

# **Life journeys of victim/survivors of child sexual abuse in institutions: an analysis of Royal Commission private sessions**

For the Royal Commission into  
Institutional Responses to  
Child Sexual Abuse

Ilan Katz, Anna Jones, BJ Newton,  
Elizabeth Reimer

## **Project team**

The Royal Commission into Institutional Responses to Child Sexual Abuse commissioned and funded this research. It was carried out by the following researchers:

Professor Ilan Katz, Ms Anna Jones and Dr BJ Newton, Social Policy Research Centre at the University of New South Wales

Dr Elizabeth Reimer, Southern Cross University

Dr Tess Heintze, Dr Claudia Pitts and Dr Deena Rosalky, Royal Commission into Institutional Responses to Child Sexual Abuse

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**Royal Commission**  
into Institutional Responses  
to Child Sexual Abuse



## **Preface**

On Friday 11 January 2013, the Governor-General appointed a six-member Royal Commission to inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse.

The Royal Commission is tasked with investigating where systems have failed to protect children, and making recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions.

The Royal Commission has developed a comprehensive research program to support its work and to inform its findings and recommendations. The program focuses on eight themes:

1. Why does child sexual abuse occur in institutions?
2. How can child sexual abuse in institutions be prevented?
3. How can child sexual abuse be better identified?
4. How should institutions respond where child sexual abuse has occurred?
5. How should government and statutory authorities respond?
6. What are the treatment and support needs of victims/survivors and their families?
7. What is the history of particular institutions of interest?
8. How do we ensure the Royal Commission has a positive impact?

This research report falls within theme one.

The research program means the Royal Commission can:

- obtain relevant background information
- fill key evidence gaps
- explore what is known and what works
- develop recommendations that are informed by evidence, can be implemented and respond to contemporary issues.

For more on this program, please visit [www.childabuseroyalcommission.gov.au/research](http://www.childabuseroyalcommission.gov.au/research)

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# Abbreviations

CLAN	Care Leavers Australia Network
C-PTSD	Complex post-traumatic stress disorder
HREC	(UNSW) Human Research Ethics Committee
OOHC	Out of home care
PTSD	Post-traumatic stress disorder
SPRC	Social Policy Research Centre
UNSW	University of New South Wales

# Glossary of terms

## Child<sup>1</sup>

Refers to child within the meaning of the Convention on the Rights of the Child as of 20 November 1989. Refers to people under 18 years of age.

## Disclosure

The action taken to reveal or make known incident/s of child sexual abuse. Disclosure can be:

- direct, in which the victim tells someone that they are or have been abused
- indirect, in which behavioural, verbal, written or graphic hints appear to be related to abuse
- third party, where someone makes known that abuse is or has happened to someone else.

Disclosure can be to friends, family members and relevant authorities in the institution or to statutory authorities such as police or child protection services.

## Grooming

Behaviour that involves taking a particular interest in a child and/or making the child feel special in order to form a bond and lower the child's inhibitions for the purposes of sexual contact. Grooming can also include befriending of the child's family.

## Institution<sup>2</sup>

Any public or private body, agency, association, club, institution, organisation or other entity or group of entities of any kind (whether incorporated or unincorporated), and however described, and:

- includes, for example, an entity or group of entities (including an entity or group of entities that no longer exist) that provides, or has at any time provided, activities, facilities, programs or services of any kind that provide the means through which adults have contact with children, including through families
- does not include the family.

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<sup>1</sup> Terms and definitions used by the Royal Commission: Terms of Reference Letters Patent 11 January 2013

<sup>2</sup> Terms and definitions used by the Royal Commission: Terms of Reference Letters Patent 11 January 2013

### Life journey

Victim/survivors' accounts of events, experiences, their feelings and reflections across their life course up to the point at which they attended the private session. It is the description of the person's experience in, or contact with, the institution as a child and the subsequent events, impacts and consequences that they attribute to that childhood experience across their life course. Some life journeys are relatively short and some very long depending on the victim/survivor's age at the time they attended the private session.

### Non-penetrative contact abuse

Sexual behaviour, often referred to as fondling, which includes contact (but not penetration), touching, masturbating or kissing a child's genitals and/or making a child fondle an adult's genitals.

### Perpetrator<sup>3</sup>

An individual who sexually abused a child.

### Victim or victim/survivor<sup>4</sup>

An individual who was sexually abused as a child in an institutional context.

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<sup>3</sup> Terms and definitions used by the Royal Commission: Glossary DRAFT

<sup>4</sup> Terms and definitions used by the Royal Commission: Glossary DRAFT

# Preamble

At the time this report was prepared, the Royal Commissioners had born witness through private sessions to the stories of more than 2,790 victim/survivors of child sexual abuse in institutional contexts. Each of these stories are unique and deeply personal accounts. The enormous courage of private session attendees in coming forward, and the cost to them personally of having to recall these most traumatic and harrowing events in their life, cannot be understated. They came forward not only to be heard, but to contribute to the work of the Royal Commission and in particular so that the Commission might learn from their experiences how better to protect other children now and into the future. The Royal Commission has, and continues to be, informed by private sessions across all areas of its work in multiple ways. In this report, information collected following each private session was analysed quantitatively. In addition, a selection of 61 private session transcripts were subjected to a deeper qualitative analysis. The purpose of this analysis was to assist the Royal Commission in identifying common trends and themes in the experiences of victim/survivors of child sexual abuse in institutional contexts. The information learned from private session attendees is invaluable and the effort of every attendee who came forward to tell their story is gratefully acknowledged.

# Executive Summary

This is the final report of a mixed method research project aimed to support the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) in better understanding the life journeys of victim/survivors of child sexual abuse within institutions. The research was conducted by the Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW) and staff members of the Royal Commission.

## Aims

The aim of the research was to better understand the experience of victims/survivors of institutional child sexual abuse over their life course, using qualitative and quantitative information gathered from private sessions. In particular, the Royal Commission was interested in better understanding differences in victims' experience across three periods in history (prior to 1970; 1970 to 1989; 1990 to 2015) in terms of:

- the nature of the abuse they experienced
- their experience of disclosure (by the victim or by others)
- their experience of victim and family support mechanisms
- the relationship between abuse and wellbeing through the life course.

## Methodology

The research was primarily qualitative, with quantitative analysis of the Royal Commission's private sessions database providing contextual and supplementary material. The qualitative analysis involved an examination of 61 transcripts of private sessions. These were selected at random but stratified according to the time period in which the abuse occurred and by the type of institution in which the victim/survivor was abused. The quantitative component involved an analysis of information from private sessions that were held between 7 May 2013 and 28 February 2015 inclusive. This time period included 2,881 private sessions, however 87 duplicate cases were excluded from analysis. The updated dataset represents the experience of 2,794 individuals who presented to private sessions and reported abuse involving at least one named institution.

There were a number of limitations in applying research methods to draw conclusions about themes emerging from private sessions. In particular, that those attending the private sessions may not represent the full range of victim/survivors who experienced institutional child sexual abuse over the decades under study. Further, private sessions provide the opportunity for individuals to present a free narrative focused on the aspects of abuse and consequences which were personally meaningful, rather than providing a comprehensive

account of their life journey. The attendees were not questioned in a structured manner, which means that the research findings were based on the information attendees chose to share during the private session. It is acknowledged that attendees will have had additional experiences beyond those discussed and any subsequent changes and developments in the life journeys of attendees following the private session were also not known.

A brief literature review was undertaken to accompany and inform the qualitative analysis for the report. The review identified that there is very little previous empirical evidence relating to the life journeys of victim/survivors of institutional child sexual abuse.

### **The experience of institutional child sexual abuse**

The experience of institutional child sexual abuse varied widely, ranging from witnessing child sexual abuse to being severely brutalised while being sexually abused. The main types of abuse suffered over all three time periods were non-penetrative contact abuse, commonly referred to as 'fondling', and penetrative sexual abuse. Just over half (52 per cent) of victims abused prior to 1970 experienced penetrative sexual abuse and just under half (48 per cent) in the time period from 1990 to 2015. Other types of child sexual abuse experienced included grooming, violation of a child's privacy, exploitation of the child, and exposure of children to adult sexuality. The qualitative analysis found this variation in the nature and experience of the abuse was common across all three time periods, with no distinct difference between time periods. This finding was relatively consistent with the quantitative analysis.

The analysis indicated that many of the experiences of abuse were similar over the time periods, although there were some marked differences. In the recent time periods, the use of physical punishment and threats were less apparent, and grooming behaviour by adult perpetrators appeared to be more prevalent. However, sexual abuse by another child or young person was a feature across all time periods and tended not to involve grooming behaviours.

On the whole, this analysis confirmed the risk and protective factors described in the literature. Victims tended to be vulnerable and isolated children who often had difficult relationships with their families or who had little contact with them. However, the qualitative analysis shows that these risk factors should be treated with caution because there were a number of victims as children who were not apparently vulnerable but were high achievers or leaders. In some cases this achievement itself became a vulnerability because it provided the perpetrator with a reason to be alone with the victim. Some victims had very close family relationships, but the family held the institution in such high esteem that the victim felt unable to resist the perpetrator or disclose abuse to their parents.

Similarly, in relation to perpetrators, the risk factors indicated in the literature did apply, but were very different for a child who sexually abused another child than for adult perpetrators, a factor seldom addressed in the literature.

There was not always a direct relationship between the severity of the abuse (indicated by its duration, number of perpetrators, experience of penetration and other forms of abuse) and the reported impact of the abuse on the victim. All the victims experienced the abuse as significant and distressing. However, some were highly traumatised by abuse that lasted for short periods and did not involve penetration or violence, whereas others who experienced abuse that lasted many years with multiple perpetrators in different institutions reported experiencing few adverse impacts.

### **The experience of disclosure**

The literature relating to disclosure of institutional child sexual abuse was limited and the findings have been inconsistent. Generally, disclosure of child sexual abuse has been found to be related to 'victim age, gender and cognitive capacity, the relationship between the victim and the perpetrator, the severity of the abuse and the perceived risks associated with disclosure. All these factors contribute to whether victims report their experiences and when this is likely to happen' (Blakemore, Herbert, Arney & Parkinson, 2017, p. 69). The findings of the literature review indicated that there was merit in distinguishing between disclosure of child sexual abuse made by a child and disclosure of child sexual abuse made by an adult.

Across all three time periods, disclosure of the abuse was difficult and traumatic for the vast majority of victim/survivors, whether the disclosure occurred when they were children or adults and whether they disclosed the abuse themselves or it was uncovered in other ways. Victim/survivors were particularly affected by negative responses to their disclosure, either by parents or by people in authority. These responses ranged from ignoring the disclosure and dismissing the abuse as inconsequential, not believing it and in some cases punishing the victim for disclosing. Victim/survivors who disclosed as children and who received a negative response were perhaps the most adversely affected, with many choosing not to disclose again for many decades after this response.

Although disclosure was challenging in each of the three time periods analysed, there were differences in the responses over time. Children in the more recent time period were more likely to be believed, at least by their parents (although this was not universal), and they were less likely to encounter physical punishment as a result of disclosure. Another interesting difference over the time periods was that while parents' trust in and commitment to institutions, such as the church, was a barrier across all three periods in the more recent time

periods this appeared to be less prevalent, and parents were more detached from these institutions than in prior time periods.

Victims whose parents were not closely involved in their lives, either because the child was in a 'closed' institution or due to emotional distance, often had less opportunity to disclose to someone they trusted. However, it was not necessarily the case that having a close relationship with parents facilitated disclosure. Several victims indicated that the very closeness of the relationships meant that they did not want to disappoint their parents or cause them difficulties, and therefore chose not to disclose.

Disclosure of sexual abuse by another child or young person was particularly difficult as it was often dismissed or downplayed by parents as well as authorities, although it could be very traumatic for victims.

Disclosure as an adult was also difficult for most victim/survivors, and several had thought about disclosing for several years before finally taking the step to talk about this. For some this had led to relationship breakdowns or other negative consequences, but most were ultimately positive about their decision to disclose. Nevertheless, the disclosure itself was painful and upsetting for the victim/survivor. This was especially true when the response by family members or authorities was negative or dismissive.

None of the victim/survivors in the qualitative analysis of transcripts from 61 private sessions reported a positive institutional response to the disclosure. Across three time periods and all the different types of institutions, the experience of the victim/survivor was that the institution was defensive, dismissive or hostile.

Overall the factors most associated with positive experiences of disclosure were that:

- The victim/survivors were believed, or at least that their experience was not dismissed.
- Some action was taken on behalf of the victim/survivors and/or to support them.
- The victim/survivor had some control over the process that followed the disclosure.

### **Experience of victim and family support mechanisms**

Support mechanisms encompassed both informal (family, partners and friends) and formal (counsellors, medical practitioners etc.) support systems. In general, victim/survivors who were abused in earlier time periods had received less support from their families when they disclosed the abuse as children. However many received support from partners or friends as adults. In recent time periods parents appeared to be more supportive.



The main support mechanism for victim/survivors was their family or partner, followed by friends and a range of services. There was little difference in support mechanisms across decades, or the experiences of using support services. Victim/survivors came from a mix of families, ranging from vulnerable or abusive, to cohesive and supportive, and some had very little contact with their families. Many victim/survivors had problems with interpersonal relationships, which affected their ability to enter into or commit to long-term relationships, while others had found partners that were supportive. A few victims also spoke about the importance of friends and other significant people who provided them with ongoing support. On the whole victim/survivors found counsellors and therapists to be very supportive, and many of them expressed frustration that they could not access more counselling. On the other hand some victim/survivors had received inappropriate or unprofessional counselling which had been detrimental to their wellbeing.

### **Wellbeing through the life course**

The literature indicates a range of risk and protective factors that contribute to the wellbeing or difficulties experienced by adult survivors of child sexual abuse. However, what is not apparent from research, which has examined the 'effects' of child sexual abuse at a particular point in the life of the victim, is that victim/survivors may go through periods of wellbeing and difficulty rather than a static state of wellness or difficulty being a continuous feature of their lives.

The predominant impacts of the abuse on victim/survivors' wellbeing when they attended the private sessions were: behavioural and mental health impacts, where over 80 per cent of victim/survivors in all three time periods had suffered these effects; relationships, with over 60 per cent in the first two periods and nearly 40 per cent in the most recent time period experiencing relationship impacts; and economic and social impacts, which affected around half of the victim/survivors in each period.

In addition, the qualitative analysis identified some common patterns in the life journeys and experiences of private session attendees up to the point at which they told their story to the Royal Commission. The dynamics associated with different life journeys for private session attendees were examined in order to uncover the links between their experience of abuse within institutions, their subsequent experience of disclosing the abuse, the support they received from family, friends and formal services, and how these experiences and perceptions affected the way they saw their lives at the time they attended the private session. Common patterns were then identified across the 61 different life journeys.

For some people, the abuse dominated their life: most or all of their problems through their lives was attributed to their experience of child sexual abuse. The description of their life to

date suggested that people on this life journey continued to feel powerless to change the course of their life's journey.

For other victim/survivor's all aspects of their lives were affected by the abuse but they attempted to overcome these issues through work, education or therapy and believed they could continue to improve their wellbeing through these efforts.

Some victim/survivors functioned well in some areas of their lives but also experienced difficulties other areas of their life such as relationships, employment or substance misuse, and these were continuing problems that the victim/survivors did not think would improve.

Similarly some victim/survivors had experienced periods of both wellbeing and difficulty and believed this pattern was likely to continue.

A few victim/survivors were able to acknowledge the effects of the abuse but had largely come to terms with the experience and were able to maintain stable positive relationships, employment and mental health.

The analysis indicates that all the victim/survivors were significantly affected by the experience of child sexual abuse. However, for most victim/survivors, the sexual abuse itself was only one factor influencing their wellbeing and life journey, and for some people these adversities accumulated over time, causing them to have to confront increasing difficulties in their lives. Their circumstances as children and as adults, and the resources, both inner and external, which they were able to draw upon, were important influences on how the abuse affected them over the long term.

In general those victim/survivors with more negative life journeys tended to have more problems with interpersonal and intimate relationships, difficulty trusting and interacting with people generally, problems with anger and violence and issues with authority.

Victim/survivors with more negative life journeys also tended to use far fewer effective coping mechanisms than those victim/survivors who had reported a relatively high level of wellbeing at the time of their private session.

Thus, regardless of adverse factors such as mental illness, drug and alcohol use, and lack of educational opportunities, victim/survivors who were able to manage everyday interactions and relationships and who were able, to some extent, to disconnect from their experiences of abuse in combination with accessing beneficial counselling services, were more likely to report relatively higher levels of wellbeing at the time of their private session, although for some attaining a state of relative wellness took many years to achieve. However the causal directions of these factors remains unclear, and it is very likely that the causes are bi or multi directional; that ability to draw on one coping mechanism enabled the victim/survivor to access other coping mechanisms which in turn led to overall higher levels of wellbeing.

## Conclusions

Overall findings are consistent with the literature and confirm the devastating impact on victim/survivors of child sexual abuse in institutional contexts. The findings indicate that the impacts of child sexual abuse are life long and can severely undermine the mental and physical health of victim/survivors as well as their relationships and educational attainment throughout their adult lives. The analysis uncovered some changes over the decades in the nature of abuse suffered by victims as well as the victims' disclosure patterns. However there are more similarities than differences in the nature of the abuse and its impact on the victim/survivors over the three time periods that this analysis covers.

It appears that the most important factor relating to the context of abuse has been the change in the nature of institutions. The majority of victims in the earlier time periods were abused in large residential units that were 'closed' institutions, cut off from mainstream society. When these institutions closed in the 1970s and 1980s the context of institutional abuse changed and some of the worst excesses of that time period, in particular brutal regimes of physical, sexual and emotional abuse appear to have abated. Thus the change in institutional contexts rather than the changes in attitudes towards children appear to have been the major factor influencing changes in the nature of abuse over time. However these are clearly related, with the closure of large institutions having been influenced to some extent by changes in attitudes towards children. Changes in attitudes did appear to influence the changes in responses, however, with children in the latter periods being somewhat more willing to disclose abuse, and disclosure being responded to more positively, at least by parents.

However, some findings raise particular issues in relation to the previous literature. These should be noted as hypotheses or issues that need further exploration rather than definitive contradictions or comments on the literature.

Although responses differ between time periods most victim/survivors in all time periods experienced negative responses to disclosure from the institution. Victim/survivors and their supporters appear to have struggled over the decades with institutions that they perceived as being defensive and unsupportive, even when clear evidence of abuse had been presented.

There were no differences over time in overall disclosure patterns in relation to who the victim/survivor disclosed to or the general tenor of the response to disclosure, although victim/survivors appear more likely to be believed since the 1970s. Parents in the later time periods appeared more likely to believe their children, however this finding should be interpreted with caution as some parents attended a private session on behalf of their child(ren) in the most recent time period. For many victim/survivors the negative response when they first disclosed often dissuaded them from further disclosing, often for several

decades thereafter. Many victims, even in earlier time periods, disclosed as children and others tried to indicate to parents or others that something was wrong without actually disclosing abuse. These efforts were often misinterpreted or punished, and again this sometimes led to victims deciding that it was too risky to disclose the abuse.

The literature indicates that child sexual abuse has overwhelmingly negative effects on victim/survivors. The life course journey analysis showed that many victim/survivors strive to overcome the effects of abuse by drawing on their own strengths and by eliciting support from others; informal support from family and friends as well as formal support from counsellors and other professionals. Most victim/survivors were therefore able to report some positive life experiences despite their lives being blighted by the experience of child sexual abuse.

The qualitative analysis did not show substantial differences in the life journeys of victim/survivors from different time periods, although abuse in the most recent time period (1990–2015) appears to be associated with more negative life journeys. However this may be because of a lack of time for these attendees to have recovered or developed more positive coping strategies.

Research has shown a link between child sexual abuse involving penetration or use of force and child sexual abuse that occurs frequently and over long periods (i.e. 'more severe abuse'), as being associated with worse outcomes for victim/survivors than abuse without these features (Blackmore, 2014). The findings in this report suggest that the relationship between abuse 'severity' and wellbeing might be more complex. Some victim/survivors who had suffered long periods of abuse in multiple institutions nevertheless managed to have relatively stable lives, hold down jobs and successful marriages. Other victim/survivors who had suffered relatively 'less severe' abuse went on to abuse substances or suffer long periods of mental ill health. Further, some victim/survivors with very supportive families nevertheless suffered lifelong negative impacts of abuse and others who had no family support were able to eventually attain a relatively high level of wellbeing as adults. However it is not known what additional adverse childhood or life experiences survivors may have had which could have also impacted their wellbeing.

Another important finding was that for some victims, the traditional 'protective' factors actually created risks in the particular context of the abuse they suffered. For example, a number of victims from very religious families indicated that the faith of the family (which normally would be viewed as a protective factor) created a barrier to disclosure and/or elicited negative responses from families when the victim did eventually disclose. Another example of the sometimes paradoxical nature of 'protective' factors is that some victims were

'high flyers' at school or in sports teams, and it was their very success that created opportunities for perpetrators to be alone with them without raising suspicion.

The implications of these findings are that it could be dangerous for organisations to focus preventive efforts only on 'vulnerable' children. Children who do not come from high-risk groups can sometimes be victims of abuse in particular circumstances.

The research also found some notable features of the coping and support mechanisms that victim/survivors drew on to cope with the effects of abuse. Overall, the support of a trusted partner emerged as the key to a positive outcome for victim/survivors. However it could be that those victim/survivors who were already on a more positive life trajectory were better able to find a partner who was able to support them. Counselling and therapy were generally thought to be very helpful, and for some victim/survivors counselling was a lifeline. In general, victim/survivors would have liked more counselling. However, counselling was not necessarily linked to positive life journeys, and an important caveat is that it is important to find the right counsellor for the individual victim/survivor.

One key finding was that the life course or life journey of a victim/survivor can be altered dramatically by 'random' or 'trigger' events, often occurring much later in life than the abuse. These events can have a positive or negative effect. This is consistent with emerging literature on the impact of trauma, but is not often recognised as an issue for victim/survivors of child sexual abuse.

Some victim/survivors believed that ignoring or deliberately 'packaging' the abuse was an effective way of dealing with it. A number completely blocked the abuse for many years, only to be reminded by an event such as meeting the perpetrator in later life or discussing their experience with other former residents of the institution.

The research also identified a number of important issues relating to perpetrators.

A key issue was that children who sexually abused other children formed a substantial proportion of perpetrators over the decades, sometimes as part of a general institutional culture of abuse but at other times acting alone or within groups of young people. The findings indicated that sexual abuse by another child or young person was equally severe and traumatic, was more likely to be penetrative than abuse by adults, and was often associated with physical abuse and bullying. Grooming techniques were not generally reported when the perpetrator was a child or young person, and children who sexually abused other children often did not fit any of the known profiles for perpetrators. In some cases, children who sexually abused other children were also themselves victims of child abuse. This is consistent with the empirical literature on bullying, which indicates a large overlap between victimisation and offending. Overall, the policy and practice implications of

sexual abuse by another child or young person are somewhat different from those for adult perpetrators, although the impact on victims of sexual abuse by another child seems to be very similar to that from abuse by adults.

Overall, the research indicates that many victim/survivors are able to draw upon inner resources and external support to assist the recovery process. Recovery is seldom complete. The majority of victim/survivors continue to have some level of trauma throughout their adult life. Nevertheless, with appropriate support and assistance, many are able to lead relatively stable and productive adult lives.

# 1 Introduction

The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) was established in early 2013 by the Australian Government. The Royal Commission's terms of reference stipulated the need to 'inquire into institutional responses to allegations and incidents of child sexual abuse and related matters', in particular, matters relating to:

1. what institutions and government should do to better protect children against child sexual abuse and related matters in institutional contexts in the future
2. what institutions and governments should do to achieve best practice in encouraging the reporting of, and responding to, reports or information about allegations, incidents or risks of child sexual abuse and related matters in institutional contexts
3. what should be done to eliminate or reduce impediments that currently exist for responding appropriately to child sexual abuse and related matters in institutional contexts, including addressing failures in, and impediments to, reporting, investigating and responding to allegations and incidents of abuse
4. what institutions and governments should do to address or alleviate the impact of past and future child sexual abuse and related matters in institutional contexts, including, in particular, in ensuring justice for victims through the provision of redress by institutions, processes for referral for investigation and prosecution and support services.

The Royal Commission was directed to make recommendations arising out of the inquiry about policy, legislative, administrative and structural reform. In doing so, the Royal Commission was directed to have regard for the following matters:

1. the experience of people directly or indirectly affected by child sexual abuse and related matters in institutional contexts, and the provision of opportunities for them to share their experiences in appropriate ways while recognising that many of them will be severely traumatised or will have special support needs
2. the need to focus the inquiry and recommendations on systemic issues, recognising nevertheless that the inquiry will be informed by individual cases and may need to make referrals to appropriate authorities in individual cases
3. the adequacy and appropriateness of the responses by institutions and their officials to reports and information about allegations, incidents or risks of child sexual abuse and related matters in institutional contexts

4. changes to laws, policies, practices and systems that have improved over time the ability of institutions and governments to better protect against and respond to child sexual abuse and related matters in institutional contexts.

The Royal Commission took three approaches to the work outlined by the terms of reference: private sessions, public hearings, and research and policy (Royal Commission into Institutional Responses to Child Sexual Abuse, 2014).

## **1.1 Private sessions**

Private sessions allowed a person who may have suffered abuse, or someone who was aware of the abuse of another, commonly a family member, to share their experience of child sexual abuse within an institutional context. Private sessions have provided an important way for Commissioners to bear witness and to hear firsthand the experiences and impacts of child sexual abuse, so as to better understand how it might be prevented in the future. Private sessions were not formal hearings. They allowed people to speak about their experience without the constraints of a public hearing. Information provided within private sessions helped the Royal Commission identify systemic issues and institutions to be considered in public hearings, research and consultation processes.

The Commissioners decided who could be present during a private session; most often the victim/survivor, a support person, a Commissioner and a Royal Commission officer. Representatives of institutions or perpetrators were not present and the evidence of the victim/survivor was not tested in any way. Victim/survivors were free to refuse to answer questions and to share additional supporting documents, although this was not a requirement. Following their participation in a private session, victim/survivors and/or their support person were offered counselling support.



## 2 Research aims and objectives

The Social Policy Research Centre (SPRC) at the University of New South Wales (UNSW Australia) was commissioned by the Royal Commission to conduct a mixed-methods research study examining themes from private sessions. This research aimed primarily to support the Royal Commission in better understanding the life courses of victims of child sexual abuse in institutions so that the Royal Commission will be able to make recommendations that will facilitate the long-term wellbeing of victims.

### 2.1 Aims and objectives

The aim of the research was to better understand the experience of victim/survivors of institutional child sexual abuse using qualitative and quantitative information gathered from private sessions. In particular, the Royal Commission was interested in better understanding differences in victims'/survivors' experience across three periods in history – prior to 1970; 1970 to 1989; and 1990 to 2015 – in terms of:

- the nature of the abuse they experienced
- their experience of disclosure (by the victim or by others)
- their experience of victim and family support mechanisms
- the relationship between abuse and wellbeing through the life course.

The three time periods were selected by the Royal Commission following an internal consultation process, which identified an interest in whether and in what ways the experience of institutional child sexual abuse had changed over time. The time periods were selected as they corresponded to a period of high institutionalisation (prior to 1970), a period of de-institutionalisation (1970 to 1989) and a period of greater regulation and oversight of children within institutions (1990 to 2015).

Preliminary analysis of transcripts from the qualitative sessions and anecdotal evidence from both private and public sessions indicated that there was a complex relationship between the victims' experiences of abuse, their response to abuse and their wellbeing through the life course. Some victims, who suffered prolonged abuse, sometimes by multiple abusers in different institutions, had gone on to have relatively high levels of wellbeing, with good interpersonal relationships, productive employment and reasonable mental health. For other victims, the abuse was so traumatic that they had suffered mental illness, substance abuse, poor interpersonal relationships and unemployment. Similarly, some victim/survivors were able to re-establish trust in the institution through redress and/or with the help of support

services, whereas for others, redress by the institution merely served to heighten their hostility and mistrust, and had little effect on their overall wellbeing.

This diversity of pathways has been reported in the literature on the effects of child sexual abuse overall on adults. This literature has attested to the high incidence of mental health and other problems in victim/survivors of child sexual abuse, but also that some were able to come to terms with their experiences and live relatively stable and productive lives as adults (Browne & Finkelhor, 1986; Martsof & Draucker, 2008; Najman, Nguyen, & Boyle, 2007; O'Leary & Gould, 2010). To date, no systematic literature on the lifetime effects of institutional child sexual abuse has been identified.

## 2.2 Approach

The analysis of the private sessions was underpinned by the life course approach. This approach views people's personal history or account of their life journey as being influenced by the context of their current circumstances. The life journey is 'constructed' by people to make sense of the pathways which led from their early life to their current situation (Giele & Elder, 1998).

The conceptual framework for the research was based on an ecological<sup>5</sup> understanding of child development and the impact of abuse on children. That is, children develop in families and institutional settings which in turn are part of communities or larger institutions which are ultimately embedded within overall societal expectations, laws and culture. The key task was to better understand how these levels of the ecology interact to facilitate different life journeys following the experience of child sexual abuse in an institutional context. The analysis therefore focused on the interactions and relationships between the victim/survivors and key people in their lives and the context in which those interactions and relationships took place, rather than identifying specific factors or variables likely to lead to different outcomes.

Thus, in order to understand why the abuse took place it was important to understand the context in which the abuse occurred. Similarly, the context in which the institution responded and in which redress or support was provided to the victim/survivor (if it was provided) must

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<sup>5</sup> Bronfenbrenner's (1979) ecological model of human development has been widely used internationally including in Australia (see for example the conceptual framework for the Longitudinal Study of Australia's Children) as a way of understanding the dynamic context of child development. The model emphasises both the immediate and broader environment as important for child development. The family, school, community and broader society, as well as the children's own attributes, contribute to the child's development in complex interacting ways over time.

also be taken into account. The context includes the immediate circumstances surrounding the child and the perpetrator, but also the family and community context as well as the broader social context at the time. The analysis framework was developed to examine the dynamics associated with victim/survivors' various life journeys. It was not designed to study specific outcomes or factors such as current mental illness, social relationships or employment status, but rather to uncover the links that victim/survivors make between their experiences of abuse in institutions, their subsequent experiences in disclosing (or not disclosing) the abuse, the support they received from family, friends and formal services, and how these experiences and perceptions affected the way they saw their lives when they attended the private session.

### **2.3 Ethical approval**

The research gained ethical approval in September 2014 (Ref # HREC\_14213) through the UNSW Human Research Ethics Committee (HREC).

## 3 Methodology

This research employed a mixed-method approach. Johnson, Onwuegbuzie, and Turner (2007) define mixed methods as:

Mixed methods research is the type of research in which a researcher or a team of researchers combines elements of qualitative and quantitative research approaches (e.g. use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration. (p123)

In this case, research was primarily qualitative, with quantitative analysis of information contained within the Royal Commission's private sessions database providing contextual and supplementary material (refer to Section 3.2.1 ). By combining in-depth qualitative analysis of a selection of transcripts from the private sessions with an analysis of the quantitative information, the aim of the research was to better understand the pathways from abuse to wellbeing and the barriers and facilitating factors towards adult wellbeing.

Within this framework the quantitative analysis, while in one sense providing a more objective perspective than the qualitative analysis, is also based on subjective accounts by victim/survivors. Nevertheless the private sessions database provides information about all the victim/survivors who attended private sessions, and therefore provided invaluable triangulation for the findings of the qualitative analysis.

### 3.1 Literature review

A brief literature review was undertaken to accompany and inform the qualitative analysis for the research. The review covered issues pertaining to the historical context of child sexual abuse in institutions for each of the specified time periods: prior to 1970; 1970 to 1989; and 1990 to 2015. It included literature on the historical contexts of institutions and the conceptualisation of child abuse, child sexual abuse, and 'the child' (including the notion of childhood). Literature that specifically covered the nature of child sexual abuse, victims' experiences of disclosure, the wellbeing of victim/survivors, and victim/survivors' and families' experiences of support services were also included. However, given the vast and comprehensive literature in this area, the review only touched on a small amount of the literature covering these topics.

The rationale for the literature review, and one of the conceptual issues for the research as a whole, was that although the experience of child sexual abuse in institutions is traumatic for children whenever the abuse occurred and whatever the context, children's exposure to such

abuse, the way they were likely to understand the experience, their responses to the abuse, and the likely responses of adults to any disclosure of abuse by children, were fundamentally affected by the broader context, and in particular the time period in which the abuse took place. This context included how children were viewed within mainstream society, the legal and policy regime relating to children and child protection, the understanding of abuse and child sexual abuse and the role of institutions. These contextual factors have changed considerably over time; hence, any analysis of the life journeys of victim/survivors of child sexual abuse in institutions must take into account how these issues were conceptualised and acted upon when the abuse took place and in subsequent stages in the life of the victim/survivor. This is also an important issue for the development of policies to protect children in institutions in the future and to support those children who have been abused.

This brief literature review therefore complemented other published research commissioned by the Royal Commission, which focused in much more depth on specific components of this review.<sup>6</sup> The published research most relevant to this review includes:

- Blakemore, T., Herbert, J., Arney, F & Parkinson, S. (2017). *Impacts of Institutional Child Sexual Abuse on Victims/Survivors: A Rapid Review of Research Findings*. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse.
- Boxall, H. (2014). *Brief review of contemporary sexual offence and child sexual abuse legislation in Australia*. Sydney: Prepared by the Australian Institute of Criminology for the Royal Commission into Institutional Responses to Child Sexual Abuse.
- Boxall, H., Tomison, A. & Hulme, S. (2014). *Historical review of sexual offence and child sexual abuse legislation in Australia: 1788–2013*. Sydney: Prepared by the Australian Institute of Criminology for the Royal Commission into Institutional Responses to Child Sexual Abuse.
- Swain, S. (2014). *History of inquiries reviewing institutions providing care for children*. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse.
- Swain, S. (2014). *History of Institutions providing out-of-home care to children*. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse.

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<sup>6</sup> A full list the Royal Commission's published research can be found at [www.childabuseroyalcommission.gov.au/policy-and-research/published-research](http://www.childabuseroyalcommission.gov.au/policy-and-research/published-research)

- Swain, S. (2014). *History of child protection legislation*. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse.

### 3.1.1 Literature review methodology

Electronic databases were searched as part of a brief literature scan. These included: ProQuest, EBSCOhost – Violence & Abuse Abstracts, Family: Australian Family and Society, Family-ATSI, JSTOR, Sociological Abstracts, Social Services Abstracts, Family & Society Studies Worldwide, Family Studies Abstracts, Social Work Abstracts, Australian Criminology Database, Women’s Studies International and Google Scholar. The following search terms were used to interrogate abstracts and titles for potentially relevant articles: (‘sexual abuse’ OR ‘child sexual abuse’) AND institution\*; ‘institutional abuse’ AND child\*; (‘sexual abuse’ OR ‘child sexual abuse’) AND institution\* AND disclosure OR wellbeing OR (‘support services’ OR ‘support’). Snowballing techniques were also used to locate additional relevant articles. The initial search identified 295 references. Following a review of the abstracts, the number of articles was reduced to 129. The review also drew on reports submitted to the Royal Commission and other reports accessed by members of the research team and colleagues.

### 3.1.2 Limitations of the literature review

There are many limitations to the body of knowledge on institutional child sexual abuse. Apart from restrictions in examples of studies due to size and scope, and limitations resulting from the small number of available studies, the existing knowledge base is also constrained by methodological issues inherent in the study of child sexual abuse. These include the likelihood of sample bias and a reliance on cross-sectional analysis and retrospective reports. Another limitation includes the fact that empirical evidence is predominantly drawn from studies of institutional child sexual abuse in religious contexts, which may be due more to research and policy interest rather than the actual prevalence of child sexual abuse in such settings.

Indeed Blakemore et al. (2017) note that despite out of home care (OOHC) having long been an alternative way to care for children, relatively few empirical studies have focused on child sexual abuse in this institutional context. In addition, the authors noted that they found no research on child sexual abuse in medical contexts (such as in hospitals and clinics), and limited evidence in justice/detention, recreational/hobby, musical and other institutional settings frequented by children. However, they did note this limitation may have been due to the search focus on impacts, which may have excluded literature from these contexts that did not include impacts.

## **3.2 Quantitative information**

### **3.2.1 The private sessions database**

The private sessions database contains information from sessions that occurred between 7 May 2013 and 28 February 2015, inclusive. This time period included 2,881 private sessions; however, 87 cases were excluded from analysis. Excluded cases were duplicates, where multiple attendees attended separate private sessions and reported on the one victim (for example, two parents of a deceased child), or when one or more people attended to report the experience of a victim/survivor who also attended a private session. In these cases, the most informative record and the victim/survivor's own record were retained, respectively. Cases for 'whistleblowers', where people reported on institutions but were not specifically victims themselves, were also excluded from analysis. The updated dataset represents the experience of 2,794 individuals who presented to private sessions and reported abuse involving at least one named institution.

The purpose and format of the private sessions are described in Section 1.1 above. Following the session, the attending Commission Officer completed the private sessions summary form using notes taken during the session, the audio recording from the session and existent Commission files. The summary form collected information on the session attendees' demographics, the institutions in which victims were abused, the perpetrators, the nature of the abuse, disclosure experience, actions taken by the victim, and the impacts of the abuse. If certain sections on the form were not discussed in the session, those sections were left blank and coded as 'missing' in the private sessions database.

Royal Commission staff entered information from the forms into an Excel spreadsheet, which was imported into the statistical program Stata. Stata was used to clean the information, which involved removing highly implausible values, creating summary variables and identifying duplicate cases. The quantitative analysis was conducted by staff internal to the Royal Commission and presented to the Social Policy Research Centre (SPRC) team only in an aggregate format. No information that could identify a private session attendee was shared with SPRC.

### **3.2.2 Quantitative analysis approach**

The research objectives as set out in Section 2.1 and the availability of information obtained from the private sessions provided the direction for the quantitative analysis. The quantitative analysis was able to address two of the four general research questions: those relating to the nature of institutional child sexual abuse and those relating to disclosure. The private sessions database contained only minimal information relating to the life impacts and

outcomes of abuse, and this information did not have the validity and reliability to be useful for quantitative analysis. In addition, the private sessions database did not contain information relating to support experienced by victim/survivors and their families. These questions are addressed in the qualitative analysis but not in the quantitative analysis.

The mixed methods approach therefore has a number of advantages. It provides flexibility to analyse themes that emerge through a close examination of the transcripts of a limited number of sessions using qualitative methods, while the quantitative analysis uses the full sample of the private session attendees, but can only address the variables available from the information collection process. This is a well-regarded research method due to both the thoroughness of the sample analysed and themes addressed, and highlights the strength of the mixed-method analysis approach.

### **3.3 Qualitative information**

#### **3.3.1 Selection of transcripts**

The information used for the qualitative analysis was obtained from a selection of private sessions transcripts rather than through in-depth research interviews. Transcripts were only included in the analysis if the private session attendee had provided consent for their de-identified information to be used by the Royal Commission.

A purposive sample or selection of 61<sup>7</sup> transcripts was used in the qualitative analysis, including 20 transcripts across each time period (prior to 1970; 1970 to 1989; and 1990 to 2015). Criteria through which the transcripts could be selected for analysis included: decade in which abuse took place; institutional type; gender; ethnicity; single or multiple perpetrators; and type of abuse/nature of abuse. However, given the transcript selection size of 61, it was only possible to sample by two of these factors: decade in which abuse took place and institution type. The SPRC team worked in collaboration with the Royal Commission legal team and research team to select the purposive selection.

The main consideration for selection was to provide diversity within the proposed selection. This is a large sample size for qualitative research (Guest, Bunce, & Johnson, 2006). Qualitative research aims to identify key themes in the narratives of research subjects. This involves analysing cases that represent the diversity of experiences within the population. Sample size in qualitative research is generally measured through the concept of 'saturation'

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<sup>7</sup> 60 of these attendees were victims or family members of victims. One attendee was a witness to abuse in an institution but did not himself suffer abuse.



or 'redundancy' – that is, reaching a point where new cases do not provide new categories of information. According to Bowen (2008):

[...] saturation is reached when the researcher gathers data to the point of diminishing returns, when nothing new is being added [...] saturation calls for fitting new data into categories already devised.

There is no easy way of deciding when saturation is reached but in this research the transcript selection was calibrated to represent the different eras and, where possible, the diversity of institutions. With this number of selected transcripts it was possible to capture some of the diversity and variation in life journeys across time and in different circumstances. However, it was not possible to fully explore the experiences of subgroups such as Aboriginal and Torres Strait Islander victim/survivors, survivors with disabilities or those who had experienced particular types of abuse. Saturation was reached at the level of life journeys; adding to the qualitative selection size would be very unlikely to add further life journeys to the current list.

### **Consent**

Private session transcripts were included in the selection of transcripts for the qualitative analysis only when consent had been given by the attendee for the use of their de-identified information. If the attendee did not consent or was not given the opportunity to object to the use of their de-identified information, the private session was excluded from the final qualitative transcript selection.

### **Supplementary material**

Many of the private session attendees submitted supplementary material to the Royal Commission. This included personal testaments, official documents such as police statements, personal files retrieved from institutions, photographs, and personal and official letters. In addition, many attendees sent information via email or letter to the Royal Commission before their session and subsequent to the session. Much of this material expanded on what was said during the session and some of it may have provided crucial information such as details of the abuse that were not raised during the private session. At times, the supplementary material could even contradict material presented in the session. It was estimated that around a third of private session attendees provided supplementary material and for around half of these, the material was substantial.

The Royal Commission recommended that the supplementary material not be used for the analysis, as redaction of this material would have been challenging, and in most cases would not have provided sufficient additional information to justify the effort to redact the material.

Private sessions that relied heavily on the supplementary material were excluded from the transcript selection by the Royal Commission team, in accordance with the *Sampling Inclusion Criteria* document developed by the Royal Commission team (Appendix A).

### Selection steps

Transcripts were selected in two waves. The Royal Commission provided information indicating the total number of private sessions conducted, classified by the selection criteria: type of institution and decade of abuse. An initial 30 transcripts were selected to be proportionally representative of the total number of private sessions conducted, making the proportion of transcripts meeting the criteria of type of institution and decade of abuse equal in both the selection and total number of transcripts. The selection of the final 31 transcripts was skewed towards the decades from 1980 to 2015, as this time period had been under-represented in the initial transcript selection. This decision resulted in the decades from 1950 onwards being well represented in the transcript selection, which was important given the focus of the research on the differences in victim/survivors' experiences across the three time periods: prior to 1970; 1970 to 1989; and 1990 to 2015.

**Table 3-1: Selection of transcripts**

Type of institution (Institution 1)	Prior to 1970				1970 to 1989		1990 to 2015			Total
	1930- 1939	1940- 1949	1950- 1959	1960- 1969	1970- 1979	1980- 1989	1990- 1999	2000- 2009	2010- 2015	
Out of home care: residential	0	1	3	4	2	1	1	2	1	15
Out of home care: foster/kinship care	0	0	0	1	1	1	1	0	1	5
Educational	0	0	2	3	3	7	3	2	2	22
Religious activities	0	0	1	2	2	3	2	0	0	10
Sports and recreation	0	0	0	0	0	2	2	0	0	4
Health and allied	0	0	0	0	0	0	0	0	0	0
Juvenile justice or detention	0	0	0	0	0	0	0	0	0	0
Childcare	0	0	0	0	0	0	0	0	0	0
Supported accommodation	0	0	0	0	0	0	0	0	0	0
Arts and cultural	0	0	0	0	0	0	0	0	0	0
Social support service	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	1	2	2	0	5

Unknown	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	0	1	6	10	8	15	11	6	4	61

## Anonymity

The Royal Commission was responsible for redacting the transcripts to anonymise them. All personal names and names of institutions (or details that would allow specific institutions to be identified) were redacted (refer to Table 3-2: Redaction process). A method for classifying individuals and institutions was agreed between the Royal Commission and SPRC.

**Table 3-2: Redaction process**

Details	Description
People	Descriptors were used to identify the victim/survivor and other key stakeholders. These identified the relationship of the individual to the victim/survivor and some key information if known (for example, the gender and profession of the person). No additional information was provided.
Institutions	The type of institution and information necessary for understanding the context of the abuse remained, but the name, specific location or other information that could identify an institution was redacted.
Location	Information about whether the abuse occurred in an urban, regional or rural context remained (using the Australian Statistical Geography Standard classification framework, condensed into the three categories), but the names of specific locations and the state or territory in which the abuse occurred were redacted.
Dates	Information relating to timing, including dates of birth, dates at which abuse occurred or other relevant dates were provided in bands of five years.

### 3.3.2 Coding using NVivo software

The selection of private sessions transcripts (n=61) were coded using NVivo software and a previously developed coding framework. The coding framework, provided by the Royal Commission for the research, informed the coding, although further refinement of the coding framework was required (see Appendix B for the final version of the coding framework).

Three research team members were involved in the coding process; hence, steps were taken to ensure consistency and reliability of coding among the team. This included familiarising team members with the coding framework and the descriptors available for each code, and regular discussion between team members to clarify what was meant by a code if there was ambiguity or to decide when a new code was required. Any differences in coding were discussed within the team.

NVivo software does not allow more than one researcher to code in a single project file at the same time. Given that three research team members were involved in the coding process, a strategy was developed to ensure the merging of NVivo project files and the creation of a 'master' project file, which was updated at regular intervals throughout the coding process.

### **Development of the coding framework**

As part of the planning phase for the research, the Royal Commission contracted the Parenting Research Centre (PRC) to develop a methodology for analysing information obtained from private sessions. This involved developing a coding framework aimed at analysing the themes emerging from the private sessions. The coding framework was built on analysis of the experiences of 20 victim/survivors attending private sessions in 2013.

Members of the current research team, including researchers from SPRC, UNSW Australia, and Southern Cross University, collaborated with the PRC in developing the coding framework. Like others who have used NVivo (Folta, Seguin, Ackerman, & Nelson, 2012; Ofori-Atta, 2010) the research team sought to use, along with deductive coding, a grounded theory approach to ensure that newly emerging themes were captured and added to the coding framework as they arose. See Appendix C, Private Session Analysis Framework: Methodology (PRC, 2013) for further details on the methodology involved in developing the coding framework.

### **Refining the coding framework**

Coding frameworks, particularly in NVivo, are built as a guide to capture information shared during interviews or group discussions. The benefit of using them lies in their flexibility. Coding frameworks are able to provide a broad overview of themes, while providing scope to include emerging themes as they arise from the information shared by participants. Given the breadth of experiences of victims of institutional child sexual abuse (both at the time of the abuse and as adults) that were covered in the selection of private session transcripts, a small number of new themes emerged during the coding process that were not captured in the existing coding framework. The framework was updated to include these new themes.

### **3.3.3 Identifying patterns within the life journey narratives**

As outlined in Section 2 the analysis of the private sessions was underpinned by the life course approach. This approach views people's personal history or account of their life journey as being influenced by the context of their current circumstances. The aim of the analysis was to better understand the life journeys of victim/survivors of institutional child sexual abuse so that the Royal Commission could make recommendations that facilitated the long-term wellbeing of victim/survivors.

In addition to the coding of transcripts in NVivo, the dynamics associated with different life journeys for private session attendees were also examined in the qualitative analysis. Similar to the process outlined by Hall (2011), key information from each attendee's narrative was identified and documented in order to uncover the links that victim/survivors made between (a) their experience of abuse within institutions, (b) their subsequent experience of disclosing the abuse, (c) the support they received from family, friends and formal services, and (d) how these experiences and perceptions affected the way they saw their lives at the time they attended the private session. This key information was collated for each life journey and was referred to by the research team as a trajectory summary. These summaries enabled the research team to identify patterns across the 61 life journeys. This method is consistent with a qualitative person-oriented method of analysis whereby the individual becomes the unit of analysis, and researchers endeavour to identify meaningful patterns between the unique and heterogeneous personal accounts or life journeys (Draucker & Martsof, 2010).

### **3.4 Combining qualitative and quantitative information**

As previously discussed, the research was primarily qualitative, with quantitative analysis of information captured in the private sessions database providing contextual and supplementary material. In-depth qualitative analysis of a selection of transcripts of the private sessions was supported by descriptive tables and figures representing important variables pertaining to victim, perpetrator, institution and disclosure characteristics across the three time periods of interest. The quantitative information captured in the private sessions database related to the whole population of private session attendees at the time the analysis was conducted.

Tests to determine the statistical significance of differences across time periods were not used. The primary reason for this is that the multivariate tests ordinarily used to test for differences between groups exclude cases with missing information. Preliminary analyses showed a large portion of cases with missing information, and that these cases tended to be different in important ways to the larger sample. Specifically, the cases with missing information tended to be younger female victims, compared with the larger sample, which was skewed towards older males.

The implication is that the statistical analyses using tests for significance would not represent the experience of some victim/survivors presenting to private sessions. It was therefore determined to include only graphical and descriptive representations of the whole sample, such as age and gender breakdown across time periods, to support the qualitative analysis. This decision was consistent with the broader approach of the report, which

prioritised the analysis of the qualitative information provided in the transcripts of a selection of private session attendees and used the quantitative information to supplement the qualitative findings.

Inevitably the selection of 61 private session transcripts analysed in detail for the qualitative analysis were not fully representative of all the attendees at private sessions. Where the qualitative and quantitative analyses differed, these differences have been pointed out and possible explanations provided. Exceptions to the decision not to include tests of statistical difference occurred where differences were found between the selection of transcripts used in the qualitative analysis and the whole population of private session attendees. These differences are reported in the results.

The analysis of the quantitative information was conducted by researchers from the Royal Commission, with the analytic techniques and variables included in the analysis decided upon collaboratively with the SPRC team.

## **3.5 Limitations**

### **3.5.1 Selection of people who attended private sessions**

The victim/survivors' experiences reflected in the private sessions database may not represent the demographic profile and experiences of the broader population of victims of institutional child sexual abuse. There are two reasons for this. First, people attending private sessions did so of their own accord, and in this respect they are a 'self-selected' group. It may be that the demographic profile or experience of institutional child sexual abuse for people who chose to attend a private session differed systematically from the demographic profile and experience of people who chose not to attend a private session. For example, the sample of private session attendees contained a relatively large proportion of males (63 per cent) and people aged over 50 (67 per cent). There are at least two explanations for this. First, institutional child sexual abuse may have been more prevalent prior to 1970, and perpetrators may have disproportionately targeted males. Alternatively, older males may be more willing to approach the Royal Commission to share their story. Both of these explanations may be driving the skew towards an older, male sample.

The second reason that the private sessions database may not reflect the demographic profile and experiences of the broader population of victims is that the Royal Commission also had a role in selecting private session attendees. Initially, the Royal Commission engaged with victim/survivor advocacy groups such as the Care Leavers Australia Network to encourage people to come forward and share their story at a private session. The people

who presented early are therefore likely to reflect the membership of these support and advocacy groups. This group is also likely to include a higher proportion of people who have previously disclosed details of their abuse. As community awareness of the Royal Commission increased, more people requested a private session and the waiting time grew. Some victim/survivors were prioritised if they reported an institution that was the focus of a current or scheduled public hearing. This selection on the part of the Royal Commission may have also skewed the sample such that the results reported here do not reflect the demographic profile and experiences of the broader population of victims of institutional child sexual abuse.

### **3.5.2 Missing and erroneous information**

The primary purpose of the private sessions was to bear witness to the victim/survivors' experiences of abuse. The sessions were not conducted using a research interview methodology; a variety of methods were used for gathering information. Victim/survivors were able to share any aspect of their experience of institutional child sexual abuse and the impact of this throughout their lifetime. If an individual did not mention a particular issue, such as disclosure or receiving counselling, during the private session it was not recorded and therefore not available for analysis.

The effect of this was that the private sessions database was somewhat incomplete for most victim/survivors. For example, if the attendee did not discuss their disclosure experience in detail, this section was left blank and coded as 'missing' in the database. It is likely in this context that victims' experiences are under- rather than over-reported in the database. While techniques exist to impute missing information, they were not advisable here because the information did not comply with minimum standards for information/data imputation (namely, information being missing at random).

Similar limitations apply for the qualitative analysis. Only information provided during a private session by a victim/survivor, or a person speaking on behalf of a victim, was available for analysis. As outlined in Section 3.3.1 many of the participants in the private sessions submitted supplementary material to the Royal Commission. In some cases these supplementary materials included legal documentation; in other cases attendees chose to document some aspects of their experience about which they felt unable to speak. All supplementary material was reviewed by the Royal Commission. However, for the purpose of this analysis, the Royal Commission recommended that the supplementary material not be used, as redaction of this material would have been challenging and in most cases would not have provided substantial additional information. For these reasons, the qualitative analysis may incompletely represent the victim/survivors' experiences of abuse.

### **3.5.3 Timing of extraction of quantitative information**

The information for this analysis was extracted in February 2015 and included quantitative information from 2,794 sessions (see Section 3.2.1 ). The private sessions continued after this date and there are likely to be several thousand more sessions by the time the Royal Commission completes its work. Thus, private sessions conducted after this date could change findings if the nature of those sessions is systematically different from prior sessions.

The timing of the collection of information from the private sessions also affects issues around characteristics of disclosure. Time to disclosure of institutional child sexual abuse is a complicated and important variable. Examination of disclosure within a given time period is complicated by its covariance with time period, resulting in decreased time available to disclose in the latter time periods.

### **3.5.4 Number of transcripts selected for the qualitative analysis**

The qualitative analysis was based on information obtained from a purposively sampled selection of transcripts from 61 private sessions. While this selection is relatively large for a qualitative research project (see Section 3.3 ), in the context of the number of private sessions completed, the diverse range of people who have taken part in the private sessions, and the Royal Commission's interest in understanding differences in victims' experience across the three time periods (prior to 1970; 1970 to 1989; and 1990 to 2015) it was difficult to determine if saturation was fully reached. The selection of transcripts for the qualitative analysis was also too small to complete subgroup analysis, such as comparing the experiences of Aboriginal and Torres Strait Islander and non-Indigenous victim/survivors.

## **3.6 Strengths**

Despite these limitations in the design of the research, it is important to recognise that this analysis is based on a very large number of cases, and very few other studies have examined such a large population of victims of institutional child sexual abuse.

Most previous research has looked at child sexual abuse generally and not differentiated between institutional and non-institutional child sexual abuse, or if focused on institutional abuse, does not disaggregate child sexual abuse from other forms of abuse. This is one of the few studies that specifically focused on the long-term impact of child sexual abuse in an institutional context. Most research on institutional abuse focused on only one or two types of institutions, and often in a limited historical context. The Royal Commission and the private sessions included victim/survivors from a whole range of different institutions over a long time period, enabling important insights into how child sexual abuse and its effects have



changed over several decades. Another strength of this study is that it took a mixed-methods approach (most others use only qualitative or quantitative analysis).

Thus, these findings will add substantially to understanding of the nature and outcomes of child sexual abuse in institutional contexts, possibly more than any other single research study.

## 4 Literature review

The purpose of the literature review was to provide a synopsis of the literature in order to frame the analysis for the research. This review drew heavily on other literature reviews produced as part of the wider Royal Commission research program. It was not intended to provide a comprehensive critical analysis of the literature on the dimensions of child sexual abuse in institutional contexts, but rather to contextualise the analysis for the research study within the major theoretical and empirical literature relating to the life course trajectories or journeys of victim/survivors of child sexual abuse in institutions. Broadly, this review is organised around the four research questions underpinning the research study.

### 4.1 The nature of institutional child sexual abuse

#### 4.1.1 Definitions

The literature contains no consistent definition of institutional child sexual abuse. Institutions have long been identified as one of three contexts in which children are sexually abused (D. Gil, 1975); the other two being families and at the social-structural, or systemic, level. Gil (1982, p. 9) later redefined institutional abuse to involve abuse resulting from 'any system, program, policy, procedure or individual interaction with a child in placement that abuses, neglects, or is detrimental to the child's health, safety, or emotional and physical wellbeing, or in any way exploits or violates the child's basic rights'. Prior to this, child sexual abuse was primarily conceptualised as only occurring within the family (Kempe, Silverman, Steele, Droegenmueller, & Silver, 1962). A more recent definition, and one close to that used by the Royal Commission, defines institutional child sexual abuse as:

The sexual, physical, or emotional abuse of a child (under 18 years of age) by an adult that works with him or her. The perpetrator may be employed in a paid or voluntary capacity; in the public, voluntary or private sector; in a residential or non-residential setting; and may work either directly with children or be in an ancillary role. (Gallagher, 2000, p. 797)

This definition emphasises the role of status and power in institutional child sexual abuse.

