunteers … And they have places to charge your phone and everything. … as a young, when I was living at home, I'd often go there on my way home from school and stuff, just so I could sit, not even talk to anyone, just sit somewhere that was not my house. … I think a lot of people could benefit from it in Huonville, everywhere. (CM6, Huonville, LGBTIQA+, Disabled)

This shows, like stakeholders, this community members possibly sees the value of general community services as a protective and responsive factor influencing community safety.

The context of isolation and a small community shaped the responses from Huonville interviewees. It is evident from the quotes above that a lack of services and privacy in accessing these services is a significant issue.

Clarence Plains/Rokeby

Contexts of sexual violence

Close communities shaped contexts of sexual violence in this region. The key sexual violence context for one community participant in this region was within relationships between adult men and girls. These relationships were a norm among CM4's lower income community and friendship group. They noted this was a generational experience.

> It's not frowned upon for a 15- or 16-year-old to date someone in his mid-20s and be impregnated by him. … I mean, two of my siblings, are the children of what I would deem paedophilia. My father was 27, and that woman 14, for one of my brothers, and he was 29 and the girl 15 for my sister. I have siblings literally born of paedophilia. Yeah, and it was completely normalised. Their families didn't care. They never thought it was weird. I didn't realise it was weird until I grew up … it is horrific, and it is everywhere. (CM4, Clarence Plains/Rokeby, LGBTIQA+, Disabled)

Personal safety around the region was also a concern for participants with interviewees raising the issue of feeling unsafe unaccompanied. One community member did not walk to their 10am

interview for fear of violence and referred to a lack of lighting leading to opportunistic crime in the streets of their suburb.

Stakeholders working with people in the Clarence Plains region noted that survivors and perpetrators are likely to operate in the same social circles. This amounts to sexual violence impacting on the school experiences of the children of survivors and perpetrators, as well as the social experiences of adults. The social consequences of reporting affect entire families. One stakeholder worked with the family member of a perpetrator who felt that because of the region being small and the community knowing 'everyone', they had to leave. The nature of Tasmania having small and close-knit communities means that when a perpetrator of sexual violence is released after serving time incarcerated for their crimes, everything is 'magnified' (SP8, state-wide).

Pathways, barriers and service gaps

Distance was raised as a concern to access supports with community members and stakeholders noting the lack of local services and resources within the community. Participants noted that free counselling services are based in Hobart, most people in their area do not drive, and access requires multiple buses to get to and from a therapy session. A lack of resources can include phone credit and online access to contact services. Stakeholders also noted stigma and judgement around accessing assistance in small communities.

Families in the region fear removal of children if they report the violence happening in their homes.

> People have a real concept of, you know, it stays in the family. Or if we get involved or somebody else gets involved then child safety will get involved, their kids will be taken away. There's a whole range of fear that rolls with that as well. (SP20, state-wide)

As noted by SP17, in addition to being mandatory reporters, it is important that local services develop trust with clients, and it is in the community's best interests for those support services to 'have their eyes on … the kids in the community … and about a place of building skill and empowering … them.' (SP17, Clarence Plains/Rokeby)

For those located in prisons, accessing support is extremely challenging. They struggle with privacy and access to counselling through phone services as phones are in the middle of public yards.

Solutions

It was suggested that free counselling services in the area were vitally important:

> Accessible counselling to the Clarence Plains region would change people's lives. And especially if you didn't make it super, super obvious it was a sexual assault support service. Maybe just a support service with a keen interest in sexual assault. (CM4, Clarence Plains/Rokeby, LGBTIQA+, Disabled)

This picks up on the desire for both community-based services and discreet services noted by participants in other regions.

> It's just about being visible and being seen. So sometimes having a service provider coming into a community shows that community that they're actually interested and they want to talk and they want to know what's going on. Whereas it's almost like a power imbalance, you know, like when you just as a service provider, expecting people to come to you when you need it, and that you've got every resource available to make that happen. But people don't, and some of … the most vulnerable people have less of those resources. … So for someone who's coming from a well resourced life, and a well resourced suburb, they've got some money, they've got transport, they know how to get there, they know what to look for. They've got a phone that works every time they need it to work, all of that sort of stuff is very different to someone who, who's struggling with a lot of those things. (SP17, Clarence Plains/Rokeby)

Like Huonville, it takes time to build trust in the region and is important to be seen to have in-person community services.

