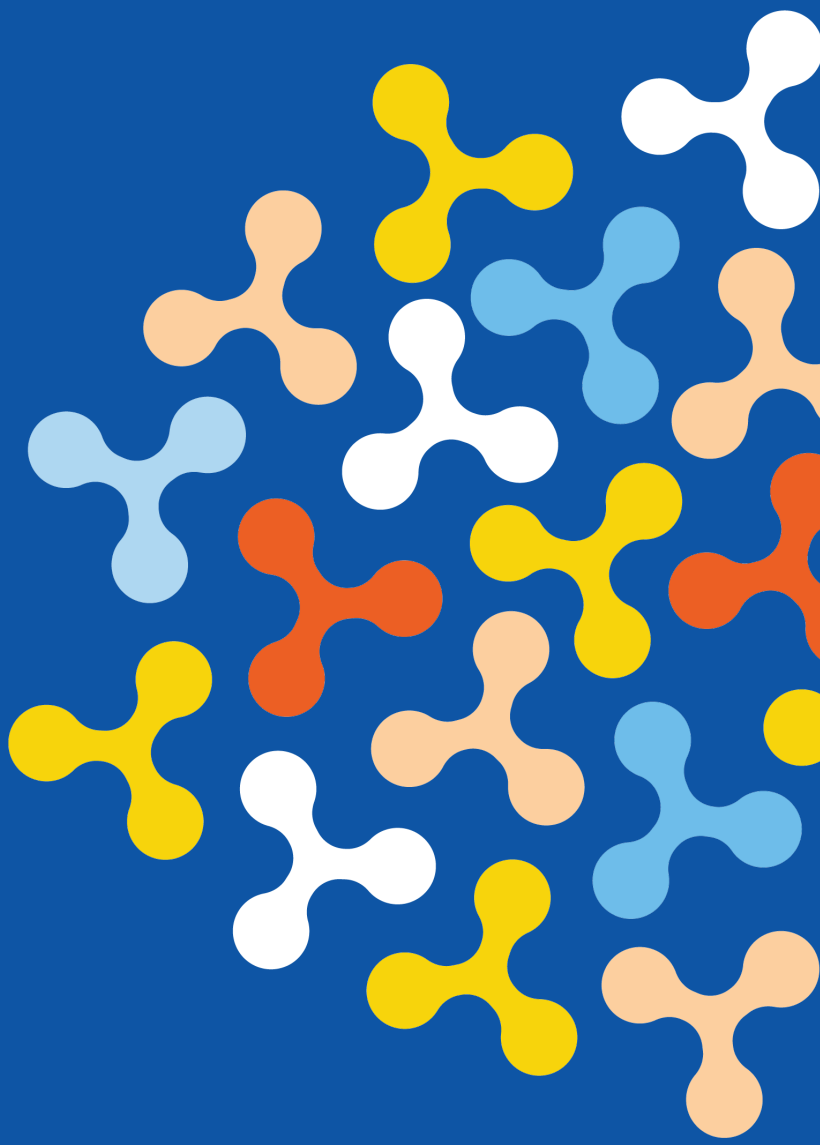
The National Centre
for Action on Child Sexual Abuse

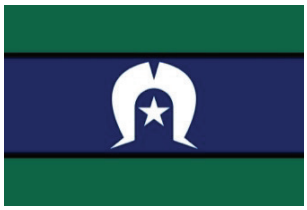


LEARNING AND DEVELOPMENT SURVEY REPORT 2023

ACKNOWLEDGEMENTS

The National Centre acknowledges Country and the Traditional Owners of the lands on which we live and work and pay respect to Elders past and present. We recognise and accept that sovereignty has never been ceded.

We honour the lived and living expertise of all victims and survivors of child sexual abuse, harnessing all ages, cultures, abilities and backgrounds, and commit to substantially addressing the harm of child sexual abuse, now and well into the future. We recognise that there are children and young people today who are experiencing sexual abuse and dedicate ourselves to doing all we can to promote their effective protection and care.



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CONTENTS

EXECUTIVE SUMMARY

The National Centre for Action on Child Sexual Abuse (the National Centre) brings together three leading organisations – the Australian Childhood Foundation, Blue Knot Foundation and the Healing Foundation and offers a uniquely singular focus on child sexual abuse in Australia. The vision for the National Centre is a future in which children are safe and victims and survivors are supported to heal and recover from the trauma of child sexual abuse.

In 2022, the National Centre drafted seven key challenges and corresponding organisational goals ('the change we want to see') to frame our work. This created a foundation for the National Centre's Five-Year Strategy, which will be finalised early 2023.

THE NATIONAL CENTRE'S SEVEN KEY CHALLENGES

Child sexual abuse and its effects across the life course are not well understood or identified in the community.	**People and communities better identify and understand child sexual abuse and the different ways it can affect victims and survivors at different times in their lives, as well as their families and communities, thus reducing the stigma of child sexual abuse.**
People with lived and living experiences of child sexual abuse are often not believed and responded to with compassion.	**We are a more compassionate and trauma aware community that understands trauma from child sexual abuse is complex and compounding, potentially impacting the physical, social and economic wellbeing of victims and survivors and their families.**
Children, young people and adults with experiences of child sexual abuse are often not identified or are not well supported when they raise concerns or disclose.	**Victims and survivors are seen, believed and supported in ways that help them live better lives and heal. Families, friends and service providers hold knowledge about the ways child sexual abuse is disclosed.**
Children and young people who have engaged in harmful sexual behaviour or experienced it require adults to better understand and meet their needs.	**Children and young people who have engaged in or experienced harmful sexual behaviour, and important adults for these children, are better resourced to receive the support they need including to stop the behaviour.**
Victims and survivors of child sexual abuse are often unable to access the support and resources that meet their changing needs at different times in their lives.	**It is easier for victims and survivors to receive the support they need when they need it, to live and heal. Mainstream health, community and justice systems are more aware and responsive to people who have experienced child sexual abuse.**
Knowledge about complex and intergenerational trauma and dissociation does not generally inform responses to individuals with lived and living experiences of child sexual abuse.	**Victims and survivors are no longer stuck in a system driven by and delivering surface level responses because workforces are better equipped to respond to their needs.**
Child sexual abuse will not be stopped unless there is a comprehensive framework for addressing the factors which enable it.	**Progress is made to stop child sexual abuse before it starts.**

In October 2022, the National Centre undertook a National Learning and Development Survey to inform the learning and development activities, opportunities and resources we would offer and partner with others on.

The survey had an extremely high response rate of **1,398 participants** and provided rich insights on what is important for workers and organisations to provide timely and trauma-informed supports and services to children, young people and adults who have experienced child sexual abuse.

These include:

INTRODUCTION

The National Centre for Action on Child Sexual Abuse (the National Centre) offers a uniquely singular focus on child sexual abuse in Australia. A key recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission), the National Centre brings together three leading organisations – the Australian Childhood Foundation, Blue Knot Foundation and the Healing Foundation.

Our vision is:

a future where children are safe, and victims and survivors are supported to recover from the trauma of child sexual abuse.