However, the Royal Commission extends definitions such as that of Gallagher (Gallagher, 2000) to include perpetrators aged 18 years and younger, on the basis that institutions have a duty of care towards children in their care, including to prevent sexual abuse by another child or young person and to support victims. There is still much debate about the nature and extent of child sexual abuse perpetrated by children and young people. Some argue that including abuse by people aged 18 years and younger reduces the institution's responsibility

to keep children safe (Thomas, 1990). Others argue that including underage perpetrators in the definition provides a more comprehensive understanding of the full nature of child sexual abuse in institutional contexts (Barter, 1997).

Definitions are also embedded in social, cultural, historical and political contexts. For example, in a review of the literature on the abuse of children in hospitals, Kendrick and Taylor (2000) suggest a conceptual framework that identifies three types of institutional abuse: physical and sexual abuse; program abuse; and system abuse. Physical and sexual abuse can be perpetrated by medical professionals and hospital workers as well as by other children or the child's own parent(s). Program abuse occurs when treatment and care falls below normally accepted standards – for example, overmedication, inappropriate isolation, mechanical restraint, depersonalised rules and regulations, seclusion and isolation, and the use of drugs for the management of disruptive behaviour (Kendrick & Taylor, 2000). System abuse is the most difficult to define; it concerns the way in which child health services fail to meet the needs of children. Examples of this include a shortage of resources, inadequate staff training, geographical inequalities in the provision of services, or overall system failures, such as instances of 'foster care drift' – that is, situations in which foster care children move from placement to placement without any real plan to move them into a permanent custody situation (Cushing & Greenblatt, 2009).

This inconsistency creates challenges for understanding the concept of institutional child sexual abuse, in particular relating to its prevalence, characteristics, disclosure, impacts, and support and treatment mechanisms (Blakemore et al., 2017). An example of this includes victims of institutional abuse in the 1950s and 1960s being more likely to report perpetrators' explanations that evoked shame at the time of the abuse, whereas victims abused during the 1970s were more likely to report that perpetrators explained that what they were doing was 'helpful' for sexual development (Spröber et al., 2014). Furthermore, as noted in the Royal Commission *Terms of Reference* (2013), the term 'institution' means any public or private body, agency, association, club, institution, organisation or other entity or group of entities of any kind (whether incorporated or unincorporated), and however described, and:

1. includes, for example, an entity or group of entities (including an entity or group of entities that no longer exists) that provides, or has at any time provided, activities, facilities, programs or services of any kind that provide the means through which adults have contact with children, including through their families
2. does not include the family.

Child sexual abuse happens in an *institutional context* if, for example:

1. it happens on the premises of an institution, where activities of an institution take place, or in connection with the activities of an institution; or

2. it is engaged in by an official of an institution in circumstances (including circumstances involving settings not directly controlled by the institution) where you consider that the institution has, or its activities have, created, facilitated, increased, or in any way contributed to (whether by act or omission) the risk of child sexual abuse or the circumstances or conditions giving rise to that risk; or
3. it happens in any other circumstances where you consider that an institution is, or should be treated as being, responsible for adults having contact with children.

Thus, although there is ongoing debate in the literature about the definition of institutional child sexual abuse, this report is based on the terms of reference for the Royal Commission, which are wider than those of many of the empirical studies in this area. These terms of reference include victims who were abused by other children and also those abused physically outside the institution but where the institution had a duty of care to the child, and/or the perpetrator accessed the victim through the institution.

#### **4.1.2 Socio-historical considerations of children's institutions, institutional child sexual abuse and childhood**

The following section provides a brief history of Australian children's involvement with institutions, including experiences of child sexual abuse within institutions. However, it is important to note that categorising a history of childhood into historical time periods is to some extent arbitrary, and that many changes occurred continuously, rather than being confined to particular decades. Furthermore, changes occurred in some institutions or jurisdictions before others, so it is often difficult to pinpoint the time when particular attitudinal change occurred. For example, legislative change regarding child protection that occurred across Australia during the 1980s and 1990s was preceded by at least 20 years of deliberation and debates internationally regarding children's rights, which culminated in the *United Nations Convention on the Rights of the Child* (UNCRC) in 1989. Thus the timescales presented in this review should be seen as indicative rather than definitive.

It is also important to note that this historical account does not differentiate between Aboriginal and Torres Strait Islander children and other children. The first three-quarters of the 20th century saw the large-scale removal of Aboriginal and Torres Strait Islander children from their families (Human Rights and Equal Opportunity Commission (HREOC), 1997). As noted by Robertson, 'many members of contemporary Indigenous Communities can still remember the policies that isolated them from the broader community, that exempted them from associating with family and kin, that forcibly removed them as children and subjected them to treatment that breached even the most basic human rights' (2000, p. xiii).

Governments across the different states and territories of Australia took this approach up to the 1970s. Over the years, this has seen thousands of Aboriginal and Torres Strait Islander

children removed into out of home care (OOHC) at far higher rates than experienced in the non-Aboriginal and Torres Strait Islander population (Human Rights and Equal Opportunity Commission (HREOC), 1997; Stanley, Tomison, & Pocock, 2003).

While it is difficult to appreciate the true extent of institutional child sexual abuse for Aboriginal and Torres Strait Islander children, the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families heard many accounts of child sexual abuse occurring in the context of institutional care. Of those giving evidence to the Inquiry, approximately 10 per cent reported child sexual abuse across all types of care, a figure which rose to 30 per cent of the females talking about their experiences of foster care (Human Rights and Equal Opportunity Commission (HREOC), 1997).

Institutionalising settler children began in the earliest days of Australia's colonial history, whereby most of the children who were transported were incarcerated or institutionalised under British law. Disproportionate numbers of men to women, along with high mortality rates of adults, meant there were very high rates of both illegitimacy and of children being left orphaned. By the mid-19th century, children comprised 40 per cent of the population (Gandevia, 1978). Despite this, children were not considered separately from adults and had very few rights. Regarding conceptualisations of children and childhood, children belonged to their fathers and were subject to brutal disciplinary practices with moralistic undertones (Dickey, 1987; Picton & Boss, 1981). They were essentially hidden from formal administrative arrangements, including any notion of state child protection (Boxall, Tomison, & Hulme, 2014; Gandevia, 1978; Swain, 2014b).

Despite this, child sexual abuse was recognised to some extent. For example, as implied in an Australian institutional context relating to the earliest years of colonisation, instances of sexual assaults on children living within institutional systems recurred over the years with reasonable consistency (Gandevia, 1978). Gandevia notes, 'where juvenile perpetrators were not separated from the mature convicts, there was intercourse of both a social and physically degrading kind, so that in due course, more effective means of separations were introduced'; and 'In 1789 ... a child aged 8 was raped by a marine'. According to Gandevia, a medical officer attributed an increase in the incidence of these 'unnatural practices' to habits acquired during penal servitude.

Living conditions were difficult and many single mothers, many of whom retained convict status, were placed in work houses awaiting employment as domestic servants (Dickey, 1987; Gandevia, 1978). Having children restricted work opportunities and these women were forced to choose between their children and employment (Gandevia, 1978). Consequently, over time, the state came under pressure to provide care for the burgeoning numbers of orphaned and destitute children (Gandevia, 1978; Liddell, 1993; Swain, 2014b). Hence,

children were living under state-sanctioned arrangements outside the family early in the life of the new colony. From the earliest days of the colony until the mid-19th century, governments across the continent joined with philanthropic individuals and religious institutions to house destitute, abandoned and orphaned children in a range of settings (Dickey, 1987; Gandevia, 1978; Picton & Boss, 1981; Swain, 2014b). While these children usually required care related to poverty and destitution, legislation framed their needs as being more to do with control (Swain, 2014b). This developing state child welfare system involved establishing infant homes with 'wet nurses', large and small 'orphan schools' and industrial schools and, later, due to concerns about conditions and abuse in care, boarding children out to families, who were considered to be more appropriate caregivers (Liddell, 1993; Tomison, 2001).

Between the 1850s and the 1950s was a time of great social and economic change, characterised by economic booms and busts, including recessions and depressions (Dickey, 1987; Gandevia, 1978). It was also a time of family upheaval, where 'gold rush fever' and other economic growth opportunities related to industrialisation led many fathers to abandon their families to seek their fortune in the goldfields and cities (Dickey, 1987; Gandevia, 1978). Once again, many children were left to fend for themselves, leading to increased numbers of unaccompanied children becoming visible to the public eye (Dickey, 1987; Gandevia, 1978). In addition, ongoing social fear of these children led some citizens to pressure governments to legislate to seek to bring these children under control (Swain, 2014b). This period also saw the emergence of organised systems of education to manage the growing numbers of seemingly unrestrained children; thus another major social institution related to children's welfare emerged (Dickey, 1987; Gandevia, 1978). Consequently, governments were compelled to develop formal child protection policies during the mid to late 19th century (Swain, 2014b; Tomison, 2001).

While the underlying social fear remained, the attitude began to change from the previous moralistic undertones to become one of seeing children as a valuable source of future labour and property (Dickey, 1987; Gandevia, 1978). The notion of needing to care for children's welfare began to become more prominent, an example of which is the development of 'child rescue movements' during the latter half of the 19th century (Swain, 2014b). Separating children from family by boarding them out as state wards into families to whom they were not related by birth created many risks for many vulnerable children, and legislation was developed to try to counter the risks (Swain, 2014b). However, in the main, the legislation related to neglect and physical abuse, but did not explicitly include child sexual abuse, except in Victoria where legislation was written to protect female wards from being used for prostitution and other types of carnal knowledge (Swain, 2014b).

From the 1950s onwards, the role of the state in child and youth welfare, and juvenile justice systems increased (Dickey, 1987; Irving, Maunders, & Sherington, 1995). Social attitudes began to consider the structural, rather than individual, nature of poverty and disadvantage, and other social programs and institutions began to be established to occupy children's time in recreational settings (Irving et al., 1995). Social attitudes still included a mix of moralistic and fear-based undertones; however, the focus shifted to include programs that would ensure the development of good citizens (Irving et al., 1995). This was mainly characterised by the development of large-scale publicly subsidised and sanctioned social and recreational organisations for youth, of both a secular and religious nature. These were provided through organisations such as the National Fitness Program, the Young Men's and Women's Association, and the Scouting and Guiding movements (Irving et al., 1995).

Government legislation and child placement policy changed from a preference for removing children experiencing neglect, to targeting children needing 'care and protection', as well as considering the best interests of children (Swain, 2014b). Some social reform included improving government benefits to families to support them to provide better care for their children (Liddell, 1993). According to Swain (2014b, p. 9), 'acceptance of the 'best interest' principle, and the resulting move towards supporting and preserving at-risk families, did reduce the absolute numbers of children exposed to the risk of institutional abuse'. Fewer children entering care meant redevelopment of the OOHC system to include smaller residential institutions (group homes<sup>8</sup>) and continued fostering out of children, albeit it with greater monitoring, accountability and professionalism than previously (Dickey, 1987).

In addition, changes occurred during this time regarding understanding child maltreatment and child sexual abuse. These changes coincided with the increasing prominence of ideas from psychology, feminism and systems theory. Prior to the 1950s, incest and child sexual abuse were believed to be rare occurrences (Hunter, 2010; Myers, Diedrich, Lee, McClanahan Fincher, & Stem, 1999). While child sexual abuse was known to occur, and had been legislated for in small measure since the end of the 19th century (Boxall et al., 2014), when incest and child sexual abuse were claimed, they were generally denied, and the experiences of the child were ignored, minimised or denied (Boxall et al., 2014; Hunter, 2010). This was linked to the belief that children were either innocents, without sexuality, or not competent to make decisions because they did not know what they wanted or needed (Boxall et al., 2014; Scott & Swain, 2002). In addition, children were still considered objects

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<sup>8</sup> The family group home, for example, was based on a 'cottage system' of accommodation, and run by house parents who were given the responsibility for creating 'an environment resembling a large family' (Forde 1999:38).

or possessions who were owned by their parents, and who existed without their own personhood or agency (Mason & Steadman, 1997).

This conceptualisation of the child was also paradoxically caught up in the idea that children were responsible for their own abuse, mothers were to blame, and that sexual abuse caused limited or no harm to children (Myers et al., 1999). However, it was also during this time that international researchers and clinicians operating from within psychological theories began to discuss different ways of conceptualising child maltreatment, including sexual abuse (Boxall et al., 2014; Tomison, 2001). An important contribution was the conceptualisation of 'battered child syndrome', which was first described by Kempe, Silverman, Steel, Droegemueller and Silver (1962). The term characterises the clinical outcome for babies and infants who have experienced serious physical abuse, generally from a parent or foster parent (Kempe et al., 1962, p. 17). In addition, feminist theorists began to challenge the extent to which child sexual abuse had previously been denied (Boxall et al., 2014; Hunter, 2010). These theorists asserted that the victims of child sexual abuse should be heard, and that child sexual abuse be classified as a crime (Hunter, 2010).

Over the second half of the 20th century these kinds of emerging ideas resulted in gradual changes to child welfare legislation and policy, and responses to child welfare (Boxall et al., 2014). The definitions of 'child maltreatment' used to formulate child protection legislation and policy were tightened. This included specifying child sexual abuse as a type of child maltreatment; bringing the rights, interests and participation of the child more into policy; and formalising the responsibilities of a greater number of people in the professional community to be aware of, and report, child maltreatment (Boxall et al., 2014; Swain, 2014b). From the late 1960s, legislative definitions for 'child maltreatment' were extended beyond describing issues of neglect and destitution to include ideas more commonly used today, such as physical abuse (Picton & Boss, 1981; Tomison, 2001).

However, development of more specific legislation regarding sexual abuse did not occur to the same extent until the late 1970s and 1980s, and not until a number of government inquiries across Australia specifically focused on this as a social issue (Boxall et al., 2014; Swain, 2014c). During this time, child welfare policies across Australia were further developed to target social policies aimed more at supporting families to care for children in the family, and removing children only when they were in need of protection (Tomison, 2001; Wolcott, 1989). Such initiatives involved integrating community organisations more formally to deliver early intervention services to prevent removal of children into OOHC, closing large OOHC institutions and building home-based foster care systems; and increased public attention and media discourse around child sexual abuse (Mason & Steadman, 1997; Tomison, 2001 {155}).



Regarding changing conceptualisations of children and childhood, the acknowledgement of child rights as human rights was an important dimension of this era for helping to change the perception of children. Where previously children were considered possessions of parents, during this era they came to be better respected as 'subjects' and 'agents' in their own right, and with their own rights (Boxall et al., 2014). The latter half of this period also saw changes whereby children were allowed to testify in court, and legislation that required children's views to be taken into account in administrative proceedings, such as family breakdown matters (J. Cashmore & Parkinson, 1991). It's important to consider these changing conceptualisations of children, and how it came to be that children were formally and actively allowed to speak in legal situations, as a way of helping to understand how institutional power may have varied before and after the 1980s.

The implications of these developments for victims of institutional child sexual abuse were that children began to be heard, and their views were taken more seriously. Children themselves began to recognise child sexual abuse as an illegal act and were more willing to disclose abuse, at least to family and friends. During the 1990s, institutions became aware of child sexual abuse and began to develop policies and programs to respond to the issue (Liddell, 1993). Also, the level of access to children by potential perpetrators began to reduce substantially during this period because large numbers of institutions that were previously closed off from mainstream society – in particular from monitoring and accountability mechanisms that exist in society – were being closed down (Swain, 2014c). Nevertheless there was limited legislation to prevent child sexual abuse, and many institutions were not yet affected by the broader changes in society (Swain, 2014a). This has become evident through findings from the Royal Commission to date – in particular those relating to 'total institutions' such as juvenile justice facilities, children's residential units and boarding schools, and those operated by powerful social institutions, such as religious organisations.

In summary, child sexual abuse in Australian institutional contexts is not a new phenomenon, having been apparent and acknowledged at least at some level by authorities since colonisation. This brief historical account demonstrates that, prior to the 1950s, children deemed to be experiencing poor parenting were classified either as 'neglected' or 'delinquent'. While both are attributed to poverty, the 'neglected child' was viewed as living in harmful and socially unacceptable circumstances, while the 'delinquent child' was viewed as unmanageable, incorrigible and exhibiting criminal tendencies (Forde, 1999; Gandevia, 1978). However, it is important to note that while authorities have always been alerted to many instances of children experiencing child maltreatment in institutional settings, through children's advocates and government inquiries (Swain, 2014c), it seems a social attitude prevailed that a normal response to meeting children's welfare and wellbeing needs involved isolating, withdrawing and excluding them from mainstream society. Despite evidence that

authorities in Australia had been aware of the occurrence of institutional child sexual abuse for many years, an extensive unified public discourse has been largely absent. This is not to say that the public did not care, but more that Australians possibly did not widely consider it a concerning social phenomenon. This has occurred through the ways in which concepts such as family, child abuse, childhood and development, child/adult ways of relating, sexuality and social institutions have been socially constructed by influential adults, especially as they are located within powerful social institutions. This history, and subsequent developing social attitude, created an important backdrop for the period of institutional child sexual abuse being examined by the Royal Commission.

With this in mind, the social and historic contexts of such concepts are important to consider as they have influenced how institutional child sexual abuse has occurred, and the ways in which it has been defined and conceptualised. They have also influenced the responses to disclosures of abuse (Blakemore et al., 2017; Pilgrim, 2012). Furthermore, such considerations are particularly important bearing in mind the bulk of the literature explores historical occurrences of institutional child sexual abuse, retrospectively, and as it occurred between the 1950s and 1970s, but changing socio-historical considerations have created conditions for institutional child sexual abuse that may have existed then, but do not exist in contemporary Australia, and vice versa (Blakemore et al., 2017). This means that as the nature of social institutions and the conceptualisations of children have changed over time, so too has the nature of institutional child sexual abuse.

An example of this was given by Terry (2008), who reported findings of a study that analysed data on the nature and scope of child sexual abuse by Catholic priests from 1950 to 2002 (the John Jay study). Data were collected from 97 per cent of dioceses and 64 per cent of religious communities across 'all Catholic dioceses, eparchies, and religious communities' throughout the United States of America (Terry, 2008). The (small) number of priests who abused for less than one year was reasonably stable during a 50-year period, whereas the distribution of priests who abused for more than a year had a peak in the 1970s. Terry concluded that 'whatever factors may be associated with the sexual abuse crisis that led to a peak in offenses in the 1970s may not affect the priests who abused for less than one year in the same way' (Terry, 2008, p. 563). With this in mind, it is important to consider the changing nature of institutional child sexual abuse across different time periods, and to consider that how institutional child sexual abuse may have affected those sexually abused in earlier eras may not be the same as for children who have experienced institutional child sexual abuse since the 1980s and 1990s.

### **4.1.3 General characteristics**

Knowledge and understanding of the characteristics of institutional child sexual abuse are limited by insufficiencies in the extent, size, type, focus and scope of research on the topic (Blakemore et al., 2017). Despite this, there is enough to know that while there are many characteristics common to both institutional child sexual abuse and child sexual abuse as it occurs in other contexts, institutional child sexual abuse has been found to have some distinct characteristics (Blakemore et al., 2017). In addition, some argue that it is important to understand abuse as a continuum (Death, 2013, p. 20), including 'not only the nature of acts that occurred but also the context of the relationship in which the abuse occurred'.

Nevertheless, research on the nature of abuse within institutions has shown that children are differentially at risk in care settings (Spencer & Knudsen, 1992; Sullivan & Beech, 2002).

Blakemore et al. (2017) provide a comprehensive account of the complexities involved. They include differences in type, duration, severity, impacts, and the attributes of both victims and perpetrators such as gender and age of onset of abuse (Blakemore et al., 2017).

#### **Duration, multiplicity and frequency**

There are wide variations in the types, frequency and duration of child abuse experienced in institutional contexts, as well as in the characteristics of the perpetrators. A number of studies have demonstrated that institutional child sexual abuse is often sustained over a period of time (Commission to Inquire Into Child Abuse, 2009a; Death, 2013; Lueger-Schuster et al., 2014; Terry, 2008). For example, in an Australian study of child sexual abuse in religious institutions, approximately two-fifths of the participants reported that abuse occurred over a period of less than 12 months, while just over one-fifth reported frequent incidents over a 'long period of time', indicating an extended period of regular abuse (Death, 2013). In addition, while slightly less than one-fifth of the participants reported a single incident only, less than one-fifth of the participants reported frequent incidents over a short period of time (Death, 2013).

Similarly varied findings were noted by victims who appeared before the Ryan Commission. Lueger-Schuster et al. (2013), in an investigation into the nature and dimension of child abuse by the Austrian Catholic Church, found the mean duration of contacts reported by the victims with each of their perpetrators was 4.8 years. Furthermore, Terry (2008) reported that 31 per cent of the priests involved in abuse cases of known duration abused children for a period of less than one year, and 69 per cent of priests for more than one year. Within this study, priests who abused for less than one year had between one and nine victims, while for priests who abused for more than one year, the average duration of abusive behaviour increased with the number of victims (Terry, 2008, p. 562). However, Terry also noted that 'some priests who only had one victim abused for a long period of time – up to 21 years –

and that a single allegation of abuse does not mean that the abuse consisted of a single incident' (Terry, 2008, p. 562).

Regarding the types of child abuse and sexual abuse participants experienced in institutions, Lueger-Schuster et al. (2013) found that they had suffered a wide variety of acts, including violent acts, and that the majority had experienced emotional abuse, sexual abuse and physical abuse. This was supported in the Ryan Commission report, which noted that victims had also commonly reported sexual abuse occurring in combination with other types of abuse including neglect, and emotional and physical abuse. Specifically, the vast majority of reports included all these four types of abuse, although it was noted that this combination of abuse was most often reported by victims who left the institutions during the 1960s. For victims who left the institutions in the 1970s and 1980s, sexual abuse accounted for a greater proportion of reports of abuse (Commission to Inquire Into Child Abuse, 2009b).

Terry (2008) found a variety of types of child sexual abuse in institutions. Priests were accused of committing more than 20 types of sexually abusive acts, the most common of which were touching under the victim's clothes (about 57 per cent of the reported accidents), touching over the victim's clothes (about 57 per cent), disrobing the victim (about 27 per cent), performing oral sex on the victim (about 27 per cent), and penile penetration or attempted penile penetration (about 25 per cent). In addition, priests committed several other acts, often involving paraphilic behaviour, including sadomasochistic acts and urination. Terry reported that 'the majority of priests committed multiple types of abusive acts, and few priests committed only the most minor acts. For example, 56.8 per cent of cases involve touching over the victim's clothes; however, three per cent involve *only* touching over the victim's clothes' (Terry, 2008, p. 560).

Regarding the number of perpetrators, a literature review on professionals who use their work as a cover for targeting and sexually abusing children reported that 'there appears to be a significant likelihood of the abuse involving more than one abuser' (Spencer & Knudsen, 1992, p. 164). However, Gallagher's (2000) analysis of child sexual abuse in eight English and Welsh local authorities suggested that most of the cases of institutional child sexual abuse involved single older victims (that is, of school age or older) and a single male perpetrator acting alone. The study by Death (2013) made a similar observation.

Summing up, Blakemore, et al. (2017) cite multiple studies to argue that comparative analysis of the nature and type of abuse perpetrated across settings suggests institutional child sexual abuse is often more severe, more likely to occur over longer periods of time and more likely to involve multiple perpetrators than child sexual abuse that occurs in other settings. This is supported by Salter (2012, pp. 440-441), who concludes that 'children and adults reporting experiences of sexual abuse by multiple perpetrators are more likely to

report earlier initiation of abuse, more frequent incidents of abuse, a longer period of abuse, the use of force/threats/drugs, and greater severity of abuse’.

### **Victim factors**

Blakemore et al. (2017) have cited some evidence which argues that in institutional child sexual abuse, victims are more vulnerable to the abuse, isolated and more highly involved in the organisation than children sexually abused in other contexts. Implicit within much of the research on the nature of child sexual abuse is that it needs to be understood in light of an individual’s history and psychology (Smith, Rengifo, & Vollman, 2008).

In summary, as noted by Blakemore, et al. (2017), research has identified that whereas the majority of victims of child sexual abuse outside institutional contexts are female, in institutional contexts, the majority are male. However, this is not consistent given males are more likely to be abused in some institutions while females are more likely to be abused in others. Furthermore, Sullivan and Beech (2002) reviewed research that showed that girls and older children were more at risk of being abused in foster placements than boys or younger children. Boys were more at risk in residential schools, while girls were more at risk in children’s homes. Sullivan and Beech concluded that these difference may be related to the ‘nature of ‘all-male’ institutions like residential schools, where men are more likely to be in primary care roles, making the environment more facilitative of sexual abuse’ (Sullivan & Beech, 2002, p. 159).

The literature also identifies a number of factors related to the child’s background and family circumstances that are associated with greater vulnerability to being abused in an institutional context. These include a history of previous child sexual abuse or other forms of maltreatment as well as family factors such as low socio-economic status, parental mental health issues, domestic violence, alcohol and drug misuse, and poor parent/child relationships (Kaufman et al., 2016).

Regarding age and developmental stage, Spencer and Knudsen (1992) stressed the importance of age differences in the children accessing different institutional settings. Day care homes cater to very young children and day care centres to somewhat older preschool children, while foster homes, schools and residential homes cater to a wide range of children, including older children (with an average age of 12 in schools and 14 in residential homes). In addition, (Wurtele, 2009, p. 2) proposed, the ‘victims are children who are at different stages of cognitive and language development, which affects whether and how well they disclose the sexual victimization’.

## Perpetrator factors

Blakemore et al. (2017) cite a number of authors in identifying a range of characteristics and motivating factors common to perpetrators of institutional child sexual abuse. In summary, perpetrators of institutional child sexual abuse have been found to be:

- engaged in both paid and unpaid positions in the institution
- aware of their sexual attraction to children prior to offending
- deliberately working in places with increased access to children
- known to victims prior to offending
- in trusting relationships with victims, but not necessarily as primary caregivers
- hold some level of power/status within the institution, such as positions where they are held in high regard and esteem. This can be due to characteristics that distinguish them in some way, such as age, gender, physical size, charisma/personality and professional expertise/competence.

In addition, as with child sexual abuse in other settings, adult perpetrators in institutional child sexual abuse contexts have been found to engage in deliberate preparatory behaviours that help create a culture of normality for the abusive behaviours, thus lowering the victims' reticence. This includes singling victims out for special attention, and creating an environment of secrecy, deceit, isolation and intimidation.

The same review identified research that compared perpetrators of institutional child sexual abuse with perpetrators involved in other contexts and found them to be:

- more likely to exhibit 'sexual pre-occupation and emotional over-identification' with victims in institutional child sexual abuse
- less likely to exhibit evidence of antisocial personality disorders
- better educated
- more forceful in the way they perpetrate the abuse.

According to Blakemore et al. (2017), although some researchers argue common behavioural motivations and specific internal psychological characteristics exist, others argue that, perhaps apart from power/status factors, perpetrators are a heterogeneous group, lacking characteristics that distinguish them from the general population. For example, Terry (2008) reported that the age of abusive priests ranged from 18 to 90, with the largest number (40 per cent) abusing when they were between the ages of 30 and 39. Moreover, while the majority of perpetrators of institutional child sexual abuse have been found to be male,

evidence suggests there is a small cohort of females within the offending population (Blakemore et al., 2017).

Some conceptual development of typologies of perpetrators of child sexual abuse generally has been conducted by Irenyi et al. (2006) and may be useful for understanding institutional child sexual abuse. They propose that perpetrators can be divided into at least three categories: serial, opportunistic and situational. According to Irenyi, et al. (2006), serial perpetrators chronically and repeatedly abuse, deliberately choosing and manipulating situations to gain access to victims. Opportunistic perpetrators take fewer risks, though they are still deliberate, abusing when it is less likely their identities could become known. This is supported by Death (2013), who reported that 'whilst some patterns of offending were opportunistic in nature, participants identified a specific intentionality and 'grooming' by perpetrators' (Death, 2013, p. 19). Finally, situational perpetrators have a more impulsive, less deliberate, approach and abuse as opportunities arise (Irenyi et al., 2006).

Furthermore, in a critical review, Kafka (2014, cited in Terry, 2008 #123) noted that the literature indicates that clergy perpetrators differ significantly from perpetrators in the general population. Kafka (2014, cited in Terry, 2008 #123) stated that the typical child sexual abuser in the Catholic Church was a diocesan priest who was an ephebophile, that is a perpetrator who develops recurrent, intense and sexually arousing fantasies about adolescents.<sup>9</sup> However, a limitation of Kafka's 2014 study was that its findings were derived from clinical samples (Terry, 2008).

### **Sexual abuse by another child or young person**

Perpetrators of institutional child sexual abuse could be parents or custodians, as well as other children/residents. For example, Spencer and Knudsen (1992), in a study investigating abuse and neglect of children in OOHC in Indiana for the period 1984 to 1990, reported that custodians were involved in sexual abuse in 78 per cent of cases in foster homes, 45 per cent of cases in state institutions, 33 per cent in hospitals, and 25 per cent in residential homes. By comparison, sexual abuse by another child or young person accounted for 6 per cent of foster home cases, 50 per cent of state institution cases, 67 per cent of hospital

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<sup>9</sup> Ephebophilia, hebephilia and paedophilia are three types of paraphilic behaviours typical of individuals who sexually abuse children. Paraphilia involves disorders indicated by recurrent, intense, sexually arousing fantasies about non-living objects, non-consenting persons or violence (Terry, 2008). Paedophiles are individuals who experience recurrent, intense, sexually arousing fantasies about prepubescent children. Ephebophiles develop recurrent, intense, sexually arousing fantasies about adolescents, and hebephiles have strong and persistent sexual interest in children in pubescence or early adolescence (Terry, 2008).

cases and 70 per cent of residential home cases. Furthermore, in their review of the literature on abuse of children in hospitals, Kendrick and Taylor (2000) reported the findings of a study on patterns of sexual acting out over a one-year period in the psychiatric inpatient ward of a hospital in Quebec, Canada. Sexual acting out was defined as 'discrete episodes involving at least two children that consisted of 'either sexual intercourse, oral-genital contact, digital penetration, or touching of the other child's genitalia' (Carrey & Adams 1992, cited in Kendrick & Taylor, 2000, p. 567).

In addition, Blakemore, et al. (2017) cite three studies published during the 1990s exploring child sexual abuse perpetrated by fellow residents in OOHC settings, noting that some estimates suggested 'upwards of 40 per cent of cases of child sexual abuse in foster care are perpetrated by other children and/or juveniles' (see for example: Benedict, Zuravin, Brandt, & Abbey, 1994; Hobbs, Hobbs, & Wynne, 1999; Westcott & Clement, 1992). The limited and relatively dated nature of the research evidence of sexual abuse by another child in institutional settings is concerning, given Australia has one of the highest rates of OOHC placement by child population in the Western world (Munro & Manful, 2012).

There are overlaps between sexual abuse by other children and by adults in institutions. An adult may encourage children to abuse each other as part of a pattern of abuse, or a young person may abuse others after having become a victim of an adult abuser in an institution. Some victims may also have been sexually abused or maltreated in other ways prior to entering the institution and this could lead to them becoming victims or engaging in inappropriate sexualised behaviour.

#### **4.1.4 Contextual factors regarding institutional child sexual abuse**

Blakemore et al. (2017) have drawn on a range of limited empirical studies and reports from inquiries into institutional child sexual abuse to note that perpetrators use certain factors inherent in institutions and organisations that provide access to victims. These include setting/location factors, organisational systems and structures, policies and practices, as well as particular cultural climates in which perpetrators can seemingly legitimately control aspects of children's lives, such as diet, time management and access to external social networks. These are particularly evident in OOHC, elite sports and exclusive religious contexts. Some of these contexts work because the children and families are legally mandated to attend, and/or perceive they need what is being offered, and options are limited to achieve this elsewhere. This creates a sense of helplessness and pressure to remain involved.



## Theoretical considerations on institutions

Theoretical understanding of institutional child sexual abuse is limited. Some authors propose a systemic approach to understanding the problem (see for example: McLoone-Richards, 2012; Pilgrim, 2012; Sidebotham & Appleton, 2012). The systemic approach acknowledges that institutional abuse is perpetrated through discrete acts by individual abusers, but looks beyond the pathology of the individual (for example, overemphasising the role of 'paedophile priests') to consider the pathology within institutions – that is, the cultures and belief systems that allow such abuse to take place. This includes factors such as poor staff recruitment, training and supervision; ineffective management and systems of accountability; inappropriate institutional cultures; public ambivalence towards children in care; slow responses to the threat posed to children and young people by dangerous adults and other young people in institutions; and the long-term policy failure to develop coherent and integrated systems of child welfare (Colton, 2002). Pilgrim commented that 'perpetrator pathology mainly has relevance in debates about predicting and reducing reoffending, but its explanatory value about the complex origins of child abuse is limited' (Pilgrim, 2012, p. 409). Within a systemic perspective, there are three main starting points to understand institutional child sexual abuse. These are power structures and control; isolation; and victim attributions (Gardner, 2012; McLoone-Richards, 2012; Pilgrim, 2012; Sidebotham & Appleton, 2012).

Another way in which to understand the nature of institutional child sexual abuse is through Erving Goffman's notion of the 'total institution' (Goffman, 1961). Drawing on examination of a mid-20th century Washington-based mental health hospital, Goffman defines a total institution as 'a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life' (Goffman, 1961, p. xiii). According to Blakemore et al. (2017, p. 31), 'Goffman's (1961) concept of the "total institution" is important for understanding the experience and impact of historical abuse in these settings. It highlights the influence of societal understandings of childhood; sexual behaviour; and acceptable behaviour towards children at a particular point in time, and how these understandings likely shaped the experiences and outcomes of victims'.

Limitations levelled at this theorisation include that contemporary institutions cannot be described using these characteristics, that it is limited to a certain type of institution and as such cannot account for the multiple institutions under examination by the Royal Commission, and finally, that it does not consider the level and type of power and authority present in institutions where adult/child relationships are central (Blakemore et al., 2017). However, Green examined residential OOHHC organisations in the United Kingdom and countered this by demonstrating there are many dimensions of contemporary institutions where children reside that still operate along the lines of Goffman's total institution, examples

being juvenile and immigration detention centres. Others use Goffman's ideas to argue that power dynamics work below the surface of social and institutional contexts to create closed, rigid and secretive environments – that is, total institutions – that control the lives of children and maintain limited contact with the outside world (Spröber et al., 2014; Wonnacott, 2013). Furthermore, Sullivan and Beech (2002) stress that any organisation or institution, whether statutory or voluntary, where children are cared for is vulnerable to infiltration by professionals who wish to abuse.

### **Institutional setting**

The physical and social isolation of institutional settings, together with the lack of any external scrutiny or corrective feedback, are factors that historically have facilitated the exploitation of power and control within institutions (Pilgrim, 2012; Sidebotham & Appleton, 2012). As reported by the Ryan Commission, 'the culture of fear engendered by persistent physical abuse, affectionless discipline and inadequate supervision provided circumstances where victims reported being sexually abused without recourse to protection or appropriate intervention' (Commission to Inquire Into Child Abuse, 2009b, p. para 9.85). Furthermore, Blakemore et al. (2017) cite multiple studies to argue that comparative analysis of the nature and type of abuse perpetrated across settings suggests that it commonly occurs in the contexts of extreme dependency and powerlessness. For example, during the Ryan Commission, institutional child sexual abuse was described 'as prevailing in circumstances where special relationships of trust existed between the abusers and those responsible for the welfare of those they abused. In particular victims commented on the relationship between religious Sisters and clergy' (Commission to Inquire Into Child Abuse, 2009b, p. para 9.84).

During the Ryan Commission, it was reported that fear, secrecy and powerlessness to resist and disclose sexual abuse contributed to the environment in which sexual abuse occurred. These were influenced by:

- the authority of the adult abuser, and supportive and protective relationships between religious Sisters and clergy
- a culture of children and adults being required to unquestioningly obey orders, including fear of severe punishment
- the threat of either victims or their siblings being sent to more restrictive institutions
- multiple experiences of complaints and disclosures being disbelieved, ignored or punished

- staff members choosing areas to isolate residents without fear of disturbance
- victim selection on the basis of a child having no family who could or would visit.

According to some reports, institutional child sexual abuse mostly occurs in private, occasionally in the company of other residents and staff members, and usually does not leave any physical signs (Commission to Inquire Into Child Abuse, 2009b; Cromer & Goldsmith, 2010; Wurtele, 2009). During the Ryan Commission, it was reported that sexual abuse occurred off-site in locations where appropriate supervision was missing. This included during holidays, outings and work placements in the community. It also occurred when adults from outside the institution, understood to be in positions of trust – such as godparents and employers – were given unsupervised access to residents (Commission to Inquire Into Child Abuse, 2009b, p. para 7.122 and 129.177). Similar findings were reported by Terry (2008, p. 560), who noted that ‘abuse was most likely to occur in a private place, usually in a dwelling or work location of the priest’. This commonly included the priest’s residence, as well as in the church, the victim’s home, vacation houses, the school and cars.

Findings such as these indicate that the risk of child sexual abuse is higher in institutions that behave as total institutions. This becomes apparent when one considers what we know of the size, administrative arrangements, and socially and physically isolated nature of the places where Australia’s children were housed between colonial history and the 1980s (Bode & Goldman, 2012; Commission to Inquire Into Child Abuse, 2009b; Pilgrim, 2012).

In addition, organisational and management factors in institutions can influence the incidence, reporting and perceptions of child sexual abuse. In a study on child sexual abuse in childcare centres, Wonnacott (2013) suggested that perpetrators assume power within a group when there is ‘evidence of discord among the staff team and insufficient safety with the group for whistle-blowing processes to be effective’ (Wonnacott, 2013). In this context, perpetrators were able to exploit their position for their own ends (Wonnacott, 2013). Perpetrators in positions of power, such as managers, are more able to position themselves to have access to children, or to disregard disclosures of child sexual abuse occurring in the institutions in which they work.

Furthermore, wider institutional culture also influences the risk of institutional child sexual abuse. Gardner (2012) argued that the abusive behaviour of clergy and non-clergy perpetrators are the same, but that for clergy perpetrators ‘there may be further influences that could act as unconscious reinforcements [...] as members of an institution that subtly condones certain sorts of attitudes’. Gardner (2012) further suggested that the dynamics of deception that characterise child sexual abuse could be considered similar to the dynamics found in institutional responses to the disclosure of child sexual abuse.

Regarding power that exists within institutional child sexual abuse, Spröber et al. (2014, p. 2), suggested that 'sexual abuse in institutions is characterized by exploitation of the hierarchic structures of power and dependence that typically define the relationship between youth and their caregivers'. Perpetrators target 'vulnerable' children because they are perceived as less likely to disclose child sexual abuse (Gallagher, 2000). Gallagher (2000, p. 810) suggested that the 'natural vulnerability of children was most certainly exacerbated by the status, power and authority which many of the abusers [...] enjoyed and exploited'. Further regarding power and status, Lueger-Schuster et al. (2013) suggested that perpetrators were distributed throughout the hierarchy of the clerical functions of the Catholic Church in Austria. In the American context, Terry (2008) reported that the majority of priests against whom allegations of abuse had been made were diocesan priests (69 per cent) followed by religious priests (22 per cent).

Further to this, the amount of power that adults within institutions hold over the children in their care varies across time and locations. McLoone-Richards (2012) proposed that changing social notions of power created perfect conditions for the Irish Roman Catholic Church to experience the emergence of a new power, in addition to a reinforced sexual morality for the people, with the rise of Ireland's new independent state following release from British rule. This led to a culture of honour towards the Church and its agents, which, together with the collusion of state agents, were recurring key elements in the testimonies of victims in the Ryan Commission. From this perspective, child sexual abuse that occurs in religious institutions is differentiated through theological and spiritual dimensions, and the way that 'God' is used by perpetrators as part of a silencing strategy (Astbury, 2013).

These observations are all based on extrapolating from particular types of institutions or situations to general principles. However, research quoted below indicates that abusers will use any aspect of the institution that is vulnerable to access children, justify their behaviour and prevent disclosure of abuse.

### **Social factors**

Blakemore et al. (2017) cited publications that note that wider social factors can similarly create a culture where perpetrators' perspectives are valued over those of victims. These include features that perpetrators can acquire to increase their social status, value and trust in the community, thus reducing the status, and increasing the vulnerability, of the children they are targeting. Furthermore, cultural norms and beliefs that labelled children as undeserving and deviant and in need of moral reform gave children a low social status and a low credibility. This reinforced 'a tendency towards wilful blindness from the communities that have rejected them' (Pilgrim, 2012, p. 409).

Another important social factor is that of media representations of institutional child sexual abuse. Lonne and Gillespie (2014) have suggested that the media have been a fundamental catalyst and primary advocate for the public disclosure of system failures. Towards the end of the 20th century the media started reporting on the links between the vulnerability of children and child sexual abuse (Mason & Steadman, 1997). The child protection system was perceived as increasing the vulnerability of children generally, and specifically of 'abused children' (Mason & Steadman, 1997). It was argued that children in the child protection system were denied a voice – they were perceived as powerless or a 'muted group' – and were often victimised as a direct result of disclosing, or attempting to disclose, institutional child sexual abuse. In addition, media coverage has held those deemed responsible to account, particularly governments, in nearly all of the 42 federal and state/territory government inquiries undertaken in Australia since 1997, many of them initiated in response to media coverage of abuse (Lonne & Gillespie, 2014). Nevertheless, in advanced democracies, media operate within competitive market environments that tend to favour reporting of scandals and tragedies. Lonne and Gillespie (2014) proposed that the discussion of child maltreatment, through the lens of a scandal, often leads to a primary focus upon maltreatment crimes such as sexual and physical abuse, and too little focus on neglect and emotional abuse and their social and structural causes, such as poverty and social exclusion. In addition, the media can portray a distorted and misleading view of events concerning child maltreatment (Tomison, 2001), including institutional child sexual abuse (Gallagher, 2000; Landor & Eisenclas, 2012).

#### **4.1.5 Preparation for abuse**

Certain characteristics have been found to precede experiences of institutional child sexual abuse. These include prior experiences of child maltreatment (any type, but particularly child sexual abuse) and actions perpetrators take to prepare victims and other people to create conditions whereby institutional child sexual abuse is possible. Such vulnerabilities can include aspects such as a child having a disability (physical, cognitive or behavioural); having low self-esteem; having experienced physical, sexual or emotional abuse prior to arriving in the institution; having experienced poverty and substance abuse in the family; or having experienced emotional distance in the family, the serious illness of a parent or separation from siblings (Crossmaker, 1991; Death, 2013; Gallagher, 2000). For example, Crossmaker (1991, p. 202), argued that 'perpetrators choose potential victims who are unlikely to resist or report, increasing the risk of victimization of people perceived as disabled'.

While Lueger-Schuster et al. (2013) did not identify specific family-related risk factors or living conditions prior to abuse that predicted poorer adult adjustment capabilities for victims, they did stress that the sample, in their Austrian study, was gender-imbalanced (with more

men than women) and that participants had a slightly higher level of education in comparison to that of the general Austrian population. This could occur for a number of reasons, including that well-educated men were more likely to present to an inquiry. Summing up the literature on the impacts of institutional child sexual abuse, Blakemore et al. (2017) noted victims' experiences of disadvantage, child maltreatment, crisis and discrimination can predispose children to, and increase their risk of, being victimised in institutional contexts. This is primarily because victims may have learned to normalise the harmful and oppressive relationship dynamics they experienced previously – for example, abuse of trust and power, secrecy, and fear and restrictions related to disclosing.

In addition, prior to performing acts of child sexual abuse, perpetrators often use particular preparatory techniques, commonly termed 'grooming', to access children for the purposes of abusing them. Some have argued it is more appropriate to consider this in terms of it being 'entrapment', rather than the softer-sounding 'grooming'. Terry (2008) reported that there was an association between duration of offending and grooming behaviour in clerics, with longer duration leading to greater opportunity for grooming. Regardless of the term, this describes the 'process by which perpetrators draw children into abusive situations and make it difficult for them to disclose' (Gallagher, 2000, p. 810).

This deliberate behaviour involves using techniques aimed at bringing children into closer intimate contact with the provision of bribes or enticements (for example, gifts such as money or lollies, or special trips on picnics or to the shops), and to create isolation and 'distance' between the child and their parent or significant safe person (Astbury, 2013; Gallagher, 2000). The study by Spröber et al. (2014) suggested that strategies of grooming and entrapment include:

- gaining the victim's trust by building a close relationship, then leading up to the abuse step by step
- creating situations where they are alone with the victim, such as private lessons or confessions
- discussing sexual abuse as something educational – for example, claiming that they were teaching the child about sexuality.

Another strategy of grooming adopted by perpetrators is ingratiating themselves with family members (Death, 2013; Terry, 2008). Similarly, Terry (2008) found that priests used enticements and socialising with family more often than threatening the victim, which was only used with less than 10 per cent of the victims. When threats were used against the victims, these were most often of a psychological nature, such as fear and spiritual

manipulation, than of a physical nature (Terry, 2008). The study by Spröber (2014, pp. 6-7) also suggests that the following two strategies were specific to religious institutions:

- Victims were sometimes encouraged (by their parents or others) to go and speak to their priest or pastor about any personal problems they were having, and were abused when they did so
- Religious concepts were sometimes used coercively, such as in threatening children with religious punishment (for example, that they would go to 'hell') if they did not submit to the abuse; or the sexual abuse was practiced as a form of religious ritual.

#### **4.1.6 Type of abuse**

Wurtele (2009) proposed that child sexual abuse has a number of distinctive characteristics. First, it includes different activities, ranging from non-contact offenses, such as intentionally exposing one's sexual organs to a child, to acts of varying physical intrusiveness, for example from non-penetrative contact abuse to vaginal or anal intercourse.

In support of this, the Ryan Commission (Commission to Inquire Into Child Abuse, 2009b, p. para 7.117 and 119.177) developed a classification of the different forms of sexual abuse described by victims, perpetrators, family members and others. This included inappropriate fondling, forced masturbation of perpetrator by child, use of violence, non-contact abuse including voyeurism, anal or vaginal rape, vaginal penetration by objects, attempted rape, masturbation of child by perpetrator, oral/genital contact, kissing, and digital penetration. Their findings were that for both male and female victims the most frequently described form of sexual abuse was inappropriate fondling and contact. The next most frequently described acts of sexual abuse involving male victims were forced masturbation of abuser by child, use of violence, followed by anal rape and masturbation of child by abuser. For female victims, the next most frequently described acts of sexual abuse were enforced nakedness/voyeurism, vaginal rape, forced masturbation of abuser/mutual masturbation, and attempted rape and associated violence (Commission to Inquire Into Child Abuse, 2009b, p. para 7.117 and 119.177).

According to Death (2013), non-penetrative contact abuse was also commonly reported, with the majority of both male and female participants experiencing direct genital 'fondling' (Death, 2013). In particular, the majority of the participants who answered a question on the acts of abuse experienced touching of genitals inside of clothing, and the rest experienced touching of genitals outside of clothing. In addition, a form of institutional child sexual abuse commonly reported in the government inquiries canvassed in Blakemore et al. (2017) is witnessing child sexual abuse.

Further to this, institutional child sexual abuse that occurs within religious settings often has a distinct spiritual nature. Blakemore et al. (2017, p. 68) argue that 'characteristic of child sexual abuse in [religious] settings is not only the use of threats, coercion and bullying but also the spiritual manipulation of victims via the use of religious icons, sentiments, symbols, practices and doctrine'. An even more particular form of spiritual sexual abuse is that which occurs within ritualistic settings. In a qualitative study of 16 adults who experienced ritual abuse in childhood, participants reported that the 'abusive group integrated sexual assault and taboo substances into ceremonies of degradation that resulted in the victim internalising a profound sense of shame and dehumanisation' (Salter, 2012, p. 446). Salter discussed how ritual abuse generated shared rationales of religious or mythological justifications that legitimised sexual exploitation to victims and perpetrators of organised abuse (Salter, 2012, p. 446). Sexually abusive practices included vaginal, oral and anal rape, bestiality and other abusive practices such as the mutilation of animals and the forced ingestion of animal faeces, blood and flesh (Salter, 2012). Forced ingestion of faeces, urine and blood are amongst the most frequently reported forms of torture in children's and adults' reports of ritual abuse (Salter, 2012).

## **4.2 Disclosure of institutional child sexual abuse**

There is a significant body of literature on the disclosure of child sexual abuse. However, only a small number of recent articles focus specifically on the disclosure of institutional child sexual abuse (Gardner, 2012; Smith et al., 2008; Spröber et al., 2014). While this literature is limited, and reports inconsistent findings, disclosure has been found to be related to 'victim age, gender and cognitive capacity, the relationship between the victim and the perpetrator, the severity of the abuse and perceived risks associated with disclosure. All these factors contribute to whether victims report their experiences and when this is likely to happen' (Blakemore et al., 2017, p. 69). Tener and Murphy (2014), when discussing adult disclosure of child sexual abuse, suggested that intrapersonal dimensions of disclosure included aspects such as the victim being unsure about the accuracy of their own memories and whether or not they had been abused (Tener & Murphy, 2014). They also suggested that the interpersonal barriers for adult victims of child sexual abuse included aspects associated with their broader social system (that is, family, friends, environment, society and culture) (Tener & Murphy, 2014). In an unknown proportion of incidents of institutional child sexual abuse the victim does not disclose but the abuse is disclosed by others or by the abuser confessing (Tener & Murphy, 2014).

Research shows that some victims of institutional child sexual abuse did not disclose their abuse for years, and sometimes decades after the abuse had occurred (Death, 2013;



Spröber et al., 2014). For example, in the John Jay study, conducted in Boston, the estimated average time between abuse and disclosure was 24 years (Astbury, 2013). The literature also shows that not only are there often many years delay from the time of institutional child sexual abuse to its disclosure – with men often waiting a few years longer than women to disclose – but also that disclosure about abuse in institutional contexts is less likely to be believed compared to disclosure of abuse in other contexts (Blakemore et al., 2017). For example, the study of child sexual abuse within the Anglican Church of Australia (P. Parkinson, Oates, & Jayakody, 2009) estimated the average time between abuse and disclosure was 25 years for men and 18 years for women. However, it should be noted that these articles discuss abuse that was perpetrated up to the 1980s, and it is not clear whether this pattern continues for abuse perpetrated after this period as there are no contemporary studies on disclosure patterns relating to institutional child sexual abuse.

Some suggest that a distinction should be made between disclosure of child sexual abuse made by a child and that made by an adult. Disclosure by a child is influenced by the availability of supportive adults and the language the child has to describe what is happening (Hunter, 2010). As Hunter suggested, from the 1960s to the 1980s the broader sociocultural context may have influenced disclosure because there was limited language around child sexual abuse and child rape (Hunter, 2010). In terms of the interpersonal dimensions, Spröber et al. (2014, p. 2) suggested:

[C]hildren and adolescents are often strongly desirous of belonging to a social group and will idealize it; if a child then witnesses a member of that group committing an offense, the child's trust in that ideal is broken. If other members of the group are aware of what was witnessed, the child may choose to deny, conceal, or justify the incident out of a fear of being excluded. Peer pressure thus may facilitate child abuse and complicate attempts to uncover the truth.

Furthermore, victim disclosure is not the only way that abuse comes to the attention of authorities. Child sexual abuse can be identified through a third party disclosing the abuse or a perpetrator confessing to abuse. In addition, this literature review does not include an examination of how disclosures of this nature affect victims at the time of disclosure or later in life.

#### **4.2.1 Barriers to disclosure**

There are a number of barriers for victims to disclose institutional child sexual abuse. As some authors suggest, these barriers can be explained through the dimensions of intrapersonal, interpersonal sociocultural experiences, and attitudes to authority, gender roles and sexuality (Hunter, 2010; Tener & Murphy, 2014). Parkinson suggests that 'levels of

disclosure are influenced first by the passage of time and secondly, by media publicity' (P. N. Parkinson, Oates, & Jayakody, 2012). In addition, an implicit assumption with much of the research on the reporting and disclosure of child sexual abuse is that the reasons why an individual discloses can be understood in terms of an individual's history and psychology (Smith et al., 2008).

The delay in disclosure of institutional child sexual abuse occurs for some victims because of threats from the perpetrators combined with the standing position and respect of the perpetrator within the institution (Astbury, 2013). Some victims of child sexual abuse reported not disclosing due to secrecy, helplessness, entrapment, fear of not being taken seriously, shame and self-blame (Astbury, 2013; Spröber et al., 2014). Delay or unwillingness to disclose is embedded when perpetrators also groom the family of victims (Astbury, 2013). Some have suggested that many victims were unaware of the existence of regulatory authorities overseeing the institutions in question, which may have assisted with their disclosure of child sexual abuse (Astbury, 2013; Spröber et al., 2014).

Summing up the literature on barriers to disclosure, Blakemore et al. (2017) reported a number of considerations relating to victims, perpetrators and institutions, including factors such as:

- sociocultural beliefs and stereotypes about particular concepts relevant to institutional child sexual abuse, which include, but are not limited to, masculinity (in particular male victims of child sexual abuse), institutions (for example status) and the status of the perpetrator versus the victim
- obstructions built into the dynamics, structures and systems of institutions and organisations, including poor record keeping, administrative, legal and reporting mechanisms; the closed, isolated and hierarchical nature of institutions that complicate processes of disclosure; and perceptions within institutions that responsibility for institutional child sexual abuse rests with the perpetrator, not the institution
- complications related to large-scale or group investigations, where multiple interests can take the focus from victims and increase their experiences of trauma
- re-abuse or secondary experiences of trauma that accompany disclosing due to 'reliving' the abuse and that trigger reminders of the circumstances, resulting in intense feelings of fear and shame, and expectations of negative outcomes
- experiences of previous responses to disclosure that were dismissive, disbelieving, negative, hostile, unsupportive and even harmful, and/or perceptions that this will occur when disclosing

- fear of abuse and/or further abuse being direct towards siblings, family members and peers.

### **Social barriers**

One of the barriers to the disclosure of child sexual abuse is the conceptualisation of children and child sexual abuse itself, and how this changes over time. In addition, barriers to disclosure, in particular between the 1960s and 1980s, have included respect for authority, rigid gender roles in society, a taboo surrounding sexuality, a lack of supportive adults, and the absence of language available to children to describe what was happening to them, or had happened to them, because the language of child sexual abuse and child rape had not yet developed (Hunter, 2010). One of the overwhelming themes in child-rearing practices is the requirement of children to be respectful of their parents and other adults, especially high-status community members such as priests, teachers and police officers (Hunter, 2010). Respect for authority can be a significant barrier to disclosing institutional child sexual abuse.

Rigid gender roles prior to the 1980s created a social environment where women and men may have felt obligated to accept the power dynamics in a relationship, and not question the abuse that either they or others had experienced, because an act of disclosure questioned the very notion of masculinity and femininity (Hunter, 2010). This includes the idea that women were subservient to men, women were vulnerable and needed to be protected, and men were not allowed to show vulnerability and weakness (Hunter, 2010). Men may have also felt unable to express the distress associated with being abused or with knowing about the abuse of others, because to express such emotions would have questioned their notion of masculinity (Hunter, 2010).

### **Institutional barriers**

In the context of historical institutional child sexual abuse in Ireland, McAlinden suggests that a variety of barriers exist to disclosing institutional child sexual abuse. These include the Church–State relationship, institutional denial or refuting involvement, and the ‘disparity between a nation’s benevolent self-image and the legacy of an abusive past’ (McAlinden, 2013, p. 207). Similarly, Gardner (2012) suggests institutional responses to the disclosure of child sexual abuse, such as secrecy and deception, are based on ‘acute anxiety’ and hostility within the culture of the organisation.