Participants from this region identified some unique sexual violence contexts and challenges, including access to services and trust. While isolation shaped similar issues in Huonville, in Clarence Plains/Rokeby, poverty and the abuse of power in close communities contextualised the landscape.

DIVERSE GROUPS

This section discusses responses from diverse groups (Aboriginal Tasmanians, CALD/Migrant, Disability, LGBTIQA+) and stakeholders representing them. Although not identifying as members of these groups, some community member participants also commented on the challenges people from diverse groups might face accessing sexual violence services. This discussion reveals some of the contexts, experiences and service access challenges of these groups.

Aboriginal Tasmanians

One community member participant identified as Aboriginal or Torres Strait Islander. No stakeholder participants represented local Aboriginal organisations, but one stakeholder participant also offered their Indigenous status (these demographics were not actively sought from stakeholders).

Experiences of Aboriginal Tasmanians was most discussed in terms of hesitancy to engage with police and fear of child removal. One community member stated Aboriginal people may be hesitant to engage with police because 'police are also terrifying ... they're not the most friendly people' (CM6, Huonville, LGBTIQ+, Disabled) and hinted at the tensions that exist between Aboriginal people and police. Stakeholders also noted that criminal justice system responses might not be desired by Aboriginal Tasmanians.

In regional areas, stakeholders noted the hesitancy of Aboriginal Tasmanians to engage with service systems due to issues around confidentiality in small communities and the risk of having children removed.

> Like you've got a community where services have been here for so long, services, like you've already got mistrust in services, you know, historical, because they've taken your children away or especially with Aboriginal community and stuff like that. ... just a general mistrust that they're going to tell someone else in the community. So, confidentiality and privacy are huge things for people in a rural community. (SP12, Huonville)

A mistrust of services is the main issue raised for Aboriginal Tasmanians. The lack of participation by this group means that further research is required.

Culturally and linguistically diverse people and migrants

One participant identified as culturally or linguistically diverse/migrant, and only one stakeholder participant represented an organisation providing some services to migrants. A lack of appropriate services was a key issue for this group along with a lack of identification of sexual violence.

Participants were aware that sexual violence was an issue within marital relationships and disclosed as part of domestic and family violence. Stakeholders who were able to speak to matters relating to CALD populations also raised the issue of taboo.

> In the context of the clients that I work with culturally, discussing anything to do with sex is just a no, no ... Also, there is a lot of clients who will report to me that ... it didn't really even occur to them that, that they could say 'no', ... they haven't identified that their experience was sexual violence. And so, a lot of the time when I'm talking to them about those experiences, I try to be really careful in the way that I'm framing those questions, if they're comfortable to start talking about it, asking them to tell me what, what that looks like, who would initiate those kinds of interactions? And was it you know, 'were you able to say "no" if you didn't feel like it or anything?' Generally speaking, it's only then that they sort of go, 'I didn't know that. ... I just didn't question it.' ... The fact that in a lot of my clients, their country of origin, marital rape isn't a crime anyway. And so, there's not really that that understanding. (SP14, state-wide)

This stakeholder also reported that some CALD cultures do not use the word 'rape'. They were aware of sexual coercion and violence occurring in the context of intimate partner violence and that an additional barrier to disclosing in this context was that the migration sponsor of the survivor was the abuser.

Issues impacting on help-seeking ranged from a lack of awareness about sexual violence (particularly with non-strangers), awareness of services, and mistrust of authority and services. Participants identified that many people from CALD backgrounds have problematic relationships with police in their country of origin and are seen as unlikely to report their experiences of sexual violence to police.

Combined with concerns around confidentiality and privacy, language barriers were also a key issue in accessing and engaging with services. Suitable interpreters are often difficult to find, and the shame felt by the survivor is compounded by a fear that their ethnic, language, or faith community will ostracise them for disclosing and bringing shame on their culture.