Critical to the work of the National Centre is building and strengthening the capability of workers and organisations to protect children from harm and how they respond to and support victims and survivors of child sexual abuse. As such, the National Centre has a long-term commitment to resource, plan, support and partner in the provision of learning and professional development activities, opportunities and resources.

This report provides the results of the Learning and Development Survey undertaken by the National Centre in October 2022. Children, young people and adults who have experienced or been impacted by child sexual abuse interact with a wide set of practitioners, professionals, officers and workers across the spectrum of care, justice, education, health and others. Given this context, the survey audience was purposefully broad. It was designed to be completed by anyone who directly provides services and supports to children, young people or adults, extending to those who have a responsibility for protecting children and young people from harm. This includes, but is not limited to, those who work in a range of settings and service areas such as: police and legal, child and family welfare, child protection, health including mental health, schools and early education and care, disability, aged care, general practice and emergency services.

Aim

The National Centre is committed to understanding the learning and professional development needs of a broad range of workers and organisations who have responsibility for protecting and supporting children, young people and adults who have experienced child sexual abuse.

To support the National Centre's learning and professional development activities and approach, the survey aims included:

- identifying the most pressing self-identified learning and professional development needs
- identifying preferred style and quality of learning
- understanding other key challenges and issues for workers.

Method

This online self-reported survey was sent to relevant workers and organisations across Australia. Survey content was developed based on a scoping review, including a workforce scoping study, as well as the National Centre's subject matter expertise. The survey was set up in the Survey Monkey electronic data collection tool and is presented as supplementary material (Appendix A).

Following the National Statement on Ethical Conduct in Human Research (2007, updated 2018) and the National Health and Medical Research Council Ethical Considerations in quality assurance and evaluation activities (2014), this

project was reviewed by the National Centre as exempt from ethical review by a Human Research Ethics Committee. As a quality improvement project, this project was assessed as a negligible risk activity where full informed consent was provided by participants and only non-identified data used.

The survey was promoted widely through existing contact lists of National Centre Founding Partners- the Australian Childhood Foundation, Blue Knot Foundation and the Healing Foundation, Department of Social Services and the National Office for Child Safety, various social media platforms (e.g., LinkedIn, Twitter), and relevant mailing lists belonging to other pertinent State and Commonwealth Government departments. Interested participants were directed to the online survey from the link provided in the email or the social media post. Data were collected between September and October 2022.

Quantitative data were analysed using descriptive statistics and qualitative data were analysed using thematic and qualitative content analysis with an inductive coding approach (Braun & Clarke, 2013)[1]. Thematic analysis facilitated the identification and reporting of patterns across the data, while content analysis allowed us to confirm these patterns and gain a deeper understanding of their significance by counting the number of times each response was identified. Coding was checked by two coders to ensure inter-rater consistency, and by counting the number of repetitions, we were able to identify which issues were most emphasised.

KEY FINDINGS

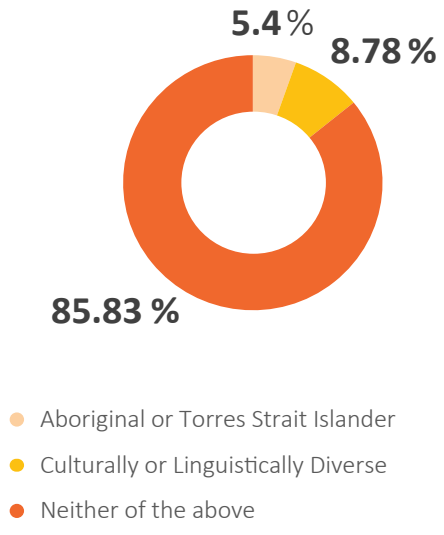
Survey responses were received from 1,398 participants. Fourteen questions were asked with both fixed response and free text response options (see Appendix A). A summary of responses as well as the number of participants who skipped each question is provided (see Appendix B).

Demographics

Participants were predominantly female (83%), practiced in metropolitan areas (39%), and worked in an organisation that provided universal services. i.e. characterised as services that engaged with victims and survivors of child sexual abuse as part of their work but not their primary business (59%).

Participants worked in a range of areas, with most (20%) indicating that they worked in a community-based service, including (but not limited to) family and domestic violence services, foster care, out-of-home care and institutional care leavers, parenting programs, sexual assault services, community sports providers, church groups, alcohol and other drug services, the arts sector, and community

Figure 1. Cultural identity of survey participants



83%
participants predominantly female

39%
practiced in metropolitan areas

59%
provided universal services

[1] Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners.* Sage.

organisations such as Men's Shed, Rotary, Lions Club and country shows, as well as aged care and volunteering. This was followed closely by participants who worked in mental health care (18%), including both private and public practitioners, and child protection services (15%).

Participants were asked to indicate which groups they mainly worked with and were able to select as many as five key populations relevant to their practice. A significant majority of participants (72%) said that the population group they worked most closely with were children and young people, followed by adults (66%). Almost half (44%) said they mainly worked with people identifying as Aboriginal and Torres Strait Islander, 42% working with family members and significant others, and 36% with people from culturally and linguistically diverse backgrounds.

PRIMARY POPULATION SERVED

72% Children and young people

66% Adults

44% People identifying as Aboriginal and Torres Strait Islander

42% Family members and significant others

36% People from culturally and linguistically diverse backgrounds

Learning and development needs and gaps

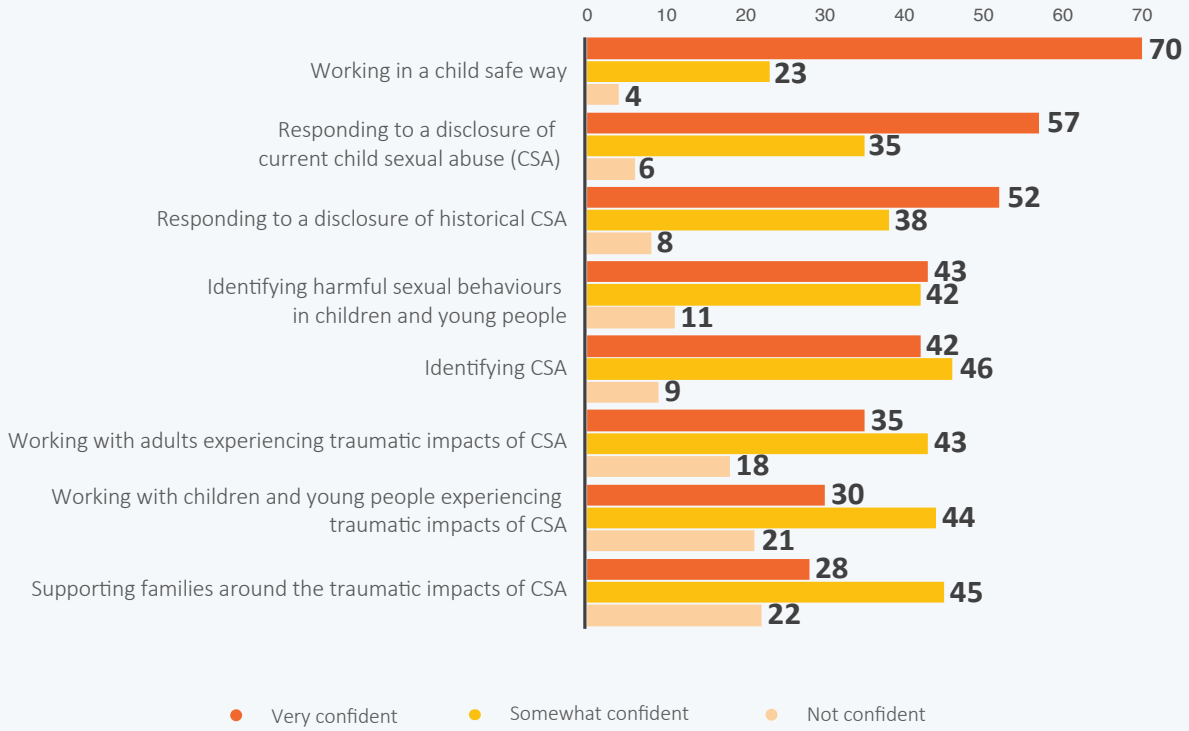
Confidence in child sexual abuse areas of work

