FINAL REPORT

Impacts

Royal Commission
into Institutional Responses
to Child Sexual Abuse

VOLUME 3

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FINAL REPORT

Volume 3
Impacts

Content warning

This volume contains information about child sexual abuse that may be distressing. We also wish to advise Aboriginal and Torres Strait Islander readers that information in this volume may have been provided by or refer to Aboriginal and Torres Strait Islander people who have died.

Table of contents

Preface 1

The Royal Commission 1
Public hearings 1
Private sessions 2
Policy and research 3
Community engagement 3
Diversity and vulnerability 3
Our interim and other reports 4
Definition of terms 4
Naming conventions 5
Structure of the Final Report 5

Summary 9

Understanding impacts 9
Child sexual abuse can affect many areas of a person's life 10
Institutional responses can have significant impacts 11
Child sexual abuse can have ripple effects 12

1 Introduction 14

1.1 Overview 14
1.2 Terms of Reference 15
1.3 Links with other volumes 16
1.4 Limitations of our work 16
1.5 Key terms 18
1.6 Structure of this volume 20

2 Understanding impacts 23

2.1 Complex and profound impacts 23
2.2 Impacts differ by individual 24
2.3 Impacts change over time 25
2.4 Factors that influence impacts 30

3 Impacts of child sexual abuse 73

3.1 Effects of trauma on children's development 77
3.2 Mental health 84
3.3 Interpersonal relationships 107
3.4 Physical health 115
3.5 Sexual identity, gender identity and sexual behaviour 122
3.6 Connection to culture 130
3.7 Spirituality and religious involvement 133
3.8 Interactions with society 138
3.9 Education, employment and economic security 147

4 Impacts of institutional responses 172

4.1 Institutional betrayal 173
4.2 Continuation of abuse 178
4.3 Re-traumatisation 181
4.4 Fear, distrust and contempt 186
4.5 Ostracism 189
4.6 Appropriate responses and empowerment 191

5 Ripple effects 202

5.1 Victims' families 203
5.2 Other affected individuals 220
5.3 Communities 224
5.4 Australian society 231

Preface

The Royal Commission

The Letters Patent provided to the Royal Commission required that it 'inquire into institutional responses to allegations and incidents of child sexual abuse and related matters'. In carrying out this task, the Royal Commission was directed to focus on systemic issues, be informed by an understanding of individual cases, and make findings and recommendations to better protect children against sexual abuse and alleviate the impact of abuse on children when it occurs. The Royal Commission did this by conducting public hearings, private sessions and a policy and research program.

Public hearings

A Royal Commission commonly does its work through public hearings. We were aware that sexual abuse of children has occurred in many institutions, all of which could be investigated in a public hearing. However, if the Royal Commission was to attempt that task, a great many resources would need to be applied over an indeterminate, but lengthy, period of time. For this reason the Commissioners accepted criteria by which Senior Counsel Assisting would identify appropriate matters for a public hearing and bring them forward as individual 'case studies'.

The decision to conduct a case study was informed by whether or not the hearing would advance an understanding of systemic issues and provide an opportunity to learn from previous mistakes so that any findings and recommendations for future change the Royal Commission made would have a secure foundation. In some cases the relevance of the lessons to be learned will be confined to the institution the subject of the hearing. In other cases they will have relevance to many similar institutions in different parts of Australia.

Public hearings were also held to assist in understanding the extent of abuse that may have occurred in particular institutions or types of institutions. This enabled the Royal Commission to understand the ways in which various institutions were managed and how they responded to allegations of child sexual abuse. Where our investigations identified a significant concentration of abuse in one institution, the matter could be brought forward to a public hearing.

Public hearings were also held to tell the stories of some individuals, which assisted in a public understanding of the nature of sexual abuse, the circumstances in which it may occur and, most importantly, the devastating impact that it can have on people's lives. Public hearings were open to the media and the public, and were live streamed on the Royal Commission's website.

The Commissioners' findings from each hearing were generally set out in a case study report. Each report was submitted to the Governor-General and the governors and administrators of each state and territory and, where appropriate, tabled in the Australian Parliament and made publicly available. The Commissioners recommended some case study reports not be tabled at the time because of current or prospective criminal proceedings.

We also conducted some private hearings, which aided the Royal Commission's investigative processes.

Private sessions

When the Royal Commission was appointed, it was apparent to the Australian Government that many people (possibly thousands) would wish to tell us about their personal history of sexual abuse as a child in an institutional setting. As a result, the Australian Parliament amended the *Royal Commissions Act 1902* (Cth) to create a process called a 'private session'.

Each private session was conducted by one or two Commissioners and was an opportunity for a person to tell their story of abuse in a protected and supportive environment. Many accounts from these sessions are told in a de-identified form in this Final Report.

Written accounts allowed individuals who did not attend private sessions to share their experiences with Commissioners. The experiences of survivors described to us in written accounts have informed this Final Report in the same manner as those shared with us in private sessions.

We also decided to publish, with their consent, as many individual survivors' experiences as possible, as de-identified narratives drawn from private sessions and written accounts. These narratives are presented as accounts of events as told by survivors of child sexual abuse in institutions. We hope that by sharing them with the public they will contribute to a better understanding of the profound impact of child sexual abuse and may help to make our institutions as safe as possible for children in the future. The narratives are available as an online appendix to Volume 5, *Private sessions*.

We recognise that the information gathered in private sessions and from written accounts captures the accounts of survivors of child sexual abuse who were able to share their experiences in these ways. We do not know how well the experiences of these survivors reflect those of other victims and survivors of child sexual abuse who could not or did not attend a private session or provide a written account.

Policy and research

The Royal Commission had an extensive policy and research program that drew upon the findings made in public hearings and upon survivors' private sessions and written accounts, as well as generating new research evidence.

The Royal Commission used issues papers, roundtables and consultation papers to consult with government and non-government representatives, survivors, institutions, regulators, policy and other experts, academics, and survivor advocacy and support groups. The broader community had an opportunity to contribute to our consideration of systemic issues and our responses through our public consultation processes.

Community engagement

The community engagement component of the Royal Commission's inquiry ensured that people in all parts of Australia were offered the opportunity to articulate their experiences and views. It raised awareness of our work and allowed a broad range of people to engage with us.

We involved the general community in our work in several ways. We held public forums and private meetings with survivor groups, institutions, community organisations and service providers. We met with children and young people, people with disability and their advocates, and people from culturally and linguistically diverse communities. We also engaged with Aboriginal and Torres Strait Islander peoples in many parts of Australia, and with regional and remote communities.

Diversity and vulnerability

We heard from a wide range of people throughout the inquiry. The victims and survivors who came forward were from diverse backgrounds and had many different experiences. Factors such as gender, age, education, culture, sexuality or disability had affected their vulnerability and the institutional responses to the abuse. Certain types of institutional cultures and settings created heightened risks, and some children's lives brought them into contact with these institutions more than others.

While not inevitably more vulnerable to child sexual abuse, we heard that Aboriginal and Torres Strait Islander children, children with disability and children from culturally and linguistically diverse backgrounds were more likely to encounter circumstances that increased their risk of abuse in institutions, reduced their ability to disclose or report abuse and, if they did disclose or report, reduced their chances of receiving an adequate response.

We examined key concerns related to disability, cultural diversity and the unique context of Aboriginal and Torres Strait Islander experience, as part of our broader effort to understand what informs best practice institutional responses. We included discussion about these and other issues of heightened vulnerability in every volume. Volume 5, *Private sessions* outlines what we heard in private sessions from these specific populations.

Our interim and other reports

On 30 June 2014, in line with our Terms of Reference, we submitted a two-volume interim report of the results of the inquiry. Volume 1 described the work we had done, the issues we were examining and the work we still needed to do. Volume 2 contained a representative sample of 150 de-identified personal stories from people who had shared their experiences at a private session.

Early in the inquiry it became apparent that some issues should be reported on before the inquiry was complete to give survivors and institutions more certainty on these issues and enable governments and institutions to implement our recommendations as soon as possible. Consequently, we submitted the following reports:

- *Working With Children Checks* (August 2015)
- *Redress and civil litigation* (September 2015)
- *Criminal justice* (August 2017)

Definition of terms

The inappropriate use of words to describe child sexual abuse and the people who experience the abuse can have silencing, stigmatising and other harmful effects. Conversely, the appropriate use of words can empower and educate.

For these reasons, we have taken care with the words used in this report. Some key terms used in this volume are set out in Chapter 1, 'Introduction' and in the Final Report Glossary, in Volume 1, *Our inquiry*.

Naming conventions

To protect the identity of victims and survivors and their supporters who participated in private sessions, pseudonyms are used. These pseudonyms are indicated by the use of single inverted commas, for example, 'Roy'.

As in our case study reports, the identities of some witnesses before public hearings and other persons referred to in the proceedings are protected through the use of assigned initials, for example, BZW.

Structure of the Final Report

The Final Report of the Royal Commission into Institutional Responses to Child Sexual Abuse consists of 17 volumes and an executive summary. To meet the needs of readers with specific interests, each volume can be read in isolation. The volumes contain cross references to enable readers to understand individual volumes in the context of the whole report.

In the Final Report:

The **Executive Summary** summarises the entire report and provides a full list of recommendations.

Volume 1, *Our inquiry* introduces the Final Report, describing the establishment, scope and operations of the Royal Commission.

Volume 2, *Nature and cause* details the nature and cause of child sexual abuse in institutional contexts. It also describes what is known about the extent of child sexual abuse and the limitations of existing studies. The volume discusses factors that affect the risk of child sexual abuse in institutions and the legal and political changes that have influenced how children have interacted with institutions over time.

Volume 3, *Impacts* details the impacts of child sexual abuse in institutional contexts. The volume discusses how impacts can extend beyond survivors, to family members, friends, and whole communities. The volume also outlines the impacts of institutional responses to child sexual abuse.

Volume 4, *Identifying and disclosing child sexual abuse* describes what we have learned about survivors' experiences of disclosing child sexual abuse and about the factors that affect a victim's decision whether to disclose, when to disclose and who to tell.

Volume 5, *Private sessions* provides an analysis of survivors' experiences of child sexual abuse as told to Commissioners during private sessions, structured around four key themes: experiences of abuse; circumstances at the time of the abuse; experiences of disclosure; and impact on wellbeing. It also describes the private sessions model, including how we adapted it to meet the needs of diverse and vulnerable groups.

Volume 6, *Making institutions child safe* looks at the role community prevention could play in making communities and institutions child safe, the child safe standards that will make institutions safer for children, and how regulatory oversight and practice could be improved to facilitate the implementation of these standards in institutions. It also examines how to prevent and respond to online sexual abuse in institutions in order to create child safe online environments.

Volume 7, *Improving institutional responding and reporting* examines the reporting of child sexual abuse to external government authorities by institutions and their staff and volunteers, and how institutions have responded to complaints of child sexual abuse. It outlines guidance for how institutions should handle complaints, and the need for independent oversight of complaint handling by institutions.

Volume 8, *Recordkeeping and information sharing* examines records and recordkeeping by institutions that care for or provide services to children; and information sharing between institutions with responsibilities for children's safety and wellbeing and between those institutions and relevant professionals. It makes recommendations to improve records and recordkeeping practices within institutions and information sharing between key agencies and institutions.

Volume 9, *Advocacy, support and therapeutic treatment services* examines what we learned about the advocacy and support and therapeutic treatment service needs of victims and survivors of child sexual abuse in institutional contexts, and outlines recommendations for improving service systems to better respond to those needs and assist survivors towards recovery.

Volume 10, *Children with harmful sexual behaviours* examines what we learned about institutional responses to children with harmful sexual behaviours. It discusses the nature and extent of these behaviours and the factors that may contribute to children sexually abusing other children. The volume then outlines how governments and institutions should improve their responses and makes recommendations about improving prevention and increasing the range of interventions available for children with harmful sexual behaviours.

Volume 11, *Historical residential institutions* examines what we learned about survivors' experiences of, and institutional responses to, child sexual abuse in residential institutions such as children's homes, missions, reformatories and hospitals during the period spanning post-World War II to 1990.

Volume 12, *Contemporary out-of-home care* examines what we learned about institutional responses to child sexual abuse in contemporary out-of-home care. The volume examines the nature and adequacy of institutional responses and draws out common failings. It makes recommendations to prevent child sexual abuse from occurring in out-of-home care and, where it does occur, to help ensure effective responses.

Volume 13, *Schools* examines what we learned about institutional responses to child sexual abuse in schools. The volume examines the nature and adequacy of institutional responses and draws out the contributing factors to child sexual abuse in schools. It makes recommendations to prevent child sexual abuse from occurring in schools and, where it does occur, to help ensure effective responses to that abuse.

Volume 14, *Sport, recreation, arts, culture, community and hobby groups* examines what we learned about institutional responses to child sexual abuse in sport and recreation contexts. The volume examines the nature and adequacy of institutional responses and draws out common failings. It makes recommendations to prevent child sexual abuse from occurring in sport and recreation and, where it does occur, to help ensure effective responses.

Volume 15, *Contemporary detention environments* examines what we learned about institutional responses to child sexual abuse in contemporary detention environments, focusing on youth detention and immigration detention. It recognises that children are generally safer in community settings than in closed detention. It also makes recommendations to prevent child sexual abuse from occurring in detention environments and, where it does occur, to help ensure effective responses.

Volume 16, *Religious institutions* examines what we learned about institutional responses to child sexual abuse in religious institutions. The volume discusses the nature and extent of child sexual abuse in religious institutions, the impacts of this abuse, and survivors' experiences of disclosing it. The volume examines the nature and adequacy of institutional responses to child sexual abuse in religious institutions, and draws out common factors contributing to the abuse and common failings in institutional responses. It makes recommendations to prevent child sexual abuse from occurring in religious institutions and, where it does occur, to help ensure effective responses.

Volume 17, *Beyond the Royal Commission* describes the impacts and legacy of the Royal Commission and discusses monitoring and reporting on the implementation of our recommendations.

Unless otherwise indicated, this Final Report is based on laws, policies and information current as at 30 June 2017. Private sessions quantitative information is current as at 31 May 2017.

Summary

> As a victim, I can tell you the memories, sense of guilt, shame and anger live with you every day. It destroys your faith in people, your will to achieve, to love, and one's ability to cope with normal everyday living.[1]

This volume describes what we learned during our inquiry about the impacts of child sexual abuse and the impacts of institutional responses to that abuse on victims and their families, as well as on other people in the institution, community and wider society.

In private sessions and public hearings, we heard many stories of profound and wide-ranging impacts on the lives of victims, in both their childhood and throughout their adult lives. We also heard stories that demonstrated survivors' strength, resilience and courage in the face of this adversity. These stories are at the heart of this volume, which bears witness to the pain and courage of many, the full extent of which has been buried or minimised for many decades. Research on the impacts of child sexual abuse, and the more limited research on the impacts of child sexual abuse in institutional contexts, supports what we learned directly from survivors, their families and others about child sexual abuse.

Understanding impacts

The impacts of child sexual abuse are different for each victim. For many victims, the abuse can have profound and lasting impacts. They experience deep, complex trauma, which can pervade all aspects of their lives, and cause a range of effects across their lifespans. Other victims do not perceive themselves to be profoundly harmed by the experience.

Some impacts on victims are immediate and temporary, while others can last throughout adulthood. Some emerge later in life; others abate only to re-emerge or manifest in response to triggers or events. As victims have new experiences or enter new stages of development over their life courses, the consequences of abuse may manifest in different ways.

For many survivors we heard from, the impacts of sexual abuse are experienced as cumulative harm, resulting from multiple episodes of sexual abuse and other types of child maltreatment over prolonged periods. During this inquiry, we heard from many survivors who were sexually abused in residential institutions – including orphanages, homes, missions and detention centres – and whose adverse life experiences before, during and following the abuse compounded its negative effects. For some, their vulnerability to sexual abuse and its adverse impacts was heightened by their loss of connection to family, culture and country. We heard that Aboriginal and Torres Strait Islander survivors have faced a heavier burden of cumulative harm due to a range of historical and contemporary factors. We also heard that because children with disability can face additional barriers to disclosure of child sexual abuse, they are vulnerable to further abuse and therefore cumulative harm.

Many complex and interconnected factors can influence the way that victims are affected by child sexual abuse. While no single factor can accurately predict how a victim will respond, some factors appear to influence either the severity or type of impacts they experience. These factors include:

- the characteristics of the abuse (such as the type, duration and frequency)
- the relationship of the perpetrator to the child
- the social, historical and institutional contexts of the abuse
- the victim's circumstances, experiences and characteristics (such as age, gender, disability, prior maltreatment, and experiences with disclosing the abuse).

The sources of strength and resilience that some victims draw on over the course of their lives play a key role in how they cope with and manage the effects of the abuse. We heard that these sources of strength and resilience include: strong relationships and social support from families, peers and others; therapeutic activities; education, work and leisure activities; spirituality; cultural connection; and a variety of inner resources, such as optimism and hope.

Child sexual abuse can affect many areas of a person's life

Child sexual abuse can affect many areas of a person's life, including their:

- mental health
- interpersonal relationships
- physical health
- sexual identity, gender identity and sexual behaviour
- connection to culture
- spirituality and religious involvement
- interactions with society
- education, employment and economic security.

For some victims, child sexual abuse results in them taking their own lives.

The impacts of child sexual abuse most commonly described in research and in our private sessions and public hearings were mental health impacts. Of the survivors who provided information in private sessions about the impacts of being sexually abused, 94.9 per cent told us about mental health impacts. These impacts included depression, anxiety and post-traumatic stress disorder (PTSD); other symptoms of mental distress such as nightmares and sleeping difficulties; and emotional issues such as feelings of shame, guilt and low self-esteem. Notably, mental health issues were often described as occurring simultaneously, rather than as isolated problems or disorders.

After mental health, relationship difficulties were the impacts most frequently raised by survivors in private sessions, including difficulties with trust and intimacy, lack of confidence with parenting, and relationship problems. Education and economic impacts were also frequently raised.

For many people, these diverse impacts are interconnected in complex ways, making it difficult to isolate the specific impacts of child sexual abuse. These interconnected impacts can be experienced at the same time or consecutively, as a cascade of effects over a lifetime. For instance, we heard from many survivors that they developed addictions after using alcohol or other drugs to manage the psychological trauma of abuse, which in turn affected their physical and mental health, sometimes leading to criminal behaviour and relationship difficulties.

Part of the explanation for the profound and broad-ranging impacts of child sexual abuse lies in the detrimental impacts that trauma can have on the biological, social and psychological development of a child. Child sexual abuse can result in profound trauma, affecting the chemistry, structure and function of the developing brain and potentially interrupting normal psychosocial development at every critical stage of a child's formative years.

While the impacts of child sexual abuse in institutional contexts are similar to those of child sexual abuse in other settings, we learned that there are often particular effects when a child is sexually abused in an institution. These include impacts on spirituality and religious involvement, such as a loss of faith or a loss of trust in a religious institution, for those victims sexually abused in such settings. We also heard that distrust and fear of institutions and authority are particular features of the effects of child sexual abuse in an institutional context.

Institutional responses can have significant impacts

How institutions respond to child sexual abuse – including their reactions to disclosure, action taken following abuse, and broader prevention and protection measures – can have a profound effect on victims. Institutional responses have the potential to either significantly compound or help alleviate the impacts of the abuse. These include the responses of the institution where the abuse took place and the institutions that have authority over, or responsibility for, that institution. They include the responses of the police, criminal justice system, complaint and oversight bodies, support services and health services.

Throughout this inquiry we heard from many survivors about further impacts they experienced because institutions failed to respond appropriately to child sexual abuse. We also heard how some institutions responded in ways that were actively damaging – for example, by perpetuating the abuse or punishing victims for disclosing it.

Inappropriate or damaging responses by institutions can result in the sexual abuse continuing for the victim, as well as placing other children at risk. Victims and their families can be left feeling betrayed by the institutions they trusted, resulting in fear and distrust of, and contempt

for, institutions. Survivors told us that these responses can not only compound the impacts of the abuse, but cause additional impacts and re-traumatisation. We heard that some victims were ostracised by the institution because of disclosing the abuse.

Survivors' experiences of institutional responses were not universally bad. We heard of some responses that were a source of justice and support to survivors. Other survivors spoke of mixed experiences of institutional responses. We heard that appropriate responses can ensure children are safe and promote healing for victims, helping them to manage the effects of the abuse and move forward with their lives. However, there is a paucity of research on the impacts of appropriate responses to child sexual abuse.

Child sexual abuse can have ripple effects

In addition to affecting the victim, child sexual abuse has ripple effects that reach a wider network of people, including the victim's family, carers and friends, as well as other children and staff in the institution in which the abuse occurred, the community and wider society. These ripple effects can be long-lasting, even affecting future generations.

While the experiences of parents, carers, siblings, partners, extended family and children ('secondary victims') are different to those of the victims, secondary victims can be significantly affected by child sexual abuse and how institutions respond to it. They, too, can suffer adverse impacts on their mental health, relationships, family functioning, employment, financial security and social connectedness.

We heard how child sexual abuse can have intergenerational impacts. Children of some survivors have been exposed to the debilitating effects of trauma on their parents and families, including mental health and relationship difficulties, alcohol and drug abuse and family breakdown. In some cases, including for victims who were sexually abused in residential care and Aboriginal and Torres Strait Islander victims, these effects can span multiple generations, perpetuating cycles of disadvantage and trauma.

Other people with a connection to the institution where the sexual abuse occurred – such as other children and staff at the institution, whistleblowers, and families of perpetrators – can also experience significant effects, for example on their mental health, social connections and employment.

Further, entire communities can be affected. We heard in private sessions and public hearings of Aboriginal and Torres Strait Islander communities, and religious and other communities, such as schools, experiencing negative collective impacts.

The ripple effects of child sexual abuse have adverse and ongoing social, cultural and economic impacts on broader society, as individuals, families, communities, institutions and services struggle to provide support and respond to the needs of victims and others affected.

Endnotes

1 Name changed, private session, 'William Peter'.

1 Introduction

1.1 Overview

> At the end of the day, what matters is how us, the survivors, perceive ourselves … we don't need your pity. What we need is … people to have an understanding of what we have had to endure.[1]

This Royal Commission came about in part because various governments and parliaments of the day came to recognise that child sexual abuse within institutions has affected many people profoundly.

When a child is sexually abused, the effects can be devastating. For many, the impacts of the abuse last for their whole lives. When the abuse occurs in an institution and the institutional response is inadequate, victims can experience additional adverse impacts. While each person's story is unique, for many victims the abuse has created a complex constellation of mental health symptoms and associated negative outcomes that have changed their lives profoundly. The abuse can reach into all areas of a victim's life: mental health; interpersonal relationships; physical health; sexual identity, gender identity and sexual behaviour; connection to culture; spirituality; interactions with society; and education, employment and economic security. However, despite traumatic childhood experiences and inadequate responses of institutions, many survivors have never lost their capacity to love and care for others. In this inquiry, we have seen many examples of survivor strength and courage. We heard stories of survivors who, despite experiencing a difficult life journey, have led fulfilling lives.

For decades, institutions have failed to recognise the impacts of child sexual abuse in any meaningful way. Even in more recent years, many institutions have been slow to accept the evidence of such impacts – even after multiple abuse allegations had been made and victims had disclosed both the abuse and its consequences. We have heard that some people within both the legal and healthcare systems have not fully understood the impacts on victims of child sexual abuse in institutional contexts.

Understanding the complexity, interconnectedness and cumulative impacts of child sexual abuse in institutional contexts is essential for better responding to the needs of victims and survivors, as well as others affected by the abuse. Those working in institutions that care for children; the legal system, including the judiciary; and people working in the social support and welfare sector need to be especially aware of the impacts of child sexual abuse in institutional contexts, in order to respond to victims, and their families and friends, with compassion and care. In particular, when relevant, the decisions of the judiciary must be informed by, and consistent with, the best available research about these impacts. Any outcome that ignores this evidence may be unjust for victims. People in the community, including children and their families and friends, can also better support victims and others when they understand the potentially profound and wide-ranging impacts of child sexual abuse in institutional contexts.

It is also important for governments, institutions and service providers to understand that child sexual abuse has a negative effect on many others, including families, communities and the institutions themselves. Ultimately, child sexual abuse has an enormous social and economic cost to Australian society as a whole.

Insights from the personal accounts of survivors throughout this inquiry have already transformed our understanding of the impacts of child sexual abuse in institutional contexts. Through private sessions and public hearings, we heard directly from survivors and their families about the complex and varied ways in which they have been affected by child sexual abuse. We also saw firsthand how survivors' public accounts of their experiences have started to transform the wider community's understanding of these impacts.

This volume and the Final Report aim to contribute further to this understanding.

1.2 Terms of Reference

Our Terms of Reference acknowledged the cost of child sexual abuse for individuals, the economy and society. They directed us to inquire into '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'. To make appropriate recommendations on how to help victims, we needed to understand how they and their families have been, and still are, affected by what happened to them.

Our Terms of Reference also directed us to have regard to 'the experience of people directly or indirectly affected by child sexual abuse and related matters in institutional contexts'. We are committed to sharing these experiences, including the effects of child sexual abuse and institutional responses to it, with the Australian community. In this way, the experiences of victims can be validated, in contrast to the dismissal, denial and lack of recognition many victims and others told us they experienced. Although there were many commonalities, each person we heard from had their own story to tell about how the abuse had affected them, and their way of managing its effects.

1.3 Links with other volumes

This volume examines what we have learned during our inquiry about the impacts of child sexual abuse in institutional contexts.

It draws on discussion in Volume 2, *Nature and cause*, which discusses the nature, extent and causes of child sexual abuse in institutional contexts. It also links closely with Volume 4, *Identifying and disclosing child sexual abuse*. These volumes provide more detailed discussion about institutional, social and historical, and perpetrator and victim-related factors that can influence the way that victims are affected by child sexual abuse.

Volume 5, *Private sessions* discusses some of the common themes relating to the wellbeing and life outcomes of survivors who attended our private sessions. It is an important complement to this volume and provides more examples of what survivors told us in private sessions about how they have been affected by child sexual abuse.

Volume 9, *Advocacy, support and therapeutic treatment services* discusses the advocacy, support and treatment needs of primary and secondary victims of child sexual abuse. Understanding the complex and diverse ways that victims have been affected by child sexual abuse is key to providing appropriate advocacy, support and therapeutic treatment. Volume 3, *Impacts* has informed the development of recommendations in Volume 9, *Advocacy, support and therapeutic treatment services.*

Volumes 11–16 provide further information about how victims have been affected by child sexual abuse in institutional contexts. While Volume 3, *Impacts* addresses the impacts on victims of child sexual abuse in all institutional contexts, these volumes consider the particular impacts in certain institutions in more detail:

- Volume 11, *Historical residential institutions*
- Volume 12, *Contemporary out-of-home care*
- Volume 13, *Schools*
- Volume 14, *Sport, recreation, arts, culture, community and hobby groups*
- Volume 15, *Contemporary detention environments*
- Volume 16, *Religious institutions.*

1.4 Limitations of our work

Our work on the impacts of child sexual abuse in institutional contexts was limited by the available research and evidence.

1.4.1 Limited information on the impacts of child sexual abuse in institutional contexts

We faced challenges in examining the impacts of child sexual abuse in institutional contexts due to the limited available research and evidence. While there have been numerous studies on the impacts of child sexual abuse in the past, the focus has been on familial or other forms of extra-familial child sexual abuse, with little attention given to abuse in institutional contexts. Moreover, most research on child sexual abuse in institutions has focused on the impacts of historical abuse, predominantly in religious settings.[2] The impacts on secondary victims have also received little attention in existing research. The effects of institutional responses to sexual abuse on victims has likewise received limited research attention before the Royal Commission. Notwithstanding these limitations, we were able to use various information sources to inform our understanding of impacts, including our public hearings, private sessions, and policy and research program (see Preface to this volume).

1.4.2 Challenges in researching impacts

We had to be aware of methodological challenges to understanding the impacts of child sexual abuse, including:

- Many victims of child sexual abuse either do not fully disclose the abuse, or delay disclosing the abuse for many years (see Volume 4, *Identifying and disclosing child sexual abuse*). As a result, many experiences of child sexual abuse and the subsequent impacts are not taken into account in research.
- It can be difficult to distinguish the effects of child sexual abuse from other influences on victims' lives. While some studies have tried to account for the likely influence of other factors besides the sexual abuse itself, these studies often have limitations. More recent research has used more rigorous designs that consider these confounding factors and have more standardised measures.[3] Where possible, we have referred to studies that have sought to account for these other factors. However, few studies focusing on child sexual abuse in institutional contexts use rigorous designs.
- Research on the impacts of child sexual abuse often draws on samples selected from a group of individuals or settings, such as universities or psychiatric settings, which may not be representative of the general population. This may mean the research underestimates or overestimates the impacts of abuse.
- Information from our private sessions suffers from similar limitations. Many victims who came to us were exposed to other forms of maltreatment before, during, and after the sexual abuse, which have added to the complexity of the impacts they have experienced. It is difficult to isolate the specific impacts of sexual abuse. Further, people attending our private sessions provided valuable information about the impacts of abuse, but, as a self-selected group may not be representative of the broader population of victims and survivors.

1.5 Key terms

The inappropriate use of words to describe child sexual abuse and the people who experience the abuse can have silencing, stigmatising and other harmful effects. Conversely, the appropriate use of words can empower and educate.

For these reasons, we have taken care with the words used in this report. Some key terms used in this volume are set out below. A complete glossary is contained in Volume 1, *Our inquiry*.

Children with harmful sexual behaviours

We use the term 'children with harmful sexual behaviours' to refer to children under 18 years who have behaviours that fall across a spectrum of sexual behaviour problems, including those that are problematic to the child's own development, as well as those that are coercive, sexually aggressive and predatory towards others. The term 'harmful sexual behaviours' recognises the seriousness of these behaviours and the significant impact they have on victims, but is not contingent on the age or capacity of a child.

The term 'children with harmful sexual behaviours' is used when referring to the general group of children with sexual behaviour problems.

At times, we use more specific terms:

- 'Problematic sexual behaviours' refers to sexual behaviours that fall outside the normal or age-appropriate range for younger children. These may or may not result in harm to another person. Problematic sexual behaviours in young children may be an indicator of them having been harmed and may place the child displaying such behaviours at risk of sexual exploitation.
- 'Sexual offending' refers to sexual behaviours that fall within the definition of a sexual offence, where the child could be held criminally responsible for their conduct. In Australia, children aged 10 and over may be charged with a sexual offence.

Perpetrator

We use the term 'perpetrator' for an adult who has sexually abused a child.

Secondary victims

The term 'secondary victims' is used in this volume to refer to people who are affected by the sexual abuse perpetrated against the primary victim (the child who is sexually abused). 'Secondary victims' can include partners, parents, children (including children born as a result of the abuse), siblings and extended family. The impacts of sexual abuse can also be felt by a wider range of people, including whistleblowers and other people (including other children) within the institution where the abuse occurred. There may also be collective trauma impacts for entire communities.

Trauma

'Trauma' refers to an event that is extremely harmful or distressing, such as experiencing or being threatened with sexual violence. The word also refers to a person's psychological response to the distressing event, immediately and over the medium and long term.[4] In reference to child sexual abuse, we use trauma to describe experiences of abuse and institutional responses, as well as the ongoing impact that they have on the survivors' psychological wellbeing. Traumatic events 'involve threats to life or bodily integrity, or a close encounter with violence and death' which can 'overwhelm the ordinary human adaptations to life' and 'confront human beings with the extremities of helplessness and terror'.[5] The overwhelming distress associated with the traumatic event can cause a range of ongoing psychological problems, including depression, anxiety, nightmares and flashbacks, hyper-arousal (heightened anxiety and alertness) and hyper-vigilance, hypo-arousal (delayed or weakened physical and cognitive responses) and dissociation, feelings of helplessness, problems with concentration and an exaggerated startle response.[6] Experiences of trauma can inhibit survivors' capacity to regulate their emotional states.[7]

When diagnosing individuals with post-traumatic stress disorder (PTSD), clinicians use a specific set of criteria related to the type of experience and its ongoing psychological consequences. Our use of the word 'trauma' does not necessarily imply a formal diagnosis.

Victim and survivor

We use the terms 'victim' and 'survivor' to describe someone who has been sexually abused as a child in an institutional context. We use the term 'victim' when referring to a person who has experienced child sexual abuse at the time the abuse occurred. We use the term 'survivor' when referring to a person who has experienced child sexual abuse after the abuse occurred, such as when they are sharing their story or accessing support. Where the context is unclear, we have used the term 'victim'.

We recognise that some people prefer 'survivor' because of the resilience and empowerment associated with the term.

We recognise that some people who have experienced abuse do not feel that they 'survived' the abuse, and that 'victim' is more appropriate. We also recognise that some people may have taken their lives as a consequence of the abuse they experienced. We acknowledge that 'victim' is more appropriate in these circumstances. We also recognise that some people do not identify with either of these terms.

When we discuss quantitative information from private sessions in this volume, we use the term 'survivor' to refer both to survivors and victims who attended a private session and those (including deceased victims) whose experiences were described to us by family, friends, whistleblowers and others. This quantitative information is drawn from the experiences of 6,875 victims and survivors of child sexual abuse in institutions, as told to us in private sessions to 31 May 2017.

1.6 Structure of this volume

Chapter 2 describes some common themes that are important for understanding the impacts of child sexual abuse in institutional contexts, and the impacts of the institutional response. It discusses:

- how child sexual abuse can have complex and profound impacts
- how impacts may differ by individual
- how impacts can change over time
- some common factors that may influence how victims are affected by child sexual abuse
- sources of strength and resilience that survivors draw on to help them to cope with, and manage, these impacts.

Chapter 3 discusses the impacts of child sexual abuse that were commonly heard by Commissioners, including those particular to institutional contexts. It describes the immediate and long-term effects of such abuse on:

- children's development
- mental health
- interpersonal relationships
- physical health
- sexual identity, gender identity and sexual behaviour
- connection to culture
- spirituality and religious involvement
- interactions with society
- education, employment and economic security.

Chapter 4 addresses the impacts of institutional responses to child sexual abuse on victims. Commonly reported impacts of poor institutional responses included:

- feeling betrayed by the institution
- continued sexual abuse
- re-traumatisation
- fear, distrust of, and contempt for, institutions
- ostracism.

Chapter 4 also canvasses the way that appropriate responses can help victims to manage the impacts of child sexual abuse.

Chapter 5 outlines what we learned about the ripple effects of child sexual abuse in institutional contexts, which extend beyond primary victims to others. It discusses some of the commonly reported impacts on:

- victims' families, including parents, partners, siblings and children
- other people associated with the institution where the abuse occurred, including other children in the institution, staff in the institution, whistleblowers and the families of people who have sexually abused children
- communities, including religious and cultural communities
- Australian society.

Endnotes

1 Transcript of S Hallett, Case Study 43, 7 September 2016 at C18134:37–41.
2 T Blakemore, JL Herbert, F Arney & S Parkinson, *Impacts of institutional child sexual abuse on victims/survivors: A rapid review of research findings,* report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 27.
3 J Cashmore & R Shackel, *The long-term effects of child sexual abuse,* Australian Institute of Family Studies, Melbourne, 2013, pp 4–5.
4 J Ford & C Courtois, 'Defining and understanding complex trauma and complex traumatic stress disorders' in C Courtois and J Ford (eds), *Treating complex traumatic stress disorders: An evidence-based guide*, The Guildford Press, New York, 2009, pp 14–15; J Atkinson, J Nelson, R Brooks, C Atkinson & K Ryan, 'Chapter 17: Addressing individual and community transgenerational trauma' in P Dudgeon, H Milroy and R Walker (eds), *Working together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice*, Commonwealth of Australia, Canberra, 2014, p 291.
5 J Herman, *Trauma and recovery*, Basic Books, New York, 1992, p 33.
6 P Ogden, K Minton & C Pain, *Trauma and the body: A sensorimotor approach to psychotherapy*, WW Norton & Company, New York, 2006, p 35; B Perry, 'Applying principles of neurodevelopment to clinical work with maltreated and traumatized children' in N Webb (ed), *Working with traumatized youth in child welfare*, The Guilford Press, New York, 2006, p 33; H Bath, 'The three pillars of trauma-informed care', *Reclaiming Children and Youth*, vol 17, no 3, 2008, p 18.
7 BA van der Kolk, 'Developmental trauma disorder', *Psychiatric Annals*, vol 35, no 5, 2005, p 403.

2 Understanding impacts

Chapter 2 describes some common themes that are important for understanding both the impacts of child sexual abuse in institutional contexts and the impacts of the institutional response to the abuse. It discusses:

- how child sexual abuse can have complex and profound effects on victims
- how impacts may differ by individual
- how impacts can emerge after 'trigger' events or at different stages of life, and can compound over time
- some common factors that may influence how victims are affected by child sexual abuse
- sources of strength and resilience that survivors draw on to help them to cope with, and manage, these impacts.

These themes underpin the remaining chapters in this volume, which examine the different types of impacts experienced by victims of child sexual abuse and others, and the institutional responses to that abuse.

2.1 Complex and profound impacts

Child sexual abuse can have a profound and lasting effect on a person's life.[1] As one survivor told the Royal Commission:

> As a victim, I can tell you the memories, sense of guilt, shame and anger live with you every day. It destroys your faith in people, your will to achieve, to love, and one's ability to cope with normal everyday living. It has [been] and is an enormous struggle to stay on top of life.[2]

Research published by the Royal Commission suggests that victims of child sexual abuse in institutional contexts can experience profound impacts, in similar ways to victims abused in other contexts.[3] We heard in private sessions and public hearings that for many people, these impacts reached into all areas of their lives: mental and physical health, interpersonal relationships, culture, spirituality, education, and social and economic wellbeing. Many of these impacts are illustrated in Volume 5, *Private sessions* which discusses the wellbeing outcomes of survivors who attended private sessions.

As Dr Bruce Perry, Adjunct Professor at the Department of Psychiatry and Behavioural Sciences at Northwestern University in the USA, told us in *Case Study 57: Nature, cause and impact of child sexual abuse in institutional contexts (Nature, cause and impact of child sexual abuse)*, a range of physical, mental and social health problems are associated with child sexual abuse:

> I think one of the big issues in our field broadly is recognising the role that sexual abuse can play in the manifestation of a whole variety of physical and mental health and social problems. In fact, if you look at just about any of the major health problems, mental health problems, social problems, you will find that individuals who are struggling with those issues have a much higher percentage of having been sexually abused than the comparison populations.[4]

For many people, these impacts are interconnected in complex ways, making it difficult to isolate the specific impacts of child sexual abuse. As child and family psychiatrist Dr Carolyn Quadrio explained in *Case Study 28: Catholic Church authorities in Ballarat (Catholic Church authorities in Ballarat)*:

> It's not like you can isolate it like – just one organ; not like you've just got kidney damage but your liver is working fine. It's like every part of your person is affected by that [abuse], so it's really difficult to separate out. It's almost impossible to know what could have been if it hadn't been for the trauma, because every part of your being has been affected by it.[5]

These interconnected impacts can be experienced at the same time or consecutively, as a cascade of effects over a lifetime. For instance, some victims reported developing substance addictions after using alcohol or other drugs to manage the psychological trauma of abuse, which in turn affected their physical and mental health.

Part of the explanation for these effects lies in the detrimental impacts that interpersonal trauma can have on the biological, social and psychological development of the child (see Section 3.1). Many survivors told us that the abuse interfered with the way they developed emotionally. As one survivor said: 'I would prefer to be like, if he came up to me and he stabbed me in the leg ... Then stitched it up, there's a scar there ... But he's stabbed me within the basis of my human makeup'.[6]

The effects of interpersonal trauma on children are discussed in more detail in Chapter 3.

2.2 Impacts differ by individual

The effects of child sexual abuse are not uniformly felt among victims or across individuals' life courses. There is a complex association between a victim's experiences of sexual abuse in childhood, their reaction to the abuse and their wellbeing throughout their life. While some victims experience the consequences of abuse as deep, complex trauma that affects all aspects of life, others may not perceive themselves to be profoundly harmed by the experience.[7] For example, in a private session we heard from a survivor, 'Warwick John', who recognised that the abuse he experienced was a serious crime and an abuse of trust. But he also considered what happened to him to be relatively 'trivial' and says that has meant he came out of it 'relatively unscathed'. He attributed his resilience to being brought up in a supportive family.[8]

Studies on the impacts of child sexual abuse indicate that not all adult survivors exhibit detrimental life outcomes.[9] One study on the long-term impact of child abuse in religiously-affiliated institutions found that 12 per cent of a group of 76 adult males who were abused in such institutions showed an absence of mental health problems.[10] A systematic literature review of research studies on resilience among victims of child sexual abuse across all settings also showed that some victims displayed a 'normal level of functioning' and/or an absence of psychological disorders at the time of the study.[11]

Further, it is important to understand that while many victims will experience significant negative impacts at some stages of their lives, many will also lead fulfilling lives. Commissioned research involving qualitative and quantitative analysis of the private sessions we conducted found that:

> 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.[12]

Survivor Ms Mary Farrell-Hooker echoed what many other survivors told us, when she gave evidence in *Case Study 7: Child sexual abuse at the Parramatta Training School for Girls and the Institution for Girls in Hay (Parramatta Training School for Girls)*. She said:

> Just because you are a child abuse survivor doesn't make you a mental case … My life has been affected greatly and yet, somehow, I have ended up with a loving husband, two beautiful children and four grandchildren, and we celebrate 30 years of marriage this May.[13]

Section 2.4.6 and Volume 5, *Private sessions* provide further examples of what survivors told us about the sources of strength and resilience which have helped them lead positive and fulfilling lives.

2.3 Impacts change over time

The impacts of child sexual abuse are variable, manifesting differently in each individual and changing over time.[14] Some impacts, such as certain physical injuries, are immediate and temporary. Others, such as the effects on mental health, can last well into adulthood and pervade all aspects of victims' lives. As one survivor told us, it is 'like a disease… it never goes away'. He said, 'it's always there … it affects you on a daily basis'.[15] Some impacts emerge later in life; others lessen, only to re-emerge or manifest in response to triggers or events throughout life.

2.3.1 Triggering events

Some victims do not experience psychological problems until an event later in their life triggers them.[16] 'Triggers' refer to objects, experiences or events that cause a victim to recall, often in a sensory manner, a previous traumatic memory.[17] When asked about the short- and long-term effects of child sexual abuse during the case study on *Catholic Church authorities in Ballarat*, Dr Quadrio gave evidence that:

> about 20 to 40 per cent of children who have been abused won't show any symptoms at all, and that's because some of them are what we describe as 'resilient': children who somehow survive trauma … But some of those apparently non-symptomatic children become symptomatic later on. That's called the sleeper effect: that they look fine at the time and then some years later something else triggers it.[18]

Delayed symptoms can persist into adulthood. While some survivors appear to be functioning well in some or most aspects of life, they may still be deeply affected by the abuse, and may experience an acute episode following a specific event or trigger, including an encounter with the perpetrator. As one survivor told us:

> I was at … the Dawn Service … 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 then I had to grab [my friend] to stop [my friend] going and smacking his head in. And then I just … freaked out.[19]

These triggers vary between victims because the context of the abuse, and the way that victims experience trauma, differ.[20] In private sessions and public hearings survivors spoke of triggers that included: certain smells, objects or locations associated with the perpetrator or the abuse; other family members disclosing sexual abuse; media reports about child sexual abuse or the perpetrator; and invasive or intrusive medical procedures.[21] For example, Mr Troy Quagliata, giving evidence in *Case Study 39: The response of certain football (soccer), cricket and tennis organisations to allegations of child sexual abuse*, told us his trauma was triggered by the sight of a brown handkerchief because the perpetrator would use one when with his victims. He said the sight of a brown handkerchief continued to make him freeze and would 'put me back to when I was 12 – when I was 13, 14, 15 and those dates'. He would then go on to re-live what had happened, waking up with cold sweats and night terrors.[22]

'Cheryl Valerie' told us in a private session that when she was 17 years old, in the 1960's, she was subjected to numerous invasive gynaecological examinations, without her consent, by up to a dozen male medical students and doctors at a time, during her pre-natal care in a public hospital. Some years ago, being ordered to change into a medical gown for a medical scan triggered a flashback, and she was given Valium so that the scan could be carried out. 'Cheryl Valerie' told us that she has not been back for further follow-up scans, even though she is supposed to. 'I could not, it just brings it all back again.'[23]

Other triggers relate to stressful life events, such as job loss, assault, relationship issues, major financial problems and serious illness or injury. The Royal Commission itself has acted as a trigger for some of the victims who came forward.[24] Similarly, investigations into abuse can trigger further trauma for victims, as well as potentially assisting with recovery.[25]

2.3.2 Life stages

As victims have new experiences or enter a new stage of development over their life courses, the consequences of abuse may manifest in various ways.[26] The specific impacts at different life stages are discussed throughout Chapter 3.

In childhood, the impacts of sexual abuse can differ according to each critical stage of development. For example, in a pre-verbal child, hyper-vigilance, nightmares and hyper-arousal may be common trauma responses.[27] As a child grows older and enters puberty, questions of identity, self-image and interpersonal relationships may come to the fore. Adolescents can present with anxiety, depression, self-harming behaviours and drug dependency.[28] The specific impacts of sexual abuse during the stages of childhood are discussed more fully in Section 3.1.

Victims may feel few impacts of the child sexual abuse until they experience a major life event in adulthood, such as forming an intimate relationship or having a child themselves.[29] In a private session, 'Carol Jane' told us she had been sexually abused by her school teacher at the age of 11. After disclosing to her parents while still a child, she didn't speak about the abuse again until she told her husband after reading about the work of the Royal Commission. For many years, she thought she had dealt with the abuse and that it had not had any lasting effects. This changed when she became a parent. She said, 'When I became a mother is when it all came back to me … [The children] weren't allowed to go to sleepovers – like if the kids were picked up from school, brought home, that was lovely'. Changes in that routine – 'If they went somewhere with somebody else' – made her fearful and anxious. 'I've never gone to the doctor and been treated but I do suffer terrible anxiety'.[30] Some survivors told us that their trauma was triggered when their child reached a certain age, or reached the age they were when they were abused.[31]

Negative impacts on employment and economic security also become evident in adulthood. Some survivors told us they were unable to settle into a job or career path, often because they had difficulties working under authority as a result of their experiences of sexual abuse by a trusted adult.

Some victims do not make connections until later in life between their experiences of child sexual abuse and issues they go on to deal with, including addiction, relationship breakdown and mental health issues. It is only when they seek help from support services, for example drug and alcohol services, or experience other significant life events, for example incarceration, that they start to question the source of their difficulties.[32] For further details see Volume 9, *Advocacy, support and therapeutic treatment services*.

In older age, physical and psychological impacts can emerge or intensify. While there is little research on the effects of child sexual abuse on adults aged 65 and over,[33] the research that does exist suggests that the effects of child sexual abuse can reach into old age.[34] One review of the effects of childhood abuse considered the possibility that older adults may suffer continued, and possibly increased, difficulty in coping with unresolved childhood sexual trauma.[35] It suggested the difficulties may be compounded because of the loss of peer support, physiological changes in later life, and the loss of roles and resources that at one time served to distract the survivor and alleviate the stress arising from unresolved abuse issues.[36]

A number of older survivors spoke to us in private sessions about memories of abuse returning as they aged. As 'Clementine' told us, 'the pain doesn't go away now that I'm older, it's worse because I don't work and I have more time to think'.[37]

In the *Nature, cause and impact of child sexual abuse* case study, Dr Philomena Horsley, Research Fellow at La Trobe University, described the particular vulnerabilities of survivors of child sexual abuse as they become frail:

> As people age and become older, particularly those in their 70s and 80s and 90s, there's a physical frailty, there's often a cognitive impairment of some kind, or moving into that space, as well as, in a social sense, greater isolation from networks, particularly if one is in care or going into care, and so lack of support. I think what can happen is as those feelings of vulnerability and lack of safety occur in someone's life, it can re-trigger memories, either specific memories or just a more generalised sense of feeling vulnerable, not feeling safe, feeling a lack of control about their physical surroundings, whether they're in a family home or whether they're in an aged-care facility or whether they're in a prison, for instance, which I think is a really under-recognised area. People become less physically mobile, so [have] less [of] a sense of empowerment in themselves.[38]

Older survivors entering aged care facilities face particular challenges relating to the loss of privacy and loss of control. As Dr Horsley described:

> What happens particularly in aged care settings and in many cases hospital settings where a lot [of] older people spend significant periods of time, is they lose their privacy. They often have intrusive physical examinations, they may be catheterised, they may have a range of UTIs [urinary tract infections], which is really common in older people, all of which involve other people touching their genitals or their body generally, who they don't know or have a relationship with.[39]

For example, Dr Horsley described how in one aged care facility, in order to manage the incontinence of residents, staff would go around at night while people were asleep and put their hands down into their nappies to check whether or not they were wet. She said, 'You can imagine the experience that that would be for somebody who wakes or is subconsciously experiencing that'.[40] Fear and distrust of aged care is discussed further in Chapter 3.

Significant events at various life stages may also mitigate the effects of abuse. Some survivors said that having children or grandchildren, getting a job or establishing a close relationship signified a turning point towards recovery. The positive role of these events in survivors' lives is highlighted in Section 2.4.6.

2.3.3 Cumulative harm

As discussed in Volume 2, *Nature and cause*, we heard numerous accounts of children suffering multiple episodes of sexual abuse, many over prolonged periods. In private sessions, 92.3 per cent of people told us about the number of times they were sexually abused. Eighty-five per cent of these survivors told us they were sexually abused multiple times. Many victims told us they had experienced other forms of maltreatment in childhood – including physical and emotional abuse and neglect – before, during or after the sexual abuse. This includes children, particularly in out-of-home care, who may have experienced sexual abuse by family members before entering care. For these victims, the impacts of child sexual abuse are experienced as 'cumulative harm', defined as 'the effects of multiple adverse or harmful circumstances and events in a child's life'.[41] These experiences can be profound and exponential, and can diminish a child's sense of safety, stability and wellbeing.[42]

There is a growing body of research that shows the impact of such cumulative harm on the developing brain.[43] It shows how chronic stress sensitises neural pathways and overdevelops regions in the brain involved in anxiety and fear responses. Meanwhile, other neural pathways and regions in the brain are underdeveloped. Whereas brief stress promotes healthy regulatory abilities, repeated exposure is damaging and can interfere with a child's ability to monitor and regulate their emotions, behaviours and thoughts.[44]

Some survivors we heard from have been particularly vulnerable to cumulative harm. In our private sessions with survivors in correctional institutions, we heard how multiple adversities in childhood, including domestic violence, family breakdown, racism, abuse and neglect, set them on a difficult life path, often into out-of-home care and correctional facilities, where further abuse occurred, compounding their trauma. We also heard about cumulative harm experienced by children with disability who face particular challenges in disclosing abuse, which may mean that the abuse is undetected and continues (see Section 2.4.5).