That has been incredibly difficult in the past. And, even just finding an interpreter, like you can find one but an interpreter who isn't in Tasmania, who speaks a language for with somebody can involve a lot of—it can just delay that you'd rather not have to have somebody waiting, so that we can have an interpreter who is not part of their own community. … the middle of it, there's a person who needs to have the right information to make a decision about what's right for them. It may be that having the examination isn't what they want, but until it's explained to them in their own language or and they can express themselves in their language that is comfortable for them, then we're not going to know. (SP2, southern Tas).

The difficulty of accessing interpreters, and interpreters not part of the survivor's community was a key issue and discussed in relation to privacy, modesty and the urgency of decision-making in crisis situations.

Community members suggested the need for a greater number of bilingual workers; both to provide support in languages other than English, and to promote awareness of sexual assault services outside the mainstream community.

Bilingual workers. Yeah. Because, from my understanding, most of the workers here, and Headspace, they mainly hire people … most people are white and a middle-aged woman. (CM10, Sandy Bay/South Hobart, LGBTIQA+, CALD/Migrant)

When taboos around discussing matters of a sexual nature are combined with a male dominant culture, a lack of understanding of the concepts of consent including how sexual coercion is not part of a healthy relationship, a multitude of barriers to help seeking emerge.

Disability

Seven participants identified as either disabled, a person with a disability, a person with a chronic illness, or a person with long term mental health issue, and one stakeholder represented disability organisations. Disability was most discussed in the context of effects of sexual violence, such as the lifelong effects of PTSD, however, some unique contexts of sexual violence along with service and prevention gaps were also raised.

Community participants discussed disability in terms of their own long-term disability experiences of PTSD after experiencing sexual violence. This amounted to life-long mental health challenges with lifecourse barriers, such as inability to engage in the workforce or relationships.

In this context, participants raised concerns of the absence of long term support from SASS and the difficulty in accessing regular psychological and psychiatric services equipped to deal with these experiences. This included discussion of costs and wait lists. The absence of exit pathways—the 'what next' after completing SASS programs—was also raised. Stakeholders also noted these issues.

In the context of unique experiences of sexual violence, stakeholders discussed widespread reproductive violence.

> These are things like forced sterilisation that are used, yes, women with disability, forced or coerced abortion, and forced or coerced contraception. … I feel like as this is happening, as that definition is broadening a bit, services are not yet catching up with that. … I've heard stories from women with disability who have approached sexual assault services, who you know, at the age of 18, it's become aware to them that they were actually sterilised at the age of 12, under the direction of their parents … And then they don't know where to get support. (SP1, state-wide)

This also notes the complexities of sexual violence and understandings that differ from common definitions.

Another concern for intellectually disabled women was sexual violence and coercion in group homes and the absence of appropriate consent education informed by assumptions of disabled people lacking sexual desire.

> I heard a story from a woman just a couple of weeks ago, she had seven perpetrators of sexual violence, and she has an intellectual disability, from the age of six up until she's in her 40s now. And she's like, nobody ever talked to me about what was right and what was wrong. Because no one ever thought that I'd even want to be having sex. (SP1, state-wide)

A theme informing discussion of prevention throughout the report, rings strong here: without adequate education around bodies, consent and sex, people cannot know what is right and wrong to identify and discuss violation of bodily autonomy. Participants spoke about one-on-one education conducted by family planning in some instances, but generally primary prevention for disabled people was seen as a gap.

Access to services and appropriate supports was also identified as a gap for this cohort, with some stakeholders identifying their own weaknesses in this area. This included an absence of wraparound support for disclosing and navigating processes, particularly when reporting to police. Yet, there are people with no access at all:

I feel like there's a whole group of people out there who can't, you know, just can't access what they might need, or they're not even given the opportunity to have that say. Who can't decide for themselves, what is right for them or what care they would like to access. (SP2, southern Tas)

This notes the most vulnerable and isolated disabled people at risk throughout communities.

Key issues around disability included the lifelong effects of PTSD, and disability-specific concerns around contexts of sexual violence along with service and prevention gaps.