Participants were asked to indicate their level of confidence in working with child sexual abuse victims and survivors and family members.

Overall, participants felt most confident in their ability to work in a child safe manner (70%), respond to a disclosure of current child sexual abuse (57%), respond to a disclosure of historical child sexual abuse (52%), and recognise children exhibiting harmful sexual behaviour (43%).

In contrast, participants felt least confident in their ability to support families around the traumatic impacts of child sexual abuse (22% reported feeling not confident, while only 28% said they felt very confident) and working with children and young people experiencing the traumatic impacts of child sexual abuse (21% reported feeling not confident and only 30% said they felt very confident), and the percentage of participants working with adult survivors – 18% not confident and 35% feeling very confident.

Figure 2. Level of confidence working with victims, survivors and family members



Learning and development topics

Participants were asked to indicate their level of interest or need, ranging from minimal to critical (for my role) or not applicable, for each of the 13 options provided (Table 1).

Access to training was considered crucial to enable workers to assist victims and survivors to access services and resources for healing and recovery.

Table 1. Participant self-identified learning and development needs (n = 1,207)

Training and learning need	Critical N (%) greatest to least
1. Culturally appropriate approaches for healing and recovery from trauma	**821 (68)**
2. Using a trauma-informed approach when supporting victims and survivors of CSA	**808 (67)**
3. Understanding what works in the prevention of CSA	**788 (66)**
4. Managing your wellbeing when working with trauma	**749 (62)**
5. Leading in a trauma-informed child safe way (practice or organisation leadership)	**746 (62)**
6. Therapeutic approaches for working with complex trauma	**743 (62)**
7. Responding to disclosures by children and young people of CSA (including referring on)	**738 (61)**
8. Understanding harmful sexual behaviour including working with children and young people who display harmful sexual behaviours	**704 (59)**
9. Identifying signs of current CSA	**686 (57)**
10. Understanding CSA (scale and nature)	**637 (53)**
11. Responding to disclosures by adult survivors of CSA	**608 (51)**
12. Identifying possible presentations for adults with historical CSA	**606 (50)**
13. Working with adults who have experienced CSA	**583 (49)**

> ***Once a history of sexual abuse has been disclosed…I don't feel I have access to the resources to help them with recovery and healing. I don't know who or where to refer to, and I don't have the skills myself to help with sexual trauma or to help children with sexualised behaviours.***

To gain a more in-depth understanding of participants' learning and development needs, participants were invited to describe any **additional learning topics** that they would like the National Centre to facilitate. The themes outlined below broadly capture these and many, but not all, align with one or more of the 13 learning needs indicated in Table 1. Each theme is connected and concurrent.

- Clinical treatment and other support provision. Aligns with learning need six. Create unique ways of working with children, young people, adults (e.g., expressive therapies, Eye Movement Desensitisation and Reprocessing); peer support models of care; how to engage with highly dissociative survivors; how to support parents and other caregivers when their child has experienced child sexual abuse.
- Trauma and trauma-informed care. Aligns with learning need two. How trauma can impact the development of children and young people at differing ages and stages (e.g., student learning, brain activity, formation of identity, attachment); impact of trauma as a result of child sexual abuse and on the family dynamics; trauma-informed care (what is it, how can it be embedded into practice in different settings); trauma-informed leadership.

- Legislation and the law. State and national laws around mandatory reporting (e.g., within schools and by volunteers); investigations and regulatory compliance; legal proceedings; documentation in client records.
- Cultural competency. Aligns with learning need one. Better understand the intersection between complex and intergenerational trauma within First Nations communities and child sexual abuse, including community responses and help seeking; not focusing on 'whiteness' with design of programs; identify culturally and linguistically diverse (including refugee) children at risk of or experiencing child sexual abuse and responding to disclosures.
- Intersections between child sexual abuse, family violence and disability. How to respond to family and domestic violence within the context of child sexual abuse; the experiences of neurodivergent children and young people who are victims of child sexual abuse; working with the deaf community and using disability-centred approaches to healing and recovery from trauma; how disability can impact possible presentation, expression and disclosure of child sexual abuse.
- Embedding a coordinated and multidisciplinary response to child sexual abuse. Better understand best practice regarding information sharing in the context of safeguarding children and young people; embed a collaborative, multidisciplinary and coordinated approach to support provision.
- Engaging with perpetrators. Identify behaviours in adult perpetrators, support perpetrators to seek help, support family members of children responsible for harm, work with perpetrators when disclosures are not legally substantiated, and parents remain together or when a child is not believed or supported.
- Harmful child sexual behaviours. Aligns with learning need eight. Sibling sexual abuse and effective ways of engaging with secondary victims, such as family members; supporting children and young people who have been abused by peers; understanding and responding to sexualised behaviours in young children.
- Training for caregivers, families and communities. Parent and community understanding of grooming, online child sexual exploitation and trafficking; trauma-informed parenting; parents with a history of child sexual abuse and other traumas and how to parent within this context.
- Other. Managing wellbeing, vicarious trauma and preventing burnout; training specifically for professionals who are new to this field of work; evidence on prevention, including community-based intervention regarding child sexual abuse.

Only 9% of participants indicated they were adequately equipped to do this work through their tertiary studies

Knowledge gaps in formal study

Participants who undertook formal study (undergraduate, postgraduate or other) were asked to indicate if they felt it adequately equipped them to deal with child sexual abuse, harmful sexual behaviour and trauma related impacts.

Of the 1,032 participants who answered this question, indicating that they had completed an undergraduate, postgraduate or a formal program of study, **only 9% (n = 93)** said that they felt their tertiary education had adequately equipped them with the required skills and knowledge in the area of child sexual abuse, harmful sexual behaviour or trauma related impacts across the lifespan.

Fifty-two per cent (n = 539) said that they felt 'somewhat equipped' and 39% (n = 400) said they felt 'not at all' equipped. Participants had completed tertiary education (at both master and bachelor levels) primarily in the areas of social work and social science; psychology, counselling, psychotherapy and play therapy; teaching and education; law and justice; and health.