The cumulative effects of child sexual abuse and other maltreatment were also particularly evident in what we heard from survivors of abuse in out-of-home care. The cumulative harm many children experienced before entering care adversely affected their development and their capacity to form trusting relationships conducive to disclosing any subsequent sexual abuse and promoting their safety. Unlike children victimised in other institutional settings, many victims of child sexual abuse in out-of-home care faced additional ongoing disadvantages because their connections to family, community, culture and country were often severed.

Aboriginal and Torres Strait Islander survivors face a higher burden of cumulative harm from a range of factors most notably as a result of colonisation and the racially discriminatory policies of 'protectionism' and assimilation that followed.[45] This historical legacy – including the intergenerational transmission of grief and trauma[46] as well as cultural,[47] economic[48] and health impacts[49] – are, as concluded in *Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (Bringing them home)*, profound life-stressors in Aboriginal and Torres Strait Islander communities today.[50] High levels of interpersonal,[51] as well as institutionalised, racism[52] may also compound the impacts of sexual abuse for Aboriginal and Torres Strait Islander survivors.

2.4 Factors that influence impacts

As discussed above, the impacts of child sexual abuse in institutional contexts are not uniform among victims and can also vary throughout individuals' lives. The available research on child sexual abuse, which reflects what we were told in private sessions and public hearings, indicates that complex and connected factors influence the way victims are affected.[53] These factors include the:

- characteristics of the abuse, including the type, duration and frequency
- relationship of the perpetrator to the victim
- institutional contexts in which the abuse occurred
- social and historical contexts in which the abuse occurred
- individual characteristics, circumstances and experiences of the victim
- sources of strength and resilience available to each individual victim.

2.4.1 Characteristics of the abuse

Research has long suggested that the characteristics of child sexual abuse contribute to its impacts on victims.[54] While there is no single abuse-related factor that accurately predicts how a victim will respond to child sexual abuse, some factors appear to influence either the severity or the type of impact experienced.

Type, duration and frequency

Research has linked child sexual abuse involving physical violence and/or penetration, and child sexual abuse that occurs frequently and over long periods, with worse outcomes for victims than abuse without these features.[55]

A number of studies on the impacts of child sexual abuse have indicated that sexual abuse with penetration leads to worse mental health outcomes for victims.[56] Studies on child sexual abuse in institutional contexts have also made this association. For example, a study of the impacts of abuse in the Catholic Church in Austria found an association between post-traumatic stress disorder (PTSD) and sexual abuse involving penetration.[57] Sexual abuse of children that involves penetration, especially younger children, can also cause severe physical injury (see Section 3.4). However, research suggests that penetration is only one of several aspects of abuse that influences the severity of outcomes for victims. The betrayal of trust and high levels of violence may also be factors associated with the seriousness of impacts.[58]

While penetration may increase the risk of worse health outcomes, the absence of penetration does not mean that a victim suffers lesser impacts. We heard in private sessions from many survivors who were subjected to non-penetrative sexual abuse and suffered debilitating long-term impacts.[59]

Similarly, while the frequency and duration of abuse are related to more psychosocial symptoms than abuse without these features,[60] we heard from survivors who suffered a single episode of abuse and had been severely affected. For example, 'Hallie' said a single incident of abuse at a migrant facility when she was seven significantly affected her life. She told us that the perpetrator was an older man at the facility, who lured her towards him on the pretext that he had locked himself out of his room and then sexually abused her. She said that throughout her life she has had difficulties forming intimate relationships and has suffered from self-doubt and low expectations of herself. Her fear of child sexual abuse perpetrators has made her reluctant to have children, in case they become victims. She said that she also finds medical procedures, such as pap smears and internal examinations, 'petrifying' and has changed doctors many times over the years to avoid them.[61]

Other forms of maltreatment

We heard in private sessions that child sexual abuse is often accompanied by psychological or emotional abuse, and sometimes physical abuse and neglect. Research suggests that sexual abuse accompanied by other forms of maltreatment may be linked to greater mental health problems than child sexual abuse alone.[62]

In private sessions, 57.2 per cent of survivors told us they had experienced another form of maltreatment connected to sexual abuse. Of this group, the most common form of co-occurring maltreatment experienced was emotional abuse (80.7 per cent), followed by physical abuse (64.4 per cent), witnessing the sexual or other abuse of children (18.1 per cent), neglect (15.7 per cent), and child labour (11.3 per cent). We heard how many victims of sexual abuse also experienced other harmful practices within the institution where they were sexually abused, including bullying, hazing, dehumanisation and, for Aboriginal and Torres Strait Islander children in particular, institutionalised racism (see Volume 2*, Nature and cause*).

The experiences of physical abuse were particularly evident in some of the children's residential institutions before the 1990s, which have been the focus of several of our public hearings. For example, in *Case Study 5: Response of The Salvation Army to child sexual abuse at its boys' homes in New South Wales and Queensland (The Salvation Army boys' homes, Australia Eastern Territory)*, we heard evidence of brutal physical abuse of boys in each of the four Salvation Army homes. Sexual abuse by officers or employees in the four homes was often accompanied by physical violence or the threat of violence.[63] Volume 11*, Historical residential institutions* discusses the experiences of children in these types of institutions.

In *Case Study 40: The response of the Australian Defence Force to allegations of child sexual abuse,* we heard evidence that victims were subjected to severe and degrading forms of sexual abuse, which occurred in the context of violent physical assaults. Sometimes this resulted in serious physical injuries.[64] CJA, who enlisted in the Navy in 1967, and was sent to the Navy's Junior Recruit Training Establishment at HMAS *Leeuwin* in Fremantle, Western Australia,[65] told us:

> I was also a victim of 'midnight raids' which occurred while we slept. On these occasions I was woken up by punches to the face and the body by my attackers. I was sometimes beaten on the genitals or had my penis rubbed until I had an erection. On some occasions, base staff participated in these bashings. The night attacks, like the gauntlets, were spasmodic and irregular. I recall losing a tooth after one of these raids.[66]

He said that the physical and sexual abuse that he suffered at HMAS *Leeuwin* has had a deep and far-reaching impact on his life.[67]

Grooming

The grooming tactics that adult perpetrators or children with harmful sexual behaviours use to sexually abuse children and to prevent detection may also influence the way that victims are affected by child sexual abuse. As discussed in Volume 2*, Nature and cause*, grooming is designed to establish an emotional connection and build trust with a child or significant people in the child's life.[68] A perpetrator who is grooming a child may establish friendships and build special and exclusive relationships with the child or others over a long time. When a victim comes to the realisation later in life that what they regarded as affectionate attention from a caregiver was instead sexual abuse, it can be bewildering and lead to profound distrust about adult love and sexuality.[69] Studies of abuse in religious institutions show that being singled out by a leader, mentor or role model initially makes victims feel special, but later makes them feel conflicted and confused, and ultimately betrayed.[70]

Professor Anne-Marie McAlinden, Director of Research, School of Law, Queen's University Belfast, giving evidence in the *Nature, cause and impact of child sexual abuse* case study, pointed out that grooming can work explicitly to prohibit disclosure by making the child feel that they will betray the abuser if they disclose. Disclosure is also discouraged when children are made to feel complicit in the sexual activity, such as by exposing them to pornography. This causes them to feel shame or guilt, and that they have acquiesced to the abuse in some way.[71] She said:

> in terms of adults, the therapeutic work that has been done with adolescent and adult victims has shown that grooming has a deeply emotional impact [and] psychological harm on the victim. Irrespective of the actual sexual abuse itself, the grooming itself is very harmful and it is something that needs unpacking in therapeutic work. It can last for years, if that's not dealt with, in terms of the emotional damage and the self-blame and the difficulty in forming adult relationships.[72]

Some survivors in our private sessions told us that perpetrators made them feel special and loved, which led to conflicted feelings of guilt and betrayal when the grooming progressed to sexual abuse. For example, 'Sophia' told us that she was abused by a Catholic priest who was working in her local parish and who visited her family home. On one of his visits, which her family used to see as an honour, he asked for her help in the presbytery. She told us he then compelled her to perform oral sex on him, saying she was special and was making him happy. She said the abuse was repeated on multiple occasions. She said she did not tell her parents because she felt ashamed, guilty, and thought she would not be believed. 'Sophia' told us, 'What he did however was take a naïve, trusting 14-year-old girl and twist her mind so much that almost 40 years later she still feels that if only I had resisted him more it would not have happened'.[73]

Similar conflicted feelings were reported in public hearings by victims of grooming. For example, in *Case Study 34: The response of Brisbane Grammar School and St Paul's School to allegations of child sexual abuse (Brisbane Grammar School and St Paul's School)*, BQG told us he was sexually abused by Kevin Lynch, a school counsellor at Brisbane Grammar School.[74] We heard that Lynch effectively became a father figure to BQG.[75] He said, 'He became my dad. I felt really special and that the abuse was the price to me of feeling special. He opened his heart and he took in another son – or at the time, that's how it felt'.[76] In *Case Study 2: YMCA NSW's response to the conduct of Jonathan Lord*, we heard evidence from several parents about the betrayal their children felt when they were sexually abused by Jonathan Lord, who was working at YMCA NSW. The mother of one of Lord's victims, AH, said that he had conflicting emotions because he had thought Lord was his friend.[77] The mother of another victim, BA, said her son was devastated by his betrayal by a very important friend and is now mistrustful of adults and their motives.[78]

Grooming can also mean that the abuse continues for longer, with greater negative impacts, because it is intended to both overcome the child's resistance and prevent the child from disclosing.[79]

The impacts of grooming can extend to families, colleagues and others in institutional settings who may also have been groomed by perpetrators (see Volume 2, *Nature and cause*). We heard that parents can suffer guilt and feelings of betrayal, with the betrayal leading them to question their judgments and lose their trust in people. In *Case Study 37: The response of the Australian Institute of Music and RG Dance to allegations of child sexual abuse (Centres for performing arts),* we heard from BZR, mother of BZP, who developed a close relationship with principal dance instructors Grant Davies (the perpetrator), and his sister, seeing them as her own 'big kids'.[80] BZR said:

> Finding out about Grant was very tough. I lost trust in someone I knew so well not just as a dance teacher but as a father figure and a hero for BZP. I felt betrayed and felt like he had broken something inside of her. … Personally I felt angry and guilty at myself for letting Grant into our lives and for not seeing him for what he was. I wonder if he manipulated me or whether I had allowed myself to be manipulated by him.[81]

Grooming can also affect a family because survivors may feel angry with and betrayed by their parents or carers for allowing the grooming to happen. We heard from some survivors that this had led to fractures in families.

Online image-based sexual abuse

As discussed in Volume 2, *Nature and cause*, the online environment, including social media and the internet, can be used to groom, sexually abuse and harass children.[82] Online sexual abuse can include image-based abuse: the non-consensual capture and/or distribution of explicit or sexually-abusive images, including photographs, videos or computer-generated or altered images. This can also include the non-consensual sharing of intimate images that a child has previously shared consensually. Perpetrators can also use images of a child to groom the child for abuse that is perpetrated in person. Further, sexually explicit and non-sexually explicit images of children can be used in child sexual exploitation material distributed online, including through live streaming.[83]

In a recent survey on the extent, nature and impacts of image-based abuse among youths and adults (aged 16 to 49) in Australia, victims reported high levels of psychological distress consistent with a diagnosis of moderate to severe depression and/or anxiety disorder.[84] In 2016, a large United States survey of young adults[85] who had been the victims of threats to expose sexual images reported the personal and psychological toll of image-based abuse, with 24 per cent seeing a medical or mental health practitioner.[86] Other impacts included leaving school or changing schools or experiencing other school-related problems, such as being blamed, shamed and bullied by peers.[87] Other research on the role of emerging technologies in young people's experiences of sexual violence suggests that the public nature of online sexual abuse can cause shame and humiliation.[88] Victims may also experience ongoing anxiety because of the permanence and pervasiveness of online images.[89]

We heard in private sessions from survivors about the effects on them when explicit or sexually abusive images had been distributed online by the abusers, either adult perpetrators or other children. In some cases, the images were not actually of the victim, but had been artificially and digitally created. In a private session, 'Jodie' told us that she experienced image-based abuse by an adult perpetrator, 'John Maxwell', when she was a junior sports player in her teens.[90] She said she started to receive large numbers of text messages from boys she didn't know in her sports social circle. It later emerged that someone had been impersonating her and sending images of naked, faceless young women to a large number of boys via text and email, requesting explicit images from them in return. She said that for over a year she was tormented by calls from other players that consisted of physical threats, hysterical laughter and 'the worst possible name-calling'. She withdrew from her sport. She told us that two years later, after an investigation by the Australian Federal Police, a sports coach, 'John Maxwell', whom she had only met once several years before, was identified as responsible. She believed that he had targeted her to use as bait to facilitate his access to boys. 'Jodie' wrote to the Commission: 'When it ended, and I mean legally ended, I was a scarily mature 18 year old, with depression. There was no physical element in my experience with 'John Maxwell' and I always considered myself one of the unbelievably lucky ones because of this'. But 'Jodie' is 'horribly saddened' that she considered herself lucky despite being 'humiliated, objectified, bullied, isolated and used as a sexual pawn'.[91]

Exposure to pornography may also have negative effects on children. In private sessions we heard that perpetrators had deliberately exposed children to pornography as part of the sexual abuse. A growing body of literature and commentary suggests that pornography may have negative impacts on some young people's attitudes to sex, sexuality and relationships.[92]

Volume 6, *Making institutions child safe*, further discusses online child sexual abuse.

2.4.2 Relationship of perpetrator to victim

Research suggests that the nature of the relationship between a person who sexually abuses a child and the victim may contribute to the effects of the abuse.[93]

Trusted adult or authority figure

Research on child sexual abuse in all settings suggests that abuse by trusted adults who are close to the child can increase the impacts of the abuse.[94] Children need to maintain attachment relationships for their survival, and it can lead to trauma when those relationships are betrayed as a result of abuse.[95] In institutional settings, child sexual abuse by a trusted and admired role model or spiritual leader has been noted across qualitative research studies to disorient the victim, leaving them with a profound sense of betrayal and powerlessness.[96]

As discussed in Volume 2, *Nature and cause*, we heard in private sessions that while adult perpetrators of child sexual abuse held a wide variety of paid and voluntary positions in institutions, most held some position of leadership or authority, such as people in religious ministry, teachers and residential care workers. Common to most of these positions were access to children, power and authority over children, trust from children, and an expectation of obedience from children. For example, in *Case Study 21: The response of Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s (Satyananda Yoga Ashram)*, the devotion to the guru-disciple relationship that was required in the practice of Satyananda Yoga ultimately culminated in a complete and unquestioning trust by both adults and children in the erratic and irrational actions of Akhandananda as the guru.[97] Many survivors have described to us the power exercised by perpetrators, either because of their personal characteristics, such as age, gender or competency, or because of their role or status. In the *Centres for performing arts* case study we were told by alleged victims that dance instructor and alleged perpetrator Grant Davies was charming, charismatic, motivational and encouraging. Research across a variety of settings describes the powerful charisma that perpetrators often possess.[98]

In religious settings, the power of perpetrators is enhanced by their representation of God, and their religious rituals and deportment.[99] For example, 'Bridget', who was raised Catholic in a family of generations of devout Catholics, spoke to us about 'the authority that a priest holds' and the 'fear they inspire':

> As a little child you know, being brought up Catholic, their word is sacred. They hold the truth, they are respected, and you don't have anything on that. And when they treat you, like he treated me, you do feel like you are the ultimate dirt because this is the man of God doing this to you. You are nothing. To have that as a little child, that takes away anything, everything. It colours everything and every other person that you see and that you meet.[100]

Dr David Ranson, Vicar General, Diocese of Broken Bay, and Parish Priest Wahroonga, New South Wales, described in *Case Study 50: Institutional review of Catholic Church authorities* the effect the exalted position of a Catholic priest could have on children:

> Little children of two or three come to mass every weekend with their families. They see me in this exalted position and they naturally, through their childlike sense of wonder, equate me with God. This is an extraordinarily frightening proposition, and it has taught me the hurt and the extraordinary damage that is created in the experience of abuse – it is not just an individual abusing another individual; it is God who has abused, in the mind of the child, and this sets up irreparable damage.[101]

The combined effect of spiritual manipulation and the use of threats, coercion and bullying may have a distinct and discernible effect on the spiritual wellbeing of victims.[102] In public hearings and private sessions, survivors gave evidence about their spiritual manipulation by religious representatives who sexually abused them. For example, in *Case Study 4: The experiences of four survivors with the Towards Healing process,* one survivor said that she was told that if she loved God it would be okay to have sex with the perpetrator 'because he was God's representative'.[103] We heard from Mr Joseph Kiernan in *Case Study 26: The response of the Sisters of Mercy, the Catholic Diocese of Rockhampton and the Queensland Government to allegations of child sexual abuse at St Joseph's Orphanage, Neerkol (St Joseph's Orphanage, Neerkol),* who said he was sexually abused by Father Reginald Durham, and was told not to tell anybody about it.[104] Father Durham said to Mr Kiernan, 'you can't say anything, we're doing God's work'.[105]

The spiritual impacts of child sexual abuse in a religious context are discussed further in Chapter 3 and in Volume 16, *Religious institutions*.

Another child

The impacts of children's harmful sexual behaviours on victims can be as serious as those of adult-perpetrated abuse. Dr Wendy O'Brien, lecturer in criminology at Deakin University, gave evidence in *Case Study 45: Problematic and harmful sexual behaviours of children in schools* (*Harmful sexual behaviours of children in schools*) that the harm to a child who experiences harmful sexual behaviour from another child is profound. She said that as with adult-perpetrated sexual abuse, the longer that it continues, the more entrenched the harm.[106]

While there is limited research on the impacts of harmful sexual behaviours on children in institutional contexts,[107] many survivors told us in private sessions about the severe and complex effects the abuse has had on their lives.[108] They described similar types of impacts to those described by victims of adult-perpetrated sexual abuse. For example, 'Bree Amy' told us she was eight years old when a boy in his mid-teens in the Anglican children's home where she lived sexually assaulted her. The abuse, which she said occurred on several occasions, left 'Bree Amy' with significant mental health issues, including agoraphobia, anxiety and substance misuse. She spent time in a psychiatric facility after becoming suicidal. 'I still to this day cannot sleep in the dark. I can't sleep without the door open so I have an escape. I slept in with my parents up until I was 17 years old'. She said she began drinking heavily in her teens to help her sleep.[109]

As is the case with abuse by trusted adults, abuse by an older child who is in a position of authority or serves as a role model may result in feelings of betrayal in the victim. Volume 10*, Children with harmful sexual behaviours* discusses how children in leadership positions or who have been afforded a level of authority by an institution may exploit greater access to, and power over other children with whom they have contact. In the *Harmful sexual behaviours of children in schools* case study, we heard evidence from CLG that he was mentally abused and physically assaulted, including by being 'blackballed' (putting black boot polish on his genitals)[110] and raped, by older boys at The King's School boarding school in Sydney as a junior student in the 1970s.[111] He told us that as a child he developed PTSD and had a major break-down that led to attempted suicide.[112] In evidence he said that as an adult he has continued to deal with severe PTSD and has been 'on suicide watch' several times.[113]

In the case study, Dr O'Brien told us that children develop with respect to their networks and not in isolation – as members of community, families and peer groups.[114] If people in these support networks invalidate their disclosure, for example by minimising the abuse, this has significant impacts on them.[115] In some cases, such as sibling abuse, the sexual abuse breaks bonds of attachment, leading to feelings of betrayal:

> Those bonds exist naturally in sibling groups and to an extent they exist naturally in peer groups as well. This is part of why we don't see disclosures sometimes, because a child may be reluctant to sever a bond with somebody that they trust and love, and it's also part of the reason why harm can be so profound in these contexts, because trust has been violated, profound trust. At a point at which children's attachments are so important, when those attachments are broken and violated, the betrayal is enormous.[116]

In this case study we also heard from school psychologist, Ms Kate Lumsdaine, about how a survivor, CLA, felt betrayed and humiliated after being sexually abused by others of his age at school who he thought were his friends.[117]

Many survivors who were sexually abused by other children told us in private sessions of their feelings of shame, fear and concern about reporting the abuse.[118] Further, we heard from some survivors that, as children, they did not understand that they had been abused, or that the other child's sexual behaviour was harmful, until many years later.[119]

See Volume 10, *Children with harmful sexual behaviours,* for more information.

2.4.3 Institutional contexts

The impacts of child sexual abuse in institutional contexts are often similar to those experienced by victims of abuse in other settings. Yet research, together with what we have been told, suggests that abuse in institutions has specific impacts that can be related to the:

- character and culture of the institution
- type of institution
- institutional responses to child sexual abuse.[120]

These factors may be strongly influenced by community-level factors, including social attitudes towards children in general and certain groups of children, and gender (see Volume 2, *Nature and cause*).[121]

Volume 5, *Private sessions* further details how victims' experiences of sexual abuse, including their vulnerability to abuse and the impacts of that abuse, differed depending on the institutional context and the period in which the abuse occurred.

Character and culture of institutions

The character and culture of the institution where abuse occurs are critical influences on how the abuse affects a victim. In Volume 2, *Nature and cause* we identify some of the factors related to institutional culture that increased the risk of child sexual abuse occurring, for example, failing to listen to, or value, children; encouraging secrecy and isolation; normalising harm or being insular and cut-off from the outside world.[122] Such cultural factors in turn influence the way that victims are affected by the abuse, creating barriers to disclosure and increasing feelings of betrayal, powerlessness and shame.

A commissioned review of research on the impacts of child sexual abuse in institutions described the influence of institutional culture on the severity of impacts as follows:

> Institutional contexts of privacy, power and control create a climate conducive to abuse that is more severe, more likely to occur over longer periods of time and more likely to involve multiple offenders, all factors known to be associated with adverse outcomes for victims/survivors.[123]

In one study, victims of abuse who had lived in 'closed' or 'total institutions' reported that the sense of powerlessness, helplessness and betrayal they experienced there may have exacerbated the impacts of the abuse.[124] These highly controlled, residential institutions were often large, densely populated and physically, socially and culturally isolated from the broader community.[125] In effect, they were closed to the outside world. They typically exhibited hierarchical and authoritarian features, with formalised, strict rules and procedures.[126] Children who were mandatorily kept in these institutions described feeling powerless to escape or believing that whatever happened at the institution was 'normal', contributing to the harm they experienced.[127] For example, 'Cassandra' told us she was removed from her mother when she was about one year old and placed in a Western Australian Aboriginal mission. [128] She told us that the missionaries at the mission flogged and beat the children so regularly that 'to us it was just like normal'. The normalisation of violence had a lifelong impact on 'Cassandra' and many other children we heard from. 'Cassandra' told us that when she left the mission and was sexually assaulted, 'I didn't know it was a reportable offence… And when it happened again I just thought it was normal'.[129]

In another example, we heard that victims of child sexual abuse in institutions that were seen as having clear moral authority – such as those run by churches, or prestigious schools – felt powerless and ashamed. In the absence of any alternative understanding, abuse in these contexts also left victims feeling responsible in some way for that abuse,[130] and made disclosure more difficult.[131] For some, these institutions also held significant meaning and value for their families in terms of their educative, religious, spiritual, reputational, moral and guardianship authority. Commissioned research suggests that these factors can influence the victim's experience of abuse and subsequent disclosure, as well as the impacts on the families of the victims.[132]

Type of institution

During our inquiry we heard from victims of child sexual abuse and their families across a wide variety of institutional types, including residential institutions, schools, sport and recreation institutions, religious institutions and detention environments (see Volume 2*, Nature and cause*). Across all institutional types we heard similar stories from survivors and families about the wide-ranging and potentially profound impacts of the abuse on their lives.

However, it is clear that some of the effects of child sexual abuse on victims are closely related to the type of institution more broadly, including its function or the activity it provided. For example, a child who has been abused in a place of worship may experience discernible spiritual impacts, in a way not experienced by a child abused in another context.

In Volumes 12–16, we examine some of the most common impacts related to specific institutions.

In Volume 12*, Contemporary out-of-home care,* we discuss how victims of child sexual abuse in out-of-home care are likely to have already experienced severe abuse and neglect leading to their removal from families, and that the impact of compounding experiences of abuse may result in complex trauma and cumulative harm. We heard that victims can experience feelings of betrayal and loss of trust when abused in this context. The sexual abuse can also exacerbate placement instability, as children may be removed from a placement as a result of disclosure or because carers are unable to manage the ways in which children express complex trauma. The experiences of sexual abuse, and a poor institutional response to that abuse, can compound other adverse experiences in childhood, setting some children on a pathway to drug and alcohol abuse, homelessness and criminal behaviour. We also heard that experiences of abuse and placement in care can have intergenerational effects.

In Volume 13*, Schools*, we examine educational impacts of child sexual abuse in schools. We heard that when a child is abused in a school context, they commonly experience unhappiness at school, learning difficulties and a decline in academic performance. Victims may avoid school altogether, or leave school early as a result. They may also be reluctant to engage with education later in life due their experiences of abuse in this context.

In Volume 14*, Sport, recreation, arts, culture, community and hobby groups,* we examine some of the impacts on victims who were sexually abused in sport and recreation organisations. We heard that as a result of the abuse some victims become disengaged from the sport or recreation activity that they once enjoyed, and can be isolated from the sport and recreation community. The abuse can also affect their mental and emotional health and interpersonal relationships. In addition, families, carers and others connected to the victim, and the sport and recreational organisation, can be affected.

In Volume 15*, Contemporary detention environments*, we discuss some of the impacts of child sexual abuse in youth detention and immigration detention. Victims of sexual abuse in youth detention often experience the impacts of abuse as cumulative harm, many having experienced other maltreatment and neglect before their placement in detention. Victims' experiences of sexual abuse in youth detention can play a role in their subsequent criminal behaviour, and can also lead to significant distrust and hatred of institutions and authority.

Victims of child sexual abuse in immigration detention face challenges related to the refugee experience and the conditions of immigration detention. They are vulnerable to cumulative harm, due to their experiences of multiple adversities before, and throughout, their refugee journey. The impacts of sexual abuse in the immigration detention context may be compounded by the continuing detention of victims and their families following the abuse, particularly where it is indefinite or prolonged or involves poor conditions and treatment. Victims also may have limited access to therapeutic treatment to aid in recovery following abuse. Children and their families may fear and distrust institutions and authority as a result of their experiences. Once released from immigration detention, victims can continue to experience mental health and other impacts of the abuse if they are not adequately addressed.

In Volume 16, *Religious institutions* we examine some of the impacts on victims and their families particular to sexual abuse in religious institutions. These include a loss of faith, spiritual confusion, ostracism from the religious community, family breakdown and a loss of trust in authority.

Some of these effects are also discussed in Chapters 3, 4 and 5.

Institutional responses

If an institution responds inappropriately or negatively to child sexual abuse, it can cause or exacerbate adverse effects for victims, resulting in a range of impacts, including:

- feelings of being betrayed by the institution
- a continuation of the sexual abuse
- re-traumatisation
- fear, distrust of, and contempt for, institutions, which may leave victims feeling less able to access support services provided by other institutions (for example, health services)
- ostracism, including of their families, particularly when the institution occupies a central place in the community.

When an institution ignores allegations of abuse, it can also put other children at risk.

The complicity of some institutions in creating situations and settings where abuse can occur, and in concealing abuse or failing to deal appropriately with disclosures, can lead to a sense of institutional betrayal for victims. This has been associated with increased anxiety, trauma symptoms and dissociation.[133] Victims may also suffer additional impacts that are specific to the institution involved. For instance, victims told us about having a crisis of faith or abandoning their religion after church authorities responded negatively.

Conversely, an appropriate response, such as believing a victim and taking appropriate action, can help stop abuse, minimise further impacts for the victim and promote healing. The impacts of institutional responses are discussed in more detail in Chapter 4.

2.4.4 Social and historical contexts

The social and historical contexts in which child sexual abuse occurs can exert an important influence on the way victims are affected.[134] Community attitudes, and the policies and laws they reflect, can influence the effects on victims. They can shape the settings in which abuse occurs, the way that victims are abused, whether victims are able to disclose, and institutional and community responses to the abuse. These community attitudes include attitudes towards children, social awareness of child sexual abuse, the extent to which an institution is perceived to be a source of authority in a community, gender stereotypes, racism and homophobia or other discriminatory community attitudes. These attitudes, and the policies and laws they have influenced, have changed over time.

Children placed in Australia's residential institutions – including orphanages, missions, children's homes, and boarding, reformatory and industrial schools – in the decades up to 1990 were often marginalised and among society's most powerless groups. Research suggests that society stigmatised these children, viewing them as inferior and in need of institutional care or intervention.[135] This, together with their isolation, contributed to their vulnerability to sexual abuse, and also made it easier for officials to discount, disbelieve or deny disclosures of their sexual or other abuse.[136] As discussed below, this has implications for whether or not the abuse continued, as well as whether a victim received support to cope with its impacts.

Gender stereotypes can also influence the experience of, and reaction and response to, child sexual abuse. Research suggests that society's general disbelief that males could be victims of sexual abuse has influenced the meaning that men attribute to the abuse, their likelihood of disclosing it and the availability and access of appropriate supports.[137] As discussed in Volume 4, *Identifying and disclosing child sexual abuse*, men may be reluctant to disclose abuse out of fear of being judged in accordance with gendered stereotypes associated with masculinity, homophobia or fears that they will become perpetrators. For female victims, attitudes to female sexuality and virginity, including patriarchal attitudes, can have a stigmatising effect and make disclosure difficult.[138] These types of gendered responses can impact on a victim's identity and trajectory throughout their lives. For example, male victims may suffer impacts on their masculine identity and, especially for male victims of male perpetrators, confusion about their sexual identity.[139] Female victims may experience disempowerment and re-victimisation later in life.

There are particular impacts for Aboriginal and Torres Strait Islander children who were abused in missions and related institutions that were administered under racially discriminatory 'protection' laws and assimilation policies. Under these laws, in place until the late 1960s,[140] children were forcibly removed from their families to prevent them from learning their own culture.[141] In 1997, the *Bringing them home* report found that these 'Institutionalised Indigenous children faced a hazard over and above that experienced by institutionalised non-Indigenous children. This was the continual denigration of their Aboriginality and that of their families'.[142] The report noted the daily experience of racism as part of life for Aboriginal and Torres Strait Islander peoples. Research suggests that for Aboriginal and Torres Strait Islander peoples the 'context of the historical legacy of colonisation' is inextricably entwined with the historical and contemporary experiences of child sexual abuse in institutions.[143]

Community attitudes towards people with disability have also influenced the way that survivors with disability are affected by child sexual abuse. This is discussed in Section 2.4.5.

Volume 2, *Nature and cause* describes further the changing social and historical context of child sexual abuse. Volume 5, *Private sessions* describes what we heard in private sessions about the role of community attitudes in shaping the responses of institutions and families to child sexual abuse.

2.4.5 Victims' characteristics, circumstances and experiences

While all victims of child sexual abuse may be vulnerable to profound and broad-ranging impacts, research suggests that certain victim-related factors may influence the extent and type of impacts experienced.[144] Rather than any single factor having an influence, these victim-related factors are likely to interact with other factors to influence the outcomes for each individual.

Age and developmental stage at the time of abuse

The age and developmental stage of a child at the time of sexual abuse may influence the way in which victims experience the effects of abuse. As discussed in Volume 2, *Nature and cause*, we heard from survivors who were abused at a variety of ages and stages of development. The abuse, and the impacts of that abuse, took place in a context specific to their psychological, emotional and physical development.

Research is inconclusive on whether a child's age or developmental stage at the time they are abused is related to the level of emotional disturbance they experience.[145] Some research associates poorer long-term outcomes for victims when child sexual abuse begins at an early age and lasts through more than one developmental stage.[146] On the other hand, another study suggests that perpetrators may use more force with adolescent victims than with younger

children, which may be associated with long-term psychological distress.[147] Research suggests that while there is some indication of a link between a child's age at the time of abuse and the extent of their emotional and behavioural disturbances, this factor needs to be separated from the duration of the abuse, which may also be linked to greater psychological distress.[148]

In the *Nature, cause and impact of child sexual abuse* case study, Dr Bruce Perry told us that 'in general, the younger you are and the more pervasive the abusive experience, the more the impact is on the physiology of the body and the brain'.[149] However, Dr Perry warned that some of these changes are not necessarily seen until a child gets older, which can lead to a set of confounding issues.[150]

Research in this area is in its early stages.[151] However, some research suggests that certain types of mental health problems may be more likely to develop when abuse occurs at particular developmental stages. For example, higher dissociative symptoms and greater levels of amnesia may be associated with sexual abuse at an earlier age.[152]

We heard in private sessions that victims of sexual abuse experience feelings of confusion and guilt when the sexual abuse extends from adolescence into their adult years, and this may impact on their ability to disclose. In *Case Study 8: Mr John Ellis's experience of the Towards Healing process and civil litigation,* Mr John Ellis gave evidence that he was sexually assaulted by Father Aidan Duggan from the age of 13, and that it continued into his early adult years.[153] He told us that following the breakdown of his first marriage, he attended a peer ministry for divorced, separated and widowed persons. It was then that he first recognised Father Duggan's conduct had been abusive and wrong:

> the realisation dawned on me for the first time that what Father Duggan had done was actually abuse. I had appreciated up until then only that I had felt ashamed, embarrassed and uncomfortable about the sexual contact with Father Duggan. However, that was because I had thought that my behaviour was wrong or abnormal and that I was homosexual or bisexual. I had also recognised the sexual contact as something which I had kept secret.[154]

Until recognising Father Duggan's conduct as abusive, Mr Ellis had thought that, 'I had been a willing participant in the sexual interactions and that other people wouldn't understand what had happened'.[155]

We heard in private sessions from other survivors who had been sexually abused as adolescents, and into their adult years, about the difficulties of disclosing because they feared being judged or disbelieved, and because of their feelings of self-blame and shame. 'Cindy' told us she first met 'Rex Slater' when she was 14, when he became her solicitor after she badly injured her foot in an accident.[156] A friendship developed over the years, which 'Cindy' said was well beyond the bounds of a solicitor/client relationship. She told us that he sexually abused her when she was 17 and that she continued a sexual relationship with him for five years. She said, 'I think I felt indebted for

all he'd done for me and feared losing his friendship which had become crucial for me over the traumatic years … As if I would be invisible without him'. She ended the relationship when she met her future husband at university, not telling him about her history with the perpetrator until many years later. When she was 30 she studied child sexual abuse, and only then understood what had happened to her. She became angry, depressed and agoraphobic, hiding from her friends. Eventually 'Cindy' began seeing a counsellor. 'This abuse by 'Slater' was still so taboo for me I couldn't tell a counsellor at that stage because I felt so culpable, because I felt I was at an age where I should've known what was happening. I felt it was my fault'.[157]

Gender

Overall, research confirms that both male and female victims of child sexual abuse suffer adverse long-term impacts.[158] In private sessions, many of the most common long-term impacts on mental health and relationships, such as depression, anxiety and difficulties with trust and intimacy, were described in similar numbers by male and female victims.

While these similarities exist, male and female victims can be affected in different ways, and gender can play a role in how they are abused. Some research on the sexual abuse of children across all settings shows that the sexual abuse of boys may involve more physical violence and physical harm than the sexual abuse of girls.[159] In addition, the research suggests that adolescent boys may be more likely than adolescent girls to be abused by multiple perpetrators.[160] Other research on child sexual abuse in the Anglican Church suggests that ongoing abuse may be more common for male victims than for female victims.[161] These features of violence, duration and multiple perpetrators have been linked to more negative mental health outcomes.[162]

Research also suggests that there are some gender-specific impacts. For example, female victims may experience gynaecological problems and altered child-bearing patterns.[163] For male victims, a qualitative study suggests that child sexual abuse can have powerful effects on their experience of masculinity. It suggests that the social pressure to be 'appropriately masculine' – stoic, strong and dominant – is at odds with the pain, vulnerability and helplessness associated with child sexual abuse,[164] and as a result many male victims struggle with their masculinity.[165] While child sexual abuse may leave many male victims feeling inadequate and 'unmasculine', others deny these feelings and adopt 'hyper-masculine' attributes, and some experience problems with anger and rage (see Chapter 3).

Other impacts, while not exclusive to either female or male victims, may be reported in higher numbers by one gender, and manifest in specific gendered ways. For example in private sessions, more male survivors than female survivors described impacts such as alcohol abuse, aggression, criminality and confusion about sexual identity. These effects are discussed in more detail in Chapter 3.

Further, gender roles and social expectations may influence how male and female victims disclose abuse, and deal with its aftermath. Social attitudes relating to masculinity and homophobia, attitudes to female sexuality and virginity, and the shame of male victims abused by females make it more difficult for victims to disclose (see Volume 4, *Identifying and disclosing child sexual abuse*). Research indicates that male victims generally take longer to disclose than female victims.[166] In Volume 4, we discuss how males may be reluctant to disclose because of factors related to male socialisation, such as an over-emphasis on self-reliance, contempt for victims in general, contempt for homosexuals, ideas about sexual prowess, and a masculine obsession with heterosexuality and independence.[167] Social views that perpetrators are exclusively male, or that sex of any kind with a female 'should be every man's dream' can make male victims of abuse by female perpetrators reluctant to disclose.[168] As some research suggests, the act of disclosure is beneficial for the mental health of victims,[169] and not disclosing may mean an increased risk of mental health impacts.

Some research also suggests that there may be differences in how male or female victims respond to the trauma throughout their life course. It suggests that female victims stereotypically become more entrenched in an internalised struggle with the effects of the abuse,[170] resulting in greater contact with mental health services. Men may suppress the effects through externalised behaviours,[171] such as violent outbursts.

Prior maltreatment and trauma

As described above, there is evidence of cumulative harm for victims of child abuse who have experienced prior maltreatment.[172] Maltreatment may include neglect, physical, sexual and emotional abuse, such as exposure to domestic violence.[173] Research suggests that children's experiences before entering foster care and residential care may be associated with both greater risk of abuse in care and higher rates of PTSD and psychosocial difficulties in adult life.[174]

Many survivors we heard from in private sessions and public hearings told us they had adverse childhood experiences before being sexually abused in an institution. This included sexual and physical abuse in the home, witnessing domestic violence, family breakdown and neglect. Some told us that experiences of domestic violence – either witnessing violence in their family or being assaulted by family members – left deep scars, which were compounded by the effects of sexual abuse in an institutional context. We heard from survivors who were placed in out-of-home care because of abuse and neglect at home. We were told that in care, where they should have been protected from further maltreatment, some children were further abused. For example, in *The Salvation Army boys' homes, Australia Eastern Territory* case study, survivors told us they had been placed in The Salvation Army homes as a result of abuse or neglect at home – because they and their siblings had been beaten by a parent,[175] a parent had passed away, or their parents could not look after them.[176] Many spent their childhood years in boys' homes and orphanages.[177] We heard that these children, who were already vulnerable, were subject to physical and sexual abuse when they arrived at an institution that was intended to protect them.[178]

Some studies have suggested that perpetrators of extra-familial abuse may target children who have previously been victims of abuse and neglect in the belief that they are less likely to disclose the sexual abuse,[179] making these children vulnerable to cumulative harm. These victims felt that nobody would believe them.[180] Some felt too ashamed, seeing themselves as 'disgusting' or 'bad'.[181] As one survivor told us in the *Parramatta Training School for Girls* case study, 'I was a State Ward and it seemed like anyone could do anything to me'.[182]

Disability

Children with disability face significant and unique issues that may influence the way they are affected by child sexual abuse.

We have been told by advocacy groups there is a misconception in the community that children with disability, particularly cognitive impairment, will not be harmed by sexual abuse.[183] The information available to us from research, private sessions and our inquiries indicates this is misguided, and could perpetuate the harm caused to children with disability who have been abused, and to their families.

While research into the impacts of child sexual abuse on people with disability is limited, it is clear that victims with intellectual disability experience a range of psychological symptoms similar to those reported by sexual abuse victims in the general population, including PTSD, depression, psychosis, dissociative symptoms, self-harm and alcohol abuse.[184]

Survivors with disability and their parents told us in private sessions and public hearings about a range of profound impacts of child sexual abuse. For example, in *Case Study 41: Institutional responses to allegations of the sexual abuse of children with disability*, we heard about a boy living with moderate autism who used a QWERTY keyboard to communicate. His mother told us after he disclosed and reported child sexual abuse, he experienced impacts ranging from anxiety, fear of men and aggressive behaviour, PTSD, mistrust of police, feelings of marginalisation, loss of academic focus, and a continuing fear of retaliation by the perpetrator.[185]

Research suggests there may also be particular, and more severe impacts, for children with disability, depending on a range of factors. One recent study found higher rates of penetrative abuse of children with intellectual disability who had been sexually abused and more occasions of ongoing (repeated) sexual abuse, than among other children who had been sexually abused.[186] This is consistent with other studies which indicate that children with disability who are sexually abused can experience ongoing forms of 'contact' abuse (such as penetrative abuse or more violent sexual assault).[187] As discussed above, penetrative abuse and repeated abuse have been associated in research with worse mental health outcomes for victims. The study also found higher rates of conduct disorders among child sexual abuse victims with intellectual disability than victims without intellectual disability.[188] Volume 5, *Private sessions,* outlines what we heard in private sessions about the nature of the sexual abuse that survivors with disability experienced as children.

We explain in Volume 4, *Identifying and disclosing child sexual abuse,* how children with disability can face additional barriers to disclosure. We heard in private sessions that if the sexual abuse was not detected children lived with ongoing vulnerability to further abuse and therefore cumulative harm. For example, 'Jeanette', who was born deaf, was not taught sign language and had limited written English. She told us she was unable to communicate when she was being abused by one of the teachers at her school. With no means of telling her parents or six siblings, they couldn't understand why she would often be upset and refuse to go to school.[189] She told us that she continued to be abused.

In a submission to *Issues paper 9: Addressing the risk of child sexual abuse in primary and secondary schools*, advocacy organisation Children with Disability Australia told us that the expression of distress in children and young people with high communication needs is often not recognised: 'Certain behaviour, such as repeated head banging or nail biting, may indicate distress but is often misattributed to disability, meaning the cause of distress is not identified'.[190]

Another stakeholder organisation, People with Disability Australia, told us that trauma can be compounded for children with disability if behavioural disclosures or symptoms of trauma are interpreted as 'challenging behaviours'. They said the response to this can be to use 'restrictive practices' such as solitary confinement, seclusion, forced sedation, chemical restraint or physical restraint, and that these actions may make a child more vulnerable and more traumatised.[191] The Disability Reform Council has approved a national framework to reduce restrictive practices, given they infringe basic human rights.[192] We heard that more work is needed to identify best practice responses to behaviours that a child or young person with disability may present, due to the trauma they may have suffered.[193]

Research also suggests that negative community attitudes that promote stigma about, and discrimination towards, children with disability can play a role in how they are affected by sexual abuse. This is because such attitudes may lead adults to be dismissive or disinterested and fail to respond effectively.[194]

Survivors also talked to us about other circumstances, such as family relationships and a family's loyalty to an institution, which can affect a child's decision whether to disclose the abuse or the ability of parents to recognise a child's unusual behaviour (see Volume 5, *Private sessions*). Volume 4, *Identifying and disclosing child sexual abuse*, discusses further barriers to disclosing and identifying child sexual abuse for people with disability.

Experiences of disclosing abuse

The impacts of child sexual abuse on victims may also be affected by their experiences of disclosure in both childhood and adulthood – including by the reaction of parents, friends and community members. Research on whether the impacts of disclosure itself – as distinct from the impacts of the abuse – can be positive or negative is inconclusive.[195] However, it suggests disclosure is likely to play a key role in either helping a victim heal and recover, or compounding the adverse effects of abuse.[196]

In Volume 4, *Identifying and disclosing child sexual abuse,* we discuss how disclosure can be a critical step in beginning the process of recovery from the trauma of sexual abuse. Some research suggests that the process of disclosing abuse may improve the mental health of victims,[197] possibly mitigating adverse impacts. It can also help to ensure the child is safe from further abuse. Many survivors described in private sessions the powerful effects of disclosing the abuse, especially on their mental health. For some, disclosing to a Commissioner in a private session was their first experience of being heard and believed. As one survivor in a private session said, 'In a way it's a good thing, just talking to you … It's just like someone has lifted a brick off my shoulders'.[198] For some victims the need to disclose was so profound that their final wish was to disclose before dying. Commissioners have held private sessions at hospital bedsides and by telephone for aged victims in palliative care.

The consequences of delaying disclosure have also been highlighted. Some studies indicate that such a delay, or non-disclosure, may exacerbate the impacts of child sexual abuse.[199] A 2013 study on the experiences of male survivors of child sexual abuse in the United States, of whom 62 per cent were sexually abused by a clergy member, found that those who waited longer before telling someone about the sexual abuse were more likely to have experienced mental distress including symptoms of depression, anxiety, somatisation (physical symptoms) and suicidality.[200]

However, the impacts of disclosure on a victim depend greatly on the response of the person to whom they are disclosing. Evidence suggests that dismissive, disbelieving, hostile, non-protective or non-supportive responses from others can increase the risk of negative outcomes.[201] Negative responses may in turn deter further disclosure and result in feelings of isolation and distress.[202] Poor responses by others to disclosure may further traumatise victims,[203] leading to 'secondary wounding'.[204] Research conducted for the Royal Commission showed that the response of parents to a disclosure of abuse can play an especially important role in how the victim experiences the impacts of that abuse.[205]

We heard from survivors who had disclosed, including as children and as adults, and who described their experience as distressing because of a poor response they received. Victims' experiences of disclosure are discussed in more detail in Volume 4, *Identifying and disclosing child sexual abuse.* The impacts of poor institutional responses are discussed in Chapter 4.

2.4.6 Sources of strength and resilience

The sources of strength and resilience that survivors draw on over the course of their lives can play a key role in how they are able to cope with, and manage the effects of, the abuse. A survivor's ability to draw on these sources of strength and resilience can be limited by the extent of their trauma; the intersections of economic disadvantage, racism and discrimination; cultural barriers; disability; and community resources. Still, in private sessions, most survivors described to us sources of strength – whether personal or environmental – they had drawn on at various stages of their lives.

Research increasingly points to the role of resilience in explaining why some victims display clinical symptoms of child sexual abuse at certain times and others do not.[206] While definitions of resilience have changed over time, and continue to be contested,[207] resilience can generally be understood as the concept of children displaying 'adaptive or competent functioning despite exposure to high levels of risk or adversity'.[208] Recent conceptions of the term emphasise that resilience:

- is not static, but may wax and wane throughout an individual's life course[209]
- is not all-encompassing; some children may display more resilience in some aspects of their lives and less in others[210]
- may be a more common response to adversity than was once considered.[211]

The concept of resilience as a process, rather than an end point, resonates with what survivors and their families and friends told us in private sessions and public hearings. Commissioners heard many stories of survivor resilience, strength and achievements in the face of adversity. However, these stories were not confined to those who consider themselves unharmed by the sexual abuse. We also heard from survivors who have been profoundly affected by the abuse at certain times, but who nevertheless have demonstrated resilience at other times. Further, some have suffered profound effects in certain areas of life, but exhibit resilience in others. We heard from many survivors that they have drawn on a wide variety of internal and external sources of strength to manage the impacts of the abuse. Some of the most common sources of strength are discussed in more detail in Volume 5*, Private sessions*.

In research, there is some evidence on the specific factors that support resilience for victims of child sexual abuse, often termed 'protective factors'.[212] Reviews of literature on child sexual abuse show that a 'triad of factors' related to an individual's disposition, family support and external support systems plays a role in supporting resilience in victims.[213] These factors are likely to work in combination, rather than in isolation.[214] According to these reviews, the factors with the best research support were those associated with family and other relationships; social support from the wider environment; education; and a range of inner resources, such as optimism and hope, active coping strategies and externalisation of blame. Other factors include self-esteem, religion and spirituality, leisure and cultural activities and individual employment and socio-economic status.[215] For a range of social and historical reasons, some children

have less access to these protective factors than others, having fewer social, economic and educational resources.

The following section describes some of these protective factors, illustrated by what we heard from survivors in private sessions and from survivors, their families and experts in public hearings.

Strong relationships and social support

Research on resilience factors for victims of child sexual abuse clearly shows that social support from various sources, including family, partners and peers, can be a buffer against the adverse effects of the abuse.[216] This has particularly important ramifications for children in out-of-home care and others who are disconnected from these supports. The sources of social support may differ according to the victim's developmental stage. Findings indicate that younger children who are the victims of child sexual abuse draw largely on the support of their parents or caregivers, whereas adolescents depend on their friends and peers, and adult survivors on their partners.[217]

In the *Nature, cause and impact of child sexual abuse* case study, Dr Graham Gee, a psychologist from the Victorian Aboriginal Health Service, told us that his research has identified that strong relationships and strong social connections are key factors that support resilience:

> One of the key factors that enable people to resist the impact of child sexual abuse, for example, is if they've been fortunate enough, or for whatever reason, to maintain strong relationships and strong social connections, despite their experiences. That social support and having at least one or two really strong, trusting relationships is one of the biggest factors in helping someone to be resilient to trauma …[218]

Overall, family members – parents, grandparents, partners, siblings and children – were identified as the main sources of social support by survivors in private sessions. Survivors said they drew on supportive relationships to help them cope, even if the supporters did not know about the abuse or only found out later.[219] In public hearings, many survivors told us about the importance of family support in their lives. In the *St Joseph's Orphanage, Neerkol* case study, AYB told us:

> Through all the hurt and pain of my life I have been accompanied by my husband and family and the personal support of beautiful friends who were able to hear my pain and shame, yet, they have continued to love me. I owe them my life.[220]

Many survivors told us that the support of parents in particular helped them to manage the impacts of abuse, in both childhood and adulthood. Growing up in a stable family has been identified as a protective factor for adolescents and adults.[221] Secure attachment to family, such as a sense of acceptance and belonging, has also been positively correlated with resilience in some studies.[222]

Adult survivors spoke frequently about the emotional and psychological support of their partners. In addition to having supportive partners, the satisfaction with and quality of a partner relationship play a role in positive outcomes for adult survivors of child sexual abuse.[223] Sometimes these supportive relationships have saved lives. 'Stew', for example, described his wife as 'the strongest thing in my life',[224] and 'Rodney Adam' said in a private session, 'I can truly say my wife saved my life'.[225] 'Nessa' told us, 'My husband always has a glass half full attitude. When I first met him, I didn't have a glass. Now I've got a glass'.[226]

In *Case Study 43: The response of Catholic Church authorities in the Maitland – Newcastle region to allegations of child sexual abuse by clergy and religious (Catholic Church authorities in Maitland – Newcastle)*, survivor Mr Gerard McDonald told us:

> My wife Sharon is my rock. She gets frustrated because I can't sit down and talk to her about it. I want her to know that I wouldn't be here without her today. Even though I can't talk directly to her about what happened, her love and understanding has kept me alive. It's for her and my son Ben that I keep going.[227]

A number of adult survivors told us that they drew strength from their role as parents or carers. Research suggests that for some survivors having children is associated with positive outcomes in dealing with the impact of child sexual abuse.[228] Survivors told us that becoming a parent made them want to stay well so they could look after and protect their children and make their children's lives better than their own. 'May' echoed what many survivors told us, 'My kids are the reason I put one foot in front of the other each day'.[229]

Survivors similarly described becoming a grandparent, foster carer or a carer of an elderly parent as a source of strength that helped them to manage the impacts of abuse.