LGBTIQA+

Four community member participants identified as LGBTIQA+, queer, or sex, sexuality, or gender diverse. Two stakeholder participants represented LGBTIQA+ organisations, and at least three stakeholders offered their sexuality as being within this cohort (these demographics were not actively sought from stakeholders). Common themes from these participants included service gaps and the absence of sex education.

Community members raised issues of confidentiality among services given the small LGBTIQA+ community. Generally, and in relation to SASS, community members and stakeholders raised concerns about service pathways, and awareness of services. For example,

When you asked about holes in services, from what I know, there's not really much for queer people, which might be wrong, because I know personally, I haven't looked into anything because I've been too ashamed for a while to get help for things I've struggled with as a queer person. (CM6, Disabled, LGBTIQ+, Huonville)

Some stakeholders noted LGBTIQA+ people have a hesitancy to engage with mainstream services.

These hesitancies linked to discussion of a lack of speciality services and skills to work with LGBTIQA+ clients.

But yeah, I think a place like SASS. .... I think it's like all minorities, it's hard to talk to someone else who is not of that group, about certain things. ... And like, I think, talking to like SASS, I think something I struggled with, that I didn't realise was the fact that something that happened to me was with a man, and I thought that I was bisexual at a time when I wasn't. (CM06, Disabled, LGBTIQ+, Huonville)

I've spoken to other organisations around the state, where they're funded to deliver certain supports, but when they get those disclosures, they're like, ah, we can't deal with this, we'll have to give it to someone else. And then when they do ... once they're, like booted from that space to that space, then the clients go, 'oh, I felt safe with that person. That's where I wanted to unpack that. But then I got kicked over to there. And now I don't trust that initial person I shared with and now I've got to go to a new place that doesn't feel safe so laying it all over again, too hard'. (SP1, state-wide)

Trusted specialised services with contextual knowledge of LGBTIQA+ issues were identified as essential.

Hesitancy to engage with mainstream services also linked to concerns of discrimination and homophobia, including heteronormative views of violence. For example, service providers not understanding that unequal violence can occur between male partners.

People in the LGBTQ+ communities are often very wary of approaching service providers, if they don't know that they're going to be, you know, safe, accepted. And if they have to explain who they are in their relationship and how it works, and have to defend themselves or the relationship or how it works. And so a lot of people just don't access services because of that. (SP13, state-wide)

These views capture the challenges and resistance in accessing services for this group, reiterating the previous point of the necessity of contextual understandings.

Prevention was discussed by these participants in the context of sex education. Sexual harm prevention and respectful relationship education around LGBTIQA+ people was seen as a gap requiring urgent attention. Suggestions noted the need for its explicit inclusion in schools and workshops delivered by SASS.

SUMMARY AND DISCUSSION OF KEY FINDINGS

This report examines the views of 21 stakeholders and nine community members. A common theme that emerged was that sexual violence within families was a prominent form of sexual violence occurring across the selected Tasmanian communities. Both stakeholders and community members expressed concerns about sexual violence being normalised within family environments and that both women and children were commonly the targets of such violence. This finding is consistent with the TasPol analysis and with Australian findings, which indicate that the majority of people who have experienced sexual violence, whether as a child or adult, knew their perpetrator (Australian Institute of Health and Welfare 2018). The Australian government's fourth action plan to implement the *National Plan to Reduce Violence against Women and their Children 2010–2022* (Department of Social Services 2019) has a priority area related to sexual violence because of its prevalence within family relationships.

A related theme that emerged from interviews with community members and stakeholders was that consent within sexual interactions was often poorly understood. Concerns were expressed by Tasmanian participants that sexual violence within families was normalised and that many young people lack the education they need to understand and exercise their rights to bodily autonomy. Discussion of consent was rarely framed by stakeholders or community participants as positive, affirming, and enthusiastic agreement; instead, participants defined sexual violence in terms of the absence of consent. This is expected given the focus of questions on defining sexual violence, leading to a discussion on the harm and negative experiences.