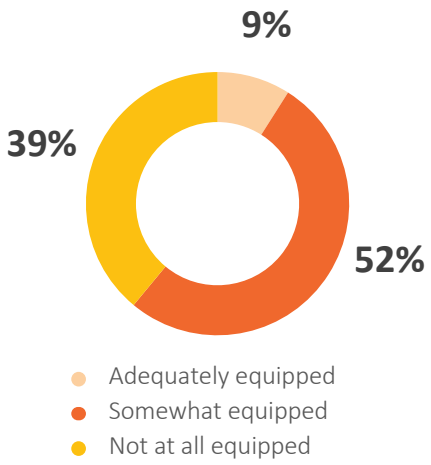
As one participant stated regarding whether tertiary study equipped them to do this work:

> ***No, not at all, apart from when on practicum. Most learnt on the job or through training since.***

Variance in whether formal study equipped participants

Within the qualitative responses, there was variety in whether participant degrees covered topics relating to child sexual abuse, with one fifth (21%) saying there was no content in their degree. Just over a quarter (30%) said child sexual abuse content was not covered adequately or in any detail.

Figure 3. Extent to which formal study equipped workers



Primary qualification completed many years ago

Ten percent of participants also remarked that they had completed their primary qualification up to 40 years ago, when child sexual abuse was ***"not spoken of then"*** and that evidence relating to best practice, as well as legislations and relevant policies had changed significantly over this period. Many participants (40%) highlighted the value of experience and continuing professional development, where short courses, work experience, being informed by lived experience, and ongoing training is required post formal study.

> ***I have learnt more from workshops, books and experience.***

Importance of culture

Cultural considerations were seen as important inclusions in working with victims and survivors and in the formal program of study. Further, identifying as Aboriginal provided knowledge and understanding to be able to work with community, and consider the complexity of issues when working in an Aboriginal context. Participants noted that this cultural authority was something tertiary study could not provide.

Learning style and mode

Participant qualitative responses indicated they valued:

> ***Culturally safe learning environments, lived experience accounts of what helps and doesn't, and a mix of options for training modality. I definitely prefer face-to-face training in group settings, however do find online seminars and access to research and practice guides as helpful supplementary training.***

The most preferred style of learning was via online webinars and workshops (69%), followed by courses which were accredited (68%), and online self-paced training (64%).

Table 2. Preferred learning style and platform

Preferred style (n = 1,204)	N (%) Most to least preferred
Webinars, online seminars or workshops on key topics	**832 (69)**
Accredited training courses	**821 (68)**
Online self-paced short courses or modules	**779 (65)**
Communities of practice/reflective practice workshops or group learning initiatives	**647 (54)**
Access to blogs, fact sheets, articles, guides, or research of interest	**501 (42)**

LOW COST, FREE AND FLEXIBLE	Particularly for rural/regional/remote areas and sole/private practitioners; weekend and after hours access; short online courses.
LESS THEORY, MORE PRACTICAL	Application to everyday practice; real-life case studies; less emphasis on theory; delivered using everyday language (as opposed to clinical language); communities of practice and supervision.
TERTIARY EDUCATION	Foundations of child sexual abuse (e.g., impacts, prevalence, grooming, mandatory reporting) within tertiary curricula, particularly for key professions such as teachers, early childhood, legal and healthcare.
SHORT COURSES AND INDUSTRY SPECIFIC	Preferences for smaller modules that build to higher qualifications and industry specific training e.g., early childhood, GPs, dentists, sporting organisations, as well as resources such as practice guides and toolkits.

Participants were invited to describe any other learning styles not included in the response options provided. The 88 responses indicated:

- a preference for face-to-face learning
- inclusion of client voices (lived experience and care leavers) in training content
- resources, including those made by clients for clients such as teens (e.g., directories of child abuse hotlines and handouts for clients)
- podcasts.

Organisational support for worker wellbeing

> ***Having access to clinical supervision, cultural supervision…allows [me] to monitor my professional workplace development and also speak up for survivors who may feel triggered when asked to express their thoughts and feelings to other multi-disciplinary staff…***

Participants were asked to describe how their organisation supported their wellbeing in identifying and managing the impact of **working with trauma**. A total of 1,006 people answered this question via a free-text response option, and responses ranged from no support provided, to good support provided.

For those participants who indicated their organisation provided no supports, or that support was tokenistic, comments made reference to:

- an absence of support due to insufficient funding
- a work culture where there is a sense that supports such as Employee Assistance Program was tokenistic given that employee workloads are so excessive that there is little/no time to utilise available supports (workplace culture of normalising burnout)
- an onus on staff to seek out and access supports, with no clear pathways to support provided by the organisation.

Several of the 30 private practitioner participants reported not having access to any supports primarily because they were a private practitioner and incurred the cost of hiring an external supervisor.

Results regarding organisational supports are presented across seven overarching themes.

Theme 1

Opportunity to talk and reflect with managers, supervisors and colleagues including:

- clinical one-on-one supervision with a line-manager or an external supervisor and/or group supervision, or cultural supervision
- informal 'de-briefing' and 'check-ins' with managers, Board of Management, and colleagues
- peer support (1:1 or group).

Theme 2

Employee Assistance Program (EAP) and other mental health supports including:

- external EAP providers
- in-house counselling
- mental health first aid.

While access to these psychological supports was valued by participants, 2% of participants also said they had to pay for either their own counselling or supervision to support themselves in their work.

Theme 3

Access to training, professional development, and resources including on topics such as:

- self-care
- trauma-informed care and vicarious trauma
- cultural competency
- child safe standards.

Theme 4

Providing support for self-care including:

- a self-care allowance
- $100 wellness payment, wellbeing hour per week
- access to self-care smartphone applications
- workplace provision of fruit, lollies, masseuse at work
- formal wellbeing checks.

Self-care included specific allowances and wellbeing policies and systems which were strategies valued by participants. However, some participants also noted that while organisations had policies in place, it was lip service only as there was too much work to do, therefore self-care was deprioritised. A range of issues regarding self-care were described, from participants stating they ensured they did do self-care, to others stating they had to take responsibility themselves for self-care, through to responses indicating that managers were supportive by following up workers with the expectation that self-care was being implemented.

Theme 5

Work practices including:

- practice frameworks, case load management, staff meetings, discussions, reflective practice and clinical reviews
- positive organisational leadership which typically included supportive management who prioritised staff wellbeing, supportive team environment, celebrating wins as a team, providing autonomy and diversity in tasks
- robust and well-promoted organisational policies including critical incidents policies and clear pathways to supports.

In addition to policies, acknowledgement and celebration of success, focusing on the positive impacts of the work, and working in a trauma-informed way were valued by participants.

Theme 6

Industrial provisions including:

- flexible work settings, hours and leave options
- flexible work conditions
- additional mental health and wellbeing days per year.

Theme 7

Cultural-specific supports including:

- cultural care, training and mentoring
- access to Traditional Healing approaches
- importance of cultural induction prior to commencing work in a remote community.