Secrecy about the disclosure of child sexual abuse has been one defence used by religious institutions to this anxiety, and is both a ‘central dynamic of what happens between the sexual abuser and the child’, and the ‘same dynamic [which] has permeated the way that the Church has responded over the decades to disclosures’ (Gardner, 2012, p. 99). Secrecy and deception, which are an ‘automatic response to the fear of discovery’, derive from a desire

for power and control (Gardner, 2012, p. 99). As noted when discussing the notion of total institutions, many religious organisations are 'closed hierarchic groupings' that nurture a culture of authority where priests and clergy are held in high regard (Gardner, 2012). The responses of secrecy and deception to disclosures of institutional child sexual abuse are based on overcoming the 'cognitive dissonance' (Festinger, 1957) of perceiving priests and clergy as the 'holy man', while also having to accept that some of them abuse children (Gardner, 2012). Moving clergy and priests to other parishes, or perceiving the abuse as an anomaly or mistake, allows the Church to overcome the 'cognitive dissonance'. These tactics are based on deception, which Gardner suggests are similar to the tactics used by individual perpetrators of child sexual abuse (Gardner, 2012). Further to this, Gardner (2012) argues that dilemmas that cause anxiety in institutions can give rise to 'defensive projective processes' whereby the institution reframes the presenting problem to manage organisational anxiety. An example of this occurs when police investigate an allegation of child sexual abuse by a priest that remains unsubstantiated and the Church manages the situation by developing internal systems of tokenistic accountability. Despite having taken action regarding the situation, the priest and the church may deny the allegations in the outside world. As Gardner (2012) argues, these 'defensive projective processes' are a form of 'institutional narcissism' whereby the victim's suffering is ignored, while the focus moves to the injury suffered by the priest and the institution.

#### **4.2.2 Response to disclosure**

As noted by Blakemore et al. (2017), victims of institutional child sexual abuse have been found to disclose the abuse to a variety of people and institutions including friends, families, religious institutions, other institutions and the police. Various responses have been noted, including that claims are ignored, denied or not taken seriously; that victims experience deception, secrecy and punishment when disclosing; and internal investigations are conducted into allegations (Death, 2013; Gardner, 2012; Spröber et al., 2014). The study by Death, for example, suggested that a quarter of disclosures about institutional child sexual abuse were investigated by the Christian institutional body in question (2013).

Victims of child sexual abuse can be re-traumatised if their disclosure of the abuse produces negative reactions (Astbury, 2013). Blakemore et al. (2017) noted that positive responses to disclosure are very important, and poor responses from representatives of institutions – called 'institutional betrayal' by some researchers – have been identified as a significant barrier to disclosure. A response may be considered poor or inappropriate by not living up to victims' expectations or, more disturbingly, when it is perceived as not protecting vulnerable people, and concealing abuse.

Some authors have noted that poor responses to disclosure are associated with victim re-abuse and risk of further abuse, and can increase feelings of helplessness, cynicism, hopelessness, isolation; create trust issues; and increasing psychopathology in the form of anxiety, trauma and dissociative symptoms (Blakemore et al., 2017). In some instances, where the Church is involved and where the virtues of love, acceptance and forgiveness are paramount, victims have been re-traumatised and feel betrayed by the Church's desire to see the victim forgive the abuser (Gardner, 2012). In addition, Blakemore et al. (2017) cited studies showing that when the perpetrator is not brought to justice once disclosure of abuse has occurred – for example, if he or she is simply moved to another location – the victim feels let down by the institution again, and experiences further self-blame. However, the research is limited and much more is required, particularly on the structures and conditions under which the disclosure of institutional child sexual abuse occurs, with a particular focus on the 'factors related to the age of disclosure, to whom the maltreatment was reported, and the cognitive development at the time of the abuse' (Lueger-Schuster et al., 2013, p. 11).

### **4.3 Victim/survivor and family support mechanisms regarding institutional child sexual abuse**

There have been a limited number of studies on the experiences of victims and their families in dealing with support services after a disclosure of institutional child sexual abuse. However, the few studies that have been carried out suggest that victims and families have difficulties accessing mainstream services (Death, 2013). In addition, Fitzpatrick et al. (2010) concluded that victims of severe sexual abuse may require more intensive services and that it is important to undertake a thorough assessment of abuse history and current functioning when providing services to adult victims of institutional abuse. This may have important implications for the intensity of services required.

While limited, the research on support mechanisms has found that it is important to provide a context that is supportive of disclosure, where victims are believed, supported and protected from further maltreatment (Blakemore et al., 2017). According to Blakemore et al. (2017), barriers to support have been found to include impediments inherent in the dynamics, structures and systems of institutions, as well as related actual and potential ongoing negative impact and trauma. Some have argued that therapeutic interventions with victims should focus on facilitating the use of non-avoidant coping strategies for dealing with trauma and the development of secure adult attachments (Flanagan et al., 2009; Wolfe, Francis, & Straatman, 2006). In addition, literature has found that victims' capacity to seek support is negatively impacted by social perceptions of the institutions in which offences took place as safe, trustworthy and moral, but which were experienced by children as unsafe,

untrustworthy and immoral (Blakemore et al., 2017). Furthermore, in a qualitative study with a sample of 10 men who suffered child sexual abuse while in residential care between 1950 and 1975 in Queensland, Bode and Goldman (2012) emphasised the key enabling role of education in allowing people to lead a fulsome life in contemporary society and called for earlier, specialised and more intensive teaching, educational support and counselling resources for children who are put at risk by their life circumstances, particularly those in residential or OOHC.

In summing up their rapid review of impacts, Blakemore et al. (2017, pp. 76-77) noted that the findings:

‘highlight the need for victims to be supported by treatment that is holistic and responsive to changing needs. Research describing the potential spiritual impact of institutional abuse, particularly that perpetrated in religious institutions, suggests the need for treatment to be cognisant of both the common and distinct impacts of abuse as well as the influence factors specific to the institutional setting of abuse can also have. Evidence of the vicarious impacts of institutional abuse highlights the need for prevention, intervention and treatment responses to extend to families of abuse victims. More research on the mechanisms of intergenerational transfer of trauma is needed to inform policy and practice to strengthen capacity and resources and arrest cycles of disadvantage and disempowerment.’

In support of these ideas, Lueger-Schuster et al. (2013) concluded that adult victims of institutional child abuse are a heterogeneous group with a range of current mental health problems united by aversive histories of abuse and violence. Consequently, specialised treatments and programs need to be developed to support them. As noted by (Gallagher, 2000, p. 812), the ‘nature of institutional abuse is such that it raises a series of unique investigative issues surrounding areas such as multi-agency working, witness support and the independence of enquiries’. It is envisaged that the Royal Commission, including the private sessions, will increase knowledge of this dimension of institutional child sexual abuse.

#### **4.4 The relationship between institutional child sexual abuse and wellbeing through the life course**

Research on the impacts of child sexual abuse, both at the time of abuse and over the life course, has been conducted over many decades, and it is mostly of a clinical nature (Blakemore et al., 2017). However, much less research has been conducted on the impacts of institutional child sexual abuse. The little that has been completed has argued that the impacts of institutional child sexual abuse has elements that are both common to, and distinct from, those experienced by victims of child sexual abuse in other contexts. In

addition, the detrimental impacts of institutional child sexual abuse are exacerbated for some children due to experiences of child maltreatment in other contexts (Blakemore et al., 2017). This creates difficulties discerning the source of impact, which may create additional complications when seeking and offering treatment and support services, especially when access requires evidence of where abuse occurred.

In their rapid review focused on impacts of institutional child sexual abuse, Blakemore et al. (2017, p. 73) sum up factors related to impact as follows:

‘The impacts of institutional child sexual abuse are likely to be intertwined with the social, structural and historical factors precipitant to the occurrence of abuse. These may include reasons for being placed in care, the nature and character of institutional settings and life therein. Additionally, the impacts of institutional abuse may be compounded by concurrent or prior experiences of maltreatment and deprivation. More research is needed to better understand the experience of multiple adversities in childhood and the risk and protective features of institutional environments which may exacerbate risk for adverse experiences. Rather than a linear relationship, the impacts of institutional child sexual abuse are likely to be the result of the complex and connected contexts and contextual factors characteristic of victims, perpetrators, the abuse dynamic and institutions.’

They further cite research that argues the impact of abuse, and subsequent manifestation of this, is dynamic, and that some people do not appear to exhibit detrimental outcomes of the abuse. Essentially, the impact of child sexual abuse appears differently for different individuals, changes over one’s life and arises from, or is triggered by, many different mediating and mitigating circumstances and coping factors at different times. However, knowledge on life journeys is severely limited by a scarcity of longitudinal studies across the life course (Blakemore et al., 2017). The authors argue it is important to understand the long-term nature of impact because ‘current functioning of victims many years post abuse may not provide an accurate estimate of the overall impact(s) of abuse which may be less, or greater, at different developmental time points and influenced by intervening experiences or coping efforts’ (Wolfe et al. 2010, cited in Blakemore et al., 2017, p. 25). This is an important consideration for the present study.

However, there is increasing recognition that ‘negative life outcomes are not universally experienced by victims of child sexual abuse’ (Death, 2013, p. 6). Research shows that positive adjustment (resilience) in victims of institutional abuse is in part associated with a lower overall level of past institutional abuse, and in particular with the overall level of sexual and emotional abuse (Flanagan et al., 2009; Higgins, 2004; Wolfe et al., 2006). For example, in a study of 247 victims of institutional abuse in Ireland, Flanagan et al. (2009) compared 45

cases (18 per cent) who did not meet the diagnostic criteria for common DSM IV axis I or II disorders<sup>10</sup> (considered to be the resilient group), with 119 cases who had one to three diagnoses (considered to be the poorly adjusted group), and a further 83 cases who had four or more disorders (considered to be the very poorly adjusted group). Compared with the very poorly adjusted group, the resilient group was older and of higher socio-economic status; had suffered less sexual and emotional institutional abuse; had experienced less traumatisation and re-enactment of institutional abuse; had fewer trauma symptoms and life problems; had a higher quality of life and global level of functioning; engaged in less avoidant coping; and had formed secure adult attachments. The findings of this study are consistent with those of Wolfe et al. (2006) who found that 12 per cent of a group of 76 adult males with a mean age of 39 years who were abused in religiously affiliated institutions also showed an absence of mental health problems. In a recent study of victims of maltreatment in Israel (not just institutional child sexual abuse), Carmel, Sigad, Lev-Wiesel, and Eisikovits (2015) found that resilient children use their cognitive processes to distance themselves from their harsh reality and move to alternative 'places of being'. Such movement, along with the new locations, creates various pathways for building resilience to abuse.

Despite the limitations, research has identified impacts across multiple dimensions of a person's life. These are commonly attributed to the categories of crime and violence; educational and economic circumstances; psychological; physical; relational; sexual and spiritual health; and misuse of alcohol and drugs. In addition, people within the victim's social network are also impacted. The following will briefly outline the key findings of research on the impacts of institutional child sexual abuse across the life journey.

#### **4.4.1 Crime and violence**

Wolfe et al. (2006), when studying the effects of child abuse perpetrated within religiously affiliated institutions in Canada, found that approximately half of the participants had gone on to have a history of criminality following the abuse. Summing up the limited evidence on criminality, Blakemore et al. (2017) identify increased rates of criminal behaviour, charges and convictions for those who have experienced institutional child sexual abuse compared with child sexual abuse in other contexts. The authors cite research that identifies a range of offences, such as those involving property; illicit substance use; violence (including domestic violence, especially when alcohol is consumed); and sexual assault where sexual offences are more pronounced for males who have experienced institutional child sexual abuse

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<sup>10</sup> *Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR*. American Psychiatric Publishing.



compared with victims of child sexual abuse in other settings (Blakemore et al., 2017). In addition, Blakemore et al. (2017) cited evidence that victims of institutional child sexual abuse were more likely than others to imitate the sexual assault experienced. This is particularly important to consider given the emerging evidence regarding sexual abuse by another child or young person within institutions and the large numbers of children and young people living in OOHC.

#### **4.4.2 Educational and economic impact**

Bode and Goldman (2012) found that, of all the factors of institutional life, nine of the 10 victims perceived child sexual abuse in particular to have permanent and debilitating impacts on their educational development, opportunities and achievements. While little is known of the educational and economic impacts of institutional child sexual abuse, and most of the available research has been conducted in educational settings, Blakemore et al. (2017) cite research that demonstrates adverse outcomes for victims, particularly regarding academic achievement and later economic engagement and opportunities. These include:

- short-term avoidance and reduced interest in school and studying, including difficulties concentrating
- both short- and long-term feelings of distrust of educational institutions and their representatives
- reduced academic achievement
- difficulties maintaining relationships with peers
- disruption due to being asked to leave the school
- receiving disciplinary action and a perception of receiving negative attention due to having disclosed abuse.

#### **4.4.3 Psychological impact**

Blakemore et al. (2017) noted that while there is much research on the psychological impacts of child sexual abuse generally, there is less evidence identifying such factors relating to victims of institutional child sexual abuse. While not every child who is the victim/survivor of child sexual abuse will develop poor mental health, many authors suggest that some will go on to develop psychiatric and psychological disorders such as post-traumatic stress disorder (PTSD), anxiety and obsessive compulsive disorder (OCD) (Lueger-Schuster et al., 2013; Spröber et al., 2014). For example, Wolfe et al. (2006) investigated the effects of child abuse perpetrated within religiously affiliated institutions on adult adjustment. They found that

88 per cent of a group of 76 adult victims of institutional abuse suffered from a psychological disorder at some point in their lives, and 59 per cent presented with a current disorder. Participants showed significant trauma symptomatology where the most common conditions were PTSD, and alcohol and mood disorders. Similar rates of psychiatric disorders were reported by Carr et al. (2010), who found that over 80 per cent of 247 Irish adult victims of institutional abuse (half of whom reported being sexually abused) had met the diagnostic criteria for an anxiety, mood, substance misuse or personality disorder at some point in their life (participants had lived in institutions for an average of 10 years before the age of 16).

Overall, the literature indicates that it is very common for victims of child sexual abuse to experience poor outcomes in terms of psychological wellbeing. This includes long-term diagnoses of acute psychiatric conditions such as depression, anxiety disorders and PTSD; alcohol/substance misuse; internalising trauma; self-harm and suicidal ideation and/or attempts; and mood disorders (Blakemore et al., 2017). In particular, institutional child sexual abuse has been shown to lead to more severe anxiety and PTSD, including diagnoses of Complex PTSD (C-PTSD), than child sexual abuse that occurred outside institutional contexts (Blakemore et al., 2017). For example, Lueger-Schuster et al. (2013) reported that psychopathological symptom distress was very high (84.9% reported clinically significant psychopathological symptoms) among the adult survivors of institutional child abuse they studied compared to those from other studies on child abuse. The authors reported about 50 per cent of the study sample suffered from PTSD and that the consequences of child sexual abuse involving penetration were most devastating for later mental health. The diagnosis of PTSD for victims of institutional child sexual abuse is disputed by some, who suggest that there are qualitative differences in symptoms which the diagnosis of PTSD cannot explain (Astbury, 2013; Farrell & Taylor, 2000). Farrell and Taylor (2000) argued that the diagnosis of C-PTSD is a better diagnosis for victims of institutional child sexual abuse.

In addition, death by suicide is commonly reported to inquiries into institutional child sexual abuse (Blakemore et al., 2017). Furthermore, Blakemore et al. (2017) cite some evidence that another distinct impact of institutional child sexual abuse includes a profound sense of betrayal and ongoing reminders of betrayal, alienation, deprivation and disadvantage more so than for victims of child sexual abuse generally.

However, more research is required due to limitations with the research evidence as it has mostly been collected through clinical settings. For example, Lueger-Schuster et al. (2013) suggested that the gender-imbalanced nature of their study (with more men than women), and the fact that participants had a slightly higher level of education compared to that of the general Austrian population, could have positively influenced the resilience and coping strategies of the sample study.

#### **4.4.4 Physical impact**

While there is limited research on the long-term impact of institutional child sexual abuse on physical health, available evidence shows increased occurrence of more serious health issues for individuals abused in institutional contexts than for victims of child sexual abuse in other settings (Blakemore et al., 2017). In addition, Blakemore et al. (2017) cited reports of inquiries of institutional child sexual abuse which have noted physical impacts distinct to institutional contexts, such as sleep, hearing and muscular/skeletal issues, and that physical impacts intensify with age.

#### **4.4.5 Relationship impact**

Victims of institutional child sexual abuse have been found to experience relationship-building and parenting issues stemming from intense emotions such as anger, fear, shame, and self-blame which compromise their relationships with people (Blakemore et al., 2017). Blakemore et al. (2017) sum up the literature to identify other important factors that impair and destabilise relationships, including difficulties building trust; being socially anxious; demonstrating avoidant, submissive, violent and fearful behaviours; sexual dysfunction; alcohol and drug misuse and addiction; and criminal behaviour. Furthermore, Blakemore et al. (2017) identified some research showing that institutional child sexual abuse, more so than child sexual abuse that occurs in other settings, affects relationships by way of feelings of lifelong isolation despite the fact that survivors are in relationships with others. In addition, and while methodological issues exist, Blakemore et al. (2017) have identified some research which suggests greater risk to victims of child sexual abuse of experiencing violence and abuse, including sexual abuse, in intimate relationships throughout their lives (where distinctions have not been made for where this occurred). This relates to expectations victims seem to hold regarding the presence of violence in their lives. Finally, regarding impacts on parenting, Blakemore et al. (2017) refer to literature which has found institutional child sexual abuse can negatively affect bonds victims form with their children, and parenting behaviours.

#### **4.4.6 Sexual impact**

In summing up the literature on sexual impact, Blakemore et al. (2017) cited evidence that institutional child sexual abuse can result in poor and non-functional sexual adjustment, confusion regarding sexual identity, feelings of sexual inadequacy, multiple problems engaging in sexual intercourse, and promiscuity. For example, when studying the effects of child abuse perpetrated within religiously affiliated institutions, Wolfe et al. (2006) found that more than two-thirds of the sample experienced significant sexual problems in adulthood.

These factors have been linked to higher rates of PTSD amongst this group of individuals and have been noted to impact men more than women (Blakemore et al., 2017). However, as previously noted, limitations exist regarding knowledge and understanding.

#### **4.4.7 Spiritual impact**

One relatively distinct impact of institutional child sexual abuse, but more commonly experienced when abuse has occurred in spiritual/religious contexts, is that of spiritual impact (Blakemore et al., 2017). Compared to other dimensions related to the impact of institutional child sexual abuse, this area is relatively well researched, with Blakemore et al. (2017) having cited 13 empirical studies along with a number of inquiry reports.

In summary, this is a complex area, where the abuse and impact is intertwined with concepts of higher being, organised religion and individual spirituality. Institutionalised child sexual abuse which occurs in religious institutions also adds the risk of longer-term impacts associated with disruption to the faith and beliefs of victims (Astbury, 2013; Spröber et al., 2014). As Spröber et al. (2014, p. 3) argued, 'when the abuse is committed by someone whom the victim/survivor not only trusts but associates with religious values, the sense of betrayal and powerlessness may be exacerbated'. 'Abuse by a trusted person can also result in psychosocial impairment, affecting a child's ability to establish relationships and attachments later in life' (Spröber et al., 2014, p. 9). According to Blakemore et al. (2017), impacts have been found to relate to ongoing increases or decreases in spirituality and involvement in religious practices; a profound sense of betrayal; loss of trust; rage; disillusionment; and feeling uncomfortable and afraid with regards to religious symbols and sites, which are often also important cultural symbols.

#### **4.4.8 Impacts on those not directly abused, but associated with the victim/perpetrator**

While there are similarities with child sexual abuse that occurs outside institutional contexts, the impacts of institutional child sexual abuse have been found to extend beyond the victim/survivor to family, colleagues and others in the institutional context (Blakemore et al., 2017). While child sexual abuse generally impacts people within the social orbit of the victim, it seems to occur differently for those connected to victims of institutional child sexual abuse (Blakemore et al., 2017). There are also differences in both the short- and long-term impacts on those external to the abuse across the life course, including via sequences of stressful life events post-disclosure. Stakeholders cited in the research, some of whom are distinct to institutional child sexual abuse, include parents and siblings of children abused, partners of young people and adults abused as children, witnesses (peer and adult), and institutional

staff members who may not have been directly involved but are vicariously affected (Blakemore et al., 2017).

Institutional child sexual abuse has been found to negatively affect parenting due to issues such as lack of awareness of the abuse and the abusive environment, the parents' inability to prevent the abuse and protect the child and, where relevant, intense feelings related to having introduced the child to the perpetrator (Blakemore et al., 2017). There are also many aspects of the process related to institutional child sexual abuse following disclosure that are highly stressful for parents, and which have been found to cause responses similar to PTSD. Summarising the findings of Blakemore et al. (2017), these aspects have been found to include involvement in therapeutic and legal processes, unwanted attention once the circumstances become public, and changes such as having to remove children, and sometimes the whole family, from the location and even from the community where the abuse occurred (both in a social and geographical sense).

Research regarding witnesses to the abuse (whether peers of victims or colleagues of the perpetrator) is limited (Blakemore et al., 2017). Summing up the available research and inquiry reports, Blakemore et al. (2017) reported that adverse impacts on wellbeing are mostly along the lines of vicarious and secondary trauma symptoms. Witnesses have also been found to experience feelings associated with complicity, co-option and fear; which include knowing about the abuse and not acting to stop it, or feeling no capacity to act, or having been forced to participate in some way (Blakemore et al., 2017). In addition, the literature on co-workers of perpetrators of institutional child sexual abuse report that they feel guilt, shame and remorse, and feel bullied, manipulated and abused themselves. They also report experiencing fear of colleagues found to be perpetrators and feel powerless to act or complain (Blakemore et al., 2017).

According to Blakemore et al. (2017), very little research is available on the perspective of partners of victims of institutional child sexual abuse. They note that most information about partners' perceptions to date is available through inquiry reports.

#### **4.4.9 Use of alcohol and drugs**

Drug use and misuse is common in victims of child sexual abuse that occurs both within and outside institutional contexts. Since it is an important factor in considering other categories of impact, it has been identified separately. According to Blakemore et al. (2017, p. 53), the limited research on alcohol and drug use by victims of institutional child sexual abuse, most of which is qualitative from inquiry reports, has noted that these substances are used to 'dull past and present pain and suffering', and that there seem to be links between the type of abuse that occurred and the extent of alcohol or drug misuse.

## 4.5 Conclusion

This section of the report has provided an overview of Australian and international literature on a number of aspects related to institutional child sexual abuse. The review provides a brief introduction to the research as it relates to the four research questions underpinning the research and includes the nature of institutional child sexual abuse; issues concerning the disclosure of institutional child sexual abuse; experiences of support mechanisms; and victim/survivors' wellbeing through their life journey.

The rationale for this review was that although the experience of child sexual abuse in institutions is traumatic for children whenever the abuse occurred and whatever the context, a number of factors are fundamentally affected by the broader context. Such factors include children's exposure to such abuse; the way they were likely to understand the experience; their responses to the abuse; and the likely responses of adults to any disclosure of abuse by children. This is also one of the conceptual issues for the research as a whole. Contextual elements include the time period in which the abuse took place, and how this influenced factors such as how children were viewed socially, the legal and policy regime relating to children and child protection, the understanding of child maltreatment, especially child sexual abuse, and the role of institutions.

This context has changed considerably over time and any analysis of the life journey of victim/survivors of child sexual abuse in institutions must take into account how these issues were conceptualised and acted upon when the abuse took place and in subsequent stages in the life of the victim/survivor. This is also a fundamentally important issue for the development of policies to protect children in institutions in the future, and to support those children who have been abused. Perhaps the most significant change that has taken place has been the changing nature of institutions, and in particular the rapid decline in the number of large residential institutions during the 1980s.

Overall, the literature reviewed here provides strong evidence of the overwhelmingly negative impact of institutional child sexual abuse on victim/survivors.

Adult survivors of institutional child abuse are a heterogeneous group experiencing a range of psychological outcomes. The vast majority of individuals experience significant psychological and psychiatric disorders, including PTSD, anxiety and OCD. Research using the diagnostic criteria for common mental health problems has found that a small minority of victim/survivors of institutional abuse (less than one-fifth) show some coping regarding the trauma of the abuse and do not meet clinical diagnostic criteria for any mental illness. Coping has been found to be in part associated with a lower overall level of past institutional abuse, in particular with the overall level of sexual and emotional abuse experienced. Compared to victim/survivors of severe emotional abuse and severe physical abuse, victim/survivors of

severe sexual abuse experienced higher rates of PTSD, alcohol and substance abuse, antisocial personality disorder, trauma symptoms and life problems. Victim/survivors of severe emotional abuse tend to be better adjusted than the other two groups, and victim/survivors of severe physical abuse occupy an intermediate position between victims of severe sexual abuse and victims of severe emotional abuse.

Although there is a large body of evidence on the effects of abuse on adult outcomes, the literature tends to focus on particular points in time and does not take a life course approach to examining the impacts of institutional child sexual abuse. Furthermore, the literature focuses on risk and protective factors, but does not examine in any detail how these factors interact with each other over the life course of the victim/survivor. These are clear gaps in the literature and the current report therefore is aimed at adding these new dimensions to the evidence base. This will help to develop a much more holistic understanding of how the experience of child sexual abuse in institutions resonates throughout the life of the victim/survivor.

The report also adds to the previous evidence base in that it covers the whole range of situations that have been experienced by victim/survivors who have attended the private sessions of the Royal Commission. Most previous research in this area is limited by the fact that it is based on extrapolations from particular types of institutions, and on abuse that has happened in particular historical eras or in particular organisational contexts. It is not clear that these findings would necessarily apply to the full range of institutions or to victims who were abused in other historical periods.

## 5 Profile of those attending the private sessions

The quantitative analysis was performed on information obtained from 2,794 victim/survivors and attendees who presented to private sessions between May 2013 and February 2015. Victim/survivors were categorised according to one of three time periods, defined by the date of first abuse.

Table 5-1 shows the age at first abuse for victim/survivors presenting to private sessions, categorised by time period in which the abuse first occurred. The table shows that almost one in two victims (47 per cent) were aged between 10 and 14, and almost a third (31 per cent) were aged 5 and 9 when they were first abused. Relatively few victim/survivors presenting to private sessions reported abuse that started when they were under 5 years of age (7 per cent) or in later adolescence (over 14; 9 per cent). Information relating to age at first abuse was missing for seven per cent of victim/survivors.

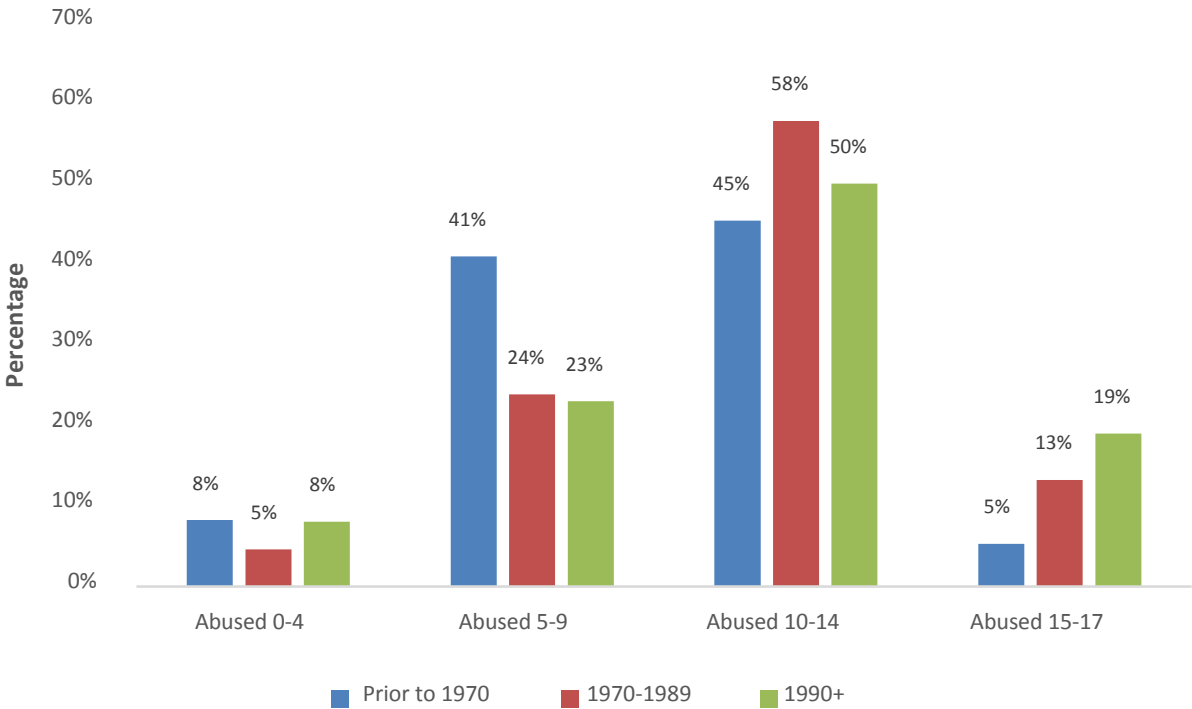
Table 5-1 also shows that approximately half of victim/survivors presenting to private sessions (48 per cent) were first abused prior to 1970. Six per cent of victims were first abused between 1990 and 2015. Information on the time period of first abuse was missing for 10 per cent of victim/survivors.

**Table 5-1: Time period abuse occurred by age at first abuse**

Age abused	Prior to 1970	1970–1989	1990–2015	Missing	Total number	Total (%)
Abused 0–4	110	46	14	11	181	7%
Abused 5–9	547	238	40	32	857	31%
Abused 10–14	606	576	87	43	1312	47%
Abused 15–17	71	132	33	7	243	9%
Missing	1	5	0	195	201	7%
Total number	1,335	997	174	288	2,794	
Total percentage	48%	36%	6%	10%	100%	100%



Figure 5-1 suggests that the number of victim/survivors abused between 5 and 9 years of age has decreased over time. Specifically, prior to 1970, 41 per cent of victim/survivors were aged between 5 and 9, compared with less than one-quarter of victim/survivors in the later time periods. By contrast, the number of first abuse episodes between the ages of 15 and 17 have risen over time from 5 per cent prior to 1970 to 19 per cent after 1990.

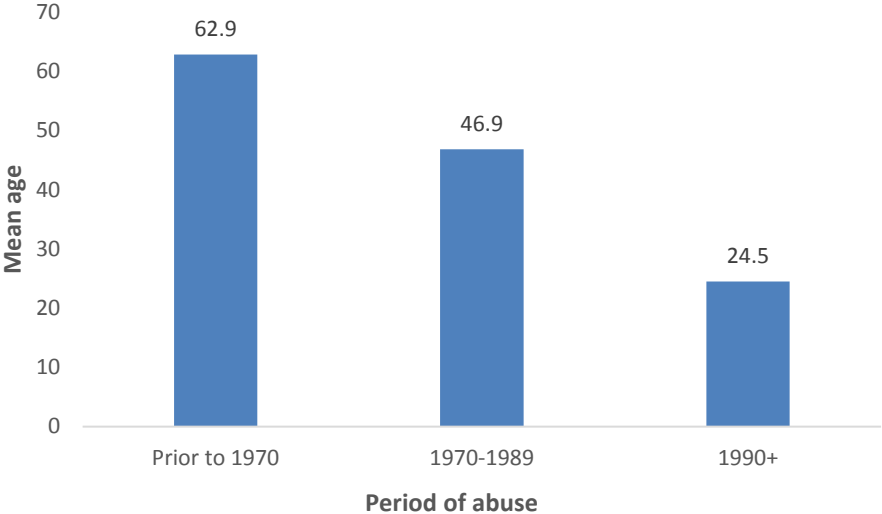


**Figure 5-1: Age of victim at first abuse as a percentage of total**

Note: victims with missing values on time period (n=288) were not included in the analysis.

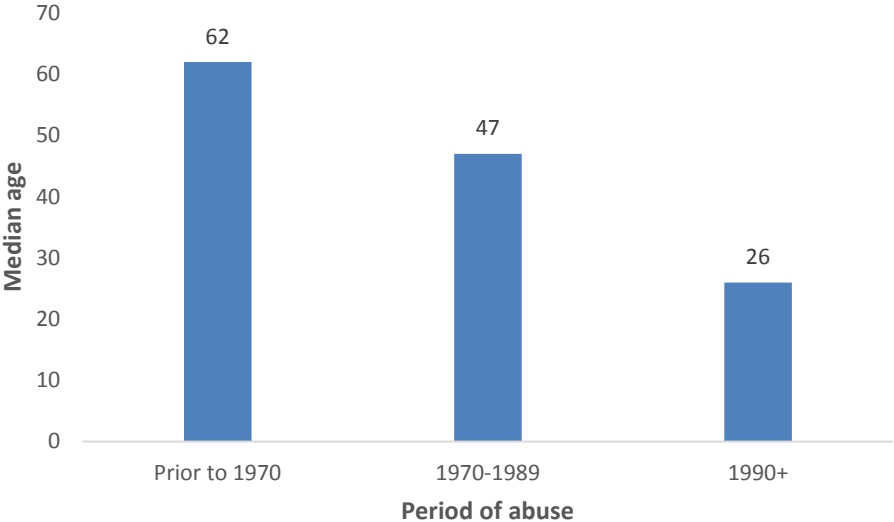
The average age of victim/survivors presenting to private sessions was 53.8 years (Figure 5-2). Unsurprisingly, there was a marked difference in age according to when they were first abused, with those first abused in the earlier time periods being older than those first abused

more recently. For example, the average age of victim/survivors first abused prior to 1970 was 62.9, compared with 24.5 between 1990 and 2015.



**Figure 5-2: Average age of victim at private session by time period of first abuse**

Note: missing information on age of first abuse (n=195) was excluded from the analysis.

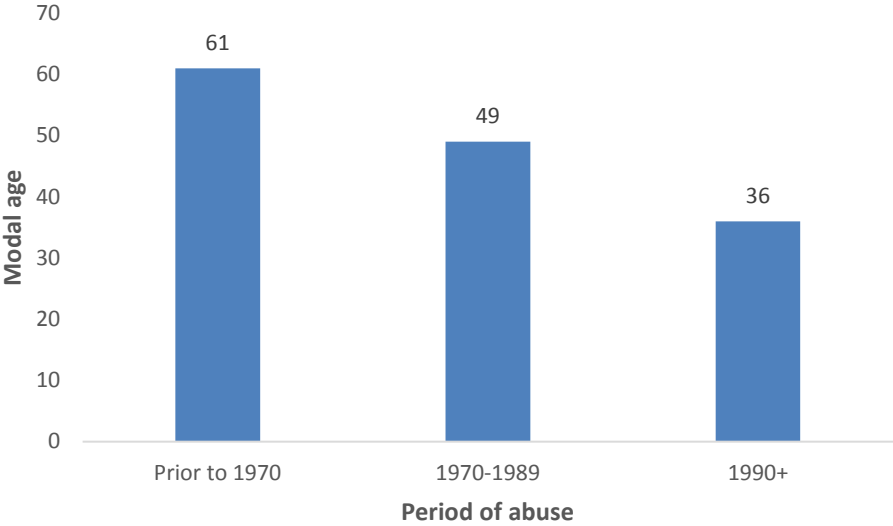


**Figure 5-3: Median age of victim at private session by time period of first abuse**

Note: missing information on age of first abuse (n=195) was excluded from the analysis.

Figure 5-4 shows the most prevalent age by abuse period. The mean, median and modal age in the earlier periods are quite consistent with each other – this is, the mean is similar to the median and the mode in each group. In the most recent time period, the modal age is

noticeably higher than the mean and median. This is a reflection of the long tail of age of abuse in the most recent group whereby older victim/survivors are more highly represented because younger victim/survivors have had the least opportunity to disclose their abuse.



**Figure 5-4: Modal age of victim at private session by time period**

Note: missing information on age of first abuse (n=195) was excluded from the analysis.

Table 5-2 shows the gender breakdown of victim/survivors by time period. Across all three time periods, 64 per cent of people presenting to private sessions were male and 36 per cent were female. There were some differences across time, however. Before 1990, approximately one in three victims were female, while from 1990 to 2015, females were more highly represented.

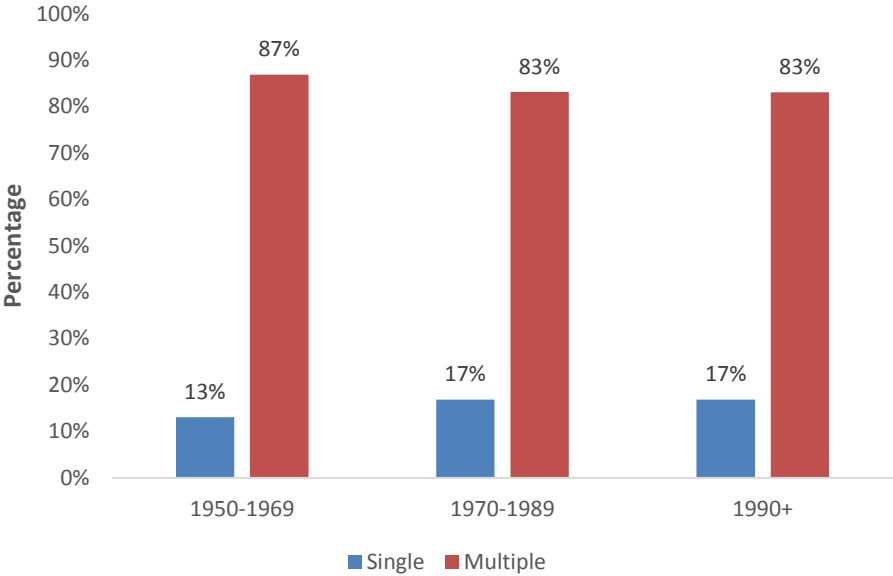
**Table 5-2: Victim gender as a percentage by time period**

	Prior to 1970 n=1333 (53%)	1970–1989 n=995 (40%)	1990–2015 n=174 (7%)	Total
Male	64	65	49	64
Female	36	35	51	36

Note: n=2,502 victims. Gender of other was excluded from the analysis. Victims with missing values on gender and time period (n=272) were not included in the analysis.

Many victim/survivors presenting to private sessions indicated that they experienced abuse on more than one occasion. Analysis of the quantitative information obtained from the private

sessions shows that this ‘multi-episode’ abuse was reported by 86 per cent of victims/survivors. The proportion of victim/survivors reporting multi-episode abuse decreased slightly from the period prior to 1970 compared with the two later periods (Figure 5-5). The proportions of single-episode and multi-episode abuse remained consistent across the latter two periods examined.



**Figure 5-5: Victim/survivors who experienced single and multiple abuse episodes**

Note: Missing information on abuse frequency (n=226) was excluded from the analysis.

The quantitative information obtained from private sessions showed that in addition to the fact that there were slightly more reports of single-episode abuse in the latter two time periods, the duration of sexual abuse in institutions appeared to decrease over time. Abuse episodes lasted an average of 3.1 years prior to 1970. This fell to 1.9 years between 1990 and 2015.

Victims identified over 3,000 alleged perpetrators and 3,493 institutions where abuse took place. These figures do not represent unique perpetrators or institutions: the information in the private sessions database was not consistently collected in a way that allowed identification of unique perpetrators and institutions. For example, multiple perpetrators might have been disclosed as ‘brothers’.

### 5.1 Comparison between qualitative and quantitative samples

A series of comparisons was conducted to determine the extent to which the selection of private sessions transcripts used for the qualitative analysis was similar to the full private session sample used in the quantitative analysis. Results suggest that the selection of

transcripts for the qualitative analysis were broadly representative of the larger group, with a few exceptions. The transcripts selected for the qualitative analysis were of sessions with victims who were slightly older (11.0 years) at the age of first abuse compared with the quantitative sample (10.1 years), and tended to experience abuse of a shorter duration (2.4 vs 3.4 years).

## **6 The nature of abuse experienced**

### **6.1 The nature of sexual abuse over time**

The institutional child sexual abuse described in the private session transcripts selected for the qualitative analysis varied widely, ranging from witnessing child sexual abuse to being severely brutalised while being sexually abused. The qualitative analysis found this variation in the nature and experience of the abuse was common across all three time periods, with no distinct difference between time periods. This finding was relatively consistent with the quantitative analysis.

The main types of abuse suffered over all three time periods were non-penetrative contact abuse, commonly referred to as 'fondling', and penetrative sexual abuse. The quantitative analysis showed that just over half (52 per cent) of victims abused prior to 1970 experienced penetrative sexual abuse and this dropped to just under half (48 per cent) from 1990 to 2015. Other types of child sexual abuse included grooming, violation of a child's privacy, exploitation of the child, and exposure of children to adult sexuality. Exploitation included exposing a child for sexual purposes on the internet, selling a child's services as a prostitute or having a child perform in pornography. Exposing children to adult sexuality included performing sexual acts in front of the child, exposing genitals, and exposing children to pornographic images. The number of violations of a child's privacy in institutions, which included forcing a child to undress or spying on a child in the bathroom or bedroom, remained constant across time periods, as did the exploitation of children in institutions.

The following section outlines the qualitative and quantitative findings related to the nature of abuse experienced within an institutional context, including an analysis of patterns across the time periods: prior to 1970, 1970 to 1989, and 1990 to 2015. This expands on the findings discussed in Section 6.1 and provides illustrative examples of the different types of abuse experienced by victims.

#### **6.1.1 Preparation/grooming**

Grooming, for the purposes of sexual contact, was often experienced as a graded approach to sexual abuse and involved the perpetrator taking a particular interest in a child and/or making the child feel special. The qualitative analysis showed that grooming was reported by victims more frequently between 1970 and 1989 than during the other two time periods. However, the percentage of victims in the quantitative analysis who reported experiencing grooming in institutions rose from 14 per cent prior to 1970 to 27 per cent between 1970 and 1989 then dropped to 21 per cent between 1990 and 2015.

Consistent with the literature review in Section 4, perpetrators often used preparatory behaviours or grooming to bring children into close contact with themselves and create distance between children and safe adults.

He said that shortly after he commenced at boarding school [male perpetrator] started asking him about his relationship between him and myself and him and [victim's father] [...] I understand why he's done all that, to see who [male victim] was closest to, and that's who he used – how he used us in conditioning [male victim] when he was grooming him. (Parent of victim, Education: Boarding, 1980–1989)(15)

I think he would sound people out. I knew he'd done this with me as well, where in class or something he would come up and just put his hands on your shoulders and start massaging you, and I guess judging your level of resistance or, you know, how you reacted to that, whether you were a potential target. (Male, Education: Boarding, 1980–1989)(45)

The transcripts used in the qualitative analysis showed that grooming behaviour reported by victims included the perpetrator building trust; showing the child special or favourable treatment; providing gifts and incentives, such as lollies, cigarettes, drugs and alcohol; and activities that reportedly made the child feel 'cool'.

At the time, as a [15–17]-year-old kid, I went, 'This is pretty awesome, like I've got teachers giving me all this cool shit'. (Male, Education: Day, 2000–2009)(59)

Reported grooming techniques tended to involve a lot of patience on the part of the perpetrator and often occurred over extended periods in what seemed an attempt to normalise, in the eyes of parents and other adults in the institutional community, the special level of attention the perpetrator showed towards the child. This often involved grooming being conducted under the guise of more legitimate activities such as sports coaching. There was no clear pattern to show that grooming behaviour was influenced by the nature of the institution, or by the gender of the victim or perpetrator. While some noted grooming behaviours were often ambiguous, and could be considered 'innocent', it could be argued this behaviour still presented opportunities for protective adults to intervene early.

How he was grooming me, I guess he would always have me seeing him in private, he would call me out of class to come see him – like, come down, walk down to the classes and pull me out of them, and I thought he was just being ... caring.' (Male, Education: Day, 1990–1999)(26)

He said to my dad, he said, 'Look, [female victim] needs some additional stroke training to get her technique better. You go, come back in about an hour. Take your son home and come back in about an hour.' (Female, Sporting club, 1990–1999)(53)

In some cases, particularly when the victim either lived with or had close contact with his or her family, grooming involved behaviour that seemed to have the intention of preparing the victim and victim's family for the abuse. This could even extend to the broader community within the institution, as perpetrators often gained status or popularity within the institution.

They work on the parents to start with, whether it is consciously or subconsciously, I don't know. They gain the parents' trust. The parents give their trust and then they turn their back for a minute and think everything's fine, I can leave them with [male perpetrator] for a weekend and nothing is going to happen because I trust him, I've judged him, I've seen him, I've met him. And then once the parents sort of either turn their backs or do their own thing, that is when they make their move. (Male, Scouts Australia, 1980–1989)(07)

I'd say probably not just my family. He gave up a lot of his time for the Venturers, and it wasn't just our unit. He was doing work within the state and things like that, so I think he was held in high regard and some parents would have valued his time and effort that he was putting into the kids. So I think from that perspective, he probably had a lot of trust and a lot of respect. (Male, Scouts Australia, 1980–1989)(19)

While there were incidents of grooming reported by victims in the qualitative analysis across each of the time periods, there was a higher incidence of reported grooming from 1970 onwards, with religious leaders, scouting leaders, sporting coaches and teachers all reported to have used grooming techniques. Grooming techniques were not generally reported when the perpetrator was a young person. This change in the reported incidence of grooming was consistent with the quantitative analysis, which found a rise in the incidence of grooming from 1970 onwards compared with the time period prior to 1970.

### **6.1.2 Non-penetrative contact abuse**

Victims whose private session transcripts were used in the qualitative analysis spoke of being exposed to a range of different types of inappropriate touch from the perpetrator. This included kissing, having to sit on the perpetrator's lap, being massaged or stroked, or having their personal space invaded by a perpetrator standing too close. Other types of touching that victims described as inappropriate was seemingly legitimate touch for the purpose of the activity that was being performed, but which the victim interpreted more as non-penetrative contact abuse, and which made them feel uncomfortable.

Victims reported that this type of inappropriate touch was often disguised as skills development or coaching, injury management and/or the provision of comfort or care.



I don't know whether it was a sore throat or a cold or flu, or something like that, and Mum and Dad wanted to take me to the doctor's to get fixed up and they suggested, you know, they might go and see [male perpetrator] and he'd sort me out because I hadn't told them anything. And I said I didn't want to go and see him and I got taken there anyway [...] It was partly legitimised in terms of I was medically unwell and my parent had taken me to see the doctor, but again, 'Take your clothes off and lie down' and, you know, as much as I was already in sort of a panic going in, I knew this had nothing to do with a sore throat and it was completely inappropriate. (Male, Scouts Australia, 1980–1989)(19)

After being in [institution] for several months I was molested by one of the staff members. I'm able to remember this. After a visit from my father and brother, who was then 15, I was rather distraught that night and couldn't sleep. I was sitting up in my bed late at night and the staff person who was in his late 20s and on duty asked me, 'What's wrong?' I said I wanted to go home. I remember him saying, "You can't go home. Behave yourself.' He took me down to his room and he sat me on his bed, gave me a cup of Milo and sat down beside me on the bed and started to rub his hand across my back and then started rubbing my leg. I told him to leave me alone, and got a clip around the head and told to be quiet. And I said, 'No, don't touch me.' With that he marched me back to my own bed. I was told any further trouble and I would be punished further. (Male, OOHC: Residential, 1950–1959)(34)

In the quantitative sample, non-penetrative abuse was the most commonly reported type of abuse, but the incidence of this form of abuse appeared to drop across time periods, from 70 per cent prior to 1970 to 58 per cent from 1990 to 2015. Inappropriate touch was reported by victims in the qualitative analysis as occurring more often during the time period 1970 to 1989 than during the other time periods. Some victims perceived the motivation for inappropriate touch was for the perpetrator to 'sound out' the victim's response in order to gauge their awareness of the inappropriate nature of the behaviour and the extent to which they would resist further abuse.

Victims included in the qualitative analysis spoke of non-penetrative contact abuse occurring both outside and under clothes and included perpetrators touching and groping one or more parts of their body, including bottom, breasts, testicles, penis or vulva. Victims described differing experiences of non-penetrative contact abuse, the intensity of which they said ranged from aggressive to gentle.

He comes over and sat next to me, blocking my exit out of the door, and said to me on the lounge where I was sitting, 'How can I help you?' I tried to explain to him the situation with the family and I was upset and I was crying. He then lunged on me, sort

of held me down, got on top of me, shoved his face in my neck. I can remember he used to wear a goatee – he had a goatee – and said to me – before that he had said to me, ‘You’ve got to give in, you’re gay. I know you’re gay. You’ve got to accept you’re gay.’ Then he put his hand on my groin and started rubbing me. I got up and, as I was getting up to leave, he was sort of grabbing on to my arm. So there’s this very fat man holding me by the arm trying to pull me back. (Male, Education: Boarding, 1970–1979)(13)

[Female perpetrator] drove down [name] Road and then stopped under a tree in the dark, turned the car off, leaned over and started kissing me, tongue kissing me. I didn’t really know what to do, so I kissed her back, and this went on for about two hours, two and a half hours. She told me, she said, ‘I love you, I love you so much.’ She just kept saying that over and over and over again. I kept thinking, ‘I’m 15 years old, this is too hard.’ I remember, I was wearing a green velvet sort of top and she topped – my breasts a number of times through the top, but then the tongue kissing went on for a very, very long time. (Female, Education: Day, 1970–1979)(17)

Furthermore, perpetrators were reported to have fondled genitalia both in public and private across all time periods.

So we’d be coming out of class, and then he’d [*indistinct*] he’d call us across to his office and he would [...] sometimes he’d shut the door, sometimes he likes it ajar, and basically just started off, he would ... His desk was here, we’d be over here, he’d call us to come closer and then he’d just started rubbing our legs and putting his arm around us. It was kind of, it was pretty awkward, you don’t really know – kind of froze kind of thing. So it was a pretty awkward time, and didn’t really know what to say, yeah. Gradually I guess he got more – it started to occur more regularly, and then he started to touch us and, yeah, he’d fondle and kiss and put his arm around us and tell us he loved us and all that stuff, and that gradually got worse and worse. (Male, Education: Day, 1970–1979)(16)

He would sleep with boys. He’d have boys around to his house. I mean, I remember one night; he was touching me up all night virtually in his house. I remember waking up with him sort of on me if you know what I mean. (Male, Scouts Australia, 1980–1989)(07)

### **6.1.3 Sexual acts with genitalia (including penetration)**

Sexual abuse involving penetration was reported by approximately half the victims across each of the time periods in both the qualitative and quantitative samples. The rate at which this type of abuse occurred remained relatively steady throughout the three time periods,

with quantitative information showing the proportion of reports of penetration at 52 per cent up to 1970, 55 per cent between 1970 and 1989, and a slight decrease to 48 per cent after 1990.

Interestingly, prior to 1970, penetration was usually always described by victims in the qualitative analysis as being brutal and was accompanied by the victim being beaten, sometimes unconscious, tied up, drugged and raped, including group rape (both anally and vaginally, and with both fingers and penis). For many victims, it involved a combination of these.

I remember standing in the sacristy again; I remember the light coming through the windows was very yellow, golden light. Then the door that led out to go across to the presbytery opened and two priests came in holding my sister between them, holding her by the arm or hand. I remember seeing her face and it was as white as a ghost and she was not with it, she was incredibly distressed. She wasn't crying, she was just silent and in shock and she had some blood running down her leg into her sock [...] Then the priests were laughing, there were several of them in the room. So they were laughing. Then they started to lead me around towards that door and I was completely terrified [...] Then I don't remember how I got onto the bed, but I remember looking at my feet being tied, my legs were tied to the posts, and I looked up and there was a priest with a camera. There was another priest there and I remember my bottom being exposed and remember them lifting my skirt to expose me. Then I don't remember what happened after that, and I'm very glad I don't. (Female, Place of worship, 1960–1969)(14)

In addition, one victim/survivor during this time period reported having been forced to have penetrative sex with other children in the institution.

I looked at the woman who bathed us and smacked us if we wet our beds. She was standing at the bathroom door in the hallway, smiling at me. The [teenage perpetrator] pulled my pants down and told me to put my dick inside the girl. (Male, OOHC: Residential, 1950–1959)(30)

Similarly, penetrative child sexual abuse during the time periods 1970 to 1989 and 1990 to 2015, as described by victims included in the qualitative analysis, involved children being vaginally and anally penetrated, with both fingers and penis. There were also examples of children being gagged, drugged and choked when raped, as well as being subjected to group rape.

#### **6.1.4 Witnessing sexual acts**

Witnessing sexual acts occurred across all time periods according to the private session transcripts used for the qualitative analysis, but it was not reported very often. It involved having to watch adults and children engage in various forms of sexual activity, both in their presence and via watching pornography. Use of pornography was noted by victims when discussing experiences of institutional child sexual abuse during the latter two time periods. Similarly, results from the quantitative analysis suggested that this form of abuse, while on the rise slightly, is fairly uncommon. In the time period prior to 1970, approximately 9 per cent of victims experienced this type of abuse. This proportion rose steadily to 14 per cent between 1990 and 2015.

#### **6.1.5 Exploitation**

Exploitation of children, as described by victims in the qualitative analysis, took the form of:

- drugging children to rape them (which reportedly occurred during all time periods)
- opportunistically engaging the child in sexual activity when they displayed sexualised behaviour due to prior abuse or needing affection
- falsely accusing a child of rape and using this against the child later to engage the child in sexual activity
- forcing a child to sign a form to state the rape was consensual
- video recording or photographing sexual acts with children.

The quantitative analysis found that few victims spoke of being exploited (2–3 per cent), and this was consistent across each of the time periods, and with the quantitative information obtained confirming that 3 per cent of victims were exposed to this type of abuse.

#### **6.1.6 Violations of privacy**

The qualitative analysis showed that violations of victims' privacy occurred across all time periods and involved perpetrators watching children in the shower, or encouraging other children to watch, forcing children to undress, or photographing sexual abuse incidences. One victim/survivor recalls being asked to masturbate in front of the perpetrator.

When you're in a place like that, you tend to experiment with the other guys. You know, it wasn't abuse; it was just experimentation, and obviously somebody had said something to [male perpetrator] about me and he got me into his private study or something one day and said, 'I believe you play with yourself.' I was pretty shocked

and I said, 'Well, yeah.' He said, 'Well, show me.' That's how it all started. So it was just straight out, 'Show me' and, 'if you don't' — so I did. That's how it all started.  
(Male, OOHC: Residential, 1960–1969)(08)

The quantitative analysis found that after non-penetrative contact abuse and penetration, violations of privacy were the third most common type of sexual abuse. Across all time periods, violations of privacy were reported by 22 per cent of victims. This number decreased across time periods to 13 per cent between 1990 and 2015.

### **6.1.7 Spiritual dimensions to child sexual abuse**

As reported in private session transcripts selected for the qualitative analysis, institutional child sexual abuse involving a spiritual dimension occurred more often prior to 1970 than during the other two time periods. This may be because more children were in faith-based residential institutions in this period. However, for all time periods, the number of victims reporting this remained low. This type of abuse was described as involving ritualistic aspects, such as licking blood off a child's leg and stating, 'This is the blood of Christ' (Male, OOHC: Residential, 1960–1969)(41). It may also have involved a satanic dimension. Perpetrators sometimes forced children to pray, telling them they would go to hell if they did not do as they were told, and showing a picture of the Pope modified as pornography.

### **6.1.8 Physical abuse**

The private session transcripts used in the qualitative analysis showed that victims reported that physical abuse occurred both during and apart from the sexual abuse. This abuse was often considered to be a part of the general culture of the institution: it was perpetrated by adults more often prior to 1970, and by children more often from 1990 to 2015. In the quantitative sample, the proportion of victims reporting physical abuse in institutions dropped from 71 per cent prior to 1970 to 41 per cent in the most recent years. In addition, according to the qualitative analysis, reports of physical abuse mostly relate to abuse that occurred in closed institutions, involved beatings of varying levels of severity. Hospitalisation was reported in a few cases.

Physical abuse that co-occurred with child sexual abuse was much more commonly reported prior to 1970, though instances were still reported during the other two time periods.