The affirmative model of consent has been introduced into consent laws in most Australian jurisdictions including in Tasmania (Bachand 2019) and is intended to move beyond stereotypical understandings of 'real rape'. However, this affirmative model of consent has been tested in other jurisdictions and has been found wanting. For instance, it has been observed in Victoria that in practice the emphasis on positive and enthusiastic agreement can be cast aside, as defendants may use the argument of 'implied consent' to support a defence of reasonable belief that there was consent (Burgin and Flynn 2021). In other words, how a defendant interprets a survivor's behaviour may end up being what matters. This suggests that changes in laws alone cannot be relied upon to promote healthy and respectful relationships. This realisation may in part reflect a common theme that emerged in discussions with stakeholders on the need for greater community education. It was expressed by participants that education on healthy and respectful relationships and enthusiastic consent must start earlier in life and must be delivered in a broader range of settings beyond schools to ensure that these principles also govern the relationships between intimate partners and between parents and their children. Participants discussed a

range of prevention options including education and awareness training for the broader community. Information in schools, workplaces, sporting clubs, community and religious groups needs to be relevant, explicit, and conveyed without reinforcing shame for the perpetrator. Relatedly, services and referral pathways for perpetrators need to be more widely advertised with relevant organisations and provided in places beyond Hobart.

Participants identified sexual violence and its pervasiveness as not unique to Tasmania, but some unique forms were identified in isolated and close-knit communities, which tend to amplify harmful cultures. Throughout discussions, participants noted the societal wide attitudes and deep cultural beliefs shaping sexual violence. These contexts contributed to the barriers for seeking support along with barriers widely known, such as initial trauma response, trust, and access to services. This aligns with the analysis of the TasPol data where they note that sexual assault is under-reported, especially to the police.

Pathways to seeking support included friends and family, trusted adults, GPs and police. Community members thought male survivors would be unlikely to seek support for experiences of sexual violence at all, so the TasPol analysis figures showing male reporting to SASS is promising. This may speak to the strength of SASS community and stakeholder awareness. Broadly, gaps were identified in pathways with local health services failing in referring to support agencies. The multiple pathways for seeking help are inherently driven by the nature of the assault, the impact on the survivor, their readiness for intervention, and their awareness of what disclosure entails for them. This is directly related to the barriers to disclosure experienced by the individual, including the unique barriers encountered by the diverse and/or regional and rural communities showcased in this report.

Most community members and stakeholders had a general awareness of SASS and their provision of crisis services, with a strong knowledge of prevention work in schools from stakeholders. Participants were positive about experiences with SASS, but there were common concerns around waiting lists, limited service periods and capacity/resource issues. SASS services may be handling the initial crisis support well but may want to consider either extending this or including a service that can accommodate potentially long-term and more complex support.

Service gaps often linked closely with barriers and the contexts of sexual violence. Overloaded services and not knowing the best place to seek support was complicated by extensive bureaucratic referral processes and a lack of trauma-informed care throughout services. Most issues faced by SASS are widely documented across community service delivery. A lack of funding and the inability for services to either merge or effectively collaborate are systemic issues that result in inconsistent workforce capacity and delivery. These challenges also contribute to a lack of communication and engagement with the community, particularly with the most vulnerable

members. Several gaps and solutions identified require responses beyond the scope of SASS alone. However, participants had some suggestions that have been integrated into the recommendations.

A gap was identified around disclosure in schools after SASS sexual harm prevention and respectful relationship education workshops. The new Department of Education Safeguarding Officer role in schools may go some way to addressing this issue. The role includes training and procedures around disclosure, as well as incidents and suspicions of child sexual abuse (Department of Education 2022; Jansich 2022). This does not address gaps around support and education in private schools identified by the participants, nor any gaps between current workshop delivery and full implementation of these safeguarding roles.

Many participants noted the value of permanent or outreach co-located services. The pilot multidisciplinary centre (MDC) to be established in Hobart will contribute to strengthening collaboration and the provision of more networked support (Petrusma 2022), but it is critical that efforts do not stop there. Engagement with specialised services around the most vulnerable community members is a critical step to strengthening support and response for these groups. Networking by SASS, such as attending events or information sessions where service providers are invited, is one way to begin address the lack of engagement from marginalised communities.