Of the people who said that supports for wellbeing existed in their workplace, but these supports were poor, minimal, or needed improving, just over one third (36%) said their organisation currently provides either EAP and or supervision as support. This may indicate that supervision and EAP may be necessary but not sufficient.

In summary, an array of supports from the seven categories including cultural-specific supports are likely to be needed or helpful within the workplace.

Lived and living experience in the workforce

Participants were asked if they identified as having lived or living experience of child sexual abuse (self/family) and to describe the supports they had or would like to have in the workplace to support their work with people with lived and living experience of child sexual abuse.

Of the 1,186 participants who answered this question, 31% (n = 366) reported as having a lived experience of child sexual abuse. It is reasonable to assume this figure would be higher considering that 11% (n = 124) of participants preferred not to say.

Overall, qualitative responses from professionals with lived experience of child sexual abuse (n = 232) indicated that the workplace culture had a significant impact on employees' experience of feeling supported and accepted within their respective workplaces.

How workplaces can be more supportive and trauma-focused

One fifth (22%) of participants with lived experience of child sexual abuse said they had a workplace culture that values lived experience, accepts disclosure, has open dialogue without stigma or fear, adequate emotional responses, and competent support for trauma responses, including confidentiality. The majority of participants reported that the shame and stigma associated with the experience of child sexual abuse was obvious within their workplace, and as a result, they had not disclosed their lived experience to anyone (including management) in their workplace.

Where workplace cultures did not appear to value lived experience, participants' suggestions regarding how their workplaces could become more supportive and trauma-focused related to understanding that someone's lived experience may impact their 'output', and space and compassion needs to be created for this.

31% of participants reported as having a lived experience of child sexual abuse (with a further 11% preferring not to say)

> ***One thing that I found challenging was when a senior clinician stated that it is our job to be at the top of our game at all times, which felt very invalidating of the fact that persons with trauma will struggle at times, and this is not indicative of them being unable to do their jobs well and in particular, any less well than other practitioners.***

Some participants also noted the importance of workplaces providing trauma-informed physical design of office environments and spaces for staff to access when triggered and needing safe spaces.

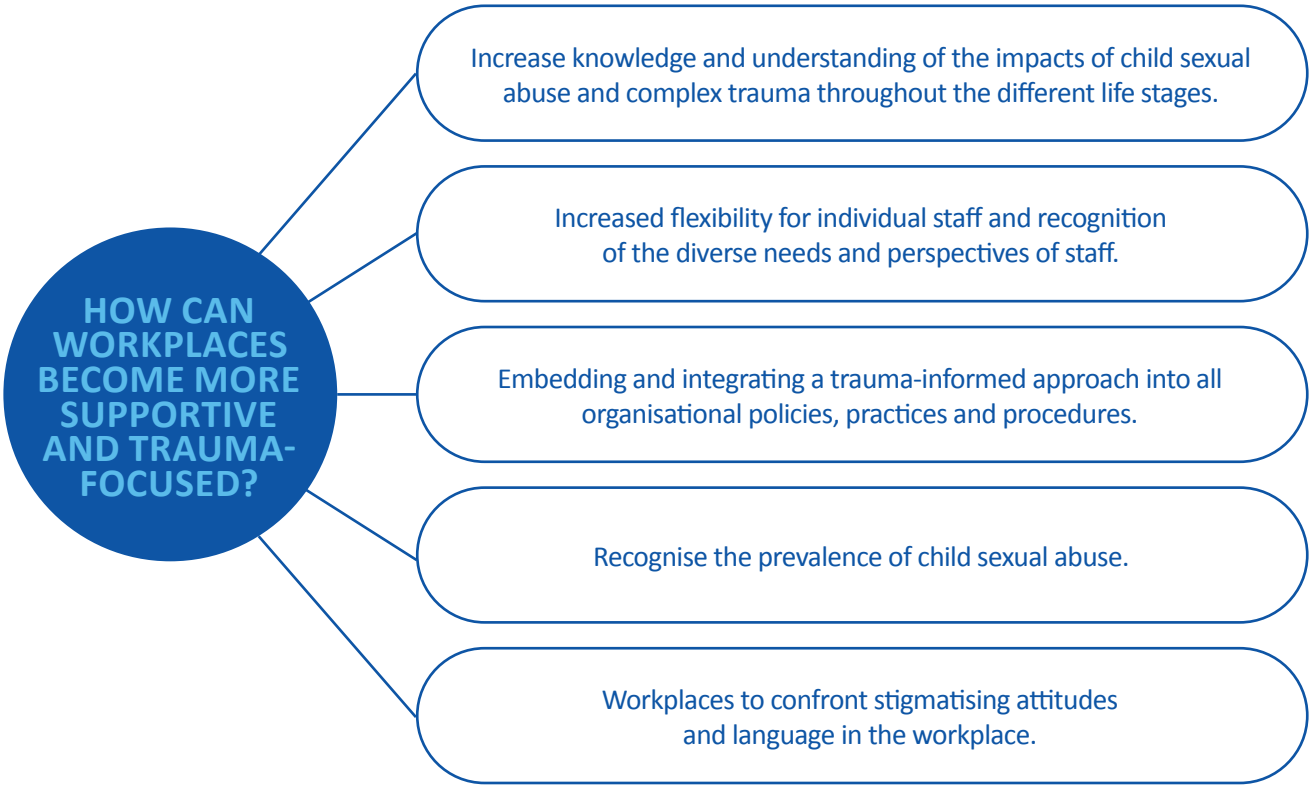
> ***Encouragement to take time out, for personal leave or just the next 30mins and go for a walk. We have a games/puzzle desk people can feel free to sit at to decompress...***

The need for workplaces to take a proactive approach to confronting stigmatising attitudes and language when discussing abuse and abuse survivors, or adaption such as dissociation, was highlighted. Moving away from language which stigmatises and medicalises child sexual abuse and the impacts of complex trauma, as it can delegitimise people's own knowledge, experiences and meaning, was also noted.

> ***Some of the misogynistic and victim-blaming rhetoric that comes out of the mouths of people we work with, who are supposed to know better, is really disheartening - especially when it comes from those higher up (management/leadership roles) as they have so much influence on those who they are responsible for leading.***

Participants highlighted that, within the context of feeling adequately supported, organisational culture was largely shaped by the degree to which the organisation itself operated in a trauma-informed manner. Specifically, it appeared that while many organisations had a focus on trauma-informed service provision, trauma-informed practices did not extend to staff.

> ***I do not think our organisation would be a safe place to work for someone with lived experience of child sexual abuse. I think the organisation would first need to take seriously the idea of applying trauma-informed practices to staff, not just clients (of course, the two are interlinked).***



Three percent of participants commented that they prefer to keep personal and professional separate —***"I do not want to discuss my trauma experiences at work"***— indicating autonomy and choice over whether to disclose is important. Victim and survivors currently utilise, or have utilised, their own measures for wellbeing (14%), including engaging a support network of family and friends; pets; 'years' of therapy at their own expense; and self-care. The majority of those who reported not disclosing to their workplace sought external supervision to address any work-related concerns that may have arisen as a result of their own lived experience.