[...] slammed me up against the wall and then he just went straight down and he went to grab – I believe he was going for my testicles. Instead he missed and he grabbed hold of the top of me penis like that. And, of course, I only had pyjamas on, he had hold of it and I couldn't get away and I'm trying to push him off and I can't get away because he's got a hold of me. The more I tried to pull away, he's locked on. So I

said, 'You dirty bastard', like that, and with that he let – well, you don't call a paedophile a dirty bastard – he let go and he just whack, whack, whack and he punched the living stuffings out of me, punched me in the stomach, punched me in the testicles, punched me in the groin, then he grabbed hold of my head and he just kept slamming me head up against the wall. (Male, Education: Boarding, 1960–1969)(11)

### 6.1.9 Emotional abuse

Emotional abuse also co-occurred with institutional child sexual abuse. However, victims in the qualitative analysis reported this more frequently during the first two time periods than from 1990 to 2015. Prior to 1970, emotional abuse was described as including the creation of a culture of mistrust; uncertainty regarding when abuse might occur; threats to kill family, or that they would never see their family again; threats that more abuse would follow or the child would go to hell if they disclosed; and reminding the child of the extent of their isolation and vulnerability. These findings are consistent with those of the quantitative analysis, in which emotional abuse reportedly occurred frequently. Prior to 1970, 75 per cent of victims reported the experience of emotional abuse; this decreased slightly in the later periods, to 67 per cent of victims from 1990 to 2015.

He said that as we developed more he would have some more sessions with us. That wasn't something I was particularly going to look forward to. I was petrified of course from then on every time I saw him that there might be another session. (Male, Place of worship, 1960–1969)(33)

It was just the stories that – they would say that you had to do this or you'd never see your parents again. And I got that right throughout my career in boys' homes. (Male, OOHC: Residential, 1960–1969)(41)

Another victim summed up the co-occurrence of emotional abuse well when he stated:

Basically affectionate but I think, you know, you're fully aware – I think I was fully aware at that stage that it was affection on a leash. (Male, Education: Boarding, 1980–1989)(45)

During the time period 1970 to 1989, emotional abuse involved badgering the child to think they were homosexual and that the sexual abuse was their fault. During this time period it also reportedly included threats to shame the child's parents, threatening rape, using rape as punishment, denying paternity of a child or stating the child's mother would die.

He said that, you know, 'You must never tell people what's happened, because that will just bring shame on your parents to think what you've done', and that it was [male victim]'s fault. (Parent of victim, Education: Boarding, 1980–1989)(15)

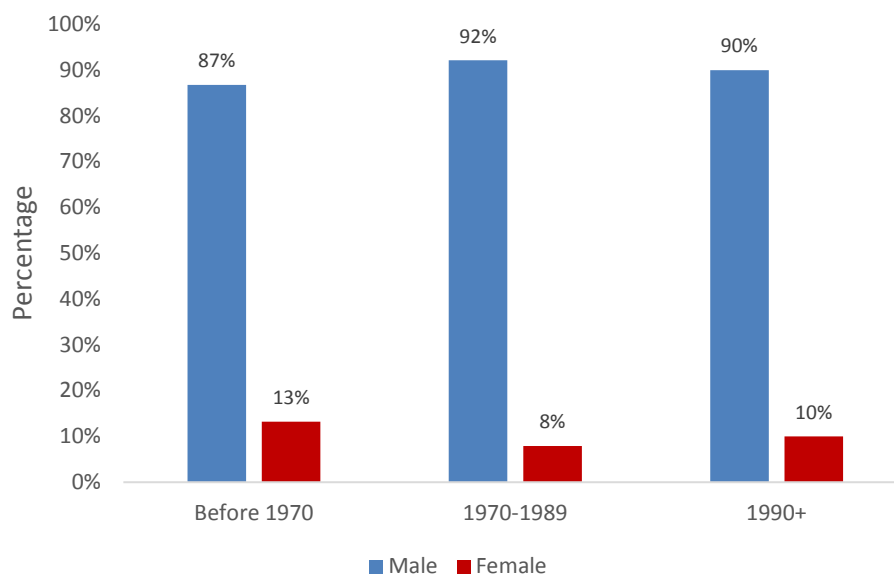
One of my memories of him abusing me was telling me not to tell my mother because it would kill her, and then she subsequently died. And I think as a child I sort of had this guilt trip on my mind. I know – but, anyway. But I did tell Mum. (Female, Place of worship, 1970–1979)(40)

Emotional abuse was reported to occur less after the 1990s. However, when it did, it tended to manifest as bullying and harassment to engage in sexual activities.

## 6.2 Perpetrator characteristics

The literature review indicated that there is debate as to whether there are common behavioural motivations and psychological characteristics among perpetrators of institutional child sexual abuse. Some researchers argue that there are commonalities, while others say that, aside from power and status factors, perpetrators are a heterogeneous group, lacking characteristics that distinguish them from the general population (Blakemore et al., 2017).

Consistent with the literature, the quantitative analysis for this study found that the vast majority of perpetrators were male across all of the three time periods (refer to Figure 6-1). The following sections outline the characteristics of adult perpetrators and of children who sexual abuse another child.



**Figure 6-1: Gender of perpetrator by time period (n=3057)**

Note: Missing gender (n=353), other, and unknown information (n=139) were excluded from the analysis.

## 6.2.1 Adult perpetrators

A variety of characteristics related to the adult perpetrator were found to be associated with victims' vulnerability to institutional child sexual abuse in the qualitative analysis. These included personality traits, how the perpetrator presented in public and in private, and their status within the institution and wider social setting.

Many victim/survivors reported perpetrators were charming, charismatic and popular with other children and adults, including parents, when in public. In the more recent two time periods in particular, it was often reported that perpetrators were respected community leaders who went 'above and beyond' to engage children in activities that appeared to be of benefit to them and their families. Most adult perpetrators held some form of leadership position within the institution – for example, as choir master, teacher, general practitioner, scout leader, sporting coach or religious leader.

When out of view of public scrutiny, victim/survivors described perpetrators as being assertive, bold and confident, as well as aggressive and physically overpowering. Controlling or bullying behaviours were also commonly reported. This included perpetrators threatening victims, and being dismissive of the child's perspective and protestations. In a few cases, perpetrators were noted to become jealous and/or controlling of victims' time and social networks; a situation that was sometimes reported in conjunction with the relationships being perceived to have romantic-like undertones.

He'd grab me at the end of sport matches away or he would grab me at the end of – like, when I was at school on a Saturday and there was a sports carnival on, sometimes he'd grab me after a game. It ended up, as I got older and I started getting girlfriends, I started trying to distance myself from it because it was weird. I don't know, I just kept going and I tried to even – like, even through school, I tried to be evasive, but then when I was being evasive and he would never see me, he would just turn up at my class and grab me from class [...] I could not not go with him. (Male, Education: Day, 1990–1999)(26)

In a small number of cases, perpetrators were described as acting affectionately while the child was compliant, but sexually aggressive when the child resisted.

I learned to survive and so I was compliant. Some of the other guys were viciously bashed and raped and all that sort of stuff [...] Yes, he did threaten me, otherwise I wouldn't have done it, and I was in fear and, as I said, I needed to do what I needed to do to survive. (Male, OOH: Residential, 1960–1969)(08)

However, this did not follow a consistent pattern. Other perpetrators reportedly withdrew when children resisted them.



But [friend] was never touched ... He's got an olive-coloured skin and very thin, but I tell you what, he said to the Brothers [...] there were three or four of them trying to get him, to get him up in the room there to do their thing, and he said, 'I'll guarantee [...] If you touch me', he said, 'I'll guarantee you're dead before you hit the ground', and that's what he said. (Male, OOH: Residential, 1950–1959)(24)

Some victim/survivors perceived that the perpetrator appeared nervous. Of note, sometimes descriptions were such that it could be interpreted that perpetrators considered the abusive interaction as more along the lines of a romantic relationship.

Examples from across the time periods show that perpetrators would disguise the sexual abuse to make it seem as if they were legitimately comforting children, keeping them warm and safe, giving a sports massage, giving advice, playing a 'love game', or simply helping the family. They also made it seem as if they were showing attention in the normal course of work, during such activities as communion, confession, sexual development education, tuition, educational reviews, music lessons, sex education lessons, gymnastics lessons, teaching relaxation in drama, choosing costumes for theatre, building computer technology skills, medical examinations, recreational activities, sports training, spiritual guidance and therapeutic counselling.

He would send everybody off, out into the pool, and this was probably even September, like a little bit later, he used to send everyone off into the pool to start and he would keep me back and go, 'I'll rub down your shoulder for you.' I can't remember what he used, probably Deep Heat or something, I can't remember, but he would start rubbing my shoulder and then he'd slip his hand down my togs and he would start rubbing my breasts, rubbing my stomach area. It was always quite vigorous; it was like he was purposely trying to make it not seem like a big deal. (Female, Sports club, 1990–1999)(53)

Perpetrator attributes characterised by manipulation and deceit were reported across all time periods. Manipulation was very common and occurred when perpetrators disguised the sexual abuse as legitimate activities, combined with an air of authority that it was normal behaviour.

While that was all happening, there was a teacher on the outside which I didn't really think much of at the time, who really took me under his wing and just spent his whole time convincing me that the school was out to get me and he was going to keep me safe, and that included spending a countless amount of hours in his office. You know, if I had issues in another class, he'd always make sure he'd unlock his office so I could go in there and really kept me close to him, and I still recall so many occasions of how he was going to protect me and he was going to look after me and the school's

out to get me and then getting me to use his computer and access all my schooling through his computer (Male, Education: Day, 2000–2009)(59)

A few victim/survivors also reported manipulation in the form of perpetrators blaming the child for the perpetrator's sexual arousal. In addition, many reported a perception that the perpetrators acted in ways that were deceptive and which demonstrated the perpetrator knew it was wrong. Examples include perpetrators:

- taking the child to an isolated room when discovered by another adult
- concealing pornography in their room
- hiding the child when cars went past while they were kissing in the car, and making a statement to the effect that they would get in trouble if people knew
- commenting in a way that gave the impression he knew what he was doing was against the law
- lying and hiding the details about the abusive environment from authorities and parents.

Finally, some reported that perpetrators exhibited overly sexualised behaviour with children in general, as well as with specific children. Regarding specific children, some reported a perception that some perpetrators deliberately selected lone, vulnerable and sick children, such as those known to have no means of support or escape. This was also evident when victims discussed experiences of children and families being treated selectively as favourites, and as special.

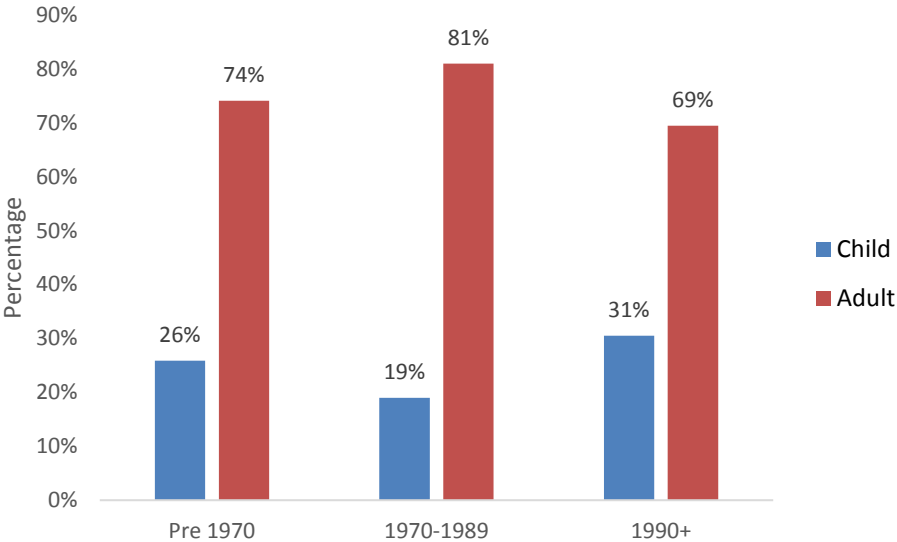
He had his little favourites and he had ones he used to bash. If you didn't comply with him, you'd get bashed. (Male, OOHC: Residential, 1960–1969)(02)

## **6.2.2 Children displaying harmful sexual behaviours**

As outlined in the literature review, there is limited research on sexual abuse by another child or young person. Most research identified was from studies of out of home care (OOHC) institutions, although this research was dated (Blakemore et al., 2017).

Figure 6-2: indicates that a substantial proportion of perpetrators across all three time periods were other young people, with just over a quarter of perpetrators prior to 1970 being young people, nearly one-fifth between 1970 and 1989, and nearly one-third between 1990 and 2015. These figures must be treated with caution because in a large number of private sessions the perpetrator's age was not recorded and hence was not included in this analysis. It is most likely in these instances that the perpetrators were adults (that is, when the victim

did not know the age of the perpetrator) and therefore the proportion of children who sexually abused another child, as shown in Figure 6-2:, is possibly inflated.



**Figure 6-2: Proportion of adult perpetrators and children who sexually abused another child by time period**

In the qualitative analysis, one-fifth of the instances of sexual abuse were perpetrated by another child or young person, the majority occurring between either 1970 and 1989 or 1990 and 2015. Consistent with the literature, most of the abuse took place while the victim was in OOHC or a correctional institution. Only in one instance did the perpetrator nurture a relationship with the victim/survivor, and this was also the only instance in which the perpetrator was female. In all other instances the perpetrator was male and the sexual abuse was often unanticipated and/or violent.

For most female victims who were sexually abused by another child or young person, the abuse occurred either when they were in foster care or in a group home setting. In each instance, the perpetrator was an older male child who resided in the same residence. Victims noted that the perpetrator often had a higher status than the victim within the residence, including having been with the foster family for a longer period, or in one case being the birth child of the foster carer. In these instances, the abuse took place in private spaces, such as the victim’s bedroom or the common bathroom, and often occurred during the night.

He was two years older than me, so I would have been [10–14], he was [15–17] [...] So what happened is he came into my room one night and he just hopped on top of me and the next minute I know there was sticky stuff everywhere and he just left, and

I was confused and I was actually scared while he was in there. (Female, OOHC: Foster care, 1980–1989)(46)

Most male victims who were sexually abused by another child or young person also reported being abused in a residential setting, either an OOHC residential centre, corrective facility or group home. Details of the abuse were not available for all male victims abused by another child within a residential setting as a number of the private sessions were attended by a parent providing information on the victim's behalf. This was particularly the case if the victim had a disability, and parents did not always provide, or in some instances know, details of the abuse. However, where information about the abuse was available, it showed that the sexual abuse was often accompanied by bullying and violence and perpetrated by an older male child.

This is where I was forced to do oral things to another male. All I remember of this male now, I was six years, five or whatever, six going on to seven, I was – whenever I went to shower with this particular person, it was a single shower in a cottage called [name] where I was forced to give him mouth jobs or head jobs, whatever you want to call it, and that went on for the whole damn time [...] And I sort of from that point onwards it was very intense for me too because I was warned not to say anything. As you would be a child of six, and what have you, I was pretty bloody frightened. (Male, OOHC: Residential, 1970–1979)(39)

A small number of the incidences of sexual abuse by another child were reported within the qualitative analysis to occur within a day school environment. Two of the victims in this setting were male and one was female. Similar to the male victims in a residential setting, the male victims experienced bullying and violence along with the sexual abuse. In both instances the abuse occurred in a bathroom, one after school on school property and the other during a school camp.

I was violently and forcibly sexually abused for what seems like on a daily basis throughout the whole school year and this was each afternoon after school in the toilets [...] He had been kept back a couple of years and he was in my class, so if I was aged nine at the time, I think then he would have been 11 or 12, but he was a big – in my mind twice my size – he was a big bloke. (Male, OOHC: Foster care, 1950–1959)(25)

The sexual abuse that occurred on a school camp involved a number of witnesses and was perpetrated by children who the victim's mother reported were known for their 'disturbed and violent' behaviour. It was unclear why the victim would have been targeted.

They were all the same age [...] the two boys took [male victim] into the bathroom and locked the door and they couldn't break down the door. The children were told they had to stay in the cabin between 4.30 and 5.30, something like that, for the shower time, and the deputy principal told me it was the only time the teachers had to themselves [...] At the end of the experience, [male perpetrator], one of the boys, said he would throw himself off a cliff and [male peer], one of the boys who witnessed it, said he would stab himself in the throat. (Mother of victim, Education: Day, 2010–2015)(60)

The final instance of sexual abuse by another child involved a female perpetrator, with the female victim being one of the perpetrator's friends. The abuse generally took place in the privacy of the perpetrator's family home. This instance of sexual abuse by another child appeared somewhat different to the other instances reported in the qualitative analysis. The perpetrator was female, and the sexual abuse was regular and non-violent in nature. The perpetrator also reportedly used strategies to ensure that the relationship between perpetrator and victim was maintained.

[Female victim] then indicated that aside from the afternoons and the Friday, there were the innuendos. So in the morning there'd be, 'You know what's happening this afternoon', a wink, a pat on the bum during recess, various things like that. When they went home [...] she cornered [female victim] and touched her above the clothing, not under the clothing [...] [Female perpetrator] used words along the lines that 'This is a love game' and 'This is how I show you I love you'. (Parent of victim, Education: Day, 2010–2015)(38)

In this instance, the victim reportedly 'put up with it' because the perpetrator was her close friend, despite the abuse making her feel uncomfortable.

## **6.3 Factors that contribute to child vulnerability**

The following section outlines the qualitative findings related to the factors identified by private session attendees as having contributed to victims' vulnerability to abuse as children.

### **6.3.1 Individual factors that increase children's vulnerability to institutional child sexual abuse**

The findings of the literature review indicated that there was some evidence that victims of institutional child sexual abuse were more vulnerable to abuse – being isolated and more highly involved in the organisation – than children sexually abused in other contexts (Blakemore et al., 2017). In the qualitative analysis, a number of factors were noted by

victims, which they believed substantially increased their vulnerability to being abused. However, it must be noted that some of these extend beyond the control of the child, so it could be argued that they are not actually individual factors. These factors have been noted in this section but discussed in further detail in the relevant subsection.

A number of key factors related to the child that were discussed by victims in the qualitative analysis, and were consistent across all three time periods, included:

- reaching puberty
- poor awareness of sexual activity and child sexual abuse
- being abused, sexually and/or physically, previously
- being separated from the family
- being isolated when abused
- being seen as different to other children.

Over one-third of victims across all time periods were first abused between the ages of 10 and 14. This is a time when children begin to show signs of puberty, such as body changes, and start to think about and act upon changes in sexuality and body image. Victims, who were first abused at this age, or between the ages of 15 and 17, commonly spoke of feeling confused by what was occurring to them and commented on how their low awareness of child sexual abuse created vulnerability. Some perceived their relative naivety created a lack of understanding of the fact that what was happening was child abuse and was a crime. Hence, they were unable to make sense of what was occurring and act self-protectively.

It's kind of hard to face up to, but maybe I felt like I was special and somebody was nice to me or wanted me, and I didn't realise how weird and wrong it was, you know. (Male, Education: Day, 1990–1999)(26)

Others reported that while their understanding of child sexual abuse was limited, they had some awareness that what was happening was not right.

Just the feelings of complete shock and you had no idea what had happened to you. It was like being vaulted into some hell, some world. (Female, Place of worship, 1960–1969)(14)

The time period 1970 to 1989 saw some reports by victims that the graded approach to the abuse – that is, abuse that increased gradually in intensity and severity – created a sense that what was happening did not feel like it constituted sexual abuse. Also placing trust in adults who were actually not trustworthy increased their vulnerability to child sexual abuse.

However, it must also be noted that even when children did report an awareness of the notion of paedophiles, they were still abused.

In addition, there were reports that children thought sexualised behaviour, including child sexual abuse, was normal behaviour and hence this increased their vulnerability to it. This was particularly true for victims living in OOHC across each of the time periods, and was present in the culture of some boarding schools in earlier time periods. Furthermore, being a victim of previous child sexual abuse, such as sexual abuse by another child at a previous institution or when still in the family home, was reported to have created additional vulnerability. Some victims reported that this created emotional instability or encouraged sexualised behaviour, which may have manifested as the child seeking an inappropriate form of relationship.

I had my eyes fixed on this teacher and I started putting notes in his car saying ... I don't even know what they said – just, 'Hello, I want to talk to you', or something ridiculous. I don't know. I don't know [...] So I did pursue him. I'm not going to say I didn't, because I did. I was pursuing something – I don't know what it was – just some type of ... someone to look after me, or some awful kind of pathological thing maybe. I don't know. I don't know how to ... I don't want to say he came and did this to me, but, you know, it was inappropriate what he did, but I did make myself known that I was looking for someone – something. (Female, OOHC: Foster care and Education: Day, 1980–1989)(35)

Being a state ward and/or leaving the family home and being in OOHC, going to boarding school, or being placed in juvenile detention made children particularly vulnerable. This factor was exacerbated where the placement was unstable.

Furthermore, most, but not all, victims across all time periods noted that they were isolated or on their own when the abuse occurred.

I think I went to see him and then I went to this – it must have been something for Tournament of Minds or some sort of extracurricular thing in the hall, and obviously that was his opportunity because I wasn't meant to be anywhere. So I guess he got me from there and that was the first day he sexually abused me. (Male, Education: Day, 1990–1999)(26)

One dimension of isolation reported by victims was the individual factors that set them up as being different to other children. Some victims described social traits, such as being introverted or withdrawn, which made them a potential target for abuse.

I always felt like a misfit as a child. I felt deep shame and continual embarrassment when taking my place amongst other children at school because my home situation

was radically different to theirs. As a direct result I was marked out as constitutionally different from other children and this resulted in extreme shyness and eventual withdrawal resulting in overwhelming inferiority complex. (Male, OOHC: Foster care, 1950–1959)(25)

However, this was not a consistent pattern. A number of victims described themselves as holding high-status positions within the institution. This included being a school prefect or an elite sportsperson. However, this high status placed the victim in a situation where they could be isolated by the perpetrator, under seemingly legitimate pretexts.

When you're a prefect, you're sort of semi-isolated. You have your own little curtained-off room in the dormitory [...] I'm sure [male perpetrator] would have identified me anyway as being in isolation, a solo man, so to speak. (Male, OOHC: Residential, 1960–1969)(08)

I was very happy at [institution]. I had a great great group of friends, I was really popular and I played a lot of sport, and that sort of meant you got to know all the kids in the other years. Then around about Year 10 this new teacher arrived [...] who everyone noticed straight away because she had such a style and manner of interacting with the girls which was much more friendly and over-friendly and over-sharing than other teachers. She didn't have that distance, and so everyone started talking a lot about her. Then she started showing a lot of attention to me; like, she'd pick me out of class groups to do demonstrations and pick me out of lessons to go and do little jobs to help her with things. (Female, Education: Day, 1970–1979)(17)

A small subset of victims across each of the time periods recalled being sexually abused with other children present. This vulnerability was further exacerbated when other abusive adults were present and no protective adults were engaged with the child.

### **6.3.2 Familial factors that increase children's vulnerability to institutional child sexual abuse**

A range of family factors appeared to increase children's vulnerability to institutional abuse. These included abuse within the family, other characteristics in the child's family such as domestic violence, and alcohol or drug misuse, but also estrangement from parents, parents who were not attuned to the needs of the child and families who were overly trusting of institutions or professionals.

You know, it was – when we gave the chronological report to [police officer], and we wrote down events that happened and, you know, and reading it – writing it down and reading it, it really breaks your heart as parents, because we've made a lot of



mistakes, and we trusted people that we never should have ever trusted. We can see – when you read that report – and I had to give it to [police officer], and he was – you know, when he read it, he questioned me, ‘Why didn’t you act here? Why didn’t you act?’ You know, there were points in time that we could have done something, but we didn’t understand grooming and we didn’t understand the nature, and we trusted in the church and their employees. (Parent of victim, Education: Day, 2010–2015)(12)

A number of factors were identified that provided support for the idea that vulnerability to child sexual abuse operates on a level that is broader than the individual child and includes the family context. These family-based factors included high family devotion or loyalty to the institution, with parents not critically analysing aspects of the institutional culture. It could also involve the development of a trusting relationship between the victim’s parents and the perpetrator (where some victims noted in hindsight that the perpetrator had groomed the family) and/or the parents teaching the child to believe that adults associated with the institution were trustworthy.

In our family we don’t talk about anything. But the important thing, I suppose, is that you need to know who I am. And who that is – I was bought up there is no, like, sex before marriage. You believe and you trust. So I come from a non-worldly background. So to be in an institution where you should be able to trust and you can’t – I had the constant conflict that I was believing what people were saying. (Female, Place of worship, 1970–1979)(23)

A small number of victims’ families trusted the perpetrator to the point that they sought advice from the perpetrator on how to manage the change in the victim’s behaviour.

I talked to [perpetrator] about [male victim]’s changing demeanour and how he conducted himself, and he assured me it was all very normal. I had sisters and only girl cousins. It was news to me. I just thought this is what teenage boys do. (Parent of victim, Place of worship, 1980–1989)(47)

Other factors within the family that appeared to help create vulnerability for children included the status afforded to parents in having a relationship with the perpetrator. This occurred more during the first two time periods and mostly occurred when the perpetrator was a trusted member of a religious organisation.

In that era, you know, priests were highly regarded and it was a great honour to have association with, you know, Catholic priests and if they were a friend of the family. (Female, Place of worship, 1970–1979)(40)

However, this also occurred during the time period 1990 to 2015, when parents received status due to their involvement with the institution. This type of situation established a

dynamic where children felt isolated and disempowered due to parents being friends and/or colleagues with the perpetrator or people associated with the perpetrator.

Other reported family factors that created vulnerability for children included parents holding the view that child sexual abuse would not be possible within the institution, or the perpetrator living with the child and their parents (prior to 1970 only). Both these situations were only reported by victims abused prior to 1970. The other factor was the disengagement of parents from the child.<sup>11</sup> This last factor, involving the notion of engaged versus disengaged parenting, is discussed further in the next subsection.

### **Engaged versus disengaged parenting**

Prior to 1970, more victims reported having a disengaged relationship with their parents, rather than engaged. During this time period, parents who were perceived to be engaged were reported to be supportive and visited the child in the residential institution when allowed, although they still seemed unaware of the sexual abuse. In contrast, disengaged parents were reported to have had no apparent relationship with the child, and were either unsupportive or unaware.

[Male victim] has said to me that he said to his mother, 'I don't like [institution], I don't want to go there', without going into the reasons for it. And his mother said, 'Oh, don't be silly. You know, you love it'. And it seems to me that probably [male perpetrator] was aware that he wasn't particularly a loved child. (Wife of victim, Education: Boarding, 1950–1959)(48)

However, mitigating factors may have influenced the ability of parent(s) to engage with their child. Victims spoke of issues such as a father who had war-induced post-traumatic stress disorder, so had become alcoholic and violent, a mother who avoided conflict in order to maintain harmony within the home; and parents who were not residing in Australia, such as in the case of a British child migrant. Another victim/survivor noted her parents were distracted due to having a large family – where many of the children had been sexually abused – but were not neglectful.

When I was a very small child, I used to get in a cupboard. If I could get in a cupboard, I would go and hide in a cupboard, because my family were a bit nuts because all of these things had been happening [...] so the whole family was in distress and trauma and no-one knew why. There's my poor parents, you know, trying to – especially my mother, the burden fell on her – trying to make sense of these

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<sup>11</sup> This is not a simple case of engagement creating protective factors for children, and it can be argued that other factors must be at play when parents are engaged with their children in the institution. This is apparent because abuse still occurred when parents were engaged, and on some occasions it was both severe and sustained.

completely bloody weird traumatic behaviours from her children and she didn't know what to do. She knew something was wrong, but she didn't know what to do. (Female, Place of worship, 1960–1969)(14)

However, in this instance, it was noted that the grandmother would have known something was wrong as she had dealt with the physical results of a particularly brutal session of sexual abuse of her granddaughter, but was not reported to have taken action or investigated the matter.

During the time period 1970 to 1989, more victims reported having a disengaged relationship with their parents rather than engaged. Engaged parents/carers were reported to be supportive and visit the child, where allowed. However, a number of engaged parents inadvertently allowed the perpetrator additional legitimate contact with the child under the misapprehension the perpetrator was safe and trustworthy. Examples included asking the perpetrator to provide additional school tutoring, and seeking out the perpetrator as a confidant regarding the child's change in behaviour (which, it was later discovered, was due to abuse at the hands of the perpetrator). One parent warned off an adult he perceived to be a perpetrator and at the same time actively encouraged the actual perpetrator to provide extra protection to the child.

In contrast, parents who were perceived to be disengaged reportedly had little apparent relationship with the child, were unsupportive and/or dismissive of the child's protestations, and unaware of negative feelings the child held towards the perpetrator. Reports of similar conduct from disengaged parents also relate to the previous time period studied. Some victims noted that their parents were distracted by other issues such as career, family conflict, relationship issues and/or the death of a partner. During this time period, examples of disengaged parenting also involved parents:

- moving away from the child, or the child moving away from family, at a young age
- not visiting the child
- not being aware of what was going on in the institution
- not listening to the child
- trusting adults too easily, where trust for adults can facilitate grooming by perpetrators.

Furthermore, and similarly with other time periods, both engaged and disengaged parents did not always notice unusual comments or behavioural changes in children.

[Male victim] said later to us, '[perpetrator's] stupid' or something, or 'muddled' [...] Well, no alarm bells rang. We just thought he got it wrong. (Parent of victim, Place of worship, 1980–1989)(47)

I've known [male victim] since he was four years old and I've never seen him in a state like that, to go back. We knew something was wrong but it didn't twig because we weren't hearing anything. (Step-parent of victim, OOHC: Residential, 2010–2015)(57)

However, recognising the signs of child sexual abuse is not always a straightforward process for parents, as even the most engaged parents with trusting relationships with their children may not always be able to protect their child.

For me to be able to tell him that I loved him, I used to say, 'Did I tell you today that I loved you' and just do this, the rough thing, and he'd say, 'Yes, mum, yes, yes, a thousand times. Yes.' [...] Then I did it one day when he came home for the weekend [...] and he just threw my hands up and I went back against the fridge, you know, and I said, '[male victim], what's the matter?' He said, 'Nothing, Mum, just don't touch me.' I talked to him later about it. I said, 'That was a very strong reaction, mate. I didn't do anything that I haven't done to you a thousand times. What is it that's changed?' He said, 'I just don't like it anymore, Mum'. Well, because he was growing older, I thought maybe it's time I did start changing my tactics and maybe it's just the pat on the back or whatever [...] So what you're saying is true, that you do see these behaviours, but you're also recognising that your child is commencing through adolescence and that's quite a volatile time anyway. So you read into it, but because then you're also a mother and you think 'I've kept my child safe', so he's saying this hasn't happened. So, I mean, you don't go around thinking all the time your child is being sexually abused. I asked [male victim]. He emphatically denied it. So I believed him. (Parent of victim, Education: Boarding, 1980–1989)(15)

Finally, during the time period 1990 to 2015, reports from victims indicated that parents seemed to be more engaged in their children's lives than those in previous time periods, with a number of parents questioning the behaviour of the perpetrator, or uncovering evidence of the abuse and taking action.

I think at the meeting with the teacher, which I felt was quite bizarre, was that he gave the girls his phone number and said that if they had any problems, or they had gone through any troubles, that he was there for them, and I then said to him, 'Why would you do that?', and he said because he wanted to earn the trust of the girls, and he told the girls that they could tell him anything and he would not be the one to go running back and tell the parents. I then said, 'Well, not with me you don't.' I said to him, 'You

get rid of my daughter's number, and if my daughter confides in you, I want to know. This has got nothing to do with you.' I was really thrown back by the fact that he said that whatever they told him was confidential and he wouldn't go running back to the parents to tell them. That he wanted them to know that he was there for them. So I felt that was really a bit weird. I kind of thought – why would a teacher get involved with the girls' problems, or whatever? (Parent of victim, Education: Day, 2010–2015)(12)

In addition, a number of parents attempted to be supportive and take action to protect the child, including having the child removed from the situation, but were restricted due to the nature of the situation and/or institution. This related to situations in which the victim was in OOHC or a corrective institution. As with previous time periods, in some cases the institution restricted full access to details about the abuse, where in others institutional and/or government policies and legislation limited parental involvement and parents' rights to intervene.

However, again, even engaged parents during this time period were unaware of the risks and harms their children were experiencing.

I was scared, I was like to Dad, 'No, no, no', but I couldn't say it, I didn't feel like I could say anything, because Dad was always – when I said, 'I don't like [perpetrator]' Dad's like, 'You've got to get his respect. If you treat him badly' – because I used [to] – I started becoming quite rude – 'If you treat him badly, you won't get his respect. You've got to do what he wants you to', kind of thing. Of course, he had no idea. (Female, Sporting club, 1990–1999)(53)

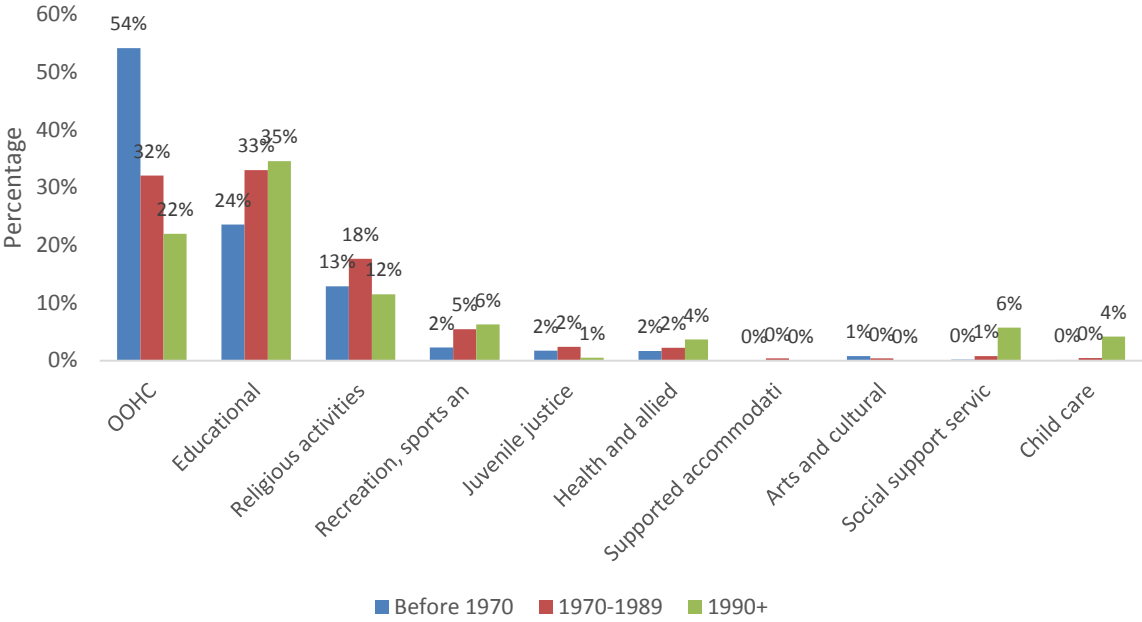
### **6.3.3 Institutional factors that increase children's vulnerability to child sexual abuse**

Information collected during private sessions on institution type included several categories of institution. Educational facilities comprise day and residential schools, both government and independent, as well as religious schools. Information on abuse in detention facilities, hospitals (including psychiatric hospitals), religious institutions, and sporting and recreational clubs (such as sports teams and scouts) was also collected.

Institutions listed as part of the OOHC system include contemporary residential arrangements (such as family group homes, residential care, home-based care and independent living arrangements), and historical institutions such as orphanages and children's homes. This category of institution has undergone a great amount of change across the periods of investigation in this report.

As described in Section 4.1.2 smaller residential care facilities were increasingly common than the larger state boarding homes after about 1950. From the late 1960s, maltreatment was becoming better understood, and children began to be viewed in society as being agents in their own right. As a result of these changes, newly introduced legislation and social policies led to the building of home-based foster care systems. Since that time, OOHC has continued to adapt to shifts in societal perceptions, including changing societal perceptions of child sexual abuse, and older institution types that were relevant for the earlier time periods have been superseded by smaller, more regulated care options.

The quantitative analysis found that OOHC was the institution type with the greatest percentage of abuse cases in the period prior to 1970, followed by educational facilities, and then institutions associated with religious activities. Figure 6-3: shows child sexual abuse across each time period by the institution type where the abuse took place. This figure illustrates that the vast majority of abuse that took place up to 1970 occurred in OOHC, educational and religious facilities (91 per cent). In both of the later periods, the percentage of abuse reports relating to educational facilities surpassed that involving OOHC. Educational facilities and OOHC remained the most common locations of abuse, followed by institutions associated with religious activities.



**Figure 6-3: Abuse in each time period by institution type**

Note: missing institution information (n=21) was excluded from the analysis.

## Prior to 1970

The majority of the victims whose private session transcripts were used for the qualitative analysis, and who were abused prior to 1970, were living within the institution at the time the abuse occurred. These institutions tended to be large welfare institutions, such as orphanages and children's homes, although a small number of victims spoke of experiences within faith-based boarding schools. These types of institutions were consistent with what the literature described as a 'total' or 'closed' institution, in that the children's lives were totally controlled by the institution and they had limited contact with the world beyond the institution (Goffman, 1960; Sprober et al., 2014). A smaller number of victims reported experiencing child sexual abuse when involved with institutions more accessible, or 'open', to family and public scrutiny. These were predominantly places of worship or day schools. Some victims were abused in multiple institutions and experienced child sexual abuse in both closed and open types of institutions.

The closed nature of the institutional context was found to be one of the major factors that contributed to children's vulnerability. According to victim/survivors, the very nature of a large residential institution established a certain mentality among adults within the institution that heightened children's vulnerability.

To be honest with you, there was no love, no understanding or no compassion in that home. (Male, OOHC: Residential, 1950–1959)(34)

This particularly occurred when the child was considered a state ward or orphan.

The four-year-old boy slept in the bed next to me and he was wetting the bed every night. When the woman came to make the bed in the morning with two other women, they would stand around the four-year-old boy's bed and slap him all at once with their hands and walk away a few steps and then they'd come one at a time and whack him individually again, calling him a 'good-for-nothing little bastard' and telling all of us we were all bastards, that we weren't worth anything. (Male, OOHC: Residential, 1950–1959)(30)

Underlying this was the perception that if the child was in OOHC, there must be no protective adults engaged with the child, therefore no one caring about the child's wellbeing. According to some victims, this established a perception that it would be possible to get away with behaviour known to be unethical or immoral because no one cared for the child. The example below is a continuation of the previously mentioned case.

He grabbed me by the arm and started dragging me into the toilet cubicle. I yelled out, 'What are you doing?' He said, 'Come with me.' I yelled again, 'What are you doing?' Because I yelled pretty loud – I had a pretty big mouth in those days – the woman turned around, the one that was standing cockatoo, watching for the nuns, and said to him, 'You can't touch that one. He's going out on the weekends. He may be fostered out soon.' He pushed me away angrily and grabbed another four-year-old boy [...] He was really angry and dragged the boy by the arm into the toilet cubicle and closed the door. I went to the dorm as fast as I could and hid under the blankets. I could hear the four-year-old crying and yelling out, 'I don't want to. I don't want to.' (Male, OOHC: Residential, 1950–1959)(30)

This was somewhat supported by another victim/survivor who noted how their status as a child in OOHC was met with disdain from otherwise potentially protective adults outside the closed institution, such as teachers.

Even when we went to school at [...] because we were from the homes, the teachers didn't want to help us, the kids didn't want to play with us because we were just nobodies, you know. (Male, OOHC: Residential, 1950–1959)(34)

OOHC placement instability only exacerbated this situation and vulnerability. This rang true for some victims discussing their experiences of boarding school as well. A loveless environment within the institution that created a culture where peers sought attention and affection amongst each other was noted to create vulnerability for children.

Most of the time there would have been 25 girls and 25 boys. That's where a lot of the sexual side of it all came into it too. There was a lot to do with that. There were 25 boys, 25 girls. In your age groups, you sort of looked for that love, sort of thing. It's weird. You were young. I started having sex and that sort of thing as an eight-year-old, with girls that were 15 and that age. That was just common. That's what happened [...] living under that situation. I think a lot of it was looking for that love from someone. I really do think that's what it was about [...] Then you had the older boys, like it says in there, who stepped over the line a lot. (Male, OOHC: Residential, 1960–1969)(29)

Concerns victims raised regarding the loveless environment were that this situation may have motivated children to respond to inappropriate grooming and sexualised attention from adults in ways that may have implied assent.

In addition, the isolated location of some institutions reportedly created the almost tangible idea that the institution was closed off from society and potentially protective adults, such as parents.



You would never see some kids after a – they'd just go missing, especially half-castes<sup>12</sup> [sic], because a lot of the half-castes weren't registered at birth. They'd have no family. They'd just go missing ...They'd hide in the haystack and they'd come along with pitchforks and people would just die. Everyone knew about it, you know, but no-one seemed to do anything about it. (Male, OOHC: Residential, 1960–1969)(41)

We had no rights. Nothing ...We were locked up – locked up completely. We didn't go anywhere, didn't do anything. Occasionally we went on a bus trip somewhere. I think in my final year I had a dance with a girl and that was interesting, but apart from that, we were just pretty well locked up in the home. (Male, OOHC: Residential, 1960–1969)(08)

In addition, there was a very strong sentiment that institutions wielded very great power over children's existence. Some victims specifically noted that perpetrators were predominantly motivated by status and power over people.

I felt my family was targeted by the Catholic Church because we were a prominent family. Dad used to do things in the community ...When they'd have some [*indistinct*] or something, my father was one of the dignitaries and they were sort of status-driven. (Female, Place of worship, 1960–1969)(14)

Victims strongly expressed a perception that children in these environments were not respected or consulted regarding what was happening to them. The way this environment operated created a culture of fear amongst many subject to the institution. This included amongst adults, between adults and children, and between children. Some argued that it established a sense of distrust amongst the children, with some children holding higher status than others, and an environment of constant fear and uncertainty.

He had such power. It was such as to – they had a microphone system and they were immediately called to attention and we dreaded the fear of being called into the boss's office ... He was absolutely cruel as, you know ... the power relationship over the boys. And we were scared. We lived in an uncertain fear of intimidation. (Male, OOHC: Residential, 1940–1949)(09)

That four-year-old boy would look into my eyes and I would look into his eyes while he was getting flogged by the women. He never shed a tear. He stared into my eyes until it stopped. I didn't stop looking at his eyes until it stopped. We were scared from

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<sup>12</sup> 'Half-caste' is a derogatory term for people with mixed parentage.

the minute we woke up until the minute we fell asleep. (Male, OOHC: Residential, 1950–1959)(30)

In addition, victims reported a culture in which children had no right to privacy. This involved experiences such as being stripped from the waist down when receiving corporal punishment and adults watching children when showering. Victims found the experience of closed institutions, where this culture existed, to be intimidating, demoralising and humiliating.

The horrific treatment that I received in the home from the staff still impacts on my life in a traumatic way. When I was placed in the home I was given a number and became a number, not a person. Dehumanised. This stripped me of my sense of being, a person, lack of worth, self-worth and identity. (Male, OOHC: Residential, 1950–1959)(34)

These factors were not so evident for the victims who had not experienced OOHC institutions. However, some factors contributed to all children's vulnerability to child sexual abuse whether or not the institution was where the children lived. These included:

- holding adults in high esteem and trust for their status, not for their behaviour towards children
- a culture and processes of concealment within the institution – for example, ignoring disclosures or moving perpetrators on if it became too hard to hide
- adults associated with the broader institution, but not directly concerned with the institution where the children were, having unfettered access to the children.

Along with this, many noted the culture of the institutions, and also the culture within families during this time period, were such that what children thought or wanted to say was considered to be untrue and not worth knowing. For example, adults within institutions were reported to threaten the children with punishment if they told the truth, including disclosing child sexual abuse. Others spoke of brutal beatings, in some cases to the extent that the child needed to be hospitalised or had a resulting lifelong disability, if they did speak out. The barriers to disclosure that this type of culture engendered are discussed further in Section 7 .

This type of controlling culture was perceived to spill over to the kind of contact birth families were able to have with victims. Some argued that institutional policy restricted, and at times completely prohibited, potentially protective adults' engagement their children.

Ironically, my life as a child was one that was devoid of any stability or security as [foster mother] kept shifting from place to place so my natural mother could not have any contact with me, which also made it impossible for me to develop long-term friendships with other children. Whenever my natural mother or members of my

natural family did attempt to make contact they were told to go away and they would not be seeing me again. (Male, OOHC: Foster care, 1950–1959)(25)

Dismissing parents' rights in this way further established conditions for the isolation of children, and narrowed the extent of external accountability to what was occurring within the institution.

In addition, while there were many reports of abusive relationships and bullying amongst peers across both types of institutions, there were a few reports of supportive and protective relationships between peers during this time period. Protection included warning children to avoid certain people, helping with the homework of children who were not as good at school and who were being targeted. However, reports that children were aware of abuse but avoided discussing it due to shame and fear of punishment were also made.

During this time period, children were more vulnerable to sexual abuse in institutions where adults were able to perpetrate violence and sexual abuse against children, and where bullying and sexual abuse between children was not stopped by adults, both at the local and state government level.

Corporal punishment in schools handed a terrible weapon of coercion and submission to paedophiles ... The fact that the State allowed religious schools to use violence against children, and repeatedly inspected and certified them, means that they must also share culpability for what happened in them. (Male, Education: Day, 1960–1969)(37)

In a few cases, some even argued that paedophilia was so ingrained in some institutional cultures more broadly that, being normalised, it was not acted on by protective adults.

Most noted that adults internal to the institution knew of abuse but did not act protectively when all manner of physical, emotional and sexual abuse was obvious. An example included supposedly protective adults seemingly not paying attention to, or concealing, the after effects of the abuse, such as clear injury involving bleeding and bruising, and other injuries in the vicinity of the child's genitals.

I have no recollection of ever thinking of telling her. Now there would have been – I didn't see for myself but there must have been bruises on my behind because there was a lot of pinching and that sort of thing going on, so somehow she never noticed that, which I'm sure she would have asked 'What is that?', and that perhaps might have been ... but there was never any thought on my part to tell her. The only way I can sort of recapture that time is just to say it just, you know, they were all friends and it wasn't for me to come and make any complaint about it. (Male, OOHC: Foster care, 1950–1959)(25)

I ran and told the nun [the victim] couldn't come yet. She said, 'Why?' I said, 'Because he has two balls on strings coming from his bum and he can't walk and feels sick.' The nun went white in the face, jumped up and ran down to the toilet. The two balls I now know were either his testes or his kidneys – I don't know what they were – bluey-whitish colouring. You could see veins and stuff. The nun came to me and asked me – she ran to the toilet. She came back a long time later and I asked her where my friend was. She said [the victim] wouldn't be coming back. I kept asking her every day, so did a few of the girls. The nun said, 'We don't talk about him anymore.' She was very angry. We didn't ask again. (Male, OOHC: Residential, 1950–1959)(30)

Furthermore, a small number of victims reported that some adults who were not directly abusive, prepared children for, or sent or took children to, known abusers for sexual abuse sessions.

The woman at the bathroom door yelled, 'She's coming back.' The nun was coming back from the building she slept in after having dinner. The teenager was running out of the bathroom so fast. As he passed the woman he said he hadn't finished. She said, 'Come back when the nun goes to sleep.' (Male, OOHC: Residential, 1950–1959)(30)

Despite the large number of reports by victims in the qualitative analysis of adults not protecting children, there were a few reports of adults responding protectively, who, in the words of one victim, were 'courageous people who did try to protect children' (Male, Education: Day, 1960–1969)(37). Unfortunately, in these instances, when adults did attempt to protect children, they were usually reprimanded or they lost their job.

Summing up the effects of this institutional environment during this time period, it was noted that a generalised culture of physical and emotional abuse, of power over, and control of children, and inappropriate sexual activity between children and adults, and between children, created a way of thinking about what was normal behaviour.

Well, we did not understand the concept; we took that as normal. We all took that as normal, yeah. (Male, OOHC: Residential, 1940–1949)(09)

This was common across responses whether children had lived in the institution or not, and whether the institution was considered a closed or open institution.

### **1970 to 1989**

The overriding sense of power and control over children lives that was present throughout victims' lived experiences prior to 1970 did not seem as apparent from 1970 to 1989. In addition, during this time period there also was less of a sense that child maltreatment,

especially child sexual abuse, was happening on such a large scale to all the children in an institution. Instead, this time period seemed to be characterised more by perpetrators isolating children from the general group of children than engaging in the mass-scale abuse noted previously. However, common factors that created vulnerabilities for children in both this and the previous time period include the closed nature of institutions, and experience of adults who, while not abusive, did not act protectively when abuse was made known.

Whether or not children lived in the institution where they were sexually abused, there were certain common factors that contributed to their vulnerability to abuse. These included the presence of non-protective adults, secrecy and poor outside accountability, a revered institutional culture, and a dismissive institutional culture regarding children's and parents' rights.

Non-protective adults were dismissive of children's disclosures of sexual abuse or took no action to protect children or challenge perpetrators over ambiguous conduct when it was obvious something untoward was occurring. This was despite many victims expressing the idea that they had expected adults to protect children, a sentiment that seems to have progressed since the previous time period. A number of victims raised concerns that perpetrators were relating to children, and children were responding to adults, in ways that should have raised suspicion yet there was no evidence non-abusive adults took protective action. For example, one parent said:

I just firmly believe that if my son saw other little boys in the sleeping bag, so would other staff. (Parent of victim, Education: Boarding, 1980–1989)(15)

Other examples of perpetrators acting outside the ordinary, and in a way that should have raised suspicions, included the perpetrator:

- going to live with a young person aged about 17, in a house alone together
- being seen with a child aged about 12 seated on his lap
- being regularly seen driving a child home
- paying for a child to attend a boarding school
- taking a child in a residential OOHHC setting overnight to hotel rooms.

Other victims also reported having made clear disclosures of abuse, or later discovering adults in positions of power outside the local institution knew of perpetrators' predilection for children, yet no protective action was apparent.

Examples of adults dismissing the child when they disclosed some type of sexual abuse included laughing at the child, and responding that the behaviour is normal or that others

know. In addition, secrecy and poor outside accountability were reported to exist and to increase institutions' ability to conceal abuse and for perpetrators to go unpunished.

Children's vulnerability was further exacerbated when the institutional culture was revered, so being held in esteem was attached to being embedded in that culture. Furthermore, some people who took part in private sessions reported experiences in which children's rights were dismissed, increased the children's vulnerability to institutional child sexual abuse. Where noted, it was apparent that children were afforded little voice and right to safety and privacy in these institutions. In addition, as with the previous time period, there remained a sense that peers knew about child sexual abuse and did nothing and did not talk about it. However, there was less a sense during this time period of peers protecting each other than during the previous time period.

As noted in discussion of the nature of closed institutions that existed in the previous time period, placement in a residential institution increased a child's vulnerability to sexual abuse. However, apart from boarding schools and juvenile detention facilities, new types of closed institutions were more prominent than those identified prior to 1970. Large residential homes for children removed from their birth families were replaced by residential homes with far fewer children and foster care. In a few cases, children lived apart from their families when engaging in religious activities, for example within ashrams. Apart from these distinctions, much of the nature of the institution that created conditions to increase children's vulnerability to sexual abuse existed as before. These included:

- the lower status afforded to children due to being apart from their birth family, which was particularly evident for children living in court-ordered OOHC situations, and juvenile detention
- placement instability that exacerbated the sense of lower status, isolation and vulnerability
- an authoritarian culture within the institution which manifested as being very controlling of all aspects of children's lives under the guise of strict rules and religion
- normalisation of child maltreatment, including physical, emotional and sexual abuse, especially an environment of sexual innuendo common within the local institutional culture
- an assumption within the institution that adults associated with the institution were trustworthy and entitled to frequent access to the children

- controlling engagement and access arrangements between children and their families.

### **1990 to 2015**

Between 1990 and 2015 – as in previous time periods – when an institutional culture existed where children and families under the power of the institution, this created conditions in which child sexual abuse could occur. Examples revealed through the qualitative analysis included institutions that were established as caring and therapeutic environments but which were actually chaotic environments where abuse could flourish; or those where concealment was common practice.

It's just ... the way I see it is those that have covered it up have done as much damage as the perpetrator; they've done just as much damage as the perpetrator, if not more. (Male, Education: Day, 1990–1999)(31)

Again, closed institutions predominantly included OOHC (including residential, respite and foster care) and juvenile detention. They included closed child welfare and therapeutic placements that were not monitored for their appropriateness as caring environments. There were also more open situations where perpetrators had established control over the environment and child, such as:

- a driver who had broad scope to decide what happened to the bus and how easy it was for victims to leave bus
- sports coaches legitimately deciding the time the child spent with them and what they ate in order to maintain strict exercise regimes
- institutions where peer bullying existed and was seemingly not controlled by adults and where institutions had power over families.

It was reported that, as in other time periods, factors that increased children's vulnerability to sexual abuse included an institutional culture that facilitated a lack of accountability and allowed adults outside the institution to access children. In their roles with children, teachers, coaches, group leaders and the like were able to associate without the presence of other adults – even in open institutions. This allowed perpetrators to build the trust of otherwise protective adults and legitimise a localised general underlying culture of low-level sexual abuse for an entire group of children, thus normalising it to some extent. They could also isolate certain children from the public eye for seemingly legitimate reasons. This involved perpetrators establishing conditions whereby children were alone with them in a setting that would not otherwise create suspicion – for example providing additional coaching to help a child attain some kind of sporting excellence.

The phenomenon of non-abusive adults within an institution taking no action to protect children was also present during this time period. This notion was summed up by one respondent, who noted,

Why was it left up to me to do anything about it? I was only [15–17]. Why was it left up to me? The bishop knew about it, the leader of the [Catholic] Brothers Order of Australia knew about it, Catholic Education knew about it. Everybody who was supposed to be looking out for the rights of me and out to protect me wiped their hands of it, swept it under the carpet, didn't want to deal with it. Why was it left up to me or my parents, when we had absolutely no idea of what to do or how to do it? (Male, Education: Day, 1990–1999)(31)

Other examples involved the presence of a known sexual predator combined with disengaged adults who did not seem to actively protect other children, adults engaging in inappropriate friendships with children, and limited protective responses from other adults. Furthermore, as noted in previous time periods, children were made more vulnerable to sexual abuse when otherwise engaged parents were restricted from accessing their children. This was particularly noted in situations such as OOHC, where children were in the institution at the behest of the court or police.

Once I put two and two together, I was able to have a look at a pattern that was actually happening within the police force and the connections with the courts as well as with [perpetrator]. And a few other people that aren't involved with [male victim] at all ... Looking backwards, which hindsight is 20-20, there were quite a number of different high-profile people during those years who had a lot of contact with Aboriginal children. One has just got out of jail, but they were all sexually assaulting Aboriginal children because they were in such a high place, but they were getting funnelled to these particular people. (Lawyer of victim, OOHC: Foster care, 2000–2009)(42)

Limitations on outside accountability were reported in relation to both open and closed institutional cultures. Examples of this occurring in open institutions in the qualitative analysis included instances where the institution:

- neglected to encourage or support the victim or their family from reporting the abuse to the police
- provided counselling from within the institution
- proffered a perception that the school was reluctant to act against parents of an abusive child due to their high involvement and status and power in the institutional context.



In closed institutional cultures, outside accountability was limited via concealment, such as by:

- disallowing children who had been abused to leave the place where the abuse occurred
- preventing protectively engaged parents from knowing the full extent of what had occurred
- not letting children contact protective family or speak to counsellors.

However, in contrast to reports from previous time periods, it does seem that since the 1990s it has been more common for those in closed institutions to have contact with protective adults or peers, such as parents, aunts and siblings. When this did occur it usually resulted in some form of disclosure of the abuse, either directly or indirectly.

During this time period, adults appeared to be more aware of indirect signs that something was wrong with the child victims, and were more likely to seek answers from the children. However, a more commonly reported experience in this time period was the perception that adults who were supposed to protect children did not do so, and were not engaged enough with the child in the institutional environment to do so.