The implementation of the MDC must have monitoring and evaluation measures and data collection built into the pilot site to gather the evidence required to show its effectiveness, obtain future funding, and demonstrate the necessity of co-located service delivery to support replication. Rigorous evidence collection processes developed with researchers are critical for effective evaluation down the track (Rizo et al 2021).

Unique contexts of sexual violence were identified in both the Huonville and Clarence Plains/Rokeby regions. These contexts involved norms where young people unquestioningly participated in sexual relationships at younger ages; often with encouragement from adults. Discretion was the key service issue raised by Huonville participants, as well as young people being unlikely to see specialist support. Participants in the Clarence Plains/Rokeby region noted a distinct lack of local services. Although it takes time to build trust in these communities, services need to be embedded in these regions to avoid the Hobart-centric referral pathways currently offered. Trust and service provision requires providers in discreet environments. These contexts, however, also provided some opportunities where building support and knowledge for local community members to become referral pathways can strengthen regional response.

Discussion of the needs of Aboriginal Tasmanians noted mistrust of services. Due to historical and ongoing practices of child removal—initially in the name of policies of integration, and currently

under the guise of child protection—fear of child removal is not unfounded in the landscape of service experiences for Aboriginal Tasmanians. This reason for hesitancy in service engagement is common (Funston 2013). Aboriginal people may also hesitate to engage with the police and the broader justice system given the extensive harms these institutions have caused. Racism and discrimination in service delivery is also a concern regarding mainstream supports (Funston 2013). For these reasons, Aboriginal Tasmanians require culturally safe services led by or co-developed in consultation with community (Langton et al. 2020). Given the large gap in participation from Aboriginal Tasmanians and the organisations representing them, culturally appropriate research processes developed with community are critical to identify sexual violence contexts and needs within these communities.

For CALD/migrant communities, help-seeking around sexual violence was limited. Shame and stigma around sexual violence may be amplified by cultural issues due to notions of taboo, privacy, loss of face, and modesty. Services were seen as not catering for CALD/migrant clients, which poses a barrier for help-seeking. Access to confidential interpreter services is often problematic and creates additional barriers for survivors to seek help. The contours of race, ethnicity, culture, and immigration status and the experiences of violence of immigrant women are often erased from reports that seek to influence policy (Ghafournia and Easteal 2018). Therefore, it is critical that culturally appropriate research takes place to identify sexual violence issues and needs amongst CALD, refugee and migrant communities in Tasmania.

Disability was discussed in the context of lifelong effects of PTSD stemming from sexual violence. Unique contexts of violence were raised for disabled girls and women, along with a lack of disability specific education. Support service gaps were also discussed for this cohort. Both women and men with disabilities are more likely to experience sexual violence than those without disabilities, and this is more prevalent among people with intellectual and psychological disabilities compared those with only physical disabilities (ABS 2021a). Disabled women are less likely to report, be believed, and receive support than non-disabled women (Disabled People's Organisations Australia and the National Women's Alliances 2019); however, the ABS (2021a) states they are *more* likely to seek advice or support after the most recent incident of sexual assault by a male. This suggests that there is opportunity to provide support if combined with primary prevention, awareness raising, and strong partnerships with other disability support organisations. As suggested by one participant, there may be scope to partner with disability organisations and family planning to conduct outreach workshops for residential homes and other disability service providers around sex education, consent, and supports. This requires wraparound service capacity to provide protection and support for disabled people who seek then help. Of course, the disabled people most at risk are those not engaged with service providers and programs.

Discussion of LGBTIQA+ people featured issues of service suitability, including where fear of discrimination may amount to hesitancy to seek support. The absence of sex education featuring gender and sexuality diverse perspectives was also raised. Contextual understanding of LGBTIQA+ communities is critical for appropriate service delivery. Compared to the general population, LGBTIQA+ people experience more mental health challenges including, depression and anxiety, psychological distress, and suicidal ideation and attempts (Hill et al. 2020) and LGBTIQ+ Tasmanians report higher rates of sexual violence (Asquith and Fox 2013). This makes knowledgeable service provision a pressing issue, as identified in a recent Tasmania-wide report (Dwyer et al. 2021), for SASS to consider in service delivery. The warm handovers discussed in other sections may help bridge services across the sector.