Many of the responses provided by participants with lived experience regarding valued workplace supports (Question 13) were similar to those provided in Question 12. It may be that workplace support needs to occur with greater frequency, for example, industrial provisions for flexible work conditions, and supporting staff to complete self-care and manage vicarious trauma.

Service managers noted the difficulty, within available funding, to provide adequate staff wellbeing and support programs (including being able to afford an Employee Assistance Program for staff). However, quotes such as: ***"would value a caring approach from management"***, highlight how important the leadership and management response to staff welfare is within the workplace.

BRINGING IT ALL TOGETHER

The response to the National Centre's Learning and Development Survey was remarkable. With the aims of identifying the most pressing self-identified learning and professional development needs for workers and organisations, their preferred style of learning and understanding other key challenges and issues, 1,398 participants provided a multitude of suggestions.

These included: understanding the unique needs of First Nations and culturally and linguistically diverse victims and survivors; providing trauma-informed care in an evidence-informed way; the importance of intersections of disability, domestic and family violence with child sexual abuse; the content gap in tertiary qualifications to equip the workforce to provide trauma-informed, culturally safe support; better knowledge of key child sexual abuse legislation and policies; as well as information on child development in the context of harmful sexual behaviours.

A key finding was the number of participants who identified as having lived experience of child sexual abuse (either themselves or a family member), and the overlap between what workforce environments are needed to support people in the workplace. Participants articulated their want for the National Centre to undertake system wide influence and leadership on specific issues, including the importance of supporting organisations to foster and protect the wellbeing of staff, and the need to work with tertiary education providers to better embed skills and knowledge to understand and respond to child sexual abuse within key qualifications.

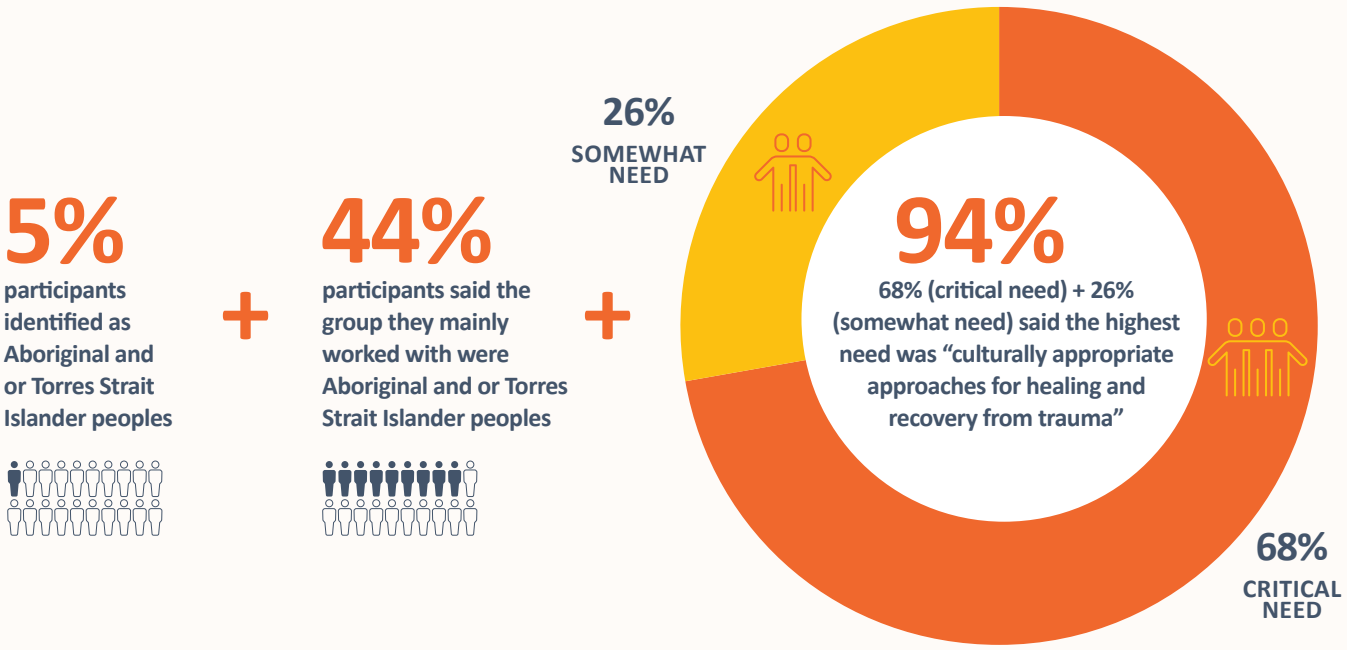
Six years on from the Royal Commission report, some of these insights continue to confirm the Commission's findings. Yet, fresh insights provide a guide for the National Centre's learning and professional development activities and systems-influence work.

First Nations and cultural considerations

The National Centre recognises and acknowledges the range of cultures that exist within the Australian community. The importance of a broad and inclusive cultural lens and considerations were highlighted throughout many of the survey responses. For those participants who answered the demographic cultural identity question, 5% (75 people) identified their cultural identity as Aboriginal or Torres Strait Islander and 2% of participants said they were working in "Aboriginal Health and Wellbeing". Yet, a much larger proportion, 44% (616 people), said the group they mainly work with is ***"people identifying as Aboriginal and Torres Strait Islander."*** In addition, of the 1,207 participants who identified their level of interest and need in training and learning, the top-rated training and learning area categorised as "critical (to help me do my role)" was "culturally appropriate approaches for healing and recovery from trauma" (68%), with another 26% saying this was of somewhat interest and need.

The importance of the cultural authority that comes with being Aboriginal was also highlighted throughout the survey.

Figure 4. High significance of First Nations considerations within survey responses



> *Being Aboriginal and working in my own community gives me knowledge and understanding when working with my mob.*

> ***As an Aboriginal person bringing my mob into this organisation and being a rural town, I need support with cultural training and mentoring for my own practice and reflections.***

Participants commented that the history of trauma for Aboriginal survivors must be included in training, and made reference to fear and the shame of counselling, the need for culturally safe training, cultural supervision, access to Traditional Healing, and that programs can't be 'white'.

> *... I think [training] needs to be very aware of the triggering nature of these topics and the complexity of this work for Aboriginal survivors, who are also survivors of complex trauma due to the impacts of colonisation, genocide, past policies and current day racism and systemic racism.*

> ***All training material needs to be culturally appropriate and suitable for working within an Aboriginal context.***

> *To not focus on 'whiteness' with design of programs.*

Workforce and community development needs were also highlighted.

> ***...[need] trained Aboriginal sexual assault counsellors to work with young children.***

> *More access to male Aboriginal therapists.*

> ***Community development/prevention/education in remote Aboriginal communities where there are little or no specialist services.***

Participants identified that cultural-specific supports were needed to support the workforce including cultural care, training, mentoring, and access to Traditional Healing approaches. The importance of cultural induction prior to commencing work in a remote community was also noted.