'Luisa': becoming a parent and looking after others has helped her to cope

We heard that 'Luisa's' mother caught her husband abusing 'Luisa' when she was six years old. 'Luisa' told us that she was abused again later by her male teacher.

'I can remember just being difficult and it stayed with me for a very long time', she said. 'Through my high school years I was wagging school, smoking. Wasn't interested in education at all. And any authority figure, I didn't want to listen to'. As she grew older, 'Luisa' began to self-medicate with drugs and alcohol. Relationships with men failed.

She told us that she reached a turning point with the birth of her second child. 'I was 25 years old and I realised I couldn't be living on the edge, with drug abuse, alcohol, everything. It was just to blank everything out', she recalled. Even more changed for 'Luisa' with the birth of her third child. 'That's when I realised I wanted a future for them. I had to get my shit together'.

'Luisa' went on to build a successful career in management in the public sector. Her children have grown into healthy adults and have left home, which she found hard. She told us that she is happier now her mother is moving in. 'I know that's ridiculous, but again I have that drive, that focus, looking after someone', she said.

Having shared her story, 'Luisa' said that she would like to put her abuse behind her:

> It's so easy to be consumed by everything and blame everyone else. At the end of the day we have a choice. You either choose for it to consume you or you choose to have a better life. My children were my driving point and my focus. I wanted to give them a better life than what I had.[230]

We also heard of the importance of strong relationships outside of the family. This was especially so for the many survivors we heard from who had been separated from their family and placed in institutions, or had experiences of family conflict and breakdown. As a result, from an early age, they could not turn to family members for support.

Survivors told us in private sessions about the support they received from friends and others in their wider social networks, including teachers, co-workers, foster carers and neighbours. For example, one survivor told us about a staff member at the institution where she was abused who was kind to her and maintained contact with her after she left.[231]

In submissions to our issues papers, we also heard a lot about the value of peers – both child and adult peers – in providing support to victims[232] (see Volume 9*, Advocacy, support and therapeutic treatment services*). For adolescents, peer support can be a particularly important source of strength.

Pets were also important for helping some victims. 'Maeve' said that, after a bad day:

> 'Minty' got up on the bed, over to me, a paw on my shoulder and his chin on my cheek and we stayed there for hours. And after that I didn't have the heart not to let him on the bed. He was it – he stopped all the fellas. The thing is, if I was such a bad person, was so evil, why would a dog be like that with me?[233]

Therapeutic activities

Survivors frequently cited counselling and other therapeutic activities when asked what had helped them to cope with and manage the impacts of abuse. Therapeutic activities can be a key mechanism through which victims recognise and draw on their strengths and resilience. The role that therapeutic treatment services, and advocacy and support services, can play in helping victims to cope with the impacts of abuse is discussed in Volume 9, *Advocacy, support and therapeutic treatment services*.

Many survivors in private sessions said counselling in particular had helped them.[234] These survivors found counselling had helped them to process their experiences, find some degree of closure, and make them feel stronger. Some people said it helped them to manage relationships or learn coping strategies.[235] 'Gladys' said that getting counselling was one of the best decisions she has ever made. 'With my counsellor's help I'm finally feeling strong enough to stand up and be heard', she said.[236]

We also heard that therapy has helped survivors to make meaning of the abuse, by giving them an understanding of the dynamics of abuse and why it happened, and the impacts of trauma on development. For example, 'Marjorie' told us she was sexually abused by a teacher at a Pentecostal school at the age of six. 'Marjorie' started working with a specialised trauma therapist one year before her private session. She told us, 'He was the first person to say, "you've got early childhood trauma". Everything that I tell him, he's like, "that's part of what you've been through". He's really articulated all the things that I've never been able to actually understand about myself'. She said she is now learning to cope with the things that have happened to her: 'I never grew healthy structures of how to deal with things, because it was stunted. It's like I'm reprogramming myself, how to respond healthily'.[237]

Doctors, social welfare workers and therapeutic groups have also helped victims to cope, survive and heal. 'Shevonne' told us in private sessions:

> I am pretty much where I am now [because of my social worker]. She never gave up on me. She's the only person who … through all my tantrums and drugs and toxic relationships, [she] never gave up, ever, ever, ever. [She was] my only constant.[238]

Meditation was another coping technique commonly mentioned by survivors. 'Shevonne' told us, 'I had quite intensive therapy for probably only six months, but I learned a lot. It wasn't just psychotherapy. I learned strategy. I learned mindfulness, I learned things like that'.[239]

Several older survivors spoke about the benefits to them of attending support groups made up of other survivors with similar experiences. As discussed in Volume 9, *Advocacy, support and therapeutic treatment services,* these can be a powerful tool to break isolation and assist recovery. For example, in the *Catholic Church authorities in Maitland – Newcastle* case study, Mr Peter Russ described to us the assistance he has received from Survivors & Mates Support Network.[240] He said, 'I have attended their eight-week course in Newcastle twice and cannot speak highly enough of their ongoing support and encouragement. They are a life-saving service to survivors'.[241]

In Aboriginal and Torres Strait Islander community consultations, we also heard that collective healing approaches were a source of strength and resilience.[242] For many of the survivors who participated in these consultations, an important aspect of healing was about restoring relationships in families and communities. Survivors emphasised that sexual and other forms of abuse happened in the context of 'protectionist' and assimilation policies which intentionally broke up these relationships. Further, institutions lied to many children forcibly removed from their families, telling them their families 'don't want you anymore'.[243] We heard that as well as the disconnection from family and community, the stigma attached to being a victim of sexual abuse was a further trauma. In one consultation, the importance of collective healing approaches was described to us:

> The strength that comes through collective healing is really about community healing … its reconnecting with the communities … So part of it is going back to those communities … restoring our family structures and that's restoring the community.[244]

Collective healing approaches are discussed in more depth in Volume 9, *Advocacy, support and therapeutic treatment services.*

We also heard from some survivors that being able to disclose to an authoritative forum, such as the Royal Commission, has been a source of strength and healing. 'Dale' for example, still finds it difficult to talk about his experiences but told us he is committed to meeting the challenge. He told us:

> I'm breaking my silence to an authority figure, the Royal Commission, and it's a long time coming and I really want to have a witness, and this is part of my empowerment, self-empowerment, self-healing process, because this thing hasn't gone away after 40 years and in fact it's imploding more and more as the years go on, despite having my own family now.[245]

In Aboriginal and Torres Strait Islander community consultations, survivors told us that sharing their stories was also an important part of their recovery, so the wider community and Australian population know what has happened and can acknowledge the extent of harm done.[246]

Education, work and leisure activities

Survivors told us in private sessions and public hearings that education, work and leisure activities have been sources of strength – distracting them from the trauma of abuse, boosting their self-esteem, giving them skills, and 'proving' the abusers and others wrong.

Research has identified that education is well established as a factor which supports resilience in victims of child sexual abuse.[247] Various studies suggest that educational engagement, positive performance at school, and positive feelings towards school have contributed to resilience in both adolescents and adults.[248]

We heard that education played a key role for survivors who felt they had missed out on schooling because of the deficiencies of the institution they attended, or because they had disengaged from school as a result of the abuse. In a private session, 'Lucy' told us that she was abused by several priests on three separate occasions during the 1960s, and suffered physical and psychological abuse from the religious sisters at her Catholic boarding school. She had been 'kicked out' of that school and several other Catholic institutions when, at about age 15, she took matters into her own hands and enrolled herself in the local public high school. There she had a 'fantastic time'. 'Lucy' said she loved learning, describing it as her 'salvation'. She still loves to learn and spends her days working in the education field.[249]

Some survivors coped with the impacts of abuse as adults by throwing themselves into work or single-mindedly pursuing a successful career. Current paid employment and/or high socio-economic status are suggested in some research to be protective against mental disorders.[250] In the *Brisbane Grammar School and St Paul's School* case study, BQK, who gave evidence that he saw a school counsellor, Mr Lynch, every day for about one year and was sexually abused by him during those sessions, said that he has been able to 'channel the fear and anger caused by the abuse into a drive to succeed in the business I created'.[251] Similarly, some survivors told us that they gained strength by succeeding in sports, working on the land, working to be self-sufficient and working to pay the rent or mortgage. A number of survivors told us they had dedicated themselves to helping others who suffered child abuse or faced other adversities by working and volunteering for non-government welfare organisations, in law or in social work.

However, we heard that in some cases, using work as an escape and coping strategy had led to adult survivors over-achieving, which affected their family lives and health. For example, 'Sebastian' said, '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, I kid you not'.[252]

Engaging in leisure activities, such as sport or cultural activities, is also associated with resilience, helping to prevent mental disorders and boosting self-esteem.[253] Survivors commonly told us in private sessions of their involvement in a variety of activities that made them feel good and helped them cope with the effects of abuse. Some activities involved nature, such as gardening or caring for animals, while others were physical, such as sport, martial arts or yoga. Creative pursuits, such as music or art, were also commonly cited as ways of coping with trauma. 'Jed' told us he took an occasional day off work for painting lessons. Eventually this helped him to give up drinking alcohol: 'I took on art and just found another way. I just didn't have a lot of time for [drinking] because I'd wasted all those years'.[254]

We also heard from some survivors that engaging in certain activities gave them a feeling of control and power. In a private session, 'Gabrielle' told us she became addicted to adrenaline as a coping mechanism: running, riding horses and driving cars as fast as she could. However, she told us it was a 'short-term fix'.[255]

As with educational activities and work, leisure activities can also give survivors of child sexual abuse a sense of gaining skill or mastery over something, which contributes to their personal agency and self-esteem. This can be especially important when a victim has experienced denigration by a perpetrator. For example, one survivor of sexual abuse, 'Ethan', told us he tried to channel his anger into sport, and for many years he was a champion in his chosen sport. He did very well for a while, and earned a good living from it.[256]

Spirituality

Some studies have found that spirituality or being part of a religious group are factors supporting the resilience of victims and survivors.[257] This is reflected in what some survivors told us in private sessions. They spoke about how their faith, and spiritual and religious beliefs and practices, had helped them cope with the abuse.

'Roddick', who told us he was sexually abused by several brothers at a Catholic boys' home, described how his faith remained important to him:

> I like reading the Bible. It's strengthened my faith. It's not [God's] fault, it's their fault. [God] gave us free will and we're free to choose what we will. That's helped me. I treat others the way I like to be treated. Religion is man's way to God but Christianity is God's way to man. I don't want to sound like a Bible basher, but that's kept me sane.[258]

We also heard from 'Joni' in a private session, who told us she had kept the abuse buried deep for most of her life. After 40 years she dug it up again because she wanted to reclaim her faith. Abuse, she said, 'takes away something that your spirit so deeply needs. You can get by physically, mentally, logically; you can put all those parts of the puzzle together, but not that spiritual side'. 'Joni' approached the Anglican Church and ended up speaking to three female priests. She said the help that they have given her has been vital to her recovery.[259]

Cultural connection

Before colonisation, Aboriginal and Torres Strait Islander peoples successfully managed trauma and traumatic events that affected their communities.[260] Aboriginal and Torres Strait Islander cultures have been dynamic, enabling Aboriginal and Torres Strait Islander peoples to survive despite the magnitude of collective trauma they face.[261] Research has found that connection to strong culture is associated with better emotional, social and physical health of Aboriginal and Torres Strait Islander peoples.[262]

In the *Nature, cause and impact of child sexual abuse* case study, we heard that strong cultural connections provided an important source of resilience for Aboriginal and Torres Strait Islander survivors of child sexual abuse.[263] Giving evidence in that public hearing, Dr Gee from the Victorian Aboriginal Health Service told us:

> With my mob of Stolen Generation members in particular, it has been the fact that, despite being institutionalised and experiencing abuse, they've somehow managed to maintain a connection to their cultural connections and to their family members and communities. That's a massive source of resilience that sometimes differentiates between those who have been really damaged and are on really long journeys of recovery.[264]

Aboriginal and Torres Strait Islander survivors told us in private sessions how cultural connection gave them strength. 'Donald Steven' told us about finding 'strength and wisdom' in his culture.[265] In her private session, 'Brydie' told us how connecting with her culture and experiencing traditional Aboriginal healing in the bush with other older Aboriginal women and participating in 'women's sacred stuff' gave her strength and played a role in her healing.[266] She thinks that younger Aboriginal women might benefit from this kind of healing too. 'They [the women] give you their energy, which is so kind of them … And they also centre your energy, so that you can think straight'.[267]

'Evelyn': connecting with her Aboriginal culture

'Evelyn' told us that connecting with her Aboriginal culture has been a big part of her healing. She explained:

> Today I am a sober woman of almost 30 years now but the healing journey took me to dealing with the issues relating to the low self-esteem, the feeling of being inferior to others, excessive and volatile anger that lead to behaviours that were of a violent nature, the tormented mind that led me to being suicidal at different times in my life.

'Evelyn' told us that she was recently able to stand on her father's land for the first time:

> I experienced my own cultural spirituality from the land that belonged to my family/kin group. The land held within the natural landscape something that was excitingly sacred ... I started to understand some of what Aboriginal spirituality meant and now I was standing in the soil where my father was born. It was where my life also started. I experienced for the first time the stillness of the early morning and was witness to the rising of the morning star. I was able to absorb the sacredness of what I was part of for all these years and which was denied for most my childhood and adult life. The trip to my homelands was awesome in its beauty. Today I hold these experiences sacred and holy. I had to redefine "who I was." I have come to accept myself as I am, just to be me with all my faults and to share a common humanity with others.[268]

Inner resources

Research has identified some internal factors associated with resilience in victims of child sexual abuse.[269] These include:

- understanding and managing emotions, interpersonal competence and trust. One review explained that as sexual abuse is a traumatic event where trust is often shattered, re-establishing interpersonal and emotional competence afterwards may play a role in preventing the adverse effects of the abuse[270]
- optimism and hope. Studies show that qualities of optimism and expectancy about the future were predictors of resilient outcomes in both adolescents and adults[271]
- active coping. Some studies suggest that active coping, such as seeking social support and problem-focused coping, is associated with greater resilience for children, adolescents and adults[272]
- external attribution of blame. Studies suggest that this can have a positive effect for victims of child sexual abuse because it reduces the perceptions of self-guilt and shame, which are often debilitating emotional impacts.[273]

Survivors in private sessions often identified personal qualities, including the above, which they felt helped them to cope with the impacts of abuse at various stages. For example, many people spoke of their own inherently optimistic qualities, which they harnessed to focus on the future. 'Lachlan' told us, 'I always describe my personality as being pragmatic but optimistic at the same time. And I don't like to hold regrets. You can't change the past, all you can do is influence the future'.[274] Our commissioned analysis of private sessions found that taking a positive view of the future, while accepting the trauma of the past, was frequently mentioned by victims as a coping strategy.[275] Volume 5, *Private sessions* explores this in further detail.

Other survivors told us that they drew on the wisdom of others to move forward. 'Rainey' described how the lessons she learned from her father gave her the resilience and toughness she needed to deal with the abuse. 'Your life is governed by the choices you made yesterday', she said. 'The choices you make determine the pathway. Whether you go on a narrow road or a four-lane highway. But the choices are there. … That's what I was taught to believe. Those are the things that have helped me'.[276]

Many survivors found that their determination and fighting spirit provided them with a way forward. They described personal qualities that helped them to cope, such as having a 'black sense of humour', having a fighting spirit, being determined and stubborn, helping others, and having a sense of justice.[277] 'Stanley Peter' echoed the words of many survivors when he spoke of not wanting to 'let them beat me', and he told us he believed that the abusers would win if he took his own life.[278]

Sometimes survivors have channelled this fighting spirit and external attribution of blame into pursuing justice for themselves and for others who have been victims.[279] In a private session, 'Ross William' told us, 'The more I've got rid of the guilt and the shame the more I've been able to be an advocate, be outspoken, be vocal about what happened'. Now 'Ross William' uses his skills and his strength to advocate for other survivors of child sexual abuse. 'I've got a voice and I have to use it. I'm obligated to use it for those who can't speak or aren't here to speak anymore'.[280]

Other survivors told us that working to help others heal has been a way to cope with their own abuse. In the *Satyananda Yoga Ashram* case study, Jyoti told us:[281]

> I eventually went back to study and completed an Associate Diploma in Social Science/ Community Development, and later followed my passion to become an art therapist and counsellor to help women and children who have suffered from abuse, depression and anxiety. I loved doing that work and did it for 15 years … I chose to work in that field because it was my way of coping with the injustice I had experienced.[282]

Endnotes

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282 Transcript of Jyoti, Case Study 21, 2 December 2014 at 10916:43–10917:5.

3 Impacts of child sexual abuse

As discussed in Chapter 2, the Royal Commission heard that the impacts of child sexual abuse can differ for each individual and across a lifetime. Each story we were told was unique, reflecting the type of sexual abuse, when and where the victim was abused and by whom, and their individual circumstances.

Although each individual is affected differently, some impacts are commonly experienced by survivors of child sexual abuse in institutional contexts. This chapter describes the common impacts we heard about in private sessions, public hearings and the available research on child sexual abuse. It begins by describing how sexual abuse can result in profound trauma, potentially interrupting normal psychosocial development at every critical stage of a child's formative years. It then describes the many areas of victims' lives that can be affected by sexual abuse in institutional contexts, including:

- mental health
- interpersonal relationships
- physical health
- sexual identity, gender identity and sexual behaviour
- connection to culture
- spirituality and religious involvement
- interactions with society
- education, employment and economic security.

Many of the commonly identified impacts of child sexual abuse in institutional contexts are also experienced by victims of child sexual abuse in familial and other contexts. However, research suggests there may also be distinct impacts when children are sexually abused in institutional settings.[1] These include impacts on spirituality and religious involvement, such as a loss of faith and a loss of trust in the religious institution, for those victims sexually abused in a religious context. Distrust and fear of institutions and authority are also distinctive effects on some victims of child sexual abuse in institutional contexts.

In addition, inadequate institutional responses to child sexual abuse can have distinctive effects on victims, for example feelings of institutional betrayal, a continuation of abuse and re-traumatisation. Institutions need to be aware of their potential to either significantly compound or help alleviate the impacts of the abuse. The impacts of institutional responses to abuse are discussed in Chapter 4.

The impacts on secondary victims, including family members, children and staff in the institution, as well as communities, are discussed in Chapter 5.

What survivors told us in private sessions about how they were affected by child sexual abuse is an important source of information for this chapter. Of 6,875 survivors who attended private sessions as at 31 May 2017, a total of 6,412 (93.3 per cent) provided information about the impacts of being sexually abused as a child. For a range of reasons, some survivors in private sessions provided limited or no detail on impacts. Some chose not to discuss the impact of the abuse. Others said that they were affected by the abuse but provided no additional detail, while some told us they did not know what the impact of abuse had been on their lives.

Throughout this chapter, when we discuss the percentages of private sessions attendees who told us about specific types of impacts, we present these as a proportion of only those who provided information about impacts. As a result, we may overestimate the proportion of all private sessions attendees who experienced these impacts. Other limitations of private sessions information are discussed in Chapter 1.

Despite these limitations, we consider that private sessions information is a good indication of the common impacts of child sexual abuse in institutional contexts. The prevalence of the impacts of child sexual abuse we heard about in private sessions is supported by what we learned through public hearings and research.

The most common impacts discussed by survivors who attended private sessions are presented in Table 3.1. Mental health issues, such as low self-esteem, anxiety and depression were most commonly spoken about in private sessions, with more than nine in 10 survivors telling us about these issues. The next most frequently raised concerns were relationship difficulties, including difficulties with trust and intimacy, lack of confidence with parenting and marital problems. Following this, concerns related to education and employment were frequently described. Volume 5, *Private sessions*, describes in further detail what survivors told us about the impacts of their experiences of sexual abuse.

Table 3.1 – Impacts of child sexual abuse on survivors, information from private sessions, May 2013 – May 2017

Impact	Number affected (6,412 survivors)[a]	Proportion (%)
Mental health issues	6,088	94.9
Relationship issues	4,332	67.6
Education and/or economic issues	3,569	55.7
Sexual behaviour issues	1,554	24.2
Involvement in crime	1,456	22.7
Physical health issues	461	7.2
Direct consequences (eg pregnancy, sexually transmitted infection, injury)	440	6.9
Other	32	0.5

[a] A total of 6,412 survivors provided information on how they were affected.

Note: Percentages are presented as a proportion of those survivors who provided information in private sessions about the impacts of child sexual abuse.

While this chapter describes a wide range of effects on victims across distinct areas of their lives, people mostly told us they experienced multiple and complex effects at any one time, and – as shown in the example of BYC – these were often interconnected. The combined effect of multiple impacts over a lifetime can be debilitating.

Survivor BYC: impacts on mental health, employment and family relationships

BYC gave evidence in *Case Study 36: The response of the Church of England Boys' Society and the Anglican Dioceses of Tasmania, Adelaide, Brisbane and Sydney to allegations of child sexual abuse (Church of England Boys' Society)* about his sexual abuse by Simon Jacobs, a leader in the St Ives branch of the Church of England Boys' Society (CEBS) in the 1970s.[2] BYC joined the St Ives CEBS branch when he was seven years old. At that time, Jacobs was 13 years older than BYC and was a leader of the 'Pages' group that BYC attended, running their weekly activities as well as excursions and camps. Over time, Jacobs became a close friend of BYC's family and eventually started driving BYC home from weekly Friday evening CEBS meetings. BYC said that he was first sexually abused by Jacobs in May 1977, when he was 10 years old, during an overnight trip to Young in New South Wales with his family and Jacobs. BYC said that from that time until 1981 Jacobs continued to sexually abuse him.

In early 1987, BYC first disclosed the abuse to his parents, as well as to the Reverend Jobbins, who at that time was the rector at St Swithun's Anglican church in Pymble. BYC said that Reverend Jobbins told him to 'let sleeping dogs lie'. BYC first reported the sexual abuse to police in October 1988, but charges against Jacobs were dismissed. However, in 2009, Jacobs was convicted of sexual offences against BYC and other boys.

BYC told us about the profound and interconnected impacts of the abuse over the course of his life:

> I have had severe depression and very low self-esteem since I was 12 years old, I have been diagnosed with PTSD and severe anxiety. I have been on mood-stabilising medication since 1998. I see my GP once or twice a week, and both my psychiatrist and social worker once a month. I have been hospitalised in a psychiatry unit on at least five occasions. I have attempted suicide several times. I constantly experience flashbacks of the abuse, triggered by media and certain places and events. I find life difficult because I don't cope with stress, change or sudden events, and I am often unable to manage everyday living. Emotionally, I have not developed beyond my early teens, the age I was at the time of the abuse.
>
> After a short time, people can tell that I have psychological issues and am not normal. I don't see a future for myself. If I did not have my dog, I would often see no reason to get out of bed. I have to get up to feed him, take him outside, and play with him.
>
> I am very isolated and not able to have relationships. I have very few friends and I find it hard to trust people. I feel resentment and anger at any dominating authority.
>
> My relationship with my parents up until 2000 was very difficult and I was not able to live at home between 1998 and 2000. I blamed my parents for what had happened with Jacobs. I often lose my temper with Mum and I don't know how she copes with it. She has been a fantastic support to me and has acted as a buffer between me and the Church, Centrelink and the New South Wales Department of Housing.
>
> My schooling, education and professional life have been affected. I developed issues with authority as a teenager and was disruptive in class. I had to repeat my HSC, and it took me 10 years to complete my Bachelor of Arts degree. I worked primarily in social service jobs … and I had a few other jobs temporarily, but nothing for more than a year. I have not worked since 2007. I have been on the Disability Pension since 1998. I live below the poverty line, in subsidised rental accommodation that is very unstable and precarious.
>
> I feel the abuse has affected every facet of my life.[3]

3.1 Effects of trauma on children's development

Experiences in an individual's childhood can shape their health and wellbeing throughout their entire life. Therefore, it is important to understand how sexual abuse can affect the emotional, social and physical development of the child.

As discussed in Chapter 2, while not all victims are affected by child sexual abuse the same way, many survivors told us their experiences were traumatic, with profound, complex and long-lasting effects. There is strong evidence that early onset trauma caused by adverse childhood events, including sexual abuse, can have a lasting impact both on childhood development and on the formation of a secure child-caregiver attachment, as well as on subsequent interpersonal relationships.[4] The potential long-term impact of the sexual abuse is likely to be mediated by victim, perpetrator and institutional factors, and the broader social and historical contexts in which the sexual abuse took place.[5] Significantly, the impacts of childhood trauma manifest differently according to individual vulnerabilities at particular critical phases of development.

Developmentally appropriate early intervention that is both trauma-informed and recovery-oriented can assist children who have been subjected to sexual abuse to heal and recover.[6]

3.1.1 Understanding childhood trauma

Traumatic events, such as child sexual abuse, are understood as 'extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations of life'.[7] Experiencing these traumatic events increases a child's susceptibility to developing a range of neurological, social and physical health difficulties across their lifespan. The roots of these complex trauma-related problems lie in a child's adaptive responses or reactions to threat. Psychiatrist Professor Judith Herman explains how a child trapped in an abusive environment, and in the absence of adult care and protection, is faced with a formidable task:

> She must find a way to preserve a sense of trust in people who are untrustworthy, safety in a situation that is unsafe, control in a situation that is terrifyingly unpredictable, power in a situation of helplessness. Unable to care for or protect herself, she must compensate for the failures of the adult care and protection with the only means at her disposal, an immature system of psychological defences.[8]

These immediate adaptive responses to threat usually include either hyper-arousal (activating a 'flight or fight' response) or dissociation, involving withdrawal from the outside world to an inner world.[9]

Knowledge about the effects of childhood trauma is increasing rapidly.[10] Child maltreatment can produce lasting alterations in the endocrine, autonomic and central nervous systems. Neuroimaging studies have mapped visual evidence of disturbances to the 'emotional brain', particularly the hippocampus and amygdala, areas of the brain involved in processing memory and emotion, such as fear.[11] Changes in the central nervous system can cause hyper-vigilance, a state of sensory sensitivity accompanied by an exaggerated intensity of behaviours used to detect threats. Children may also repeatedly re-experience the terror of the original traumatic event (often through nightmares and flashbacks), and experience feelings of helplessness, as well as problems with concentration and an exaggerated startle response. Children exposed to perpetrator tactics that involve secrecy, complicity and menace, may come to view adults as potential sources of threat rather than comfort and support.[12]

One of the most significant consequences of early trauma is disruption to the development of emotional regulation. Psychiatrist and trauma expert Dr Bessel van der Kolk has argued that 'at the core of traumatic stress is a breakdown in the capacity to regulate internal states', which may include fear, anger and sexual impulses.[13] A child who cannot regulate internal states may have lifelong difficulties tolerating or regulating distress, behaviour and impulses. This may result in self-destructive, self-harming behaviours, as well as excessive risk taking and thoughts of suicide in later life.[14]

Recent research on trauma also suggests that other significant consequences of childhood trauma caused by sexual abuse can include changes in memory function and concentration, distortion of self-perception caused by internalising shame and guilt, and a compromised capacity to trust others and maintain personal safety.[15] Some theorists have also identified links between complex developmental trauma and increased risk of re-victimisation and poly-victimisation (co-occurrence of different forms of abuse) over an individual's lifetime.[16]

Children and adults surviving traumatic events are frequently diagnosed with post-traumatic stress disorder (PTSD).[17] PTSD describes the development of a specific set of characteristic symptoms following exposure to one or more traumatic events. These symptoms include intrusive memories or dreams related to the traumatic event, avoidance of stimuli associated with the traumatic event, negative changes in cognition and mood, and hyper-arousal.[18] In *Case Study 28: Catholic Church authorities in Ballarat (Catholic Church authorities in Ballarat)* child and family psychiatrist Dr Carolyn Quadrio described 'classic PTSD' as consisting of 'hyper-arousal and hyper-vigilance … being preoccupied with memories of the trauma … [and] while preoccupied with the trauma … at the same time you often have blanking it out as well'.[19] As discussed in this chapter, many victims who are sexually abused as children experience these symptoms in adulthood. Research shows that PTSD is also increasingly recognised in children who have been sexually and/or physically abused.[20]

However, over recent decades, several researchers and practitioners have suggested that inadequate diagnostic criteria for PTSD have created barriers to understanding the effects of traumatic experiences, such as child sexual abuse. These experiences are interpersonal, pervasive and sometimes associated with multiple types of prolonged abuse.[21] 'Complex trauma' or 'complex PTSD' has been increasingly used to describe the complicated range of symptoms that can result from these experiences, including child sexual abuse (although such usage of these terms is not yet outlined systematically in diagnostic classifications).[22] These symptoms can extend beyond recognisable mental health issues and surface as problems with relationships and identity,[23] physical symptoms or substance abuse issues, which have often developed out of a survivor's attempts to cope with the trauma.[24] Some trauma theorists have also suggested that the failure of practitioners to recognise complex trauma as a distinct entity may result in survivors being diagnosed with a 'bewildering array' of conditions and disorders that are stigmatising and pathologising.[25] Importantly, if practitioners miss the underlying cause of the problems experienced by these survivors, the treatment may be fragmented and ineffective.[26]

When children suffer repeated and complex trauma, as is the case with many instances of child sexual abuse, there are particular effects. This is because, unlike adults, children who experience repeated and complex trauma are still developing.[27] The impact of this trauma at key development stages may have formative impacts that it may not have for an adult. Psychiatrist Professor Herman observes that 'repeated trauma in adulthood erodes the structures of the personality already formed', whereas repeated trauma in childhood 'forms and deforms personality'.[28]

The developmental aspects of trauma for victims of childhood sexual abuse were explained by Dr Quadrio in giving evidence in the *Catholic Church authorities in Ballarat* case study:

> … [A child's] developmental sequence is disrupted by the abuse and, if the abuse continues over a long period of time, every new phase of development is being affected by the ongoing trauma. So, it ends up being what we call developmental trauma or complex PTSD, because it affects their personality. So now you're not dealing with just symptoms, like symptoms of depression. You're dealing with characterological disturbance, and so every aspect of a child's function becomes disturbed; their feelings, their thinking, their memory, their concentration. What's very damaging is that a child is supposed to be developing a sense of who I am and what kind of person I am and a sense of understanding the world and other people in it. And so, obviously, the child's self-perception is very damaged, all those feelings of shame, for example, are very damaging to the sense of self.[29]

3.1.2 Effects of trauma on the developing brain

Trauma affects more than just the emotional and psychosocial development of the child. Increasingly, research suggests that trauma affects the chemistry, structure and function of the developing human brain, especially when it is repeated or ongoing.[30] Early life trauma affects a person's ability to process and regulate emotion, with potential impacts on empathy and social interaction. In particular, it affects the hypothalamic-pituitary-adrenal (HPA) axis, which regulates anxiety and manages the 'freeze, fight or flight' response to stress.[31]

Very young children are at particular risk of suffering lasting effects of trauma precisely because their brains are still developing and also because brain development is profoundly guided by experience.[32] The developing brain changes physically in response to repeated experiences. Just as this process can create positive learning and memory, so it can create negative learning and memory due to neglect, trauma and chaos.[33] When a child is threatened and activates a stress response in a repetitive or extremely prolonged fashion, the neural networks involved will alter the baseline activity and reactivity of the stress response systems. The brain will then reset, acting physiologically as if the individual is under threat, even when the threat no longer exists.[34] The brain becomes poorly developed and functionally disorganised, rendering the child less able to respond emotionally, verbally or intellectually to normal experiences, let alone traumatic ones.[35]

Recent research suggests that child sexual abuse may also be associated with cognitive risk factors and cognitive changes.[36] Hyper-vigilance and hyper-arousal may result in severe limitations in the child's ability to concentrate and learn in the classroom. Dr Quadrio's evidence in the *Catholic Church authorities in Ballarat* case study emphasised this point:

> If a child is continually suffering hyper-arousal, that can have a very damaging impact on their entire function, because it means that they won't be concentrating at school because their thoughts are racing. They won't be attentive because their attention's flickering all the time. They won't be sleeping so well. That will affect their growth; that will affect their energy levels.[37]

3.1.3 The role of attachment

'Attachment' describes an individual's emotional ties with another. Attachment theorists have suggested that attachment involves forming secure, responsive and flexible bonds between a child and a caregiver, such as a parent.[38] These bonds exert a profound influence on the social, cognitive and emotional development of the child, particularly in the 'sensitive' or 'critical' period when the social brain is developing during the first years of life.[39]

Secure attachment not only serves the primary function of preserving life, but also forms the basis of the child's ability to regulate emotions. Children who are soothed and comforted when they experience distress, gradually learn to comfort themselves by evoking mental images of their caretaker. It provides the secure base from which the child can confidently explore the environment and, as Professor Herman said in her research on the matter, 'permits the development of a self-identity as a person worthy of love and care and a capacity to love and care for others'.[40]

When caretaking relationships are disrupted, such as when a caregiver sexually abuses a child, secure attachment is compromised, with profound impacts on a child's ability to connect with others. As a result, the child may be less able to learn about themselves, other people or the world around them. They may find it hard to understand the rules of relationships or manage and regulate strong emotions, or even basic bodily functions, such as breathing and heart rate.[41]

As discussed in Chapter 2, we heard in private sessions and case studies about numerous victims whose caregiving relationships had been severed or disrupted at an early age and who were later sexually abused in institutions. Without earlier experiences of secure attachment, children cannot draw on such attachment relationships to help regulate their emotions and protect themselves from child sexual abuse and its impacts. Research suggests that the trauma of child sexual abuse maybe mediated by a positive or supportive parent-child relationship.[42]

3.1.4 Effects of trauma at different developmental stages

Social development in humans is ongoing and cumulative, with earlier phases of development providing the building blocks for later development. However, while the path of development is sequential and predictable, there is variation in what is considered 'normal' development. Unravelling the impacts of child sexual abuse means understanding that the experience of this abuse can interrupt normal psychosocial development at each critical stage of a child's formative years, affecting their ability to consolidate skills and progress to the next developmental stage.

Research suggests that the trauma of sexual abuse acts on children in different ways according to their stage of development.[43] For example, an infant who has not yet developed verbal skills may not hold a concrete narrative memory of the abuse, although the memory may be stored in their sensory systems (sight, smell, sound, taste and touch). Children at this stage of development may manifest their trauma physically. For example, they may have difficulty sleeping and eating, and may be hard to console.

A preschool child with verbal skills may regress to earlier stages of development, causing them to fear being alone and near unfamiliar adults, or have difficulties with sleeping and learning. They may not want to engage with peers or may lose skills they had mastered, such as bladder or bowel control.[44] They may become quiet and withdrawn. For example, in *Case Study 19: The response of the State of New South Wales to child sexual abuse at Bethcar Children's Home in Brewarrina, New South Wales (Bethcar Children's Home),* AIQ, who believes she was two or three years old when she was first sexually abused, told us:

> The sexual abuse was horrible. I had no one I could talk to about it, so I just bottled it up inside and blocked it out of my mind. This caused me to become a timid, shy and weak child. I always kept to myself…[45]

As a child gets older and progresses to upper primary school, questions of identity, self-image and interpersonal relationships come to the fore. Children at this stage of development will often believe the sexual abuse they are experiencing is their fault and may develop a negative self-image, and internalise their feelings. They may suffer disturbances in specific skills, including social and communication skills, memory and the ability to make sense of the behaviours of others.[46] In *Case Study 32: The response of Geelong Grammar School to allegations of child sexual abuse of former students,* BIZ told us he was sexually abused during 1985 and 1986 at the age of 12 or 13 by live-in boarding house assistant, Phillippe Trutmann. Giving evidence, BIZ said:

> After I was abused, I withdrew a lot. I remember I used to listen to music and walk around the grounds a lot. My self-esteem and confidence dropped to new lows and I started feeling depressed at school and stopped trusting people and persons in authority. This impacted on my school work and I found it difficult to concentrate.[47]

At school, children who have been sexually abused may also externalise their distress in disruptive, angry or aggressive behaviour, or exhibit signs of hyper-vigilance and lack of concentration. Eating problems, fear and anxiety, and non-participation in school and social activities may emerge.[48]

The tendency to use 'externalising' behaviours, such as angry and violent behaviour, are common responses to trauma in adolescence. Feelings of shame, embarrassment, resentment, anger and pain can increase with age and maturity. Ongoing childhood abuse reinforces and consolidates self-blame and perceptions of lack of worth. In adolescence, this may lead to a vulnerability to depression, anxiety, stress disorders, self-injury and suicidal ideation.[49] For example, 'Myles' told us that he was raped by Brother 'Theo Macken' at the age of 14. Ashamed 'Myles' withdrew from his friends: 'I always felt scared that they might find out what had happened and treat me differently'. He believed that he was 'Macken's' only victim and he became a bully, lashing out at other kids. 'Myles' told us he hated himself. He began wetting the bed, burning photos of himself, drinking too much, and engaging in risky behaviours. He tried to take his own life twice. 'Myles' became confused about his sexuality and wondered whether he was gay. He told us his concept of himself 'as a sexual being was totally destroyed … I still struggle with sex, sexuality, intimacy'.[50]

The tasks of managing puberty, hormonal change and burgeoning sexuality, combined with a desire for intimacy, are especially problematic for a child who has been sexually abused. Adolescent children may have problems with interpersonal relationships and regulating emotions, and may experience ongoing vulnerability to stress and further sexual abuse or other forms of abuse. The repertoire of defence mechanisms and attempts at self-soothing that a child may have previously used, can change with adolescence to include the abuse of alcohol or other drugs, the use of food for comfort or punishment, social withdrawal, isolation and impulsivity, as well as having sex at an early age or having many sexual partners.[51] Mr Manny Waks, giving evidence in *Case Study 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions,* told us about the effects that sexual abuse had on him as a young teenager. He described it as a change 'from a happy, positive, reasonably well-behaved boy to an angry, rebellious teenager with a substance abuse problem'. He continued, 'I rejected the religion in which I had been raised, lost all focus on my studies and became alienated from my family and community'.[52]

Children of all ages traumatised by sexual abuse can exhibit developmentally inappropriate sexual behaviours.[53] These behaviours can also occur in a child as a response to other traumatic experiences. Research suggests that even though many young people who have experienced trauma will not display inappropriate sexualised behaviour, of those who do display these behaviours, a large proportion have experienced trauma.[54]

Inappropriate sexual behaviours can manifest in different ways, depending on the age of the victim. In early childhood, concerning sexual behaviours can include 're-enacting' the abuse, inappropriate touching, sexualised play with toys, sexually explicit drawings, or sudden and intense masturbation.

As a child develops, these sexual behaviours may manifest as aggressive, explicit or exploitative sexualised engagement with other children, sexualised behaviour with adults, or excessive concern with genitalia and adult sexual behaviour. In adolescent children, the effects of sexual abuse may include sexually exploitative interactions with younger children, or potentially risky sexual behaviours, including engaging in unprotected sexual intercourse or sex with multiple partners.[55]

In private sessions, we heard from some parents about their children's sexualised behaviour following sexual abuse. In a private session, 'Coralie' and 'Jack' told us about their son 'Josh', who has a moderate to severe intellectual disability and limited descriptive speech. We heard that after being sexually abused, 'Josh' began displaying some very out-of-character behaviours: 'He would greet men by touching their genital areas and he had problematic sexualised behaviours at school. He had been in trouble on several occasions for touching other children'.[56]

We also heard from adult survivors about their inappropriate sexual behaviours when they were children, including harmful sexual behaviours. Many told us that they were unaware at the time that their behaviour was inappropriate. For example, we heard from 'Gil James' whose early experience of abuse in his home left him vulnerable to both further harm and harming others. He grew up in the 1980s in Melbourne and when he was in primary school he was sexually abused by older girls in the playground, including one who performed oral sex on him. He said he thought the behaviour was normal. At the age of 11, he was placed in foster care. While in foster care, 'Gil James' sexually abused a younger girl in the home. He told us that at the time he had no idea of the gravity of what he was doing as he was simply mimicking what had been done to him.[57]

However, while a few survivors told us that they exhibited harmful sexual behaviours in childhood, research shows that the vast majority of victims of child sexual abuse do not go on to perpetrate sexual abuse.[58] See Volume 10, *Children with harmful sexual behaviours* for more detail.

It is important that parents, carers, professionals and institutions who work with children are alert to the trauma of child sexual abuse, and its manifestations at various developmental stages, to enable them to respond appropriately to children's needs.[59] An understanding of this can also assist us with identifying possible sexual abuse, especially in the absence of a disclosure from a child. How the physical, behavioural and emotional symptoms of trauma may indicate abuse is discussed in Volume 4, *Identifying and disclosing child sexual abuse*. However, while adults need to keep child safety – including the possibility of sexual abuse – in mind when they notice changes in a child, they should not jump to conclusions, but rather carefully consider what they know about the child and the context in which they interact with that child. There are many possible reasons for a change in a child or young person's behaviour or emotions, making it difficult to always establish a causal link between these changes and child sexual abuse. Further, as discussed above, while some children who have been sexually abused will manifest signs of trauma, others may not show any physical or emotional signs.

3.2 Mental health

> I have been diagnosed by a psychiatric specialist with chronic dysthymia, episodes of major depression in partial remission, post-traumatic stress disorder, and substance abuse in remission. I have also been diagnosed with generalised anxiety disorder and chronic insomnia. I have suffered significantly from these disorders. I have regular suicidal ideation which requires medication to control. Even with medication I still think about suicide to the point that it is almost a part of me. I require [sleeping tablets] to sleep at night and can only sleep anywhere between two to six hours. Without medication I sleep less than one hour a night.[60]

Ongoing mental health issues were the most commonly described impacts of child sexual abuse that victims identified in private sessions. Of the survivors who told us about impacts, 94.9 per cent spoke about their mental health-related issues following abuse, including depression, anxiety and PTSD, as well as conditions such as schizophrenia and bipolar disorder. Other symptoms of mental distress included nightmares and sleeping difficulties, and emotional issues such as feelings of shame, guilt and low self-esteem. Notably, survivors often had multiple mental health disorders or issues at the same time, rather than in isolation.

An association between child sexual abuse and the adverse mental health consequences that many victims experience has been consistently described in research on child sexual abuse,[61] as well as in the limited number of studies specific to child sexual abuse in institutional contexts.[62] For example, one Australian study suggested that more than one in five victims of child sexual abuse in the study had contact with a public mental health facility in their lifetime, compared with less than one in 10 with no history of sexual abuse.[63]

As discussed in Chapter 2, not all victims of child sexual abuse develop mental health issues or adjustment difficulties in adulthood. Some victims may experience few impacts in the short term.[64] For some, problems may increase with age.[65] It is also increasingly understood that the impacts of trauma, such as child sexual abuse, may differ over a lifetime, emerging in response to triggers or at various transition points.

This section describes some of the most commonly described impacts on mental health, including:

- emotional issues, such as low self-esteem, shame and guilt and self-blame
- depression
- anxiety
- PTSD
- eating disorders
- other diagnosed disorders
- sleeping difficulties
- suicidality
- self-harm
- alcohol abuse, drug abuse and gambling problems.

3.2.1 Emotional issues

Emotional issues were often among the most debilitating mental health impacts of child sexual abuse survivors described in private sessions. They included feelings of:

- fear
- low self-esteem and self-worth
- shame and humiliation
- guilt and self-blame
- anger
- grief, sadness, emptiness and loss.

The association between child sexual abuse and emotional issues – particularly shame, self-blame and anger – is reflected in research on the impacts of child sexual abuse, including in institutional contexts.[66] Some research suggests that issues of trust, shame, self-blame and low self-esteem and their effect on emotions and behaviour are key factors in understanding the link between child sexual abuse and adult outcomes.[67] While the emotional issues described here are treated separately, they may manifest in devastating combinations affecting many aspects of a survivor's life.[68]

Fear

For many victims, the most overwhelming emotion at the time of sexual abuse was fear. Some survivors told us they were so frightened when it happened that they were 'frozen'. 'Jarrod' told us:

> I froze. I froze. For some time, I froze. I can't recall how long. In my mind's eye I froze for nearly 48 years now. And it's just thawing out. My mind's eye is just thawing out to tell this story. It's not a story, it's a fact.[69]

Some survivors told us that experiencing intense fear or terror had lingering effects in their lives. As 'Lillian Jane' told us in a private session, 'I've noticed that I've never reached my full potential because I've always been scared to step out … You live in fear. You live in fear your whole life. I still live in fear'.[70] We also heard the constant fear that some children experienced over long periods has meant that, as adults, they try to avoid certain situations that might trigger the fear. Many victims said that they re-experienced the terror through nightmares and flashbacks.

Certain events reminiscent of the sexual abuse can also bring back the fear. 'Chelsea' told us that lying on her back triggers fear because she lay on her back and was crushed during the abuse.[71] Some survivors told us they were still terrified of the perpetrators, despite them either being dead or in gaol. We heard how 'Janis', abused by her principal and deputy principal when she was five, continues to wake in terror every morning, feeling 'like they're coming to get me, and I often end up throwing up'.[72]

Low self-esteem and self-worth

One of the most common emotional issues spoken about by survivors was low self-esteem. Of survivors who discussed impacts in private sessions, 29.3 per cent described experiencing low self-esteem as a result of the sexual abuse. 'Lennox' told us that he was sexually abused by his teacher, who was also a cadet leader at the high school. He said:

> I always had very low self-esteem, always thinking I'm one of the worst people around – never had any liking for myself whatsoever. Just the idea of hopelessness, and – that word – useless. And that's been all through my life.[73]

Another survivor, 'Margo', told us that she was sexually abused by her Sunday school teacher over three years.[74] As a child, she concluded she was worthless as an explanation for why this terrible thing had happened to her. She said she asked herself over and over, 'Why is he allowed to do such awful things to me?' Eventually 'Margo' settled on her answer, and it's stuck with her ever since: 'I believe that I am unworthy of God … that I'm unworthy of safety and protection, that I'm unworthy of love'. She told us she has suffered 'post-traumatic stress disorder, depression, suicide attempts, dissociation, issues with drug and alcohol, issues with poor eating because I don't believe I'm worth feeding'.[75]

Survivors told us about intense self-hatred: 'If I'm not good enough to be kept by my own mother, I'm not good enough for anything else either';[76] 'I don't have a hatred of myself anymore, I don't have that shame around what was done to me anymore. But for the first 30 years, yeah I did. And I treated myself very, very badly as a result';[77] and 'That's what I got from [the school]. I … hated myself and I didn't want to be on the planet'.[78]

For some victims, this led to low levels of self-confidence about their appearance. For example, in the *Bethcar Children's Home* case study, AIQ told us in evidence:

> I hate people seeing me naked. I can't stand my partner coming into the bathroom if I am undressed. I do not care about my appearance and usually wear ugly clothing. I see myself as unattractive.[79]

KR, the mother of KE, observed similar behaviour in her daughter in *Case Study 6: The response of a primary school and the Toowoomba Catholic Education Office to the conduct of Gerard Byrnes*. In evidence she told us that, in public, KE covers her body under bulky clothes, wearing 'jumpers and baggy pants on sweltering hot days'. KR said she suspects that this also is a defence mechanism.[80]

Shame and humiliation

Research on the impacts of child sexual abuse emphasises the acute feelings of shame that many victims said they experienced.[81] Shame can be described as a feeling of humiliation or distress, about behaviour seen as disgraceful or dishonourable. Shame bears the fear of being judged and socially disapproved of, and is inwardly directed, causing a survivor to have low self-worth.[82] While victims of child sexual abuse in other settings also commonly recount experiencing shame, as well as guilt (see below), research suggests that there are distinct aspects of victims' experiences of institutional sexual abuse that appear to serve as ongoing reminders of betrayal, deprivation and disadvantage.[83]

Commissioners heard from many survivors about their feelings of shame, as well as humiliation and embarrassment, stemming from the sexual abuse.

'Davey' told us that he was sexually abused by a carer at the age of eight, and then by a cadet officer between the ages of 15 and 17. He told us:

> I live life with the thoughts of my past childhood on a weekly and sometimes daily basis which often leads me to sad thoughts, feelings of shame and disgust, embarrassment and anger – I get angry at myself for not having done something much earlier in my life.[84]

Survivors also told us they felt ashamed because they believed they should have stopped the abuse or told somebody, finding it hard to forgive themselves for not acting, despite their being a child at the time. 'Luke Anthony' told us about sexual abuse at an Air Force base, 'After it happened … I just felt really ashamed and guilty. I should have said, "Stop", but I didn't'.[85]

Feelings of shame may contribute to problems with relationships.[86] 'Roddick' said the thing he found most difficult was forgiving himself. 'I look at myself and see a male whore. It's ingrained in your mind: "It's your fault", "You're a dirty bugger", "You're causing us to do this"'. At various times throughout his life, 'Roddick' has contemplated suicide. On one occasion, he veered his car into the path of a semi-trailer, changing course only at the last moment. 'I thought, "What are you doing, stupid?" and stopped'. He attributed the breakup of his first marriage to his constant feelings of shame which manifested in arguments and difficulty communicating with his wife.[87]

Many survivors also cited feelings of shame as a barrier to disclosure. WP described this feeling in *Case Study 12: The response of an independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009 (Perth independent school).* He told us:

> The sexual abuse I suffered was something I was, prior to making the disclosure, something I was going to take to my grave because I was so embarrassed and there was so much shame and confusion and I was just so sad and full of all kinds of emotions.[88]

Volume 4, *Identifying and disclosing child sexual abuse* discusses in more detail how shame and embarrassment, among other factors, can be barriers to victims telling someone about the sexual abuse.