Holistic sex education with explicit inclusion of LGBTIQA+ is necessary. Dwyer et al. (2021) identified that only 21% of LGBTIQ+ Tasmanians had attended classes that included discussion of sexuality, 7% included some mention of diverse gender identities, while just 3% had classes that referred to intersex status. Most respondents (80.3%) did not feel that their sex education had a positive impact on their education. There were no significant regional differences. Inclusion of LGBTIQA+ perspectives in sexual harm prevention and respectful relationship education is critical for sexual violence prevention and safety.

In conclusion, this report discusses key themes emerging from recent interviews conducted with community members and stakeholders purposefully selected to elicit a range of diverse perspectives on sexual violence occurring in southern Tasmania. It is intended that future research will build on this project to expand the participant pool and gauge the perspectives of Tasmanians in a broader range of communities beyond southern Tasmania. The key themes arising from the interviews revealed some unique issues from the perspective of southern Tasmanians on the scale and nature of the problem, effectiveness of current service responses, and the unique needs, barriers, and solutions to preventing sexual violence within their communities. Informed by these findings, the following section offers recommendations on the best way forward.

RECOMMENDATIONS

The following recommendations are made.

1) Commence a research process to explore sexual violence support needs and solutions informed by Aboriginal Tasmanian priorities and culturally safe processes. This process must engage with Aboriginal stakeholders and communities from the point of research design throughout the life of the project.

2) Commence a research process to explore sexual violence support needs and solutions informed by CALD/migrant/refugee Tasmanians' priorities and culturally safe processes. This process must engage with CALD/migrant/refugee stakeholders and communities in Tasmania from the point of research design throughout the life of the project.

3) SASS to consider how it can further its capacity to develop and deliver training and community education campaigns focused on:

- prevalence of sexual violence in intimate partner and family relationship contexts and the specific issues around consent, stigma, shame, and harm in these contexts.

- expanding first responder workshops. Particular attention should be given to knowledge and capacity building of community responders (peers, friends, family, community and sporting groups) and professional responders (general practitioners, service providers and other frontline professionals) in regional areas to strengthen referral pathways.

4) SASS to review its sexual harm prevention and respectful relationship workshops to consider whether changes are required to:

- bring a stronger focus on positive consent models operating in a wide range of relationship contexts.

- include same sex and multi gender perspectives.

- until new School Safeguarding Officer program fully implemented, ensure there is appropriate follow up with each school after delivery on disclosures raised by participants, and wraparound services offered to participants requiring further support.

5) SASS, in collaboration with relevant organisations, to develop strategies (including resourcing requirements) for:

- regional outreach or development of local embedded services in the Clarence Plains/Rokeby region.

- regional outreach (embedded in other local services where appropriate), including engaging young people in the Huonville region.

6) SASS to develop a plan and resourcing requirements for:

- online support services such as chats and web forums for those seeking anonymous engagement.

- creation of web resources aimed at children and young people.

- use of tools such as QR codes to link survivors with resources.

7) SASS to develop a plan and resourcing requirements for exit pathways or integrating a service for longer term support beyond current SASS remit.

8) SASS, in collaboration with relevant organisations, to develop strategies (including resourcing requirements) for the enhancement of existing partnerships and development of new partnerships with:

- LGBTIQA+ and disability organisations to provide pathways and links to and from cohesive and trusted supports for LGBTIQA+ and disabled people experiencing sexual violence, including the use of warm handovers.

- disability organisations and family planning to conduct outreach workshops for residential homes and other disability service providers around sex education, consent and supports.

9) SASS to develop a plan and resourcing requirements for increasing the breadth of its engagement with more diverse communities, including people identifying as Aboriginal, CALD, migrant, refugee, disabled and LGBTIQA+, and with regions outside of Hobart. This could include, for example, attendance at workshops and information events where stakeholders and service providers who work with such communities are invited.