Lived and living experience workforce

Australian surveys in other professional vocational fields, such as alcohol and other drugs and domestic and family violence, have identified proportions of workforces that choose to self-disclose lived experience. For example, in Australia's alcohol and other drug workforce national survey of 2019-2020[2] (Skinner, McEntee & Roche, 2020) the majority (65%) of workers reported they had lived experience of alcohol or other drug issues related to their own experience, a family member or other experience. And in a cross-sectional study of intimate partner violence, sexual

[2] Skinner, N., McEntee, A. & Roche, A. (2020). Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University

assault and child abuse prevalence in Victorian nurses, midwives and carers conducted in 2019-2020[3] (McLindon et al., 2022) found that across the adult lifetime, 45.1% of women and 35% of men had experienced intimate partner violence – where intimate partner violence survivors were two to three times more likely to have experienced physical, sexual or emotional abuse in childhood compared to those without a history of intimate partner violence. Likewise, the mental health field has recognised a proportion of people within their workforce have a lived and living experience of mental illness. Further, the mental health field has progressed work to clarify how workplaces can best support and enable the development of specific peer support/lived experience work roles. An important learning from the National Centre's survey is that the status of either having lived or living experience or being a worker in the area of child sexual abuse is not binary; there is a large proportion of participants who work in the field of child sexual abuse, and report lived experience.

Disclosing lived experience is a personal choice and participants in this survey highlighted that just as trauma affects people in different ways, each person processes their trauma differently and it may never be an employee's goal or choice to disclose their lived experience of child sexual abuse to an employer. Confidentiality and the right to keep information private was highlighted by participants ***"I shouldn't feel compelled to share my family's history with work colleagues or workplace"***. Including where they are a family member of a victim-survivor "***not my story to share, so would not discuss in the workplace"***. Keeping in mind that **for those who do want to disclose**, organisational supports and attitudes do in fact need to be significantly improved according to participants' answers to this survey.

Organisational supports

Organisational culture was largely shaped by the degree to which the organisation itself operated in a trauma-informed manner. Supervision, internal, external, group, individual and cultural was cited as a valuable support to participants, as was the employee assistance program, and there are some potential insights here. Illustrating that organisations need an array of supports for staff wellbeing rather than relying on employee assistance programs and supervision as the key components only, some participants said their organisation's support is poor, minimal, or needed improving despite provision of supervision and or employee assistance programs. This perhaps shows that these supports may be necessary but not sufficient supports. Rather, an array of supports from the seven categories identified within the survey, including cultural-specific supports for Aboriginal and Torres Strait Islander staff, are likely to be needed and or helpful.

Leadership and influence – role of the National Centre

While no questions were asked about the potential function of the National Centre beyond facilitating training, learning and development, qualitative responses from participants highlighted the need for a system-wide approach to fostering best outcomes for children, young people and families affected by child sexual abuse. Specifically, participants shared that they would like the National Centre to consider and take action in the following areas:

National best practice guidelines that specify evidence-based assessment and intervention for child sexual abuse and harmful sexual behaviours

National and State/Territory policies that support effective intervention and prevention of child sexual abuse

Learning opportunities for families and caregivers on children's sexuality and normal development patterns

Workforce shortages which negatively impact access to services and support for victims and survivors

[3] McLindon, E., Diemer, K., Kuruppu, J. et al. "You can't swim well if there is a weight dragging you down": cross-sectional study of intimate partner violence, sexual assault and child abuse prevalence against Australian nurses, midwives and carers. BMC Public Health 22, 1731 (2022). https://doi.org/10.1186/s12889-022-14045-4

CONCLUSION. WHAT DID WE LEARN?

The response to the National Centre's Learning and Development Survey was remarkable, with rich insights spanning self-identified learning and professional development needs, preferred style of learning and other key challenges and issues which impede and impact on professionals, agencies and organisations in delivering effective, timely and trauma-informed supports to victims and survivors.

As the inaugural learning and development survey of the National Centre, the survey design and approach will evolve in future surveys. This will ensure the National Centre continues to be informed by the right insights and intelligence to respond to the learning and development needs of multiple child sexual abuse workforces across Australia.

Learning and development needs and gaps identified through the survey aligned to the Challenges outlined in the National Centre's Five-Year Strategy which can be found on the National Centre's website. In particular there was strong integration to Challenges 1, 3, 4, 5 and 6 which are:

- child sexual abuse and its effects across the life course are not well understood or identified
- victims and survivors of child sexual abuse are often not identified or well supported they raise concerns or disclose
- children and young people who have engaged in harmful sexual behaviour or have experienced it, need adults to better understand and meet their needs
- knowledge about complex and intergenerational trauma and dissociation does not generally inform responses
- victims and survivors of child sexual abuse are often unable to access the support and resources that meet their changing needs at different times in their lives.

In addition to specific knowledge gaps and learning needs for individuals, additional information and insights were unearthed. These identified and, in some cases, validated feedback and intelligence gained through other avenues most notably the Royal Commission into Institutional Responses to Child Sexual Abuse.

These included:

- the need for better pre-service training within professional groups that support children and adults who have experienced child sexual abuse
- the need for non-burdensome learning and development activities
- the importance of understanding the unique needs of people from culturally and linguistically diverse backgrounds and First Nations victims and survivors, families and communities
- the importance of understanding that the workforce and victims and survivors are not binary with a significant percentage identifying as having lived or living experience of child sexual abuse
- the importance of healthy and supportive organisational culture in service delivery and operations and organisational cultures.

The rich information provided by survey participants will help the National Centre alongside stakeholders and partners to support workforces and organisations to continue the critical work of protecting children and responding to and supporting victims and survivors of child sexual abuse to heal and recover.