How can someone abuse a child in a small school for day after day, month after month, and no-one recognise it, and no teacher, or no training of teachers who can know that there is grooming, who can recognise grooming. (Parent of victim, Education: Day, 2010–2015)(12)

This occurred in one case when some parents attempted to create a protective environment prior to a camp where abuse occurred, but were prevented by workers from the institution. Another example included a case where a non-abusive adult at a camp dismissed and laughed off having seen a perpetrator inappropriately touching a child in her presence. On another occasion, it was reported that the child was disbelieved despite the perpetrator being well known to be a sexual predator. In addition, another private session attendee reported that the perpetrator's wife believed the child when she disclosed, but said there was nothing she could do about it. While these are just a few examples of this situation, the underlying feeling reported was that internal investigation and a culture of covering up created vulnerabilities for the children involved in the institution. However, as in all time periods, few occasions were reported when protective adults did speak up and seek a safer environment for children when sexual abuse became apparent.

The qualitative analysis found that family members appeared more likely in this time period to seek out and believe the child's perspective, but adults in many institutions still tended to

believe the voice of adults over children. However, the extent of disrespect for children's privacy, noted during previous time periods, seems to have reduced throughout the 1990s. Again, reported perceptions of children who experienced child sexual abuse in OOHC included a feeling that adults were unlikely to believe children in OOHC.

While some victims reported experiences of other children being involved as perpetrators, or being forced to watch or take part in abusive acts, others reported that peers were protective and supportive.

[Male victim] told me a week after he returned home in June. He told me that, 'Mum, they walked me like a dog with a belt and one boy came from behind and choked me,' and pulled down his pants and was trying to penetrate, and the other boy came and saved him, rescued him, and the staff came and pulled them apart. (Parent of victim, OOHC: Residential, 2010–2015)(57)

However, the protective inclination of peers was not reported to the same extent as prior to 1970. Similar to previous time periods, victims reported experiences of a culture of peer-to-peer bullying and violence, as well as peers knowing about and discussing, but not reporting, the presence of adult perpetrators. For example, one respondent noted, 'actually, everyone thought he was a fat old pervert. So maybe he had tried it with other boys' (Education: Boarding, 1990 – 1999)(26). Where noted, and following on from the reported experiences of the time period 1970 to 1989, there was a sense that victims expected peers to be protective, and where that did not occur, it contributed to the experience of trauma. Peer-related trauma also occurred when victims witnessed child sexual abuse but could not stop it occurring and when peers treated the victim like a pariah after abuse had become known.

#### **6.3.4 Wider social factors that increased children's vulnerability to institutional child sexual abuse**

A number of evident social factors increased children's vulnerability to child sexual abuse. These include social values relating to children, parents and the institutions where children were abused, and social policy and legislation. These were common to all time periods, though perceptions that children were untrustworthy and the sense of power some parents felt in pursuing their child's safety and justice for their child, were more apparent during the most recent time period.

Social values related to children, parents and institutions were reported to create vulnerability for children. While this seems to have changed over time, a social culture that diminishes and dismisses the value and rights of children was reported across all time periods.

The whole attitude towards children was really different. To give you a really good indication of how even our State leaders here, how the Premier, who came out, [Premier], to hand out the certificates to the third years when they were leaving ... All the parents, friends, everyone is assembled and he's handing them out, these certificates, and I'm in third year and I go up to get mine and he shakes mine and says, 'I didn't know first years were getting them' [...] 'Ha, ha, ha, ha,' the whole crowd goes. (Male, Education: Boarding, 1960–1969)(22)

It was reported that such attitudes towards children as voiceless, easily dismissed and not worthy of privacy or respect created an environment whereby children 'were seen and not heard at the time' (Male, Education: Boarding, 1950–1959)(48). Additionally, they were not asked, listened to, or believed when they attempted to disclose child sexual abuse.

Yes, as I then mentioned, these things were never spoken about or encouraged to be spoken about and I'm sure you have heard that from so many other people at that time ... In those times you didn't tell anyone, and for me there wasn't really anyone to tell anyway. (Male, OOHC: Foster care, 1950–1959)(25)

When I was at school you didn't challenge. Kids didn't challenge anything. (Male, Education: Boarding, 1980–1989)(45)

There were few reports of adults, either internal or external to an institution, conducting investigations by interviewing the children. And when they did, they were generally cursory, dismissive, unbelieving and disinterested. Furthermore, a number of victims and supporters reported examples of where people visited to investigate but their attempts were restricted because the degree of power and control or fear held over the children was such that the truth was withheld.

[The superintendent] had come up and he smashed me across the [face] and broke my nose, but all the blood went on the wall and two old ladies saw it and they doxed him in to social welfare ... I went back to [Institution 5] in maximum security and they were bashing me every day. You know, you had to – you went in the shower and they'd start hopping into you with – your kidneys, and I thought, I've got two years of this ... And the [superintendent] came down one morning and he said, 'Look, I've got a deal for you' ... I said, 'Well, what's that?' He said, 'Well, if you don't tell' ... He said, 'The government rep's coming out because there's been a complaint ... If you say I didn't hit you, I'll have you on a plane back to [city].' And I thought, well, I've got nothing to lose. The bloke came out and he knew I was ... that I'd been bashed, you know, and he said, 'What happened?' I had to make a statement and I said, 'No, he never touched me at all.' Two weeks later, he had me on a flight back to [City], back

to [Institution 1]. So he was only looking after himself. (Male, OOHC: Residential, 1960–1969)(41)

Children also withheld information about their abuse when those investigating did so in the presence of adults who made the children feel uncomfortable, anxious or scared in talking about sexual matters. This was exacerbated by the fact that those investigating did not investigate fully.

The supervisor that flogged us every morning if we had wet the bed saw that I had these injuries. He then asked me what had happened. I told him that I fell out of bed and hit my face. He called me a liar and said that I had been fighting. He also wanted to know who I had been fighting with. I was given six stripes on the backside for wetting the bed and another six for telling lies. I kept to my story and did not change it. I was then accused of lying, and so I received another six stripes of the cane. It hurt terribly, but I was not game to cry because we would receive more stripes with the cane if we did. All of this was done while I was naked. (Male, OOHC: Residential, 1950–1959)(34)

However, this was reported to a much lesser extent during the most recent time period where parents were reported to be more likely to believe the children and attempt to investigate the abuse. Across all time periods, lack of respect for children was more intense for those with a disability, those who were state wards or orphans, and those who were incarcerated.

Reports of institutions devaluing parents and limiting parental rights were made across all time periods. Some victims discussed how parents attempted to be supportive and take action to protect the child, including have the child removed from the situation, but were restricted due to the controlling nature of the situation, institution and social policy. In some cases, the institution restricted full access to details of the abuse. In others, legislation and court processes limited parents' involvement and rights to intervene. Parents' rights, and trust, were breached when institutions withheld information, thus restricting their capacity to make informed decisions about their children's safety and situation.

Furthermore, the high social value placed on institutions and, by association, on perpetrators who were part of the institution, increased children's vulnerability to institutional child sexual abuse. Examples of this include institutions that were given a lot of status, honour, respect and power because of their place in society and social history.

At that time, the Church had this sort of unquestioned position of honour and respect and couldn't really be challenged ... so there was no openness and certainly no encouragement to be open and to discuss issues around the Church. So I think that created a culture of secrecy which wasn't conducive to raising these sorts of

problems. To question the honour of a priest in those days was a pretty fundamental issue I think. (Male, Place of worship, 1960–1969)(33)

The Church dominated every aspect of our lives and thoughts. It also placed itself and its sacraments above the civil law. (Male, Education: Day, 1960–1969)(37)

As noted previously, this situation was reported to manifest as a high degree of secrecy and a lack of, ineffectual or tokenistic accountability from people outside the institution. Examples included police and statutory child protection staff being told of the abuse but doing nothing to investigate or stop it, or attempting to ensure the matter was investigated but being reported as powerless to act. This even applied to police in some instances:

MALE VICTIM: When the coppers dropped me off, they said, 'Could we speak with the matron?' They just told them more or less to piss off. Once they got to the door, they just sort of, 'Here he is. What happened?' They said, 'No, we'll deal with it now', and then straight in for another flogging.

COMMISSION OFFICER: But I saw that you said, 'They'll flog me when you take me back.'

MALE VICTIM: Oh, yeah, they knew that, that's why ...

COMMISSION OFFICER: And they spoke to them and said, 'Now, he's going to be all right?' As soon as they went, you copped it.

MALE VICTIM: Yep. That's what [child welfare officer] was like with the child welfare. They'd come up when something went wrong, talk about it, whatever, in their office and then he'd leave and then they'd deal with you. (Male, OOH: Residential, 1960–1969)(29)

However, this may be becoming less of a factor in recent times. It is also evident from the responses that parents became more likely to challenge institutions in the recent time period.

Finally, across all time periods, social policy and legislation were reported to create unstable and uncertain environments for children, and restrict protective adults' engagement with children involved in the institution. As previously noted, OOH placement instability, in part due to government policy, increased children's vulnerability. Likewise, policy did not appear to provide robust mechanisms for people in authority to visit, investigate or safeguard children in an unencumbered manner; within closed and open institutions alike.

## 6.4 Summary of findings

This section has highlighted the variety of experiences of victim/survivors of abuse in institutions, and the factors associated with victims and perpetrators. The analysis indicates that many of the experiences have continued over the time periods, although there are some marked differences – in particular, the use of physical punishment and threats was less apparent in the more recent time periods.

Although, on the whole, this analysis confirms the risk and protective factors in the literature, it does show that these should be treated with utmost caution because focusing on these factors does not account for much of the abuse that occurs. In particular, there were a number of victims who were not apparently vulnerable but were indeed high achievers or leaders. In some cases, this achievement itself became a vulnerability because it provided the perpetrator with a reason to be alone with the victim. Similarly, in relation to perpetrators, the risk factors indicated in the literature did apply, but they were very different for a child who sexually abused another child than for adult perpetrators, a factor seldom addressed in the literature.

## 7 The experience of disclosure

Existing literature on the disclosure of institutional child sexual abuse was found to be limited, and the findings inconsistent. Generally, the disclosure of child sexual abuse has been found to be related to 'victim age, gender and cognitive capacity, the relationship between the victim and the perpetrator, the severity of the abuse and the perceived risks associated with disclosure. All these factors contribute to whether victims report their experiences and when this is likely to happen' (Blakemore et al., 2017). The findings of the literature review (refer to Section 4 ) indicated that there was merit in distinguishing between the disclosure of child sexual abuse by a victim during childhood or in adulthood, as it was argued that each had unique factors that needed to be considered (Tener & Murphy, 2014).

Hunter (2010) suggested that disclosure during childhood may be influenced by factors such as the availability of supportive adults and the language the child had to describe what was happening. Sprober et al. (2014) suggested that the strong need to belong to a social group as a child may also complicate disclosure. Children also disclose in order to protect themselves from further abuse.

Tener and Murphy (2014) suggested that, for adults, the decision to disclose sexual abuse that occurred in their childhood years tended to be purposeful. While it was more likely that they would be believed as an adult than if they were disclosing as a child, the process remained complicated and was not always positive. The ambiguity around the accuracy of the victim/survivor's memories and the fear of how the other person would react remained barriers to disclosing child sexual abuse as an adult. It is important to note, however, that not all disclosure is by the victim/survivor. Abuse can be disclosed by another victim, the perpetrator or a witness, or by other methods such as parents suspecting their child has been abused and reporting this to authorities. Thus the victim/survivor is not always in control of whether the abuse is disclosed to their family or others.

In this analysis 'disclosure' has only been identified when the child has made an explicit disclosure to a parent or other adult about their experiences. There were a number of instances in the transcripts where victim/survivors indicated that they had tried to convey to parents or others that something was wrong or that they did not want to be alone with the perpetrator, but did not actually disclose child sexual abuse. These were not categorised as a disclosure unless this had resulted in action by the parent or other adult.

Caution should also be exercised when interpreting the results of the analyses of disclosures in different time periods. Victim/survivors who were abused more recently have necessarily had less time to disclose details of their abuse than those abused many decades ago, and so the time to disclosure will be shorter for those abused in more recent time periods.

According to the quantitative analysis, victim/survivors took an average of 22.4 years to disclose details of their abuse. However, there was some variability in this figure, as shown in Table 3-1, with a sizeable minority (11 per cent of the sample) disclosing their abuse during or shortly after the abuse. A further 10 per cent disclosed as children, but not till a year or more after the abuse had ceased.

Prior to 1990, the proportion of victim/survivors who disclosed during or shortly after the abuse remained quite constant, with 8 per cent disclosing during or shortly after the abuse prior to 1970, and 11 per cent between 1970 and 1989. However, between 1990 and 2015, the proportion of disclosures made during or shortly after the abuse increased substantially to 39 per cent, as Figure 7-1 shows. This statistic must be treated with caution as this finding is likely due to the overrepresentation of ‘early disclosers’ in the sample of victim/survivors abused between 1990 and 2015, as this cohort was still young at the time of the private sessions.

**Table 7-1: Time to disclosure by time period as a proportion of all disclosures**

	Prior to 1970 (n=1,138)	1970–1989 (n=939)	1990–2015 (n=133)	Total (n=2,210)
Disclosure during or shortly after abuse	8%	11%	39%	11%
Disclosure as a child	8%	10%	24%	10%
Disclosure as an adult	84%	79%	37%	79%

Notes: n=2,210 disclosures. Disclosures during or shortly after abuse are not included in disclosures as a child. Disclosures with missing values on time period (n=124) and time to disclose (n=186) are not included in the analysis.

As indicated in the following subsections, the qualitative analysis showed that a high proportion of private session attendees had disclosed as children over all three periods. The discrepancy with the quantitative analysis may be due to differences between the selection of private session transcripts used for the qualitative analysis compared with the full population of private session attendees, or it may be that information about many of disclosures that were made when victims were children were not recorded in the private session database and therefore were not present in the quantitative analysis.

### 7.1 Experience of disclosure as a child

The following section outlines the qualitative findings related to reports of childhood disclosure within the private sessions, including an analysis of patterns of childhood



disclosure across the time periods. The analysis of childhood disclosure involved any reported disclosure that occurred prior to the victim/survivor turning 18 years of age.

### **7.1.1 Prior to 1970**

Of the 17 victim/survivors in the qualitative analysis who were sexually abused prior to 1970, half reported having attempted to directly disclose during childhood. Most spoke of disclosing at the time the abuse was occurring although a few disclosed to a friend(s) after the abuse had ceased. Most of the other half, who did not report disclosing during childhood, spoke of the reasons they felt unable to tell anyone of the abuse. None of the victims who disclosed as a child during this time period experienced a positive or supportive response to their disclosure from family members, childhood friends, or people in authority such as those from the institution or the police.

As discussed in Section 6.3.3 the majority of victims in the qualitative analysis who were abused during this time period were living within the institution at the time the abuse occurred. These types of institutions, commonly referred to as 'closed' institutions in the literature, resulted in the children's lives being totally controlled by the institution, which restricted the contact children had with the world beyond the institution. In addition, most of the victims in the large institutions had entered at a young age and had limited, if any, contact with family. Victims in the faith-based boarding schools were slightly older when they entered the institution, usually 10–14 years of age, and had some contact with their family, although not on a regular basis. Hence, victims who were living in the institution at the time the abuse occurred had very restricted contact with adults outside the institution. Despite this, the vast majority of victims who disclosed as a child during this time period were living in a large welfare institution at the time of the abuse and disclosed either to a person in authority or to a peer.

Within these institutions victims consistently spoke of experiencing significant levels of physical and emotional abuse alongside the sexual abuse, with abuse being considered a normal part of everyday life. Given this context, a number of the victims spoke of being fearful of further physical punishment if they did attempt to disclose. In fact, several of the victims who did choose to disclose to someone in authority at the time of the abuse – either an official within the institution or a police officer – received physical beatings as a consequence. In these instances, contact with police officers occurred when the victim attempted to abscond from the institution. Those who were physically beaten for disclosing the abuse to someone in authority spoke of deciding not to disclose again as a child.

A few victims spoke of experiencing a dismissive or indifferent response when they disclosed to someone in authority within the institution, with no action taken, either supportive or punitive.

In [institution] you had the junior officers, the seniors and the chiefs, and the senior of [suburb], he was a pretty scary bloke. Me and this mate went up and told him and he laughed at us and said, 'You haven't seen the worst of it yet, so bloody well get used to it.' And, you know, that was it. Basically, he walked away. (Male, OOHC: Residential, 1960–1969)(41)

Again, following this response, these victims did not disclose again during childhood. One victim/survivor, who had disclosed to a Catholic priest during confession, spoke of his longstanding anger at the lack of response and the lasting impact this had on his willingness to engage again with the Catholic Church, either as a child or an adult.

A number of victim/survivors, including some who disclosed and some who felt unable to disclose, rationalised that their experiences relating to disclosure were indicative of the attitude people had towards children during this time period. They were also indicative of the position that institutions – particularly faith-based institutions – held within society. Speaking out against a faith-based institution was not something one did. Several victim/survivors felt, for this reason, they would not have been believed if they had disclosed the abuse as a child.

Nobody's going to believe you. You know, the Church, if you told anybody that was in a Christian order, if you were a young kid and you said something like that, they're more likely go to say, 'You horrible boy'. (Male, Education: Boarding, 1960–1969)(11)

This barrier was of particular significance for victims who came from religious families because they perceived that, given their family were devoutly religious, their account of sexual abuse would simply not be believed. The trust placed in the institution by the families, as well as the high status held by the individuals connected with the institution, were too strong. If anything, the victim felt they would be blamed for creating trouble or telling lies.

You couldn't talk about the Catholic Church. My stepmother used to go to the Catholic Church three times week [...] If I had said the Catholic Church, she would have belted the hell out of me and said, 'How dare you say anything about the Church. They wouldn't do things like that.' (Male, OOHC: Residential, 1950–1959)(30)

Definitely my folks would have almost disowned me – I'm serious [...] Because our family, they thought that they were pretty well knitted in with the Catholic Church. (Male, Education Boarding, 1960–1969)(22)

Victim/survivors citing a strong family connection to a faith-based institution tended to be those who reported being abused in faith-based schools or places of worship, and so were either living with, or were in regular contact with, their family at the time of the abuse. However, most of the victims who were in regular contact with family described their parents as being quite disengaged. Only one person abused during this time period spoke of directly disclosing to his parents and, in this instance, his parents did not take any action following his disclosure. The victim felt his parents had too much respect for the faith-based institution and could not conceive that sexual abuse was something that could occur within faith-based institutions.

Another barrier cited by a small number of victims relating to faith-based institutions was the threat of spiritual punishment they received from religious leaders, usually the perpetrator, relating to disclosure.

I did disclose to the nuns, or a nun, who told me that, 'Little girls who tell lies go to hell' [...] So I never told anybody after that. (Female, Place of worship, 1950–1959)(05)

[Male perpetrator] said to me, 'If you tell anybody about this, God will strike you dead and you will go straight to hell.' [...] How can anyone say that to a child, a child whose family is a Catholic Church-attending, God-fearing family? (Male, Education: Boarding, 1950–1959)(48)

These threats appeared to have a profound impact on the victims, with victims/survivors reporting that it was a long time before they felt able to speak about the abuse again.

### **7.1.2 1970 to 1989**

Of the 22 victims/survivors in the qualitative analysis who were sexually abused between 1970 and 1989, half spoke of having either intentionally disclosed the abuse to another person or the abuse being uncovered in another way. Over half also spoke about the barriers that made it difficult to disclose as a child. Similar to those abused between 1940 and 1969, very few people had an overall positive experience when disclosing during childhood.

Unlike the previous time period, just under half of the victims were living in the institution at the time of the abuse. These institutions tended to be either out of home care (OOHC), typically residential units and foster care, or boarding schools, with one victim living within a closed religious community. Victims who were abused while in OOHC were predominantly wards of the state at the time and had limited, if any, contact with parents or adult family members. However, two-thirds of the victims in OOHC disclosed the abuse during childhood, usually to an adult.

For a small number of the victims in OOHC, the abuse was formally reported to police during their childhood. In each of these cases, the perpetrator was an adult, and often the abuse came to light almost immediately. These victims recalled the process of disclosing the abuse to police as being an intimidating and distressing process, which limited the amount of information they felt able to share.

Clearly remember, you know, the big police sergeant, you know, drilling me for questions with his big booming voice, you know [...] I was [10–14] years old, sitting in the chair in the opposite room, you know, probably, 'What's all this?' You know, what have I done? I don't know what I thought, but I would have denied it. What have I done? Of course, I would have denied it. (Male, OOHC: Residential, 1980–1989)(21)

They asked me what happened [...] but that was ... that was more violent and more upsetting for me. And I sort of just accepted the fact that, you know, I was an awful person. I ... I don't really know how to describe it. [...] I was really scared. I didn't really want to tell anybody. (Male, OOHC: Residential, 1970–1979)(32)

The perception of being in trouble or somehow to blame for the abuse was a common experience reported by victims during this time period, irrespective of the institution in which the abuse took place. Victims tended to speak about this in relation to their experience of disclosing the abuse to a person in authority, typically either to the police or an official during an investigation. The experience of feeling distressed or intimidated was consistent regardless of whether or not the victim had support from a trusted adult or parent when making the formal disclosure. Only one victim/survivor recalled being asked by a parent whether she felt ready to speak to the police about her experience; for others, the investigation seemed to be something they had little control over.

They were very official, so, either they were investigators of some description or, yeah, and that's probably why I felt freaked out, because I don't recall anyone – I didn't know if I was in trouble or what was the context of what the discussion was about really. They just asked me questions – they didn't explain. My memory of a lot of it was that it wasn't explained to me. (Female, Education: Day, 1980–1989)(35)

Confusion about what was occurring during the sexual abuse, and a lack of understanding of what constituted child sexual abuse, were also raised by a number of victims/survivors abused during this time period as factors that prevented them from disclosing. The majority of these victims were either pre-teens or in their early teens at the time the abuse started, which may have been a contributing factor.

I think at that age, too, you don't know any different in terms of your own sexuality or what's going on. You're only 10, 11, 12 years old. You're developing your own

sexuality [...] if you don't know that it is wrong, how do you know to report it to someone. (Male, Scouts Australia, 1980–1989)(07)

You know, as a 10-year-old I did not know that [was] sexual abuse. I knew it was naughty, but I didn't know it was a crime, so that's why I wasn't about – you know, you're not about to step out and say anything [...] It wasn't until I was in about Year 8 that I found out that what was happening to me was sexual assault and that it was a crime, and then I was just, like, blown away; I just didn't even know how to handle ... how an adult could do that. (Female, Place of worship, 1970–1979)(61)

This confusion was often further complicated by the relationship that the victim had with the perpetrator. As discussed in Section 6, victim/survivors who spoke about being confused about what was happening to them also described having a close relationship with the perpetrator. This is consistent with findings from the literature, that the process of grooming can draw children into an abusive situation and make it difficult for them to disclose (Gallagher, 2000). The majority of victims abused during this time period recalled being exposed to preparatory techniques, or grooming, over a period of time, which meant that the victim, and often their family, trusted the perpetrator. Half of these victims disclosed during childhood, mainly to parents or friends.

Fewer than half the victims during this time period spoke specifically of coming from a religious family, with the status that either the religious institution or the perpetrator held within the family acting as a barrier to disclosure. For these victims, the abuse occurred either in a place of worship or a religious boarding school, and in all cases involved grooming. Half disclosed the abuse during childhood, mainly to parents. In contrast to the time period prior to 1970, only two of the victims who were abused between 1970 and 1989 spoke about feeling that they would not be believed if they disclosed. One did decide to disclose the abuse to his parents and was subsequently thrown out of home. This victim did not disclose again for a long time.

My mother tried very hard to get me into 'the good school' and part of that was to adopt Catholicism. She was a born-again Christian [...] and as part of that she saw the Brothers as being almost holier-than-thou [...] when I broached the subject with her, she thought that I was throwing mud and had kicked me out of home. (Male, Education: Boarding, 1980–1989)(45)

Two other victims from religious families decided to disclose to a parent during childhood. One was believed by one of her parents, and this parent supported the victim to make a formal report to the police. The other victim could not recall her parent's response but does not think any action was taken. This victim felt that there were some other serious issues

within the family at the time and there was a family culture of 'don't make a fuss'. (Female, Place of worship, 1970–1979)(40)

Unlike the time period prior to 1970, three of the private sessions involved parent(s) of the victim. In two sessions, the parent(s) provided information on the victim's behalf, and in the third, the parent(s) accompanied the victim/survivor. The inclusion of these parents in the private sessions provided a different perspective of childhood disclosure. In each case, the parents recalled being concerned about their child, given the change in behaviour they observed, but none of the three victims disclosed during childhood, even when asked directly. The parents explained that one of the barriers for them was confusion as to whether the behaviour change was normal teenage behaviour. One parent took her concerns to the family priest, who unbeknown to her was the perpetrator, who reassured her it was normal teenage behaviour.

He kept saying, 'You're such a close family. He's just trying to break away and show his independence.' And I was stupid enough to believe him. (Mother of male victim, Place of worship, 1980–1989)(47)

Another parent, who had directly asked her son what was troubling him at the time the abuse was occurring, reported that her son was in his 30s before he was able to disclose to his parents. In this instance, the perpetrator had convinced the victim that the abuse was his own fault, and the victim carried this belief well into adulthood.

When he told me, I said, 'Had that happened when I asked you?' He said, 'Yes, Mum, but I couldn't tell you. I was told not to tell you, that you would be disgusted with me because I was at fault, I was to blame.' (Mother of male victim, Education: Boarding, 1980–1989)(15)

It is important to note that even children who were close to their parents did not tend to disclose to these parents. Of the six victims who specifically described their parents as being 'engaged' with their lives, only one disclosed the abuse as a child.

### **7.1.3 1990 to 2015**

Of the 21 victim/survivors in the qualitative analysis who were sexually abused between 1990 and 2015, the majority either intentionally disclosed the abuse or had the abuse uncovered by other means during their childhood. Of these, most had a least one person believe their disclosure, although a large number experienced conflicting reactions. It is important to note that almost half of the private sessions in this group were attended by parents speaking on behalf of the victim, a larger proportion compared with the previous time periods. All of the accounts of abuse that occurred between 2010 and 2015, and almost half of the accounts of

abuse between 2000 and 2009, were provided by parent(s) on behalf of the victim. This means that potentially less is known about how the victim felt at the time of disclosure and what victims perceived as barriers to disclosing.

Similar to the time period of 1970 to 1989, fewer than half of the victims were living in the institution at the time of the abuse. These institutions tended to be OOHC (residential or foster care), disability group homes or correctional facilities and most of the victims living in these institutions maintained regular contact with their parents. For victims who were not living in the institution at the time of the abuse, most were abused within an educational setting, with the remaining victims abused within a hobby group, sporting club or place of worship. Victims in these institutions were more likely to speak about having been groomed by the perpetrator. While the status of the institutions – which were typically schools – remained high in some families, strong religious beliefs within the family were only mentioned by a few victims during this time period.

Over half of the victims disclosed the abuse to their parent(s). In the majority of cases, the parents believed the account of abuse and ensured that a formal disclosure to someone in authority was made, whether this was the police, or education and/or government department officials. Two victims were not believed by their parent(s) when they disclosed. For one victim, the perpetrator was held in high regard by her parents and it took the victim a number of years before she felt able to say something. When she did disclose some details to her mother, her mother was dismissive and shared the disclosure with another known adult, making light of the victim's experience.

I kind of told my mum, gave her some indication that [male perpetrator] had been inappropriate [...] and she had told – they were sitting there and basically she said something – I don't know what they were talking about, but it came to, 'Oh, yeah, [female victim] reckons [male perpetrator] was inappropriate with her.' I can't remember the exact wording, but it was something similar to that. 'What a stupid thing to say.' They just laughed it off, totally disregarded it. (Female, Sports club, 1990–1999)(53)

The relationship between this victim and her mother broke down at this point and had not, at the time of the private session, been repaired. The other victim, who disclosed to a parent and was not believed, was living in OOHC at the time of the abuse and already had a disengaged relationship with his parents, which had not been restored by the time he attended the private session.

A number of victims/survivors spoke about the reasons they struggled to disclose the abuse as a child. These victims/survivors consistently spoke of feeling embarrassed or ashamed, and feared humiliation should the abuse become public. Most also spoke of not having a

good understanding of what constituted child sexual abuse, and therefore not understanding that what was happening to them was wrong. For each, the abuse was uncovered during their childhood, although not always immediately.

I just remember – because at the time I couldn't tell anyone, I didn't even know if it was wrong or not – I didn't know what to say. I mean, my parents don't talk about any of that kind of stuff. Like, how could I tell my dad, like how embarrassing. (Female, Sports club, 1990–1999)(53)

Why didn't I tell anyone? You start realising that it's a bit embarrassing and so you wouldn't want people to know, so you are ashamed about it. Because at first you didn't repel it, you didn't stop it, so then the fact that you're accepting it and then when you realise it's probably weird and not normal, and then you're embarrassed and ashamed to tell anybody about it. (Male, Education: Day, 1990–1999)(26)

One victim/survivor spoke about being overwhelmed with negative emotions after the abuse. He was angry and upset and felt he just needed to share his experience with someone he trusted, someone supportive.

I ended up having an argument with mum and as I walked out of the kitchen, I just swung around with a big right, put a massive hole in the wall, cracked it from the ceiling to the floor, needed a whole new wall put in, and just went to my room and burst into tears. That was when Mum come in and, 'What's going on?' She come in to have an absolute go at me, because I had broken the wall good and proper, but she came in and realised that something just wasn't right and that's when I told her. (Male, Education: Day, 1990–1999)(31)

Half of the parents who attended the private session on behalf of the victim described noticing changes in the victim's behaviour, which alerted them that something may be wrong. A number of these victims were living in OOHC and were abused by another child or young person within an institution. Their parents were informed that the victim was acting aggressively or was running away from the institution, which was a concern. In each case, the parent directly asked the victim during a visit if something was troubling them and the victim subsequently disclosed.

When my son was running away, in the back of my mind, a child doesn't run away for nothing [...] there's got to be a reason behind that. (Parent of victim, OOHC: Residential, 2010–2015)(56)

We knew something was happening because he was absconding from [OOHC facility], he was taking off [*indistinct*] and we weren't getting the phone call straightaway. We were being told two or three hours later. I said, 'I need to speak to



him because I need to find out what's going on.' And I was told not to, just leave it.  
(Parent of victim, OOHC: Residential, 2010–2015)(57)

Disclosure relating to sexual abuse by another child is discussed further in Section 7.1.4

Consistent with previous time periods, making a formal disclosure to the police remained a challenging process. One victim/survivor recalled feeling too scared to provide the full details regarding the abuse to the police. This victim/survivor recalled having a parent present during the reporting process but did not feel able to discuss the details with her parent either. A small number of victims made formal reports to the police but they did not perceive any action was taken. One set of parents was told this was because the victim was 16 years old at the time the abuse came to light, and so the police were not able to take any action, despite evidence that grooming had occurred prior to the victim turning 16.

I was assuming – at that time, I was assuming that the police were going to jump all over him because of the evidence that was on the phone, and [police officer] – I don't know what [school principal] and [police officer] – what conversation they had, but it was like when we went in there, [police officer] looked at the phone, I don't know, he took about 10 minutes to go through the phone and then just comes out and says, 'Oh, your daughter's 16. We can't do anything about it. See you later.' (Parent of victim, Education: Day, 2010–2015)(12)

One victim/survivor spoke about experiencing a positive outcome following his disclosure to police. This victim disclosed in his late teens, after the abuse had ceased, following encouragement from an adult family friend. His statement was made to a specialist child abuse taskforce and the perpetrator was successfully charged.

I made a report that probably lasted about 12 hours [...] I don't know, I just gave them a statement and they introduced me to a solicitor and the solicitor introduced me to a counsellor, [counsellor], and I saw him for maybe 12 months and it was quite good.  
(Male, Education: Day, 1990–1999)(26)

In terms of the response to disclosure from other people in authority aside from the police, over half of the victims, or their parents, spoke of disclosing the abuse to a person in authority. This tended to be the school principal in instances where the abuse occurred in a school, or a government official if the abuse occurred in an OOHC, disability residential care or correctional facility. No-one in this group perceived the response to disclosure as being positive. In a number of cases in which the perpetrator was employed through the school, the victim or their parents perceived that while the school took action, the action was not appropriate. This included the school protecting the perpetrator through the process.

How is it that, after this offence, he was given a hero's send-off six weeks after the abuse so that it wouldn't bring any suspicion to the Catholic Church or to [Catholic high school], because it was six weeks after the offence that he was actually taken out of the school, which was at the end of the school term? Of that six weeks, I was still at school and I had the opportunity to run into him. He was still there. He was given a hero's send-off, made out to be such a good guy, when in actual fact we know different. (Male, Education: Day, 1990–1999)(31)

#### **7.1.4 Disclosure of sexual abuse by another child**

As outlined in Section 6.2 one-fifth of the private sessions in the qualitative analysis involved instances of sexual abuse by another child or young person, the majority occurring either between 1970 and 1989 or 1990 and 2015. Most of the sexual abuse by another child took place while the victim was in OOHC or a correctional institution, with the remaining taking place within a school setting.

Over half of the victim/survivors of sexual abuse by another child spoke of either intentionally disclosing the abuse, or having the abuse uncovered by other means during childhood. The majority of these disclosures were made by victims who were abused between 1990 and 2015, with all instances of sexual abuse by another child during this time period being disclosed during childhood. Most victims disclosed either to a person in authority or a parent. Disclosures to parents were all believed, with parents taking the incident up with the institution. However, the response to disclosure by those in authority appeared to be consistently problematic when the perpetrator was a child. In these instances, investigations tended to be internal, and limited action was perceived to have taken place. Parents spoke of the lack of processes in place to adequately deal with sexual abuse by another child or young person.

In one instance, the victim's parents did not want to pursue criminal charges; rather they were concerned for the welfare of the perpetrator and feared that she may be at risk. The victim's mother felt that the police were dismissive and did not take sufficient steps to check that the perpetrator was not a victim of abuse herself.

They said, 'Well, there's nothing at this point that we can do.' I was concerned and I said, 'Well, surely' – because it was their opinion as well, which they had said to me that they believed [female perpetrator] was being abused and this had come about because of that. I asked them what would be happening with that. At that point they said, 'Well, nothing.' [...] I was disappointed with [joint investigation response team]. I was basically told that [female perpetrator] would now – would probably pop up in the system again [...] that there would be another child; that there would be other

incidents, as they see it quite often. (Mother of victim, Education: Day, 2010–2015)(38)

Those who did not disclose during childhood were sexually abused by another child prior to 1990 and were living in OOHC at the time of the abuse. Three were male victims, none of whom disclosed the abuse as a child. In each case, the perpetrator was an older child and the victim recalled being frightened of the perpetrator. Two female victims, who were sexually abused by another child while in OOHC, disclosed some of the details of the abuse but felt too embarrassed to provide the full details. One victim disclosed details of the perpetrator watching her in the shower, but not the physical sexual assault. In this case, the disclosure was dismissed. Another disclosed to a family member details of physical and emotional abuse she experienced in foster care, but felt unable to discuss the sexual abuse. The family member was eventually successful in negotiating a different foster placement for the victim.

For victims, understanding that sexual abuse by another child or young person constituted child sexual abuse could be potentially problematic. One victim mentioned that, given the perpetrator was another child or young person, it was not until she was an adult that she came to view the assault as being child sexual abuse.

But, yeah, I never really – because he was a kid, I didn't think – I did not – I knew what he did was wrong, but [...] in hindsight, when it was pointed out to me, if that was my daughter in somebody's care that [*indistinct*] me, oh, my gosh, I can clearly see it. (Female, OOHC: Foster care, 1980–1989)(46)

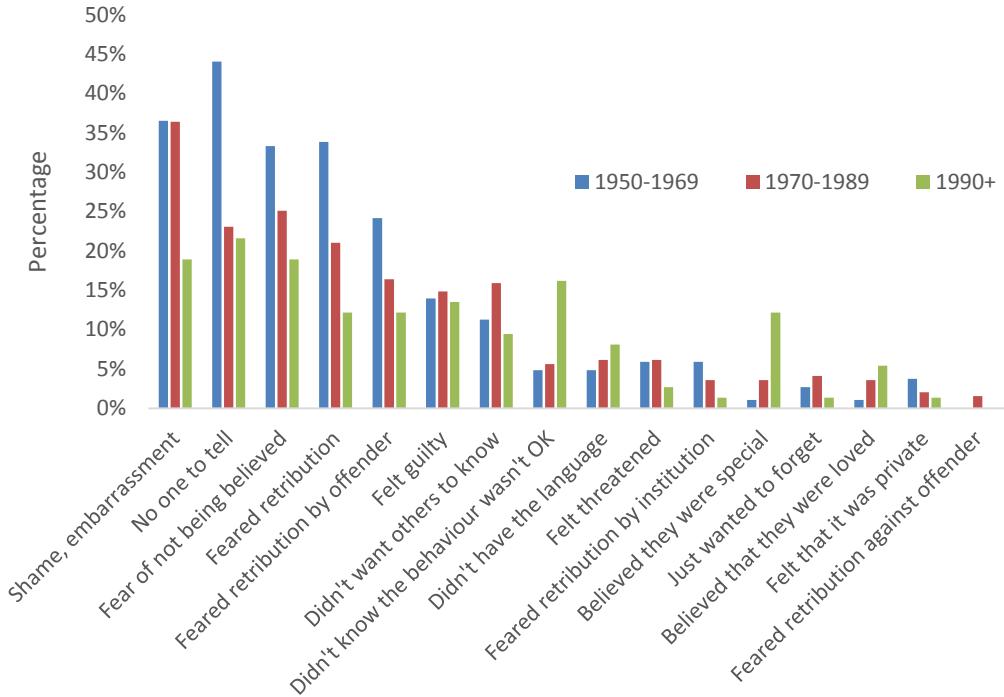
A parent of a victim also noted that the victim had been confused given the perpetrator was also a child.

I asked her if it was mutual and that there wasn't an issue with that, but if she liked girls, then she needed to speak to me. She stated that, 'no, absolutely not'; she was upset by it but she had – her words were – 'put up with it' because it was her best friend and she was unsure as to what to do. (Parent of victim, Education: Day, 2010–2015)(38)

## 7.2 Barriers to disclosure as a child

As outlined in the qualitative findings in Section 7.1 victim/survivors across each time period consistently spoke of the challenges they experienced to disclosing as a child. Barriers to disclosure were noted both by those who did and those who did not disclose during their childhood. However, there did appear to be a change over time in the nature of the reported barriers, with a number of barriers decreasing over time. These included the fear of retribution or further punishment if they disclosed, including fearing retribution from the

perpetrator, and feeling that no one would believe the disclosure. This was consistent with findings from the quantitative analysis. As indicated in Figure 7-1, over time, fewer victims had no-one to tell, experienced fear of not being believed, and felt shame and feared retribution. The sharpest declines were seen in having no-one to tell and fearing retribution.



**Figure 7-1: Barriers to disclosure as a child by time period**

This change is consistent with the qualitative findings of Section 6.3.3 in that victim’s experience of institutions changed somewhat across the time periods. From 1970 onwards, the overriding sense of power and control that institutions held over children’s lives was not as apparent and there was less of a sense that child maltreatment, including physical abuse and neglect, was occurring on such a large scale. Instead, from 1970, abuse seemed to be characterised more by perpetrators isolating children from the general group of children than abuse being endemic within the institution, as was common before 1970.

Other barriers to disclosure, as outlined in the qualitative findings, remained relatively constant across the time periods. This included the level of trust and engagement the family placed in either the institution or the individual perpetrator. Disclosure as a child was perceived as difficult if the victim’s family was highly engaged with the institution and/or perpetrator. This was common in families that were devoutly religious, but was not limited to religious families. It was also apparent in families that had a high level of trust in an institution such as a prestigious school, or in a perpetrator such as a highly regarded sports coach.

Other barriers that remained relatively constant in the qualitative findings were the deep sense of shame or embarrassment that victims described feeling at the time and the fear that they would somehow be blamed for allowing the sexual abuse to have taken place. This finding differs from the quantitative analysis, which indicated that victims were less likely to report shame and embarrassment as barriers to disclosure between 1990 and 2015.

The qualitative analysis also found that a number of victim/survivors abused in each time period spoke of feeling confused by what was occurring to them and not having a good understanding of what constituted child sexual abuse. Victims who reported this as a barrier tended to be aged between 10 and 14 when the abuse commenced. A number of female victims also spoke of not having the words to describe what was happening to them, and again, each was aged between 10 and 14 when the abuse commenced.

The quantitative findings differed slightly from the qualitative findings in that they indicated slight increases in the incidence of some of these barriers, in particular not knowing the behaviour was not acceptable, not having the language to describe the abuse, believing they were special and believing they were loved. These only applied to small numbers, however, and the major barriers all reduced over the three time periods. In the qualitative analysis, no specific barriers increased in incidence over the three periods, although it was found that grooming was more apparent in the more recent periods than in the past.

### **7.3 Experience of disclosure as an adult**

Tener and Murphy (2014) completed a review of literature relating to victim/survivors' experiences of disclosing child sexual abuse as an adult. The findings of the review highlighted the challenges victim/survivors face when deciding whether or not to disclose once they have become adults, whether or not they disclosed as a child. The review found that little is known either about the decision to disclose or the process of disclosing for adult victims of child sexual abuse, or whether these decisions are shaped by social or cultural norms.

The qualitative findings from the analysis of the private sessions provide some insight into patterns of disclosure in adulthood for victims of institutional child sexual abuse. However, it is important to acknowledge that not all victim/survivors spoke directly about their experience of disclosure as an adult during the private session, and for the time period 1990 to 2015, not all of the victims had yet reached adulthood at the time of the private session. Also, as previously mentioned, a number of sessions involved parents speaking on the victim's behalf and hence potentially less is known about the victim's experience of disclosing, unless they specifically discussed this with their parents. Therefore, the qualitative analysis of disclosure as an adult is based on information provided in 46 of the private sessions.

Consistent with the literature, victim/survivors spoke of the challenges of disclosing in adulthood regardless of whether they had disclosed in childhood. No pattern was evident within the qualitative findings to indicate that disclosure during childhood affected disclosure during adulthood. This may, in part, be due to the findings that childhood disclosure remained a traumatic experience, whether or not the victim was believed at the time by a supportive adult or not.

### **7.3.1 Process of disclosing as an adult**

In terms of whether social norms influenced the decision to disclose as an adult, the qualitative analysis showed that the first disclosure as an adult for victim/survivors abused prior to 1970 and between 1970 and 1989 tended to occur at a similar point in time, between the late 1980s and mid-2000s. Thus it took longer for victim/survivors abused prior to 1970 to start speaking about their experience as an adult, whether or not they had disclosed as a child. As one victim/survivor noted:

We are not to blame that we couldn't report it 10, 15 years ago, 40 years ago. Nobody wanted to know. If you said anything, you got a slap on the back. (Male, OOHC: Residential, 1950–1959)(30)

While victim/survivors during these two time periods did not specifically mention social norms as being a barrier or facilitator to disclosing, a small number of victim/survivors from both time periods spoke of having initially experienced negative reactions to their disclosure as adults, typically from either their partner at the time or a friend. In each case, the relationship either immediately or eventually broke down. One victim/survivor explained that the stigma attached to having been sexually abused as a child made him reluctant to speak openly about his experience even in the current time period.

To me it is the stigma that you're a poofter or you know [...] And I know I'm not, but there's also the other stigma that you've got to live with, and that's because you've been molested you're going to molest someone else. (Male, OOHC: Residential, 1950–1959)(34)

Unsurprisingly, the majority of victim/survivors had disclosed at some point in their adulthood to the people they were closest to, predominantly their partners and/or parents, but also siblings, adult children and friends. Almost half of the victim/survivors spoke of having disclosed to a partner during adulthood, and for half of these it was their first disclosure as an adult. A substantial proportion of these victim/survivors did not provide details about their reason for disclosing to their partner, nor when the disclosure took place. They simply noted that their partner was supportive following the disclosure. The support provided to victims by their partners is discussed in further detail in Section 8.1 of this report.

A few victim/survivors spoke of disclosing to their partner early in their marriage, with one specifically mentioning that he felt it was important to be open and honest. This view was supported by another victim/survivor who had disclosed to his current partner but was aware of fellow victims who had not yet disclosed to their partners.

[Wife] understands everything [...] A lot of them hide it. I think that's the biggest problem in their relationship with women, they hide it, so then the woman doesn't know where to tread sometimes. (Male, OOHC: Residential, 1960–1969)(29)

Another reason provided as to why victim/survivors chose to disclose to their partners was that something occurred during their adult life that brought the experience of sexual abuse as a child to the surface. This event triggered the disclosure by the victim/survivor to their partner. Over one-third of victim/survivors spoke of disclosing to their partner following a significant event. These events included unexpected contact with the perpetrator or the institution, either in person or through the media; or experiencing an episode of acute depression, usually referred to as 'emotional breakdown' by the victims, which was often, but not always, triggered by being a parent of young children. These trigger events generally resulted in the victim deciding to seek psychological support and/or pursue legal or criminal proceedings.

Well, I was going through a bad stage [...] I was thinking about it a lot and [wife], where we tried to – I went to see a psychologist and tried to get some help, which we did, and then we didn't really talk about it to my parents at that stage. Then we decided that we wanted to do something about it and that something should happen, you know, that I wasn't happy the way – I explained the whole story to [wife] and we weren't happy the way that things had turned out, and I needed some sort of, you know, ending, something to be finalised. So then we went and we spoke to some lawyers and, yeah, went from there. (Male, Education: Day, 1970–1979)(16)

A third of victim/survivors spoke about disclosing to a trusted family member as an adult, mainly a parent(s), although a small number of victim/survivors disclosed to a grandparent or close family friend. Half recalled this to be their first disclosure as an adult. For victim/survivors who recalled this to be their first disclosure as an adult, the most commonly reported reason for disclosure was that the victim/survivor perceived they were not coping well emotionally at the time and needed to speak to someone. The disclosure generally occurred when the victim/survivor was aged in their twenties or early thirties. For some, disclosure was facilitated by the trusted family member expressing concern, and in other cases the victim/survivor initiated the disclosure.

I think the time when I sort of sat down and said, 'OK, what's going on?' was actually when I'd come out of a long-term lesbian relationship and I just sat there and thought,

'I just don't want to be anything. I just want to be me', and it was good to just – that's what I – that's when it all sort of came to me. I guess I started to tell people, my father, siblings. (Female, Place of worship, 1970–1979)(40)

Counsellors or psychologists were also sometimes the first point of disclosure in adulthood. Again, not all victim/survivors specified their reason for seeking the services of a therapist, although a few noted they sought psychological support for other reasons and the memories of the sexual abuse in childhood surfaced. Other victim/survivors spoke of first disclosing during a redress process, with one person acknowledging he may not have disclosed had there not been a formal redress process.

Yes, now I had lots and lots of therapists, psychologists, even psychiatrists dealing with the alcoholism and I think very often I wasn't being honest with them, so it's not their fault, you know, a lot of things weren't brought out [...] I think for me by that time I was ready and especially [...] [redress therapist] was someone, you know, that could really help me in terms of she was skilful enough to enable me to get it all out, everything, the truth. (Male, OOHC: Foster care, 1950–1959)(25)

Interestingly, a number of victim/survivors mentioned that in the 12 months prior to attending the private session they had started to disclose their experience of abuse to either siblings or adult children, although for one victim/survivor it was to friends. None of these disclosures were the first adult disclosure for the victim/survivor and in each case the response to the disclosure had been supportive. One victim explained that the commencement of the Royal Commission had prompted her to disclose at this time.

### **7.3.2 Disclosure to police as an adult**

For victim/survivors, disclosure to police as an adult generally occurred after the victim had already disclosed to a partner, parent, psychologist and/or lawyer. Only a small number of victim/survivors spoke of police as being the first point of disclosure as an adult.

Approximately one-third of adult victim/survivors had disclosed to police, with almost all disclosures occurring after 1990. Only a small number of victim/survivors who were abused prior to 1970 spoke of disclosing to police, and these disclosures generally occurred after 1990.

Victim/survivors reported mixed experiences, both positive and negative, of their disclosure to police as an adult, with no clear pattern in terms of the decade they disclosed, whether it was 1990 to 1999, 2000 to 2009, or 2010 to 2015. The motivation for most victims to disclose to police was to see the perpetrator charged with child sexual abuse.



And there's very few like me that have come forward, out of all – it's like an iceberg, just people just forget it, and the ones that do come forward have to put up with a bit of shit to start with. You have to put up with the people not believing you and all the rest of it and trying to prove your case. But once it comes through, there is satisfaction in knowing I've had him nailed and brought to some form of justice, even if it's sort of this much when it should have been this much. (Male, Scouts Australia, 1980–1989)(07)

This was of particular urgency if the victim felt the perpetrator still had access to young children.

I felt that this was most important because I believe it's still happening. So that's why I told the police. (Female, Education: Day, 1990–1999)(18)

My mum rang me up [...] and told me that he had a new girlfriend who had two teenage daughters and I just said, 'Right. Well, I've got to do something about this, because he's not touching them.' (Female, Place of worship, 1990–1999)(36)

Half of the victim/survivors who disclosed to the police as adults reported positive experiences of the disclosure. These victim/survivors tended to describe the police as being professional and/or compassionate, and felt that action was taken on their behalf. For many of these victim/survivors the perpetrator was successfully charged, and in the instances where this was not the case, the victim/survivor described feeling that the police had done as much as they were able.

The only thing I will say is they balk at the fact that it was 30 years ago. They were professional in their attitude. They were compassionate and they took the details as I told them and pursued [male perpetrator]. So I have no criticism of the police at that stage. If they treated me the same now as they treated me back then, I'd be very upset, because they tended not to believe you. This one detective – I can't remember his name – was very empathetic and I think he believed my story, so he pursued it on my behalf. (Male, OOH: Residential, 1960–1969)(08)

I think the [regional\_area] CIB were brilliant [...] I think that they had specialised units of female and male coppers set up to deal with these types of cases. I think they did everything they could within the realms of their capability. (Male, Scouts Australia, 1980–1989)(07)

Some victim/survivors found the approach taken by police to their disclosure, and the subsequent investigation, upsetting and invalidating. Either the police did not follow up on the disclosure, or they did not follow up in the way that the victim/survivor had anticipated, creating an overall negative experience for the victim. The decision taken by police not to

proceed with criminal charges against the perpetrator was often a very difficult outcome for the victim to process.

I think I've gone downhill very much in that time since making the statement to [police officer]. As much as [police officer] was a lovely person, I think in some ways I have been left high and dry by the police because I think it's, 'Person is deceased now, case closed, can't do any more'. While she was incredibly supporting and I'd say loving, too, during the investigation, I did feel a bit high and dry afterwards. (Male, Education: Day, 1980–1989)(20)

Another victim/survivor described experiencing a very negative response from police to her disclosure, which was one of the key things she wished to speak about during her private session. This victim/survivor described how the police did not believe her disclosure of abuse, as her report was based on recovered memories. The police had also stipulated that she undergo a sexual assault forensic examination some 15 years after the abuse had occurred, and had actively encouraged her not to pursue a formal police report. For this victim/survivor, the whole process of formally disclosing to police had been extremely traumatic, culminating in her receiving the news that no criminal charges would be pursued. Her negative experience of disclosing to police had stopped her from pursuing other avenues, such as seeking redress from the institution.

On the phone I wasn't concentrating so I just said, 'Thanks for letting me know.' I didn't know what to say. Then I hung up the phone and I just sat there crying. You know, it has been hard because it's so invalidating and disempowering, and for me it was difficult because when I was little and bad things were happening, I just kept thinking about the time when people know, they'll care and they'll protect me, and that's kind of what helped me when I was younger [...] Like, when you're young and in preschool or primary school or whatever and the police come to the school and they give you these badges and stickers and stuff that say, 'Cops are tops and if there's something bad that happens, you just go to the police and stuff', that's what you're told. (Female, Education: Day, 1990–1999)(18)

Other victim/survivors spoke about the frustrations of the administrative processes involved in making a formal disclosure to police, particularly when given limited information as to how their case was progressing.

The issue is just organisational stuff. I don't know if they prioritise adult survivors because basically ... I've just been given the run-around. Every week I'll call saying, 'Where is it up to, where do we go?' 'I've never heard of this case, it's this bloke that is taking on a case.' 'Okay, great.' 'That person isn't in the office for the next three days.' 'All right, no worries.' Then I contact that person – 'Oh, no, I'm actually moving to

another unit, I'm not too sure who it's going to be allocated, but once it's allocated, they will give you a call.' So this has been going on for a month or so. (Female, Sporting club, 1990–1999)(53)

They have been pretty slack. I've done statements to the police. They are doing an ongoing investigation at the moment and they have bungled a lot of things up and make me feel like I shouldn't have bothered. (Female, Place of worship, 1990–1999)(36)

A small number of victim/survivors specifically spoke of the traumatic nature of the process of disclosing to police. For these victim/survivors it was often the first time they had provided a full account of the abuse. The victim/survivors recalled the process taking a negative toll on them emotionally, with some struggling to speak in full detail of their experiences.

It took [victim] a long time, like 11 months, to finish the statement [...] It was 50-something hours of giving. It was a terrible ordeal for him [...] They charged [perpetrator] on nine charges. There could have been 60 or 70 apparently [...] I think he felt vindicated. But the stress didn't go away [...] He was very traumatised by the whole process. (Mother of victim, Place of worship, 1980–1989)(47)

One victim/survivor specifically noted that she felt her wellbeing was not a priority when she went to make a formal report to the police. Due to a misunderstanding, she attended the police station with the expectation that she would be offered counselling prior to making a report, and this was not her experience. Instead, she was advised by the police to give her statement before seeking counselling support, which she found to be a traumatic experience.

I gathered up my two sisters that night and we all went down to the police station, still with the expectation that someone was going to offer me a counsellor along the way. It kind of didn't happen because within that week the Strike Force [name] had been set up and the sex crimes just wanted access to us and that was it [...] And at this stage I'd never told – I'd never spoken the story before, you know, never verbalised, told people, 'Yes, I've been sexually abused'. I'd never gone into the intimate details of how it actually had played out [...] And so I found the whole thing just horrendous, actually. (Victim, place of worship, 1970–1979)(61)

However, once this victim/survivor had explained the impact that the disclosure was having on her wellbeing, the police officers involved were supportive of her receiving regular psychological support.

## 7.4 Barriers to disclosure as an adult

As previously mentioned, the findings of the review by Tener and Murphy (2014) highlighted that victim/survivors face challenges when deciding whether or not to disclose once they have become adults, whether or not they had disclosed as a child. Disclosure is not always the preferable option at a given point in an adult victim's life. A quarter of the victim/survivors in the qualitative analysis who spoke of disclosing as an adult recalled not always feeling ready to disclose details of the abuse. A small number of victim/survivors recalled being directly asked, when they were in their late teens or early twenties, whether they had been sexually abused as a child and they denied the abuse because they did not wish to speak about it.

When I was probably 19 or 20 [...] my father came and visited me at my house [...] He actually asked me then whether or not – he actually put it like this, he said, '[Perpetrator] never abused you or your sisters, did he?' And so I actually said 'No' because I think [...] I basically told my father what he wanted to hear. Why? Because it was 7.30 in the morning and I just did not want to get into it, yeah. (Female, Place of worship, 1970–1979)(61)

A few parents of victims who spoke on the victim's behalf during the private session, noted that the victim struggled in their late teens or early adulthood to speak about the abuse. This often involved instances where the abuse was unintentionally disclosed rather than when the victim had chosen to disclose the abuse.

She has her moments where it gets on top of her and then she comes right and tries to cope with it, but then, yes, I think [victim], at the moment, is just finding it really difficult to sort of talk about the whole situation. So I think that's probably, yes, why she doesn't really want to see anybody. (Parent of victim, Education: Day, 2010–2015)(12)

When he told me, he just said, 'If you tell anyone, I'll kill myself.' And so that was really difficult for me because I was torn between not wanting my son to take his life, but also wanting to approach the Catholic Church and get some justice. (Parent of victim, Education: Day, 1990–1999)(10)

Some victim/survivors spoke about having partially disclosed the abuse, usually to a therapist, but feeling unable to speak about it further. While others spoke of accessing therapy services for other issues, such as drug and alcohol dependency, and yet still feeling unable to disclose. Not all of the victim/survivors specifically spoke about why they felt unable to fully disclose. A small number spoke about not feeling able to face speaking about it, while others spoke of still feeling ashamed.