10) Further research to be funded, developed and undertaken to build on the findings in this report and generate more evidence pertaining to sexual violence throughout Tasmania. This should include:

- expanding the geographical scope of the study from Southern Tasmania to include participants from other regions across the state.

- collaborating with local service providers in the north and north-west, such as Laurel House.

- different methods for gathering data, such as yarning circles, focus groups, or surveys that will allow for greater number of participants to be included in samples.

11) The Tasmanian Government, in partnership with SASS, Tasmania Police and other relevant organisations, to ensure that the implementation of the MDC includes a monitoring and evaluation plan, and capacity for data collection, to enable the rigorous measurement of implementation and outcomes.

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APPENDIX 1 PARTICIPANT DEMOGRAPHICS

Participant Demographics for Interviews

1. Region (to be completed by interviewer, if live or work in more than one region, select the one they spend the most time in)

   ☐ Clarence Plains/Rokeby

   ☐ Sandy Bay/ South Hobart

   ☐ Huonville

2. Do you identify as any of the following? (Please hand sheet to interviewee to tick boxes, just for this question. Question *not* for Stakeholder participants.)

   ☐ Aboriginal or Torres Strait Islander

   ☐ Culturally and Linguistically Diverse/Migrant

   ☐ LGBTIQA+, queer, or sex, sexuality, or gender diverse

   ☐ Disabled, person with a disability, person with a chronic illness, person with long term mental health issue

3. Would you like a copy of the published briefing papers emailed to you on completion of the study?

A briefing paper is summary of findings of about four pages in a form accessible to audiences such as policy makers and service providers.

   ☐ Yes

   ☐ No

APPENDIX 2 INTERVIEW GUIDE

Interview

1. What is sexual violence? (Use boxes as discussion prompt, after initial responses)

☐ non-physical coercion such as threats/blackmail

☐ 'nagging' repeatedly

☐ consent and intoxication

☐ harmful sexual behaviours in children/young people, consent in unequal relationships (employer, educator, caregiver, counsellor/therapist, VISA sponsorship)

☐ dating sexual violence

☐ sexual violence in families including in same-sex relationships

☐ consent in sex work

☐ Other, please elaborate.

2. In what contexts does it occur and how common is it? (Use boxes as discussion prompt, after initial responses) Prompts:

☐ unique forms of sexual violence in your community/Tasmania,

☐ how many people do you know who have experienced sexual violence

☐ how many reported to police

☐ how many sought other assistance from a service such as SASS

3. What impacts (or potential for impacts) does sexual violence have on individuals who have experienced this violence and what impacts does it have on the broader community in Tasmania? (Use boxes as discussion prompt, after initial responses). Prompts:

☐ individual health impacts such as mental health, harmful behaviours and drug and alcohol abuse, difficulties with relationships and

☐ broader community impacts such as perceptions of safety and restrictions on leisure and other pursuits

4. What pathways do victim survivors in Tasmania take in seeking help for experiences of sexual violence and why and what are their experiences in seeking help? (Use boxes as discussion prompt, after initial responses). Prompts:

☐ pathways to SASS and to police, delays and reasons for delays,

☐ experiences with SASS specifically —good or bad and why

5. What services are available in Tasmania to address sexual violence and what are the barriers to accessing these services? (Use boxes as discussion prompt, after initial responses). Prompts:

☐ reporting to police, SASS services incl. 24-hour crisis service, counselling and support services,

☐ primary prevention approaches – e.g. SASS consent workshops in schools

6. What would a 'good' response to sexual violence look like in Tasmania and what might justice look like for those who have experienced sexual violence? (Use boxes as discussion prompt, after initial responses). Prompts:

☐ How could we improve the way we address sexual violence in Tasmania?

☐ Where are the gaps in services in Tasmania/your community?

☐ What services are needed and what more can a service like SASS do?

Exit interview
Thank you for your time and participation. It is hugely appreciated. I remind you we will send you your transcript to preview.

I'd like to remind you of the supports available if you need support after this interview. [refer to sheet provided and mention specifically SASS and UTas (note, UTas only in-person and local to area), and/or any specific to their demographic]

We will email you tomorrow to see if you require any additional support or if you have any follow up questions.

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