APPENDICES

Appendix A: Survey items

Demographics and characteristics	
1.	Are you male, female, non-binary
2.	Do you identify as Aboriginal or Torres Strait Islander, Culturally and Linguistically Diverse, neither of the above
3.	Which best describes where you work (*choose more than one if applicable*): National, State, Territory, Metro, Regional, Rural, Remote
4.	What best describes the work of your organisation (*choose one*): Specialist service/practice (services who work with victims and survivors of child sexual abuse and trauma as their core business), statutory service, universal service/practice (encounter victims and survivors of child sexual abuse and trauma as part of their work but not their core business)
5.	Which area/sector do you most commonly work in (*choose one*). Child and family welfare, disability services, emergency services, community and mental health, hospitals, schools and early education and care, child protection, Aboriginal health and wellbeing, housing and accommodation, justice including policing and legal, general practitioners, other community services. Please expand or explain.
6.	Which of the following groups do you mainly work with (*tick as many as apply*)? Adults, children and young people, family members and significant others, people identifying as Aboriginal and Torres Strait Islander, people from Culturally and Linguistically Diverse backgrounds.
Working with victims and survivors of child sexual abuse and harmful sexual behaviours	
7.	Please rate each of the following areas on the scale below (*very confident; somewhat confident; not confident; not applicable*). Within the scope of your role, how confident do you feel in: identifying child sexual abuse, identifying harmful sexual behaviours in children and young people, responding to a disclosure of current child sexual abuse (including referring to other support services), responding to disclosures of historical child sexual abuse, working with adults experiencing traumatic impacts of child sexual abuse, working with children and young people experiencing traumatic impacts of child sexual abuse, supporting families around the traumatic impacts of child sexual abuse, working in a child safe way.
Learning and Professional Development needs	
8.	For each of the training and learning areas below please indicate your level of interest or need from *minimal (interest and need); somewhat (of interest and need); critical (to help me do my role) or not applicable.* Understanding child sexual abuse (scale and nature), identifying signs of current child sexual abuse, responding to disclosures by children and young people of child sexual abuse (including referring on), identifying possible presentations for adults with historical child sexual abuse, responding to disclosures by adult survivors of child sexual abuse, working with adults who have experienced child sexual abuse, therapeutic approaches for working with complex trauma, understanding harmful sexual behaviour including working with children and young people who display harmful sexual behaviours, culturally appropriate approaches for healing and recovery from trauma, managing your wellbeing when working with trauma, using a trauma-informed approach when supporting victims and survivors of child sexual abuse, leading in a trauma-informed child safe way (practice or organisation leadership), understanding what works in the prevention of child sexual abuse.
9.	Which style of learning and development do you prefer (*choose as many as apply*)? Accredited training courses, online self-paced short courses or modules, webinars, online seminars or workshops on key topics, communities of practice / reflective practice workshops or group learning initiatives, access to blogs, fact sheets, articles, guides or research of interest, other, *please specify.*
10.	Are there other learning and development topics, areas or special contexts that you would like the National Centre to offer. *Please describe*.
11.	If you undertook an undergraduate, postgraduate or formal program of study, do you believe it adequality equipped you with the required skills and knowledge in the area of child sexual abuse, harmful sexual behaviour and trauma related impacts across the lifespan? *Please rate from not at all; somewhat equipped; very equipped. Please expand with further information. Skip if this question is not applicable.*
Worker wellbeing	
12.	Describe how your organisation supports your wellbeing in identifying and managing the impact of working with trauma (as relevant to your role)?
Lived experience of child sexual abuse	
13.	Do you identify as having lived experience (self or family member) of child sexual abuse? Y or N or prefer not to say. If yes (above), describe the supports you have or would like in your workplace, if any, to support you in your work with people with lived and living experience of child sexual abuse.
Other	
14.	Is there anything else you would like to share with us to help us understand your learning and development needs to increase your level of confidence, skill or knowledge in identifying and responding to the needs of victims and survivors of child sexual abuse as part of your work?
15.	Please provide your contact details if you would like to hear more about or be involved with the National Centre – Name, Email, Organisation and Role (optional).

Thank you for participating in this survey.

Appendix B : Summary of data

Question	% and number (n) of those who responded to this Q
Q. 1. Do you identify as (n = 1,395)	
Female	1,157 (83)
Male	227 (16)
Non-Binary	11 (<1)
Skipped	*3 (<1)*
Q. 2. Cultural identity (n = 1,390)	
Aboriginal or Torres Strait Islander	75 (5)
Culturally and Linguistically Diverse	122 (9)
Neither	1,193 (86)
Skipped	*8 (<1)*
Q. 3. Geographic area of work (n = 1,391)	
Metro	541 (39)
State	458 (33)
Regional	421 (30)
Rural	172 (12)
National	147 (11)
Remote	96 (7)
Territory	83 (6)
Skipped	*7 (<1)*
Q. 4. Core focus of service (n = 1,359)	
Universal service (encounter victims and survivors of CSA but not core business of organisation)	804 (59)
Specialist service (working with victims and survivors of CSA is core business of organisation)	295 (22)
Statutory service	260 (19)
Skipped	*39 (2)*
Q. 5. Sector / Area of employment (n = 1,366)	
'Other' community service	274 (20)
Community and mental health	251 (18)
Child protection	204 (15)
Child and family welfare	173 (13)
School and early education and care	138 (10)
Justice including policing and legal	93 (7)
Disability services	71 (5)
Housing and accommodation	47 (3)
Hospitals	39 (3)
Aboriginal health and wellbeing	33 (2)
Emergency services	25 (2)
General practitioners	18 (1)
Skipped	*32 (2)*
Q. 6. Primary population serviced (n = 1,388) – *multiple options could be selected*	
Children and young people	1,003 (72)
Adults	917 (66)

People identifying as Aboriginal and Torres Strait Islander	616 (44)
Family members and significant others	588 (42)
People from Culturally and Linguistically Diverse backgrounds	493 (36)
Skipped	*10 (<1)*
Q. 7. Level of confidence (n = 1,298) – *very confident*	
Working in a child safe way	902 (70)
Responding to disclosure of current CSA by a child	738 (57)
Responding to disclosure of historical CSA	676 (52)
Identifying harmful sexual behaviour in children and young people	564 (43)
Identifying CSA	547 (42)
Working with adults experiencing traumatic impacts of CSA	452 (35)
Working with children and young people experiencing traumatic impacts of CSA	386 (30)
Supporting families around traumatic impacts of CSA	364 (28)
Skipped	*100 (8)*
Q. 8. Training and learning need (n = 1,207) – *choose as many as apply – highest to least.*	
Culturally appropriate approaches for healing and recovery from trauma	821 (68)
Using a trauma-informed approach when supporting victims and survivors of CSA	808 (67)
Understanding what works in the prevention of CSA	788 (66)
Managing your wellbeing when working with trauma	749 (62)
Leading in a trauma informed child safe way (practice or organisation leadership)	746 (62)
Therapeutic approaches for working with complex trauma	743 (62)
Responding to disclosures by children and young people of CSA (including referring on)	738 (61)
Understanding harmful sexual behaviour including working with children and young people who display harmful sexual behaviours	704 (59)
Identifying signs of current CSA	686 (57)
Understanding CSA (scale and nature)	637 (53)
Responding to disclosures by adult survivors of CSA	608 (51)
Identifying possible presentations for adults with historical CSA	606 (50)
Working with adults who have experienced CSA	583 (49)
Skipped	*191 (16)*
Q. 9. Preferred style of learning (n = 1,204) – *choose as many as apply*	
Webinars, online seminars or workshops on key topics	832 (69)
Accredited training courses	821 (68)
Online self-paced short courses or modules	779 (65)
Communities of practice / reflective practice workshops or group learning initiatives	647 (54)
Access to blogs, fact sheets, articles, guides, or research of interest	501 (42)
Skipped	*194 (16)*
Q. 10. Other learning needs – qualitative only (n = 286; skipped = 1,112)	
Q. 11. Adequately equipped through formal study (n = 1,032)	
Somewhat equipped	539 (52)
Not at all	400 (39)
Very equipped	93 (9)
Skipped (question not applicable to all)	*366 (35)*
Q. 12. How wellbeing supported by organisation – qualitative only (n = 1006; skipped = 392)	
Q. 13. Lived experience of CSA (n = 1,186)	
Yes	366 (31)
No	696 (59)
Prefer not to say	124 (11)
Skipped	*212 (18)*
Q14. Anything else you would like to share with us to help understand learning and development needs – qualitative only (n = 341; skipped 1,057)	