Associated with shame is the fear of being stigmatised by others because of the sexual abuse. Some survivors told us they did not tell anyone about the abuse because they thought they would be singled out or stigmatised by others. Giving evidence in the *Sporting clubs and institutions* case study, BXI told us he was sexually abused by the volunteer groundskeeper, who was also a volunteer coach, at the local cricket club when he was 10. BXI described how he felt when he was first 'touched inappropriately':

> The rest of the day I was in shock, I was almost frozen. The whole day felt surreal. It seemed like the world had just stopped. I had no idea what it meant. I didn't fully understand what had happened, and was confused and had a lot of 'what ifs' and why would someone do that to me. I felt like I didn't want to tell anyone what had occurred, I didn't want to be the boy who cried wolf and be scrutinised by the community.[89]

In *Case Study 57: Nature, cause and impact of child sexual abuse in institutional contexts (Nature, cause and impact of child sexual abuse)* we heard from Ms Karen Menzies, lecturer in Indigenous Health, University of Newcastle, about the complexities of shame experienced by Aboriginal and Torres Strait Islander survivors.[90] Ms Menzies told us that for Aboriginal and Torres Strait Islander victims: 'The shame moves from being a sense of embarrassment to being a very internalised sense of feeling that they are a complete failure or that they are somehow unworthy'.[91] Like many survivors, Aboriginal and Torres Strait Islander children were encouraged to internalise responsibility for the abuse. However, for Aboriginal and Torres Strait Islander survivors, the experience of shame was felt at both individual and community levels, whereby shame was cast against the whole community. *Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (Bringing them home)* explains how authorities and 'carers' dismissed allegations of sexual abuse, labelling Aboriginal people in general as promiscuous and immoral.[92] In our community consultations we heard from women who had been sexually assaulted as children. One woman told us, 'It felt as if being Aboriginal was a disgusting thing and we were only "good for" being abused'.[93]

Research describes how shame is also a collective legacy stemming from the violence of colonisation and the use of sexual violence to collectively humiliate, degrade and disrupt sophisticated social relations between Aboriginal and Torres Strait Islander peoples.[94]

Guilt and self-blame

Many survivors coming to us expressed complex feelings of guilt and self-blame. Guilt refers to the feeling of having done something wrong or having failed in an obligation.[95] Of survivors who spoke about impacts in private sessions, 16.4 per cent described feelings of guilt. This is consistent with research that suggests that feelings of guilt and self-blame are common among both male and female victims of child sexual abuse.[96]

For some survivors, guilt and self-blame were as associated with disclosure of sexual abuse as with the abuse itself. As children, some survivors were told by the person who abused them, or a person they disclosed to, not to speak about the abuse to anyone. This was a powerful influence on whether they felt in some way responsible for the abuse. Others disclosed, only to be branded a troublemaker. As research suggests, perpetrators of child sexual abuse can frequently convince the child that they are to blame for letting the abuse happen.[97] Victims may feel additional guilt if they were made to perform sexual acts on the perpetrator or another child.

Clinical reports offer explanations for why some male victims have such strong feelings of guilt and self-blame. Male victims who responded physiologically with pleasure or arousal during the sexual abuse may conclude that they had enjoyed and sought the experience. Male victims who identified positive aspects associated with the abuse – such as affection – may believe that, as children, they had instigated or desired the experience. In other cases, male victims may blame themselves for not being able to defend themselves against the perpetrator or child with harmful sexual behaviours.[98]

We heard from a number of survivors in private sessions and case studies who felt intense shame, guilt and self-blame because they had responded physiologically with pleasure or arousal when they were being sexually abused. For example 'Fletcher' told us in a private session that he was sexually abused by his music tutor at school. He told us, 'It all happened so quick'. Afterwards, 'Fletcher' remembered 'fear, guilt, all sorts of terrible feelings. And I blame myself, because I enjoyed it'.[99] Some survivors also told us that because they experienced feelings of pleasure during the abuse, they were confused about whether what they had experienced was abusive. This confusion can act as a barrier to disclosure (see Volume 4, *Identifying and disclosing child sexual abuse*).

Other survivors told us they felt guilty because they did not defend themselves physically at the time. Giving evidence in *Case Study 35: Catholic Archdiocese of Melbourne,* BVD told us:

> As I got older, I began to question myself: 'How could you be so stupid? Why didn't you bash him?' All of these things were going through my head … Then I became ashamed and embarrassed. Self-loathing is a very powerful and draining emotion that has consumed me for the majority of my life.[100]

Survivors also described feelings of guilt associated with whether they reported the sexual abuse, and feelings of worry or anxiety about whether the perpetrator or child with harmful sexual behaviours went on to sexually abuse other children.

Some survivors told us they felt guilty about disclosing sexual abuse to their families, particularly their parents, because of the distress caused. For example, one survivor said he believed his mother's suicide was directly related to his disclosure as an adult, and so he did not tell anyone else about the abuse until he spoke to the Royal Commission.[101]

Victims can also feel guilty for reporting the sexual abuse because of their close ties to the perpetrator, child with harmful sexual behaviours, or the institution itself. Some survivors told us about their feelings of guilt and betrayal for reporting the abuse because of their close ties to the religious institution where the abuse took place. For example, in *Case Study 29: The response of the Jehovah's Witnesses and Watchtower Bible and Tract Society of Australia Ltd to allegations of child sexual* abuse (*Jehovah's Witnesses*), BCB told us:

> I have huge feelings of guilt about coming forward with my story. I feel as though I am betraying the Jehovah's Witnesses and bringing reproach on to them. When I speak to officers at the Royal Commission, my chest gets tight, I have heart palpitations, and I have difficulty breathing because of my anxiety about the betrayal.[102]

Anger

A number of survivors told us that anger and rage dominated their emotions. This anger could be directed at the perpetrator or child with harmful sexual behaviours, or at the institution, but it could also manifest in family and work life.

BXI, giving evidence in the *Sporting clubs and institutions* case study, described the 'endless rage' he felt as a result of being sexually abused by the volunteer groundskeeper and cricket coach between the ages of 10 and 14:

> By the time I was 18 years old, I had an incredible amount of rage inside of me. At that point in my life, I was getting into a lot of fights for no apparent reason. I put it down to possibly needing to vent frustration. It started to get to the point where I wanted to physically hurt Bob [the alleged perpetrator] and I had started to put a plan together of what I was going to do to him, which I found quite disturbing. It made me angry that I was in this position. Instead, I put everything into Rugby League … Sometimes my uncontrolled aggression spilled into my footy for all the wrong reasons.[103]

Of those survivors who told us about impacts in private sessions, 20.4 per cent spoke about aggression as an outcome of abuse. More male (26.4 per cent) than female survivors (9.3 per cent) discussed aggression as an outcome. This is consistent with research that suggests men may be more likely than women to manifest externalising symptoms of trauma, such as anger, aggression and 'acting out', whereas women may manifest internalising symptoms such as anxiety.[104] However, in our private sessions and case studies, we also heard stories of manifestations of anger, aggression and rage in some female survivors. In *Case Study 26: The response of the Sisters of Mercy, the Catholic Diocese of Rockhampton and the Queensland Government to allegations of child sexual abuse at St Joseph's Orphanage, Neerkol (St Joseph's Orphanage, Neerkol)* we heard evidence from AYB who said she was groomed and regularly sexually abused from the age of 11 by Father Reginald Durham at the Neerkol presbytery and other locations.[105] AYB said:

> My husband, children and extended family were also violated by Father Durham. They have suffered so much by his betrayal. There were many times they bore the brunt of my anger and rage, which saw me turn into a screaming, yelling madwoman, consumed with anger, shame, resentment and so much worthlessness. My inner being was cut to the core. My physical, emotional, spiritual and psychological wellbeing was shattered.[106]

Recurrent feelings of anger could be triggered in adulthood by contact with the institution when survivors were pursuing redress or participating in legal proceedings. Although anger may have been a self-protective coping mechanism for survivors, ultimately it could be unhelpful, harming their relationships with others.[107] We also heard from prisoners in private sessions how their anger and rage had contributed to their committing violent offences (see Section 3.8.3).

Grief, sadness, emptiness and loss

Grief, sadness, emptiness and loss were also frequently mentioned as emotional responses to child sexual abuse. In particular, adult survivors expressed great sadness at the loss of their childhood, and continued to grieve for who they could have been if not for the abuse.

We heard in a private session from survivor 'Lisa Michelle', who told us she suffered childhood physical and sexual abuse. She said that she regrets the 'huge loss of potential' the most. 'Lisa Michelle' said it gives her some solace to know that her own children got a good education and have gone on to succeed in life, but the feeling is bittersweet. 'I'm really happy about that but I'm sad for the young girl that I was because I think I could have been something unbelievable'.[108]

For many victims, the enduring effects of child sexual abuse have meant that they never feel 'at peace'; they are tormented by memories of the abuse or suffer the emotional effects of the abuse every day. Others spoke about how they were 'dead inside', emotionless or unable to experience joy or love.

Survivor 'Grant Lee' told us in a private session held in prison that although he has a 'beautiful' partner who he knows loves him, he feels that he cannot love her. 'I don't feel love at all. It's like, I don't feel love against anybody though'. He told us how he ended up in a youth detention centre at the age of 16, after a turbulent childhood moving around various foster homes. We heard that 'Grant Lee' was befriended at the centre by a pastor, who then sexually abused him a number of times at the centre and his house. As he grew older, 'Grant Lee' said he got into more serious trouble with police, and ended up in adult prison, where he was drugged and raped by his cellmate. 'Grant Lee' told us he can feel his mental health declining again. He feels numb, and can't trust anyone: 'My cellmate reckons I'm cold-hearted, I've got no emotion there inside he reckons'.[109]

These emotional effects have left victims lonely and isolated, and have affected their ability to form and maintain intimate and affectionate relationships. The impact of child sexual abuse on intimate relationships is explored further in Section 3.3.1.

Some survivors described the sadness of 'losing' their childhood self. For example, Mr Scott Hallett told us in *Case Study 43: The response of Catholic Church authorities in the Maitland – Newcastle region to allegations of child sexual abuse by clergy and religious (Catholic Church authorities in Maitland – Newcastle)* of his repeated sexual abuse by a priest when he was an altar boy. He said that the priest 'stole his innocence' and that 'once a child is broken, they can't be fixed'.[110]

Similarly, survivor 'Dalton John' told us in a private session, 'I feel that I lost most of my childhood to the hands of abuse. I feel deeply regretful and saddened that I will never be able to get back the years I lost …'[111]

3.2.2 Depression

> Emotionally I don't feel close to anyone and I feel like I am dead and emotionless on the inside. I am currently suffering from depression and post-traumatic stress syndrome. I am on a disability pension. My doctor has diagnosed the cause of these illnesses as Pastor Frank's abuse.[112]

Depression was one of the most common psychological impacts survivors described in private sessions, and survivors and families mentioned it numerous times when giving evidence in public hearings. Of survivors who spoke about impacts in private sessions, 44.0 per cent had suffered from depression.

The link between depression and child sexual abuse is supported by research, which describes it as both a short- and long-term outcome of abuse.[113] For example, a longitudinal New Zealand study found the prevalence of depression for victims of penetrative abuse was approximately double that for people who had not experienced abuse.[114] This is also reflected in research

on the effects of child sexual abuse in institutional contexts.[115] One study found that children in foster care who were sexually abused self-reported substantially higher rates of depression (67.6 per cent) than children in foster care who did not suffer maltreatment (25.3 per cent).[116]

Survivors in private sessions and public hearings described their depression as a 'disease'[117] and a 'burden'.[118] One parent described in a private session his daughter's depression: 'She went to sleep and woke up a different person the day after she was abused, and will never be the same again. She's suffered depression, she's been suicidal'.[119]

In *Case Study 13: The response of the Marist Brothers to allegations of child sexual abuse against Brothers Kostka Chute and Gregory Sutton (Marist Brothers),* AAJ told us that the sexual abuse he suffered at the hands of Brother Kostka prevented him from having an enjoyable and normal life as a teenager, a young man and older adult.[120] He spoke about his depression:

> Sometimes it would be deep, dark and black, and I couldn't get out of it, and I'd go and get help. I had this anxiety, which was a real problem to me, panic attacks, the waking in the morning with a sense of dread and apprehension.[121]

Depression was frequently experienced by survivors in addition to other mental health disorders, such as anxiety and PTSD.[122] This confirms research which indicates that where trauma plays a significant role in the development of depression, this results in post-traumatic depression – a state of depression intertwined with fearfulness, anxiety, and a high level of reactivity.[123]

3.2.3 Anxiety

Research suggests that child sexual abuse in institutional contexts, and in all settings, may be associated with anxiety[124] and the development of specific anxiety disorders.[125] In line with this research, of the survivors who discussed impacts with us in a private session, 35.1 per cent told us about anxiety. They also told us about common symptoms of anxiety including panic attacks, hyper-vigilance and sleep difficulties.

Some survivors said they developed specific anxiety disorders, such as obsessive compulsive disorder (OCD), resulting from the sexual abuse. For example, 'Ernst' told us in a private session that his OCD manifested in a desire to feel clean:

> It's the guilt. I felt guilt and disgusting. I'm a chronic hand washer you know, I think it's probably 'cause I felt dirty all my life. I shower two or three times a day and my partner says to me, "Why do you have to shower all the time?" I do that because – I don't know why, because I felt dirty I guess.[126]

Anxiety can be completely debilitating for victims, affecting their ability to function in a normal environment. As one survivor told us in a private session: 'I fell to pieces. I couldn't sleep. My blood pressure was up. I was taking sleeping pills, Valium and anti-anxiety medication. I was a wreck'.[127]

'Sophia', who told us she was sexually abused as a teenager by a Catholic priest on a number of occasions, described how she becomes anxious when she loses control – for example when she is lost:

> I have an obsessive need for control. I try and control every aspect of my life because the one time I lost control, look what happened. I get incredibly anxious if I get lost in the car or something, because I don't have control. I always need to keep it together.[128]

Panic attacks were also frequently mentioned by survivors in private sessions, sometimes manifesting as specific panic disorders. 'Alanna', who was born into a strict Catholic family in regional Queensland in the late 1970s, told us she was sexually abused between the ages of six and 11 by a young Catholic priest who had befriended her parents. What started as an 11-year-old girl's terror and confusion grew into the complex mental illness that 'Alanna' has carried her whole adult life:

> For as long as I can remember I have been painfully sad, I have suffered from major depression all my life, post-traumatic stress, anorexia, debilitating anxiety, panic attacks … self-harming, sexual dysfunction, confusion, traumatic nightmares, phantom body pain and general malaise. I often have thoughts of suicide.[129]

Anxiety can stay with a victim throughout their adult life, affecting their relationships and employment. Mr Graeme Frazer, giving evidence in *Case Study 40: The response of the Australian Defence Force to allegations of child sexual abuse (Australian Defence Force),* told us he suffered bastardisation and sexual and physical abuse as a junior recruit at the Navy's HMAS *Leeuwin*, a training school in Western Australia in the 1960s.[130] He told us he believes the abuse led to his social anxiety disorder, which makes him extremely uncomfortable in groups of people.[131] This affected his employment prospects after he left the defence force:

> My anxiety was so severe that job interviews were distressing and it took 17 interviews before I was accepted for a position as a social worker. My anxiety causes me severe distress in social situations, and therefore I try to avoid them. Examples of positions I have had to relinquish because of my social anxiety disorder include an Honorary Fellow at a university college in Hobart and a Bench Justice at Hobart Magistrates Court. I also had to cease a doctorate at the University of Tasmania as it required communicating with many people.[132]

3.2.4 Post-traumatic stress disorder (PTSD)

PTSD was the most common mental health diagnosis that survivors spoke about in private sessions. It was also mentioned frequently by victims in public hearings.

This is in line with research that shows PTSD as the most commonly reported impact of child sexual abuse.[133] For example, one meta-analysis reported that child sexual abuse victims have a 143 per cent increase in the risk of developing PTSD, compared with the general population.[134] Although reported rates of PTSD for victims of child sexual abuse in different settings (intra-familial, institutional and other extra-familial) appears similar, some research suggests the dynamics of abuse experienced in institutional settings may increase both the likelihood and the severity of PTSD.[135]

As discussed in Section 3.1, PTSD describes the development of characteristic symptoms after exposure to one or more traumatic events. These can include:

- intrusive re-experiencing and flashbacks
- hyper-arousal and reactivity (such as hyper-vigilance and sleep disturbance)
- numbing and persistent avoidance of stimuli associated with the traumatic event
- negative alterations in cognitions and mood (such as an inability to recall important aspects of the traumatic event, or persistent negative self-beliefs or emotional states).[136]

These symptoms can cause daily torment to many victims throughout their adult lives. For example, as 'Claire Grace' told us:

> I wonder what would have been my potential if I wasn't abused. What could I have achieved if I was not burdened or tormented daily by post-traumatic stress? To not wake up in the morning crippled by an inferiority complex, anger, rage, hurt, sensitivity, blame, paranoia … To sit comfortably in the moment, to feel at peace.[137]

Re-experiencing aspects of the traumatic event or subsequent outcomes is seen as the hallmark symptom of PTSD.[138] This includes intrusive and recurrent recollections of the event, recurrent distressing dreams, and a sense of reliving the experience, for example, through flashbacks.[139] Many survivors in private sessions spoke about these flashbacks.

'Noeline' told us in a private session that she began to experience flashbacks to her childhood sexual abuse after she started seeing a psychologist to deal with the effects of a sexual assault she suffered as an adult. She said, 'It was like a little movie in my head that I couldn't stop, all these horrible smells and senses. I ended up fainting … I couldn't shut the door on it at all, it was non-stop'.[140]

Other survivors described hyper-vigilance. 'Trina Beth' told us she finds herself on high alert much of the time and, because of this hyper-vigilance, she is often exhausted and stressed.[141] Another survivor, 'Roy Leonard' told us he has ongoing issues with anger and paranoia and is hyper-vigilant about the people his nieces and nephews spend time with. He said:

> If I had any inclination or any thought that something bad was happening to them like happened to me I'd become very defensive and I would lash out. I would say that would be a part of what happened to me. It would make [me] very angry, very angry.[142]

As discussed in Section 3.1, some researchers suggest the complexity of symptoms exhibited by many victims of child sexual abuse cannot be explained by a diagnosis of PTSD, and suggest that 'complex PTSD' or 'complex trauma' is a better diagnosis.[143] Some survivors told us in private sessions that they had complex PTSD.

3.2.5 Eating disorders

We heard in private sessions and public hearings from some survivors who had developed eating disorders – such as anorexia, bulimia and overeating – in the years after they were sexually abused. Eating disorders can play a significant role in attempts to regulate trauma-related distress. Anorexia (weight loss caused by self-starvation) may be one way for a victim to feel more in control.[144] On the other hand, bulimia (binge eating often associated with purging) may be an extreme attempt at distraction from unbearable emotional distress.[145] Like alcohol abuse and other drug abuse, eating disorders can be highly damaging to health.

Some survivors in private sessions told us they developed eating disorders during childhood, and it was only as adults that they realised this may have been part of their response to the sexual abuse. We heard that 'Marjorie', who said she was sexually abused daily by her teacher from kindergarten to Grade 3 during the 1980s and began to 'comfort eat' during her childhood as a coping strategy: 'I remember just saying, "Why do I eat the way I do, why do I have so many issues with my weight?"' As no one, including her mother, acknowledged the abuse, 'Marjorie' found it hard to recognise the effects it had. 'Obviously, the way that I lived my life showed that something had happened, but I wasn't aware of what the trauma effects are on a child'.[146]

Another survivor, 'Charlene', told us that after being abused by her Grade 1 and 2 teacher she developed an eating disorder in her teens. This developed into anorexia, which persisted for some years. She then became morbidly obese in her early 20s. 'When I can't cope with things, I think ... I'm a big fat cow; if I wasn't a big fat cow I'd be alright'. Since then, 'Charlene' has been admitted to hospital for self-harm, has overdosed and has undergone electroconvulsive therapy. Although she is on medication, she still struggles with anxiety and panic attacks. Her mother and her counsellor provide support, and she is treated by a psychiatrist.[147]

Other survivors told us about eating disorders that manifested later in adult life, often occurring alongside other psychological problems such as anxiety or depression. One survivor, AOE, gave evidence in *Case Study 20: The response of The Hutchins School and the Anglican Diocese of Tasmania to allegations of child sexual abuse at the school* about being sexually abused at school in the 1960s: by the Headmaster in Grade 6; by his music teacher in either the end of Grade 6 or during Grade 7; and then by his physical education teacher in Grade 8 or 9.[148] He described a range of impacts, including an eating disorder:

> I have … lost all self-respect and have eating disorders. On the day I met with officers of the Royal Commission it would have been six weeks since I've eaten a proper meal and I've been vomiting from anxiety over the preceding weekend.[149]

The association between child sexual abuse and eating disorders apparent in survivors who attended private sessions and public hearings is consistent with research on the impacts of child sexual abuse.[150] The link between child sexual abuse in institutional contexts and eating disorders was also noted in submissions to the Commission to Inquire into Child Abuse in Ireland.[151]

3.2.6 Other diagnosed disorders

Aside from PTSD, and eating disorders, some survivors in private sessions spoke about other mental health disorders which research has associated with child sexual abuse.[152] These include:

- mood disorders, such as bipolar disorder
- psychotic disorders, such as schizophrenia
- personality disorders, such as borderline personality disorder
- dissociative disorders.

However, it is important to note that while early life trauma such as child sexual abuse is a clear risk factor for the development of mental health disorders (or 'psychopathology') later in life, it is not the sole factor. An individual's vulnerability to developing these disorders is made up of several other risk factors, including genetics.[153]

Research suggests that victims of child sexual abuse may be at particular risk of developing borderline personality disorder (BPD),[154] which is characterised by strong feelings of insecurity and impulsivity.[155] People with BPD often have difficulty relating to others, and have a distorted and unstable self-image. One study indicated that BPD was found seven times more often among female victims of child sexual abuse than among the general population.[156]

We heard from a number of survivors in private sessions who have been diagnosed with BPD. Many experienced it in addition to a range of other mental health issues.

'Ryan Ross' was placed into a Salvation Army boys' home in South Australia when he was 12. There, he told us, he was sexually abused by two older residents when he was 14. He told us that he has sought counselling since the early 2000s. He has been diagnosed with paranoia, schizophrenia, anti-social personality traits and BPD. 'Ryan Ross' has an acquired brain injury. He suffers from nightmares, sometimes has suicidal thoughts and has self-harmed.[157]

Dissociative disorders have also been linked to experiences of trauma, including child sexual abuse.[158] Dissociation involves altered states of consciousness in the face of overwhelming stress.[159] These altered states can take many forms, ranging from feeling 'spacey', unreal or even outside your body, to periods of amnesia and abrupt shifts in identity. For some, dissociation may be a diagnosed disorder.[160]

Dissociation can be a way of coping with the stress of sexual abuse, and is a common survival mechanism for children who suffer trauma. As psychiatrist Professor Herman has described, children faced with the terror of abuse may exhibit a 'frozen watchfulness', where they are quiet and immobile, despite being in a constant state of hyper-arousal.[161] The younger the child, and the less chance they have to fight or flee a situation, the more likely that they will employ dissociative responses.[162] For example, 'Lloyd Edward' told us in a private session that he was sexually abused by Father 'Carlisle' in the early 1970s when he offered to give 'Lloyd Edward' some treatment for his damaged legs. He recalled:

> I was too scared to flinch or say anything so I justified to myself that it must be necessary and it would end soon … I cannot remember everything as I seemed to go into a trance where I disconnected from what was happening and I only recall snippets of what happened.[163]

Professor Herman has pointed out that dissociating 'offers a means of mental escape at the moment when no other escape is possible, it may be that this respite from terror is purchased at far too high a price'.[164] There is evidence that children who enter a dissociative state at the time of the traumatic event may be among those most likely to develop long-lasting trauma reactions.[165]

A number of survivors in private sessions told us they had experienced dissociation and dissociative disorders, including dissociative identity disorder (DID), throughout their lives. People who have DID – formerly called multiple personality disorder – experience two or more distinct personality states that repeatedly take control of their behaviour.[166]

'Dion' told us that he was seeing a counsellor and found this helpful in managing the dissociative episodes he sometimes experienced. 'Sometimes I'm just not there. I can disappear from myself for a couple of days. It's not a nice thing to have to live with. It's scary. It's very scary. I just did the best I could'.[167]

Dissociative disorders overlap with PTSD, which can include dissociative symptoms. For example, flashbacks, experienced by those with PTSD, are dissociative states that involve alterations in consciousness, memory, identity and perception. However, unlike PTSD, exposure to a traumatic event is not necessary for a diagnosis of dissociative disorder, although trauma is a common cause of such a condition.[168]

3.2.7 Sleeping difficulties

Sleeping difficulties are a common effect of child sexual abuse, including in institutional contexts, both as an immediate response and a long-term problem.[169] Victims told us of sleeping difficulties caused by persistent nightmares, 'night terrors' (that is, feelings of extreme terror when asleep, with dramatic presentation), hyper-vigilance, fear and anxiety. Of the survivors who discussed impacts with us in a private session, 13.5 per cent described nightmares. As discussed in Section 3.2.4, nightmares and other intrusive thoughts are recognised as symptoms of the hyper-vigilance that is a marker of PTSD.

Nightmares can cause victims to experience extreme distress and panic. As 'Edna' described:

> For years, I've had recurring nightmares where I feel like someone is sitting on my bed and leaning over me. It's so real I can feel their breath on the back of my neck. I wake in a panic too scared to move, with my heart racing, and I'm trying to scream but no sound will come out. For more mornings than I care to count, I just stand in the shower and let the tears fall.[170]

Some survivors told us that the way in which they were sexually abused was a direct cause of anxiety-related difficulties with sleep. Survivors who were placed in residential institutions told us that they, and other children, were sexually abused during the night, either being taken out of bed or assaulted in their beds.[171] For some, the fear associated with this affected their sleeping patterns, which persisted into adulthood. Giving evidence in *Case Study 5: Response of The Salvation Army to child sexual abuse at its boys' homes in New South Wales and Queensland (The Salvation Army boys' homes, Australia Eastern Territory)*, one survivor, EP, described the effects of being taken out of bed and sexually abused by older boys:

> You were on the defensive all the time; you were on the lookout all the time. You could never sleep through the whole night, you'd lie there waiting for someone to come and get you; even now I still can't sleep.[172]

Two other survivors giving evidence in this case study told us they still had constant nightmares or they experienced screaming and thrashing in bed.[173] One said he had to close his bedroom door to sleep. Another said he could not sleep in the same room as his partner and had learned to sleep lightly because of his fear of being attacked while he slept.[174]

As a result of their difficulties sleeping, victims told us they were prescribed sleeping tablets and self-medicated with alcohol and other drugs. 'Renny' told us in a private session that he was sexually abused repeatedly by a teacher in Grade 3. At the age of 12 he discovered that smoking cannabis helped control his terrifying nightmares and flashbacks. 'Renny' said he left home when he was 17 years old, specifically so he could increase his intake of alcohol and other drugs to help dull his panic attacks, anxiety, flashbacks and nightmares.[175]

3.2.8 Self-harm

Research has consistently found an association between child sexual abuse and self-harm.[176] Of those survivors who discussed impacts in a private session, 13.0 per cent of female survivors and 7.1 per cent of male survivors spoke to us about self-harming episodes, in particular physically injuring themselves in the years immediately after the abuse or following a trigger event. Self-harm can take many forms including cutting, burning, banging the head and ingesting.[177] In the *Catholic Church authorities in Ballarat* case study, BAS told us that as an adult he had self-harmed by scrubbing himself with steel wool to 'scrub away the man'. It was only going to a men's group that got him 'out of there'.[178]

In *Case Study 10: The Salvation Army's handling of claims of child sexual abuse 1989 to 2014,* JH gave evidence that her daughter was sexually abused when she was eight or nine years old by a captain in The Salvation Army. From that time, her daughter started to pick at her face and arms. 'I have photographs prior to 1989 and after and you can see by looking at them that she had started to damage herself'.[179]

While knowledge is growing about the risk factors that increase the likelihood of children self-harming, much less is known about why and how children do so.[180] Self-harm is distinct from attempting suicide, as it is intended to provide temporary respite from emotional pain rather than bringing permanent escape through death. Self-harm can have multiple meanings for victims, including self-soothing, punishing oneself, dulling the emotional pain, distracting from the overwhelming effects of emotional pain or being used as a call for help. It has been described as a way of coping with feeling numb or suffering intense pain, distress or unbearably negative feelings, thoughts or memories[181] and can become habitual.[182] Survivors reflected on these feelings in private sessions.[183] 'Lucy' described in a private session what compelled her to self-harm:

> When this distress started to become overwhelming, then I would have this 'I've got to cut myself, I've got to cut myself and let the poison out and 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.[184]

While self-harm may help victims regulate unbearable emotional distress, it can end up being counterproductive, as it can exacerbate or precipitate the painful emotional states it seeks to mitigate.[185]

3.2.9 Suicidality

We heard about a number of victims of child sexual abuse in institutional contexts who had attempted to take their own lives or had died by suicide. Thoughts of suicide and attempted suicides were some of the most common outcomes of child sexual abuse described in private sessions. Of those survivors who described impacts in a private session, 19.8 per cent told us they had suicidal thoughts and 16.4 per cent said they had attempted suicide. We also heard from family members or others, who told us about victims who had taken their own lives. These victims represent just under one per cent of all private sessions where information about impacts was provided.

Research suggests a link between child sexual abuse across all settings and suicidal ideation, suicide attempts and actual suicide.[186] For example, one longitudinal study showed that 'exposure to child sexual abuse is related to clear increases in the risks of later mental health problems', including suicide attempts, although adverse factors in childhood, such as physical abuse, problematic parent-child attachment and parental history of illicit drug use may also have had an influence.[187] Another study of Australian high school students showed that 61 per cent of victims of child sexual abuse had suicidal thoughts compared to 21 per cent of students who had not been victims of child sexual abuse, and 28 per cent had attempted suicide.[188] According to another study, victims of child sexual abuse are 18 times more likely than people in the general population to die as a result of suicide and accidental fatal overdose.[189] As discussed in Chapter 1, it is difficult for researchers to distinguish between outcomes that have emerged from a person's experiences of child sexual abuse and those that stem from other influences in that person's life. These difficulties are as complex, if not more so, for research on suicide. For example, Dr Margaret Cutajar, Senior Psychologist at the Victorian Institute of Forensic Medical Health, explained in the *Nature, cause and impact of child sexual abuse* case study that most victims in her research had taken their own lives a considerable length of time after the sexual abuse. This means that there are potentially more influences in those people's lives that need to be taken into account when trying to determine causal factors for the suicides.[190]

Some survivors in private sessions and public hearings told us they had attempted to take their own lives in the years immediately after the sexual abuse. Some survivors contemplated taking their own lives as young as age nine or 10. For example, 'Adeline' told us in a private session:

> I remember drinking some poison out of a bottle in the shed and I also … there was a fire going at the back of our home and I walked through that, and I had third-degree burns. It was like I just … I didn't fit in … and I just tried to end my life so many times and so it just went on and on …[191]

Some survivors told us that the effects of child sexual abuse they suffered as young children stayed with them, leading to attempts to end their lives in their teenage years. For example, 'Simeon Paul' told us he was sexually abused by his primary school teacher when he was nine years old. He said of the abuse, 'The after-effects are devastating. I've lived a half-life since then'. He told us, 'I've been suicidal since I was 19'.[192]

Another survivor in the *Jehovah's Witness* case study, BCG, described the overwhelming nature of her feelings that led to her attempt to take her own life in her teenage years. She described being sexually abused by her father, who was an Elder at her congregation of Jehovah's Witnesses, and taking part in a traumatic interview with the Committee of Elders about the abuse:

> During my teens, I was at times depressed and suicidal and this became worse after my father's sexual abuse of me while my mother was away at Expo'88. I also attempted suicide several months after the Committee Meetings in 1989 as a result of my experience of the Committee Meetings with the Elders. I couldn't bear the judgment of those around me, the public vilification and ostracism. I wanted to dig a hole and die.[193]

Survivor BAP, who gave evidence in the *Catholic Church authorities in Ballarat* case study, did not realise his behaviour was suicidal until later in life. He described his risk-taking behaviour, which he now realises were attempts to take his own life:

> At 19, I lost my driving licence because I had been drinking and driving. One day I drove very fast down Eureka Street in Ballarat. I drove about halfway, hit a telephone pole, lost control of the car and crashed through the front fence of a house. The ambulance and police could not believe that I lived through such a crash. The only injury that I got was some glass in my head. They said the only thing that saved me was that I didn't have my seatbelt on and was thrown into the back seat. The front of the car was crushed. It took me a long time to realise that these accidents were actually suicide attempts. I think I was trying to be heard. My mum said to me, 'BAP you've got nine lives, you must be a cat'. I couldn't even tell her why I was doing these things.[194]

We also heard from parents and other family members about victims who had taken their own lives at a young age. In some cases it was unclear to them why the child had taken their life until later, when other evidence about sexual abuse by the same perpetrator came to light. For example, Mrs Audrey Nash spoke in the *Catholic Church authorities in Maitland – Newcastle* case study about the suicide of her son Andrew at the age of 13, which she told us she now believes was because he had been sexually abused at Marist Brothers Hamilton, New South Wales:

> When Brother Romuald was charged in 2013 I read a media article that mentioned that he had sexually abused some boys at Bar Beach. Reading that article brought back to mind the incident that occurred about six months before Andrew committed suicide, when he came home late and told me he had been there … Many of the boys that Brother Romuald was convicted of sexually abusing were in Andrew's class at school, and I have no reason to

> believe that Andrew wasn't targeted by Brother Romuald, just the same as the other boys who were sexually abused. In February 2013, a school friend of Andrew's wrote to me saying he believed Andrew had been sexually abused at Marist Brothers Hamilton, and that is why Andrew committed suicide … I now believe that Andrew was sexually abused and that he took his own life because of the abuse.[195]

We also heard of many attempted suicides and suicides later in life, after years of suffering the impacts of child sexual abuse. Research shows the risk of suicidal behaviour for victims of child sexual abuse may be greater at certain points in the life cycle.[196] For example, one Australian study on the risk of suicide and victims of child sexual abuse showed that death as a result of suicide predominantly occurred when the victims were aged in their 30s, similar to the peak time for suicide in the general population.[197] For some victims, it may be that the prospect of certain life changes leads them to consider taking their own life. For example, older survivors told us they feared being re-institutionalised, dependent and vulnerable when they grow older, because for them these are powerful triggers for the sexual abuse they experienced in their childhood (see Section 3.8.1).

'Clusters' of suicides were reported in some locations where many children had been sexually abused by one or more perpetrators over years. For instance, giving evidence in the *Catholic Church authorities in Ballarat* case study, witnesses said they knew a number of victims of child sexual abuse at St Alipius in Ballarat in the 1970s who had taken their own lives.[198] One witness showed the Commissioners a photograph of 33 boys in his Grade 4 class at St Alipius in 1974, of whom 12 were dead. He believed suicide to be the cause of their deaths.[199]

These suicides affected others who were sexually abused during the same time.

> The suicides have left an impact on me, too. I have been and continue to be impacted by the grief and loss of losing other victims of [the Brother] to suicide, some of whom were my family, brothers and cousins. I have had to bury people as a result of the trauma caused by these crimes. I have had to go to funerals where the person took their own life. I knew they were childhood sexual assault victims of [the Brother]. I live with this knowledge and grief every day.[200]

Similarly, we were told in the *Catholic Church authorities in Maitland – Newcastle* case study that several former students at Marist Brothers Hamilton had taken their own lives, which a witness believed was because of the sexual abuse they had suffered at the school.[201]

How child sexual abuse has affected communities is discussed further in Chapter 5, and in Volume 16, *Religious institutions.*

3.2.10 Alcohol abuse, drug abuse and gambling problems

Survivors told us they have used alcohol and other addictive substances to manage the effects of child sexual abuse, leading to their overuse. Alcohol abuse was one of the most common mental health and wellbeing problems described by survivors in private sessions. Of all survivors who spoke to us about impacts in a private session, 31.1 per cent told us about alcohol abuse, and 27.8 per cent spoke about illicit drug use. A small number told us they had overused prescription medications at some stage of their lives.

Research has long suggested a relationship between child abuse and subsequent alcohol and substance abuse.[202] Using population-based studies to compare to the general population, some research suggests that child sexual abuse victims may be up to eight times more likely than non-abused people to develop alcohol-related and/or drug-related disorders.[203] Research also suggests that these problems have an earlier age of onset in sexual abuse victims.[204] One study found that female victims were 88 times more likely than the general Australian population aged 15–64 to die from an accidental drug overdose, and male victims were 38 times more likely to die from an accidental drug overdose.[205]

The abuse of alcohol or other drugs may be a problem more common among male victims.[206] One Australian study on the outcomes for sexually abused children found that generally males were more likely than females to abuse alcohol or drugs. However, it also found that child sexual abuse was a particularly strong risk factor for females abusing alcohol. The rate of alcohol abuse for female victims was almost nine times higher than for females in the community, compared to 3.4 times higher for male victims.[207]

In private sessions and public hearings, victims told us how alcohol and other drugs were used as a way of coping with the pain of the sexual abuse in their early years. In the *Australian Defence Force* case study, CJV told us that ever since his second year at Balcombe Barracks, Victoria, when he was 16 years old, he started to drink heavily. He told us this helped him to cope with the effects of the abuse.[208] CJV still drinks heavily today.[209] We also heard from Mr Angus Ollerenshaw in *Case Study 23: The response of Knox Grammar School and the Uniting Church in Australia to allegations of child sexual abuse at Knox Grammar School in Wahroonga, New South Wales,* who told us, 'I have suffered great amounts of mental pain that I tried to cover up with, at times, drugs'. He started to take drugs when he was 13 in 2005 and moved into 'more heavy drugs' at 15, continuing to use drugs on and off until late 2013.[210]

Some victims spoke about starting to use alcohol and other drugs in their teenage years as part of 'acting out' or rebelling in response to the sexual abuse. For example 'Zahara' told us in a private session, 'I did the rebellious teenager and did the drugs and alcohol and early teen pregnancy'.[211]

Victims also continued to rely on alcohol and drugs to cope with the impacts of sexual abuse into adulthood, well after they left the institution. Giving evidence in the *Bethcar Children's Home* case study, AIH told us that after she left Bethcar, 'I turned to alcohol to solve my problems and to make the pain go away; however, it just got worse and worse'.[212] She went on to say, 'I trust nobody because adults in my life have taken advantage of me, and the only time I can cope with life is when I am drunk or using drugs'.[213]

Some victims said that the perpetrator introduced them to alcohol and other drugs – such as tobacco – when they were children, as part of the grooming process or to facilitate the abuse. In one private session, we heard that after this type of experience the victim then used alcohol to cope with the abuse. 'Gabriel' told us the perpetrator offered him a drink when they were alone on a weekend 'posting' in cadets. He described how the perpetrator gave him Scotch whisky, which made him feel sick. 'Gabriel' then lay down on one of the beds. The next thing he remembers is waking to find the perpetrator and another man standing over him. He said they then raped him. Thereafter, his life 'spiralled into using alcohol'.[214]

However, a number of victims said that while alcohol and other drugs were sometimes helpful to numb the pain in the short-term, excessive use of alcohol and drugs had affected them negatively later in life. Many victims told us that their excessive use of alcohol or other drugs led to a breakdown of relationships with others (including with their parents, partners and children), physical illness, unemployment and criminal behaviour. For example, in the *Catholic Church authorities in Maitland – Newcastle* case study CNQ told us:

> I have had difficulty with relationships and have been through two failed marriages. I have trouble with intimacy and I am often uncomfortable with sexual relationships. Usually these issues, combined with my alcohol and substance abuse problem have resulted in my relationships breaking up.[215]

'Odie', who told us he was sexually abused by religious sisters and a priest at an orphanage, experienced troubled years after he left the institution. He lived on the streets, was a heavy user of drugs and alcohol and found himself in court on multiple occasions. Over time, he could see a pattern. 'Odie' said, 'It's like a cycle. Every three or four years I just break down. And I've always treated it with drugs and alcohol'.[216] In 2006, he got drunk and went to a party where he ended up stabbing someone. It proved a watershed moment:

> Alcohol's played a major role in my life … I've always woken up the next day with someone else's blood on my hands. It's never mine. I was getting to the point where I was actually fearing that I'm going to kill somebody one day. I decided then that drugs and alcohol's not for me. I'm sick of that way of life. I needed to change. It was either that or I'm going to end up in an early grave.[217]

Survivor 'Norm' told us in a private session that, on turning to drugs as a result of abuse, '… I lost who I was, and this was the thing: I became somebody that I didn't really want to become'.[218]

We also heard from some survivors, mostly men, about the connection between child sexual abuse and the development of gambling problems later in life. In a submission to the Royal Commission, Mr Mark Griffiths, psychologist and Chair of the Clinical Advisory Board of Survivors & Mates Support Network (SAMSN), described how some victims use gambling to cope with the effects of sexual abuse, with many developing compulsive gambling habits:

> When the groups for male survivors started in the early 90s it was unusual to hear that participants had gambling problems. However, over subsequent years it has evolved that every group will include men who have experienced problems with compulsive gambling. Much like drug use, survivors use gambling to temporarily calm themselves, in this case diverting their attention from their internal struggles and emotional distress. A client once told me that when he was in a TAB he experienced 'an overwhelming feeling of peace'. When I asked him what he meant he told me, 'when I am in there focusing on the screens, and on my bets – that's the one time I don't think about the abuse'.[219]

3.3 Interpersonal relationships

Survivors spoke to Commissioners about the difficulties they have experienced with interpersonal relationships, including with intimate partners, other family members and friends. Consistent with what we were told, research associates child sexual abuse with negative impacts on social and interpersonal relationships.[220] Perhaps this is to be expected given that the abuse often occurs in the context of a close, personal relationship where a sense of trust and safety has been established. Child and adolescent psychiatrist, Dr Bruce Perry, giving evidence in the *Nature, cause and impact of child sexual abuse* case study, explained how child sexual abuse in an institutional context makes a victim less willing to trust others, which impacts on their capacity to establish and maintain relationships:

> Everything that we learn, the entire way we heal, is all in the context of relationships, and if the very vehicle that we use to learn, to grow, to develop, to heal, to engage, to teach – all the stuff that we do as a parent – if that is corrupted by the process of sexual abuse and you can't trust and you don't feel safe, it makes it difficult for you to make your way through life. If the institution – you know, these institutions are either ignoring, colluding, rejecting or even attacking you because of your disclosure, and you see this and you feel it, it makes you much, much, much less willing to trust.[221]

Compounding this loss of trust, the secrecy and sometimes the fear associated with hiding the abuse from others create a sense of guilt, shame and confusion that can disrupt the way the child views the world.[222] In adulthood, this worldview affects the way that survivors understand the motives of others and how they handle stressful life events.[223] This may strongly influence their relationships with others throughout their lives, especially intimate partners.

Despite the pervasive negative effects on personal relationships, many survivors in private sessions and public hearings, told us about the importance to them of close relationships with parents, partners, siblings, children, extended family, and friends. As discussed in Chapter 2, they drew on supportive relationships to help them cope, even if the supporters did not know about the abuse or only found out later. Many reflected on how their relationships with others had given them meaning, and helped motivate them to seek healing and recovery. These sources of strength are also discussed in more detail in Volume 5, *Private sessions.*

3.3.1 Intimate relationships

Difficulty in forming and maintaining intimate relationships was a pervasive impact described to us by many survivors. Of survivors who discussed impacts in private sessions, 24.2 per cent described having relationship problems and 45.2 per cent spoke of having difficulties with trust and intimacy. Many survivors who gave evidence during public hearings also identified these problems.[224] For example, in *Case Study 30: The response of Turana, Winlaton and Baltara, and the Victoria Police and the Department of Health and Human Services Victoria to allegations of sexual abuse (Youth detention centres, Victoria)*, one survivor told us, 'I am currently married, but I have very poor intimacy abilities. I don't enjoy having sex; it feels functional and awkward. And, although my marriage is strong, my wife and I struggle with the intimacy'.[225]

Research supports what we have heard from survivors of child sexual abuse about the difficulties they have experienced functioning in intimate relationships.[226] Studies suggest survivors of child sexual abuse are less satisfied with their current intimate relationship or marriage, less likely to marry and more likely to divorce than people who were not sexually abused as children.[227] In evidence to other government inquiries, victims of institutional child sexual abuse have described lifelong isolation and loneliness, even in the presence of others or in the context of supposedly happy relationships. The inability to trust, a sense of profound anger and powerful feelings of guilt and shame frequently compromised their relationships and were described as an ongoing barrier between them and others.[228]

Consistent with research, survivors in private sessions and public hearings often described what they saw as a connection between their lack of trust stemming from the child sexual abuse and their inability to sustain long-term intimacy. Some victims have been unable to have committed relationships at all. As one male survivor said, he avoids relationships because '… if I don't get close to people, they can't hurt me'.[229] Similarly, BQG told us in the *Brisbane Grammar School and St Paul's School* case study, 'I don't trust anyone and I don't let people in or let them get close. I have a fear of being abandoned. I have had a lifetime of hollow relationships'.[230]

The stress of coping with the impacts of the sexual abuse – including mental illness and other negative outcomes – also takes its toll on intimate relationships. Some survivors told us that as a result of these difficulties their relationships broke down completely. For example, in the *Catholic Church authorities in Ballarat* case study, BAB said:

> I think that my actions of holding on to this internally have actually led to a psychological barrier, which now means that my marriage is almost collapsing. I think it's become more debilitating the longer it's gone on. I have withdrawn more and it is to a point where it is really affecting my relationship with my wife.[231]

The impacts of child sexual abuse are sometimes realised only when a victim enters a committed relationship. 'Vittorio' told us that it was only when he was in his 20s that he finally recognised that sexual abuse by a priest when he was an altar boy had affected his life. He realised he wasn't close to his family, women or people in general. 'Vittorio' didn't have serious relationships until he met his partner when he was in his 40s. The relationship became rocky and they went to see a counsellor, where the issue of the sexual abuse surfaced. Although he and his partner remain friends, the relationship ended. 'Vittorio' told us, 'It just hasn't been a good part of my life, the last four years … Sometimes I can cope with it, sometimes I can't. I still haven't got a lot of friends and I spend most of my time alone'.[232]

We also heard how a survivor's ability to form and maintain intimate relationships can be related to difficulties with physical intimacy – issues which stem from the sexual abuse when they were children. Survivors in private sessions and public hearings told us that they experienced a range of sexual problems or dysfunction that they attributed to the impacts of the sexual abuse they experienced as a child, and which affected their relationships. These included difficulties with arousal and avoidance of, or fear of, sexual intimacy. Other sexual impacts, such as having sex at an early age, unprotected sex, multiple partners, and hyper-sexuality and engaging in sex work, are discussed separately in Section 3.5.3.

Research has suggested a relationship between child sexual abuse and a victim developing sexual problems or sexual dysfunction.[233] One analysis of research on the impacts of child sexual abuse in intra-familial and other extra-familial settings identifies that 'while around a third of female victims in community samples report problems of sexual dysfunction, almost two-thirds of clinical samples of female victims report problems'.[234] Studies of institutional sexual abuse suggest that sexual dysfunction may be a common impact for male victims of historical child sexual abuse in religious institutions.[235]

Some survivors in told us in private sessions that they avoided sex or were fearful of sex. Of the survivors who discussed impacts with us in a private session, 6.7 per cent told us that they avoided or were fearful of sex. Female survivors (9.4 per cent) were slightly more likely than male survivors (5.2 per cent) to describe avoidance or fear of sex. A smaller percentage of survivors, female (2.0 per cent) and male (1.9 per cent), told us they experienced difficulties with sexual arousal.

Some survivors told us they avoided sex because they feared triggering memories of the sexual abuse. This avoidance in turn affected their relationships. For example, 'Francesca', told us that after she was sexually abused by a female camp leader when she was in primary school, consensual sexual activity would trigger her into feeling as though she was being abused. This reaction affected her relationships. 'Sexually, it had a huge impact, most definitely. And that was a factor that led to the breakdown of my marriage'.[236]

Avoidance behaviours were not limited to female survivors of child sexual abuse. For example, 'Cedric' told us that he was accustomed to shutting down when something sexual was happening to him. He found that 'whenever I got to a point of sexual intimacy my libido would freeze and I could not consummate'.[237]

In the *St Joseph's Orphanage, Neerkol* case study, we heard from AYE who said, 'I struggle to be intimate with my wife. I can't stand anybody putting their arms around me, or even touching me. We don't even kiss. That is what the priests did to me and that is all I can think about'.[238]

BQF told us in *Case Study 34: The response of Brisbane Grammar School and St Paul's School to allegations of child sexual abuse (Brisbane Grammar School and St Paul's School),* 'I have never married. The sexual abuse has definitely been a catalyst. Whenever I become intimate, I just have flashbacks all the time. I have mates, but I guess I'm not close to them'.[239]

In another example, 'Eliza' told us in a private session:

> I know this sounds awful and I feel bad, but I used to fake it with my husband, do you know what I mean? I wanted to be normal. I wanted to be normal and have kids. I always knew there was something wrong with me 'cause I didn't really have a sex drive.[240]

Sexual difficulties can also affect people's ability to have children. One survivor, who was sexually abused by an Anglican priest when he was 13, told us in evidence in the *Church of England Boys' Society* case study:

> Child sexual abuse by priests … made me question my sexuality, and made normal marital sexual relations impossible. I was traumatised by communal showers and toilets, something that remains embedded today. One of my two children had to be conceived by IVF as a result of my anxiety and distress. I am conscious of the toll that this has had on my wife and family, especially my children.[241]

However, despite difficulties with intimacy being common among survivors, many victims also told Commissioners they have had satisfying and supportive long-term relationships, often citing their partner as their main support in helping them to cope with the effects of the abuse.

3.3.2 Parenting

Research suggests that child sexual abuse may affect the relationships that victims form with their children and their parenting behaviours.[242] One study found that victims of child sexual abuse identified greater negativity in their relationships with their children and were less confident about their parenting ability compared with parents who had not been sexually abused as children. However, both groups derived the same level enjoyment from their relationships with their children.[243] This suggests that the impact of sexual abuse on parenting may relate to parental confidence and communication skills.[244]

Another perspective on the effects of child sexual abuse on parenting emphasises how the effects of trauma can impair survivors' parenting capabilities. One literature review suggested that sustained and overwhelming trauma in childhood has been shown to affect some women's experiences as mothers, despite their best underlying intentions to protect and nurture their children. For example, mental health issues, intimate partner violence and substance abuse, which may be outcomes of child sexual abuse, are understood to substantially affect parenting.[245]

Some survivors spoke in private sessions about the effects of child sexual abuse on their ability to parent, and on their views of parenting. Of the survivors in private sessions who discussed impacts, 13.5 per cent told us about their discomfort or lack of confidence with parenting, with slightly more females (17.8 per cent) than males (11.2 per cent) describing this as an outcome.