I finally decided to do something about it and I went to [sexual assault service] [...] I tried to sabotage a few sessions with [sexual assault service] because I just couldn't face it. But then I went to a different [sexual assault service]. (Male, Education: Day, 1980–1989)(20)

And after all those, you know, drug and alcohol places, it's pretty obvious why I was, you know, acting out, cutting and drinking and doing drugs. Like, they knew, but I could never sort of talk about it because I just felt so ashamed. (Female, Scouts Australia, 1990–1999)(01)

Other victim/survivors spoke of having disclosed to a supportive adult, such as a partner or psychologist, but still feeling unable to make a formal report to police, either because they did not have enough details about the perpetrator to make it a worthwhile process or because they did not want to create a fuss.

Another barrier to disclosure mentioned by a number of victim/survivors was the desire to not rehash memories of the abuse. These people spoke of having previously disclosed and not wishing to open themselves up again.

It's hard – you don't want to go back and go back over it all again [...] it all settles down and then another five years and off you go again. You just get tired. It does, it makes you mentally tired, I think. (Male, OOHC: Residential, 1960–1969)(29)

## 7.5 Summary of findings

Across all three time periods, disclosure of the abuse was difficult and traumatic for the vast majority of victim/survivors, whether the disclosure occurred when they were children or adults, and whether they disclosed themselves or the abuse was uncovered in other ways. Victim/survivors were particularly affected by negative responses to their disclosure, either by parents or authorities. These responses ranged from ignoring the disclosure to dismissing the abuse as inconsequential, not believing it and in some cases punishing the victim for disclosing. Victims who disclosed as children and who received a negative response were perhaps the most adversely affected, with many choosing not to disclose for many decades after this response.

Although disclosure was challenging throughout the three time periods, there were differences in the responses over time. Children in the more recent time period were more likely to be believed, at least by their parents (although this was not universal), and children were less likely to encounter physical punishment as a result of disclosure. Another interesting difference over the time periods was that parent's trust in and commitment to institutions, such as the Church, was a barrier across all three periods. However, in the more

recent time periods this appeared to be less prevalent, and parents were more detached from these institutions than in prior time periods. Although victim/survivors with parents who were not closely involved in their lives – either because the child was in a ‘closed’ institution or because of emotional distance – often had less opportunity to disclose to someone they trusted, it was not necessarily the case that having a close relationship with parents facilitated disclosure. Several victims indicated that the very closeness of the relationships meant that they did not want to disappoint their parents or cause them difficulties, and therefore chose not to disclose.

Disclosure of sexual abuse by another child or young person was particularly difficult for victims. This type of abuse was often dismissed or downplayed by parents as well as authorities, although, as indicated in Section 6, this form of abuse could be very traumatic for victims.

Disclosure as an adult was also difficult for most victim/survivors, and several had thought about disclosing for several years before finally taking the step to talk about it. For some, this had led to relationship breakdowns or other negative consequences, but most were ultimately positive about their decision to disclose. Nevertheless, the disclosure itself was painful and upsetting for the victim/survivor. This was especially true when the response by family members or authorities was negative or dismissive.

None of the victim/survivors in the qualitative analysis reported a positive institutional response to the disclosure. Across three time periods and all the different types of institutions, the experience of the victim was that the institution was defensive, dismissive or hostile.

## 8 Informal and formal support

The following section outlines the qualitative findings related to the experience of victim and family support mechanisms, including an analysis of the experience of support mechanisms across the time periods: prior to 1970, 1970 to 1989, and 1990 to 2015. The term 'support mechanisms' refers to both the informal and formal support sought by, or provided to, victim/survivors. As this section indicates, some of these responses were not experienced as supportive at all by victim/survivors. No quantitative findings are available for this section as the private sessions database (refer to Section 3.2.1 ) did not capture information related to support mechanisms. For the purposes of this section, support mechanisms encompassed both informal (for example, family, partners and friends) and formal (for example, counsellors and medical practitioners) support systems.

### 8.1 Support from family and friends

The qualitative analysis found that the main support mechanisms for victim/survivors were their family or their partners, followed by their friends. Victim/survivors frequently spoke about their families, and the support or lack of support their families provided at the time of the abuse and the years that followed. One-third of victim/survivors mentioned that they had at least one family member who had been a source of ongoing support in their lives. This was mostly one or both parents but in some instances was a sibling or grandparent in the absence of supportive parents. These supporters did not necessarily know about the abuse and may have found out later once the victim/survivor was an adult. However, they remained a source of comfort and security for the victim/survivor regardless of whether or not they knew. Victim/survivors acknowledged that having these supportive relationships had been fundamental to their wellbeing and ability to remain resilient despite the abuse.

I stand here today because my parents taught me how to be strong, because my parents believed in me when no-one else did, and because my parents were there beside me to help carry me through. (Male, Education: Day, 2000–2009)(59)

One victim/survivor went as far as to say that he felt as though the abuse had not had a lasting adverse impact on his life, and he attributed his ability to cope to the strong support he received from his family. While this victim/survivor's experience was atypical, it demonstrated the potentially protective nature of supportive relationships.

No, I don't think any of us have been adversely affected in the long term – probably not. You grow up in a big family and you've got good support mechanisms around you and you see it as mostly an aberration. (Male, Place of worship, 1960–1969)(33)

However, having the support of family members was not the predominant experience of the victims. Many talked about having unsupportive parents or siblings, ranging from strained, distant or non-functioning relationships, to having experienced abuse within the family. These relationships limited the support available to the victim following the abuse; from disclosure through to reporting to the police, confronting the institution and seeking compensation, as well as moving on with their lives.

Victims who reported not feeling supported by their families often felt as though they could not disclose the abuse, or when they did disclose the abuse, were met with a negative response. As discussed in Section 7 several victims reported that when they told their parents about the abuse as a child, they were either accused of lying or their parents did not take measures to protect them from further abuse. Some victims experienced negative repercussions within the family after disclosing the abuse, such as being asked to leave the family home and/or becoming estranged from their family.

Thus, disclosure often resulted in an unsupportive response. However, not disclosing resulted in there being no opportunity to receive support. For instance, many victims who did not disclose as a child either continued to be abused or their school performance, health or overall wellbeing declined further. Conversely, victims who did disclose to their families, and who experienced a supportive response, were able to receive support, including being removed from the institution if they were still children, being supported to make a report to the police and the institution, and being provided with the opportunity to receive counselling.

In the absence of supportive families, some victims sought support through friends or other close relationships. One victim spoke about the ongoing support she received from a friend who she was able to confide in about the abuse during childhood.

I told my school friend [...] She had not had a similar experience, but she knew how creepy guys could be, how men could be, and so she was like, 'I know, it feels terrible'. Like even now, for years she said, 'I can't believe that happened – it's really terrible'. So I felt at least supported, and she's actually still my best friend now.  
(Female, Sporting club, 1990–1999)(53)

However, while several victim/survivors mentioned having significant friendships, including peers from the institution, a few spoke about losing friendships throughout their lives when they disclosed to friends about the abuse, either because the friend thought the victim was lying or because they did not want their children to be around someone who was abused as a child. This experience tended to occur for victims who were abused prior to 1970 or during the 1970s.



I thought I'd trust people, I can trust this person, tell them what happened, 'My God, don't let him near your kids', you know. So, there you go, you've lost a whole lot of friends, and I've made that mistake three or four times and in the end I just gave up, stuck to myself. (Male, OOHC: Residential, 1950–1959)(30)

I got fed up and I just disowned a friend because of it, you know, I was just sick and tired of people saying rubbish, it didn't happen, you know, or they just chose not to believe it. So that's their choice and that's their opinion and what have you. Like I said to a lot of them, the basis of it is you weren't in my shoes – you know nothing. (Male, OOHC: Residential, 1970–1979)(39)

Many of the victim/survivors who did not speak of having supportive families during childhood did have loving spouses and children in adulthood. Almost one-third of victim/survivors commented that they were in a happy and supportive relationship at the time of attending the private session. However, many victim/survivors spoke of having multiple relationship and marriage breakdowns, and some have had few or no intimate relationships. This may reflect the ongoing difficulty for victims of child sexual abuse in maintaining relationships as adults.

Most of the victim/survivors' current partners were aware of the abuse to varying degrees and they talked about the importance of having the love and support of their partner. One victim/survivor spoke of how her current partner had helped her to confront the abuse and attain closure through therapy and seeking justice.

I'm with a really supportive partner now and, you know, like I have remarried, he's fantastic. I couldn't have asked for better support and it's made me be able to deal with it properly and, yeah, do something about it. (Female, Education: Day, 1990–1999)(50)

Another victim/survivor spoke of the significance of trusting his wife and how her optimistic nature helped him to keep things in perspective.

I think she was the very first person that I'd ever met that was, most importantly, honest and not sort of someone to sort of fib about things. I'd been fed a lot of different information over the years about different things. And about ... just from a point of view about ... just trying to remain positive and upbeat about things, because a lot of bad things happen to people all the time. (Male, OOHC: Residential, 1970–1989) (32)

One partner, who attended the private session as the victim/survivor's support person, talked about still loving and supporting the victim/survivor even though they were not currently able to have an intimate relationship.

It's not a normal break-up. We still love one another. He is still my family and I think to him I'm still his, because he comes to me, like today. It's this terrible situation of where I think [male victim] has had pretty much a mental breakdown, emotional breakdown, where he just couldn't cope with the challenges of intimate life any more with me, sexual intimacy or emotional intimacy – just couldn't cope any more. (Male, Education: Day, 1980–1989)(20)

### **8.1.1 Support from family and friends across time periods**

It is important to note that many of the private sessions included in the selection for the qualitative analysis were attended by the victim/survivor and their support person, usually a parent, partner or family member, and this may have influenced what the victim/survivor discussed regarding family support. Additionally, as outlined in Section 7.1 a significant proportion of the private sessions in the qualitative analysis were attended by parents speaking on behalf of the victim where the victim was not present. As such, the information provided in these sessions relating to support mechanisms may provide a different perspective to sessions where the victim/survivor was present.

#### **Prior to 1970**

As mentioned in Section 6.3.2 overall there was very little family support available during childhood for the 17 victims in the qualitative analysis who were abused prior to 1970. Over half of these victims were placed in out of home care (OOHC) institutions and had limited or no contact with family. Most of these victims spoke of coming from disengaged or non-functioning families regardless of the institution type. In addition, a small number of victims indicated that the institution intentionally separated siblings, and therefore their support was also unavailable.

I had – yes, five of us altogether. My sister was the oldest, then me, and two other sisters and a boy [...] Dad was a heavy drinker and I think the neighbours had, sort of – one of the neighbours had said, 'Look, they're not getting fed', things like that, and the policewomen just came in and bashed on the door, and we were all sent to different places. (Male, OOHC: Residential, 1960–1969)(41)

In the absence of family support, a number of the victims, who were living in the institution at the time of the abuse, spoke of the support they received from peers within the institution. This support included warning each other about potential perpetrators and attempting to shield each other from further abuse.

We were like – all we had in there was, like, what we call our mates. If we started talking about it, then we felt shamed, and we felt like we had no sexual or whatever –

we were responsible for it, so we never really used to talk about it other than, 'Watch out for him and watch out for him'. (Male, OOHC: Residential, 1960–1969)(02)

Only a couple of victims spoke of having a supportive family environment during childhood. However, both came from devoutly religious families which, as discussed in Section 7.1 created barriers to disclosing the abuse. Hence neither disclosed as children. One of these victims kept running away from the institution, so his parents decided to keep him at home.

I went home and my old man said to me, 'If you're going to run away all the time, not much good sending you bloody back, might as well stay at home'. So they let me stay home. And to be honest, that was the best words I ever heard my old man say. (Male, Education: Boarding, 1960–1969)(11)

Victim/survivors abused prior to 1970 spoke of having the support of family and friends to varying degrees once they reached adulthood. Many had been married multiple times and several had supportive partners and/or children at the time of the private session. A few victim/survivors spoke of having made contact later in life with their parents and/or siblings from whom they had been estranged from for much of their lives.

I found my mother a month ago; first time. And I've also got a twin brother in [city] and a sister in [town] I've never seen. And now that I'm ill, I want to go and see them. And by doing this, it's going to put a – how do you say – a block to it; it's finished. Like, getting it all out in the open. (Male, OOHC: Residential, 1950–1959)(24)

Seven other brothers and sisters were in an orphanage as well. Some were in for a short time, some went in when they were young as babies and didn't know they were in an orphanage, didn't know they were adopted [...] I'm meeting them now. It's a hard process. I'm not really ... even though it's 50 years ago, as I said, if we could have got counselling at 13 or 14, or something like that, you know, things would have been better, but, you know, I'm the way I am now and I don't really want to talk to anybody. (Male, OOHC: Residential, 1950–1959)(30)

Several victim/survivors from this time period commented that they had no friends as adults, but a small number talked about having long-term friendships.

## **1970 to 1989**

The qualitative analysis included the private session transcripts of 23 victims who were abused between 1970 and 1989. One-quarter of them disclosed the abuse to a parent during childhood. The support victims received from family following childhood disclosure during this time period was mixed. Most of the victims who disclosed to parents during childhood did not have a supportive family environment at the time of the abuse. As mentioned in Section 7.1.2

of the six victims from this time period who specifically spoke of their parents being engaged with their lives during their childhood, only one disclosed the abuse as a child.

One victim, who spoke of having a supportive parent during childhood, had disclosed the abuse to her father shortly after leaving the institution. Her father checked with her about whether she felt ready to speak to the police about her experience and supported her through this process. He also checked whether she would like to receive counselling support, although she did not feel able to take up this offer at the time.

Dad at one point asked me, he said, 'Do you think you need counselling?' He was the only one that ever offered me any counselling [...] The problem was at the time the only woman ... she was friends with Dad and I assume that was probably who I would have to go through for counselling, and she was connected to the [institution] and I didn't want to talk to her, so I just said 'No, I'm fine'. And I didn't want to talk about it anymore at the time anyway. I was so over hearing about it, I didn't want to talk about it. (Female, Place of worship, 1980–1989)(43)

A few victims, who did not feel supported when they disclosed to their parents as a child, spoke of other dynamics occurring within the family at the time they disclosed. The victims felt that this may have reduced the capacity of their parents to provide them with support in the aftermath of the abuse and disclosure.

But also I think because Mum died so young, like, she was not – she was not quite 47 when she died [...] And there were seven of us at home. So Dad was ... Dad was a great parent. But there was very much that, 'Okay, you know, let's all [...] I was 10. But I knew, you know, it was time to grow up kind of in a hurry. But there was that culture of, 'Yeah, look, don't make a fuss', but I think particularly in the context of our family that, you know, there's bigger things to focus on. (Female, Place of worship, 1970–1979)(40)

But also, [male victim]'s dad was an immigrant as a child, and he wasn't really engaged in the community very much, and [male victim]'s mother is of Aboriginal descent, and whether or not she felt that she had the power to be able to stop what was going on, as she worked at the school. (Wife of victim, Education: Day, 1970–1979)(16)

One-third of victim/survivors in the qualitative analysis from this time period spoke of first disclosing the abuse to a family member, usually a parent or sibling, as an adult. Most, but not all, spoke of their family being supportive following the disclosure, with family members often encouraging the victim/survivor to make a formal report to police.

For those victims who were living in OOHC at the time of the abuse, only a small number spoke of having maintained relationships with a family member as an adult although half had disclosed to their partner who was supportive.

### **1990 to 2015**

During the time period 1990 to 2015, victim/survivors in the qualitative analysis appeared to have more family support during childhood than was reported in previous time periods, with half of the victims reported to have grown up in a supportive family environment. Many victims in earlier time periods lived in large residential institutions and were separated from their birth families; however, during the time period 1990 to 2015, even some children in OOHC settings remained in contact with their family.

Two-thirds of the victims during this time period directly disclosed the abuse to their parents, or had the abuse uncovered. In most instances, parents believed the disclosure and advocated on behalf of their children to the institution, police and other associated organisations including corrective services, child protection services, and disability services. It is important to note that, of the 21 private sessions selected for the qualitative analysis for the time period 1990 to 2015, almost half were attended by parents providing information on behalf of the victim. Hence, the high number of victims who report coming from a supportive environment may be attributable to the number parents attending a private session.

The support provided to victims by families also included shielding, or attempting to shield, victims from the repercussions of the abuse becoming public. In some instances, this involved attempting to protect the victim from ongoing bullying, either from peers or people connected to the perpetrator.

My family – well, there was my mum, my brother and my step-dad at the time – tried to shelter me from a lot of that. Like, there was a lot of roof rocking, you know, where they'd get the rocks and throw them on the roof. Our phones would ring and people would say things and hang up. Like, I wasn't allowed to answer the phone. (Female, Scouts Australia, 1990–1999)(01)

In one instance, parents spoke about attempting to spare the victim from the ongoing details of the legal proceedings they had initiated on her behalf. The victim was still very upset and struggling to speak about her experience.

[Female victim] doesn't – this folder and all the emailing and all that that I've been doing – [female victim] has no idea of what's been going on. You know, not on the civil side of the case. But the criminal side of things, she's up to – we keep her up to date on the criminal side of things. But on the civil side, you know, with our discrepancies with the Church, she has no idea. (Parent of victim, Education: Day, 2010–2015)(12)

Nonetheless, several victims commented that their parents were unsupportive and dismissive following their disclosure of abuse, while others spoke of coming from an unsupportive family environment and not wanting to disclose to their family. A few of the victims recalled that they had the support of a friend, boyfriend or girlfriend, to help them cope with the abuse either during or just following the ordeal, and one-fifth were in a supportive relationship at the time of the private session.

## **8.2 Counselling support**

The literature review found limited research relating to the experience of formal support mechanisms for victim/survivors of institutional child sexual abuse and their families. The few studies that had been conducted suggested that victim/survivors and their families experienced difficulty accessing mainstream services (Death, 2013). It was also noted that victim/survivors needed 'to be supported by treatment that is holistic and responsive to changing needs' and that, due to evidence of vicarious impacts, professional support also needed to be extended to families of abuse victims (Blakemore et al., 2017). This section explores how victim/survivors in the selection of private session transcripts used for the qualitative analysis accessed counselling, and the barriers and facilitators that affected the counselling process.

Of the 61 private sessions, two-thirds of victim/survivors mentioned that they had received counselling. Of the people who received counselling, just over two-thirds found it helpful, while just under one-quarter spoke of finding counselling unhelpful. A few victim/survivors did not comment on their counselling experience other than mentioning it in passing. The remaining one-third of victim/survivors in the qualitative analysis had not sought counselling, though a few had undergone psychological assessment for the purposes of redress.

Victim/survivors spoke of accessing counselling through a number of different routes, including Medicare Australia rebate schemes, redress processes with the institution, work, or community services such as sexual assault clinics, public hospitals and family support organisations. Overall, access to counselling, or knowledge regarding what was available, was limited. Many victim/survivors and their supporters had been receptive to the idea of counselling and/or desired further counselling but could not afford to access it, or did not know how to. A number of victim/survivors were receiving ongoing counselling at the time of attending the private session, only three of whom were paying for it independently. Several victim/survivors had received ongoing counselling previously but had since stopped. Counselling was usually self-initiated, with the victim/survivor seeking referral through their doctor or a community service, or finding their own counsellor.

One-fifth of victim/survivors spoke of attending counselling services appointed by the institution as part of redress. Several reported that counselling provided through redress had been helpful.

[Psychologist] has had a couple of referrals from Towards Healing for a few clients over the last three years, and she's been just exceptionally – she's good at what she does, but she's also a very good advocate in many regards. (Female, Place of worship, 1970–1979)(40)

However, a few victim/survivors spoke of being offered counselling appointed by the institution, which they declined, either because it was inaccessible or they did not want counselling, particularly counselling supplied through the institution. Redress did not always include an offer of counselling, as several people went through redress without an offer of counselling. Likewise, counselling was sometimes provided by the institution without the victim/survivor having gone through a redress process.

Of the two-thirds who found counselling helpful, several described having mixed experiences depending on the counsellor and the context of the counselling (refer to Section 8.2.1). A small number of the victim/survivors who found counselling to be helpful were secondary victims receiving counselling for trauma caused when their child was sexually abused. Other victim/survivors spoke of receiving counselling for reasons unrelated to the abuse, with a number disclosing the abuse during the therapeutic process.

Victim/survivors commented that counselling was beneficial as it helped to process the abuse and find some degree of closure. Several of the victim/survivors sought support when a particular life event triggered their trauma. For instance, one victim/survivor began receiving counselling when his son became the age he was when he was first abused. He found the counselling helped him through this difficult time.

She gave me quite a few ways to assist me – meditating. I used to find it difficult to sleep especially – yeah, once the kids ... oldest bloke got to that fifth and sixth class, I was waking up [...] it was a pretty hard time. (Male, Education: Day, 1970–1979)(16)

Counselling was also reported as important to assist in learning to manage relationships, or to learn strategies around self-care and anger management.

I have started going to see someone again because I seem to ... as soon as I get into a serious relationship I destroy it ... I still need help, because of this. (Male, Education: Day, 1990–1999)(31)

I've even been to see a counsellor in the last two years. Not being physical – there was a point with my wife before I got married, I actually pushed her and I was like,

‘What am I doing?’ And that’s why I went and got help before we got married so that never, ever happens again. And that is from physical abuse, I guess. (Male, Education: Day, 1990–1999)(26)

I had quite intensive therapy for probably only six months, but I learnt a lot. It wasn’t just psychotherapy, I learned strategy, I learned mindfulness, things like that. (Female, OOH: Foster care, 1980–1989)(46)

In a few instances, counselling was a trigger to recover memories of abuse. In one of these instances the counselling service had been an ongoing source of support for the victim/survivor, helping her to report the abuse to the police and supporting her to attend the private session.

### **8.2.1 Barriers and facilitators to helpful counselling**

Many of the victim/survivors had multiple counselling experiences with varying degrees of success. Several factors were identified that could either facilitate or impede successful counselling, such as when in the context of their life an individual sought counselling, the intensity and duration of the counselling, the expertise of the practitioner, and the relationship between the practitioner and the victim/survivor.

One of the reasons that victim/survivors reported counselling to be unhelpful was that they had sought counselling from one or more practitioners, but could not find one suited to them or their needs. As one victim/survivor noted, expertise in treating trauma was perceived to be crucial for the development of a therapeutic relationship.

I kind of haven’t looked at how it’s affected me really. I’ve only got a few sessions of the counselling. She never got the opportunity to give me any advice or skills because she had no grasp of the story or understanding of it really. And it was costing me too much money. (Female, Place of worship, 1980–1989)(43)

Some victim/survivors spoke of not relating to or trusting their counsellor, hence the counselling process was not successful.

I’ve had quite a bit of difficulty finding a counsellor I can associate with ... I really want to seek serious counselling. (Male, Education: Boarding, 1980–1989)(45)

At the time I’d sort of realised about this abuse or was coming to the fore I had counselling for about a year and a half with a psychotherapist, but I never really broached the sexual abuse and I didn’t – I don’t really – in hindsight I don’t know why I kept going because I didn’t really trust her. (Female, Place of worship, 1970–1979)(40)



In a few instances, the counsellor was reportedly either dismissive or did not believe that the abuse had occurred. This resulted in the victim/survivors feeling unable to speak of their experience of child sexual abuse.

I said to her, 'Is there anything we should do about this?' [...] She said, 'Well, not really. Do you want to talk about it more?' I said, 'Well, I suppose there's been worse abuse.' And she said, 'Yes, I've heard of worse.' And that was a pity because had she explored it with me, maybe some of the subsequent things wouldn't have occurred, which really derailed my life badly. (Female, Place of worship, 1960–1969)(14)

I went to see someone [...] I did mention to her about what had happened and she said [...] 'I know [female perpetrator] and I know her family and I can't believe she would do that.' So that never went – I never progressed that topic at all. No, we just talked about other stuff. (Female, Education: Day, 1970–1979)(17)

Another barrier to successful counselling was that therapy was often time-limited, particularly when it was subsidised. Several victim/survivors noted that the 10 sessions covered through Medicare Australia rebate schemes were not sufficient to make any therapeutic progress and they could not afford to independently fund ongoing therapy. Another victim/survivor, who received counselling through a redress process, described being hesitant to engage in the therapeutic process because she knew it was time-limited and did not want to risk starting to unpack the trauma without the security of knowing there would be ongoing support:

I started having sessions with [psychologist]. That went OK. But in my head I was thinking, 'Five sessions. I better not get too [...] sort of emotional because I didn't want to bring myself undone.' By that stage I was actually quite depressed. (Female, Place of worship, 1970–1979)(40)

It was argued by a number of victim/survivors that counselling services needed to be available to victims of child sexual abuse throughout their life, and that short-term intervention was not sufficient.

I think if they put services in place where people could get counselling indefinitely, because it's taken a long time, [60–65] years, to get to this stage, it's not going to be fixed in six months. (Female, Place of worship, 1950–1959)(05)

Additionally, the frequency and intensity of the counselling sessions affected whether or not a victim/survivor felt that counselling was helpful. For instance, one victim/survivor, who was in prison at the time of the private session, commented that he only had access to a counsellor every six weeks. He felt this was not often sufficient and admitted that he would, on occasion, stop taking his medication as this escalated his behaviour and ensured he was able to access counselling services more frequently.

The qualitative findings also suggested that the likelihood of counselling being successful depended on whether or not the victim/survivor felt ready to pursue counselling. Several victim/survivors reflected that counselling had not worked for them because they were not ready to engage with the counselling process; hence it was not a positive or productive experience.

The therapy with [psychotherapist] wasn't, you know, terribly effective because I wasn't in a state to be able to be, you know, totally open and honest with him about what was happening with me. (Male, Place of worship, 1970–1979)(06)

Some victim/survivors later engaged in counselling when the time felt right and acknowledged the importance of being ready to receive counselling support. One victim/survivor explained: 'Circumstances make a big difference – your age, all that.' (Female, OOHC: Foster care, 1980–1989)(46).

However, several victim/survivors felt their trauma was so entrenched they would not benefit from ongoing counselling. A small number had experienced years of therapy but felt that it had not made a difference to their suffering and it may even have impeded their ability to move forward.

You know what, the worst thing you can do is to get counselling because we're all more triggered, we're more anxious, and talk about wasting your time. All I did was go and see this psych for years and I would be talking about this shit from one end of the session to the next. (Female, OOHC: Residential, 1960–1969)(04)

He's had intense counselling. [Male victim] feels he's been counselled to death. He said, 'Mum, it doesn't make it go away.' (Parent of victim, Education: Boarding, 1980–1989)(15)

In one instance, the victim/survivor perceived that his therapist viewed him as being beyond therapeutic help.

She said she tried everything to get these emotions out of me, but she couldn't go any further. She said, 'It doesn't matter what you do, it doesn't matter how much treatment he'll have, he'll still have it in him'. (Male, OOHC: Residential, 1950–1959)(24)

This victim/survivor had received counselling from many different therapists throughout adulthood but, in light of this comment, viewed that any further counselling would be pointless.

However, despite the barriers to successful counselling experienced by some victim/survivors, over three-quarters of victim/survivors who received counselling found it to be helpful and acknowledged the value of finding the right practitioner.

No-one believed what I came from, and he had the tenacity and observance and professional understanding of the trauma I have been through. (Male, OOH: Residential, 1940–1949)(09)

I first went under her when I was at my worst, she saved my life and I call her my lifesaver. (Father of victim, OOH: Residential, 1990–1999)(03)

One victim/survivor invited his counsellor to be his support person during the private session and reflected on the importance of both being ready to engage in therapy and finding the right practitioner.

I will be eternally grateful to [female counsellor] because we got to, really in the last couple of sessions after 12 months of work, get to the important point of me being able to free myself from all the past. (Male, OOH: Foster care, 1950–1959)(25)

Despite many years of failed counselling, when the timing and the therapist were right, this victim/survivor finally felt able to heal and move forward with his life.

### **8.2.2 Victims who have not sought counselling**

Of the victim/survivors in the 61 private session transcripts reviewed in the qualitative analysis, one-third had not sought counselling or did not mention counselling during the private session, although a few spoke of undergoing a psychological assessment for the purposes of redress. Just over half of these victim/survivors reported having the support of their partner or a family member and a few spoke about support they received from friends or services. However, a third reported having no support of any kind.

The most common reasons expressed for not seeking counselling was the desire to repress the trauma. One victim/survivor said: 'It's in the past, just leave it there.' (Male, Place of worship, 1980–1989)(52). Others said they did not yet feel able to speak about it. This was more often the case if the abuse had occurred relatively recently.

At the moment she is just finding it really difficult to sort of talk about the whole situation. So I think that's probably why she doesn't really want to see anybody. (Parent of victim, Education: Day, 2010–2015)(12)

Other reasons for not receiving counselling included the service being inaccessible in rural areas or too expensive, the need for counselling being perceived as a weakness within the family, or the fact that the victim/survivor felt able to counsel themselves.

Several victim/survivors had not been offered counselling by the institution and had gone on to seek counselling through another source. However, a few victim/survivors, particularly in the more recent time period, had not been offered counselling and had not yet pursued it

elsewhere. One victim/survivor was referred to a counsellor by the institution but was dismissed by the counsellor as not needing therapy because he had a disability. His mother believed that counselling would have been beneficial and feels they were dismissed unfairly.

We went to – it's [counsellor] in [city]. I've got a file here for her, that we went there, you know. And that's what makes me angry, because when I went there they just looked at him like he's a [disabled] child, so he does not need the counselling [...] He never got counselling. (Parent of victim, OOHC: Respite care, 1990–1999)(55)

No pattern was identified in the qualitative analysis relating to counselling uptake across time periods. Slightly more victim/survivors in the later time period had not sought counselling but this may be explained by the fact that several of these victims were still children and the abuse was still recent, thus the victims may not have been ready to talk.

### **8.3 Support from the institution**

Overall victim/survivors felt unsupported by the institution after they disclosed the abuse and in years and decades that followed. Not one victim/survivor talked about feeling well supported by the institution in which the abuse had occurred. Institutions reportedly provided varying levels of support, although were rarely perceived as being sincerely supportive. Many institutions provided limited counselling support to the victim/survivors, and sometimes to family members, following the disclosure of abuse. However, some institutions were resistant to paying for ongoing counselling support.

I was having counselling – I've got a list of all the counselling the Church paid for – and I was stuck. The counselling wasn't helping me. I was just stuck. I'd been stuck for years. And I went back to him and I have said, 'Can I have some more counselling?', and he said, 'No. The Church has no money'. This is what he did to a person who's struggling, and he said, 'I'm sorry about your son. You may never get your faith back. The Church has no money and you need to take some responsibility for your own healing'. That's what he said to me. (Parent of victim, Education: Day, 1990–1999)(10)

Other ways that institutions were perceived to be unsupportive included punishing or further abusing the victim after the victim disclosed, not believing the victim, or supporting the perpetrator and alienating the victim and their family. Several victims commented that the perpetrator continued to be supported by the institution after disclosure, and even when guilt had been confirmed. This was usually at the expense of the victim and their family, who experienced adverse personal and social consequences for publically exposing the abuse.

I still need help because of this, and yet he got all the counselling and he got everything handed to him when it happened. He got the good life. He's come out of it smelling like roses and I'm still scum, you know. That's how I feel I was treated, I was treated like scum. (Male, Education: Day, 1990–1999)(31)

It was very upsetting. We were ostracised. We'd had a very active role in our church community, being small. I was a minister of communion, cleaned the church, read, visited the sick, all of that [...] And [perpetrator] told everyone he could that a drunken kid of the [surname of family] was saying these terrible things and because his father was the [high status position] he was just after money. So they did a fair job of character assassinating [victim] and us. So there was – I mean, I was just left off the roster at the church. I just didn't appear anymore. (Parent of victim, Place of worship, 1980–1989)(47)

Several victim/survivors and/or families also report that the institutions were guarded when it came to providing information to assist the victim/survivor to pursue criminal or civil proceedings years after the abuse. Victim/survivors had difficulty learning information about the perpetrator, or accessing their personal file from the institution. Several institutions were also reluctant to share their policies related to child supervision and protection. One victim/survivor recalled the challenges she faced trying to trace the name of the priest who abused her, which included being verbally abused by one person in authority within the institution and dismissed by another.

Then I had [senior church person] ... he rang me to see how I went and I told him that it didn't go very well and his reaction to that was, 'You know, you're really a strong person and you'll get over it.' (Female, Place of worship, 1950–1959)(05)

Many victim/survivors who sought redress through the institution reported that they felt unsupported during and following the redress process and that the apologies they received were half-hearted or full of excuses. It should be noted that further analysis of redress was outside of the scope of this research.

I found the whole process quite mechanical. I was shocked at how it did unfold. I thought that there would be some sincere apologies and some sort of sincerity or authenticity to the church's response, but it was very cold and clinical and they fought tooth and nail for every cent of compensation. (Male, Education: Boarding, 1980–1989)(45)

### 8.3.1 Support provided by institutions during childhood

#### Prior to 1970

Seventeen victim/survivors in the selection of private sessions transcripts used for the qualitative analysis experienced institutional child sexual abuse prior to 1970. Of the small number of these victims who disclosed the abuse to a person in authority within the institution during their childhood, few reported being provided with support from the institution following the disclosure. As outlined in Section 7.1.1 a small number were instead beaten and/or threatened by people in authority, and for others the disclosure was simply dismissed.

A small number of victims, who were living in large welfare institutions at the time of the abuse, recalled having some contact with child welfare officers or social workers during their placement. However, these workers were not reported to have provided any support. Victims reported that they were not able to speak to the workers in private or they knew they would be punished by the institution if they did seek support from them.

That's what [child welfare officer] was like. They'd come up when something went wrong, talk about it, whatever, in their office and then he'd leave and then they'd deal with you. It was just [...] We didn't, because you got flogged, so you didn't tell anyone. (Male, OOHC: Residential, 1960–1969)(29)

However, a few victims did recall receiving offers of support from specific teachers during their childhood. The actions of these teachers appeared to stand out in victims' memories because the teachers behaved differently to most teachers within the institution. One victim recalled that a teacher, who was new to the school, listened to the children's reports of abuse and took her concerns to the school principal. As a consequence, both the offending teacher and the supportive teacher were forced to leave the school. The supportive action taken by this individual teacher was one that the victim had never forgotten.

She tried to protect children from abuse and paid a high personal price, I hope one day that she will be acknowledged, perhaps by this Royal Commission, and even if it is posthumously. I have to say that, aside from wanting to air these events, the fact that it would appear that she tried to do something about what was going on and the fact that this Royal Commission is about institutional responses, then I think she is highly relevant to this Commission (Male, Education: Day, 1960–1969)(37)

Another victim recalled moving to a new school and his teacher questioned him about his experiences at his previous school. This victim recalled how he felt unable to disclose his experience of abuse to the teacher; however, the teacher provided additional support to him regardless.

She was watching me and looking at me and everything. She came up and said, 'I want to see you after school'. So I came to her desk and she said, 'What happened to you at [institution]?', and I said, 'Nothing, can I go?' She did that about three times, and on the third time she said, 'What happened to you at [institution]?', and I said, 'I'm not stupid'. She said, 'I know something's happened to you at [institution], maybe one day you'll tell me.' And I stood in front of her for about 10 minutes and I was just looking at her and I probably, you know, my eyes were probably watering up because I was getting very emotional and I was just looking at her and looking at her and looking at her, and I almost told her how I was beaten and how I was flogged with a hose and all the rest of the crap that went on, and I just thought what good is it, what good is it going to do? And I said nothing. But she was kind to me after that. (Male, Education: Boarding, 1960–1969)(11)

### **1970 to 1989**

Twenty-three victim/survivors in the selection of private sessions transcripts used for the qualitative analysis were abused between 1970 and 1989. One-third of them recalled having disclosed the abuse as a child to someone in authority within the institution. Similar to the experience of victims abused prior to 1970, few victims were offered any support from the institution in which the abuse occurred.

For the small number of victims who were in OOHC at the time of the abuse and who disclosed as a child, the response from the institution was usually to move the victim to another OOHC institution. The institution did not provide any ongoing counselling support or enquire as to whether the victim was coping.

I was never – I was never at that time, you know, counselled about it or even spoken to about it. (Male, OOHC: Residential, 1980–1989)(21)

Another victim described being moved through various OOHC placements as a child, eventually ending up living in an independent living arrangement while she completed high school. This victim described being provided with limited support by her school, despite the school being aware of her unique circumstances.

You know, they all knew I lived independently [...] You would think they would have more focus on supporting someone like that than the other way around. They were more interested in me getting a school uniform, because I never – the principal dragged me down to the office once and she complained that I wasn't wearing the standard uniform. I said, 'Well, you know, how about you pay for it and I'm happy to wear for it, because I haven't got any money.' So you know, I think I got some uniform money. (Female, Education: Day, 1980–1989)(35)

This victim became pregnant by a perpetrator who worked at the school, and was provided with some support from a teacher to obtain an abortion. While the victim found the teacher's assistance to be a supportive experience, the teacher still failed to report the abuse, thus protecting the perpetrator and the school.

I mean, the abuse is the abuse, but also the way the school managed it, you know, that's the issue for me – and the fact that I was on a guardianship order and the fact that they did not contact the department. Like, you know, if it was my child, you know, you would be up in arms, like, you'd be responding to that. That's for me – like, the actual abuse and all that stuff, you know, is problematic of course, but the main thing for me is around the school, lack of duty of care. (Female, OOHC: Foster care, 1980–1989)(35)

Two other victims disclosed their experience of abuse to people in authority with the education system, and neither recalled being provided with any support. One victim's school principal assured him that the perpetrator would not have a job the following year, but was not offered any ongoing counselling support. In the end, the perpetrator kept his job and continued to teach the victim.

I told the principal of the primary school. We sat down in his office. He asked what had happened and I remember him saying, 'You are disgusting', to [male perpetrator] and it was then that I was told that he would be sacked, or wouldn't have a job the following year, because the prep school was closing down and it was only going to be the high school and that if I could wait until the end of the year, everything would get much better. Of course, [male perpetrator] was offered a job in the high school and I had him for the next two years as my homeroom teacher and English teacher. (Male, Education: Day, 1980–1989)(27)

## **1990 to 2015**

In the time period 1990 to 2015, many of the victim/survivors were still in the midst of dealing with the immediate repercussions of the abuse, with several in the process of gathering evidence to pursue the criminal and legal proceedings. Over two-thirds of the 21 victims abused during this time period had disclosed the abuse to the institution and no-one reported feeling that the response from the institution had been sufficiently supportive.

Victims and their families in OOHC settings spoke of feeling particularly powerless to pursue justice for the abuse, and while a few victims or their parents commented that individual workers had been supportive, at an institutional level there was very little support provided in the aftermath of the abuse.



Like in previous time periods, there were also a few incidences of the institution supporting and protecting the perpetrator. One perpetrator was a school principal. The principal was dismissed from his position, though the school tried to conceal the abuse and he was given a 'hero's farewell'. In another case, the school appeared supportive at first and started an internal investigation, however the victim's parents soon felt as though this investigation was biased to the school. The school was attached to the church that the victim and the perpetrator both attended. The church continued to support the perpetrator, not the victim, and consequently the family were shunned from the church community.

I think the church is happy for that to happen, because it takes them out of the picture. It puts all the focus on the girl. And at the moment, that's where it stands. [Church leader] [...] even said to us that, 'Your daughter had a role to play as well.' I could have got up – you know. We were sitting on a table just like this. I was just about to get up and smack him. (Parent of victim, Education: Day, 2010–2015)(12)

### **Sexual abuse by another child or young person**

As outline in Section 7.1.4, one-fifth of the private sessions transcripts selected for the qualitative analysis involved instances of sexual abuse by another child or young person, the majority occurring between 1970 and 1989, and 1990 and 2015. Most of the sexual abuse by another child took place while the victim was in OOHC or a correctional institution, with the remaining taking place within a school setting. Over half of the victims who were sexually abused by another child either intentionally disclosed the abuse during childhood, or the abuse was uncovered by other means.

Taking action following the disclosure of sexual abuse by another child appeared to be particularly challenging for institutions. Parents of victims spoke of the frustrations they experienced when attempting to gain information about the details of the abuse or what actions had been taken by the institution, with confidentiality and protection issues applying to both the victim and perpetrator.

So we had the meeting, nothing happened, we got a series of correspondences between my husband and [school principal] where parts of each letter from [school principal] were in legalistic language and in different text size and font. So we would write to her, she would clearly take it to legal in the department, there would be a big delay, she would write back and some of it would be from [school principal] and some of it would be from legal. Shortly after that [male victim] started losing confidence in a very clear way so we had been offered counselling for ourselves and counselling for [male victim]. I'm of the view counselling is of very variable quality. (Parent of victim, Education: Day, 2010–2015)(60)

Families of victims who experienced sexual abuse by another child within an OOHC setting spoke specifically of the unsupportive responses they received from child protection agencies, ranging from ignoring the abuse or accusing the victim of lying, to avoiding the family and not providing them with information about the abuse. In one instance, the family perceived that representatives of the child protection agency had implied that they could remove their child from the family home if the family chose to pursue the issue further.

One staff member acknowledged and verbally apologised to [victim's mother], but that's all we got [...] We were told to not go back there and the tones that were used and the requirements that were being put upon us were basically ... It was quite threatening, and it's a case of he could very easily be taken away from us again if we .... (Parent of victim, OOHC: Residential, 2010–2015)(57)

## **8.4 Other support mechanisms**

In addition to the support mechanisms already discussed, some victim/survivors and their families reported using a variety of other ways of gaining support. These included advocacy groups and peak bodies, such as Broken Rites, Care Leavers Australia Network (CLAN) and the Alliance of Forgotten Australians; specialist services such as sexual assault clinics and mental health services; and legal services, such as Aboriginal Legal Service and Knowmore. Other services victim/survivors used that were not specifically related to the abuse included disability, aged care and respite services, charity organisations, community groups such as Men's Shed, and Centrelink. There were no consistent patterns in the use of other support mechanisms across the time periods, although victim/survivors abused between 1990 and 2015 also used youth services, parenting courses and groups, and case management services.

The following subsections outline the experiences reported by victim/survivors and their families of using these support mechanisms. It is important to note that the number of victim/survivors who reported using each these was small, so it was not possible to draw conclusions regarding support mechanisms.

### **8.4.1 Advocacy groups and peak bodies**

A small number of victim/survivors spoke about having made contact with one of the key advocacy groups or peak bodies relevant to institutional child sexual abuse: Broken Rites Australia, CLAN and the Alliance for Forgotten Australians. Most of the victim/survivors who reported contacting or becoming involved with these organisations had been abused prior to 1970. However, one victim/survivor, who had been abused between 1970 and 1989, became

aware of CLAN through the media and found his interactions with the organisation to be very beneficial. He was assisted in gaining access to his records from his time as a state ward and felt that in the future he might also volunteer to assist others with shared experiences.

I was at [regional prison] and I read in the newspaper about [CLAN], in the local paper, and I wrote to the address on there and I said that I was a State ward and I'd like to speak [...] She was a really lovely lady to talk to. She got me my whole file for me. (Male, OOH: Residential, 1980–1989)(51)

However, another victim/survivor spoke of engaging with CLAN and deciding that it was not what he needed at that point in his life.

I joined CLAN when the Royal Commission started. I thought, well, maybe they can help me. I got involved and I spoke to – I thought – they sent me out pamphlets and so forth. I talked to one of the counsellors [...] and I thought, no, this is not for me, this sort of thing [...] because, I mean, what can they do for me? What actually can they do for me? The only thing – I'm the only one that can do something for me. (Male, OOH: Residential, 1950–1959)(30)

For the two victim/survivors who spoke about engaging with Broken Rites Australia, both had used the organisation when informally investigating whether the perpetrator was known to have other victims. Both found their interactions with the organisation to be very useful but they did not maintain their involvement with Broken Rites Australia once provided with the information.

Well, that was by accident. I was on the internet and I was going through something and for some reason or other, Broken Rites came up. And I was looking at it and I thought oh, what's going on here? I looked at all these Brothers and priests that sexually abused these kids and I thought, I wonder is [male perpetrator] on this list? And it got the better of me, so I rang up Broken Rites and I asked the lady there and she said, 'His name rings a bell. I'll get in touch with [name] and he'll get back to you in a couple of weeks' time'. (Male, Education: Boarding, 1960–1969)(11)

Another victim/survivor spoke of being actively involved with the Alliance for Forgotten Australians. She shared some of her insights into the political workings of the organisation, but did not expand on how she had come to be involved.

## **8.4.2 Social services**

Several victim/survivors across each time period spoke about the limited support they felt they received from social services (refer to Section 8.3.1 ). However, a small number of victims spoke about a specific social worker who had provided them invaluable support over

a period of time. One victim/survivor had a social worker who had become involved with her in her mid-teens while the victim was in OOHC, and had maintained this support over many years. It was to this social worker that the victim first disclosed her experiences of child sexual abuse.

I am pretty much where I am now from [social worker]. She never gave up on me. She's the only person who ever, ever, ever, ever – through all my tantrums and drugs and toxic relationships, [social worker] never gave up ever – ever – ever. (Female, OOHC: Foster care, 1980–1989)(46)

The mother of a victim also spoke about the invaluable support she had received from a family support service when she was struggling to cope with the distress she experienced following the abuse of her son.

I couldn't even speak on the phone. I was so – so emotionally drowned that all they could say, 'It's OK, you just give me your address'. Then they paid a visit to me. And, you know, it's really been so helpful, you know, in a way that she was there helping me through, to deal with my bills, everything, day-to-day activities and dealing with my emotions and things like that. (Parent of victim, OOHC: Respite care, 2000–2009)(55)

### **8.4.3 Specialist services**

A small number of victim/survivors spoke of accessing specialist medical services, such as sexual assault clinics, child and adolescent mental health services, and drug and alcohol clinics, at some point in their lives. A few victim/survivors spoke about having made contact with a specialist clinic for another purpose, and through this process uncovered aspects of the abuse they experienced as a child.

The reason [female victim] first came to [unit] was she had sought some medical advice for some things that were happening and she had some vague idea that something had happened to her when she was little. (Sexual assault counsellor, Support person of victim, Education: Day, 1990–1999)(18)

We went and saw a doctor, our local doctor, who referred me to the [name] Clinic in [city] and it was there that I started to realise that some of the things that I thought were dreams maybe weren't exactly dreams, maybe they were things that actually happened. (Female, Place of worship, 1950–1959)(05)

A small number of victim/survivors also spoke of using specialist services, such as Bravehearts and Family Planning, to provide sexual education for their children. Given their own experiences of abuse as children, these victims spoke of feeling committed to ensuring their children were provided with appropriate education.

I didn't even know what sexual assault was. I thought I had done something wrong. You don't talk about that stuff. That's why I got the girls into Bravehearts and I made sure they had proper counselling to, you know, if this ever happens to them they can tell me about it and all that sort of stuff. (Female, Education: Day, 1990–1999)(50)

#### **8.4.4 Legal support**

Numerous victim/survivors or their families had made contact with legal services when they wished to pursue compensation or redress.<sup>13</sup> One parent of a victim did, however, speak of seeking advice or guidance from Aboriginal Legal Service because she was finding her interactions with the Department of Human Services confusing and distressing following her son's disclosure of abuse.

I just wanted to ring [Aboriginal Legal Service] because, you know, I don't want to trust his mob no more. (Parent of victim, OOH: Residential, 2010–2015)(56)

Another victim/survivor was receiving psychiatric treatment under a forensic order from the Mental Health Review Tribunal, and Knowmore was advocating on her behalf to have her abuse history taken into account in future rulings.

### **8.5 Summary of findings**

The main support mechanism for victim/survivors was their family or partner, followed by friends and a range of services. There was little difference in support mechanisms across decades, or the experiences of using support services. Victim/survivors came from a mix of families, ranging from vulnerable or abusive, to cohesive and supportive and some had very little contact with their families. Many victim/survivors had problems with interpersonal relationships, which affected their ability to enter into or commit to long-term relationships, while others have found supportive partners. A few victim/survivors also spoke about the importance of friends and other significant people who provide them with ongoing support.

Most victim/survivors received some form of counselling, and these services have been helpful for the majority who have engaged them. However, counselling did not help all victim/survivors. Generally the experiences with the police in relation to the abuse have been unsupportive, as has been the response from the institutions in which the abuse occurred, although victims reported feeling supported by some individual staff members.

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<sup>13</sup> Analysis of the experience of redress was outside the scope of this research study.

The findings from this section have implications for future policy development and institutional practices in the reporting of and responding to child sexual abuse. The trend of staff or other adults attached to the institution being aware of the abuse but not reporting it needs to be highlighted as a significant issue. While many of these individuals were not perpetrators, their inaction enabled the abuse to continue and the perpetrator to go unpunished. Finally, further work practices and policies need to be developed regarding procedures following child sexual abuse within institutions that genuinely support and empower the victim/survivor. This is particularly the case for victim/survivors who were sexually abused by another child, as this is a developing area of public concern.

## 9 Wellbeing through the life course

The findings of the literature review (Section 4) indicated that rather than having a linear relationship, the impacts of child sexual abuse are dynamic and changing over each individual's lifetime. Different life trajectories can be triggered by many different mediating and mitigating circumstances as well as the individual's survival and coping mechanisms at different points in their life (Blakemore et al., 2017). Although the literature indicates that a range of risk and protective factors contribute to the wellbeing of adult survivors of child sexual abuse (Judy Cashmore & Shackel, 2013; Marriott, Hamilton-Giachritsis, & Harrop, 2014), these do not take into account the fact that victim/survivors may go through periods of wellbeing and periods of difficulty. For example, one individual talked about initially excelling in their career, but later not being able to work due to escalating impacts of child sexual abuse. It is possible that critical life transitions such as puberty, forming relationships, having children and retirement act as triggers for changes in survivors' state of wellbeing. That is, victim/survivors' 'wellbeing' is not a fixed state, as indicated in Section 2.2.

The dynamics associated with different life journeys for private session attendees were examined in the qualitative analysis in order to uncover the links that victim/survivors made between their experience of abuse within institutions, their subsequent experience of disclosing the abuse, the support they received from family, friends and formal services, and how these experiences and perceptions affected the way they saw their lives when they attended the private session. It should be emphasised again that this analysis is based solely on the accounts by victim/survivors or their supporters when they attended the private sessions, and no corroborating information was available for the analysis, nor was information provided about how the victim/survivor felt after attending the private session. Victim/survivors may have focused on particular aspects of their experiences and not discussed events or circumstances with the Commissioner that may well have impacted on their life journeys.

The chapter starts with a description of the reported impact of child sexual abuse on victim/survivors in different aspects of their lives, followed by the survival mechanisms and forms of support that victim/survivors drew upon to manage the trauma of the sexual abuse they suffered. These involved both positive survival strategies such as concentrating on work and seeking support from counsellors, and negative survival strategies such as substance abuse and venting their anger in inappropriate ways. The chapter then concludes with a discussion of some common patterns that were identified in the life journeys and experiences of private session attendees up to the point at which they told their story to the Royal Commission.

For some people, the abuse dominated their life: most or all of their problems through their lives was attributed to their experience of child sexual abuse. The description of their life to date suggested that people on this life journey continued to feel powerless to change the course of their life's journey.

For other victim/survivors, all aspects of their lives were affected by the abuse but they attempted to overcome these issues through work, education or therapy and believed they could continue to improve their wellbeing through these efforts.

Some victim/survivors functioned well in some areas of their lives but also experienced difficulties in other areas such as relationships, employment or substance misuse. These were continuing problems that the victim/survivors did not think would improve.

Similarly, some victim/survivors had experienced periods of both wellbeing and difficult periods and believed this pattern was likely to continue.

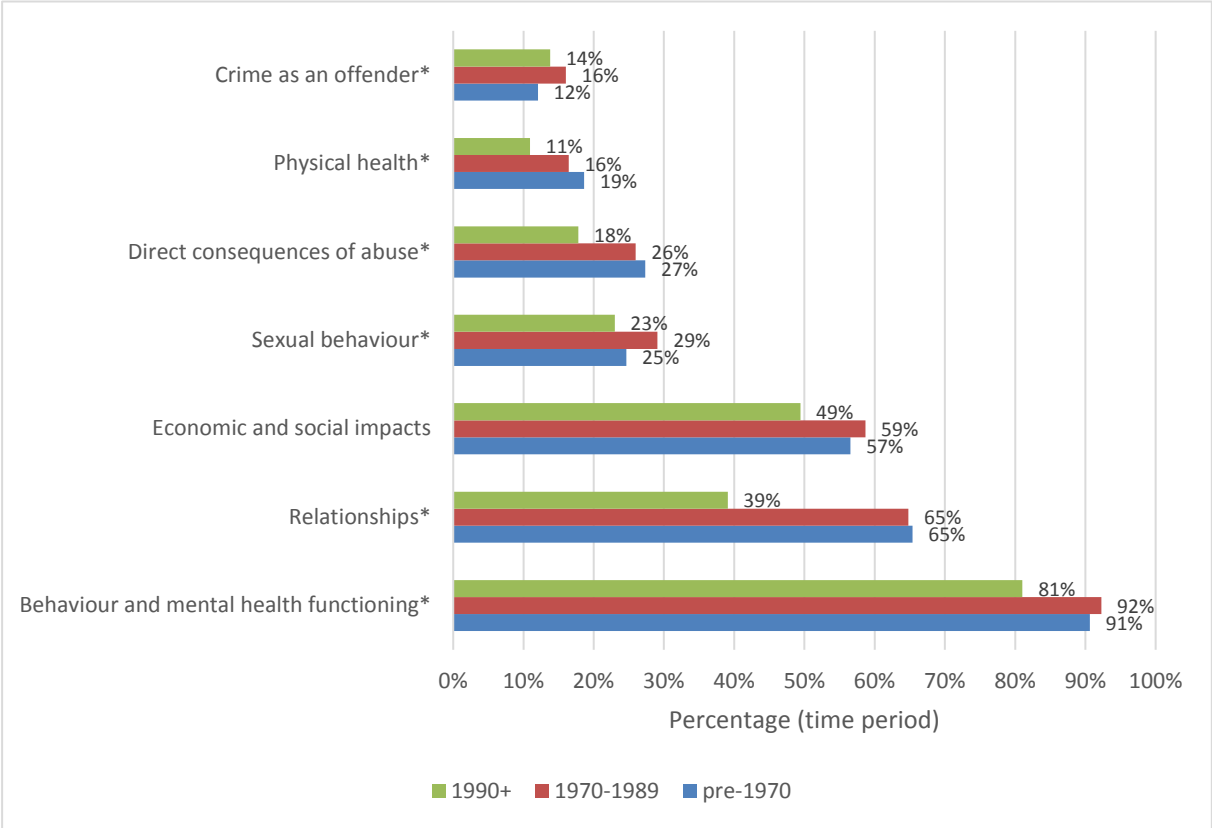
A few victim/survivors were able to acknowledge the effects of the abuse but had largely come to terms with the experience and were able to maintain stable positive relationships, employment and mental health.

## **9.1 Self-reported impact of the sexual abuse**

This section focuses on the factors that private session attendees perceived as affecting particular domains of wellbeing during their childhood and over the course of their adulthood. As indicated in Figure 9-1, the predominant impacts were behavioural and mental health related, with over 80 per cent of victim/survivors in all three time periods reportedly suffered these effects; difficulties forming and maintaining relationships, with over 60 per cent experiencing these impacts in the first two periods and nearly 40 per cent in the most recent time period; and economic and social, affecting around half of the victim/survivors in each period. In general, all the impacts were less apparent in victim/survivors who were abused in the most recent time period. This could be because there has not been sufficient time in their life course for these impacts to occur. Alternatively, it could be that they disclosed the abuse earlier than victim/survivors in previous eras and have therefore been able to receive more support. It is important to note when drawing conclusions from the accounts of private session attendees about the impacts of child sexual abuse in institutional contexts that it is not known what additional adverse or positive childhood or life experiences victim/survivors they may have had which could have also impacted their wellbeing.



**Figure 9-1 Self-reported impacts of child sexual abuse by time period**



Source: Authors’ analysis of private sessions database

**9.1.1 Mental health**

The literature indicated that mental health issues were very common among victims of institutional child sexual abuse, and included diagnoses such as depression, anxiety disorders, post-traumatic stress disorder (PTSD), internalising trauma, self-harm and suicidal ideation, and mood disorders (Blakemore et al., 2017). In the current research study, mental illness was the most frequently reported adverse impact for the selection of victim/survivors in the qualitative analysis, as it was in the quantitative sample (refer to Figure 9-1). Consistent with the literature, the most common forms of mental illness reported included depression, anxiety and PTSD. A small number of people also reported having other mental health diagnoses such as schizophrenia and bipolar disorder.