Most common among survivors who are now parents was a concern that they would not be 'good parents'. Some survivors who became parents said they were unable to show love or affection to their children. 'Hany', for example, spoke in a private session about being sexually abused multiple times by three older boys at a Catholic mission school in the mid-1960s. He described how he has had difficulties maintaining relationships with partners, children and his wider family as a result of the sexual abuse:

> my inability to communicate with my kids, to show the affection, to show the love for my children … It's almost like your emotional process has just completely switched down. You don't want to talk about nothing. You go out the back and you keep quiet … I've lost my family. I think that this has affected me, because of my feelings, I don't know how to feel. I do feel compassion, but as a survivor I don't know how to feel for a family. And so I've got family members that I don't even see.[246]

In the *Australian Defence Force* case study, CJA told us the abuse he experienced made it particularly difficult to show physical affection to his child:

> My son is an affectionate child, and often wants to be physically close, and while I have no problems with this, I sometimes find it uncomfortable and have often had to remove myself from the situation. He sees this as rejection. However, because of his age, I can't explain to him why I have this reaction to him. I often worry about the long term effect of my behaviour towards him.[247]

Some survivors of sexual abuse in out-of-home care told us how the emotional toll of the abuse contributed to estrangement from their children, replicating their own separation from their family when they were children. 'Hayley' told us that she suffered physical and sexual abuse, as well as neglect, at home and in her foster care placements, later battling drug and alcohol addiction and mental health problems. She surrendered her first two children to care: 'I learned it was perfectly acceptable, even by the state's standards, to abandon your children … and that's exactly what I did'. Becoming pregnant again when she was a lot older pushed 'Hayley' to get off drugs and stop drinking. She sought help for her mental health issues and left her violent relationship. 'Hayley' now dreams of having her own home – 'a safe place' for her and her child.[248]

Another survivor, 'Casey', who told us he was physically and sexually abused by a houseparent in a home run by the Aborigines' Inland Mission, said he is 'not very close' to his son and doesn't want to tell him what happened in the home. He told us his son would say, 'You're not my father, you don't come and look after me'. 'Casey' said, 'But that's in here, I think, not [having] that mother or father love when I was a child. Just never had any'. He also said, 'That's why I feel sorry for my son, but I don't want to tell him what happened in [the home] … I wasn't a proper father, a father figure. I don't know how to be a father figure'.[249]

Some survivors described becoming overly protective and anxious when their children reached the age they were when they were first sexually abused. As 'Ramona' said, 'The worst thing I think I've done to my son is [that] I didn't treat him like a kid. I always treated him like an adult – I didn't want him to be a kid to get abused like me'.[250]

Some survivors in private sessions raised similar concerns about their ability to grandparent. The intergenerational impacts of child sexual abuse are discussed in Chapter 5.

A number of survivors spoke about a common myth that victims of sexual abuse will become perpetrators of child sexual abuse. They told us that they worried they might sexually abuse their own or other children because they had been sexually abused themselves, although they had no other reason to believe their children were in danger. For that reason, some said they avoided being physically affectionate with their children or engaging in nappy changing or bathing, and others said they had decided not to have children. This is consistent with research in which male survivors described themselves as being overprotective and nervous about physical contact with their children and fearful of becoming sexual abusers themselves.[251] 'Landon', who told us he was sexually abused at a boys' home in the 1970s, described how this fear affected the way he related physically to his son:

> Every one of my mates has got a photo of them and their little boy in the shower – holding his boy in the shower or holding him up and he's wet, you know what I mean. I was robbed big time. I haven't got a photo like that where I can say, "That's me and my boy". That's a normal Daddy shot and I haven't got it. I was too scared to get it.[252]

'Dane' told us in a private session that when his first child was born, memories of the sexual abuse he experienced as a teenager in a government-run children's home came flooding back to him:

> What happened, that set off post-traumatic stress disorder related to the sexual assault. Now, I didn't know that at the time … I started to feel really uncomfortable when I was giving my daughter a bath, that type of stuff. [253]

'Dane' worried that he may sexually abuse his daughter – even though there was no indication he may do so – 'because I'd heard this type of thing in the media, about survivors becoming offenders'.[254]

'Rosswell' told us he was first sexually abused when he was eight years old. 'Rosswell' married in his early 20s. He and his wife divorced 20 years later and didn't have children. He told us, 'We both had our own demons on that'. 'Rosswell's' fear, one that he knew he could 'rationally discount' was that he might become a perpetrator himself.[255]

Ms Andrea Lockhardt, a qualified social worker [256] and Senior Counsellor at the Ballarat Centre Against Sexual Assault (CASA),[257] gave evidence in the *Catholic Church authorities in Ballarat* case study about this common fear among male victims:

> I'm running a support group, or co-facilitating … and there's 18 to 20 men who haven't gone on to abuse others, we wouldn't be working with them. But it's such an impact. I remember one man who said his psychiatrist told him that he would definitely go on to abuse, and so that impacted on his ability to bathe his children, to even hold them, and so there was such a grief and loss around that. I would say most of the men in the group have that fear, because people out in the community believe it, so it actually prevents them from disclosing too and seeking help. It silences them.[258]

However, despite the common myth that victims of child sexual abuse become perpetrators, research shows that the vast majority of victims do not go on to commit sexual offences in adulthood, including child sex offences (See Section 3.8.3).

3.3.3 Other relationships

The ability to form and maintain friendships and other relationships outside the family can also be affected by the lack of trust many victims experience as a result of child sexual abuse. Some survivors told us they lost friendships because people did not know how to respond when they disclosed the sexual abuse. Others spoke of feeling socially anxious, not knowing what to say in social situations and not feeling they belonged.[259] As 'Travis' said, 'it sort of shuts you down socially … You become more of a, not so much a recluse, but tend to prefer your own company'.[260] In the *Sporting clubs and institutions* case study survivor BXI told us he was sexually abused by the volunteer groundskeeper, who was also a cricket coach, at the local cricket club. He told us he couldn't be around men, because he was unable to trust them:

> I have struggled with men all my life. I have trouble trusting men. The abuse robbed me of my ability to show love to my father. I have always suppressed my emotions and feelings towards him. I struggle to urinate in a public urinal if other men are present. I find it awkward to be around other men's penises so I try to avoid having showers in a locker room after playing sport, or try to be the last one to shower.[261]

Low self-esteem, discussed in Section 3.2.1, also damaged victims' ability to maintain friendships. In a private session, 'Cecilia' spoke about the devastating effects that being sexually abused by a priest and a Scoutmaster has had on her ability to maintain friendships:

> Once people become my friends, I work out that they don't like me and they're going to use me, and if they actually knew what I was like they would hate me. So I always break it off, I always sort of finish everything. I never have friendships last more than a year or two.

Still, 'Cecilia' has managed to maintain two close friendships over the last four years: 'The longest friendships I've maintained. Mostly because I'm starting to come to some understanding of what has happened'.[262]

Some survivors told us about the lonely lives they have led as a result of the sexual abuse, some because they were unable to maintain relationships, and others because they felt they could not trust anyone. 'Ronald' told us in a private session that he was raped and physically abused in a Salvation Army boys' home and now leads a lonely life, despite work being important to him, and having a psychologist he can now trust. 'I know I'm lonely. I don't trust anybody, but I open that door [at home] and I know nothing can hurt me'.[263]

3.4 Physical health

Although physical health was not discussed as frequently as many other impacts, a number of survivors in private sessions and public hearings spoke about having adverse physical health effects of child sexual abuse, including:

- direct physical consequences of abuse, such as injuries and sexually transmitted infections
- symptoms, illnesses and injuries that they developed over their lives, as an indirect effect of the sexual abuse and their response to the abuse.

Research shows a relationship between adverse childhood experiences, including child sexual abuse, and poor health outcomes.[264] A landmark epidemiological study in the United States found a relationship between adverse childhood experiences, such as abuse and family dysfunction and some leading causes of death, such as ischemic heart disease, cancer, chronic lung disease, skeletal fractures and liver disease, as well as poor self-rated health (the study did not look specifically at child sexual abuse).[265] The study also found associations with health risk behaviours, including smoking, obesity, alcoholism, risky sexual behaviour and intravenous drug use. Adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure to adverse experiences were likely to have multiple health risk factors later in life.[266]

Another study found that child sexual abuse victims are more likely to suffer a range of chronic conditions, including heart disease, osteoarthritis, chronic back and neck pain, and frequent or severe headaches.[267] Other inquiries on child sexual abuse in institutional contexts have also noted its relationship with adverse health outcomes, particularly sleep problems, impaired or lost hearing, and muscular and skeletal issues.[268]

3.4.1 Direct health effects

Injury

Many survivors who gave evidence in public hearings and 3.9 per cent of survivors who described impacts in private sessions said they had received a physical injury as a direct result of sexual abuse. The physically violent nature of some child sexual abuse is described in Volume 2, *Nature and cause*.

Survivors told us about injuries related to sexual penetration, such as damage to the genitals and anus. For example, 'Rory' told us he was raped anally several times by a priest at his Catholic boarding school when he was 15 years old in the late 1980's. He said the final incident

was particularly violent and left him bleeding. He said the injuries required surgery, which was organised and paid for by the school. 'Rory' told us his parents were never consulted or told.[269] In another example, Mr David Owen, giving evidence in the *St Joseph's Orphanage, Neerkol* case study, told us that he was sodomised by a priest at least twice a week for two to three years when he was a young boy in the orphanage. On a number of occasions he bled as a result and, when he told one of the religious sisters about the injuries, was given a nappy to wear.[270]

'Ramona' told us that she was sexually abused by her female primary-school teacher in the late 1970s when she was four years old. She said the perpetrator would also hit and penetrate her with a ruler. As a result of the abuse, 'Ramona' required medical treatment. 'She ruined me down there, I couldn't walk', she said. At the time, 'Ramona' told her mother and the doctor that she sustained these injuries when she was playing in the schoolyard. She doesn't know whether they believed this.[271]

Some survivors described violent assaults during the sexual abuse that caused injuries, including bruises and bleeding, to other parts of their bodies, such as the head, mouth and ears. VG, a child migrant from Malta, gave evidence about his sexual abuse at the hands of a Christian Brother, Brother Simon, in *Case Study 11: Congregation of Christian Brothers in Western Australia response to child sexual abuse at Castledare Junior Orphanage, St Vincent's Orphanage Clontarf, St Mary's Agricultural School Tardun and Bindoon Farm School (Christian Brothers)*. He described being taken one night to Brother Simon's 'den' and penetrated anally. When VG got free he said he hit Brother Simon with a chair. Brother Simon responded by violently assaulting him with a strap.[272] The attack left VG unconscious and he ended up in hospital.[273]

We heard evidence in public hearings of the close association between physical punishment and sexual abuse in certain institutions. In *The Salvation Army boys' homes, Australia Eastern Territory* case study, many of the former residents gave evidence of the devastating effects of physical and sexual abuse throughout their lives. HP said that during his time at Riverview Training Farm, he was tripped and kicked unconscious when he tried to escape an officer who was trying to have sex with him. He said he awoke to find the officer raping him.[274] We also heard from FT who told us that when Captain X17 called him to an office to tell him of a death, he was sexually abused. FT said he ran from the room and into a toilet block. X17 then took him into an area between the locker room and shower room where he kicked him with 'these large army boots' he wore until FT fell to the floor and was further kicked.[275]

While some injuries – such as bruising – faded over time, other injuries have persisted into adulthood, leaving victims with long-term chronic conditions that require ongoing management. 'Sean Michael' told us in a private session that he was sexually abused as a child while living in a government-run residential care facility. This followed his experience of multiple forms of abuse during his time in his grandmother's care and at a residential detention centre. 'Sean Michael' said he estimates that he was raped seven times as a child, and this has caused ongoing physical injuries. He told us:

> Every time I go to the bathroom I am reminded of each and every one of those rapes. It still hurts to this day to use my bowels, I am too afraid to have the operation to fix it, I am too afraid to be unconscious for fear of being hurt again … I have bad spinal problems from the kicking and beatings across my back … that my spine is bent and hurts all the time.[276]

In the *Australian Defence Force* case study, survivor Mr Daryl James told us:

> I suffer numerous ongoing detrimental issues relating to the abuse including back and joint injuries I sustained from 'arseholing' which are chronic and debilitating. The injuries sustained from being kicked in the testicles have, I believe, contributed to chronic and debilitating pain. The piles that flare up remind me of the 'Crab Night' torture. Playing percussion instruments is too painful to consider and teaching triggers flashbacks.
> I had to treat the pain with trusses and medication and in February 1982, I had corrective surgery to treat the testicular and anal injuries that I suffered. I need ongoing treatment and further surgery on my groin, back, and joints.[277]

This is similar to the experiences of a number of victims, who told us that the sexual abuse had left them with long-term bowel and bladder problems and rectal dysfunction, sometimes requiring surgery. 'Bert' told us of the long-term physical effects that resulted from being sexually abused at the age of six by a religious sister at the orphanage in which he lived in the 1960s. When he told the sister-in-charge about the incident, and said that he was in pain, 'Bert' was told not to lie and to go away. In his private session, 'Bert' said:

> The physical results of this abuse was that the testicle had been so severely damaged by squeezing it so very hard that it swelled up for weeks, and I assume it was ruptured at this time, because it then shrivelled up to the size of a pea and never grew normally like my other testicle. I have lived my life with one testicle permanently damaged.[278]

In another example, Mr Troy Quagliata told us in the *Sporting clubs and institutions* case study how he has suffered from anal bleeding on and off for most of his life after being anally raped by his cricket coach when he was a boy. His doctors told him it was a result of tearing to the internal skin.[279]

One survivor told us he has had penile dysfunction all his life because a male nurse at the children's home where he was sent at the age of 12 performed a circumcision on him without his consent. He said that the nurse gave him an anaesthetic but it was the wrong dose. He said the nurse ended up slashing and mutilating his penis with a blade while he was still awake, and that they rushed him to a hospital where his penis was sewn back together. He told us that he has not been able to have sex or children as a result.[280]

We heard in private sessions of the shame and embarrassment felt by victims with long-term injuries that were sustained from the sexual abuse. These injuries have remained as daily and permanent reminders of what happened to them as children.

Sexually transmitted infections

Some victims told us that they contracted sexually transmitted infections they believed were the result of the sexual abuse, including herpes, syphilis, genital warts, hepatitis C and HIV. 'Clive', who described abuse in a boys' home when he was aged 11, told us he discovered some years after his abuse that he had latent syphilis. At the time of the diagnosis he had only had one sexual partner, and as he was told he had contracted the disease some time ago, he believed the perpetrator was the source of the disease. 'Clive' recalled that while at the boys' home he was taken to hospital after developing a rash, which staff were worried could be 'something more sinister'.[281]

BXA, giving evidence in the *Sporting clubs and institutions* case study, told us how she was raped by her soccer coach when she was aged eight. She was diagnosed as HIV positive shortly before her 15th birthday, and believes she contracted it from the perpetrator.[282] BXA told us about the ongoing effects of the HIV:

> The sexual abuse that I experienced has had a massive, irreversible impact on my life. I live with a constant reminder of the abuse every single day of my life because of the HIV. Sometimes I want to forget that I have HIV and I have gone through times where I have not taken my medication, which I now know would be a really easy way to kill myself … You can get really sick from the HIV medication itself, although I am more used to it now. I can still get a bad reaction whenever they change the dose or the type of medication. My liver has been affected and I have had really bad itchy eyes like with conjunctivitis. I have also had to have brain tests because the chemicals affect your brain.[283]

Pregnancy

Of all survivors who discussed impacts in private sessions, child sexual abuse resulted in pregnancy for 3.2 per cent of female survivors.[284] In *Case Study 7: Child sexual abuse at the Parramatta Training School for Girls and the Institution for Girls in Hay (Parramatta Training School for Girls),* we heard from survivor Ms Wendy Patton, who told us that another victim confided in her that she had become pregnant as a result of sexual abuse by a deputy superintendent.[285] In the *Youth detention centres, Victoria* case study, Katherine X gave evidence that she was sexually abused by her father. She disclosed the sexual abuse to social workers before being removed from parental care, and also to youth workers and other department staff at Winlaton Youth Training Centre. As a result of the sexual abuse, Katherine X gave birth to four children by her father and had two miscarriages.[286] We also heard in private sessions that a child may have resulted from the sexual assault of a male victim. 'Corey', born with disability and using a wheelchair, told us how his foster carers forced him, at the age of 14, to have sex with his foster mother so she would fall pregnant. 'Corey' believes she had a child as a result.[287]

In some cases, victims gave birth to their babies, who were often removed from the victims' care. For example, 'Maggie', who was sent with her siblings to a foster care placement on a dairy farm when she was five years old, told us in a private session that she became pregnant at the age of 14, after being raped on multiple occasions over seven years by three foster boys at the placement. She said she was taken to a Salvation Army home for unwed mothers where she gave birth to a boy and nursed him for six weeks before the staff approached her with adoption papers. She said that despite her strong objections, a short while later a family adopted 'Maggie's' son and took him away.[288]

Other female victims told us in private sessions and public hearings about miscarriages and abortions.[289] In the *Parramatta Training School for Girls* case study, Ms Janet Young Mulquiney, who was sent to Parramatta Girls in 1970, told us:

> There were miscarriages in there after girls had been punched by male officers and mistreated. It was all whispered secretly and all that sort of thing. We just knew that if a girl was in sick bay, that was the reason, basically – a pregnant girl.[290]

The experience of birth, miscarriage or abortion at an early age caused physical damage and trauma for some victims. For example, 'Dee' told us in a private session that she gave birth at about age nine as a result of rape while she was a state ward and living at a children's home run by Catholic religious sisters. She recounted that the sisters made her have a normal birth which 'broke all of my hips'. Afterwards, she was 'in plaster all the way down' because of these injuries and had to wear callipers.[291]

For some victims, the sexual abuse has affected their ability to have children. Ms Mary Farrell-Hooker, giving evidence in the *Parramatta Training School for Girls* case study, said she suffered 10 miscarriages because of the stress, trauma and bashings she received as a state ward. She told us that her doctor said she had a lot of scarring in her vagina, and Ms Farrell-Hooker attributed this to the sexual abuse she suffered as a child.[292] Another survivor, 'Christine', was told she would never be able to carry a baby to term, because of the damage she suffered from being raped as a young child on an Aboriginal mission and at subsequent foster homes. Despite this prognosis, 'Christine' defied the medical advice she had received and gave birth to her first child at the age of 18.[293] What we were told by these survivors is consistent with a large-scale epidemiological study of the impacts of child sexual abuse, which indicated an association between child sexual abuse and higher rates of miscarriage and stillbirth.[294]

3.4.2 Indirect health effects

In addition to the direct effects on physical health, research indicates that the cumulative and compounding effects of child sexual abuse indirectly contribute to poor health outcomes for many victims. Health problems for victims may stem from a complex interrelationship between behavioural, social, emotional and cognitive factors,[295] including factors related to stress,

risky behaviours such as alcohol and other drug taking, inadequate education and economic insecurity (discussed below).

While it is difficult for research to distinguish the influence of child sexual abuse from many other influences on a person's life, some research links sexual abuse with a variety of illnesses and disease.[296] There is also increasing evidence of the detrimental effects of stress on the brain. As discussed in Section 3.1, there is a growing body of knowledge about the impacts of trauma from neglect and child abuse more broadly on brain development. Emerging research suggests that child sexual abuse may lead to changes in hormonal stress pathways and brain structure, function and cognition. It suggests that brain regions responsible for functions including processing emotion, learned fear, and planning and organising tend to be smaller for victims than for people who have not been sexually abused, although there is some criticism of this argument.[297] Research confirms that excessive or protracted exposure to traumatic experiences causes profound alterations in the regulation and functioning of many bodily systems.[298]

Psychiatrist Dr Louise Newman, giving evidence in the *Nature, cause and impact of child sexual abuse* case study, explained how the stress of child abuse can relate to disease:

> The impact on the immune system is something that's becoming apparent, that particularly when we're talking about early abuse, when the immune system is literally being set up and established, if those core processes are disrupted, that, as far as we understand currently, can set up ongoing deficits in immune regulation so that the body is exposed to high levels of stress related hormones and is likely to have a less efficient immune system which increases the risk of a whole range of disease processes. We see that across whole communities, sometimes, who have experienced high levels of stress. You can actually see increased rates of things like hyper-tension, diabetes, chronic diseases related to stress and trauma, and I would imagine this is exactly the same mechanisms, as far as we understand, happening in the abused population.[299]

In private sessions, survivors described various physical health conditions they believed were indirect results of child sexual abuse, particularly sleeping difficulties, overeating, hyper-tension, kidney and liver disease, headaches and migraines, stomach and digestion problems, musculoskeletal pain, heart attacks, chronic fatigue syndrome, and dental problems. One survivor, AOA, in the *Nature, cause and impact of child sexual abuse* case study, told us:

> I am an example of the increased likelihood of survivors developing inflammatory diseases. Over the last five years I have had single or multiple episodes of the following inflammatory conditions: excruciatingly painful cystitis, urinary tract infections and prostatitis; pelvic inflammatory disease, including crippling spasms of the pelvic floor; irritable bowel syndrome; asthma; bronchitis; sinusitis; arthritis; oedema and pneumonia.[300]

Some survivors told us they believed they developed health conditions because of the stress of child sexual abuse, as well as the stress of disclosing, reporting and coping with the abuse. 'Amber' has experienced ongoing issues with her immune system:

> I started to get stomach ulcers when I was 12 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 '92, 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.[301]

We were also told by many survivors in private sessions that their behavioural response to the sexual abuse – such as avoiding certain situations that reminded them of the abuse – had damaged their health, as well as affecting their behaviour on a daily basis. For example, 'Clement Gerald' told us that he is unable to urinate if there are other people present, and attributes this to being sexually abused by a priest when he was about eight years old and then later by a teacher at the age of 12. As a result, 'Clement Gerald' has been unable to give a urine sample when required from prison officers, which has resulted in a breach of parole.[302]

A number of survivors told us how they were fearful of medical and dental examinations because they reminded them of the sexual abuse, which meant they avoided health checks or other medical procedures. The nature of the sexual abuse has led to a number of female victims avoiding seeking medical attention for sexual or gynaecological health involving internal examinations.[303] This was especially the case if the sexual abuse they experienced as children involved invasive examinations. One survivor, 'Edyth', said she has never been able to have a pap smear because of the sexually abusive internal examinations she and her sister were subjected to at the shelter where they were placed at the ages of 11 and 14 respectively. She told us: 'He made me lay on the table and internally examined me. I didn't even know about that sort of [thing] … I've never forgotten. It was horrible. I've never had a pap smear in my life because of that'.[304]

In the *Youth detention centres, Victoria* case study, Ms Gabrielle Short told us that the physical, sexual and psychological abuse she suffered in her 17-and-a-half years in state-run institutions affected her greatly and still does.[305] Because of the forced internal medical examinations that were part of the sexual abuse she suffered, Ms Short has not had a pap smear for over 20 years. She said in evidence, 'I would rather risk dying from cancer than to have to go through another one of these procedures and the memories of it. Anything medically wrong with my private body part/organ, I will not seek medical attention for'.[306]

Male survivors also told us about their fear of invasive examinations. 'Gene' said he was sexually abused by a worker in a remand home at the age of 16. 'Gene' disclosed this abuse as an adult when he was required to have a medical assessment, which he found extremely difficult:

> To this day, I do not like people, including doctors, placing their hands on me. I have recently not been able to have a prostate examination and will now need to have this procedure done under a general anaesthetic.[307]

This fear of medical examinations has also affected survivors' ability to access other types of health care, which can lead to serious health consequences. AWD, giving evidence in *Case Study 27: The response of health care service providers and regulators in New South Wales and Victoria to allegations of child sexual abuse (Health care providers and regulators, New South Wales and Victoria)*, told us that he was sexually abused by a medical practitioner when he was 13 years old. As a result of this abuse, AWD said he was unable to see male doctors. After he attempted to take his own life as an adult, he was taken to hospital, where a male doctor attended. AWD became extremely angry and uncontrollable. Years later, when he had a heart attack, AWD suffered extreme pain for several hours at home before seeking help, and self-medicated for as long as possible to avoid doctors and hospitals.[308]

Another survivor, who told us she was sexually abused by a dentist at the local hospital several times a year from the time she was five until she was 10, several times a year, described a lifelong fear and avoidance of dentists. This has led to serious health problems with her teeth: 'I'd say the dentist changed my life, but he most certainly took my smile away. Forever'.[309]

Similarly, the shame of the sexual abuse has meant that some survivors – both male and female – have avoided having their injuries seen to by doctors, even decades after the abuse.

3.5 Sexual identity, gender identity and sexual behaviour

Child sexual abuse in institutional and other settings has been associated in research with a range of sexual impacts on victims, in both childhood and adulthood, including confusion about sexual identity, difficulties with sexual functioning, sexual disorders and various risky sexual behaviours.[310]

Of those survivors who discussed impacts in private sessions, 24.2 per cent experienced sexual impacts. In this section, we describe what we heard about the impacts on sexual identity, gender identity and sexual behaviours in adolescence and adulthood.

Sexual difficulties, such as problems with arousal or aversion to, and fear of, sex, are discussed in Section 3.3.1.

Developmentally inappropriate sexual behaviours, which may manifest in childhood as a result of trauma, are discussed in Section 3.1.4.

3.5.1 Sexual identity

Child sexual abuse often occurs in close proximity to a child's first awareness of their sexual orientation and therefore may complicate the development of their sexual identity. A number of survivors in private sessions told us that child sexual abuse affected their understanding of their developing sexual identity. In particular, the abuse caused them confusion about whether they were gay, lesbian, heterosexual, or bisexual. Of all survivors who described impacts in private sessions, 11.1 per cent of males and 2.1 per cent of female survivors described confusion about sexual identity.

Children who are developing a heterosexual orientation and children who are developing a homosexual orientation can experience confusion about their sexual identity, although the experience may differ and be more complicated for victims who identify as gay or lesbian. Child sexual abuse may also erase a sense of any sexual identity among some survivors.

A limited amount of qualitative research with victims of child sexual abuse confirms what survivors told us in private sessions – that the experience of child sexual abuse had caused them confusion in terms of their sexual development.[311] Uncertainty about sexual identity following a childhood experience of sexual abuse may be especially pervasive among male victims of male perpetrators.[312] This is particularly relevant for institutional child sexual abuse as most of the child sexual abuse described to the Royal Commission has been by male perpetrators abusing male victims (see Volume 2, *Nature and cause*). In one study, male victims of sexual abuse by male clergy described feeling conflicted and confused about their sexual desires or behaviour and their sexual identity.[313]

As discussed in Chapter 2 and in Volume 4, *Identifying and disclosing child sexual abuse*, male survivors in private sessions described how social and institutional attitudes towards masculinity and homophobia led them to query whether they were homosexual or were perceived as homosexual. Historically, male-to-male sexual abuse has been regarded as a subset of homosexual behaviour,[314] and male child sexual abuse victims have also been labelled as homosexual.[315] Research suggests that some victims may have internalised some of these homophobic beliefs, including men who were abused by Catholic clergy who now question their sexuality, fearing they somehow attracted men.[316]

In the *Catholic Church authorities in Ballarat* case study, child and family Dr Carolyn Quadrio described how being sexually abused by a male perpetrator can affect the developing sexual identity of boys:

> Young boys who have been abused by a male offender over a long period of time are often very confused about their sexuality. They often assume that, because a male offender's had sex with them over a period of time, that that means that they're homosexual, where they may not be, so they become quite confused about their sexual orientation.[317]

A number of male survivors in private sessions and case studies told us that as children they were concerned that being sexually abused by a male perpetrator meant that they were homosexual, would become homosexual, or were going to be labelled as homosexual.

Uncertainty about sexual identity is particularly relevant for boys who were sexually abused in their adolescent years, when their sexualities were developing. AWC, who gave evidence in the *Health care providers and regulators, New South Wales and Victoria* case study, explained that at 15 years old he felt too traumatised and embarrassed to speak about being sexually abused by his male doctor. As the abuse was his first sexual experience, AWC became concerned that he would become homosexual, despite not wanting to be. Among other impacts, the abuse also affected his relationships with girlfriends and his acceptance of sexual advances from partners.[318]

We also heard from some male victims of male perpetrators and victims' families about how the sexual abuse had made them intensely homophobic. In the *Australian Defence Force* case study, CJC told us, 'I have come to rationalise the abuse by believing my perpetrator was homosexual. As a result, I have developed a dislike towards homosexuals. I'm sure I would not have become homophobic had my abuse not happened'.[319]

A survivor in a private session described how he engaged in heterosexual behaviour to 'prove' that he was not homosexual. 'James Peter' told us:

> I was terrified that I'd become a homosexual so I became quite promiscuous as a teenager after that … I wanted to prove to myself that I wasn't a homosexual. I was terrified that I was going to become a homosexual. I had no idea how it worked.[320]

If a child's body responded physically during the sexual abuse (for example, ejaculation), this was frequently a further cause of shame, embarrassment and confusion. A child may interpret this reaction as evidence that they are enjoying themselves. Research suggests this is internalised and has an impact on the child's developing identity.[321] For example, WP described to us in the *Perth independent school* case study the effects of the sexual abuse he suffered when he was 10 years old:

> I have been through a phase of totally questioning my sexuality. In particular, having an erection while being sexually abused by a male made me question my sexuality for many years growing up. I consider that the abuse has made me a very confused and upset individual. I have deep issues and fears with becoming sexually involved with women and I think I always will.[322]

WP went on to say, 'I have constant feelings of guilt about what happened to me, and that it was my own fault. I often think that I must have done something wrong to deserve what happened to me'.[323]

Like WP, many other victims told us that they had internalised the sexual abuse, deciding not to disclose or blaming themselves, and subsequently grappling with their sexual identity for many years. 'Mathew', who told us he was abused by a trainee priest from when he was aged four into his early teens, described the self-blame associated with confusion about his sexual identity: 'And that, I think, had a lot to do with dealing with guilt. "Well, why, why did this happen if I'm not a homosexual?" I like girls but guys seem to like me'.[324]

Similarly, 'Ross William' told us in a private session that he was sexually abused by a priest when he was an altar boy in the 1970s. He said the abuse started at the age of eight and continued for 18 months, when it abruptly stopped. In the aftermath, his behaviour changed, and he became a confident 'clown' to protect himself. As he got older, the impact of the abuse entwined with confusion about his sexual identity. 'I had thought that because I was gay I attracted this behaviour from the priest so I was at fault. There was guilt, there was shame involved with being who I was, so I spent a lot of time trying not to be who I was'.[325]

Although in private sessions and case studies male survivors described this uncertainty and confusion more often than female survivors, Commissioners also heard from female survivors who had been sexually abused by female perpetrators, and who questioned their sexual identity as a result. For example, 'Abby' told us, '… I was abused by someone of the same sex so there's that additional thing of confusion. I was thinking, does that mean I'm a lesbian? I think there's an additional stigma attached to it and it makes it harder to say something. People don't think women abuse'.[326]

In addition, some survivors – both male and female – spoke about an absence of sexual identity, which they perceived as stemming from the sexual abuse:

> I have no knowledge of my sexual identity. I recall a young girl who was sporty, no interest in dolls, who kept animals. I never developed – I don't recall in my life having sexual attraction to anyone. I never developed a sexual identity. At this point in my life, I don't know that I ever will.[327]

We heard that victims of child sexual abuse may be reluctant to disclose the abuse out of fear of being stigmatised. As discussed in Volume 4, *Identifying and disclosing child sexual abuse*, some social views related to gender and sexuality can make it more difficult for victims to disclose,[328] including negative beliefs, attitudes and stigmas about homosexuality.[329] In some cases, we heard that when victims did disclose sexual abuse by an adult or child of the same gender, victims were subjected to homophobic attack and vilification. We also heard that victims were hesitant to report the sexual abuse because of misconceptions that homosexual victims attract sexual abuse.

In a private session 'Alan Eric' told us that when he was in Year 4 he was sexually abused by Brother 'Barnaby' at the Catholic school he attended, and two years later by 'Mr McGuiness' before being sexually abused again in his early teens by Brother 'Pember'. He told us that prevailing mindsets about homosexuality were obstacles to disclosure for him. 'I haven't been a willing participant in a gay act … but yet I think I'll be judged that way and I'll go to hell', he said. He told us he was also aware that anyone who looked gay might have the 'absolute Christ' flogged out of them because 'poofter bashing' was a 'common thing' back then. Even 20 years later, in the 1990s, his fear of being labelled 'gay' stopped him from disclosing to police, who contacted him during an investigation into the school.[330]

3.5.2 Gender identity

Gender identity refers to one's deeply held internal and individual sense of gender,[331] whether a man or woman, both, neither or in-between. Gender identity can correlate with assigned sex at birth, or can differ from it completely.

A few survivors in private sessions spoke about the ways in which child sexual abuse disrupted, at a critical stage in their development, a process of understanding their gender identity. Confusion about one's gender identity, while potentially related to a child's understanding of their sexuality in some instances, may also manifest as a distinct issue, and for this reason is discussed separately to sexual identity in this chapter.

While there is limited research on the impacts of child sexual abuse on gender identity, several survivors in private sessions described to us how child sexual abuse disrupted their process of understanding their gender identity, causing confusion for a time.[332]

'Xanthe' told us that a school principal had sexually abused her at the age of 14, at the same time as she was starting to realise she was not comfortable living as a boy. She started to internalise the abuse, and this affected her identity:

> And I made this really strong link to my gender variation ... that because I was 'wrong' as a person this is why it had happened to me. And if I was 'right' as a person that it never would have happened … And I think at that point in my life, right when I was really starting to discover a different sense of gender about myself, that at that point that the pathway that I could have followed in terms of developing a much healthier sense of who I was as a person, I was shunted off onto another track.[333]

Similarly, we heard from 'Emory' about the effects of being sexually abused from the age of eight by a Catholic Brother who was visiting from interstate. 'Emory' grew up as a boy, but now identifies as gender-neutral, using the pronouns 'they', 'them' and 'their' to reflect this understanding.

'Emory' told us that the Catholic Brother groomed them and made them feel special. At the time, they did not disclose the abuse, but rather started to dissociate, refusing to be touched or held, and exhibiting 'strange and angry behaviour'. 'Emory' was sent to a child psychiatrist in Grade 4. That same year, 'Emory's' older brother showed them pornography. 'Emory' said:

> When I became more aware of sexuality and the roles associated to this, I questioned not really my sexuality, but gender and that I must be a girl due to the abuse and what it had done. I didn't talk to anyone about it. I was confused about what 'chicks' do and what had happened to me must be related.[334]

3.5.3 Sexual behaviour

Research suggests that child sexual abuse can have impacts on the sexual behaviour of victims, in both childhood and adulthood.[335] These impacts may be developmentally specific, manifesting at certain stages of development, and sometimes subsiding or emerging later in adolescence or adulthood in a different form.[336] This section discusses what we heard about sexual behaviours that manifest in adolescence or adulthood, including early and unprotected sex, multiple partners and engaging in sex work. Sexual impacts that survivors told us had affected their intimate relationships are discussed in Section 3.3.1.

We heard that risky sexual behaviours, such as unprotected sex, can be related to other risky behaviours common among survivors of child sexual abuse. Australian population-based research indicates that both men and women who have experienced sexual coercion are far more likely to have drunk alcohol in excess of official guidelines, to have injected drugs, and to have had a sexually transmitted infection, all of which are factors linked with high rates of unsafe or unprotected sex.[337] These factors can lower inhibitions and expose victims of child sexual abuse to further victimisation by impairing their defences and risk perceptions, and increasing their likelihood of being targeted by perpetrators.

A number of survivors told us that they started engaging in early and unprotected sex in their adolescent years, as a consequence of the sexual abuse they experienced as children. For example, 'Bridget' told us the sexual abuse she experienced in childhood caused her to start using drugs and 'acting out' sexually in her teenage years. At the age of 14, 'Bridget' started exchanging sex for money.[338]

Some female survivors described to us becoming sexually active at an early age, because that was the way that they had come to understand relationships with men. 'Alana' told us she was sexually abused by her uncle, who was also a Christian Brother, numerous times from the age of seven. She said, 'I was sexually active at 16 and I think part of that was because I believed that pleasing men involved sex'.[339] For others, they felt that the sexual abuse led to them being 'over-sexualised'. For example, 'Rebecca' told us, 'In my 20s, 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'.[340] Engaging in early and unprotected sex led to teenage pregnancy and motherhood for some survivors.

We heard that some victims engaged in sex in their search for affection because of their experiences of abuse. In her private session, 'Jacinta' told us that she was placed into a Catholic girls' home when she was almost 14 where she was mentally, physically and sexually abused. She told us that she eventually ran away to live with her stepmother which was okay until her grandfather attempted to have sex with her. 'Jacinta' said that when she disclosed this to her stepmother, she slapped 'Jacinta' and their relationship broke down. 'Jacinta' lived on the streets for a while, and became a 'people pleaser'. She told us that she felt obliged to have sex with anyone who was kind to her, and became pregnant at 18.[341]

Similarly, in the *Australian Defence Force* case study survivor CJD told us:

> I had several relationships after breaking up with CJK that contributed to my already low self-esteem. Due to the years of being broken down by CJK, I sexualised affection and had to be in a relationship. I had sex on every date I went on because I thought it meant that the man loved me. I could not be alone. I would rather have been with the wrong person than be by myself.[342]

In private sessions, some survivors told Commissioners that their experience of child sexual abuse continued to affect their sexual behaviour into adulthood. They talked about having unprotected sex and multiple partners, and engaging in sex work and other types of risky sexual behaviours that they believed stemmed from being sexually abused as children. In *Case Study 21: The response of Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s*, we heard from Ms Alecia Buchanan, who was sexually abused by Akhandananda on multiple occasions between about 1982 and 1986. She told us she was 15 when she was first sexually abused:[343]

> Throughout my 20s and 30s, I had a series of unsuccessful relationships with partners which were marred by my own behaviours and emotional damage stemming from my years being raised in the ashram and being sexually abused. Sometimes I engaged in promiscuous and unsafe sex, which caused myself and partners I cared for great pain. … I exposed myself to the possibility of sexually transmitted diseases and experienced a number of occasions in which I was convinced I was either HIV positive or infected in some other way … I was taught the only way I could secure love, affection and validation as a person was to rely on and exploit my sexuality. There was no other reason I could fathom why anyone would love me.[344]

AOA spoke in the *Nature, cause and impact of child sexual abuse* case study about the sexual impacts of the trauma of child sexual abuse, which he continues to experience. He told us, 'I have been in a secure, monogamous and happy relationship now for 22 years, yet I experience ongoing confusion between sex and affection with close friends. When I am triggered into a trauma cycle, I have intrusive fantasies of wanting a man in me and I become obsessed with romantic fantasies about other people'.[345]

A few survivors spoke in private sessions about other sexual behaviours that they believe stemmed from their experiences of sexual abuse as children. For example, 'Declan', who told us he was sexually abused by the school principal in primary school, became intensely interested in pornography in later years, which he managed to overcome. He told us, '… I guess I developed a porn thing, and that was kind of really sad. I'm over that now. Now I've got some help and I take medication now and settled down'.[346]

For some, their experiences of child sexual abuse led them to engage in aggressive sexual behaviour or hyper-sexual behaviour. 'Wayne Christopher' told us that as a teenager he was confused about his sexuality and acted out. He describes himself as being an 'exhibitionist', who displayed multiple sexually inappropriate behaviours. 'I feel I was railing against the idea of being perceived as gay, and striking back in the only way I could. I had very little understanding of what I was doing, and very little control over it'.[347]

A small number of survivors told us in private sessions that they exchanged sex for money or other things at various times in their adolescence and early adult years, either as a one-off or occasional experience, or in other cases as a professional arrangement. Research suggests that some survivors of child sexual abuse go on to exchange sex for money, although it is clear that many factors besides the sexual abuse leads a victim to do so.[348] One study examining the criminal consequences of child sexual victimisation by using official arrest records suggests that victims of child sexual abuse are at specific risk of arrest for prostitution as adults.[349]

We heard that sex work was the only means of survival for some victims without homes or income, and a way of funding the addictions that were a response to the trauma of child sexual abuse. As BQS told us in the *Brisbane Grammar School and St Paul's School* case study:

> I have struggled with alcohol and drug addiction since 1987. I have spent time in a residential rehabilitation facility on a number of occasions. I have had approximately 30 admissions to hospital over the years as a result of my addiction and have been diagnosed with liver disease. In the past, on occasion, I engaged in male prostitution to fund my addiction. I find this ironic, given what happened to me as a child.[350]

In the *Parramatta Training School for Girls* case study, Ms Yvonne Kitchener described leaving Parramatta Girls at the age of 18 without any more government assistance and being 'dumped at the People's Palace Hotel in Sydney', which was 'a cheap hotel run by the Salvos'.[351] Within a week of leaving, she ended up in sex work and with a drug habit.[352] Ms Kitchener said in evidence:

> When I arrived at the People's Palace Hotel, I immediately went to Kings Cross. I developed a big drug habit and worked as a prostitute. I didn't even want to be alive. I just thought, 'Well, what's the point? I've got nobody. It's just me. I'm not rehabilitated to fit into the outside world after being raped, bashed and God knows what else, and had my pride and sanity taken from me'.[353]

She also told the Royal Commission that 'it was a known fact that all the Parra girls went to the Cross. There was nowhere else for any of us to go'.[354]

3.6 Connection to culture

Child sexual abuse in institutional contexts can also have cultural impacts. During this inquiry, we heard in particular from Aboriginal and Torres Strait Islander survivors and some survivors from culturally and linguistically diverse backgrounds, including child migrants, about the effects of child sexual abuse in an institutional context on their knowledge and practice of culture.

These cultural impacts included loss of connection to culture through physical separation or alienation from family, community and country. This frequently included deliberate denigration of culture and direct, institutional control of cultural practices. We also heard how community shame related to sexual abuse led some survivors to reject, or be rejected by, their community, which in turn further alienated them from their culture.

Volume 5, *Private sessions* illustrates further the experiences of Aboriginal and Torres Strait Islander survivors and survivors from culturally and linguistically diverse backgrounds.

3.6.1 Aboriginal and Torres Strait Islander experiences

The survival of Aboriginal and Torres Strait Islander cultures demonstrates resilience and adaptability. The songlines of Aboriginal and Torres Strait Islander peoples predate colonisation by tens of thousands of years. In this time Aboriginal and Torres Strait Islander cultures successfully managed trauma and traumatic events that affected communities.[355] At colonisation, Aboriginal and Torres Strait Islander peoples were 'considered to be much healthier than many of the British people who arrived suffering a raft of afflictions including malnutrition, infectious diseases, alcoholism and violence'.[356] However, the forced institutionalisation and widespread abuse, including sexual abuse of Aboriginal and Torres Strait Islander children has had profound cultural and collective impacts that have been transferred across generations.[357]

In private sessions, we heard from many Aboriginal and Torres Strait Islander survivors how the forced institutionalisation, and their maltreatment within that institution, including sexual abuse, intentionally disconnected them from family, culture and Country. In *Case Study 17:*

The response of the Australian Indigenous Ministries, the Australian and Northern Territory governments and the Northern Territory police force and prosecuting authorities to allegations of child sexual abuse which occurred at the Retta Dixon Home (Retta Dixon Home), survivor Mrs Lorna Cubillo gave evidence that she could not be initiated into tribal ways as a result of her institutionalisation and abuse, and her grief at the loss of her cultural heritage.[358] AJA, another survivor who gave evidence in the *Retta Dixon Home* case study, spoke of being disconnected from her Aboriginal identity and heritage, having been completely separated from her mother's family.[359] In the *Parramatta Training School for Girls* case study, survivor Ms Mary Farrell-Hooker recounted how being institutionalised affected her Aboriginal identity: she was isolated from her culture and lived between two different worlds.[360] It took her six years to find her parents after being released from the institution, and she had trouble fitting back into her family. 'The bond had been broken between me and my mother. We were never mother and daughter again'.[361]

Some survivors told us that, in addition to being sexually abused, any cultural connections they had were deliberately destroyed. In one private session, 'Carl' described being physically punished for practising his culture at the Methodist mission where he lived: '[At the mission] each time you spoke your language you were flogged. Any time you did something cultural, meaningful for yourself, you were flogged'. 'Carl' told us he was sexually abused by the cook at the mission, which continued until he was 10 or 11.[362] He said, 'We were there to learn, we were there to become Western, we were there to become Christian, and we were there to lose all our nativeness'.[363] The abuse in this context is one of many harms experienced over generations that are part of the intentional 'destruction of cultural links'. [364] As the *Bringing them home* report says, 'Culture, language, land and identity were to be stripped from the children in the hope that the traditional lore and culture would die by losing their claim on them and sustenance of them'.[365]

In Aboriginal and Torres Strait Islander community consultations, survivors spoke about the cultural impacts of being sexually abused in an institution to which they had been removed, including difficulties related to disclosure to their communities and attempts to reconnect with family.[366] They told us that when they tried to return home as adults, it was common that family and community did not know about or understand the sexual and other forms of abuse that had occurred in the institutions. The survivors' sense of shame or fear of rejection or retribution alienated them from their community, which may otherwise have been a potential source of healing.[367]

We heard that the stigma of having been abused and myths that survivors could become perpetrators or cause trouble on communities stopped survivors from disclosing and fuelled this disconnection. Some survivors did not know how to communicate or 'fit in' with their community. Some spoke of feeling a sense of betrayal and confusion about how their families could have allowed them to be taken and abused, not understanding that their parents had no rights or power in the situation. This inability to reconnect with culture was a compounding trauma on top of the multiple traumas they had experienced in the institution.[368]

In a private session, 'Rainey' told us about sexual abuse by her boss and other men on a sheep station where she was sent from an Aboriginal mission to work as a housemaid. She became pregnant and her baby was taken from her. Returning to the mission, her community ostracised her. Because of the rape and pregnancy, her planned marriage could not go ahead. 'Rainey' said, 'Where I come from you marry something that's pure. You don't touch anything that's been used … To them I was proper dead, although I was walking around'. It was a source of great shame to her family. It also meant her community would never approve a marriage. On the advice of her father, she left the community.[369]

In these ways, forcible separation from kin, Country and culture, as well as the shame of the abuse and its consequences within their communities stopped victims from gaining cultural knowledge and practice. These lost connections to cultural identity also affected the handing down of cultural practices and knowledge to future generations. A number of Aboriginal and Torres Strait Islander organisations made submissions to the Royal Commission that refer to cycles of abuse and intergenerational trauma as legacies of this shared history.[370] These submissions stress that for some victims, recovery from this impact requires culturally safe and appropriate services that respond to the need for cultural healing and reconnection to cultural practices (see Volume 9, *Advocacy, support and therapeutic treatment services*).

3.6.2 Culturally and linguistically diverse backgrounds

Survivors from culturally and linguistically diverse backgrounds also described particular impacts related to culture and connection to their cultural community.

We heard, for example, how discussing sexual matters or engaging in sexual contact outside sanctioned relationships can attract taboos in certain cultural communities.[371] For some victims, these types of taboos and the stress of community shame led them to reject, or be rejected by, their community, which in turn disconnected them from their culture. 'Aisha' told Commissioners in a private session that she believed she and other victims of the perpetrator would be 'blacklisted' from their cultural and religious community if they reported the abuse to the police and if their identities became known.[372] Another private session attendee from the same community, 'Dinah', told Commissioners that people in small cultural communities 'have the need to be accepted and there's nowhere else for them to be accepted and particularly those who don't speak English. So they have no other choice, really'.[373]

We also learned in written submissions how victims who do disclose may be shunned or excluded from cultural practices or events by their community.[374] Research suggests that cultural communities that place a high value on community cohesion and family honour are less likely to support disclosure or the reporting of child sexual abuse for fear of the negative impact on family and social harmony.[375] We also heard that fears that the cultural community will experience marginalisation, racism or excessive scrutiny if abuse is made public can also make disclosure and reporting less likely.[376]

For child migrants, the sexual abuse may have occurred in an institutional context that had already alienated them from their original culture and language, further compounding their loss of identity. Not only were many of them completely cut off from their families who remained in their country of origin, but the orphanages and children's homes in which they lived were geographically and culturally isolated from Australian communities.[377] Child migrants have spoken to us about their experiences of racism, being punished for speaking in their native language, and being targeted for sexual abuse because of their cultural background. 'Maria' told Commissioners in a private session that she tried to connect with her Maltese culture when she was older, but was unable to learn the language because of the physical, emotional and sexual abuse she experienced when she was a child migrant:

> We went back to Malta … it was absolutely chaos because we'd been belted not to talk our language, so we forgot that language … You know, I want to live my culture … I want to feel my culture, you know, because that's what I want … there's nothing in the world that I really want except just to be Maltese and just to learn the language.[378]

3.7 Spirituality and religious involvement

One distinctive impact of child sexual abuse in institutional contexts relates to the spirituality and religious involvement of victims. Research suggests that child sexual abuse, irrespective of setting, can be associated with spiritual impacts – such as a decline in faith. But for those victims abused in religious contexts, and for whom spirituality and religion were especially important before the abuse, the spiritual impacts may be greater, leading in some cases to spiritual disengagement.[379] As noted in Volume 2, *Nature and cause*, 58.6 per cent of survivors we heard from in private sessions told us they were sexually abused in an institution managed by a religious organisation.

Child sexual abuse by a person in religious ministry can have a profound impact. This is described in research in relation to the Catholic Church, which notes that:

> The sexual exploitation of a child by one who has been privileged, even anointed as a representative of God, is a sinister assault on that person's psychological and spiritual wellbeing. The impact of such a violent betrayal is amplified when the perpetrator is sheltered and supported by a larger religious community.[380]

The betrayal by a person who is seen as a 'representative of God' and also sexually abuses children can be profoundly horrifying. As 'Justin James' told us in a private session, 'I had God raping me – in my mind, that's what I'm thinking'.[381] The violation by a representative of an all-powerful God can result in a loss of trust in everything and everyone.

'Ervin' told us sexual abuse by multiple people in a religious context destroyed his spiritual relationship with God

'Ervin' described to us in a private session how being sexually abused as a child by a number of perpetrators – a lay teacher, a Catholic Brother and then a Catholic Father – destroyed his relationship with God. In his teens, he had wanted to be a Catholic Brother in the Carmelite Order, staying with them and learning their life. 'Ervin' said he had been left with a deep spiritual wound that he is unable to heal. He called it his 'enduring spiritual cancer'.

'Ervin' has scars that run very deep, as demonstrated in an excerpt from a short story he wrote about an imagined meeting with God, which he gave to us at his private session:

> And now here we are, across a table, So close, but a chasm of uncertainty between us. I wonder if he feels the same urge I do – to reach across the table and touch. But I pull back … that would be a step too far … a reminder too raw of what we shared.[382]

Some 8.3 per cent of all survivors who described impacts in private sessions described a 'loss of faith' as a result of abuse. In a private session, 'Arnett' told Commissioners that his 'previous belief in the goodness and sanctity of the Roman Catholic Church had been extremely affected by my experiences. My belief system had been undermined and I turned away from religion'.[383] Another survivor who gave evidence in the *Catholic Church authorities in Maitland – Newcastle* case study, Mr Gerald McDonald, told us he was sexually abused at altar boy practice by a priest, when he was in Year 5.[384] He told the Royal Commission that he does not believe in God and has not since being abused.[385] He never goes to church unless it is for a wedding or a funeral and feels agitated and uneasy when he does so.[386]

Similarly, 'Dino' described to us how being sexually abused by a Marist Brother at school caused him to lose his faith in God and his trust in the Catholic Church, and to abandon his plans to become a priest:

> From Year 7, I was actively involved in [the Catholic Church] as an altar boy. The closeness and love I felt from God was amazing. I was heavily involved in religious education and studies in school. The Catholic Church was everything to me since I was a young boy. My family all believed that I would become a priest one day. After Year 10, everything changed. I felt like I didn't even have a place in the church. By the time I left high school, I stopped being involved … For many years, I believed God was dead. This caused the greatest of conflicts between my parents and myself. Looking back now, I can see that I didn't want to believe or be associated with an institution that couldn't even protect its own children.[387]

Themes of distrust, betrayal and deep anger towards the religious institution, increasing discomfort with rituals, symbols or practices, rage at the institution for its perceived role in facilitating and concealing the abuse, and a crisis in faith, are also outcomes that are cited in studies of child sexual abuse in institutions with a religious affiliation.[388]

Some researchers have pointed out the unique impacts of sexual abuse by Catholic priests. Psychologist and former Catholic priest, Assistant Professor Joseph Guido, describes this form of child sexual abuse as a unique betrayal.[389] He argues that because Catholics regard the priest as another Christ (*'alter Christus'*) his violation of a child's body is also a violation of a sacred trust and worldview.[390] Many children in Catholic institutions, especially small children, are also likely to have regarded clergy as God's representatives. Hence, the sexual abuse can leave a victim not only betrayed, but also spiritually alone and bereft of the ability to believe in God. The damage a member of the Catholic clergy can cause by sexually abusing a child with faith has also been described in research as soul destroying.[391] Further, as discussed in Volume 16, *Religious institutions*, a number of victims of sexual abuse perpetrated by Catholic priests were abused in a sacramental setting, such as during confession, or as altar boys assisting with religious ritual in the sacristy, which accentuated the betrayal.

For example, AAP, giving evidence in the *Marist Brothers* case study, told us:

> The confusion between violence, deception and religion that was presented on a daily basis was very hard for a 12 year old or 13 year old to try to reconcile, and especially after going through hundreds – well, multiple incidences of abuse, to try and have a relationship with God after you were abused by someone who was wearing their robes – for me, it was unpalatable, rejected.[392]

Others spoke of how the act of confession played a role in their feelings about the sexual abuse, either because they were abused[393] or 'groomed' in the confessional box,[394] or were turned away when they went to the confessional for help. 'Laurel' told us that when she went to confession, she thought she would find help. Instead, she said, the priest told her to give him 10 Hail Marys and 10 Our Fathers, and told her she was a disgusting girl who must not allow the perpetrator, another priest, to touch her any more. 'That's something I will never get out of my mind – him turning his back on me and not helping me. From that day onwards, I never told anyone, till I told 'Liana' [her twin sister] on our 52nd birthdays'.[395]

Survivors spoke about how some Catholic priests' reactions to their disclosure of sexual abuse, made within the confessional, made them feel as though the abuse was their fault. They were told to do their penance and not to do 'it' again, which they took to mean that they were at fault in some way.[396] VG, a child migrant from Malta, giving evidence in the *Christian Brothers* case study, told us he disclosed the sexual abuse to a Maltese priest, who chastised him and accused him of lying. Shortly after, the perpetrator called him into the office and strapped him, calling him a troublemaker and a liar. He knew the perpetrator had been told about the confession.[397]

In the *St Joseph's Orphanage, Neerkol* case study, AYB gave evidence that after each occasion of sexual abuse by a priest she had to go to confession with him and confess [her] sin of impurity.[398] She told us that when she went to confessions she would tell the priest that she had committed a sin.[399]

In some instances, we were told that perpetrators used confession to keep a child from reporting the sexual abuse to others. The role of the confessional in providing the setting for abuse, and for hiding the abuse within the Catholic Church, is discussed further in Volume 16, *Religious institutions*.

The psychological impact of using the confessional in this way is not confined to the Catholic faith. Mr DB Gould, giving evidence in the *Church of England Boys' Society* case study, explained the psychological impact of having the perpetrator, an Anglican priest, hear his confession after he had sexually abused him:

> I felt that what occurred was wrong and I felt polluted. I became distressed, and he laid the blame on me for what happened and used the fact that I was upset as proof of this. Daniels said he would hear my 'confession' and then I would be forgiven. He said to me, 'We can fix the problem; God will absolve you. I am a priest and I can act for God in this way'. Daniels explained to me the theology of confession and that he was bound as a priest to keep it in confidence between me, him and God. Daniels then heard my 'confession' in his backyard. Daniels' tactic to silence me profoundly affected me. It put the moral responsibility on me. It meant the secret would stay with him and also guaranteed my silence as I felt bound to keep the contents of my confession confidential, just as he did. For many years, I shouldered the entire blame for the abuse. I felt intense resentment for this abuse of his authority as a priest. This, to me, is more significant than any physical abuse I suffered.[400]

While many survivors who described spiritual impacts of child sexual abuse were assaulted by a person in religious ministry in a Catholic institution, we heard the same themes of betrayal, loss of faith and loss of religious community from those sexually abused in other religious contexts. AVA said he rejected his Orthodox Jewish faith as a result of his experience of abuse:

> I have separated from the Jewish community completely and lost complete faith in religion. It is too horrible and incomprehensible to think that there could be an omnipotent being when the world can be so nasty. My life spiralled out of control as a result of the sexual abuse.[401]

Another survivor, 'Cleo', told us how she and her sister were sexually abused repeatedly from an early age by the priest in her Greek Orthodox Church. When 'Cleo' was about 12, she and her sister spoke to their mother about the abuse. Their mother believed them immediately, but told them to keep quiet about it, and physically punished 'Cleo', who was made to go back to Sunday school the following week. She said that this time, when the priest tried to touch her, 'Cleo'

grabbed the wooden ruler he was holding and struck him with it repeatedly. 'He just looked terrified. I was empowered. I just saw red, I was so angry. I was angry with God, I was angry with my mother, with her betraying me, angry with the Church, angry with him. I wasn't going to cop it anymore'. Although she continued attending church and Sunday school, he never touched her again, although as far as she knew her mother kept contact with him until he died. 'Cleo' feels the sexual abuse 'stole her life', including her faith in God and in the Greek Orthodox Church.[402]

Some survivors expressed deep sadness at their loss of faith as a result of the sexual abuse. 'Edmond' said:

> it has cost me my faith in religion. I was raised Catholic, which was with me right from the start so, you know, praying, talking to God, for me has always been a huge sense of strength, deep, deep strength. And yet I find it very, very difficult … I don't know what to say to Him.[403]

Victims also told us about the sadness they felt when they lost their religious community as a result of the abuse. 'Laurel' said, 'It's a huge loss. I loved it. Going to church and saying your prayers and being part of this big group was beautiful … to me, the religion, it – it was just everything'.[404]

In the *Jehovah's Witnesses* case study, BCB told us:

> Since reporting my story to the Royal Commission, I have stopped attending meetings at [the] congregation. I am sad about this, because it means that I no longer see a lot of my friends from the congregation. Telling my story to the Royal Commission has brought up a lot of feelings of anger in relation to what Bill did to me and the way I have been treated by the Jehovah's Witnesses.[405]

Some victims told us that members of their religious community isolated and ostracised them when the sexual abuse became known. As a result, they were no longer comfortable being involved in the institution (see Chapter 4).

However, we also heard from victims who kept their faith. Some found that it helped them to cope with the effects of the sexual abuse (see Chapter 2). For example, 'Carole' told us, 'The faith I don't think I ever really lost, so for me it was coming back to a religion. So, it was really just about reaching that point of, you don't throw the baby out with the bathwater'.[406] Others sought out religion later in life as a way of helping them to process and gain perspective on what occurred. What we heard is consistent with a few academic studies on the spiritual impact of child sexual abuse in religious institutions. Women in these studies said that the abuse affected their involvement with religious organisations and behaviours, but not their experience of spirituality.[407]

As Professor Sheila the Baroness Hollins, United Kingdom member of the Pontifical Commission for the Protection of Minors, pointed out in evidence in *Case Study 50: Institutional review of Catholic Church authorities*:

> A number of people have said to me that they haven't lost their faith in God, but they find it very difficult to go into a church or to go to a service in a church where there's a priest officiating, particularly if nobody has helped them to try to make sense of the spiritual aspect of their experience and their attempt to come to terms with and to live with what happened for them. So many people will have stopped going to church, because they find it too painful to be in church.[408]

Baroness Hollins suggests that the spiritual needs of survivors have often been overlooked in the healing and care of survivors.[409]

The 'ripple effects' of child sexual abuse, such as the loss of faith and respect for the religious institution within families and communities, are discussed further in Chapter 5.

3.8 Interactions with society

Child sexual abuse can have adverse effects on victims' interactions with society, beyond interpersonal relationships. In Section 3.3, we discuss impacts on interpersonal relations with partners, friends and family. In this section, we examine what the available research suggests, and what survivors and others have told us in private sessions and public hearings about the impacts of child sexual abuse on victims' broader social interactions, whether at school, at work or in the general community. Although not discussed as frequently as the impacts of child sexual abuse on mental health, impacts on interactions with society are identified in research as associated with child sexual abuse for many victims. They include:

- distrust and fear of institutions and authority
- re-victimisation
- criminal behaviour.

3.8.1 Distrust and fear of institutions and authority

One of the distinctive impacts of child sexual abuse in institutional contexts that we heard about in private sessions is an ongoing distrust and fear of institutions and authority. Of the survivors who described impacts in private sessions, 32.7 per cent spoke about a lack of trust in authority as a result of the abuse.

In line with existing research,[410] survivors who spoke to us in private sessions and public hearings about their lack of trust expressed a general distrust of institutions, including the institution where they were sexually abused. Others spoke about particular institutions or systems they found hard to trust and, therefore, to associate with. These included schools, police, social welfare, government authorities and aged care. 'Rea', who told us she was physically and sexually abused by her father as a child and later in two government-run girls' homes, said that she no longer trusted 'the system' that should protect children:

> I still have quite an underlying deep distrust of what I see as 'the system' that is there to support and help people who are traumatised, and I think that's part of what motivates me even now is to help advocate for people in systems that let them down, so real systemic failures in the Department of Human Services, Child Services, family systems that just let people down. So, I still carry quite a deep distrust there.[411]

Notably, some older survivors told us in private sessions that they were distrustful and fearful of aged care institutions, because aged care facilities either reminded them of the abuse or of the institution where the abuse occurred. 'Glenys Maree' told us that the thought of residential aged care alarmed her, along with many other survivors who had been in homes and orphanages as children. 'That's the greatest fear for us homies, that we'll be re-abused in a nursing home'.[412]

'Naomi', who told us she was sexually abused by religious sisters and a visiting religious brother, while in an orphanage, and later by a foster father, spoke of how staff at the aged care facility where she now lives did not appreciate her difficulty in being contained within four walls. She said:

> They need people who can support us at the end of our time because we go into our shells. We get scared. I've run away a couple of times because in my head it was like being back in that home, and they don't understand. They just don't understand.[413]

Another survivor told us that as she grew older, she worried about having to go into residential care. 'I do not want to be put back into an old person's home. To me that would be just, like, the start of my life and the finish of my life. It would be very traumatic'.[414]

'Regina', now elderly, told us her biggest fear is having to live in a nursing home, as she is scared of being sexually abused again. She said she was aged six when she was placed in a Catholic girls' home where she was physically abused by religious sisters and sexually abused by an older girl. 'Regina' told us, 'I believe it's happening in nursing homes, is really bad ... I'd rather die than go to a nursing home, I really would'.[415]

Others described their lack of trust as manifesting as a general resistance to and dislike of authority, often because they felt they had been betrayed by the institution where the abuse took place, as well as by the perpetrator. In the *Catholic Church authorities in Maitland – Newcastle* case study, we heard from Mr Michael Balk who was sexually abused at St Gabriel's,

a Marist Brothers School, when he was in 4th Form in 1967.[416] Reflecting on his diverse work history since leaving school, he said:

> Looking back, I have moved around a fair bit between various work roles. I remained interested in radio and information technology. I have had a number of instances of unemployment and of being unsettled in my work. I didn't realise at the time, but I can identify that I have had, at times, problems with people in authority. In particular, if those authority figures fail to live up to my expectations.[417]

For some, a distrust of authority involved an intense anger and hatred. 'John Robert' grew up in a violent household, and was made a ward of the state at the age of 10. He told us he was sexually abused in boys' homes and foster care, eventually ending up on the streets before going to jail at the age of 17. 'John Robert' has been in and out of jail ever since, but said he came to the Royal Commission because he was fed up with it all. He said, 'I want to know what me problem is. Why I do what I do. And I hate the law. I hate people with authority. … I'm at an age where I should know … what I do is right and what I do is wrong. Instead I've got that much hatred in me that I want to break down and cry'.[418]

The lack of trust in and dislike of authority has implications for a survivor's employment. Many survivors in private sessions told us that their dislike of authority has meant that they have faced difficulties at work because they find it challenging to take orders from superiors (see Section 3.9.2). In the *Australian Defence Force* case study, CJU told us:

> My work life has been a nightmare. Since leaving the Army I have worked in many different jobs but have struggled to keep a job as I leave when I see bullying or feel threatened. I find it hard to trust colleagues or people in senior positions. If I see people being threatened and bullied I get cold shakes and have to leave the room.[419]

As discussed in Chapter 4, a negative or dismissive response by an institution to a disclosure of sexual abuse may compound this lack of trust in and dislike of institutions and authority.

3.8.2 Re-victimisation

Many survivors in private sessions told us that they were re-victimised after the initial incident of sexual abuse. We heard from victims who were sexually abused by different perpetrators at various times during their lives, in both childhood and adulthood. Survivors also told us that they were targeted for other types of abuse following sexual abuse, such as emotional and physical abuse. This adds weight to research suggesting that perpetrators outside the family context often target children who have previously been abused and neglected because they believe these children are less likely to report it (see Volume 2, *Nature and cause*).[420]

Some survivors told us they were sexually abused several times, by different perpetrators, during their childhood, as is seen in the experiences of 'Clyde'.

What 'Clyde' told us about re-victimisation

'Clyde' told us in a private session that his first memory of the Anglican boys' home he was sent to at the age of six was watching a housemaster beat his older brother and being told that if he misbehaved, he would be beaten too. It was 1953 and set the scene for 'Clyde's' future years in institutions.

We heard that within a short time of arriving at the boys' home, 'Clyde' was sexually abused by a person who came into the dormitory and put their hands under his bed covers and fondled him. 'I remember seeing the silhouette dressed in sort of religious clothing like cassocks or what they used to wear in church and them sitting on the bed'. For years afterwards, 'Clyde' had to sleep with the blankets pulled up over his head.

When he was eight years old, 'Clyde' was transferred to a Salvation Army boys' home. He told us that while he was being fitted for clothing, one of the officers sexually assaulted him. He didn't report it to anyone. 'Who do you tell? Do you tell the abusers you're being abused?'

'Clyde' told us that in 1955, an older boy who was sent to live in the younger boys' dormitory raped him. When the assault became known, staff members assembled all residents and announced that 'Clyde' and the 13-year-old boy were having a homosexual relationship. 'The inference was that I was party to it'. Thereafter, 'Clyde' was picked on relentlessly, with the story carrying on into other institutions to which he was sent.

'Clyde' said that after the rape, he tried to abscond and his father became involved, taking his son to court to request he be charged with being 'uncontrollable'. From this time on, 'Clyde' became a ward of the state and was moved to several other government-run boys' homes.

At 14, 'Clyde' was sent to a boys' hostel to serve out a 14-month sentence. Conditions were harsh but improved greatly with the appointment of a new superintendent who cared about the boys and their living conditions. When his sentence was completed, 'Clyde' left and 'thumbed' his way around Australia. After he turned 18, a letter was sent to his father stating that 'Clyde' was now discharged from all care.

'Clyde' told us he got into a lot of trouble over the years, committing crimes and spending time in gaols, where he would often become a target after other inmates recognised him from the boys' homes. He told us that, on one occasion, he was raped in gaol.

'Clyde' said his life started to change in the late 1980s. 'I was an alcoholic. I am an alcoholic, but I suppose I woke up one day and thought there's got to be something better'. He started going to Alcoholics Anonymous and later sought counselling for a gambling addiction, during which memories of the sexual abuse came up.[421]

Some survivors described how they were targeted because they had previously experienced sexual abuse, a few sexually abused by the very person they went to for help. 'Frances' told us a priest sexually abused her in the school toilet when she was nine years old. When she got home, she told her mother and stepfather about this abuse. Her stepfather put her on the kitchen table, and examined her for any sign of sexual assault. 'Frances' was told never to tell anyone in their community about the abuse, as it would bring shame to the family. She told us that from this time on, her stepfather began sexually abusing her:

> My stepfather had never shown any signs of sexual behaviour or even interest towards me prior to the priest's sexual abuse. I believe the priest's sexual abuse gave my stepfather the perception that he had the right to do the same to me, as I had already been damaged.[422]

The abuse only stopped after 'Frances' had a breakdown when she was 14 and was sent to live with another family.

Survivors also described being victimised in non-sexual ways following the sexual abuse, such as being bullied at school or in other institutions. We heard in particular from male survivors who were bullied and called 'poofter' by other children because they were sexually abused, or thought to be sexually abused, by male perpetrators or other boys. 'Clement' told us in a private session that when he returned to school after the police caught the principal who sexually abused him, charged him and sent him to gaol, he was ostracised, ruthlessly teased and bashed by the other boys. He said, 'They'd torment me. Like, they'd sing songs like, "Clement's a poofter, he takes it up the arse …. He can't run because his bum's full of cum …"'.[423]

After being sexually abused, victims can withdraw and become isolated. 'Jordan' told us how he was relentlessly bullied at the age of 15, following an incident of sexual abuse at a school camp.[424] We heard that one night at the camp, 'Jordan' awoke to find a fellow student masturbating close by. 'Jordan' said the boy ejaculated onto his sleeping bag. He tried to ignore the incident and the next morning told a few friends, expecting them to be disgusted by the act. Their reaction was very different however. 'Jordan' said he became the target of persistent taunting and obscene name-calling by boys from all the years. A few weeks into the ordeal, 'Jordan' got into a fight with a former friend over bullying text messages. Called before his housemaster to explain, 'Jordan' told the teacher about the incident at the camp. 'Jordan' said the teacher did not report the sexual abuse, nor was much done to counter the bullying. 'Jordan's' time at school was becoming intolerable, with bullying happening '24/7'. 'People would just open my door, come in, yell stuff at me, close the door. They had no respect for me anymore'. He told us that matters came to a head four months after the school camp when 'Jordan' was taunted in front of a house meeting of students and teachers. He walked off the grounds and called his father to warn him he was coming home. After this, his parents learned about what 'Jordan' had been going through. However, 'Jordan's' school life did not improve. In the end, 'Jordan' withdrew from the school and enrolled in another school that provided a supportive response.[425] Volume 13, *Schools* discusses the impacts of child sexual abuse in a school setting in more detail.

Research suggests that victims of child sexual abuse are at increased risk of re-victimisation in adult life as well.[426] One large-scale Australian study found that compared to people with no history of abuse, victims of child sexual abuse were more likely to be a victim of violence, more than four times as likely to experience threats of violence, and at five times greater risk of sexual assault.[427] One large-scale prospective study found that prior victimisation, including abuse and neglect, increased the risk for future physical and sexual abuse.[428] Evidence from other studies associates child sexual abuse involving greater force, and occurring over a long duration and with more frequency, with up to three times greater risk of re-victimisation.[429]

Another study on child sexual abuse in institutional contexts noted that women who had been sexually abused in institutional care settings were more likely than men to describe experiences of abuse persisting into adulthood.[430] Some victims of child sexual abuse in institutions told government inquiries they accepted ongoing abuse as a feature of their adult relationships.[431]

Female survivors, in particular, told us in private sessions about re-victimisation occurring within intimate relationships. For example, 'Dora' told us that she had been sexually abused at the age of seven by the chaplain at her Catholic school in Sydney's north-west, and at the age of 14 by the religious studies and sex education teacher at her Catholic high school. 'Dora' told us that these incidents had significant impacts on her mental health and believes they also made her more susceptible to later emotional and sexual violence. She had a number of abusive relationships as an adult and experienced a further rape. 'It made me vulnerable to certain types of people, who would take advantage of me … There was almost a different side to me'.[432]

While it is difficult to establish a direct causal relationship between the child sexual abuse and later victimisation, some survivors themselves made an association between the two. 'Rosalie', who told us she married a violent man who assaulted her, said, 'I call it a "scent of abuse". So you wear a bit of vulnerability all over you'.[433] Some victims who have grown up in an environment of repeated and prolonged abuse may have low self-esteem and may not feel entitled to safety and respect. Perpetrators may target these victims because they think they are less likely to be believed or to disclose.

3.8.3 Criminal behaviour

A number of survivors in private sessions and public hearings described how the impacts of child sexual abuse had contributed to their criminal behaviour as adolescents and adults. Of the survivors who discussed impacts of abuse in private sessions, 22.7 per cent said they committed one or more types of criminal offence. These survivors described the complex pathways which led them to engage in criminal behaviour, telling us about various social, cultural, institutional and family factors in their lives at the time of abuse and following the abuse, including disadvantage, maltreatment and trauma.

Retrospective research studies indicate a higher rate of experiences of child sexual abuse amongst prisoners compared with the general population.[434] As discussed in Volume 1, *Our inquiry*, we heard from 713 survivors who were incarcerated in adult prison when they participated in a private session. Many other survivors who spoke to us in private sessions, while not in prison at the time, had been in correctional centres once or several times for a variety of crimes. These survivors told us they were sexually abused as children in a range of institutional contexts, including out-of-home care and youth detention. Volume 5*, Private sessions* describes in more detail what adult prisoners told us in their private session about their experiences of child sexual abuse and their lives following the abuse.

There is a growing body of research that examines a potential relationship between child sexual abuse and subsequent criminal offending.[435] While the vast majority of child sexual abuse victims do not go on to commit crimes, some research suggests a higher prevalence of offending than for people in the general community.[436] According to one large-scale Australian study, child sexual abuse victims were almost five times more likely to be charged with an offence than their peers in the general population.[437] Studies of victims of child sexual abuse in institutional contexts have also suggested increased rates of criminal behaviour, charge and conviction.[438] However, a commissioned review of impacts literature suggests that research findings vary, with some highlighting that a direct relationship between abuse and later offending has not been definitively established.[439]

Although the path from victim of child sexual abuse to criminal behaviour is complex and depends on a variety of factors, we heard of common patterns in the lives of those survivors who were involved in criminal behaviour. Some survivors in private sessions and public hearings told us that their behaviour deteriorated in the years following the sexual abuse, most commonly in their teens and early 20s – years that were marked by increased substance abuse and antisocial and rebellious behaviour, leading to criminal offending. For example, 'Rickey', who was sexually abused in residential care, told us:

> 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 ...[440]

As discussed in Volume *5, Private sessions,* many survivors told us that they turned to drugs or alcohol at a young age and ended up getting involved in crime such as theft and drug offences.

Some male survivors who were sexually abused by male perpetrators told us in private sessions and public hearings that violence and rebellious behaviour were connected to their fears they would be seen as homosexual. Mr Andrew Collins, giving evidence in the *Catholic Church authorities in Ballarat* case study, told us that he started 'acting up' after being abused by Brother Peter Toomey at the age of 14:

> I decided that I needed to show that I was tough so that everyone knew that I wasn't gay and that I wasn't weak. In sport, I went in hard and I started to get into fights. Before this, I was not violent at all. My marks dropped and I was caught shoplifting. It was the worst year of my life.[441]

How a victim's criminal behaviour can impact on others was another issue highlighted in private sessions. Prisoners in particular spoke about the anger and violence they have inflicted on other people, and how the sexual abuse had led them to a hard, emotionless and numbing insensitivity to the feelings of others. We heard how feelings of rage and anger contributed to crimes of violence. A number of survivors told us about their violent offences, some in domestic situations, and often linked to alcohol and other drug use. 'Keith Michael' told us he was constantly fearful of others and used violence to protect himself. It was a strategy that quickly slipped from his control. He said drugs and alcohol inflamed his temper and he often flew into uncontrollable rages. Violence landed him in gaol and he ended up spending much of his life there.[442]

Another reason that victims engaged in criminal behaviour was financial destitution. For example, we heard from survivors that they had to leave their out-of-home care placement when they turned 18, and had no means of financial support (see Volume 12, *Contemporary out-of-home care).* 'Paul Andrew' who left state care at 18 years of age, told us he ended up 'drifting' for the next few years. 'No direction. No wind in me sail, going against the tide of adversity, in and out of prisons. Shipwrecked on the rocks of prison, so to speak'.[443]

While some survivors spoke of putting their criminal activity behind them and moving forward with their lives as adults, others spoke of being caught in what one research project commissioned by us refers to as a cycle of criminal activity and imprisonment.[444] 'Monica' described the difficulties of stopping the cycle of reoffending.

> I need help with my offending. I know I have an anger problem … and I'm trying to change my life around, but it's such a struggle with being on medication and doing that – a lot goes through my mind … I just want you to know that I have been thinking a lot about my victims of my crimes. That's the main thing that impacts for me because I know what it's like to be hurt and that's something that I don't want [for] them.[445]

We heard from some survivors how the impacts of child sexual abuse played a role in their criminality, leading to incarceration. 'Kane Travis', attending a private session while in prison, told us he had suppressed memories of his sexual abuse for 30 years but memories surfaced in the early 2010s when the perpetrator suddenly appeared at his parents' house. 'Kane Travis' said that at the time, he was visiting his parents, who had come across the perpetrator and invited him back to their home, not knowing he had sexually abused their son as a child. When 'Kane Travis' suddenly came face to face with the perpetrator he was shocked. Although he remained composed at the time of the encounter, 'Kane Travis' 'fell apart' afterwards and started to use drugs for the first time in many years. He told us that while he was under the influence of drugs, he committed a string of offences resulting in his incarceration.[446]

A few survivors told us they had physically attacked the person who had sexually abused them as a child, or committed property offences against the institution where the abuse had occurred. Others attacked people for reasons related to the sexual abuse, for example a small number of male survivors who had committed murder told Commissioners that sex or the suggestion of sex had acted as a trigger to committing the crime (see Volume 5*, Private sessions*). These types of outcomes illustrate the profound impacts that child sexual abuse can have on victims' lives.

Some survivors – both male and female, although commonly male – told Commissioners they feared becoming sex offenders themselves. As discussed in Section 3.3.2, many survivors had a fear of being close to their own and other children for this reason. The fear that they could be seen as perpetrators may also inhibit some victims – especially males – from disclosing the details of the sexual abuse (see Volume 4, *Identifying and disclosing child sexual abuse*). However, research studies show that the vast majority of victims of child sexual abuse do not go on to commit sexual offences, including child sex offences.[447] One study of male victims of child sexual abuse found that three per cent of victims in the study went on to commit a sexual offence.[448]

The potential relationship between being a victim of child sexual abuse and subsequent sexual offending is contested in research. Some research suggests there may be a weak relationship between sexual abuse and sexual offending (including child sexual abuse) for males, but not females.[449] On the other hand, more recent research suggests that exposure to multiple types of maltreatment may be more significantly associated with later offending, including sexual offending, than child sexual abuse specifically.[450] Research commissioned by us confirms what this research found – that is, childhood physical abuse and/or neglect may be stronger predictors of sexual offending than child sexual abuse.[451] As discussed in Volume 2, *Nature and cause*, many perpetrators report a history of adverse childhood experiences, including physical, sexual and emotional abuse, and neglect.[452] However, the vast majority of people with these adverse childhood experiences do not go on to sexually abuse children.[453]

3.9 Education, employment and economic security

Many survivors told us that the child sexual abuse they experienced had long-term impacts on their education, employment and overall economic security. Of all survivors who described impacts in private sessions, more than half (55.7 per cent) told us about negative educational and economic outcomes.

3.9.1 Education

Of those survivors who discussed impacts in private sessions, 19.2 per cent described poor learning and educational outcomes. Survivors of child sexual abuse across all types of institutional contexts described impacts on their education, although there were some differences in these impacts depending on the context of the abuse.

As discussed in Section 3.1, the experience of child sexual abuse can affect a child's experience of learning. Often the educational impacts begin immediately after the abuse starts. Survivors told us about being forced to leave school early, being unhappy at school, avoiding school, and experiencing academic difficulties, an inability to concentrate and behavioural problems (such as anger or sexualised behaviour), all of which could lead to suspension or expulsion. These experiences were often accompanied by drug and alcohol use. Survivors told us that as children they were unable to concentrate or apply themselves to schoolwork because they were suffering the effects of the sexual abuse, including fear, anxiety, distrust and anger.

The negative effects of child sexual abuse on concentration, learning ability, self-esteem and educational performance are recognised in research.[454] Chronic irritability, unexpected or uncontrollable anger and difficulties associated with expressing anger are also detailed as part of the experience of child abuse.[455] All these impacts can influence educational outcomes. Research suggests that children who have experienced sexual abuse generally show reduced academic achievement, reduced cognitive function and reduced IQ scores compared with physically abused and non-abused children.[456] A lack of educational engagement and resulting low school completion rates among victims of child sexual abuse were also observed in findings from a longitudinal study on child maltreatment more broadly.[457]

Some survivors we heard from in private sessions and public hearings said that the effects of the sexual abuse meant they stammered or stuttered as children, and this in turn affected their schooling. 'Hany' told us, 'I couldn't get words together, there was no words coming together because there's so much emotion built up in my body that you can't breathe properly … You've been sexually raped and you lose your sense of trying to express yourself'. When 'Hany' left the institution – a mission school – and went home again, he was treated as stupid or 'not all there', he said. The stammer lasted throughout his high school years and beyond.[458] CNQ told us in evidence in the *Catholic Church authorities in Maitland – Newcastle* case study that he developed a stutter at school after the sexual abuse started.[459]

Survivors told us that because of the impacts of sexual abuse, their grades deteriorated. 'Jared Wayne' said, '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'.[460]

Many survivors told us that as a result of the sexual abuse they refused to go to school – either playing truant or dropping out. Not graduating affected their subsequent educational and employment opportunities. 'Josh', who told Commissioners he was sexually abused by the school counsellor, told us:

> I stopped even going to school much. Like, I would then not go to school or leave or on the weekends take off … 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.[461]

For victims who were sexually abused at school by a teacher, another staff member or a student, concentration and application to study were disrupted by fear and anxiety that they would be abused again, or have to face the abuser. Mr Troy Quagliata, giving evidence in the *Sporting clubs and institutions* case study, told of how the sexual abuse affected his schooling. Growing up in a small country town, it was difficult to avoid the perpetrator, Robert Ross, who was both the cricket coach at the local club and a groundsman at his school.[462]

> I left school partly to avoid seeing [Robert Ross]. My grades suffered and everything else followed. I failed virtually every subject except 'phys. ed'., wood and metal work. Every morning I woke up and felt uncomfortable even going to school. Every time I saw him at school, I froze. I dropped out of school in Grade 11. I couldn't do Grade 12, I just couldn't face going back to school. I needed to get out of town.[463]

'Ingrid', who has an intellectual disability, and her mother, 'Marla', told us how 'Ingrid's' experience of sexual abuse at the hands of other students at her government high school led her to be fearful and unhappy at school, eventually forcing her to drop out in Year 12. Because they lived in a small regional town, there was no other school that 'Ingrid' could go to. She told us she was sad she didn't complete Year 12. 'It's a huge change. I worked really hard all the way to Year 12. I wanted to do Year 12 and graduate'. She wanted to 'do all the girly stuff' – get dressed up, go in the car, have photos taken for graduation. 'It's very upsetting', she said. She also lost the opportunity to take up a school-based traineeship.[464]

For some, the sexual abuse set them on a path to disruptive behaviour at school, including problematic sexual behaviours, getting into fights and drug and alcohol abuse. The behaviour sometimes resulted in suspensions and expulsion. 'Trina Jane' told us in a private session that she had deliberately vandalised teachers' cars so she would be expelled. 'Trina Jane' said she had been sexually abused by three male students in her art classroom when she was 12. She believed the teacher saw some of what happened so she waited a couple of weeks, but the issue of the abuse was never raised. In that time, her behaviour deteriorated. 'I didn't tell anybody and I had to do things to get out of that school which involved writing on the teachers' cars and I was expelled'. 'Trina Jane' said that as a result it was difficult to find another school that would take her, and she ended up using drugs to block it out.[465] She told us:

> I started inhaling substances at home to deal with what had happened. I found that that blocked out everything for me and while I was under the influence of inhaling things I just was in a different place and everything was okay. And I started at a new school and there was kids there that inhaled as well and so I did that with them and I would pass out at the new school …[466]

Survivors spoke about how their lack of educational achievement affected their adult lives, preventing them going on to tertiary education or training. The sexual abuse also stopped them gaining the skills and attitudes needed to participate in the workforce and be financially secure (see Section 3.9.2).

Many victims, now adults, felt keenly that they had lost opportunities because of the impact that the sexual abuse had on their education. Older survivors who experienced sexual abuse in residential care – including child migrants, Aboriginal and Torres Strait Islander children removed into missions and homes, and children placed in orphanages and reformatories – told us that, in addition to suffering multiple forms of abuse in care, their educational needs were severely neglected. They were often forced into child labour instead.

We heard evidence in the *St Joseph's Orphanage, Neerkol* case study that the levels of education at the orphanage were 'lamentable'. Some children left the orphanage barely literate and there was a lack of special assistance for children even until the 1970s.[467] Survivors told us in private sessions about their poor literacy and numeracy,[468] which had long-term effects on their self-esteem, relationship with their children and employment opportunities.[469] This is supported by the findings of the Commission of Inquiry into Abuse of Children in Queensland Institutions (the Forde Inquiry) in 1999, which described educational deprivation as one of the most profound and enduring losses suffered by former residents of institutions.[470]

For many older survivors of child sexual abuse, their lack of education has been a continuing cause of shame and disappointment. As a child migrant from Malta, Mr Raphael Ellul, told us in the *Christian Brothers* case study*:*

> At Tardun, it took me more than three years to learn enough pidgin English to get by. I didn't receive any teaching in English language. I left Tardun aged 16. I still only spoke broken English. After approximately three years' schooling at Tardun (up to the age of 13), which was interrupted by stints of mallee-root picking, I had hardly any written skills. After leaving Tardun, I had little opportunity to improve my English skills. I am able to read basic English. I am unable to write in English. I am embarrassed by this and it has impacted my employment options.[471]

Another child migrant from Malta, VG, who was also subjected to sexual and physical abuse at Tardun, gave evidence in the *Christian Brothers* case study about the shame surrounding his lack of education. His mother sent him to Australia after a priest told her he would get a free education and would be able to return home after he finished secondary school. Instead, VG was put to work. Eventually he went back to Malta, but was ashamed that he was uneducated.

> Even when I was in Malta, I didn't feel free from what happened at Tardun because I always pretended that I was qualified, so my mother would never find out what really happened. My wife and I eventually returned to Australia in 1972 so that others would not find out that I was not qualified at all – that was including my wife.[472]

'Clarence' told us in a private session that he has 'done his best' to teach himself to read and write as an adult.[473]

What 'Clarence' told us about illiteracy

One legacy of the sexual abuse 'Clarence' experienced as a child in institutional care in the 1960s is that for much of his life he has been illiterate.

When 'Clarence' was eight, his mother was found to be 'unfit' to look after him and his siblings, and they were removed from her care. 'Clarence' was told he was being sent away to be educated. The explanation made sense to him because in the small Victorian country town where his family lived it was common for children to go to boarding school. 'That was a standard thing in the country. People go to another place to get educated', 'Clarence' recalled. Instead, 'Clarence' and some of his siblings were placed in a children's home run by Catholic sisters. 'Now I know it was an orphanage. At the time I didn't. I thought I was going to boarding school'.

‘Clarence’ told us he suffered physical, psychological and sexual abuse from sisters at the home. One of his roles at the home was to act as a ‘parlour boy’. ‘That was someone who opened the door and said, “Welcome, come in, sit down and I’ll go and get Sister so and so”’,’ he told us. ‘Clarence’ would go and find the sister, then go to the kitchen and organise the tea tray and deliver it to the sister and her visitor. The job allowed him to roam the institution unsupervised, which meant he could secretly visit his brothers and sisters in the nursery. But it also presented an opportunity for others. He described the abuse that happened then as, ‘older people took advantage of me. At the time I didn’t tell anybody about it, because that was how it worked’, said he.

In the early 2000s, ‘Clarence’ contacted the Catholic Church in his home town. ‘I rang someone to say that things weren’t right’. That call led to sessions with a counsellor, and eventually to a meeting with representatives of the Catholic Church.

‘Clarence’ went to the meeting very clear about what he wanted to get out of it.

‘I said, “I need to learn to read and write, please”. I said, “I’m illiterate”’. He was told he’d be given $3000 to buy a computer. However, ‘Clarence’ also made it ‘distinctly clear’ that he needed money and support to help him look after his brothers and sisters. Like him, they have ongoing needs as a result of their time in care. ‘I was reassured that that was okay. The $3000 was to get me started so I would go off and learn to read and write … They basically saw me out the door and said, “Don’t worry Clarence, everything’s going to be fixed up and it’ll all be all right”’.

‘Clarence’ bought the PC and has learned to read and write. ‘I’ve done my best’, he said. ‘I’m a self-taught person. Am I an educated person? No, I’m not’. But he didn’t hear any more from the church and when he got in touch with them he was told, ‘No, that’s it’.

‘Clarence’ is now being supported by his own advocate who has contacted the church on his behalf. Six months after writing a letter asking for the matter to be revisited, they are yet to receive a response.

‘I’d like my matter resolved before my mother dies’, he told the Commissioner. ‘That’s important for me’. She is now in her 70s. ‘Clarence’ believes that she has also been treated unjustly. ‘My mother wasn’t unfit, and her name should be cleared’. As well, she was told her children would be given a good education and a better life. But the reality was very different.[474]

Academic underachievement meant that some victims were unable to pursue their childhood dreams. ‘Carmen’, who told us she was sexually abused by her female physical education teacher throughout her high school years, spoke of how the teacher’s behaviour meant she was unable to concentrate on her studies during her final years at high school. She received poor grades and had to give up her childhood dream of becoming a doctor.[475]

> 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 [perpetrator].[476]

A number of survivors told us they were sexually abused by teachers or coaches in specialist areas of study, such as music, dance or sport, where they had talent or a passion. Some found alternative teachers or a way to keep studying the subject after a disclosure of sexual abuse;[477] some even found that their talent was an ongoing source of protection from the impacts of abuse. For others, the sexual abuse destroyed their special relationship with this activity.[478] This type of impact is discussed further in Volume 14, *Sport, recreation, arts, culture, community and hobby groups.*

While a considerable number of survivors told us about their poor educational achievement, we also heard from many people who pursued an education or gained skills later in life, going on to have successful careers. For some, the pursuit of education and employment goals was a means of reasserting self-esteem, finding their identity or proving themselves in the face of adversity. 'Merle' told us she was sexually abused by a priest and placed in an orphanage where she was also physically and emotionally abused. In the years after leaving the orphanage, 'Merle' gained an education and learned about her Aboriginal culture, from which she had been alienated as a child. 'Merle' worked in areas where traditional laws and spiritual practices thrive, and as an adult has gained two university degrees to 'prove to people that I was not stupid'.[479]

3.9.2 Employment and income

In case studies and private sessions, survivors told us they believed being sexually abused as a child had led to them being unemployed, underemployed or lowly paid at various times in their lives.

Some survivors told us they were unable to hold down a job because of mental health issues, including anxiety, depression, panic attacks or low self-esteem. 'Rachel', who told us she was sexually abused by her high school science and guitar teacher, went on to complete graduate and post-graduate qualifications at university. However, maintaining consistent employment has been difficult due to her fluctuating physical and emotional health.[480] Another survivor, 'Chris Patrick', who told us he endured regular sexual abuse by a priest from the age of 12, spoke of how he left school in Year 10 and was later forced to leave a job because of his difficulties with drugs and alcohol.[481]

Other survivors such as 'John' spoke of being unable to work because of health issues, causing them to worry about their future. Of the survivors who described impacts of child sexual abuse in private sessions, 6.8 per cent told us they were unable to work. Many survived on a Disability Support Pension because of their physical or mental health problems.

'John' told us about the effects of child sexual abuse on his employability

'John' told us his abuse began in the family home in Melbourne. His father, a violent alcoholic, believed that 'John' was the result of a brief relationship his wife had had with another man. 'John' said that although his father was abusive to all his seven children, he reserved the worst of it for 'John', whom he considered a 'bastard'. 'He zeroed in on me with a lot of verbal abuse, physical abuse, and emotional abuse', 'John' recalled.

In the mid-1960s, when 'John' was aged eight or nine, he was put under a care and protection order. He had been running away from home and had been caught stealing.

Not long afterwards, 'John' had his first experience of institutionalisation. He was sent to a reception facility, where he spent three months waiting to be transferred to longer term residential care.

At the start of Grade 6, 'John' was sent to a Christian Brothers' orphanage just outside Melbourne. His first year 'wasn't too bad', he recalled. In his second year, he was put in a different dormitory, under the charge of Brother 'Fencher'. 'John' was a chronic bedwetter; the result of stress and anxiety. One night, 'John' wet the bed and went to ask 'Fencher' for help. 'John' said, 'He decided to have sex with me on his couch'. 'Fencher', we heard, also sexually assaulted 'John' in the shower when no one was around. 'Even today I have trouble having a shower', 'John' told the Commissioner. 'Showering on a regular basis is something I really have to push myself to do'.

'John' had placements at three institutions, and told us he experienced physical and sexual abuse at each. He returned home several times, but his father's violent behaviour made it impossible to stay. As a 14-year-old, 'John' lived on the streets, where he was sexually assaulted again.

'John' has suffered from anxiety and depression throughout his life. He tried to educate himself but could not complete courses and gain certification, and has not been able to stay in steady employment. He married and had three daughters, but his marriage ended some years ago.

Now living on a disability pension, 'John' worries about his future. 'I think my health issues at the moment is probably the most concerning thing', he said. 'I feel my body breaking down … I think that's through anxiety and the constant stress'. 'John' spoke of his enduring financial hardship:

> I remember once when I was working I had a Medibank Blue Ribbon account, and a couple of times I went into private places for depression. It gave me the safety net, that I could just ring up … The depression would get that much – it gave me time out and you had good quality food and you could rest and then get back into it again. All those safety nets have been taken away, purely because I'm not making any money. I don't have a nest egg or a car or anything to run on … So I feel that that type of thing at the moment is a ball and chain in my life.[482]

Several survivors were unable to settle into a job or career path, often because they had difficulties working under authority as a result of their experiences of sexual abuse by a trusted adult (see Section 3.8.1). One survivor told us:

> 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, like to have the power over other people. I think that's probably why I left some of those jobs.[483]

Although some survivors have been able to find work, a lack of educational qualifications – combined with their mental health issues – has, at various times, meant that some were only able to work part-time, or in lowly paid jobs.

Some expressed sadness that they did not reach their career potential. BQG, giving evidence in the *Brisbane Grammar School and St Paul's School* case study, spoke about how he failed to complete Year 12, missing out on a law career because of the impacts of sexual abuse by his former school counsellor:

> My failure to complete Year 12 meant that I wasn't able to pursue studies in law, as I had hoped to. Looking back, it appears that I was running – North Queensland, New South Wales and then ultimately Perth. I have been lucky to have the successes I have had. However, I still feel inadequate that I have no degree. My siblings all have degrees and are quite successful in their chosen fields. The law is something I have always wanted to pursue. However, I feel that the time in my life when I could have been achieving that, I was running away.[484]

In the *Retta Dixon Home* case study we heard from Ms Sandra Joy Kitching, who said:

> The worst part of it was that being in Retta Dixon left me without hope … That was the worst, missing out on so many opportunities in life, because Retta Dixon just gave us no hope, no life skills and no self-confidence to do anything.[485]

Despite the profoundly negative impacts of child sexual abuse on their lives, numerous survivors told us that they were pursuing successful and fulfilling careers. In many cases, we heard that their desire for justice influenced their career choice. Some survivors became lawyers, academics and advocates, dedicated to helping child sexual abuse victims or other people who had suffered adversity in their lives. For example, 'Nancie' told us in a private session that she was physically and sexually assaulted at a government-run Aboriginal mission in the mid-1960s and then in a foster home. Eventually she ran away from her foster parents. 'Nancie' said she lived on the streets for a while, and had a baby when she was 18. However, 'Nancie' managed to finish her schooling and went on to become a successful sports player, with help from significant mentors. She is now a mentor herself. 'Well, I said I wouldn't go down that pathway, because

I seen it all my life. And the pathway was the alcohol, the drugs, the prostitution'. Instead, 'Nancie' decided to help children and young people, starting in a local neighbourhood. She now helps young people in the criminal justice system, and is studying towards a law degree. She also ran a group home for a while, looking after 30 street kids.[486]

3.9.3 Housing security

Survivors and their families told us that the flow-on effects of the sexual abuse, including mental health impacts, alcohol and other drug abuse, and poor education, had at times led to extreme economic hardship and homelessness and other housing problems. A recent Australian longitudinal study suggests a relationship between childhood trauma – such as sexual abuse – and homelessness, with nearly one-third (31.5 per cent) of those who had been homeless for four years saying that they had been sexually assaulted during childhood.[487]

A number of survivors described their experiences of homelessness as young people, after running away from school, home or foster care because of sexual and other abuse. 'Marcia', told us in a private session that she was sexually abused by a supervisor as a small child in an Anglican home where she was placed, ending up in a series of institutions. 'Marcia' began to get in trouble with police for shoplifting, avoiding school and running away. Eventually at age 14, she escaped from a hostel and started sleeping on the streets, in squats and on friends' couches. 'Marcia' told us that when she turned 16, her state wardship ended and she was able to get government benefits and find a place to live.[488]

Other survivors described episodes of homelessness throughout their adult lives. For some, homelessness also resulted from a combination of alcohol abuse, drugs and an inability to maintain employment. It was also often related to experiencing significant mental health issues (see Volume 5, *Private sessions*).

While not homeless, some adult survivors told us they lived in fear of losing their home or had been forced to live in low-cost rental accommodation, such as caravans.[489] For example, 'Brendon' told us in a private session that he was sexually abused multiple times by a friend of his father's at Scouts. He said that he had, and continues to have, difficulty with people in positions of authority, which has caused him a lot of problems in his career and personal life. 'Brendon' said he suffers daily from anxiety caused by the abuse, with multiple health problems exacerbated by the stress of severe financial pressure. He can't pay his mortgage and fears losing his home. He told us he has considered taking his own life in the past.[490]

‘Dion’ told us he was homeless until 45 after leaving institutional care

‘Dion’ told us in a private session that he spent his childhood in and out of a Catholic orphanage and youth detention facilities, and was sexually abused in both these settings. He ‘acted out’, was involved in petty crime, and was diagnosed as a sociopath. When he finally left institutional care, ‘Dion’ didn’t know what to do:

> I didn’t go back home because I didn’t have to. I was homeless then until I was 45. I used a lot of alcohol, a lot of drugs, but I made a commitment to myself that I would never, never get in trouble with the law. I didn’t want to end up in gaol or anything like that. I would be able to do a bit of work, but I didn’t have that ability to be able to retain or have consistency, or I had no trust or faith in myself.

In between living on the streets and staying in homeless shelters and refuges, ‘Dion’ occasionally set himself up in a flat, but said his drinking always led to him becoming homeless again. He also ‘went bush’ often and during one of these periods he became very sick:

> I was six and a half stone. I was really thin. I needed a walking stick to walk. I had abscesses and sores all over my legs. So I guess I came back into society and I had a cathartic moment and I just realised that if I chose to start learning things, I can learn how to be okay, and I had a vision in my head … Then all of a sudden I realised that all my life I’ve been fighting myself, you know, and all this devastation, all this destruction I caused fighting myself. And I didn’t want to fight myself anymore.

‘Dion’ said this was a major turning point. Within a short time he applied for and was accepted into a university preparation course. In 2007 ‘Dion’ completed a degree and was employed in a teaching position while furthering his education and in 2016 he completed his doctorate.[491]

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272 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 11: Congregation of Christian Brothers in Western Australia response to child sexual abuse at Castledare Junior Orphanage, St Vincent's Orphanage Clontarf, St Mary's Agricultural School Tardun and Bindoon Farm School*, Sydney, 2014, p 23.

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288 Name changed, private session, 'Maggie'.

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304 Name changed, private session, 'Edyth'; See also survivor descriptions of internal medical examinations at Winlaton Youth Training Centre in Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study 30: The response of Turana, Winlaton and Baltara, and the Victoria Police and the Department of Health and Human Services Victoria to allegations of child sexual abuse,* Sydney, 2016, p 39, and Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 7: Child sexual abuse at the Parramatta Training School for Girls and the Institution for Girls in Hay*, Sydney, 2014, pp 15, 30.
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443 Name changed, private session, 'Paul Andrew'.