Some victim/survivors described having multiple and entrenched mental health issues which resulted in them experiencing difficulty functioning in many other areas of their lives over an extended period of time. Other victim/survivors spoke of experiencing acute episodes of depression or anxiety, which they were able to work through with support. Of note, almost one-third of victim/survivors in the qualitative analysis spoke of experiencing an acute episode, which some referred to as an ‘emotional breakdown’, following a specific event or

trigger. Half of these victim/survivors experienced this after a chance encounter with the perpetrator as an adult.

I was at, you know, like the Dawn Service [...] I was there with some of my friends and I saw him and I collapsed on the ground and I was dry retching and stuff like that. And only one person knew about what had happened to me. And I just looked at the guy and I looked at him, and he just – and then I had to grab him to stop him going and smacking his head in. And then I just like, you know, freaked out. (Female, Place of worship, 1970–1979)(23)

I met [male perpetrator] at a concert with my ex-wife in [city] and he was there that day. I hadn't seen him for years [...] And I went home that night and just had a breakdown, I remember punching the walls and ended up prostrate under the bed and screaming, and poor wife [...] she couldn't put up with that sort of thing. And it was pretty bad for her. (Male, Scouts Australia, 1980–1989)(07)

Other victim/survivors spoke of triggers such as relationship breakdowns, family stress, the birth of a child, or a child turning the age they were when they were first abused. The Royal Commission itself also acted as a trigger for a small number of victim/survivors, with victim/survivors describing having flashbacks or sleep disturbances since the Royal Commission started.

Even coming up here, I haven't slept for the last week [...] the only way I've learnt to deal with it is just to put it all in drawers and leave it there. Then you get people just in general and they know you've grown up in a children's home or someone will find out and say 'oh, what about that?'. Especially since this Royal Commission thing started. (Male, OOHC: Residential, 1960–1969)(29)

I agree with you, that it has resurfaced more forcefully. Potentially the Royal Commission has had something to do with that, and I don't begrudge the Royal Commission for that because I think it is important. I am so glad this Royal Commission exists. (Male, Education: Day, 1960–1969)(37)

For victim/survivors who sought redress, or for those who went through civil or criminal legal proceedings, these processes often adversely affected their mental health. Some people spoke of the protracted length and/or the adversarial nature of these processes as taking their toll emotionally. For others, it was the ongoing lack of acknowledgement of wrongdoing by the institution, and the perpetrator not being held accountable, that caused them the most emotional harm.

And there was great disparity between, you know, what different people were being given and what assistance people were being given. Anyway, so, we went through a

long and protracted criminal case. We went through a long and protracted civil case where they put every block in my path. At one point they said they wouldn't rely on the Statute of Limitations. Then they relied on the Statute of Limitations. I then had to go to court and argue that – well, and be examined and cross-examined on that. So I made a decision, 'I can't deal with this anymore and I am just going to sign.' (Male, Place of worship, 1970–1979)(06)

I found it to be very cruel in some ways, that they make out they recognise and they come across with all this kindness and goodness, but underneath it there is a devious attitude towards them [...] They basically didn't acknowledge that this bloke actually did these crimes. They paid me out but they're not admitting. (Male, Education: Boarding, 1960–1969)(11)

Not all people felt able to cope with the emotional distress caused by the abuse and subsequent impact this had on their lives. One-fifth of victim/survivors in the qualitative analysis reported that their mental health issues had led them to self-harm or attempt suicide at some point in their life. One victim, who was represented at the private session by his parents, had committed suicide. Victim/survivors spoke of feeling completely emotionally overwhelmed at the time they self-harmed and feeling unable to cope.

It was actually as an adult – a young adult who drank too much, and he has attempted suicide on a few occasions. And on the time that I'm about to tell you he almost succeeded, where he overdosed on tablets and alcohol and he was found in the bush almost dead in his car by a few young boys riding their trail bikes through the bush. So [male victim] meant not to be found and they alerted the police, who took him to the hospital. (Parent of victim, Education: Boarding, 1980–1989)(15)

But then these flashbacks were so troubling, I thought, 'There's something I really have to sort out here.' I had a lot of problems with anxiety, medication on it, and depression and lots of suicidal thoughts [...] When this distress started to become overwhelming, then I would have this, 'I've got to cut myself, I've got to cut myself [...] I'll be okay.' So I did do some self-harming. I didn't cut myself – well, actually I did, but it wasn't on my arms. Your rational mind is saying, 'No, no, no, you don't need to do this to yourself, this is ridiculous, you can't be doing this' but then [...] it's so overwhelming, I thought, 'Okay, so I'll control it, I'll press things into myself to give me the pain without the injury'. It was very clever. So I used to press forks and the ends of pencils and stuff into my flesh to snap me out. (Female, Place of worship, 1960–1969)(14)

The desire to self-harm or attempt suicide often occurred in the years immediately following the abuse or following a trigger event.

## 9.1.2 Interpersonal relationships

Nearly half of the victim/survivors reported that they developed issues with personal relationships that they believed to be directly related to having experienced sexual abuse as a child. Many victim/survivors reported marriage breakdowns or strained and/or broken relationships as the victim/survivor and others struggled to cope with what had happened to them. Issues discussed by victim/survivors varied from not being able to be touched by people to an inability to enter or commit to a relationship.

I had a relationship. I lived with a girl for a long time and she wanted to get married, and she probably still loves me, but she wanted to move on with her life and that was just devastating. That really ruined me. (Male, Education: Boarding, 1960–1969)(22)

So I fell into a relationship early and he turned out to be fairly, you know, problematic, though we were together for a long time. I couldn't leave, I couldn't. So eventually I did, but I would say that the effects of this abuse travel with me to this day. (Female, Place of worship, 1960–1969)(14)

I haven't been able to live a life. I'm [50–54]. I don't trust anyone enough to – I mean I've had boyfriends, but I've never been sexually involved with any of them. And I just can't even cope with that. So I have no children. (Female, Place of worship, 1970–1979)(23)

Difficulty building trust in a relationship was an experience commonly reported by victim/survivors and often presented as an ongoing difficulty that continued throughout their lifetime.

I'm quite aware that I have an unhealthy distrust of doctors and probably trust of people generally, and it's definitely had an impact on my psychological health. (Male, Scouts Australia, 1980–1989)(19)

This impacted badly on my ability to form relationships as I was unstable and unable to get close to others. Even though I eventually married, I always had difficulty in allowing people to get close to me. I felt I couldn't trust anyone. (Male, OOHC: Residential, 1950–1959)(34)

Several people talked about being isolated or not having many friends. Some lost friendships because people did not know how to respond when they disclosed the abuse. Others spoke of feeling socially anxious, not knowing what to say in social situations and not feeling they belonged.

It sort of shuts you down socially. You become more of a – not so much of a recluse, but you try – you tend to be – prefer your own company. (Male, Place of worship, 1980–1989)(52)

You just get on with it in a way you can cope with life, and I'm just better not in big crowds and I'm not – I repeat things – why didn't I fit into that group, thinking, you know, I'm just not very – I think I'm a kind and good person but just never fit into social groups like other people do. So, yeah, I guess I'm only at the beginning now of realising what problems it's caused. (Female, Place of worship, 1980–1989)(43)

### 9.1.3 Sexuality

There was evidence in the literature that victims of institutional child sexual abuse experienced a range of sexual impacts including confusion regarding sexual identity, feelings of sexual inadequacy, multiple problems engaging in sexual intercourse, and promiscuity (Blakemore et al., 2017). These findings are consistent with the experiences described by a number of victim/survivors whose private sessions transcripts were used in the qualitative analysis.

A few victim/survivors spoke about struggling to engage in intimate contact with another person. Some managed to overcome this with time; for others, it continued through life.

For about 15 years after I was taught by [perpetrator], I could hardly bear to be touched by anyone, male or female, however innocently [...] But I can remember the touch of other people almost being like an electric shock. (Male, Education: Day, 1960–1969)(37)

So it took a long time for me to acknowledge that abuse, and my history of how I dealt with that on reflection is – I was, you know, a really hard worker; threw myself with a passion into work, and forged on, but in a social sense and in a relationship sense had real issues with intimacy, both sexually and physically. You know, failed relationships with men and women. (Female, Place of worship, 1970–1979)(40)

For others, almost the opposite was true; they spoke of being promiscuous and fixated on sexual activity in the years immediately following the abuse. Again, this was something that reportedly changed over time.

I guess I developed – like, a porn thing and that was kind of really sad and, yeah, I'm over that now, but I was just – I don't know whether that – and now I've been to see, I've got some help and I take medication now and I'm kind of, you know, settled down and pretty good; I feel pretty good. (Male, Education: Day, 1970–1979)(16)

And for sexually – I've never gotten married, I haven't had children. In probably my twenties and stuff I was over-sexualised from the experience, and then as I got older, I just found I had too many hurdles to jump quite often to just get to that happy place with sex. (Female, Place of worship, 1970–1979)(61)

A few male victims described how they became homophobic in response to their experience of child sexual abuse. Being a male, and having been abused by a male, appeared to affect their ability to distinguish between homosexuality and paedophilia.

He hates homosexuals and we've sat down and we've talked about the difference between homosexuality and perpetrators, but [male victim] still doesn't have that clear division. (Parent of victim, Education: Boarding, 1980–1989)(15)

#### **9.1.4 Physical health**

There was evidence in the literature to suggest that some physical impacts were distinct to child sexual abuse within institutional contexts – such as sleep, hearing and musculoskeletal issues – and these became more marked as the individual aged (Blakemore et al., 2017). Approximately one-fifth of victim/survivors in the qualitative analysis reported experiencing physical health problems linked to having been abused as a child. Consistent with the findings of the literature, half of these victim/survivors were older at the time they attended the private session, having been abused prior to 1970.

Some victim/survivors' health issues were a direct result of having experienced physical abuse and/or neglect as a child while living in an institution. One victim/survivor reported that he had sustained permanent hearing loss from being beaten while in out of home care (OOHC). Another could trace his current heart condition to a childhood illness that went untreated.

When I was at [institution], all my limbs would come up and they wouldn't take me to a doctor. When I was about 44, 45, I had open heart surgery and they said it was either grog or rheumatic fever. And the grog wasn't really worrying me, you know. It was rheumatic fever. So now I'm on a transplant list at the [hospital] to try and get me a heart, but I don't think I'll get one. (Male, OOHC: Residential, 1960–1969)(41)

Another victim/survivor's physical difficulties could be directly attributed to the sexual abuse he experienced as a child, having been regularly raped for 18 months by the perpetrator.

I said to him, 'You know, when you've been sexually assaulted, often your sphincter muscle gets damaged and it's very hard for you to have your bowels open and then clean yourself properly. Do you have problems?' He said, 'Mum, let's take it – let's just

say I use a lot of toilet paper', which he does. (Parent of victim, Education: Boarding, 1980–1989)(15)

A small number of victim/survivors spoke about the significant levels of stress they experienced immediately following the abuse, as they struggled to cope with what had happened. For these victim/survivors the stress caused physical illness to manifest. One was hospitalised following a severe asthma attack and another had ongoing issues with her immune system.

I had stomach ulcers – I started to get stomach ulcers when I was [10–14 years old] and I ended up being in so much pain, I couldn't concentrate at school, as well as the pain in my stomach all the time. At the end of [1990–1994], I had a nervous breakdown and then my health just never recovered from that, I ended up getting chronic fatigue, I had glandular fever multiple times, and that took well into my 20s to – my immune system was so low from probably stressing so much, that, yeah, it did take a very long time to recover from all of that. (Female, Sports club, 1990–1999)(53)

The remaining victim/survivors spoke of health conditions that resulted from maladaptive coping strategies they had used at some point during their life. This included illnesses from excessive alcohol intake or reckless behaviour:

Through stupidity, acts of plain stupidity on my behalf, one of the things that came out of it was, I was very reckless in my behaviour sexually, and as a result I am now HIV positive. (Male, Education: Day, 1980–1989)(20)

Others used avoidance strategies that affected their health. One victim/survivor reported that she was suffering from obesity having vowed that she never wanted to look attractive to a man again. Another victim/survivor developed prostate problems due to his ongoing fear of using public toilets.

Currently I still feel the trauma relating to this treatment. For example, if I go into public toilets I don't like use public urinals because of memories of humiliation and degradation. And the smell of urine acts as a trigger [...] This is an ongoing experience for me and I will wait until I go home to use the toilet. Holding onto the urine has caused me further health problems and I have had to have transurethral reconstruction of the prostate, an operation done partly due to this, and [surgeon] has torn strips off me over my holding in of the urine. (Male, OOH: Residential, 1950–1959)(34)

### 9.1.5 Education and employment

At least a quarter of the victim/survivors spoke of their education suffering following the abuse, with either their grades at school deteriorating or their education cut short. This seemed to be particularly the case for victim/survivors who were abused within the school environment. They spoke of becoming disruptive in class, struggling to concentrate or avoiding school all together.

I finished Year 12. Mind you, everything suffered from that point on. I had reasonably good marks, I was either in the highs or the very highs, I wasn't just passing. After the incident, everything went to fail or just pass. (Male, Education: Day, 1990–1999)(31)

I stopped even going to school much. Like, I would then not go to school, or leave, or on the weekends, take off, and I just became a real – like, I just didn't go, I evaded, I ended up not even finishing my last exams. So it really affected my [final result], because I didn't do any of my last exams. (Male, Education: Day and Boarding, 1990–1999)(26)

For many, their poor educational performance around the time of the abuse resulted in reduced career opportunities throughout their life. For others, a trigger event related to the abuse prevented them from achieving later in their lives or interrupted their career progression. Victim/survivors spoke about the disappointment they felt about having not reached their potential in either tertiary education or career development.

In reality, what I really wanted to do when I was young [...] all I wanted to do was be a doctor, and that's what my sister became. I loved the whole idea of medicine and I wanted to be a doctor and, if I couldn't be a doctor, then I wanted to be a psychologist. But of course, I didn't achieve any – and my year 12 results were appalling because I didn't do any work, I was just being dragged around the school by this [female perpetrator]. (Female, Education: Day, 1970–1979)(17)

I just want to point out the impact stays with you for life and into adulthood and it can be an obstacle to being a productive member of society ... and I ache for that little girl who could have had, or should have had, those opportunities. I really do. (Female, OOHC: Foster care, 1980–1989)(46)

Several victim/survivors spoke of being unable to settle into a job or career path, often due to ongoing mental health issues or a resistance to taking direction from people in authority.

I think I've had about 33 different careers – never been sacked – quit every job. I won't tolerate being bullied or pushed around. If I'm working or something and the boss says something like [...] 'Pick up that shit', I'll say, 'Pick it up your fucking self'.



You know what I mean? I'm not walking over there to do that if you're standing beside it, that sort of thing [...] It's that power thing, they like to have the power over other people. I think that's probably why I left some of those jobs. (Male, OOHC: Residential, 1960–1969)(29)

However, a quarter of victim/survivors had pursued tertiary education, with a few in the selection of transcripts for the qualitative analysis obtaining doctorates. Others also reported educational or career success, with one victim/survivor having an honorary university position and another being a member of Mensa. Several of these victim/survivors spoke of obtaining university qualifications later in life, rather than immediately following completion of their schooling. Of note, a number of victim/survivors had pursued career pathways that involved working with vulnerable populations, including within the migrant/refugee, disability or child protection sector.

### **9.1.6 Financial security**

Approximately one-quarter of the private session attendees whose transcripts were used in the qualitative analysis described experiencing times of economic hardship, either at certain points in their life or throughout their entire life, which they felt were attributable to having experienced sexual abuse as a child. Some victim/survivors described experiencing episodes of homelessness or housing instability throughout their lives due to being unable to earn enough money to cover costs. Often this related to experiencing significant mental health issues, which resulted in difficulty maintaining employment.

Yeah, well, I've struggled with mental illness ever since [...] So lost businesses, I suppose. I've had businesses in the past which I'd bought and run [...] became ill, bipolar, and lost that, lost the income over the years [...] I was in the [occupation] for 15 years on and off. They had me pegged for pretty big things and that sort of went by the wayside. Ended up housing with a Housing Department house, living on the streets [...] at one stage, prison, [psychiatric hospital], prison. (Male, Scouts Australia, 1980–1989)(07)

Drug addiction. I lost everything of course. I was working for myself. I lost my business. (Male, Education: Boarding, 1960–1969)(22)

A few victim/survivors spoke of being on a disability or aged pension and struggling to pay the rent or cover living expenses. This often resulted in living in arrangements that the victim/survivor perceived to be less than ideal.

I've got nothing to lose. As long as I don't have to give the \$30,000 back, because I haven't got it. I'm a man in my mid-60s, I don't have a family, I don't have a home, I

live in a caravan. As a direct result of all this, I've lost everything, you know. (Male, OOHC: Residential, 1960–1969)(08)

I wish I'd never gone down that path [pursuing civil action] because my health has deteriorated since then. I didn't realise how vulnerable I was and how I wasn't able to deal with it coming back into my life and now I have a mortgage in a retirement village, effectively, in a place of low employment opportunities and I don't have any friends where I am. You know, I don't know what to do next. Yes, honestly, I wish it had never come back into my life. (Male, Education: Boarding, 1980–1989)(45)

It was not only victims who reported economic hardship following the experience of institutional child sexual abuse. A small number of parents who attended private sessions on behalf of their child also spoke of the financial cost of taking action. Parents spoke of needing to take time off work to both emotionally support their child and to take action on their behalf, with a few losing their jobs during this process.

I had time off work. I had a lot of time off work and, you know, financially, I have lost – we've lost – our family has lost quite a bit of money, actually. And I ended up losing my job, because I was so involved with this, and work thought – you know, work – I didn't care about work. I was totally focused on this, and work was – it was just – I don't know. It just wasn't important. (Parent of victim, Education: Day, 2010–2015)(12)

You know, I'm really struggling financially. I don't have a penny in the bank, I'm living with my sister, I'm borrowing money off my mum and my sister so I can live, so I can put food on the table [...] I've lost my job over this, a \$130,000 a year, with no overtime, job. I've been unemployed since August. I'm struggling to get a job at the moment. (Parent of victim, OOHC: Residential, 2010–2015)(57)

### **9.1.7 Spirituality**

A number of spiritual impacts for victim/survivors of institutional child sexual abuse were identified in the literature, including ongoing increases or decreases in spirituality and involvement in religious practice; a profound sense of betrayal; loss of trust; rage or disillusionment; and feeling uncomfortable around religious symbols or sites (Blakemore et al., 2017). A group of victim/survivors spoke about the spiritual impacts of having been sexually abused as a child. Unsurprisingly, these tended to be victim/survivors who were abused either by a religious leader or within a religious institution.

Victim/survivors had a range of different views on how the abuse had impacted on their spirituality. A small number had either maintained their faith, or had sought out religion later in life as a way of helping them process and gain perspective on what had occurred.

I'm very close to God. That's truly the only reason why I've actually survived. (Female, Place of worship, 1970–1979)(23)

However, this was not every victim's experience. Two victim/survivors had joined religious orders for a short period in their life, but had both left because they were too disillusioned with the way the institutions were managing issues relating to the sexual practices of religious leaders. A small number of victim/survivors spoke of continuing to have faith in Christianity, but feeling unable to actively engage with religious institutions, either because they were too disillusioned or felt too uncomfortable.

I was the only one in my family that went to church, and I tried to go back to church, but I was having panic attacks and I decided it wasn't a good idea, so I gave that a miss. (Female, Place of worship, 1950–1959)(05)

I was very angry with authority, very angry with any father figure, particularly after the divorce, very angry with any priest. I couldn't go to confession. I'd go to mass and I'd get halfway through and I'd say, particularly if they were liberal, the clergy, I'd say, 'Eff them, I don't want to be here. I've got to go to church, but I don't want to be here. Bloody liberals, bastards'. I'd be very angry. (Male, Education: Boarding: 1970–1979)(13)

Others spoke of the anger they felt towards religious institutions, with one victim/survivor commenting that he had become an atheist.

One of the most cathartic things in my life but it was probably entirely unfair to the poor bugger, and I said, 'You have to know, Brother [M], that I can't help but despising you and everything that you stand for' and he just said, 'I can understand that'. (Male, Education: Boarding: 1950–1959)(48)

Several parents also spoke of their religious faith being challenged following the disclosure by their child of sexual abuse.

Well, you know what happened to [victim's mother]: Catholic. It cut the legs under her when we found out he'd been raped. It just cut her to pieces. It doesn't affect me. I'm Presbyterian, I am not into – not into religions, so it doesn't affect me the way it has affected her [...] It cut her in half [...] She needed to be a Catholic. She needed to go to church for strength and when we found out about what happened to [male victim], whoosh – she's cut off at the guts. (Parent of victim, Education: Day, 1990–1999)(10)

The response by the religious organisation to the disclosure of abuse was also a source of disillusionment for families, with a few families reporting being ostracised by their religious community once the abuse had become public.

### **9.1.8 Criminal behaviour**

The amount of literature related to the criminal behaviour of people who have experienced institutional child sexual abuse was limited, although there was some indication that it is slightly higher in this group compared with victims of child sexual abuse in other contexts (Blakemore et al., 2017). In the selection of private session transcripts for the qualitative analysis, one-fifth of victim/survivors spoke of having been criminally charged, and usually imprisoned, at some point in their life.

Victim/survivors who had been charged with a criminal offence commonly described deterioration in their behaviour in the years following the abuse, most commonly in their teens and early 20s. This was marked by an increase in substance abuse and antisocial and/or rebellious behaviour.

Alcohol – I started off with alcohol and I ended up being charged with 37 charges of breaking and entering when I was 17 – just touching 17 [...] I got a general committal, which is until I was 18, I was locked up in a correctional centre [...] I came out of there and went to – you got charged with vagrancy in those days if you didn't have a dollar in your pocket. So I got locked up for vagrancy for two weeks and got caught then starting in the drugs – I got caught with about this much marijuana and got 12 months jail and went to [jail] for that. (Male, OOHC: Residential, 1950–1959)(30)

Victim/survivors commonly reported that destitution was another reason for engaging in criminal behaviour. They described leaving OOHC or the large welfare institutions when they turned a certain age and having no means of supporting themselves, leading to charges of break and enter as they struggled to feed and clothe themselves.

However, while some victim/survivors spoke of putting their criminal record behind them and moving forward with their lives, other spoke of being caught in a cycle of criminal activity and imprisonment. A small number of victim/survivors were in prison at the time of the private session and one mother expressed concern that her son had become institutionalised: as soon as he was released from prison, he would reoffend and return. Another victim/survivor described feeling safer in prison but she also expressed motivation to stop the cycle of reoffending.

I need help with my offending. Like, I keep reoffending. I know I have an anger problem, but really I am sensitive and I'm trying to change my life around, but it's such

a struggle with being on medication and doing that, and a lot going through my mind and stuff like that. (Female, Other institution type, 1990–1999)(58)

One victim/survivor was in prison on a murder charge, having murdered someone who had drugged and attempted to rape him in a manner reminiscent of the abuse he had experienced as a child. Another victim/survivor had randomly run into his perpetrator as an adult, which had triggered a significant downward spiral for the victim, culminating in him spending three months in prison for seriously assaulting the perpetrator. This victim/survivor described the high regard he was held in by fellow prison inmates for having assaulted a paedophile and spoke of the high number of people in prison who had been abused as a child.

I think I suppressed a lot of it over the years by doing all these other things and then seeing him became too much [...] And took the lid off, just lost it, big time. I mean, I think nothing sums it up more than when I was at [psychiatric hospital] and [prison] and it entailed so many cases of people with sexual abuse, so many cases of physical abuse, and so many cases of guys that so often they would say, 'Yep, that happened to me, that happened to me'. And this is where the people end up. That's the trouble. Psychologically, you know, mutilated and in prison. That's the result of child sexual abuse, onto the person themselves or someone else or in a psych ward. That's where people end up. It's true, it does. (Male, Scouts Australia, 1980–1989)(07)

## **9.2 Coping and survival strategies**

The following section focuses on the key coping and survival strategies used by victim/survivors over the course of their life, as reported in the selection of private session transcripts analysed. It is important to note that the use of coping and survival strategies by victims was a dynamic process, often shifting or evolving over time. No quantitative findings are available for this section as the private sessions database (refer to Section 3.2.1 ) did not capture reliable information related to the use of coping and survival strategies.

### **9.2.1 Support seeking: counselling**

A significant number of victim/survivors whose private session transcripts were included in the qualitative analysis spoke of seeking professional support at some point during their life in order to cope with having experienced sexual abuse as a child. The experience of counselling support was explored in Section 8.2 .

## 9.2.2 Positive re-interpretation and growth

A few of the victim/survivors explained that finding positives within their experience of trauma had helped them to cope. This was often facilitated through counselling support. For one victim/survivor, the experience of wishing to protect her children and provide them with education about sexuality and sexual abuse had forced her to open up about her own experience. This had helped facilitate healing, as prior to this she had not felt able to talk or think about the abuse.

I just want to protect the kids now, I just think – now I have actually – it's like – it's probably done me a favour because it's made me like this, the whole thing with the girls has made me talk about it, get it out there and it's just been lifted off me and I can actually breathe and I'm not scared to talk about it anymore, and I don't care who knows. (Female, Education: Day, 1990–1999)(50)

Another victim/survivor believed that he had grown as a person through his experience, and that his experience had enabled him to empathise with other people during difficult times.

That makes me a better person; to empathise and assist friends, colleagues, neighbours, family, whoever, and also a self-awareness level, but I can, you know, manage significantly better ... So given the pile of different options some people have, I'm pleased to say I'm not the bottom of the pile. (Male, Scouts Australia, 1980–1989)(19)

Similarly, a few other victim/survivors recognised the benefit in thinking positively about the future and, while they accepted the trauma of their past, they also felt able to move forward.

I made a conscious decision to say, 'You know what, I'm not going to blame anything or anyone and I'm going to pick myself up and I'm going to be successful and be happy and be a good person, it doesn't matter what's happened in the past.' (Male, Education: Day, 1990–1999)(26)

## 9.2.3 Pursuit of achievement

A small group of victim/survivors spoke of coping with their experience of sexual abuse by distracting themselves and focusing on becoming successful in a specific area of their life. For some, this involved their work, with a number of victims speaking about working long hours and often excelling in their job.

I said about my experience and throwing myself into work. That's exactly what I did, and drank a lot. Drank a lot. Took the odd batch of anti-depressants and kept forging.

But last year – and I left my job in October. I didn't have to. But I just thought, you know, I've got to focus and do this stuff (Female, Place of worship, 1970–1979)(40)

All this had remained – I had pushed all this down into my subconscious for a long time. I dealt with life by either working or drinking. If I had a day off, I would be feeling guilty because I had a day off. (Male, Education: Day, 1980–1989)(20)

For others it was education. As mentioned in Section 9.1.5 , a number of victim/survivors went on to obtain post graduate qualifications or other educational achievements.

For me, I've been lucky. Because of my way of dealing with things [...] it was 'put it behind you and get on with your life'. So I started to study and ended up with [diploma] and then I've gone on and added and added [...] So I've been very lucky and I've just found my little niche. (Female, Place of worship, 1950–1959)(05)

So I had a great love of learning and that was my salvation, I think. (Female, Place of worship, 1960–1969)(14)

One thing, and I probably still am to some extent, obsessed with proving that I wasn't an idiot. Since I got into Mensa, I don't think I was. (Male, Education: Boarding, 1950–1959)(48)

Finally, one victim/survivor described becoming highly involved in sport in his mid-twenties. This had a profound impact on his life and the way that he coped with his experience of abuse.

I started sport and I achieved in [sport] [...] Like, that discipline of getting up at five in the morning, and I still do it, this day I was up at five this morning, running, that discipline has also, I think, helped mentally. Like, when I'm not training, and my wife notices it. (Male, Education: Day, 1990–1999)(26)

#### **9.2.4 Disconnection and avoidance**

Disconnecting from the memories of abuse was a survival strategy used by approximately one-third of the victim/survivors in the qualitative analysis at different points in their lives. A few spoke of blocking the abuse from their mind and trying not to think about it, while others reported forgetting about the abuse entirely until the memories were triggered later in life.

Look, I can tell you in my own mind, in my own head, I have just shut that out. Yes, I have just locked that up and I'm not going to deal with it. But that's just how I work. (Female, Scouts Australia, 1990–1999)(01)

I just put everything in like drawers in my brain and that's where they stay and it's when someone taps them open and you sort of go, 'Oh, fuck'. Certain things are different – upset you in different ways. (Male, OOH: Residential, 1960–1969)(29)

I tucked that abuse – put that – put that to the back of the filing cabinet [...] I think it was about over a decade ago and it just sort of all come flooding back. And I know you're going to say, 'Why did it take you ...' – I don't know, what would that be – '33 years to get your act together?' I don't know. A combination of cultural things, sadness, just focusing on other important things. So it took a long time for me to acknowledge that abuse. (Female, Place of worship, 1970–1979)(40)

The victim/survivors who spoke of disconnecting from memories of abuse commonly spoke about doing this in combination with other survival strategies, such as focusing on their education and/or career and/or engaging in high drug and alcohol use. A number had also gone on to seek counselling support to process the experience of being sexually abused as a child as most victim/survivors admitted that avoiding the memories had not relieved them in the long term from the ongoing trauma of having been sexually abused, which could be triggered at any time.

You've gone, [male perpetrator]'s abused you, but you've gone, I don't want to deal with that and the body's gone 'nup'. And subconsciously I've gone, 'I know how I'll get over that, I'll go playing sport, I'll go [occupation], I'll go and do a science degree, I'll go do this, I'll become an A-type personality, you know, and that way I won't have to deal with that – with what [male perpetrator] did to me', and that's how I dealt with it [...] Yeah, I think I suppressed a lot of it over the years by doing all these other things and then seeing him became too much. (Male, Scouts Australia, 1980–1989)(07)

Hence, disconnection as a survival mechanism appeared to be both helpful/protective at times, but also had destructive consequences for victim/survivors. A number of victim/survivors spoke of the emotional toll of continuing to suppress their memories of child sexual abuse.

Before that, you're too young to probably grasp, you know, what's happened, but as you hit puberty, it all hits you and you realise what happened was pretty horrific and then you've got to block it out and try and have a normal life. So every day that you wake up in the morning, you're basically living – people have a full day's life and you're living a quarter, because the rest of the time you're blocking all this stuff out. So you never really have a normal life. (Male, OOH: Residential, 1950–1959)(30)

I've done everything in the past 20 years to forget it and to get it out of my head and out of my life [...] it has been quite difficult – not because it's terribly emotional, it is,



but just because I don't feel like I – I feel like it's there, but I just can't get past that wall of getting to it. (Female, Sporting club, 1990–1999)(53)

### **9.2.5 Substance use**

The literature noted that, while there has been limited research exploring drug and alcohol use by victim/survivors of institutional child sexual abuse, there was an indication that these substances were used to 'dull past and present pain and suffering' (Blakemore et al., 2017, p. 53). In the qualitative analysis for this research study, one-third of victim/survivors reported using drugs and/or alcohol as a way of coping with, or escaping, the pain of the ongoing trauma they experienced. Victim/survivors often described the use of drugs and/or alcohol as an important, but ultimately destructive, survival strategy.

My underlying belief is a definite connection exists between my childhood experience and tragic outcomes in later life. I argue that the environment I was formally placed in by the authorities was one that was not a psychologically or emotionally healthy one. Accepting the views of experts, I regard my chronic alcoholism as symptomatic of deeper unresolved issues, and such issues as experiencing a certain emptiness remains with me to this day [...] I came to rely on alcohol as a fuel that enabled me to overcome these feelings and face the world, predictably my life's journey spiralled out of control resulting in inappropriate and misguided behaviour in my own life (Male, OOHC: Foster care, 1950–1959)(25)

I had smoked dope constantly. Never any heavy drugs – couldn't be bothered with that sort of shit. I don't like it, actually. But I smoked dope for all them years, for a lot of years. It helped me a lot – I think quite a lot, actually. I'd probably be dead now if I didn't. (Male, OOHC: Residential, 1960–1969)(29)

Most people reported they had largely overcome their dependence on heavy drug and/or alcohol consumption at the time of their private session, although a handful of people reported that they still consumed these substances more than they think they should.

### **9.2.6 Anger**

Anger was another commonly reported survival strategy, with approximately one-third of victim/survivors, predominantly males, speaking of experiencing periods of intense anger and/or acting aggressively towards others at some stage in their life. Some described their anger as acting as a self-protective strategy, especially in the years immediately following the abuse and into early adulthood.

When I left school, I decided I wasn't going to get abused any more by anybody, not my dad, not [male perpetrator], not even anyone on the street. If anyone would say anything to me, I became actually quite aggressive and violent. So I'd go to parties and people would say something and I'd just bash the shit out of them, like just out of control, just bash them. (Male, Education: Day, 1990–1999)(26)

I was a pretty angry lad back then, I don't admit – I admit that I was sometimes out of control, but what's happened to me, I guess I got to a point of no return and in regards to psychologically it was survival [...] Just get out of my way and leave me alone, and I became a loner and it states in the records I became a loner. (Male, OOHC: Residential, 1970–1979)(39)

For some victim/survivors, their anger either continued into adulthood or was triggered again in adulthood. While anger may have been a self-protective survival mechanism, victim/survivors spoke of it ultimately acting as an unhelpful survival strategy that adversely affected their relationships with others.

The basis with what's happened with my life is that, like, I put up with whatever I can put up with and I do – it's terrible – I know not to hit people now but I still yell and scream. My kids know it and my wife knows it and everybody else knows it who I am. (Male, OOHC: Residential, 1970–1979)(39)

There was so many times that [male victim] was so [...] you were so angry with the world and angry with everything, angry with them, everything [...] that I just said to the kids that, 'Something happened to daddy when he was young', and just to put it into context, yeah. (Wife of victim, Education: Day, 1970–1979)(16)

Anger was also triggered for a number of victims when they engaged with the institution, either through a redress program or when pursuing criminal or civil charges. The manner in which the institutions were perceived to behave, either by failing to acknowledge or apologise for the abuse, or by being adversarial in their approach to legal proceedings or redress, was a source of anger.

Sometimes it makes me angry that they have never apologised, they've never made a statement, they have never actually accepted that it actually happened. (Male, Education: Day, 1990–1999)(26)

Why would you play – why do they play games with somebody who has been through such a traumatic experience? And then stick the boot back into them again and play games with them. (Male, Education: Boarding, 1960–1969)(11)

Some victim/survivors spoke of using this anger to help drive their pursuit of justice, whereas others spoke of becoming preoccupied with the emotion and struggling to move forward, which had negative implications for their overall wellbeing.

### **9.2.7 Pursuit of justice**

A small number of victim/survivors spoke of coping by channelling their energy into pursuing justice, focusing on the perpetrator and/or institution being held accountable publically for the damage caused. For some, this had become an all-consuming quest.

My main goal was not to seek compensation but it was to see this man punished. As I said, I thought I was the only one. When I met up with these other five guys and heard their stories, I was completely shattered. (Male, OOHHC: Residential, 1960–1969)(08)

A small number of victim/survivors spoke of taking their story to the media whereas others spoke about actively seeking out and confronting the perpetrator years after the abuse had occurred. The motivation for this was to have the perpetrator stand and bear witness to the damage they had inflicted on the lives of the victims. As mentioned in Section 9.1.8 , one victim/survivor spent time in prison after his assault of the perpetrator.

And I go to jail for it, right, and I do three months [...] which I did, and he got eight months suspended sentence, \$450 victims of crime, put on the register for three years. So work that out and stay sober? That's the justice system. (Male, Scouts Australia, 1980–1989)(07)

However, as one victim/survivor noted, while the pursuit of justice had been useful as a motivating factor, the preoccupation with the pursuit meant again that the trauma of the abuse had not always been processed and this may result in long-term implications for the victim's wellbeing.

I don't want to let the bastards win – as simple as that. It is the only reason I get out of bed in the mornings is that the hope that one day someone will listen and act upon what I've said. I don't know what I'm going to do if anyone ever does act upon what I've said because I have no goals, ambitions or dreams, really beyond that. That's not to say that I don't, I mean, it's a bit of a contradiction because I have goals. I mean, I'm paying off a mortgage, I'm in a relationship, I've got a business, but I'm doing it because I have to rather than because I want to. I'm doing – I've – I made a conscious decision back when I was a teenager that if anyone ever was going to listen to me, I couldn't end up a drug addict, unemployed, living in a Housing Commission on the outskirts of [city] because no-one would take me seriously. I mean, as it is, I haven't really been taken seriously anyway. But that's the only reason, really, I've kept it

together for as long as I have. What happened after that, I don't know. Maybe a great weight will be lifted off my shoulders and I might enjoy my life or I might just go downhill, I really don't know. (Male, Education: Day, 1980–1989)(27)

### **9.3 Life journeys of victims/survivors**

Victim/survivors' accounts of events, experiences, their feelings and reflections across their life course up to the point at which they attended the private session are described in this section as a 'life journey'. Life journeys are the description of the person's experience in, or contact with, the institution as a child and the subsequent events, impacts and consequences they attribute to their childhood experience of sexual abuse across their life course. As indicated in Section 3.2.2 above, different patterns of life journeys were identified, in line with the growing literature on life course trajectories of people who suffered trauma. For example, Draucker and Martsolf (2010), who studied victims of child sexual abuse, identified six life course trajectories: (a) life of turmoil, (b) life of struggles, (c) diminished life, (d) taking control of life, (e), finding peace in life, and (f) getting life back to normal.

Some life journeys described in the private sessions are relatively short and some very long depending on the victim/survivor's age at the time of the session. It is important to note that the life journeys of some participants represented at private sessions by a family member were cut short by death by suicide. Each life journey is unique and provides a perspective and insight directly from the person who experienced the sexual abuse or from their family member.

The collective weight of these stories adds significantly to our knowledge about these traumas and the impact they have on people's lives. Overall, the experience of institutional child sexual abuse had significant consequences for victim/survivors. Further, in examining the unique life journeys of each individual, some common patterns were identified in the life journeys and experiences of private session attendees up to the point at which they told their story to the Royal Commission. These common patterns are described further in this section. It should be noted that despite these common patterns, victim/survivors may move from one life journey to another during the course of their lifetime, as indicated by some of the accounts described below. The implications are that even those with the most difficult life journeys may be able, with the right help and support, to recover from the trauma of child sexual abuse, and conversely, that even the most stable individuals may have vulnerabilities that could negatively affect their wellbeing if they are triggered by adverse events in their lives.

For just over one-quarter of victim/survivors in the qualitative analysis their life journeys up to the point at which they told their story to the Royal Commission had been dominated by their abuse experience. For these victim/survivors, their life journeys were characterised by persistent and pervasive difficulties throughout their childhood and adult life.

Victim/survivors in this group spoke of their adult lives as being marked by chronic mental illness and/or substance use, often associated with self-harm and suicide attempts. In addition, almost half of this group had been involved in criminal activity, generally resulting in a conviction and imprisonment.

Victim/survivors on this life journey spoke of having experienced ongoing and complex issues as children including familial child abuse and neglect. Only one-third of victim/survivors spoke of having parents who were concerned about their wellbeing at the time the abuse occurred. As such, it was difficult to ascertain how much the experience of institutional sexual abuse had contributed to the already prevalent trauma in these victim/survivors' lives. People on this life journey went on to experience problems trusting people and entering into relationships as adults. While more than half spoke of having some supportive family or friends, they described how their difficulty interacting with people more broadly had diminished their work and career opportunities. This was evident in that none of the victim/survivors in this group reported achieving tertiary education and/or experiencing job satisfaction. Likewise very few reported that they were currently pursuing work or career goals.

I was forced into work for mere survival. Then I was harassed horrendously for years by the Social Security, the welfare mob, the department that abuses children, and eventually of course I married. But, you know, that was no help. Under the Liberals back then, I was refused assistance for education [...] You know, it just goes on and on. (Female, OOHC: Residential, 1960–1969)(04)

This group also reported using few effective coping strategies during their adult life. Over half had sought counselling support at some point. However, these victim/survivors tended to report that counselling was either unhelpful or insufficient. Overall, the description of their life to date suggested that people on this life journey continued to feel powerless to change the course of their life's trajectory.

Another fifth of the victim/survivors in the qualitative analysis described a life journey at the time of they attended a private session in which they had also experienced substantial adverse impacts, either since the abuse or following a trigger event later in life. However, they tended to be optimistic that their life journey had, or would, improve.

I have had two marriages. Between my first and second marriage I remained single for 12 years knowing that my past trauma would only end in disaster if I tried to form another relationship until I sorted myself out. In [1990–1995] I married again and currently have a person who is more understanding and for the first time I'm able to have a relationship without fear, mainly because I have been able to talk to her about my past traumas regarding my treatment in the home. (Male, OOHC: Residential, 1950–1959)(34)

Almost two-thirds of victim/survivors on this life journey spoke of experiencing mental health issues in their adult life, and half of those in this group had self-harmed or attempted suicide at some point. However, people in this group also spoke of having used a number of strategies to cope with the impact of the sexual abuse. One-third spoke of having blocked the memories of the abuse from their mind, either by focusing on their education and/or career, or in pursuing justice with the hope that the perpetrator and/or institution would be held publically accountable for the damage caused. Fewer victim/survivors in this group spoke of using drugs and alcohol as a survival strategy and while people spoke of difficulties with anger management, only one victim/survivor spoke of having a criminal record. However, victim/survivors' experience of counselling support was similar to those in the previous life journey in that half had sought counselling but most had either mixed or negative experiences or felt that the therapy they received was insufficient.

Overall, most people in this group felt they had supportive family and/or friends, and those who did not, reported having other protective factors in their lives, such as education and/or a fulfilling career. These protective factors helped to provide people on this life journey with a sense of purpose or direction and the belief that their life would continue to improve.

Another quarter of victim/survivors in the qualitative analysis reported a mixed life journey. Victim/survivors on this life journey spoke of functioning well in some aspects of their life while simultaneously experiencing significant difficulty in other areas. Two-thirds of victim/survivors in this group reported having developed a fulfilling or successful career and the majority considered their relationships with their partner, adult children and/or friends to be protective factors in their lives.

However, despite considering their close relationships to be protective, these victim/survivors continued to have problems with broader interpersonal relationships and difficulties trusting others. Interestingly, only one victim/survivor in this group reported that their parents were engaged in their lives during their childhood, either at the time of or following the abuse. In addition, half of the victim/survivors on this journey spoke of experiencing mental health issues, although few reported having attempted to self-harm or suicide.

These victim/survivors reported using multiple positive and negative coping and survival strategies as adults to maintain a sense of wellbeing in at least some aspect of their lives. Almost two-thirds reported using drugs and/or alcohol as a survival mechanism, the highest number across the different life journeys. In addition, about one-third of people in this group spoke of having blocked the memories of the abuse from their mind, often by focusing either on their education or on pursuing justice. However, while the use of alcohol and/or drugs and disconnecting from abusive memories may have been effective survival strategies, these avoidant coping mechanisms were not sustainable in the long term. Half of the victim/survivors went on to obtain professional help to resolve the traumas from their childhood, and the majority found counselling to be beneficial.

When you look back at it, you get angry and there is times when you get emotional. But it's like, I think I read in one of the books that the psychiatrist gave me, you have got to be truthful to yourself. It happened, and you've got to be truthful to yourself of what you're going through and you've got to try do the best you can. Basically, move on, don't let that type of thing keep punishing you and keep hurting you. (Male, Education: Boarding, 1960–1969)(11)

Overall, people on this life journey were motivated to continue to cope, despite the ongoing effects of the trauma, as they had a sense of purpose or responsibility to their families, jobs, or other motivating factors. Thus it appeared that the protective factors and coping strategies used by victims/survivors in this group helped to balance their ongoing issues with interpersonal relationships and mental health.

A smaller number of victim/survivors reported a life journey that vacillated between periods of wellbeing and periods of difficulty and/or distress. The majority of victim/survivors in this group spoke about having long-term supportive relationships as adults and reported few issues with forming and maintaining relationships. Ongoing issues with trust, anger and violence were also rarely reported and while over half of the group spoke of experiencing mental health issues as a result of the abuse, none reported self-harm or suicide attempts.

The majority of victim/survivors on this life journey spoke of having largely learnt to cope as adults with the experience of childhood sexual abuse by disconnecting from the memories of abuse, often in combination with other strategies such as focusing on their career or pursuing justice. While these strategies had helped them through some periods of their lives, they experienced other times when these strategies were not as effective.

It's sort of like a little wound. It festers a bit and it closes over [...] Sometimes it's really bad and sometimes it's not so bad. (Wife of victim, OOHC: Residential, 1950–1959)(24)

Notably, half of the victim/survivors in this group experienced a distressing event or events at a point in their life, commonly related to either the redress process or when taking legal action against the perpetrator or institution. These events negatively affected their wellbeing as they forced them to confront their experience of abuse.

Over half of the victim/survivors in this group spoke of receiving counselling support at different periods in their life, although the experience was mixed. A few found this a positive experience while others found it to be unhelpful. Notably, several victim/survivors in this group spoke of not feeling ready to speak of the abuse when they first accessed counselling services, often resulting in mixed or negative experiences of counselling. A small number had sought counselling again at a later period in their life and found it to be more beneficial at this point. Few people in this group spoke of using drugs or alcohol to assist them to cope.

It is possible that the emotional barriers prohibiting some victim/survivors from interacting with other people – such as trust issues, resenting authority and finding it difficult to relate to others, which were not as prevalent for people on this life journey – may be a key contributor to the multiple and pervasive adverse impacts described by victim/survivors in the first two groups.

A further small group of victim/survivors described being on a life journey with predominantly more positive life outcomes at the time of the private session. People on this life journey acknowledged the abuse and its effects, but described having found ways to live with the trauma of having been sexually abused as a child. The healing process for these victim/survivors was generally attributed to a variety of factors, and they spoke about it as being an ongoing journey.

I've kind of moved on a fair bit I suppose and I think I'm a pretty normal person now, but you still have these things in your mind of what went on when you were younger. (Male, Education: Day, 1970–1979)(16)

You know, I try really hard to just do the best that I can every day and I've worked really hard on these issues so that I can be functional and normal. (Female, Education: Day, 1990–1999)(18)

Victim/survivors spoke about using a range of strategies to help them come to terms with the experience of childhood sexual abuse and to cope with the impact this had on their lives. Despite using survival mechanisms common to several of the other life journey types, such as avoidance and/or drug and alcohol use, the majority of victim/survivors on this life journey had also sought support through counselling and/or had engaged in self-reflection. Most spoke of the professional help they received as being beneficial. Those who did not seek



formal counselling support spoke of having embarked on their own journey of self-reflection and learning, which had helped them come to terms with being abused.

I've learnt a lot about mental health through personal experience and through reading and through interest and things like that, so I manage it better. I understand – I had no idea what was happening to me when it happened and why it was happening and what I had to do, and I've gone through that learning curve. (Male, Scouts Australia, 1980–1989)(19)

For one victim/survivor, engaging in counselling in combination with returning to the institution in his older age had enabled him to feel as though he had finally found some closure.

It was revisiting the past, but seen through an adult's eyes [...] it was terrific [...] I am fortunate because I have unshed myself from the past. (Male, OOHC: Residential, 1940–1949)(09)

A few of the victim/survivors on this life journey explained that finding positives within their experience of trauma, often facilitated through seeking counselling support, had helped them to cope. This positive reinterpretation strategy, described further in Section 9.2.2, was exclusive to victim/survivors on this life journey.

Notably, only half of the victim/survivors on this life journey reported that they had a close relationship with their parents at the time of, and following, the abuse. Further, only a half of the group reported that they currently had a supportive partner, while the other half were not involved in a relationship or did not mention this in their private session. These findings suggest that a more positive life journey was not contingent on family support, either from a victim/survivor's birth family or their current spouse or immediate family. Other factors and supports in a person's life, including the internal resources of the victim/survivor and the beneficial role that counselling support can provide given the right set of circumstances, must be considered when explaining the wellbeing of this group.

## **9.4 Summary of findings**

This chapter has illustrated how victim/survivors of institutional child sexual abuse perceived their experiences of abuse affecting their wellbeing over their life course. The analysis indicates that all victims were significantly affected by the experience of child sexual abuse. However, for most victim/survivors, the sexual abuse itself was only one factor influencing their wellbeing and life journey. Their circumstances as children and as adults, the resources, both internal and external, that they were able to draw upon, were important influences on how the abuse affected them over the long term.

In general, those victim/survivors who described more problems with interpersonal and intimate relationships tended to use less effective coping strategies, were less likely to have supportive social relationships, and have less access to and benefit from services including counselling. Those victim/survivors who were able to manage their day-to-day interactions and relationships well, separate themselves from their traumatic experiences of abuse, as well access beneficial counselling services, appeared to report higher levels of wellbeing.

Victim/survivors who described more problems with interpersonal and intimate relationships, difficulty trusting and interacting with people generally, problems with anger and violence and a resentment of authority also tended to use few effective survival or coping mechanisms. Victim/survivors in these groups were less likely to be able to separate from, or come to terms with, the experience of child sexual abuse and were less likely to engage in counselling or find counselling beneficial.

Regardless of adverse factors such as mental illness, drug and alcohol use, and lack of educational opportunities, victim/survivors who were able to manage everyday interactions and relationships and who were able, to some extent, separate themselves from their experiences of abuse in combination with accessing beneficial counselling services, were more likely to report positive wellbeing. For some, this took many years to achieve. However the relationship between these factors remains unclear and it is very likely that the determinants of positive wellbeing are bi-directional or multi-directional; that ability to draw on one survival mechanism enabled the victim to access other survival mechanisms that in turn led to overall higher levels of wellbeing.

Finally, it is important to note that the themes which emerged regarding the life journeys of victim/survivors were drawn from survivors' descriptions of their live experiences up to the point of their private session. As noted previously, victim/survivors came to private sessions at different ages and stages of life. For some, their childhood abuse experiences were relatively recent, while others had lived with the impacts for many decades. What was apparent from victim/survivors' descriptions of their individual life journeys was that their life trajectories could change for better or worse over time and in response to changing life circumstances.

## 10 Conclusions

Overall findings are consistent with the literature and confirm the devastating impact of child sexual abuse in institutional contexts. The findings indicate that the impacts of child sexual abuse are life-long and can severely undermine the mental and physical health of victim/survivors as well as their relationships and educational attainment throughout their adult lives. The analysis uncovered some changes over the decades in the nature of abuse and disclosure patterns. However, there were more similarities than differences in the nature of the abuse and its impact on the victim/survivors over the three periods that this analysis covers.

It appears that the most important factor relating to the context of abuse has been the change in the nature of institutions. The majority of victims in the earlier time periods were abused in large residential units that were 'closed' institutions, cut off from mainstream society. When these institutions ceased operating in the 1970s and 1980s, the context of institutional abuse changed and some of the worst excesses of that time period – in particular brutal regimes of physical, sexual and emotional abuse – appear to have abated. Thus the change in institutional contexts rather than the changes in attitudes towards children appear to have been the major factor influencing differences in the nature of abuse over time. However, these are clearly related, with the closure of large institutions having been influenced to some extent by changes in attitudes towards children. Changing attitudes towards children did appear to influence how adults responded to disclosures of abuse. In the more recent periods, children appeared to be somewhat more willing to disclose abuse, and disclosure was more often believed and acted on, at least by parents.

There are, however, some findings in this report that raise particular issues in relation to the previous literature. These should be noted as hypotheses or issues that need further exploration rather than definitive contradictions or comments on the literature.

Although responses differ between time periods, almost all victim/survivors in all time periods experienced negative responses to disclosure from the institution. Victim/survivors and their supporters appear to have struggled over the decades with institutions, which they perceived as being defensive and unsupportive, even when clear evidence of abuse had been presented.

Based on the literature, it was anticipated that a history of maltreatment and/or sexual abuse, social isolation or withdrawal, and family factors such as low socioeconomic status, parental mental health issues, domestic violence, alcohol and drug misuse, or poor parent/child relationships would be a strong theme emerging from private sessions.

Although a number of victim/survivors did mention these issues in the private sessions many did not mention their pre-abuse history or family of origin. Some only discussed their family in relation to the response to the abuse. In particular, several of the victim/survivors commented that parents who were disengaged from them, or were too close to the institution, were less likely to respond positively to the disclosure and did not provide support once the abuse was disclosed. These risk factors may have been far more prevalent among attendees than was disclosed in the private sessions.

Several of the victim/survivors mentioned very positive family experiences and particularly in the more recent era, some were represented in the private session by their parents. Again, this does not exclude the possibility that the risk factors were not present in these families, but the parents were unlikely to disclose them in the session.

The limitations inherent in the information available in the private sessions database itself are relevant considerations here. It is important to recognise that there is no way of knowing whether the attendees at the private sessions were subject to higher levels of family risk than their peers who were not abused, and therefore whether these risk factors apply disproportionately to victims of abuse within particular institutions compared to children who were not subject to abuse. In some institutions, virtually every child was abused, irrespective of their family background. In other cases, the victims were carefully selected by the perpetrators among hundreds of potential victims, and sometimes this was because the victims were from a high-status family or were themselves high achievers (such as those involved in elite sports).

The issue of risk or vulnerability is compounded by the fact that many of the children, particularly in earlier eras, were in residential institutions because of their family circumstances, and were therefore by definition subject to these risk factors, irrespective of whether they were abused or not. However, as stated above, for this report it was not possible to assess whether family risk factors were more prevalent among victims than among those who were not abused. In order to do so, research will need to be conducted to compare the family background and child maltreatment history of children in the same institution who were and were not subject to child sexual abuse.

There were no differences over time in overall disclosure patterns in relation to who the victim/survivor disclosed to or the response to disclosure, although they were more likely to be believed since the 1970s. Parents in the later time periods were more likely to believe their children when they disclosed. However, this finding should be understood in the context that parents attended the private sessions relating to a number of the victims of abuse in the most recent time period. For many victim/survivors, the consequences of disclosure were more severe than the abuse itself, and the negative response when they first disclosed often

dissuaded the victim from further disclosing, sometimes for several decades thereafter. Many victims, even in earlier time periods, disclosed as children, and others tried to indicate to parents or others that something was wrong without actually disclosing abuse. These efforts were often misinterpreted, and again this sometimes led to victims deciding that it was too risky to disclose the abuse.

The literature indicates that child sexual abuse has overwhelmingly negative effects on victims. The life course analysis showed, however, that most victim/survivors strive to overcome the effects of abuse by drawing on their own strengths, and by eliciting support from others. This support might include informal support from family and friends as well as formal support from counsellors and other professionals. Most victim/survivors were therefore able to experience some positive aspects in their lives despite their lives being blighted by the experience of child sexual abuse. Furthermore, many victim/survivors were able to lead relatively stable lives despite the abuse. Thus a finding from this research is that although most victim/survivors have had difficult periods, many of them overcame these to some extent, even if there were domains in their lives that remained problematic or unfulfilled.

A key finding in this research was that for most victim/survivors the life course is not solely determined by the abuse itself, even though the effects of the abuse resonated throughout their lives. Support from family members, friends, spouses and formal support agencies, redress from the institutions and rewards from work, sport or other achievements enabled many of the victims to survive the effects of the abuse. On the other hand, their life journeys could take a negative turn at any point, due to 'trigger' events such as encounters with the perpetrator or the institution and other life events such as divorce or unemployment.

The analysis did not show substantial differences in the life journeys of victim/survivors from different time periods, although abuse in the most recent time period (1990–2015) appears to be associated with more difficult life journeys. However, this may be because of a lack of time for these attendees to recover from the abuse.

Research has shown a link between child sexual abuse involving penetration or use of force and child sexual abuse that occurs frequently and over long periods (that is, 'more severe abuse'), as being associated with worse outcomes for victim/survivors than abuse without these features (Blakemore et al., 2017). The findings in this report suggest that the relationship between abuse 'severity' and wellbeing might be more complex. Some victim/survivors who had suffered long periods of abuse in multiple institutions nevertheless managed to have relatively stable lives, hold down jobs and have successful marriages, whereas some who had suffered relatively 'minor' abuse went on to abuse substances or suffer long periods of mental illness. Further, some victim/survivors with very supportive

families nevertheless suffered lifelong negative impacts of abuse and others who had no family support were nevertheless able to eventually attain a relatively high level of wellbeing as adults.