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447 The percentage of victims of child sexual abuse that have a criminal offence history varies depending on the methodology of the research study. A small sample of recent research studies suggests a range from approximately one to 12 per cent of the study population. See C Leach, A Stewart & S Smallbone, 'Testing the sexually abused-sexual abuser hypothesis: A prospective longitudinal birth cohort study', *Child Abuse & Neglect*, vol 51, 2016, pp 144, 148, 152; JR Ogloff, MC Cutajar, E Mann & P Mullen, *Child sexual abuse and subsequent offending and victimisation: A 45 year follow-up study,* The Australian Institute of Criminology, Canberra, 2012, pp 47–8; D Salter, D McMillan, M Richards, T Talbot, J Hodges, A Bentovim, R Hastings, J Stevenson & D Skuse, 'Development of sexually abusive behaviour in sexually victimised males: A longitudinal study', *The Lancet*, vol 361, no 9356, 2003, p 473. The estimate will vary significantly between self-report and administrative data.

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449 JR Ogloff, MC Cutajar, E Mann & P Mullen, *Child sexual abuse and subsequent offending and victimisation: A 45 year follow-up study,* The Australian Institute of Criminology, Canberra, 2012, pp 3–4.

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452 M Proeve, C Malvaso & P DelFabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse,* report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 29–30.

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474 Name changed, private session, 'Clarence'.
475 Name changed, private session, 'Carmen'.
476 Name changed, private session, 'Carmen'.
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4 Impacts of institutional responses

> I have come to terms with my abuse a long time ago … what I have never really been able to come to terms with was the part society played – or didn't play, I guess, being the point. You know, the people turning the blind eye, the people not recognising things when they were in a position that they should have been educated to recognise. People not wanting to listen. People putting their own businesses, or money, or schools, above the health and wellbeing of a child. These are the things that I find really hard to forgive. … the people that had the ability to do something about it and chose not to, they are the people that I have the more anger for.[1]

The way institutions respond to child sexual abuse – including reactions to disclosure, action taken following abuse, and broader prevention and protection measures – has profound effects on victims. Institutional responses have the potential to either significantly compound or help alleviate the impacts of the abuse.[2] Responses include: those of the institution where the abuse took place; those of institutions with authority over, or responsibility for, that institution; and those of the police, criminal justice system, complaint and oversight bodies, support services, and health services. Often we heard about instances where two or more institutions did not respond appropriately to the sexual abuse of a child. For example, we were told about children sexually abused in out-of-home care who were failed by both their care provider and the child protection agency. Some victims were affected by multiple poor responses across a whole system. The effects on victims of institutional responses to child sexual abuse received limited attention before the Royal Commission. Previous research tended to focus on the impacts of the abuse itself (see Chapter 3).

Most people who came forward to the Royal Commission described how institutions responded to their experiences of abuse in ways that affected them negatively. For instance, Commissioners were often told about how an institution's response contributed to silence, shame and secrecy. However, survivors' experiences of institutional responses were not universally bad, with some telling us that the responses were a source of justice and support. Others spoke of mixed experiences of institutional responses and the subsequent effect on them. It was clear that victims' recovery and healing was tied to the nature of the response they received to disclosure and in seeking redress.

This chapter examines the impacts of institutional responses on victims of child sexual abuse. It discusses how poor responses by institutions can constitute institutional betrayal. It then discusses other commonly reported impacts of such poor responses, namely:

- continuation of sexual abuse
- re-traumatisation
- fear, distrust and contempt
- ostracism.

It also sets out what Commissioners were told about the outcomes for victims who felt supported when institutions responded appropriately to child sexual abuse.

Chapter 5 examines the impacts of child sexual abuse and the institutional responses to that abuse on secondary victims, such as family members and whistleblowers.

4.1 Institutional betrayal

Many survivors of child sexual abuse who came forward to the Royal Commission described the important role played in their lives by the institutions in which the sexual abuse occurred. For some, their involvement in an institution meant community and family belonging, educational opportunities, recreational activities, or religious or spiritual guidance. Some valued being connected to prestigious institutions with good reputations.[3] For others, the institution had been granted legal guardianship by the state. Many survivors told us about their unquestioning trust in institutions before abuse occurred.[4] They expected institutions to fulfil their duty of care to children – and, indeed, many institutions were required by law to do so.

This was not the case for all survivors. For those with prior experiences of discrimination and mistreatment by institutions, this trust had already been undermined. This was the case for many Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with refugee backgrounds and people who were care-leavers (spent time in out-of-home care as a child).

Some survivors who did trust in institutions at the time of the abuse told Commissioners they expected the institution's responses to be effective, compassionate and just. We were often told about the importance of being listened to and believed, and of the institution acknowledging and accepting responsibility for failing to protect children in their care. The prevention of further abuse and protection of other children was essential. Many survivors wanted perpetrators to face consequences, including criminal convictions, for their actions. For others, a meaningful apology, compensation and redress from the institution were critical (see our *Redress and civil litigation* report). Counselling and support were also key for many survivors (see Volume 9, *Advocacy, support and therapeutic treatment services*).

Yet a great number of survivors spoke about being betrayed by the very institutions they once trusted.[5] This 'institutional betrayal' – when trusted and powerful institutions act in ways that harm those dependent on them for safety and wellbeing[6] – can exacerbate the trauma of abuse. It can also have its own distinct impacts.[7] Dr Brett Ferguson, psychiatrist, described in *Case Study 57: Nature, cause and impact of child sexual abuse in institutional contexts (Nature, cause and impact of child sexual abuse)* how a poor institutional response adds another layer to the impacts of child sexual abuse:

> My experience has been that [institutional child sexual abuse] tends to add a different – an extra layer to the adverse impact, because it is not just the individual person who abused them to take into account, but also the institutional response, which is sometimes, unfortunately, a lack of response in terms of denial, a lack of acknowledgment, a covering up of, and that is just added to the sense of mistrust and anger and the other emotional aspects that go with having been sexually abused and not being believed and taken seriously.[8]

Institutional betrayal is a concept reflected in many of the experiences described by survivors who shared their stories with us. Some survivors told us how institutions failed to protect them from abuse in the first place, or did not respond appropriately when it occurred. Others described how institutions responded in ways that were actively damaging, for example, by perpetuating the abuse or punishing them for disclosing it. Responses that fail victims exacerbate a sense of injustice and betrayal, and foster resentment and anger. Many survivors described how institutional betrayal aggravated their anxiety, trauma and dissociation resulting from the abuse. 'Johnny', who told us he was abused as a schoolboy in the 1970s by the principal at his Catholic school, said the Catholic Church's response many years later led him 'to question my worth again, like I did when I was a child'.[9]

Many survivors of historical abuse described how, when they were young, it was commonly accepted that 'children should be seen but not heard'. This meant they were silenced or disbelieved when they disclosed the sexual abuse, exacerbating their feelings of helplessness, anger and shame. Many who tried to disclose the abuse when they were children were told that they were liars, and some were punished as a result.[10] We heard this response frequently in private sessions and public hearings. Volume 4, *Identifying and disclosing child sexual abuse* discusses in further detail the impacts of disclosure.

One survivor told us 'most survivors just want to be listened to, because when they were a child and tried to tell they didn't have a voice'.[11] Research suggests that victims' experiences of being believed may have changed over time; children are now more likely to be believed when disclosing, particularly by their parents, although this is not a universal experience.[12]

Poor institutional responses can also create a significant barrier to disclosure.[13] In the *Nature, cause and impact of child sexual abuse* case study, survivor Ms Shelly Braieoux told us that she was ostracised and silenced from speaking about her abuse to anyone. As a result of not being able to deal with it at the time, she said she was forced to internalise the pain, grief, anger, betrayal, worthlessness and shame she felt:

> There was no support from the religion, my family or friends, not one person would stand by my side to help, protect or advocate for me. In fact, it is the injustice of this treatment that drives me and it is a very big part of the reason why I have come forward today. It was a very callous way to be treated and, in my opinion, it has been far worse and caused more damage to me than the abuse itself. No survivor of abuse should be made to feel this way.[14]

Commissioners heard of many instances where victims were blamed for the abuse, or the significance of the abuse was minimised. Survivors reflected that this led to feelings of hopelessness, confusion and self-blame. Research indicates responses to disclosure can enhance or hinder recovery depending on the level of victim validation and attribution of blame to the perpetrator.[15] We heard from 'Maree', who told us that her early life and marriage were ruined by her childhood sexual abuse at the hands of the local Catholic curate. Although the perpetrator had said that nobody would believe her, 'Maree' told us she did try to disclose her abuse at confession sometime in the late 1950s or early 1960s:

> I told the priest what had happened and he screamed at me and he said it was my fault. He blamed me. I came out of the confessional box and I remember, with just my head in my hands … I vowed that I would never, ever speak of it again.[16]

Other survivors described being told that they had sinned and needed to make a confession when they disclosed abuse,[17] or to stop wearing 'revealing clothing' around the perpetrator.[18] Some survivors told us the institution where the abuse occurred asked them to forgive the perpetrator. 'Jack Eric' told us he was abused by a church assistant as a child in the 1960s. He said that he wrote to the Anglican Primate when the perpetrator became a priest to tell him about what had happened. At a meeting arranged between 'Jack Eric', the perpetrator, and the Primate, 'Jack Eric' requested that the perpetrator be defrocked. In a later letter to 'Jack Eric', the Primate said he needed to forgive the perpetrator because he had been convicted by a court, confessed his sin to God and received absolution – and that 'nothing bad had happened' since the perpetrator was ordained.[19] In *Case Study 13: The response of the Marist Brothers to allegations of child sexual abuse against Brothers Kostka Chute and Gregory Sutton,* we heard that a senior official within the Marist religious order minimised the sexual aspect of Kostka Chute's conduct by describing it as 'inappropriate' but 'not extreme' and 'not even genital'.[20]

Many survivors told us they wanted the institution to accept responsibility for not protecting the children in their care. However, institutions had often refused to acknowledge the abuse or denied culpability. Survivors described the frustration, anger, powerlessness and hurt they experienced as a result. 'Sergio' told us he was abused as an adolescent in the 1960s by the school chaplain at his Catholic boys' school. Years after seeking compensation from the Catholic Church, 'Sergio' told us he saw some letters from one church representative to another concerning his abuse. He became angry because of the 'dismissive, contemptuous tone of the letter'. During his private session, 'Sergio' reflected on the impact on victims of the church's response:

> … [W]hen the Church is honest and humble, and admits the bad effects of the sexual abuse of boys and young men by priests, and says sorry and tries to compensate, then it gives freedom and health back to the victim. When it tries to avoid responsibility, and make the victim feel guilty about telling their story or confronting their abuser, and uses tricks to steer them away from obtaining an apology because it fears the cost of compensation, then it hurts itself.[21]

Another victim, CK, who told us he was abused as a boy during the 1950s, gave evidence in *Case Study 3: Anglican Diocese of Grafton's response to child sexual abuse at the North Coast Children's Home (North Coast Children's Home)* of how the Anglican Church's denial of responsibility affected him and others who experienced abuse as children:

> It hurt a lot because we knew the truth. We were there for years. We knew what went on and what happened. And that really hurt. It's not anything to do with the money. It's them taking responsibility and ownership of the results and the mental state of all those children in that home.[22]

Many survivors told us that institutions prioritised protecting their reputations over the welfare of the victim. Mr Guy Lamond, a victim of abuse in the 1980s at Knox Grammar School, gave evidence during *Case Study 23: The response of Knox Grammar School and the Uniting Church in Australia to allegations of child sexual abuse at Knox Grammar School in Wahroonga, New South Wales (Knox Grammar School)* that his school put its reputation above the safety and wellbeing of the children in its care:

> I thought the response was impersonal and it was disbelieving; Knox were terrible. I believe the school knew about the abuse but tried to cover it up and ignore it. The school was more interested in protecting its reputation than protecting kids.[23]

We have accepted the evidence of Dr Ian Paterson, headmaster of Knox Grammar at the time, that, in relation to the allegations against music teacher Barrie Stewart and the teacher ARZ, he was involved in a cover-up of those allegations. Dr Paterson did not notify the parents of boys who had made allegations against staff members. Through these actions, Dr Paterson failed to prioritise the welfare of the boys at Knox over the reputation of the school.[24]

We heard from survivors who felt that institutions prioritised their reputation over protecting victims of child sexual abuse by fostering a culture of silence. In *Case Study 12: The response of an independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009 (Perth independent school),* WP told us:

> When the school was told about the abuse, I didn't feel supported by the school like I should have been. I began to feel isolated, like a troublemaker for the school's reputation that was best kept quiet. … I felt at times they were just protecting themselves and everything that was said or written was very carefully prepared.[25]

Many survivors told us that redress, including compensation, was an important element of addressing the injustice they experienced (see our *Redress and civil litigation* report). However, for some survivors, compensation was often accompanied by a sense of anger and disappointment at how the abuse they experienced was reduced to monetary terms. Many survivors told us they needed professional counselling and support to help them deal with the impacts of the abuse they experienced. They called for this to be separate from other aspects of the response (that is, compensation). Our *Redress and civil litigation* report includes recommended elements and principles for redress.[26]

4.1.1 Other institutions with a responsibility

Survivors described how other institutions, such as child protection agencies, the police, the criminal justice system, complaint and oversight bodies, support services and health services, had also failed them by not believing them, ignoring their claims or not protecting the child. For example, one survivor who told us she was sexually abused in out-of-home care as a child and as an adolescent asked, '… aren't [the police] supposed to protect me?' She explained that when the police did not protect her, her attitude toward them became, 'well you don't give a crap'.[27] Criminal justice responses to institutional child sexual abuse are discussed in detail in our *Criminal justice* report.

Some survivors told us they felt betrayed by the criminal justice system when a charge against the perpetrator did not go to court, or if there was a verdict of 'not guilty'. They described how in some cases these outcomes compounded their feelings of powerlessness and betrayal. In *Case Study 46: Criminal justice (Case Study 46 on the criminal justice consultation paper)*, FAA explained how the perpetrator's trial affected him:

> At the conclusion of the trial, I was informed by the detective that FAD was found not guilty. I just cried. I was devastated. There was no discussion of an appeal. I believe that the DPP [Department of Public Prosecutions] just accepted the verdict. By that stage, I had had enough and just wanted it to be finished.[28]

We heard in private sessions that the sense of betrayal when a perpetrator fails to be convicted can be intensified when a victim has been poorly treated during the court process. For example, we heard from some survivors who told us they were questioned in a demeaning way by the perpetrator's defence barrister, or that the prosecution did not keep them updated with information.

Several victims and their families told us in private sessions that they were refused help or information from institutions that would help them pursue criminal or civil proceedings in cases of historical child sexual abuse. This increased victims' feelings of powerlessness against institutions and their resources. Some had difficulty finding information about the perpetrator or gaining access to their personal files from the institution, delaying their attempts to achieve justice, and find answers for what had happened to them.[29]

4.2 Continuation of abuse

The way that an institution responds to child sexual abuse can also contribute to a child continuing to be sexually abused by a perpetrator. We heard institutions failed to provide an ongoing safe environment for children, and failed to protect children from abuse, despite information about sexual abuse.[30] Not only can these poor responses place a victim at risk of repeated and prolonged abuse, they continue to expose other children to an unsafe environment. Many survivors told Commissioners they disclosed child sexual abuse in an attempt to stop it, both for themselves and other children. One survivor, 'Matilda', told us, 'I could have just left it and done nothing, but I didn't because I was concerned for other people'.[31] Research shows that protecting others from abuse may be a motivation to disclose for some victims.[32] Motivations for disclosing child sexual abuse are explored in further detail in Volume 4, *Identifying and disclosing child sexual abuse*.

We heard how, in some instances, victims made multiple disclosures to adults within and outside the institution where the abuse was taking place. We also heard from victims' parents, whistleblowers and others who indicated they made reports in an attempt to stop the abuse. However, we also heard that many institutions failed to respond appropriately to this information about abuse, instead disbelieving victims, dismissing the reports, playing down the seriousness of the abuse or seeking to protect the perpetrator and the institution. The consequences of this lack of intervention were significant. Most notably, they meant victims continued to be sexually abused or that other children were placed at risk of abuse. 'Alexander Martin' told us how, as a victim of sexual abuse at an orphanage in the 1960s, his mind went 'into total lockdown' when his sexual abuse by a male staff member continued after he disclosed it to a priest. He told us that, at the time, he felt 'very angry' and 'deeply hurt' that he was punished when he disclosed the abuse. He told us, 'The response by the persons from whom I sought solace and help had a profound lifelong lasting impact on the private and working life of my beliefs, my views, my interactions …'[33]

Some research has noted an association between poor responses to disclosure and victims' re-abuse and the risk of further abuse.[34] Victims of child sexual abuse who are not believed or supported when they disclose describe feeling cynical, helpless and isolated, as well as having trust issues, increased anxiety, dissociative symptoms and trauma.[35] As discussed in Chapter 2, there can be profound psychological outcomes when children are exposed to cumulative harm, as a result of multiple and ongoing episodes of maltreatment. In particular, disclosures and attempted disclosures by children with disability who have been sexually abused are often not recognised, or are ignored, resulting in cumulative harm (see Chapter 2, and Volume 4, *Identifying and disclosing child sexual abuse*). The children's behaviours that are reactions to abuse can be misinterpreted as being part of their disability – and allow the abuse to continue. In one private session, the parents of 'Josh', who has a moderate to severe intellectual disability and limited descriptive speech, said he began displaying sexualised behaviours, including exposing himself and grabbing at other people's genitals, having never previously done so.

'Josh' was frequently in trouble at school for touching other students inappropriately. He began to grind his teeth while awake and asleep. The school and others put this behaviour change down to his disability and did not explore it further. His parents now believe it was learned behaviour from the sexual abuse he experienced.[36]

We heard that many victims were called liars by parents, police, those in authority and other adults when they disclosed. In some cases they were punished for doing so. As a result, some victims stopped telling people about ongoing abuse or tried alternative strategies to prevent it, such as running away.[37]

Research suggests that when child sexual abuse is reported and the perpetrator is not brought to justice (for example, if the perpetrator is moved to another location and commits further acts of abuse), the victim can experience further self-blame.[38] Ineffective institutional responses can inhibit victims from making future disclosures or seeking support.

We received evidence that some institutions – particularly religious institutions – moved perpetrators between locations, which enabled perpetrators to have continued access to children and put children at increased risk of abuse (see Volume 16, *Religious institutions*).

In some cases, representatives of institutions responded to reports of sexual abuse by abusing the victim themselves. In *Case Study 5: Response of The Salvation Army to child sexual abuse at its boys' homes in New South Wales and Queensland (The Salvation Army boys' homes, Australia Eastern Territory)*, 'ES' said he was sexually abused by a Salvation Army officer after disclosing sexual abuse by an older boy in a boys' home to that officer.[39] Another victim, 'Ethel Anne', told us in a private session of being sexually abused while away in holiday care from the Anglican children's home in Victoria where she lived in the 1950s. During confession, she told a priest about the abuse. She told us that he responded by asking her to show him what the man did to her, and that he then sexually abused her too. 'Ethel Anne' said the priest also told the religious sisters what she confessed, and she was beaten for being a 'bad girl'.[40]

Many survivors expressed anger and outrage that an institution that advocates high moral standards could betray them by protecting and supporting perpetrators over children. The daughter of one victim, attending a private session on behalf of her father who had died, said:

> I hold the institution of the Catholic Church responsible. They afforded not only protection to paedophiles, but they enabled them to gain access to generations of victims and in some cases form networks to facilitate this. Protected by the shield of their cloth, they raped and abused children, and no one would or could protect these children. Families held these abusers up as people to be admired and respected.[41]

Sexual abuse sometimes continued when an organisation with devolved responsibility for the day-to-day management and delivery of services at an institution failed to detect or prevent it. In *The Salvation Army boys' homes, Australia Eastern Territory* case study, we heard evidence that abuse at the homes continued between 1965 and 1977 because state social services secretaries employed by the Salvation Army did not conduct regular inspections of its boys' homes in New South Wales and Queensland, and because children were denied access to the visiting officers.[42] The failure of institutions to detect or prevent abuse in historical residential institutions is discussed further in Volume 11, *Historical residential institutions.*

4.2.1 Other institutions with a responsibility

We also heard evidence about the role of other institutions in failing to protect children from the ongoing sexual abuse. If criminal justice and oversight organisations fail to respond appropriately to indications of child sexual abuse or a disclosure of abuse, there is a risk the sexual abuse will continue, or that other children will be abused. In *The Salvation Army boys' homes, Australia Eastern Territory* case study we found that staff at the Queensland Department of Children's Services monitored Indooroopilly and Riverview homes in Queensland, but were slow to act on their knowledge of sexual abuse. The cursory reporting by staff at the (then) New South Wales Department of Child Welfare enabled child sexual abuse and other forms of maltreatment to persist at the Gill and Bexley homes throughout the 1970s.[43] During a private session, 'Rosemary', who told us she was sexually abused as a child by her foster father, described visits from an inspector while she was in care. She said the foster mother always ensured she was present during these visits and would punish her if she 'said anything out of place', meaning 'Rosemary' was forced to conceal the abuse and the inspector did not identify it. As a consequence, she remained with the foster family and the abuse continued.[44]

Similarly, some victims of sexual abuse in contemporary out-of-home care told us that the abuse continued because child protection authorities failed to act on a complaint. For example, in a private session 'Milo' recalled that he began to complain about sexual abuse by his brother 'Stephen' when he was about 10 years old. 'I told Mum and Dad about it, I told my stepmother about it … I told DOCS [the Department of Community Services] on numerous occasions'. DOCS workers told him they would act. 'We'll follow it up, we'll follow it up'. But they never did, to 'Milo's' knowledge. He said:

> They just kept putting us back in that situation. DOCS knew that we were getting abused. They knew we were being physically, emotionally and sexually abused and they still kept putting us back into that predicament.[45]

We also heard from some survivors in private sessions that they believed the police had allowed the sexual abuse of children to continue. Some survivors told us they ran away from the institution where they were being sexually abused, but were returned there by the police, even after they had disclosed the abuse. 'Howard' told us he was abused by clergy at a Catholic boys'

orphanage in the 1960s. He ran away a couple of times, and was found by the police. He told us that he tried to explain the abuse to them, but they did not believe him. He said he 'got a kick in the "you-know-what", [was] sent back, and got dobbed in to the orphanage again …' which meant he was in trouble again.[46] Some survivors said the police further sexually abused them when they sought help.

4.3 Re-traumatisation

Negative responses to disclosures of child sexual abuse can re-traumatise victims, compounding the effects of abuse and affecting their mental health and ability to adjust to social situations.[47] Research has suggested an adverse response can even constitute a secondary traumatic experience for victims.[48]

Consistent with the available research, many survivors in private sessions and public hearings described being re-traumatised by the responses of institutions. Institutional responses can also re-traumatise adults, years after they were abused. Reflecting on her experiences in 1996 in reporting sexual abuse to the Anglican Church, 'Joann' told us in a private session, 'The Church should have begun the healing but they just exacerbated the wounds'.[49]

In *Case Study 29: The response of the Jehovah's Witnesses and Watchtower Bible and Tract Society of Australia Ltd to allegations of child sexual abuse,* we heard from BCB who was groomed and sexually abused by Mr Bill Neill from 15 years of age.[50] BCB eventually disclosed her abuse to her husband in 1989 and to a Jehovah's Witness acquaintance in 1991 when she was 23 or 24 years old.[51] Shortly after her disclosure, an elder in her congregation convened two meetings with BCB and Mr Neill, among others. The meeting was at her house.[52] BCB said that during the first meetings Mr Neill had asked her, with reference to his alleged conduct, 'Don't you think I was joking?'[53] BCB said that she did not feel comfortable 'talking while Bill was in the room' and felt unable to report the full extent of Mr Neill's abuse at the meeting.[54] BCB told the Royal Commission that:

> Throughout the meeting, Bill looked at me defiantly. I felt like he was challenging me to tell the full story of what he had done. I felt uncomfortable and could not bring myself to tell the elders everything that had happened. I felt like I was still Bill's victim. I was still so scared of saying anything that would get me or Bill into trouble.[55]

BCB told the Royal Commission that she did not feel supported and that the elders were testing her credibility.[56] She told us in evidence, 'I found the experience of reporting my abuse to a room full of men, including the man who had abused me, very distressing'.[57] The elders did not explain to BCB the purpose of their investigation or the meetings with her which left her confused and disempowered.[58]

Others told us how they found it traumatising when an institution failed to do anything in response to their disclosure, in particular allowing the perpetrator to remain in a position of power. One survivor, 'Claira', described the damage done to her when her church failed to do anything in response to a disclosure of sexual abuse.

'Claira' told us that an inadequate response by the institution can be damaging

'Claira' told us she was sexually abused over four years by 'Mr Daniels', a senior member of her local church. 'Claira' said she disclosed her abuse to her parents after a 'stranger danger' course was conducted at her school by police officers. It was then that she started to think again about her contact with 'Mr Daniels', which motivated her to speak to one of the officers privately. She was encouraged to tell her parents and then come back to the police.

'Claira' disclosed the abuse to her parents that night. She said it was very difficult because she didn't think that they would believe her. Her parents then took her to speak to the leader of the congregation. She told us: 'He looked like he was going to do something about it … [However] he wasn't in his position for much longer, he was extradited from the church … There was a rumour that he had broken confidentiality … It was implied that it was about my situation'.

'Mr Daniels' denied that he abused 'Claira', saying that she was flirting with him. At the time 'Claira' had no idea what this meant but she was upset. She went to a female elder of the congregation for help, but found that the elder believed 'Mr Daniels' rather than her. The church did nothing and 'Mr Daniels' remained in his position of power.

Throughout her teens and adulthood, 'Claira' has been upset with the way the church disregarded the abuse. She never finished her education. Her relationship with her family is severely strained. 'Claira' finds it difficult to trust people, especially males in authority in her church.

When she was in her 30s, 'Claira' arranged a mediated meeting with 'Mr Daniels' and several church elders. She wanted to try and forgive 'Mr Daniels' and move on. It upset 'Claira' when 'Mr Daniels' admitted to kissing her once. She also learned that 'Mr Daniels' had been nominated for a higher role in the church. 'They wanted clarification if I was going to vote against him [for a higher position]'.

She said: 'I love my church and it does a lot of good in the world. But I'm feeling that the leadership are doing some damage as well. I feel quite damaged'.[59]

Some survivors also told the Commission about the re-traumatising effects of seeking redress from the institution. We heard these processes were often adversarial in nature and pitted the word of the victim against that of the institution, rather than adopting a compassionate approach. 'Clifford' told us about his experiences of seeking redress from the Anglican Church in 2013 for abuse at a Sunday school in the early 1950s. During his private session 'Clifford' described the redress process as slow, overcomplicated and misleading. Discussing the impact of this process, 'Clifford' told us:

> back in [the 1950s] I was molested by one Sunday school teacher, now I'm being molested by the whole bloody Church. [My psychologist] said to me that it's almost certainly undone 98 per cent of the work she's done with me in the last 20 sessions.[60]

In the *North Coast Children's Home* case study, we found that the Anglican Diocese of Grafton did not follow its own policies when responding to abuse victims. It caused further distress for victims of child sexual abuse by denying responsibility for the institution and offering inconsistent support and compensation.[61] We found Bishop Keith Slater did not follow the processes recommended in the Anglican Church's Pastoral Care and Assistance Scheme, and sought to protect the interests of the former members of the committee.[62]

In *Case Study 8: Mr John Ellis's experience of the Towards Healing process and civil litigation*, we examined how the Catholic Church maintained a position of non-admission of the sexual abuse by Father Aidan Duggan in the 1970s. This was despite a Church-appointed assessor previously finding that, on the balance of probabilities, Mr Ellis was abused as alleged.[63] We found that Cardinal George Pell accepted legal advice to vigorously defend the claim brought by Mr Ellis to discourage other prospective plaintiffs from litigating claims of abuse.[64] This resulted in the victim being subjected to a lengthy cross-examination in circumstances that were 'hurtful and painful' to him: this was accepted with regret and apology by the Church parties.[65]

4.3.1 Other institutions with a responsibility

The response from oversight institutions could also be re-traumatising. In *Case Study 27: The response of health care service providers and regulators, New South Wales and Victoria to allegations of child sexual abuse (Health care providers and regulators, New South Wales and Victoria),* survivor AWH gave evidence about being re-traumatised by a request from an officer of the NSW Health Care Complaints Commission (HCCC) to provide detailed information about alleged abuse, within 14 days.[66] He reflected:

> This was a very frustrating experience for me. The HCCC correspondence was happening at a time in my life when I was mentally very upset. I had around this time attempted to commit suicide and was experiencing suicidal thoughts all the time. The level of technicality, procedures and processes the HCCC was asking from me was overwhelming.[67]

When AWH did not provide the information within the time frame, the HCCC terminated the investigation. We found that HCCC's approach was insensitive given the nature of the allegations and the survivor's personal circumstances.[68] We found that it was important that any body with responsibility to receive and respond to complaints has staff who are capable of responding appropriately to complainants.[69] This is supported by research that highlights the need for professionals to be conscious of victims' potential to disclose child sexual abuse and to be able to respond effectively.[70]

A number of survivors who came forward to the Royal Commission said they were re-traumatised by the responses of the police. Some described the process of disclosing to the police, and the subsequent investigation, as upsetting and invalidating. They said that either the police did not follow up on the disclosure, or they did not follow up in the way that the victims anticipated they would, creating an overall negative experience for the victims. A decision by the police not to proceed with criminal charges against the alleged perpetrator was often a difficult outcome for victims to process, exacerbating their feelings of injustice.[71] However, we also heard in private sessions of more appropriate police responses, which empowered victims (see Section 4.6.1).

For victims of child sexual abuse with a history of confrontation with police and a criminal record, reporting to police could be particularly difficult. It was often the first time they had provided a full account of the abuse. We also heard that reporting to the police can be especially difficult for children.[72] Some survivors recalled in private sessions how the process took a negative toll on them emotionally, with some struggling to speak in detail of the abuse. One survivor noted that she felt her wellbeing was not a priority when she made a formal report to the police. She did not receive the counselling support she expected:

> 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 ... I found the whole thing just horrendous…[73]

Some survivors described the experience of engaging with the legal system as traumatic, triggering the impacts of the abuse even after many years. Mr Adrian Steer, a survivor of child sexual abuse at Knox Grammar School, described during the *Knox Grammar School* case study how participating in criminal proceedings precipitated a breakdown and undermined his faith in the legal system:

> I found my involvement in the criminal proceedings to be very traumatic. It was the beginning of an emotional downward spiral in my life. I stopped eating properly. I couldn't focus at work. I would say I was working at home but just stared at the screen and did nothing. I couldn't sleep properly … I have no faith in the legal process after my involvement in the criminal process.[74]

In *Case Study 46 on the criminal justice consultation paper,* we heard evidence from Ms Clare Leaney from the In Good Faith Foundation, an independent advocacy service which assists victims and survivors of clergy, religious and lay abuse. She reflected on the experiences of clients in an adversarial system and the impact this could have. She spoke about how the power imbalance that victims felt could reflect their experiences of their initial abuse and leave them feeling traumatised:[75]

> If they don't feel like they have control of a situation, if they feel like they are once again removed from their experience – and it is their experience – then that can really put someone off and become such a large barrier to appropriately reporting and appropriately engaging with a police or criminal justice process that it may be something that someone is never able to overcome.[76]

Some survivors told us that specific actors within the criminal justice system did not treat them with respect or compassion. Others related that the adversarial nature of the court process was traumatic for them. One survivor, who told us he was sexually abused as a child in the 1980s, said:

> I've got to say, they might be compassionate, but I don't think judges have a clue what a victim is going through in this. And what they might consider acceptable behaviour in the courtroom and acceptable tactics, isn't, because – and I appreciate there are false claims and all those sorts of things in this kind of space – the focus should be on getting an outcome and the care of the victims. The victims get re-traumatised through this whole thing, and [judges] don't seem to get that.[77]

Criminal justice responses to institutional child sexual abuse are discussed in detail in our *Criminal justice* report.

We also heard that mental health services intended to support victims of child sexual abuse can instead have profound negative effects if they respond inappropriately to the abuse. This could result in victims feeling unable to speak about their experience of abuse.[78] 'Tara', who tried to report 'Father Stevenson's' sexual abuse, told us it seemed that no one wanted to hear about it. She said that she spoke to a priest and he told her it was out of his jurisdiction. She spoke to the bishop and he said that 'Father Stevenson' was trying to help out a troubled girl, and that he would probably have done the same. 'Tara' told us she encountered a similarly dismissive attitude when she sought help from a counsellor. Instead of reporting the crime or providing her with coping strategies, the counsellor told 'Tara' to come up with her own plan. She said, 'I just found that she was telling me things I needed to do, and I was so overwhelmed'.[79] We also heard from 'Beck', who told us in a private session that he was sexually abused in the 1980s at a community sporting organisation when he was about nine or 10. He said he was extremely upset that his first counsellor told him that, because of his age at the time of his abuse, he would be permanently affected by severe post-traumatic stress disorder – 'that I'm broken, like there's no way of fixing it'.[80]

Care-leavers are often dependent on institutions for information about their time in institutional care. However, they can be vulnerable to re-traumatisation from institutions' responses to their requests for access to the information. Access to records can aid the healing process for care-leavers who were abused in care. They can be a critical source of evidence of abuse and become pivotal in civil or criminal proceedings. As we heard in case studies, many institutions did not provide records or provided only limited access to records, records that were heavily redacted or records marred by inaccurate or missing information as to why they were in care.[81] During *Case Study 24: Preventing and responding to allegations of child sexual abuse occurring in out-of-home care,* we heard evidence from Ms Tash Dale, a youth consultant with CREATE Foundation, that young people in care may 'start blaming themselves' for their situation when not given accurate information.[82] Care-leavers can also be re-traumatised by reading records that contain insensitive or judgemental language about them.[83] Records can also contain information that triggers past experiences of trauma, neglect, and physical and sexual abuse. Survivors told us they did not receive accompanying support to manage these impacts.[84] Volume 8, *Recordkeeping and information sharing* discusses the importance of recognising individuals' rights to access records about themselves.

4.4 Fear, distrust and contempt

Many survivors described how subsequently they had generalised distrust of institutions, hierarchy and people in positions of authority, and difficulties in engaging with institutions because of the institutional betrayal they experienced. Research has shown that victims' interactions with institutions can be coloured by feelings of fear, distrust and contempt as a result of abuse, the process of disclosure, and subsequent responses.[85]

We heard that police responses to child sexual abuse can frighten children. 'Zahara' told us she was molested by a leader at the mosque she and her family attended in the early 1990s. After disclosing to her mother, she was taken to speak to a female officer from the police Child Protection Unit. 'Zahara' said she felt scared of the officer as she wore a gun and warned her she could get into a lot of trouble if she was telling lies. Because she felt intimidated and frightened, 'Zahara' said she did not go back to the police, and is unsure if what she told them was considered a formal statement.[86]

Some survivors attributed their inability to hold down a job or participate in society to the responses they received to the abuse. For some, the responses fostered feelings of contempt and hatred for institutions. Mr Coryn Tambling, a victim of child sexual abuse at Knox Grammar School, gave evidence about his lifelong rejection of authority because of the abuse and the school's response to it:

> I have acted out of my deep-seated desire not to allow anyone ever to 'do me over'. I have fought every single authority figure or system that I have thought, whether real or imagined, has sought to control me or acted inappropriately … I have attempted desperately at times to prove to myself that I am beyond the realms of society and all its institutions. I have held contempt, disregard and disrespect for the conventions of our community … It is more than simply the sexual nature of this crime. It is all the forms of abuse itself: the breach of trust, the cover-ups, the silence, the punishments, the fear of recriminations, the lack of being able to be heard or to express oneself when feeling unsafe, unsure and violated.[87]

In Chapter 3, we examined how one of the particular effects of child sexual abuse in institutional contexts is a fear and distrust of institutions and authority. A poor institutional response can compound this loss of trust, in specific and generalised ways. For example, one study of male adult survivors suggested that if a victim receives a poor response when disclosing to medical practitioners, or being treated for child sexual abuse, medical care could risk re-enacting the abuse of power that characterised the sexual abuse.[88] We heard from survivors who had been negatively affected in this way by inappropriate responses from practitioners in the health system. In the *Health care providers and regulators, New South Wales and Victoria* case study, a survivor attested that the abuse and the response she received to it from the Royal Children's Hospital, Melbourne, had multiple adverse impacts. These included an enduring fear of hospitals, medical treatment and medical staff.[89] She said:

> Over the years, I have suffered from bouts of depression, frustration and anger over the past, having all-consuming thoughts of my sexual abuse and how I was treated by the Royal Children's Hospital. I am now dependent on antidepressants and sleeping tablets to deal with the anxiety, sleep and the feelings I have about the abuse and reporting the abuse.[90]

Some survivors told us they avoided accessing services because they distrusted institutions that provided them. They did not access support services intended to help them manage abuse-related trauma, which could mean impeded recovery and exacerbated poor outcomes for health, wellbeing and financial stability. One survivor of childhood abuse in a Catholic-run residential care home in the 1950s described his attempts to avoid institutions, including medical services and the police, throughout his life. He said: 'I was about 45 when I first applied for my Medicare card. Up until then I had never been on the dole and never went to the authorities for assistance. My fear of them and the police was still with me …'[91]

A number of victims had to maintain ongoing relationships with the institution where the abuse happened, even when the response to the abuse was inappropriate or ineffective. We heard that victims did not want to access services connected to the institutions where they were abused. In research we commissioned, 'Sonya', a victim of child sexual abuse at her family's church, described being drawn back into interacting with the same institution later in life due to her mother's ill health. Throughout her childhood, 'Sonya's' mother was heavily involved with the institution, which had ignored 'Sonya's' attempts to disclose and stop the abuse. 'Sonya' had tried to cut ties with the institution but found that it was the only one providing the services her mother required. She said: 'We're doing an aged care assessment on Mum because she's got early stage dementia. So I'm having to now ring the [religious institution] direct to ask them about details to do with Mum'.[92] She described a profound ambivalence and unease at having no alternative but to seek care from an institution that had responded inadequately to her own abuse.

Research has highlighted the specific effects that abuse in institutional settings can have, including a general distrust of authority figures.[93] This distrust can compound victims' difficulties in accessing therapy and support because they see all institutional representatives, including counsellors, as untrustworthy and potentially abusive. It may also extend to government agencies and institutions that provide services as a whole (see Volume 9, *Advocacy, support and therapeutic treatment services*).

As a result of their particular experiences of injustice, Aboriginal and Torres Strait Islander survivors told us they distrusted institutions and authority. We heard through roundtables, consultations and private sessions that Aboriginal and Torres Strait Islander peoples' ongoing experiences of racism and discrimination compound these feelings. 'Geoffrey' told us that when he was sexually abused by the driver of his local school's bus, he didn't tell the police, as he did not trust them. He said there were curfews and restrictions for Aboriginal people at the time: 'We always used to run when we'd see the police, that was just a natural thing for Koori kids at the time. ... I just knew if I went to the police they wouldn't believe me anyway'.[94] Research for the Royal Commission suggests that the memory of forced child removals is so recent and so traumatic that Aboriginal and Torres Strait Islander peoples live with the fear that engaging with an institution will result in a child being removed from the community.[95] What we heard about the service needs of Aboriginal and Torres Strait Islander peoples is discussed in Volume 9, *Advocacy, support and therapeutic treatment services*.

People with disabilities, who may be particularly reliant on therapeutic or support services, can also experience fear and distrust of institutions, as well as fear that support services could be removed.[96]

4.5 Ostracism

Survivors often spoke of being ostracised by the institution where the abuse occurred. Many told us they were rejected by the broader community in response to identification or disclosure of child sexual abuse. Some said they were alienated, humiliated and stigmatised as a result of coming forward. Family members and whistleblowers also frequently experienced, or feared experiencing, similar treatment. Their experiences are covered in Chapter 5 of this volume.

ARY, who told us he was sexually abused at Knox Grammar School in the 1970s, gave evidence in the *Knox Grammar School* case study that he was reluctant to disclose because he feared being ostracised. The headmaster was a known disciplinarian, with an 'intimidating and unapproachable character' who would deliver humiliating punishments in front of other students.[97] Having witnessed others being victimised for disclosing abuse, ARY feared receiving the same response:

> I had seen other boys who had mentioned instances of sexual abuse by teachers become victimised and ostracised in the boarding house. They were seen as weak and they became everybody's bitch. They never lived the abuse down and it was seen as a stain against their character and reputation that followed them forever. I did not want to be seen as a victim and suffer this fate. The culture was very much that of blaming the victim, and I thought that if I made a complaint against a teacher, that I would get into more trouble than the teacher.[98]

WP, who told us he was sexually abused by his schoolteacher, gave evidence during the *Perth independent school* case study that after disclosing the abuse he felt increasingly excluded from the school community. He felt that the school prioritised its reputation over his wellbeing. This treatment extended to his family including a younger brother who also attended the school, and his mother, who taught there occasionally: 'As time went on, it felt to me like it was the school versus me and my family. I didn't not feel believed, but the focus was on the school's reputation'.[99]

WQ, the mother of WP, gave evidence of her fear of being stigmatised if she disclosed her concerns that WP was being abused by a teacher at their school. She said: 'I was fearful of the consequences of being a possible whistleblower or being perceived as interfering'.[100] We were satisfied that during the time in question, there was evidence of a culture at the school where some staff members and one parent felt that, if they raised concerns about another staff member, they could be ostracised by parts of the school community.[101]

In research we commissioned, several survivors described perpetrators being supported by the institution, even when their guilt was confirmed. This was usually at the expense of the victim and their family, who experienced personal and social consequences for exposing the abuse.[102] One survivor, who told us he was abused by his teacher in the 1990s, said: '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'.[103]

As a result of this ostracism, some victims told us that they left their community, moving to a different town, or even another country, leaving behind personal networks. For example, BAV gave evidence in *Case Study 28: Catholic Church authorities in Ballarat* of being sexually abused when he was in sixth grade. He told us that there were negative consequences of him speaking out about the abuse. He was excluded from social events, experienced a form of bullying in the community and believed that some people refused to hire him because he had spoken out against the Catholic Church.[104] When he was 21 he left the Ballarat area and moved to Queensland, moving around from job to job. He told us: 'I had bouts of depression throughout this period, but I felt better for being in Queensland. It gave me an opportunity to remove myself from the Ballarat community and try a fresh start'.[105]

Beyond the institution, the response of the broader community can contribute to the isolation experienced by victims of child sexual abuse. Research suggests that the strong community support for some institutions held in high esteem, together with the resources and power of the institution itself, may thwart a victim's efforts to disclose.[106] The size of a community may also affect victims' efforts to disclose, with small, tight-knit communities sometimes 'posing formidable resistance' to public exposure or scandal.[107] We heard from survivors that the fear or actual experiences of ostracism could be worse in smaller communities, such as rural towns. During the *Sporting clubs and institutions* case study, BXI gave evidence that he was abused as a boy by a volunteer cricket coach. He found it difficult to report the abuse because of the size of the community. He said:

> For a very long time I did not tell anyone about my abuse, I think the fact that I lived in a small town made it hard to report my abuse … I felt that if I report the abuse or told anyone what was happening, me and my family would be vilified or scrutinised.[108]

While many survivors from a range of communities described the fear of being shamed or blamed by the institution in which the abuse occurred, it appeared to be a particular concern in communities that promoted an identity strongly associated with group membership.[109] In *Case Study 21: The response of Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s,* the Royal Commission heard how children were separated from their families and encouraged to feel a sense of belonging within the ashram. One survivor, APK, gave evidence that residents understood that if they defied the leader they would be cast out of the ashram.[110]

For many victims of child sexual abuse in religious institutions, the poor response to the abuse by the institution and the broader religious community led to their eventual disengagement from their religion. BCG, who told us she was abused by her father, a Jehovah's Witnesses elder, spoke in the *Jehovah's Witnesses* case study of how she left the church because she could not bear the hypocrisy any longer. She and her family were then shunned by the congregation.[111]

During a private session, we heard from 'Julia Maree' that she was sexually abused by her father, from the age of five, who also arranged for her to be sexually abused by other male and female Jehovah's Witnesses. As an adult she sought help from members of the institution, who told her there was nothing they could do. She told the Royal Commission, 'I was also shunned by most of them too, by saying "I don't believe your story" or the condescending, re-traumatisation of "Oh well, if you believe it then it's true"'. She said that when she wrote to the congregation elders and told them what her father had done, her father retaliated by telling the elders that 'Julia Maree' had made up the story as revenge on him for cutting her out of his will. The institution sided with her father and dropped the matter. When eventually 'Julia Maree' asked for her baptism to be annulled, she was branded an apostate and ostracised.[112]

4.6 Appropriate responses and empowerment

When institutions respond appropriately to child sexual abuse, it can ensure children are safe. It can also promote healing for victims, by helping them to manage the effects of the abuse. However, only occasionally did we hear in private sessions from survivors who experienced positive impacts from appropriate institutional responses. Most survivors in private sessions and public hearings described negative impacts from poor institutional responses, in particular from the institution where the abuse took place.

We acknowledge that survivors who experienced appropriate institutional responses might have felt less need to share their experience with the Royal Commission in private sessions than those who experienced inappropriate responses. This might mean that we were more likely to have heard from survivors about inappropriate rather than appropriate institutional responses. Regardless, we have learned much less about the impacts of appropriate responses than we have about poor institutional responses. There is also a paucity of research on impacts of appropriate responses to child sexual abuse.

Within these limitations, we did hear from some survivors in private sessions about institutional responses they felt were helpful and supportive. These included responses from institutions where the sexual abuse occurred, as well as other institutions responsible in some way for responding to child sexual abuse and child safety, including police, the legal system and welfare organisations. In some instances, a supportive response came from certain individuals within an institution, rather than from the institution as a whole. Sometimes institutions gave a supportive response only after significant time had passed, or in response to intervention by a third party.

Although appropriate institutional responses can be instrumental in assisting victims, the profound and adverse impacts of child sexual abuse mean that victims may find any involvement with institutions difficult. Following child sexual abuse, victims may have to disclose and report to many different institutions, including the institution where the abuse occurred, institutions with authority over, or responsibility for, that institution, the police, complaint and oversight bodies, support services, and health services. This process can be traumatic and anxiety-provoking, regardless of how appropriately these institutions respond. However, if the risk of adding further trauma is to be minimised, institutions need to respond to child sexual abuse appropriately.

We heard that appropriate responses by institutions where the abuse occurred demonstrate some common features: compassion, transparency and accountability. Survivors described to us the importance of being heard and validated.

Survivors described other key features of appropriate institutional responses as:

- being systemic – not confined to the institution in which the sexual abuse occurred, but promptly activating involvement of other relevant institutions, such as the police, as well as independent, professional counsellors
- involving ongoing communication between the survivor and the institution where the abuse occurred
- being humane and trauma-informed – characterised by a sympathetic and compassionate attitude towards the survivor and including provision of trauma-informed support
- being restorative – founded on a meaningful apology and offering the survivor long-term psychological and practical support, as well as reparation for the damage done.

The experience of 'Evan' illustrates the positive impacts of a supportive institutional response.[113] 'Evan' told us he was abused as a child by his school teacher in the 1970s but did not disclose at the time because he was too ashamed. He was driven to seek help later on in life after his marriage broke down and he had recurring thoughts about the abuse. 'Evan' told us that he found helpful elements in the responses from his old school, his church, the police and the legal system. He has also been helped by counselling.

'Evan' told us that a supportive response can help start the healing

'Evan' first reported his abuse to the Catholic Education Office. Through it, he was put in touch with a clinical psychologist, whom he has been seeing regularly ever since. 'He's been trying to get me back on track so I can decide what I'm going to do with my life in terms of work and things like that', 'Evan' said. He found the sessions, paid for by the Catholic Education Office, very useful.

The Catholic Education Office also gave 'Evan' information about other steps he could take, and he said he had been following these up. He has been to the principal of his old school, to the Order that ran it and to the police. He has found them all to be helpful and sympathetic.

'Evan' told us that contact with police led to the discovery that 'Ken Hooton', a lay teacher at a Sydney Catholic boys' school who sexually abused 'Evan' for three years, was already facing charges for offences against other victims. 'Evan' agreed to be a witness in the court case, which had had five adjournments at the time 'Evan' attended a private session. He believes 'Ken Hooton', in his 80s, will do everything he can to prevent the case going to trial. 'He's going to try to delay it till he falls off the perch', he said.

Though he said giving his statement to police was 'harrowing' and he doesn't look forward to giving evidence in court, 'Evan' told us he is positive about his dealings with the criminal justice system. Both the Director of Public Prosecutions and the police in charge of the case keep him well informed about what was happening, and the police officer he dealt with initially made the process as easy as possible. At 'Evan's' request, the officer came to his home to take his statement. 'He just said, "It doesn't matter what you tell me, I've heard it all before". He was an absolute professional'.

In the end, 'Evan' said speaking to the police was a relief. 'Even here today, it's cathartic, you know? Just to tell your story and somebody's prepared to listen. Because I couldn't tell my story. Here I am, 57 years old, and it's finally come out'.[114]

As 'Evan's' example illustrates, sensitive, timely and clear communication is an essential part of a supportive response from an institution. Survivors described feeling empowered by knowing what was happening in their case and being included in decision-making.

Some survivors told us that a genuine and meaningful apology from the institution was a critical element of an appropriate institutional response. Some told us that it contributed to their healing process. The Royal Commission's *Redress and civil litigation* report discusses how a genuine apology can play an important therapeutic and restorative role for victims.[115]

In private sessions, we heard from 'Ridley', who told us he was abused in a Catholic orphanage in the 1960s when aged 10, and later in a Christian Brothers' school. Despite a difficult start to engaging with the Catholic Church's *Towards Healing* process in the early 2000s, 'Ridley' described meeting a leader from the Christian Brothers as 'a beautiful experience'. 'I got a beautiful apology from that guy', 'Ridley' said. '… he actually had showers in his eyes. And I went to rescue him ... I said, "Mate, you didn't do it". He said, "No, but people representing us did"'.[116]

We heard examples of institutions responding well by taking immediate and appropriate action on abuse. 'Jay' and his mother, 'Leigh' described one such response during their private session. In 2014 some of 'Jay's' school friends disclosed that they were being sexually abused by a teacher. 'Jay' told his parents, who contacted the police. The school was supportive of 'Jay' and encouraged him to continue speaking out.[117]

'Jay' (son) and 'Leigh' (mother): impact of an immediate and transparent response

We heard how, in 2014, several of 'Jay''s Year 7 friends mentioned that 'Mr Blake', the sports master, had 'felt' them. 'I thought it was very strange', Jay said.

> I knew that 'Mr Blake' had a very good relationship with those boys – he liked them a lot. They would talk a lot with 'Mr Blake' and joke around with him and everything and apparently they used to go on runs with him and stuff. Apparently – I'm not sure. I couldn't really believe it, but then I thought they can't be lying about something like that, that's not something you lie about. I thought, I better tell my mum. Then I told them I was going to tell my mum and they said, 'Yeah, that's good'. Then it all got sorted out.