Another important finding was that for some victim/survivors, the traditional 'protective' factors actually turned out to create risks in the particular context of the abuse that they suffered. For example, a number of victims from very religious families indicated that the faith of the family (which normally would be viewed as a protective factor) created a barrier to disclosure and/or elicited negative responses from families when the victim did eventually disclose. Another example of the sometimes paradoxical nature of 'protective' factors is that some victims were 'high flyers' at school or in sports teams, and it was their very success that created opportunities for perpetrators to be alone with them and give them 'special' attention without raising suspicion.

The implications of these findings suggest that it could be dangerous for organisations to focus preventive efforts only on 'vulnerable' children. Children who do not come from high-risk demographic groups can sometimes also be victims of abuse in particular circumstances.

The research also found some important features of survival or coping strategies and support mechanisms that victims drew on to cope with the effects of abuse. Overall, the support of a trusted partner emerged as the key to a positive outcome for victim/survivors. However, the causal relationship between having a supportive life partner and wellbeing are not clear; it could be that those victims/survivors who were already on a more positive life journey were better able to find a partner who was able to support them. Counselling and therapy were generally thought to be very helpful, and for some victim/survivors counselling was a lifeline. In general, victim/survivors would have liked more counselling. However, counselling was not necessarily linked to positive life journeys, and an important caveat is that it is important to find the right person for the individual victim/survivor.

One key finding of the qualitative analysis was that the life journey can be altered dramatically by 'random' or 'trigger' events, often occurring much later in life. These events can affect the victim positively or negatively. This is consistent with emerging literature on the impact of trauma, but is not often recognised as an issue for survivors of child sexual abuse. Some victim/survivors believed that ignoring or deliberately 'packaging' the abuse was an effective way of dealing with it, and a number of victim/survivors completely forgot the abuse for many years, only to be reminded by an event such as meeting the perpetrator in later life or discussing their experience with other residents of the institution.

The research also identified a number of important issues relating to perpetrators. Firstly, abusers do not fit any 'type' – even those described by the literature. Some perpetrators did

fit into the profile of a 'paedophile' but others, for example, only focused on one particular victim and had apparently convinced themselves that they were 'in love' with the victim.

A key issue was that children who sexually abused other children formed a substantial proportion of perpetrators over the decades, sometimes as part of a general institutional culture of abuse but at other times acting alone or within groups of young people. Interestingly, neither the qualitative nor quantitative analysis indicated that there was an increased probability of being abused by a perpetrator under the age of 18 in the most recent time period, suggesting that sexual abuse by another child or young person has been a component of institutional abuse over the decades. The qualitative analysis indicated that abuse by a younger perpetrator was equally severe and traumatic, and in fact was more likely to be penetrative than abuse by adults, and was often associated with physical abuse. Grooming techniques were not generally reported when the perpetrator was a child or young person, and children who sexually abused other children often did not fit any of the known profiles for perpetrators. In some cases, abusers were also victims themselves. This is consistent with the empirical literature on bullying, which indicates a large overlap between victimisation and offending. Overall, the policy and practice implications of sexual abuse by another child or young person are somewhat different from those for adult perpetrators, although the impact on victims of sexual abuse by another child seems to be very similar to abuse by adults.

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# **Life journeys of victims/survivors of child sexual abuse in institutions; an analysis of Royal Commission private sessions**

Final Report Appendices

December 2017

# Contents

- Appendix A Criteria for including and excluding private sessions in sample
- Appendix B Qualitative coding framework
- Appendix C Private Sessions Analysis Framework Report – Methodology

## Appendix A Criteria for including and excluding private sessions in sample



## Criteria for including and excluding private sessions in sample

### Background

The Social Policy Research Centre (SPRC) is conducting a study for the Royal Commission examining themes from private sessions.

The study will establish a purposive sample of 60 victims/survivors. To establish the sample, the following method will be employed:

1. SPRC will prepare a sample frame so that the sample will include diversity of gender, era and institution type.
2. The Royal Commission will randomly select private sessions according to the sample frame (e.g. 1 male victim/survivor, abuse occurred in 1950s-1960s in out-of-home care).

### Inclusion in final sample

Private sessions will be included only when consent has been given by the attendee to use their deidentified data. If the attendee did not consent or was not given the opportunity to object to deidentified use of data, the private sessions will be excluded from the final sample.

Further, there are varying degrees of information contained in private session recordings which would have implications on its suitability for the study. Private Sessions Legal highlighted the following issues:

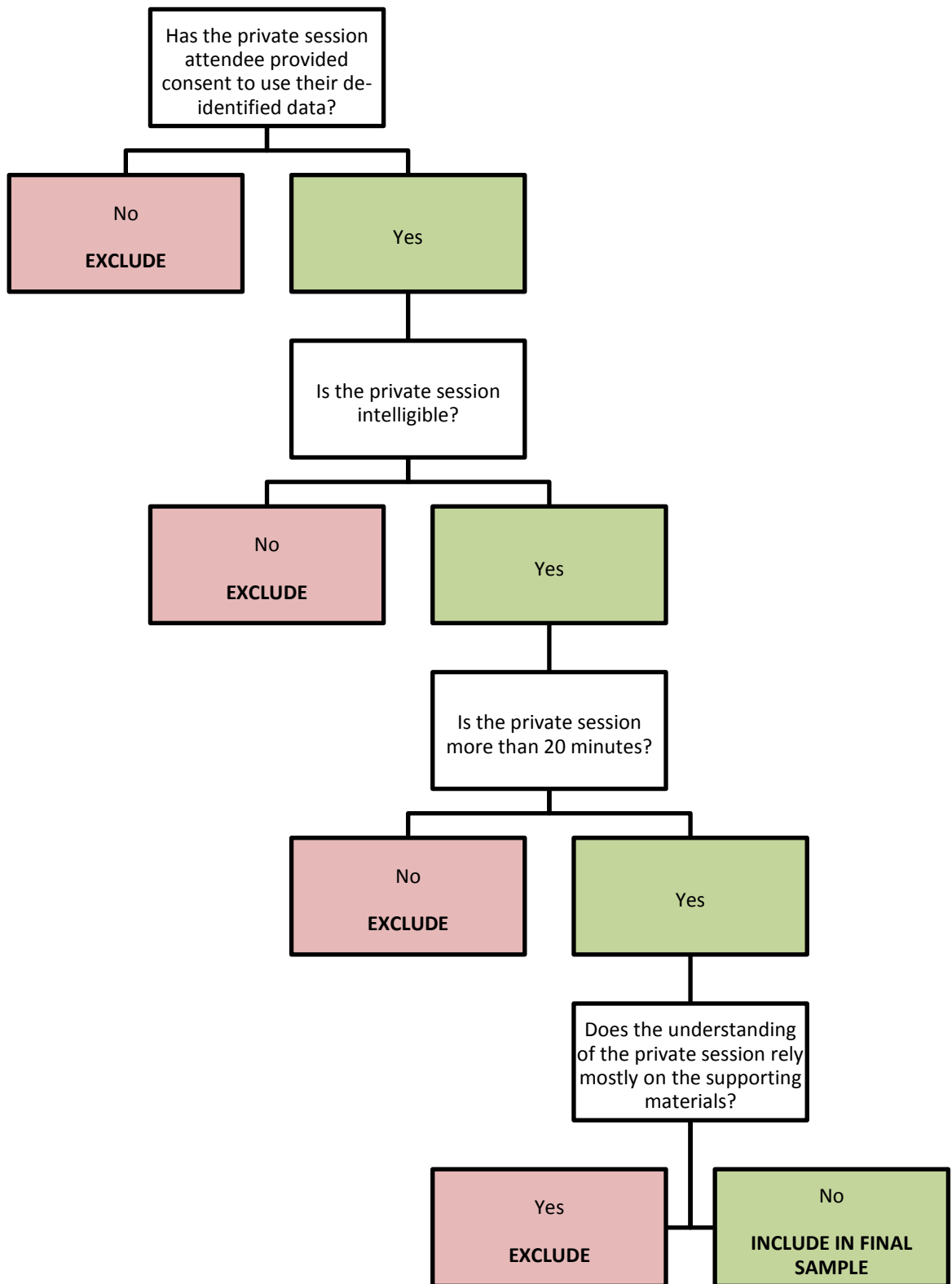
- a. **Intelligibility:** Some private sessions were not intelligible and would be difficult for researchers to comprehend.
- b. **Length of interview:** Some interviews were brief and would not provide sufficient data for analysis.
- c. **Supplementary material:** Supplementary materials may include whole case files and become unwieldy to code and analyse and in some cases comprehension of the transcript would only be possible alongside substantial supplementary material

To address the above issues, a decision was made to implement criteria for inclusion and exclusion of private sessions into the final sample. This is step 3 in the sampling method:

3. The Royal Commission will decide whether to include or exclude the private session based on the agreed criteria below.

### Criteria





## Appendix B

## Qualitative coding framework

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### **ABUSE DETAILS**

Details about child abuse. Including information on location, type of abuse, when it started and stopped, and whether the victim was abused by one or multiple offenders, or whether the offender abused one or multiple victims.

Location

Where the abuse occurred. It includes the actual location of the abuse within the institution, as well as the broader location such as a metro, regional, rural, remote location.

Multiple

This refers to both: - victims who have been abused by multiple offenders, and offenders who have abused multiple victims.

Reoccurring  
Started

The abuse continues to happen over a period of time.  
How the abuse started.

Stopped

How the abuse stopped.

Type

Type of abuse (such as physical, sexual, neglect, emotional etc.).

Emotional

The sustained, repetitive and ongoing abuse through behaviours which include threatening, belittling, teasing, humiliating, bullying, ignoring, and isolating.

Grooming

Techniques used or actions taken by an offender or procurer in order to persuade a child to take part in a sexual act.

Neglect

The failure to provide for the child's basic needs. Neglect can be physical, educational or emotional. It includes abandonment, failing to provide adequate food or shelter, nurture or supervision to a severe or persistent extent.

Physical

The inflicting of a non-accidental physical injury upon a child. Behaviours may include beating, shaking, administration of drugs or alcohol, or excessive discipline or physical treatment.

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Recording	Abuse is recorded through photographs, audio or video recording.
Sexual	Any unwanted sexual behaviour involving a child. It includes sexual penetration, encouraging a child to perform indecent acts such as touching genitals, penis/digital penetration or oral sex, inappropriate touching, exposure to sexual acts or pornographic materials and using electronic means to procure or expose a child to indecent material.
Witnessing	Situation where a person is witnessing abuse (physical, sexual, emotional) of another.

## **CONTEXT**

	Environment around the abuse.
Awareness	Knowledge or understanding of child sexual abuse (by all actors)
Built environment	The physical layout of buildings within institutions.
Conflict	Disagreement, dispute or argument between individuals and/or stakeholders.
Contentment	Happiness or satisfaction with situation or outcome.
Culture	Customs, practices and beliefs of a group.
Insularity	An inward-looking group or community who live separately to others. They are more interested in themselves than in other people or societies.
Isolation	Being geographically or socially isolated (e.g. lonely, friendless).
Management	Aspects of how an institution was staffed and managed.
Normalisation	Abuse has become common place. Abuse is occurring and no-one is speaking about it or acting on it despite knowing that it is occurring.
Policy	A formal statement or procedure within institutions (notably government) which defines priorities and parameters for action. Policy is often proposed by a government department and enacted by a range of stakeholders, entities and actors.

Recreation	This includes sports and other leisure activities that the victim engages in.
Stability	Stable or stabilising factors in an actors or stakeholders life.
Status	Social standing of the actor (including institution, offender, family, victim).
Stressors	Something that places stress on an actor or stakeholder. This includes, but not limited to, economic stress, residential instability, and illness or death of family members.
Vulnerability	Exposed to the possibility of being abused or harmed (e.g. at risk). This includes the victim having a disability.

## **IMPACT**

	The effects of the abuse on a victim throughout their life.
Crime and violence	Involvement in criminal activity. This includes violent and sexual offences, as well as violence that is not formally recognised as a crime, such as lashing out aggressively.
Economic	Financial implications and impact of CSA on victim. This includes the impact of the victim's ability to manage their own finances, as well as their earning capacity.
Educational	Related to learning, schooling and further education.
Employment	Related to occupation and employment status.
Health	Physical impacts on a victim's health.
Interpersonal relationships	Close intimate relationships, including being able to maintain intimate relationships with partners, children and other family members.
Psychological	Emotional and psychological impacts on a victim.
Sexuality	Includes capacity for sexual feelings, sexual activity and a person's sexual orientation or preference.
Spiritual	Questioning of one's faith or beliefs in relation to religion or spirituality.

Trauma

An extreme emotional response to deeply distressing or disturbing experience e.g. fear, terror, intense and overpowering guilt and shame.

## **IMPACT ON THE FAMILY SYSTEM**

All information about how the abuse or consequent events have impacted on the family system.

Emotional and psychological impact

The emotional and psychological impact the abuse has had on the family, either as a unit or as individuals. This may include vicarious trauma and the need for support services.

Practical impacts

The impact that the abuse has had on the family or family members in terms of family functioning and day to day life e.g. parents adopting a caring role for the victim or the financial impact of legal proceedings.

Spiritual impacts

Where the abuse impact the family or individual family member's spirituality or faith.

## **PERSONAL CHARACTERISTICS**

Aspects related to the character of the victim or offender.

Arrogant

Self-centred, egotistical, conceited.

Assertive

Having or showing a confident, forceful or bold personality.

Critical

Expressing adverse or disapproving comments or judgements.

Gentle

Soft natured, caring, empathic.

Grateful

Psychological state of gratitude, thanks, contentment.

Imposing

Related to physicality: powerful – opposite of petite

Intelligent

Having or showing intelligence, especially of a high level.

Manipulative

Exercising unscrupulous control or influence over a person or situation.

Optimistic

Hopeful or confident about the future.

Persistent

Continuing firmly or obstinately in an option or course of action in spite of difficulty or opposition.

Petite

Physical attributes including small framed, dainty,

Unusual	fine boned etc. Strange, bizarre, oddball
<b>PREVENTION</b>	Things that institutions and other entities should do to better protect children against child sexual abuse and related matters
<b>RECOMMENDATIONS</b>	Things that should be done to assist victims of child sexual abuse or to change the system for dealing with existing and future cases of child sexual abuse.
<b>RELATIONSHIPS</b>	A connection between two or more actors or between two or more aspects of the abuse.
Abusive	Characterised by habitual violence, emotional cruelty or neglect.
Broken	Where actors no longer communicate or have limited interactions with each other.
Caring	Supportive relationship based on kindness and concern for each other.
Disengaged	Emotionally detached; marked by lack of supervision and/or absence of nurture.
Network	A grouping of individuals or institutions organised around common interests, issues or concerns e.g. a network of offenders
Power	Control and influence over other actors or 'things'.
Protective	Characterised by a strong wish to protect someone or something and keep them safe from harm.
Trust	Reliance on the integrity and character of an actor/stakeholder.
<b>RESPONSE</b>	Reaction of actors in relation to the abuse.
Belief	When another actor believes the victim's disclosure of abuse.
Concealment	Hiding information about the details of the abuse or preventing it from being known.
Coping strategies	The strategies that victims use to cope with the abuse.

Avoidance	Efforts taken to avoid a stressor. For example running away, or drug and alcohol use.
Compliance	Passive or submissive as a way of avoiding conflict or pleasing others.
Denial	Action taken when something happens that an actor doesn't wish to see. Can be denial of an existence or significance of a problem or situation.
Fixation	Constantly thinking about the abuse or trying to recall the details of the abuse.
Meaning-making	Process by which a person gives meaning to their experience.
Modelling	Actively copying another's example, imitating their approach and behaviour
Resignation	Hopelessness, despair, defeated, feeling there is no point in acting differently.
Resistance	Refusal to accept or comply with something or someone. This includes the victim fighting back against offender or the victim rebelling by resisting authority, control or tradition.
Wellbeing techniques	Positive coping strategies introduced to help the victim deal with stressful situations or memories. This may include self-care, mindfulness, and meditation or relaxation strategies.
Withdrawal	Ceasing to participate in an activity or process.
Corruption	Dishonest or fraudulent conduct by those in power, typically involving bribery.
Disbelief	Inability or refusal to believe or accept something as true.
Disclosure	How and who a victim told about the abuse.
Barriers	A circumstance or obstacle that prevents disclosure. This also includes discussion by victims of reasons for non-disclosure.
Facilitators	Something that makes disclosure easier or possible.

Indirect	Victim does not speak directly about experiencing abuse but communicates through changes in their behaviours, emotions, art, and appearance or through discussions about their fears, concerns or relationships. Victims who are unable to communicate verbally due to age or disability may disclose indirectly.
Direct	Victim tells another actor or stakeholder about the abuse.
Disgust	A feeling of revulsion or strong disapproval aroused by something unpleasant or offensive.
Dismissive	Showing that you do not think that something is worth considering.
Face-saving	Where an actor or stakeholder attempts to conserve their reputation, credibility or dignity.
Inquiry	An official investigation, most likely by government.
Intimidation	To coerce or threaten another actor.
Investigation	Process of determining the details of abuse and the extent of the abuse.
Legal proceedings	Any activity seeking to invoke the power of a tribunal in order to enforce a law, or obtain legal remedies pursuant to a law.
No action taken	Not responding to information about child sexual abuse.
Re-abuse	Further abuse of the victim by another actor following disclosure by the victim.
Redress	The remedy or amelioration of the consequences of child sexual abuse through the provision of financial compensation, support services or through formal acknowledgement that child sexual abuse occurred.
Acknowledgement	Formal acceptance of the truth or the existence of CSA within an institution.
Compensation	Money awarded to victim/family in recognition of loss and suffering.



Process	Refers to the general experience of the redress process (Note: where this relates to acknowledgement or compensation, code to these nodes instead)
Removal	Taking an actor away from a particular place or organisation. This includes the removal of children or offenders from institutions.
Support seeking and offering	Assistance available to victim or other actors. May include emotional support, information sharing and provision of material resources and services.
Uncertainty	When an actor or stakeholder is unsure of how to respond.

## **STAKEHOLDERS**

	Actors involved in the victim's story (and re-telling) about the abuse and what they did. This includes, but is not limited to, institutions, offenders, government, family, and peers.
Family	The victim's family (as defined by the victim), includes parents, siblings, aunts, uncles and other extended family members.
Children	Children of the victim.
Extended	Other extended family members such as grandparents, aunts and uncles.
Parents	Parents of the victim.
Partner	Partner of the victim.
Siblings	Siblings of the victim.
Structure	Information on number of siblings, whether the parents are still living together, in a relationship, or divorced. It also includes information on who else is living in the victims 'family' residence.
Institutions	All organisations where abuse occurred, and also who responded to disclosures and information of abuse. This includes the institutions where the offender was employed (or had a relationship with) and, organisations such as the police.
Departments	Government departments. This includes Commonwealth, State or Territory, and local government departments.

Child protection	Government-run services designed to protect children and young people and encourage family stability.
Education	Government-run services that supports and provides a range of learning and development opportunities for children and young people.
Health	Government-run services that support better health and wellbeing within Australia.
Justice	Includes corrections system and victims of crime.
Ombudsman	Appointed by government and charged with representing the interest of the public by investigating and addressing complaints of misadministration or violation of rights.
Police	Government-run services responsible for law enforcement and the preservation of order.
Public trustee	Provides professional and independent trustee services writing Wills, acting as Executor in deceased estates, administering trusts and Powers of Attorney and delivering financial management services. Also includes Public Guardian for people unable to make financial decisions independently.
Social services	Provides employment supports, financial benefits and social supports.
Government	Refers to the Government of the Commonwealth or of a State or Territory
Judiciary	Courts of law for the administration of justice
Media	Outlets that publicly reported on abuse.
Non-government organisation	Non-profit organisation established as a legal entity.
Out-of-home-care	Refers to childcare, foster care or residential care provided by persons or institutions to children outside of their immediate family.
Foster care	The care of children through foster parents or kinship relationships.
Welfare	Includes orphanages, children's home and residential care.

Recreational or hobby group	Organised groups which provide activities for enjoyment, amusement or pleasure. This may include sporting clubs, hobby clubs, scouts or guides and cultural clubs.
Religious organisations	Churches and religious organisation across all denominations of the faith.
Role	This captures information about the part played by an institution
Offending	The institution that was directed involved in the abuse, including the institution in which abuse occurred or the institution to which the offender belonged.
Other	Institution involved in the victim's life circumstances but not known to be aware of the abuse.
Responding	Institutions which reacted to disclosure of abuse but were not directly involved in the abuse.
School	All state, private and religious educational institutions for primary and secondary education.
University/TAFE	Higher education institution
Unknown	These are institutions where it is difficult to tell if the entity is state run or otherwise.
Offender	An individual who sexually abused a child.
Other actors	People who weren't involved in the child sexual abuse. They may or may not have been supportive.
Peer	A person of the same age or status as the victim. This includes other children in the institution as well as other survivors of abuse.
Private practitioner	A practitioner (doctor, psychologist, lawyer) working in the capacity as a private business who has provided services to an actor/ stakeholder.
Procurer	A person who assists an offender to procure a child for the purpose of sexual abuse. A procurer can be another child (peer).
Victim	An individual who was sexually abused as a child within an institutional context.

## **TIMING**

	The sequence of events relating to abuse details, responses, and impacts.
Initial	Initial is the first reaction to the response by institutions, family or other stakeholders.
Long-term	From the age of 18 and onwards
Medium	From the time the abuse stops until 18 years of age.
Prior	Before the commencement of the abuse.
Short-term	During the time of the abuse.
Subsequent	A 'secondary' reaction to the way that institutions, family or other stakeholders responded.
Trigger point	When something happens that changes a victim's response to abuse.

# Appendix C Private Sessions Analysis Framework Report – Methodology Section<sup>1</sup>

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<sup>1</sup> Parenting Research Centre (2014) 'Private Sessions Analysis Framework' for the Royal Commission into Institutional Response to Child Sexual Abuse, Sydney (confidential).



## Findings from the literature

Researchers conducted a literature scan for similar projects in the last ten years. This involved a scan for research methodology utilised while developing a qualitative analysis framework for interview data from public inquiries. Ninety four documents relating to fifty six inquiries were scanned for data analysis methodology. This included inquiries conducted by governments throughout Australia, Australian non-government organisations, and International government and non-government organisations.

In addition, electronic databases PubMed and Web of Science were searched as part of a peer reviewed literature scan. The following search string was utilised to interrogate abstracts and titles for potentially relevant articles: (sexual abuse OR sexual assault OR sexual offence) AND (child\*) AND (institut\* OR school\* OR church\* OR resident\*) AND (method\* OR “systematic enquiry” OR (“public enquiry” OR “public inquiry”) OR analysis OR qualitative). Twenty two references were identified from the initial search for potentially relevant articles. Following review of abstracts the number of articles was reduced to eight.

Most Public Inquiries provided information about the way in which data was collected, but this was not articulated according to particular research methods. In terms of relevance to this project’s focus, documents from two Inquiries noted that qualitative data analysis methods were used, with no detail given. These inquiries were the National Inquiry into Children in Immigration Detention, which was completed by the Human Rights and Equal Opportunity Commission in 2004, and the Irish Government’s Commission to Inquire into Child Abuse (the ‘Ryan Report’), completed in 2009. A further two Inquiries reported limited detail of the qualitative analysis decision making process approach used. These were the Office of the Children’s Commissioner’s (UK) Inquiry into Child Sexual Exploitation in Gangs and Groups, completed in 2013 (Beckett et al., 2013)<sup>2</sup>, and the Report of the Child Protection Audit and Review, published by the Scottish Government, in 2002. However, no reports provided any reference to known qualitative data analysis research methods.

No peer reviewed literature was found that analysed research methodologies used in inquiries.

It therefore appears that although inquiries have often drawn on research findings, including qualitative research, there have been no previous attempts to use qualitative research methodologies to research the actual material produced by inquiries in order to support their deliberations.

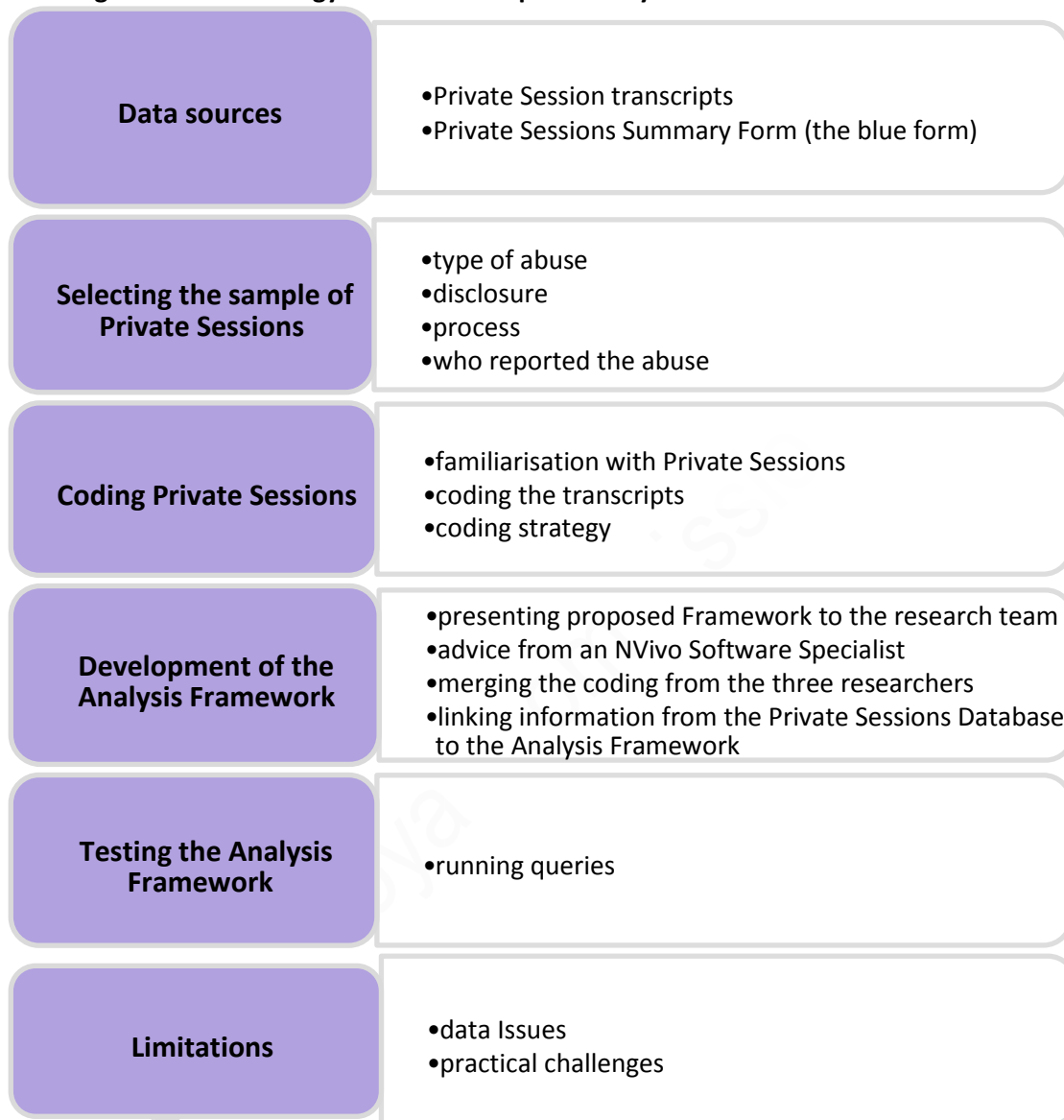
## Methodology

The research employed a qualitative research approach which involved thematic analysis of a selection of twenty transcripts from Private Sessions. NVivo 10 Software (QSR, 2014) was used to facilitate the development of the Analysis Framework.

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<sup>2</sup> Strictly speaking this was a qualitative study funded by the Children’s Commissioner rather than qualitative research on the proceedings of the Inquiry.

**Figure 1. Methodology used to develop the Analysis Framework**



## Data sources

The Analysis Framework utilised the following two data sources:

- Private Sessions transcripts (paper and electronic)
- Private Sessions Summary Forms (paper and electronic via the Private Sessions Database (in Stata)).

The use of Private Sessions Summary Forms is discussed in further detail in 'Linking information from the Private Sessions Database to the Analysis Framework'.



## Selecting the sample of Private Sessions

A sample of twenty Private Sessions transcripts was selected to assist with the development of the Analysis Framework. Diversity in transcript characteristics was sought to ensure that the Analysis Framework would have relevance across the variety of experiences described within Private Sessions. The transcripts were selected on the basis of the following criteria:

**Table 2 Parameters for initial sampling of 20 Sessions**

Type of abuse	Single offender/multiple offenders/single institution/multiple institutions
Disclosure	Once, several attempts, to different people, different institutions
Process	Longer and shorter Private Sessions
Reported	Victim, person not abused but retelling someone else's story, not abused but employed at an institution

Private Sessions selected for analysis were taken from the collection of Private Sessions conducted between May to November 2013. An attempt was also made to ensure geographical representation from each of Australia's States and Territories, with the exception of Australian Capital Territory.

## Overall approach

The overall approach to developing the Analysis Framework involved both a 'bottom up' process in which researchers coded the transcripts of the Sessions, and a 'top down' process in which consultations with the research team and with representatives of the Royal Commission came together to identify potential research questions and to develop the overall conceptual framework for the analysis. This was necessary because, as the literature review indicates, there is no existing conceptual framework which provides an understanding of the trajectories of victims of abuse in an institutional context or the institutional response to such abuse. Furthermore there is no established precedent for qualitative analysis frameworks using material produced by inquiries.

The process involved a constant dialogue between the researchers and the wider research team; the researchers providing information about what is possible within the technical constraints of the software and the content of the transcripts, and the project team as a whole considering the most appropriate questions to meet the needs of the Royal Commission and fill the gaps in the evidence base.

## Coding Private Sessions

To identify emergent themes and stakeholders arising from the data, three researchers read and coded the selection of Private Session transcripts. Through the identification of themes and stakeholders across the transcripts the researchers discussed how to capture this information in the coding process. To ensure rigour, a number of transcripts were read by more than one researcher and comparisons were made on the identified themes and stakeholders. NVivo Software (QSR, 2014) was used to facilitate data management and enabled each identified theme or stakeholder to be

coded within the relevant transcripts. Identified themes or stakeholders are coded and stored in NVivo in a container called a node.

### **Familiarisation with Private Sessions**

Prior to commencing the coding process in NVivo, the researchers read a small selection of transcripts (ten) to familiarise themselves with the data. From this familiarisation process each of the researchers separately drafted a proposed Analysis Framework that they used in the initial coding of transcripts.

### **Coding the transcripts**

The researchers worked in two phases to code the transcripts. In the first phase the researchers coded a small selection of transcripts using NVivo. This phase involved identification of emerging themes and stakeholders arising from the transcripts, coding them into nodes, and labelling the nodes with descriptive names. During this phase the researchers engaged in ongoing discussion and comparison of emerging themes and stakeholders to determine their nature and significance in the development of the Analysis Framework. Each researcher worked within a separate standalone NVivo project file as the NVivo Software available at the Royal Commission did not allow more than one researcher to work on a project at the same time.

The second phase of the coding process involved reordering, clustering, merging and distilling nodes, with the researchers reaching consensus as to how themes and stakeholders would be named and catalogued within NVivo (the nodes, node descriptors and node structure) and the strategy for coding. The remaining transcripts were then coded using the agreed node structure and strategy.

### **Coding Strategy**

Content from transcripts was manually coded to multiple relevant nodes. The following examples of the coding strategy are based on excerpts of text from Private Session transcripts (see **Figure 2, 3** and **Figure 4**). The examples identify the nodes to which the text would be coded.

Figure 2 Coding Strategy Example 1: Institutional Responses

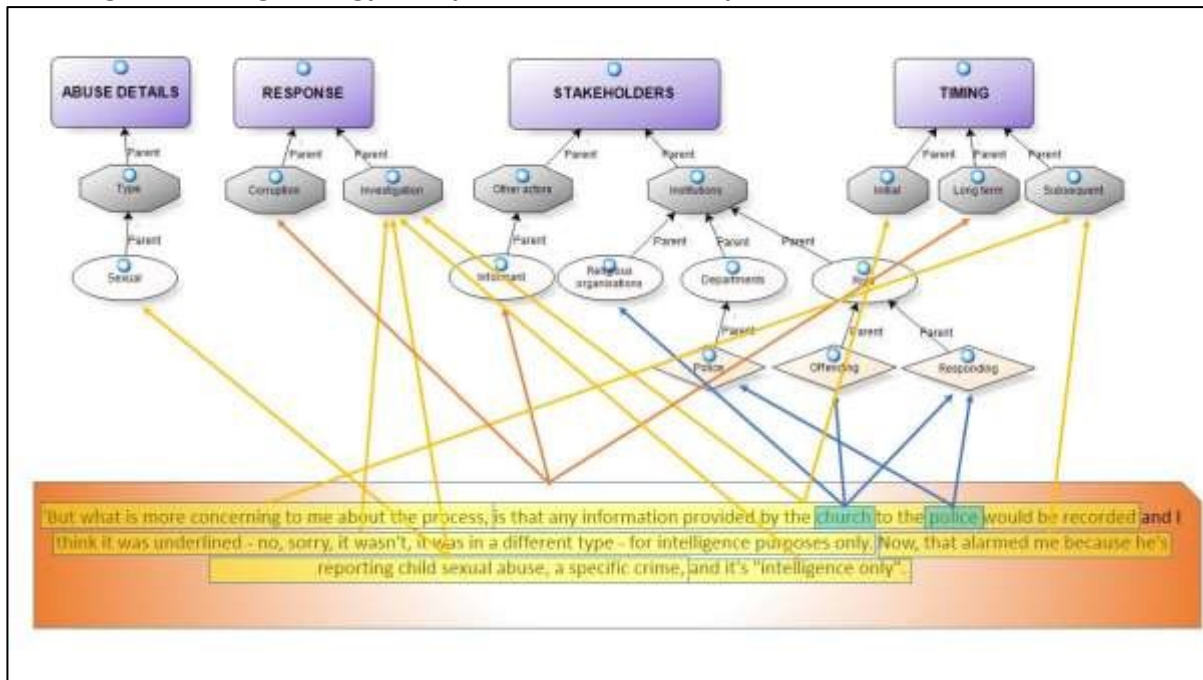
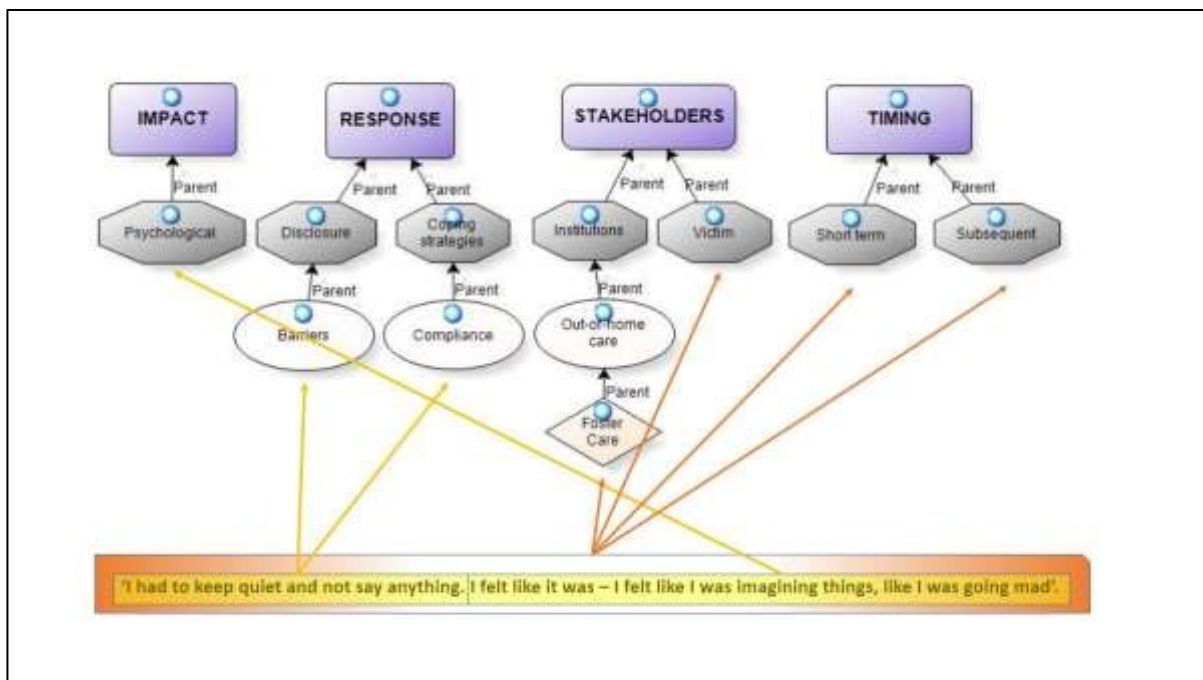
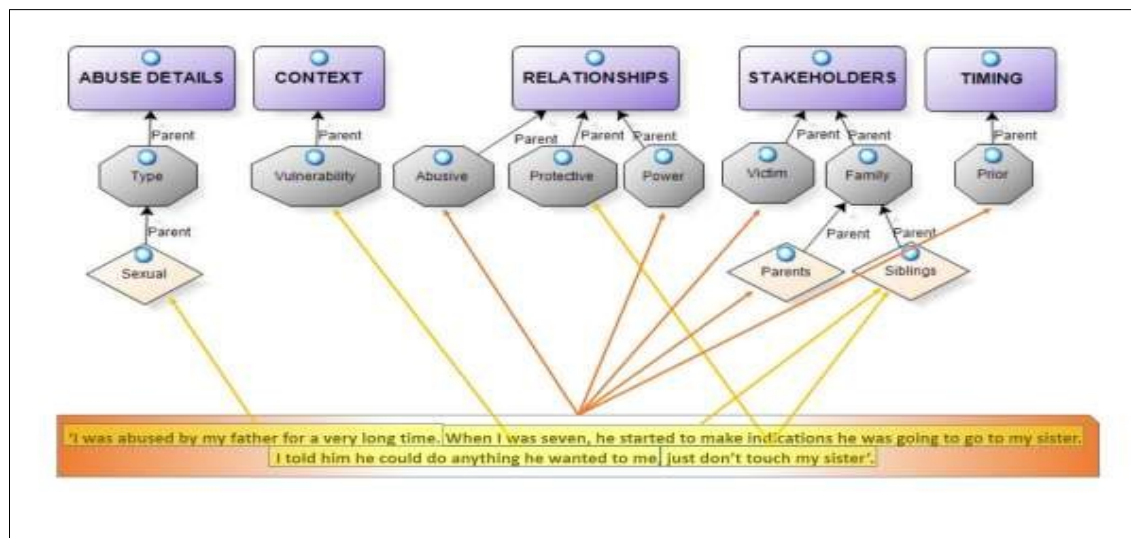


Figure 3 Coding Strategy. Example 2: Disclosure of Abuse



**Figure 4 Coding Strategy. Example 3: Familial Abuse**



## Development of the Analysis Framework

The researchers met on three occasions for extended discussions on the development of the Analysis Framework. The discussions aimed to reach an agreement on the structure of the Analysis Framework. The researchers needed to ensure that:

- The Analysis Framework captured the information required to answer the research questions, including capturing information relation to relationships and trajectories
- The Analysis Framework could be operationalised using NVivo Software
- The node structure and hierarchy of the Framework within NVivo was efficient, including for example, ensuring that only one idea was captured per node, and nodes were easy to find during the coding process.

## Presenting proposed Analysis Framework to the research team

The Analysis Framework was presented to the research team on a number of occasions for comment and further development.

## Expert advice from an NVivo Software Specialist

The research team engaged the services of an NVivo Software specialist to provide technical advice on whether:

- the analysis functions of NVivo, including queries and relationships functions, could be performed using the Analysis Framework
- the three separate NVivo projects (used by each of the researchers) could be merged successfully
- information from the existing Private Sessions Database (containing the summary information from Private Sessions) could be imported and used to provide demographic and descriptive information regarding victims, institutions, places and timeframes (using the node classification function within NVivo).

## **Merging the coding from the three researchers**

The NVivo Software available at the Royal Commission did not allow for more than one researcher to work on a single project file at the same time. Each researcher worked through a standalone NVivo project file. Once consensus was reached regarding the structure of the Framework, including the identified nodes, node descriptors and the node hierarchy, the separate NVivo projects were merged. This involved creating a 'master' project and importing each researcher's work into the master project.

## **Linking information from the Private Sessions Database to the Analysis Framework**

The Royal Commission holds an existing Private Sessions Database which captures information collected on the 'Private Session Summary Form'. The Private Session Summary Form is completed by the Royal Commission Officer who attended the Private Session. The Database contains demographic and descriptive information from the Private Session, such as the name of the victim, offender and institution and the period in which abuse occurred. NVivo enables quantitative data to be imported from an existing database into an NVivo project, through a function referred to as a 'node classification'. The advantage of this software feature is that information already collected in the Private Sessions Database can:

- be used to provide more detailed answers to questions that may arise from analyses run in the Private Sessions Database
- allow for a qualitative analysis of transcripts on the basis of demographic information.

To ensure that data could be imported from the Private Sessions Database into the Analysis Framework the Royal Commission supplied the research team with the information from the Database pertaining to the selection of Private Sessions (as outlined above) so the import process could be trialed.

## **Information excluded from the Private Session Database**

The Private Sessions Database gathers a substantial amount of data. The researchers reviewed the Database variables and removed those which would not be necessary for use in analysis using the Analysis Framework.

In the identified selection of Private Session transcripts, two of the transcripts did not have entries in the Private Sessions Database. These Private Sessions both involved 'whistleblowers'. The whistleblowers provided detailed information on the practices of institutions and offenders. Their transcripts were included in the development of the Analysis Framework because they speak directly to the Terms of Reference relating to institutional responses to child sexual abuse. Person ID's for these two transcripts were supplied by the Assessment and Inquiry team within the Royal Commission. The Person ID, descriptive, and demographic information relating to these two Private Sessions were entered manually into the Private Sessions Database spreadsheet prior to being imported into NVivo.

## **Testing the Analysis Framework**

In Nvivo it is possible to analyse all data (in this instance the Private Session transcripts) that has been coded. The query functions in NVivo enable specific data to be easily located and filtered. The use of query functions will allow the Royal Commission to ask questions of the Private Sessions data. This process can add qualitative value to the data generated from the Private Sessions Database; and

allow for qualitative data analysis of matters such as victims beliefs about how the abuse and the responses to the abuse have affected them in the short, medium and long term.

To ensure that the query functions can be performed using the Analysis Framework, the researchers ran a series of test queries. This included a ‘matrix coding query’ and a ‘group query’. The matrix query function in Nvivo allows a combination of items (such as themes and demographic information) to be identified and compared. The group query function allows the association between particular items to be identified. The queries generated for the testing of the Analysis Framework were based on a broad set of questions that may, in the future, be asked of the Private Sessions transcripts. They include queries based on the following questions:

- How does the type of abuse differ for male as opposed to female victims? (Query 1)
- What were the impacts of child sexual abuse on the victims over time? (Query 2)
- How did different types of institutions respond? (Query 3)
- How did the offender include the family in grooming activities? (Query 4)

### Query 1 Abuse types by gender (matrix coding query)

A matrix coding query was run to locate information relating to abuse details by gender (Table 3). Please note that the number in each cell in Table 3 is indicative only of the amount of information coded to them. To determine the qualitative aspects of this query, the researchers need to analyse the data linked to each cell. For example, the cell that depicts the relationship between ‘grooming’ and ‘male victim’ indicates there were seven instances in which grooming was coded for male victims. When the data coded to this cell is analysed in NVivo, grooming of male victims was mentioned in five Private Session transcripts, and included a range of grooming activities such as the supply of alcohol and invitations to engage in leisure activities in private locations.

**Table 3 Abuse Details (by type and gender)(matrix coding query)**

GENDER	ABUSE DETAILS BY TYPE								
	A: ABUSE DETAILS	B: Type	C: Emotional	D: Grooming	E: Neglect	F: Physical	G: Recording	H: Sexual	I: Witnessing
1: A Person ID: C3 Victim's Gender = Female	112	106	7	16	7	18	0	68	1
1: A Person ID: C3 Victim's Gender = Male	46	22	1	7	0	5	0	11	0

### Query 2 Impacts over time (matrix coding query)

A matrix coding query and group query were run to locate information relation to the impacts on victims of child sexual abuse over time (in the short, medium and long term). The results are presented in Table 4 and Figure 5. Please note that the number in each cell in Table 4 in indicative only for the amount of information coded to them. To determine the qualitative aspects of this query, the researchers need to analyse the data linked to each cell.



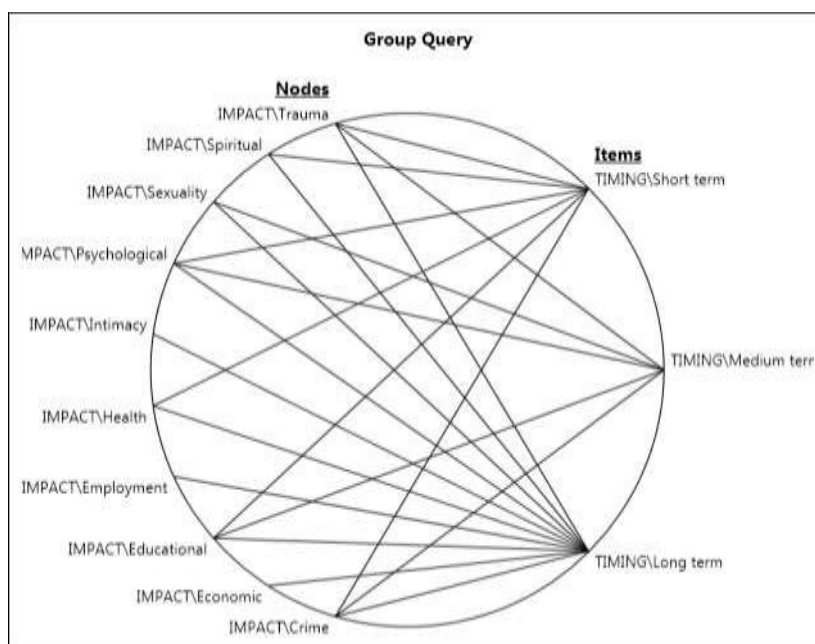
**Table 4 Impacts over time (matric coding query)**

IMPACTS	TIMING		
	A: Long term	B: Medium term	C: Short term
1: Crime	6	1	1
2: Economic	3	0	0
3: Educational	6	1	3
4: Employment	12	0	0
5: Health	17	0	9
6: Intimacy	17	0	0
7: Psychological	66	13	11
8: Sexuality	4	1	0
9: Spiritual	2	0	3
10: Trauma	6	4	2

For example, in Table 4, it can be seen that there are six instances in which long term crime impacts have been identified. By clicking on this cell in NVivo, all of the Private Session transcripts that were coded for both ‘crime’ and ‘long term’ are displayed. When the data linked to this cell is analysed in NVivo, long term crime impacts were mentioned in three Private Session transcripts and included data relating to illicit drug use, theft, indecent assault, and incarceration.

Figure 5 gives pictorial representation of the associations between impact and timing.

**Figure 5 Impacts over time (group query)**



**Query 3 Institutional responses (matrix coding query)**

A matrix coding query was completed to provide information on the different types of responses by different institutions. Table 5 shows the results of this query. Please note that the number in each

cell in Table 5 is indicative only of the amount of information coded to them. To determine the qualitative aspects of this query, the researchers need to analyse the data linked to each cell. For example, it can be seen that there are nine instances in which a response of 'disbelief' by department have been identified. By clicking on this cell in NVivo, all Private Session transcripts that were coded for both 'disbelief' and 'departments', are displayed. When the data linked to this cell is analysed, the response of disbelief by departments was mentioned in three Private Session transcripts, and includes responses of disbelieve where the victim was labelled a lair or attention seeker.

**Table 5 Institutional Responses (matrix coding query)**

RESPONSES	INSTITUTIONS									
	A: Departments	B: Government	C: Judiciary	D: Media	E: Non-government organisation	F: Other	G: Out-of-home care	H: Recreational or hobby	I: Religious organisations	J: Schools
1: Belief	0	0	0	0	0	0	0	0	1	0
2: Concealment	8	1	0	0	0	0	0	0	20	1
3: Coping strategies	2	0	0	0	0	2	2	0	12	0
4: Corruption	9	1	0	1	0	0	0	0	8	0
5: Disbelief	9	0	0	0	2	1	5	0	3	1
6: Face-saving	1	0	0	0	0	0	0	0	6	0
7: Inquiry	1	7	0	0	0	0	0	0	3	0
8: Intimidation	2	0	0	1	0	0	0	0	3	0
9: Investigation	109	2	0	1	4	2	2	1	31	0
10: Legal proceedings	7	0	0	0	0	0	0	0	6	0
11: No action taken	9	0	0	0	0	0	0	0	10	1
12: Re-abuse	0	0	0	0	0	1	1	0	7	0
13: Redress	4	3	0	0	5	2	2	0	19	0
14: Removal	1	0	0	0	0	3	3	0	8	0
15: Support seeking and offering	8	0	0			1	1	0	8	1
16: Uncertainty	0	0	0			0	0	0	0	0

#### Query 4 Grooming and the involvement of the family and peers (group query)

It is possible to determine the association between grooming and the involvement of the family and peers through the use of the 'group query'. To answer the question 'how were family and friends included in the grooming behaviour of the offenders?' the researcher ran a groups query comparing the node 'grooming' and all the types of family members (i.e. parents, children, partners). Table 6 and Figure 6 show the results of this query, and indicate that, on the basis of the transcripts coded, there were two instances where grooming involved family members and/or peers. In this example, it



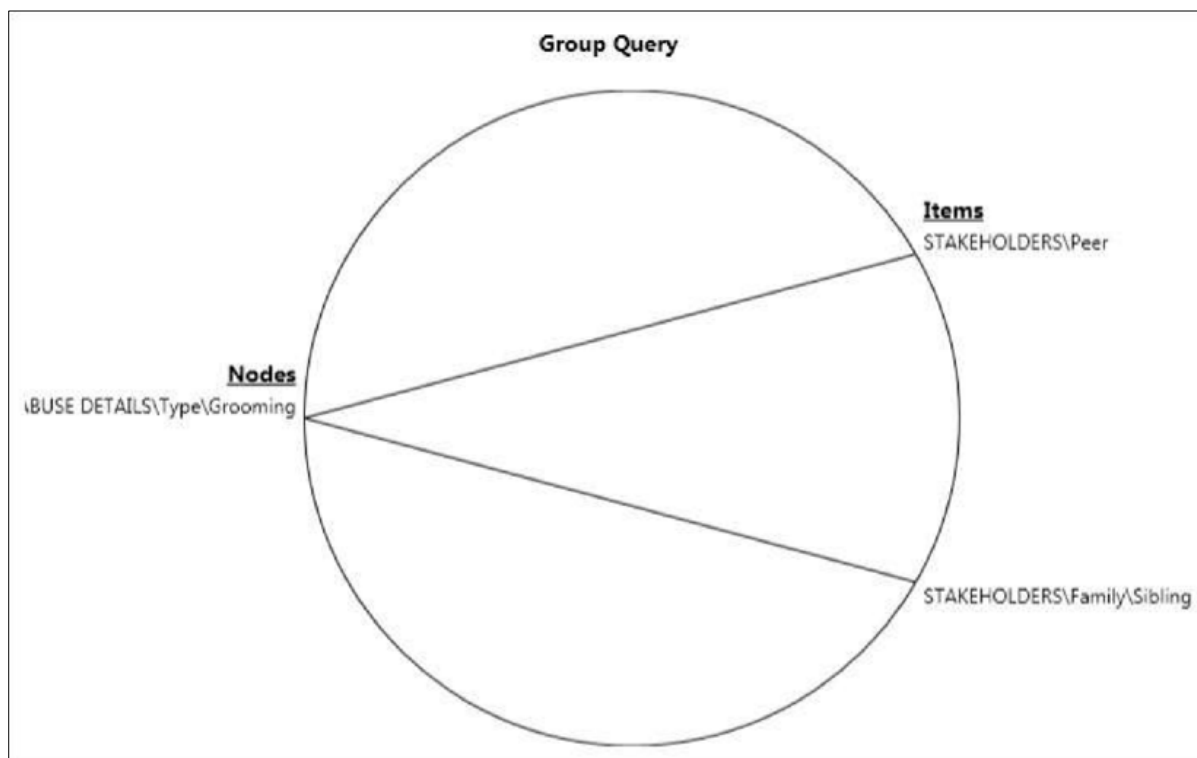
indicates that come type of association occurred between the offenders grooming and the victims siblings and peers.

For example, the results in Table 6 indicate that there were two ‘finds’ that have been coded where there is an association between grooming and the family or peer. Additionally, Figure 6 gives pictorial representation of the association between grooming, family and peer.

**Table 6 Grooming with involvement of family and peers (group query)**

Scope Item	In Folder	Finds
ABUSE DETAILS\Type\Grooming	Nodes	2
	Range Item	In Folder
	STAKEHOLDERS\Peer	Nodes
	STAKEHOLDERS\Family\Siblings	Nodes

**Figure 6 Grooming with involvement of family and peers (group query)**



## Limitations

### Data Issues

The Analysis Framework was based on only twenty Private Session transcripts. This is a small number of transcripts given the diverse range of people who have taken part in Private Sessions. The Framework will therefore be refined and expanded as new issues and themes emerge that are not currently captured. Efforts were made to ensure that the Analysis Framework has sufficient flexibility to allow for the addition of new themes or issues as they emerge.

The researchers initially planned to code the selection of Private Session transcripts in either audio or written format. However, coding audio using NVivo Software proved to be overly time consuming. Given project time constraints, the research team decided to only code written transcripts. It should be noted that not all Private Sessions had an available written transcript. This meant that the sample of Private Session transcripts was reduced. Additionally, the research team were not privy to the rationale on how certain Private Sessions were selected for written transcription. Hence it was not possible to ascertain whether the sample of transcripts used for the development of the Framework was representative of Private Sessions.

Private Sessions are not designed in the same way as research interviews, and there appear to be a variety of methods used for gathering information during Private Sessions. Victims share different details of their experiences during the Private Sessions, covering differing aspects of abuse, disclosure, response and impacts. Due to the nature and purpose of Private Sessions, only the victims' perspectives are provided and this remains unchallenged. People who choose to attend Private Sessions may not represent the diversity of victims, and those sessions which are transcribed may not represent the private sessions. Nevertheless even our initial analysis indicates that these sessions provide a rich source of information about abuse in institutional settings which is not available from any other source.

### **Practical challenges**

The researchers were located at the Royal Commission's offices in Sydney due to the sensitivity of the information being reviewed for coding. This presented some initial information technology challenges which delayed the progress of the project. The software needed to manage the data for the project (NVivo 10) requires a software license. The researchers were provided with laptops on which the software was installed as the license does not allow for the software to be installed on the network. Due to a lack of available office space with a secure network, the researchers were located in a meeting room and required to work within the Royal Commission Citrix system. When working within Citrix there was a significant time lag in coding, this decreased the rate at which the researchers could work. Once office refurbishments at the Royal Commission were completed, the researchers were able to gain access to a secure network connection and were no longer required to work within Citrix.

Using single NVivo licences, as opposed to an NVivo Server License, does not allow multiple researchers to work within an NVivo project simultaneously. As such, the technical procedure of merging projects and creating a master project needed to be completed. Best practice dictates that the merging process should be completed every second day to ensure consistency between each researchers standalone project and to ensure that data is not lost during the merge.

The Private Sessions Database was used to create the basis of the 'node classification sheet' in NVivo. A substantial amount of time was needed to clean the data and re-label the data columns. The re-labelling of the data columns was deemed necessary as it was difficult for the researchers to determine the link between the data column labels from the Database and the information provided in the Private Session Summary Form.