That night 'Jay' told his mother, 'Leigh', what the boys had said. She recounted the conversation to 'Jay's' father, who recommended they call the police. 'Jay' initially disagreed:

> I thought maybe we should tell the school first because I didn't want to hurt the school's reputation, maybe it could be dealt with in the school via the teacher. Then I thought, 'oh no, we should go to the police'.

'Leigh' said she also thought of calling the school first, but knew she'd made the right decision when Queensland Police acted swiftly. The school's response was also impressive, she said. After 'Mr Blake' was charged, he was immediately sacked from the school. The principal sent a text message and email to parents informing them of events and called an assembly of students and parents to discuss the matter. He put into practice the school's child protection and traumatic events policies and thoroughly briefed all teachers. The school counsellor was supported by external specialists and met with students, teachers and parents.

The principal also congratulated 'Jay' privately for the courage he'd shown in reporting the abuse.

'Jay' told the Commissioner that he'd learned from Year 4 classes with the school counsellor to tell someone if something was going wrong. 'You need five people you can talk to', he said. Students were told this could include the counsellor, their parents, teachers, the police or the kids' helpline.

'Leigh' said the abuse by 'Mr Blake' sent shockwaves through the school community. No one except the principal and the boys who'd disclosed the abuse knew that 'Jay' had reported 'Mr Blake', but she worried that it might be found out. Most people responded to the revelations with the safety of their sons uppermost in mind, however one family in particular refused to believe it.

'Leigh' told us: 'When [the principal] spoke at the assembly there was a real openness in what he said... It was very authentic – you could see there was a genuineness because there was an action behind it. So when he said the children were the most important, there was something behind it'.

She was reassured that school staff hadn't tried to deny or distance themselves from what had happened. 'It was seamless, there was no panic', she said.

'Leigh' said it was difficult to separate a system from an individual, but the principal's leadership drove the system response.

> When that combines it's a perfect situation. I just think the way he shapes his members under him too in terms of the opportunities he gives his staff for leadership reflects through to the boys as well ... His leadership flows through the school.[118]

4.6.1 Other institutions with a responsibility

Survivors also described instances of appropriate and helpful responses to child sexual abuse by other institutions, such as police, other criminal justice and legal institutions, and others responsible for child safety.

Police responses can have a significant impact on a victim. Research conducted for the Royal Commission involving qualitative and quantitative analysis of private sessions found that survivors who related positive experiences of reporting to the police as adults tended to describe the police as compassionate and professional.[119] They felt that action had been taken on their behalf. For many, the perpetrator was charged and convicted. When this was not the case, survivors said that they felt that the police had done as much as they could.[120] 'Huon' told us he was abused by a teacher at his school in the 1990s. After he disclosed to the police, around 20 years later, the case went to trial. 'Huon' told us: 'The police said this was a very strong case, the strongest case they had seen in years. They weren't promising an outcome, but they were confident'. 'Huon' told us that the perpetrator was found not guilty. Despite the outcome, 'Huon' was impressed by the way the police and the Department of Public

Prosecutions handled the case, and the way they dealt with him personally. 'Just the way they handled it, and their sensitivity and communication, all that sort of stuff. It all made the process smooth'. The Department of Public Prosecutions' solicitor was 'fantastic ... very, very positive'.[121]

We heard from 'Ignatius', who told us he was sexually abused as a child by 'Father Blayney' on multiple occasions in the 1970s and targeted by 'Father Clarence' who attempted to fondle him when he was 13. He was approached by the police in the early 2000s, then investigating allegations against 'Blayney' and 'Clarence'. 'Ignatius' made a formal statement in a process he said he found daunting but positive. He described his experience of engaging with the police:

> I went in and they were exceptional, fantastic … They gave me the space to say what I was 100 per cent sure had happened, what I was 100 per cent sure didn't happen, and what were the grey areas. … I was incredibly impressed with how it was conducted and the manner in which it was done.[122]

We also heard about the positive impact of supportive legal representation. Giving evidence in *Case Study 19: The response of the State of New South Wales to child sexual abuse at Bethcar Children's Home in Brewarrina, New South Wales),* Ms Kathleen Biles told us that while she found the civil litigation process overwhelming and often could not fully understand what was going on and why, her solicitors were helpful in explaining what was happening.[123] She said: 'The only good thing about the civil litigation was my legal representation, because they supported me and I knew that they were there for me. … It was my lawyers who got me through it all'.[124]

For some victims, participation in the criminal justice system can form a part of their personal recovery. For example, in *Case Study 38: Criminal justice issues relating to child sexual abuse in an institutional context,* Mr Kevin Whiteley, who told us he was sexually abused from the age of eight until he was 16 years old, reflected on his experience of reporting his abuse to police and participating in the criminal justice system:

> I have discovered, as a result of my own journey through this process, that it is vitally important for victims to tell their story, for their own benefit. Even if doing so does not result in the prosecution of their predator, it marks the beginning of their journey of recovery and growth. With support and expert help and treatment, it is possible for victims to recognise and repair the emotional scars they have carried through their lives, so that they can lead a normal and happy life.[125]

Another survivor, 'Luke', told us in a private session that while he considers his perpetrator's sentence 'a bit of a joke', he still found the criminal justice process 'one of the most freeing things I've ever done … I felt six inches taller, I just felt like this huge weight had been lifted'.[126] Criminal justice responses to institutional child sexual abuse are discussed in detail in our *Criminal justice* report.

Other institutions, such as schools, and child protection and health institutions, can play a positive role for victims by responding to their needs appropriately, and with compassion and understanding. 'Jordan' and his parents said that 'Jordan' had a positive institutional response when he started attending a new school after being sexually abused by another pupil at his former school, and experiencing a poor institutional response. 'They really did such a wonderful job with him from the first meeting', his mother recalled. 'It was all about 'Jordan'. The first thing they said to him was, "Jeez mate, you've had a tough time"'. Rumours about 'Jordan' reached the other students, but there was no tolerance for bullying in the new school. 'They addressed the situation immediately', 'Jordan' remembers. 'They established solutions before I even got to the school'. He also found a counsellor he learned to trust at the school. He stayed and managed to complete his final exams.[127]

'Graham' told us in a private session of the positive effect of the response of his GP to his disclosure of sexual abuse:

> About a month later something just hit me like never before. My chest was so tight I thought I was going to have a heart attack, and a ball of knot in my stomach. I couldn't get any sleep and it just felt like having a nervous breakdown, which I'd never had before so I went to see my family GP. And he checked me over and physically fine. I told him the whole story. For the first time. He was so good with it all. After many tissues later I felt so relieved. I walked out of his office like a ton weight had been lifted off me.[128]

Some institutions play a positive role for victims by providing a compassionate and authoritative forum for disclosure. For example, many survivors described their experience with the Royal Commission as an important part of their healing process, and how they felt empowered by being encouraged to share their experience and speak out. 'Leo' told us it had taken him two years to ring the Royal Commission, but he was glad he did:

> For me the most important aspect of all of this is having someone listen to me, someone in authority without judgment, and [for them to] say, 'You're not lying. It is feasible that all these things happened and what you've experienced is what the offender is more likely to have done'. The main box I've ticked is to have you listen to me.[129]

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5 Ripple effects

Child sexual abuse not only affects the victim. It has ripple effects that reverberate to a wider network of people. These ripple effects can continue over time, affecting subsequent generations. Those affected can include the victim's family, carers and friends, as well as other children and staff in the institution, the community and wider society.

The experiences of parents, carers, siblings, partners and children ('secondary victims') are different from those of primary victims, but the effects of child sexual abuse and institutional responses can also be significant for them.[1] Secondary victims can suffer adverse impacts on their mental health, relationships, family functioning, employment, financial security and social connectedness. 'Secondary trauma' or 'vicarious trauma' is the term used to describe the emotional effects for an individual when they hear firsthand about the traumatic experiences of another.[2] Research on trauma suggests that secondary traumatic stress can be similar to the symptoms of post-traumatic stress disorder (PTSD).[3]

In private sessions and public hearings we heard about the way that child sexual abuse can significantly affect the lives of people other than the victim. In private sessions, survivors often spoke about the impact of the child sexual abuse on their parents, partners and children. Family members (including parents, partners, siblings, children and other relatives), whistleblowers and others also attended their own private sessions to talk about the sexual abuse of their family member or a child they knew, sometimes speaking about the impacts on their own lives. Family members of the victim made up 6.4 per cent (442 private sessions), and whistleblowers associated with the institution made up 0.3 per cent (21 private sessions) of all those who attended private sessions (see Volume 2, *Nature and cause*).

In public hearings, we heard evidence directly from parents or family members of victims about the far-reaching impacts of child sexual abuse. We also heard from staff members in the institution where a child had been sexually abused, including whistleblowers.

This chapter outlines what we learned about the ripple effects of child sexual abuse in institutional contexts and the responses of institutions. It details some of the commonly identified impacts on:

- victims' families
- other individuals associated with the institution where the child sexual abuse occurred
- communities, such as religious or cultural groups
- Australian society.

5.1 Victims' families

Victim's families are often deeply affected by child sexual abuse. Even when they are not aware that the victim has been abused, because the sexual abuse has not been disclosed, they may still be significantly affected by the physical and mental health and behaviour of the victim.

We most commonly heard about impacts on:

- parents
- partners (in adulthood)
- siblings
- children of victims.

However, we also heard that extended family members (such as aunts, uncles, cousins and grandparents), carers and friends can be significantly affected by child sexual abuse in an institutional context. The references in research on the impacts of child sexual abuse on these individuals are sparse. Some participants in qualitative research we commissioned on disclosure and family relationships, expressed concern about how extended family members, such as elderly grandparents, would cope with the emotional shock.[4]

In private sessions, survivors told us that extended family members and carers can also be directly affected by the difficulties associated with caring for the victim after the abuse. Many of the survivors we heard from had been cared for during childhood by members of their extended family, such as grandparents, or by foster carers and kinship carers. Others had received significant support and care over the course of their lives from friends. These individuals are also likely to have experienced some of the impacts described in this section.

5.1.1 Parents

> I think about what happened to my son all of the time; I feel so terrible for him that he has carried this on his own for so long.[5]

Parents can experience devastating effects when they discover their child has been sexually abused.[6] Shock, disbelief, confusion and anger are common feelings when they first discover that their child has been sexually abused.[7] Commissioners were also often told about intense feelings of fear, anxiety and stress, shame and guilt, and grief and sadness among parents of victims. Hearing about the sexual abuse of their child can also be so overwhelming that parents may experience denial.[8]

Parents can experience impacts on their:

- mental health
- parenting confidence
- relationship with their child
- relationship with their partner
- employment and financial security
- social connection
- trust
- faith and religious involvement.

Both parents of victims who disclose as children and parents of victims who disclose as adults can suffer these impacts. However, according to qualitative research we commissioned on disclosure and family relationships, there are some differences between the impacts on the two groups of parents.[9] The main issues faced by parents whose child disclosed in childhood were anxiety about the parental role and changing their parenting practices in light of their child's experience. In contrast, parents whose child disclosed in adulthood were mainly concerned for the victim's wellbeing and supporting their needs.[10]

Parents of victims who disclose as children

We heard that when a child discloses sexual abuse, it can lead to an immediate sense of crisis in parents, who may become anxious and concerned about the safety of their child. The fear and anxiety for the safety of their child could lead to over-protectiveness and hyper-vigilance.[11] 'Kelly' described her reaction following her son's disclosure of sexual abuse at the age of 10:

> When it happened, it was halfway through Year 6 and I didn't want him to go to school. I kept him at home. I just – I actually felt like I wanted to wrap him in cotton wool and just keep him close to me. So I kept him at home for quite a few days. We went to movies, we just spent the time together and I think it was a counsellor that we'd seen who said this isn't good, you've got to let him go back to school and you can't keep him at home forever. I just didn't want him out of my sight.[12]

Some parents told us in private sessions that finding out that their child had been sexually abused led to a crisis in confidence in their ability to parent, in some cases changing the nature of their relationship with their child. The qualitative research on disclosure and family relationships found that some parents who participated in the study experienced doubts about their parenting skills and judgment upon learning about their child's sexual abuse.[13] A father of a survivor who participated in the research revealed, 'You feel you failed as a parent. Because the signs were there. I keep asking myself, "How didn't I recognise the signs?"'[14]

This feeling of guilt and failure as a parent can be intensified where parents believe they were groomed by the perpetrator in order to enable the sexual abuse of their child. For example, in *Case Study 12: The response of an independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009 (Perth independent school),* we heard from WQ about the sexual abuse of her son, WP, by a teacher, YJ, at his primary school. She told us that while watching an episode of Four Corners on ABC, it dawned on her that WP and the family 'may have been groomed by YJ and that my increasing fears and suspicions about YJ's attentions toward WP and our family may have been something more sinister than I dared to believe'.[15] She said:

> The sexual abuse suffered by WP has had a dreadful impact on our family. I have had terrible bouts of guilt that I should have done something sooner and acted on my initial suspicions. I have suffered deep bouts of depression, loneliness, fear and mistrust … I focus on my failings as a parent, and the entire process has put an enormous strain on my marriage, especially in the first four years after WP told us about the abuse. My husband and I attended marriage counselling in an effort to stay together. It was really difficult.[16]

We also heard in private sessions that the way parents and families responded to disclosures of child sexual abuse could lead to relationship problems between the survivor and their parents. When family members reacted to a disclosure with disbelief, minimised the experience of the sexual abuse, or blamed the victim for the abuse, it could increase feelings of isolation and victimhood and could create strained relationships within the family.[17] During private sessions, we heard of several cases where division was created by victims and parents not sharing the same view of whether to pursue a response from the institution, with the victim wishing to let the issue go.[18]

The tasks, responsibilities and roles associated with parenting a child who has been sexually abused can also affect relationships between partners. Participants in the research on disclosure and family relationships spoke about how the anxiety about parenting and a changed view of their child's future became sources of conflict and tension within the family, leading to disagreements between partners.[19]

Parents told us that hearing about the sexual abuse of their child, and dealing with the effects of the abuse, can significantly affect their own mental health. For example, we heard that parents can experience depression, anxiety and PTSD as a result. For some parents, hearing that their child has been sexually abused brings up memories of their own childhood abuse, triggering them to re-experience its trauma. 'Francene', who told us her children were sexually abused as she had been in her own childhood, said in a private session:

> I'd love to have some help. I need closure. I know it will never close. I know that I'm going to go to my grave with it, but if I can get some help to cope with it – because I know I'm not coping. People will come over and I'll talk about it and I shouldn't be. I was doing pretty well until my children were abused and that was my downhill, you know. I just went down. That happened, I just thought, 'Why?' Three people in one family. All of us and it's so unfair.[20]

Not only are parents affected by learning about the sexual abuse of their child, they can be affected by coping with the ongoing negative impacts the sexual abuse has on their child, such as trauma-related behavioural issues, avoidance of school and mental health impacts. In the *Nature, cause and impact of sexual abuse* case study, Ms Susan Campbell told us about the impacts on her, when her teenage daughter took her own life after struggling to cope with the effects of sexual abuse:

> For myself, the effects on my own mental health have been hard to accept and even harder to deal with. A diagnosis of post-traumatic stress disorder is certainly not a key to enhanced prospects. It is not easily managed. It comes back at night with grief and uncontrollable tears; by simply stopping one from staying asleep, so one wakes often during the night, agitated and restless, and so begins the next day tired and drained.[21]

In *Case Study 45: Problematic and harmful sexual behaviours of children in schools (Harmful sexual behaviours of children in schools)*, EAL spoke about how their daughter's (CLF), behaviour as a result of sexual abuse at Shalom Christian College, Queensland affected her and her partner: 'CLF changed after what happened at Shalom. So did our family. CLF began drinking and drugging when we got her back from Shalom. I think she was trying to escape what happened'.[22]

Dealing with the impacts of their child's sexual abuse led to loss of employment and financial disadvantage for some parents. For example, 'Helen Christine' told us that her son 'Robert', who had a disability, started to exhibit sexualised behaviours after being sexually abused while living in a care home. When he returned from the care home, he behaved inappropriately with a younger sibling. We heard that in the wake of this incident, child protection services mandated that 'Robert' had to be supervised by two adults at all times. This meant that 'Helen Christine's' partner 'Brian' had to quit his job, which put the family in financial strife. She told us 'Brian' hated being unemployed and it was a stressful time.[23]

The pursuit of justice or redress for their child can also take a toll on parental employment and family finances. Findings from a study of 39 parents of children sexually abused in a day care setting found that many families in the study relocated after the abuse in response to media coverage and the legal process. Parents in the study described taking extensive time off work due to stress and losing social connections.[24]

Many parents told us that they felt betrayed and let down by institutions because of the sexual abuse of their child, who they had entrusted into the institution's care, but also because of the poor response to the disclosure of child sexual abuse. Some had consequently lost trust in institutions more broadly which had an ongoing effect on how they accessed services for themselves and their families. Aboriginal and Torres Strait Islander families in particular have experienced systemic injustice from institutions over many generations. Further experiences of harm, such as having a child sexually abused in an institution, adds to the cumulative fear and mistrust of institutions, and makes it more difficult for these parents to access services, such as mental health treatment, for themselves or their children. As Dr Marshall Watson, child adolescent forensic psychiatrist, told us in the *Nature, cause and impact of child sexual abuse* case study:

> families have become mistrustful of services. What happens is that things get held in and dealt with within families. As a result, Aboriginal people present end-stage or in mental health crisis with a significant burden of illness and disease already.[25]

Some parents whose children were abused in religious institutions described a crisis or loss of faith as a result of the abuse and the way that the institution responded. We heard about the impact on the faith of a Catholic woman, 'Deidre Catherine', when she discovered her son had been sexually abused at her church. Her ex-husband 'Ross' told us, 'It cut her in half. She needed … to be a Catholic. She needed to go to church – for strength. And when we found out what happened to [their son]. Zzzt! She's cut off at the guts!'[26]

Parents also spoke about their determination to provide strength and support for their child. As EAL in the *Harmful sexual behaviours of children in schools* case study told us: 'At the end of the day, EAM (her partner) and I have to stay strong for [their daughter]. As parents you bring kids into the world, you have to look after them, have to be there for them. She didn't ask for what happened to her at Shalom'.[27]

We heard many stories of parents who have spent years supporting their children and pursuing justice on their behalf, and in some cases on behalf of others who have suffered child sexual abuse. For example, Mr Anthony Foster and Mrs Christine Foster, whose daughters Emma and Katie were sexually abused by Kevin O'Donnell, the parish priest, when they were pupils at the Sacred Heart Catholic Primary School at Oakleigh in the late 1980s or early 1990s, dedicated many years of their lives to pursuing redress for their daughters and their family.[28] They also devoted themselves to achieving justice for other victims of child sexual abuse and their families, whilst managing their own grief.[29]

Parents of victims who disclose as adults

Parents of victims who disclosed as adults can also experience feelings of shock and disbelief, anger, sadness and grief when they hear that their child was sexually abused, in many cases years previously. Guilt was an emotion frequently mentioned by parents of victims who disclose as adults. Ms Marija Radovejic, giving evidence in the *Nature, cause and impact of child sexual abuse* case study, told us of the deep guilt she felt about the sexual abuse of her son at his school, which he disclosed some years after the abuse. Ms Radovejic described how she and her husband 'knew that something critical was happening, but still had no idea that he was being sexually abused'. They believed that the Christian school they had sent him to was 'a cocoon' and safe, like their home. Ms Radovejic said:

> We didn't want to 'rock the boat' too much with the HSC being so soon. Our attempt to discuss this with our son met with calculated silence. Finally, after the HSC, when pushed about his sexuality, our son declared that he had slept with two men, one of whom had been one of his teachers. I immediately told him I would go to the Police at which point he declared that if I did he would deny it all by saying that he had been the initiator all along! We were then totally helpless. Many years of self-destructive behaviour later, he did admit to having been abused, but did not name his perpetrator. He told me that his perpetrator had given him money during his senior years and even after he had left school. We are now left to deal, not only with our endless feelings of loss and trauma but also with the deep guilt about our naive ignorance.[30]

The extent to which Ms Radovejic and her husband had been groomed by the perpetrator only became clearer to them after their son's death.[31]

In private sessions and public hearings, parents also expressed grief about the victim's loss of childhood. A mother, ATU, whose son was sexually abused at school, gave evidence in *Case Study 23: The response of Knox Grammar School and the Uniting Church in Australia to allegations of child sexual abuse at Knox Grammar School in Wahroonga, New South Wales (Knox Grammar School)*. She spoke of her shattered dreams for her now adult child: 'As a mother, I have hopes and dreams for my children. My dreams for [my son] were stripped down to mere survival'.[32]

In private sessions, parents of victims who disclosed as adults described to us their anxiety about their child's wellbeing and safety. Instead of stepping back from active parenting after their children reached adulthood, disclosures of child sexual abuse sometimes meant that parents intensified or re-ignited their involvement in their adult children's lives, taking on responsibility for emotionally and financially supporting them, while having less control and influence over their adult child's safety.[33] Participants in the research on disclosure and family dynamics said that their lives were made unpredictable by their adult child's mental health issues which they attributed to the impact of child sexual abuse, trouble maintaining employment, trouble with police, and alcohol and other drug abuse.[34] Some parents told us in private sessions and public hearings that they effectively became carers for their adult children, looking after them on a daily basis.[35] Providing this support can overwhelm other

aspects of family life, as we heard from 'Vicki', the mother of 'Page', who was sexually abused by a Salvation Army captain as a child. From about age 12, 'Page' tried to talk about the abuse but was not able to articulate what had happened to her until she was 18, when she started experiencing flashbacks. 'Vicki' told us:

> The effects on our family was that there was nothing normal … 'Page' couldn't be left alone at all. She couldn't sleep in a room by herself. I either slept on her bedroom floor or she slept in our room for year after year after year, night after night. She would wake up in the night crying, upset. I don't think I had a whole night sleep for over 10 years. Life was a nightmare.[36]

Parents worried about the risks of their adult child attempting to take their own lives, perceiving they had less control than when their children were young. In *Case Study 36: The response of the Church of England Boys' Society and the Anglican Dioceses of Tasmania, Adelaide, Brisbane and Sydney to allegations of child sexual abuse (Church of England Boys' Society)*, we heard from one mother, BYD, whose adult son made several attempts to take his own life. BYD spoke of the constant worry: 'Whenever I cannot contact him I think the worst. This is a heavy burden for me to carry'.[37] For some parents, these fears became a reality – parents told us of their immense grief at losing their adult child to suicide.[38]

Parents of adult children also spoke to us about the damage done to their relationship with the institution within which their child was sexually abused, which had, before the disclosure, been an important part of their lives. In the qualitative research mentioned above, parents of victims who disclosed as adults told researchers that their long-held assumptions and beliefs about the institution were deeply affected.[39]

In some cases, the effects on parents of a poor institutional response to their child's abuse continue for many years. In *Case Study 43: The response of Catholic Church authorities in the Maitland – Newcastle region to allegations of child sexual abuse by clergy and religious (Catholic Church authorities in Maitland – Newcastle),* Ms Audrey Nash, 90 years old, told us how she felt devastated by the poor response by the Catholic Church to the sexual abuse of her sons (CQT and Andrew) at a Marist Brothers school in the 1970s, as well as its response to other people affected by child sexual abuse:

> I spent my whole life committed to my Church and working for the Catholic Church. At my time of greatest need, after Andrew died, the only pastoral response I got from the Church was [a Father] telling me that sexual abuse of boys has been going on for thousands of years. I don't go to Church now. I still have my beliefs, but I am appalled at the lack of empathy, the lack of support and the lack of concern for all of the people affected by child sexual abuse. I am disgusted by the efforts of the Church to cover up the abuse and to protect the abusers. I have been devastated by what happened to CQT and Andrew, and my children and I have been just as devastated by the reaction of all of the members of the Catholic Church. I have been left feeling empty. I also feel so stupid that I used to fear and revere these people and that I used to respect them and look up to them.[40]

The loss of connection with the community can be particularly shattering for parents from minority cultural and linguistic groups, given that community members may rely on the associated religious community to meet their social, cultural and spiritual needs. Giving evidence for *Case Study 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions*, Mr Zephaniah Waks, whose son Mr Manny Waks was sexually abused by a staff member at Yeshivah College Melbourne, described how, as a member of the Chabad movement, he and his wife relied on the Yeshivah religious community for their social life.[41] After the abuse of Manny was disclosed publicly, he and his wife were shunned by members of the community.[42] Mr Waks said:

> After Manny's public statement, I experienced intimidation and isolation from the Yeshivah community. I felt that leaders, members and many then-friends from the Yeshivah Centre community talked negatively about me behind my back and were very unapproachable. I was excluded from Chabad customs, refused spiritual blessings by senior Yeshivah leaders, physically assaulted in the synagogue by a member of the Yeshivah community and I lost many people that I considered to be good friends ... I am no longer a part of the Yeshivah community.[43]

5.1.2 Partners

We heard in private sessions and public hearings that many victims first disclosed to their partner, who was often one of their main sources of strength and support (discussed in Chapter 2).

Research for the Royal Commission found that disclosure can bring relief for partners, as it can help explain certain behaviours demonstrated by the victim.[44] A number of partners of victims told us that the disclosure explained things they had wondered about in their partner's behaviour, such as avoiding physical intimacy or suffering from depression or anxiety. In some cases the disclosure also helped partners develop an improved understanding of the victim and help them avoid situations that may act as a trigger for trauma responses. We heard how disclosures of child sexual abuse can evoke empathy and understanding in a partner.[45] 'Michael', whose wife experienced sexual abuse as a child in an orphanage, described how learning about the sexual abuse helped him better support her:

> It's made it easier. I know why I've got to peel the spuds now. I never realised how hard it was for her peeling potatoes after the millions of spuds she'd peeled at the orphanage as punishment … And I know it's a little thing, but it's a big thing. We understand each other a lot better now, I think.[46]

Partners can also be vicariously affected by the abuse, dealing with its effects on the victim or helping a victim to report the abuse and seek justice and redress.[47] They can be affected heavily by caring for and supporting a survivor with profound mental health issues, including PTSD, depression and suicidality. Some of the emotional effects of child sexual abuse may be challenging for a partner to live with on a daily basis, and can include violence and abusive behaviour. We heard repeatedly from partners about the stress and demands of supporting victims, especially through the process of reporting abuse and seeking justice and redress. In a private session, we heard from 'Joanne', the wife of 'Brett', a survivor of child sexual abuse. 'Joanne' described her experience of attending a support group for partners of survivors of child sexual abuse:

> Those women (partners) at that meeting were struggling to survive with their lives, they were weighed down with responsibility, grief and sorrow. It then occurred to me that they were as broken as their partners. That their lives had been as implicitly affected as had their partners. It's similar to a drug addiction and how that affects the user and their loved ones and family. The drug/sexual abuse affects all who come into contact with it. The victim does not stand alone in it, he sheds its effects. We, the partners, experience it and we carry it, the 'dirty little secret', as surely as does the victim.[48]

In private sessions, partners told us how emotionally distressing disclosures of child sexual abuse can be for them, causing intense feelings of shock and grief. Some partners told us the disclosure evoked complicated feelings of insecurity and uncertainty, by challenging previous beliefs that there were no secrets in the relationship. Others spoke about the burden of carrying the knowledge of the abuse without being able to speak about it, or being confronted by negative reactions from the extended family when they did so. 'Millie' talked about the burden of initially keeping the abuse of her husband a secret, as he wanted, and her sense of disappointment in people's reactions when he disclosed more widely. 'People did not know how to react, and our sense of isolation within our pain began snowballing', she said.[49]

Partners often raised in their discussions the difficulties of maintaining a relationship with the victim. Research into the impacts of child sexual abuse has found that 'the marital and intimate partner relationships of adult victims of child sexual abuse have often been characterised … as being unstable and unhealthy'.[50] As discussed in Chapter 3, in some cases these relationship difficulties led to relationship breakdown and separation. 'Leland', who told us three years of sexual abuse by a priest began in Year 8, met his wife during a time when he was very isolated, taking drugs, drinking alone and not mixing with other people. He told us his wife suffered because of his neglect of her and she left him for another man.[51]

In some cases, partners spoke of having to take on full responsibility for parenting of their children, when victims had a reduced capacity from psychological, physical or social dysfunction. For example, one wife of a survivor described how her husband became incapacitated by mental and physical illness as a result of being sexually abused as a child migrant in a

Christian Brothers institution. In 1985, her husband was classed as having a total and permanent disability, and could not continue working. His wife told us that she had to find work, as well as care for both her husband and a child with disability, and her other children:

> The day was never long enough for me there was physiotherapy that needed to be done for [my son], he needed to be fed, as he could no longer raise his hands, and [my husband] was so drugged out with his medication that I felt I had two disabled people to look after. Many days I would come home and find [my husband] crying telling me that he is a burden on the family and he does not want to live anymore. This created further worry to me I was constantly scared that he may harm himself.[52]

As with parents, partners experienced financial difficulties in dealing with the impacts of child sexual abuse, including the impact of financially supporting the survivor who is unable to work, costs associated with accessing health services and mental health support services, and the financial costs of pursuing redress from institutions. We heard that some partners of survivors struggled to maintain employment and financial security because of the impact on their physical and mental health. Some partners were unable to continue working because they were caring for the survivor. One survivor, 'Edmond' told us that when he began counselling he quickly realised that he couldn't afford to keep it up long term. He told us his wife was already working 'twice as many hours as she should be' to financially support him and their young children. It was then that he decided to sue the Catholic Church.[53]

5.1.3 Siblings

Siblings can also be greatly affected by the abuse of their brother or sister. We heard in private sessions and public hearings that in some instances siblings were the first person the victim disclosed to. We heard that siblings are often a source of support and strength for victims.

Siblings can be affected in different ways, depending on the existing relationship between siblings and other family dynamics, and on whether the disclosure of abuse happened when the victim and siblings were children or adults. A range of impacts on the complex relationships between siblings were examined as part of research on family relationships and disclosure conducted for the Royal Commission.[54] They included:

- siblings taking on a supportive or protective role, particularly when the victim is younger than their sibling
- perceptions of resentment or jealousy between victims and siblings as parents struggle to balance support for victims with support for other siblings
- the breakdown of sibling relationships, especially in adulthood.[55]

Although research in this area is sparse, one research review of literature describes how siblings can be significantly affected by the sexual abuse of their brother or sister.[56] It suggests siblings can experience anxiety, anger, sadness, guilt and depression following a disclosure of child sexual abuse by the victim. Older siblings in particular may feel guilty for a variety of reasons, including for not having been able to protect the victim. It also suggests that differential treatment by parents between a sibling and the victim, which may have resulted from a parent's need to support the victim, can lead to sibling conflict and antagonism. Family stress because of the sexual abuse can also impact on a sibling, as can the disruption to daily life and family finances when families pursue redress or criminal justice measures.

In private sessions and public hearings, we heard that child sexual abuse could lead to tension, division and estrangement between victims and their siblings in childhood. These tensions could often continue into adult life. ATU, the mother of a survivor, gave evidence in the *Knox Grammar School* case study on the difficult relationship between her children:

> While my other two children dearly love [the survivor], they are unable to have a close relationship with him due to his unpredictable behaviour and the trauma they witnessed surrounding his mental health. The impact also affects my extended family, particularly my parents, [the survivor's] maternal grandparents.[57]

In the *Catholic Church authorities in Maitland – Newcastle* case study, CNE described the impact of his experiences of child sexual abuse on his relationships with his family:

> Due to everything that has happened, my family is very broken. I only speak to about two of my siblings, my mum and my dad … It is not just me who has suffered, but also those close to me who are also victims.[58]

'Doris' told us how the sexual abuse of her son by two teachers in primary school in the 1970s negatively affected the relationship between her two sons. Formerly close, the victim and his brother began to fight, which 'Doris' believed was a result of the victim 'acting out' his pain on his younger brother through bullying. The brothers became estranged in adulthood and 'Doris's' relationship with both of her sons was affected, with her younger son believing that she did not protect him from her oldest son:

> The consequences of what happened are sadly still being played out … I'm here today because I want the Commission to understand the incredibly malignant effect [abuse] can also have on the families of these children. It can destroy the very fabric within which a healthy family operates.[59]

The impacts on a survivor can be scary and alienating for a young sibling. 'Chantelle Elise' told us about the devastating effects of a priest's sexual abuse of both of her sisters, 'Belinda' and 'Angela'.[60] Her oldest sister, 'Belinda', became very unwell and over a period of years was admitted many times to hospital with mental and physical health problems, and for

drug rehabilitation. The other sister, 'Angela', became withdrawn and depressed, and started drinking heavily. 'I was so young, it was all very scary', 'Chantelle Elise' said. She recalled once being with her mother and 'Belinda' when they started arguing. 'Because I'd never seen such family discord, I started crying, then ['Belinda'] felt bad. Still again, she was caring of me, which was really nice. She was always caring'. As 'Belinda's' health deteriorated and her drug use increased, 'Chantelle Elise' found it difficult to be with her. After 'Belinda's' death in the late 2000s, 'Chantelle Elise' found it difficult to continue studying. By that time, 'Angela's' health had also deteriorated and a sudden accident left her with significant injuries. 'Chantelle Elise' became one of the people caring for her. 'Chantelle Elise' is now married with children who adore 'Angela'. 'Chantelle Elise' told the Royal Commission that in comparison to events in her life, other things often seemed 'trivial'. She found it hard to answer questions from new people about her childhood and upbringing, and she wondered what might have been had her sisters not been sexually abused by that priest. 'Chantelle Elise' said:

> In my current world I have nice friends, kind friends, and wholesome friends, but they don't know the world 'Belinda' was from and henceforth they don't know the world I'm really from, the world I grew up in. I'm a fraud with a foot in each camp and not really at home anywhere. I put up a huge wall, block people out from getting to know me. I ignore their efforts to connect with texts and phone calls despite enjoying their company and thinking it would be good to get to know them. Despite my best intentions my wall works against them and I block them out.[61]

We also heard from families in which siblings were sexually abused by the same person, meaning victims were dealing with the trauma of their own abuse as well as the abuse of their sibling. Sisters, 'Laurel' and 'Liana', now aged in their early 60s, told us that they had both been sexually abused by the same Catholic priest as teenagers. Neither knew about the other's abuse until they disclosed to each other when they were in their 50s. The revelation many years later that they had both been sexually assaulted by the same priest came as a terrible shock. 'Laurel' said: 'That just absolutely broke my heart. Because 'Father Holmes' had said to me that if I let him do things to me, that he would never touch my sister'.[62] She felt that her relationship with her sister was hindered because she kept the abuse secret throughout most of their adult life. Having now disclosed, they support each other, and they attended their private session together.

In some cases, siblings were witnesses to the sexual abuse of their brother or sister. For example, 'Calista' told us that sometimes when she was being sexually abused by her foster father, 'Ken', late at night, she would reach out for the only friend she had – her little brother. She said:

> He would sit at the door. I would be like that, and 'Ken' would be doing 'Ken's' thing, and we would sometimes just touch fingers. And he'd be hiding behind the door. … He was tiny. And there was nothing he could do.[63]

Siblings also can be affected by the way institutions respond to the sexual abuse of their sister or brother. We heard from survivors for whom the process of seeking an apology or redress from an institution, or seeking criminal justice, consumed their whole family, diverting attention from other siblings in need of parental care. Loss of quality family time can be a consequence not only of the effects of sexual abuse on a victim, but also of the various actions that families collectively have to go through to deal with the abuse,[64] such as seek redress and criminal justice.

For example, in the *Harmful sexual behaviours in children in schools* case study, EAA, giving evidence about the abuse of his son, CLA, at Trinity Grammar School in the 1990s, told us that the abuse also affected his daughter:

> She is 18 months younger than [CLA] and they are very close. She harboured a lot of anger for quite a few years about what happened to [CLA]. We were so preoccupied with what happened to [CLA], the criminal proceedings and the lawsuit, that we did not have as much time for her. She is a wild spirit who was left to her own devices for a few years.[65]

We also heard that siblings of adult survivors seeking redress or criminal justice were the primary source of support to the survivor. Similar to many parents and partners, siblings told us they often found this role affected their health, work and personal lives. 'Phyllida' told us that her younger brother, 'Mark', was physically and sexually abused at the Catholic school he attended in Melbourne. 'Phyllida' has provided the most support for 'Mark', writing numerous letters on his behalf to high-level members of the Church seeking justice for him, accompanying him to medical and legal appointments, and paying for medical, dental, optical and financial services, and for lawyers for his court appearances. When the bank was about to foreclose on 'Mark's' mortgage, 'Phyllida' bought his house and let him continue living there rent free. She pays for all repairs, insurance and rates and has, over time, also provided furniture and clothes. Now nearly 70 years old, 'Phyllida' told us she has been doing this for nearly 40 years, at an estimated cost of over a million dollars. 'Phyllida' told us she has always had the support of her husband and regularly sees a psychologist to help manage the stress, but standing by her brother has taken its toll:

> I've lived the life of a secondary victim, suffering in silence, stressed and fatigued, hyper-vigilant, sad and lonely. Who could you talk to about these things? This is critical. You lose friends as they no longer wish to hear or share your concerns. They just do not understand, it's beyond their experience and in some ways it seems exaggerated … Not only is there a material cost, a financial cost, there's an enormous psychological cost to your life and, like, I'm nowhere near the person I used to be. I'm now anxious all the time and it's changed my life.[66]

5.1.4 Children of survivors

> I could go on and on about the intergenerational impact, because in some way we, as children of these victims, actually lived through it. We are systematically victims ourselves. To me, this is disturbing, that our generation was and still is so greatly affected in its own way by something that was so damaging to the generation before our own.[67]

We learned that child sexual abuse has intergenerational effects, affecting children and grandchildren of victims. Most of what we heard about the effects of child sexual abuse on children – in private sessions and public hearings – came from survivors of abuse, speaking as adults about their fears for their own children. However, we also heard from some children of survivors, now adults, about how the impacts of the child sexual abuse affected them and their children.[68] Further, some survivors came to private sessions supported by their adult children.

The intergenerational impact of child abuse is also described by the children of victims of abuse in the Parliament of Australia report, *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children*. They spoke of difficulties victims have in showing warmth and affection. They also described dysfunctional family environments characterised by alcoholism and addiction, mental health issues, and unresolved anger.[69]

We also heard in private sessions and public hearings that children have been exposed to the debilitating effects of trauma on their parent's lives, including mental illness, alcohol and drug abuse, family breakdown, violence and suicidal behaviour. As described in Chapter 3, child sexual abuse is associated with a range of mental health impacts on victims, including depression, PTSD and other disorders, substance abuse and poor physical health on a daily basis, all of which can affect the ability of a victim and their family to provide a stable and secure environment for children.

However, we also heard from many survivors for whom caring for their children provides their key source of strength and meaning (see Chapter 2). While dealing with the profound impacts of child sexual abuse in their lives, many survivors have raised their children with love, as well as a determination to protect their own children from experiencing the same harm that they suffered as children.

Mostly we heard from survivors who were concerned that their children were negatively affected by the various impacts of abuse on them. They told us they worry about their children's exposure to their own distressing behavior and mental illness. 'Leland', who told us he was sexually abused by two Catholic priests in the 1960s, said, 'I'm supposed to be someone [my son] looks up to and he looks at me with sorrow'.[70]

Some children, whose parents' mental and physical health had been significantly affected by the abuse, had to take on a caring role for their parent at an early age as a result. A disclosure of abuse can result in a shift in the relationship between these children and their parent. Mr Mark King, giving evidence during the *Church of England Boys' Society* case study, told us how his disclosure of abuse exposed his daughter to his distress and affected the dynamic between his children and himself:

> The memories were triggered while I was watching a woman on television tell her story of abuse. I broke down and wailed in front of my teenage daughter, who didn't know what was going on. I then disclosed to my wife what had happened to me. This became a very difficult time for our family. There was a big shift in my relationship with my children because they effectively became parents to me – still are. I feel that I was abused by the Church and that my family – the one I grew up in and the one I made – suffered too because of that abuse.[71]

Survivors – both male and female – told us in private sessions they were concerned that their children were affected by their inability to be nurturing, or provide emotional security, due to the impacts of abuse. As part of his private session, 'Cameron John' provided a written statement to the Royal Commission that stated: 'I can see the terrible cost for my children from having a father who was emotionally unavailable and physically absent for much of their childhood … It hurts me deeply to know that my children still carry my burden, which has become their burden'.[72] Children of survivors also noted this as an impact. For example, 'Benita', who told us her father 'Max' was abused as a child in a Catholic orphanage in the 1950s, described the effects of the abuse on her relationship with her father. 'The hardest part for me is the lack of emotion he shows … I have been robbed of having "shows of affection" towards me', she said.[73]

'Benita' also thought that the lack of parenting skills exhibited by her father, abused in care, would affect her own children:

> How I parent them and how I bring them up and so on and so forth … It will continue to go on and on, until, you know, perhaps people stop hurting from what happened, if that's even possible. Or until that generation … pass on, and the people that inflicted that pain pass on.[74]

Some survivors in private sessions and public hearings were anxious that their lack of parenting skills might impact on their children's development. This lack of parenting confidence described to us by survivors in private sessions is consistent with some research conducted on the effects of childhood abuse on the later life course of victims and their relationship with their children.[75] In some cases, child sexual abuse can later significantly affect victims' abilities to parent in line with what society expects of them.[76] For example, during *Case Study 7: Child sexual abuse at the Parramatta Training School for Girls and the Institution for Girls in Hay (Parramatta Training School for Girls)*, Ms Yvonne Kitchener said she did not have a close relationship with some of

her children and believed they hate her. She thought she did not have the necessary parenting skills because of the abuse she experienced, saying 'Because of the generational effect from me, it's gone on to them and they've both got mental health problems'.[77]

Some children, now adults, described their childhood as marked by their survivor parent's violence or substance abuse. 'Becky' and 'Gretel' told us in a private session how their father had been sexually abused by the parish priest as a child, which led to him being extremely distrustful of authority and having trouble at school. As he grew up, he began taking drugs and drinking heavily. His marriage was marred by violence towards his wife and children, and he had trouble expressing his love for them. 'Becky' told us she realises now why this was the case:

> A child interrupted by abuse reverberates through generations and I still feel its impact upon myself and our family. I still feel outrage and anger … We will never know what type of person our father would've been if his childhood had not been so abruptly changed.[78]

As discussed in Section 3.3, child sexual abuse can take an enormous toll on intimate relationships between a victim and their partner, contributing to family breakdown and conflict, with implications for children in the family.

In some cases, the cumulative effects of abuse and social disadvantage have contributed to victims' children being placed in out-of-home care, continuing the pattern of institutionalisation across generations. The *Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (Bringing them home)* report which remains the most comprehensive inquiry into the Stolen Generations, concluded that the many negative consequences of past child removal policies and practices have directly affected subsequent generations and 'increased their likelihood of institutionalisation'.[79] One Aboriginal survivor of abuse, Ms Robin Kitson, gave evidence during the *Parramatta Training School for Girls* case study that she believed her children had suffered as a result of her experiences of abuse:

> I have had to give my children to my mother and father when they were little because the welfare threatened to take them from me, just like they took me. I didn't raise my children up the way I wanted. I never had the chance to explain my story to them. I never cuddled them. I never loved them the way a mother should love her children. This was a consequence of the way I have been hurt and the things that were done to me.[80]

In 1910, when Aboriginal and Torres Strait Islander children were being removed into institutions where they were vulnerable to child sexual abuse, the Commissioner of Police heard how Aboriginal and Torres Strait Islander peoples 'have as much love and affection for their children as the white people have, and they will fight for the sake of their children'.[81] We heard from Stolen Generations survivors, like 'Vernon' who continued this fight to prevent their children from being removed into out-of-home care. 'No white bastard's going to take my kids away from me'.[82]

Savannah Szoredi: the intergenerational impacts of child sexual abuse

Ms Savannah Szoredi, age 24, gave evidence in the *Nature, cause and impact of child sexual abuse* case study about the intergenerational impacts on her of the child sexual abuse experienced by her mother in out-of-home care. Ms Szoredi told us she admired her mother for the work she did with the Commission of Inquiry into Abuse of Children in Queensland Institutions (The Forde Inquiry) and with the Forgotten Australians parliamentary inquiry and the fight that she had within her that she carried with her until the end. 'She was a survivor and she was proud of that, as am I'. While the impacts of her mother's emotional issues and poor health were significant, Ms Szoredi told us that her mother undoubtedly wanted the best for her and tried her hardest to give her some sense of a normal life:

> I was raised by my mother on her own and cannot recall exactly when I found out about the abuse or how I felt. I can say that pretty early on I worked out that things weren't the ideal notion of a normal family home, due to the abuse in question and the absence of family and my father … The past traumas that would come up for my mother daily often made things difficult for us. I still deal with some of these issues personally but have learned to overcome them. I have psychology reports dating as far back as 1998 that describe me as being, at the time, an extremely emotionally disturbed and anxious young child, who had experienced a lot of death and was living with a single parent who had a hard time distinguishing between parenting and friendship, which in turn means I had to grow up very early. The reports go on to talk about our relationship being very dependent on one another for support and very isolated. They also talk about our relationship being difficult and problematic at times. This was all very true and continued on throughout my life.
>
> My mum sometimes had poor anger management skills and would have irrational outbursts of anger that you could see were coming from a deep place of pain, and at times she did lack the correct skill set to be the best parent she would have liked to have been. Subsequently it was often very volatile and dysfunctional and what I would describe to be as a tumultuous relationship between us both. Although there was a lot of love, it was often hard for us to always express it correctly because of miscommunication, anger and resentment.
>
> The second hardest issue for me growing up, and explains some of the resentment, was witnessing my mother have quite a severe nervous breakdown over a lengthy period of time. I have described this in great detail in my original submission to the Commission. This happened when I was around 12 and I did not speak about it to anybody because I feared, if I did, I would end up a ward of the state myself. As I was well aware of what had happened to my mum in her time in care, this was not an option I wanted to take. I wanted to stay with her and keep her safe, as my loyalty to her ran deep. I believe this nervous breakdown had a lot to do with the traumatic and painful life events that she lived and the experience of it affected me severely. I should also add that it affected my schooling substantially.

> Growing up, we also lived quite poorly due to my mum's health problems from her time in institutions. The flat we lived in when I was younger would flood drastically and had concrete floors. Throughout my childhood, I had constant respiratory issues, which I believe were because of the mould and the concrete. I grew up feeling quite isolated at times from other families and the community because of our struggle with poverty, and as I did not see us as a normal family I would often avoid bringing friends over …
>
> My mother's health was affected tremendously due to her time in state care. The psychological, emotional, physical and sexual trauma she experienced impinged on and deteriorated her health greatly. I blame her time in youth detention and their systems of medicating children for her eventual nervous breakdown and drug habit. Today I feel sad because it could have been so different without all the trauma and my life could have been normal if my mother had been given the opportunity to do it all without the neurological effects of sexual and physical abuse and drugs. Some of us children of these victims don't have relationships with our parents. Some still worry, will today be the day my parent will commit suicide. And some of us have already lost our parents far before their time, like myself.[83]

5.2 Other affected individuals

5.2.1 Children who witnessed abuse

Studies of child sexual abuse in institutional contexts have reported on the adverse effects on children who live in environments where the abuse occurs, even if they are not abused themselves. In these studies, children in these living situations described being co-opted into maintaining silence, or living in a continual state of fear of becoming the next victim, all of which contributed to secondary trauma.[84] Exposing a child to the abuse of another child, or sexual material involving the abuse of another child, can be abusive in itself.

In private sessions and public hearings, we heard about the effects of witnessing sexual and physical abuse of other children, in particular within closed or 'total' institutions that were isolated and had an atmosphere of generalised fear and ill-treatment. Mr Frank Golding, Vice President of Care Leavers Australasia Network, giving evidence in the *Nature, cause and impact of child sexual abuse* case study, explained how he had frequently been a witness to the sexual abuse of other children when he was a child in institutional care. Witnessing abuse was terrifying, as well as eliciting particular feelings of shame and guilt:

> I had a really bad night last night because I was thinking about today, and I had a flashback to an occasion when, two beds down from me, there was a violent rape on a boy. There was no need to conceal it or to make it happen in secret, because who would you talk to? So we were often faced with this feeling of collective shame that this happened … But there was also a feeling of guilt, in a sense, which is very strange now that I think about it: a feeling that somehow or other you'd escaped; it could have been you.[85]

A number of survivors told Commissioners that, in addition to their own sexual abuse at the institution, they had witnessed the sexual abuse of other children, which compounded their own trauma. Their experiences highlight the damaging impact on children generally of witnessing other people being abused. For instance, 'Aden' told us that he was on an overnight excursion with classmates from his Catholic school in 1984 when one of the Catholic brothers came into the dormitory and sexually abused him. The perpetrator then moved to the boy in the next bed and did the same to him. 'Aden' said the sight of his friend being abused still haunted him:

> It was probably the worst thing of what's happened … It's what I saw, it's not what happened to me. That to me has had more of an impact on me, the visual, I think. When it's up close it's all a bit fuzzy but he was in the bed over here and he was probably one or two metres away from me, and it was clear as [day].[86]

'Sean Michael' described to us in a private session the physical, emotional and sexual abuse he suffered in government-run residential care facilities in New South Wales. During his time in the homes, 'Sean Michael' said he witnessed many other children being abused in different ways. 'Sometimes it's not about yourself either, it's about what you've seen happen to other people as well'.[87]

Survivors told us of their attempts to try to save other children being sexually abused. One survivor, 'Les', told us of repeated abuse by a religious brother at a Catholic boys' home in the 1970s. 'Les' told us he was viciously punished by the Brother for resisting the abuse. 'Les' also tried to save the other boys by yelling every time he saw the Brother coming into the dorm at night. This worked until the Brother started waiting for him to fall asleep before entering. The Brother targeted one boy, 'Eric', in particular. 'Les' believes that 'Eric' was raped by the brother dozens of times. 'Les' later discovered that 'Eric' had taken his own life, which 'Les' says he can understand: since escaping from the home in his mid-teens, 'Les' has also often thought of killing himself.[88]

Survivors also told us of ongoing feelings of guilt and remorse because they had not been able to prevent the sexual abuse of other children, or felt they had been complicit in some way. In *Case Study 21: The response of Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s,* APK spoke of the impact of witnessing other children being abused, including one boy who she believed was physically abused because of her close relationship with him.[89] 'The trauma of seeing the people I cared about being beaten and humiliated has been, for me, the worst part of my experience'.[90]

In *Case Study 40: The response of the Australian Defence Force to allegations of child sexual abuse,* we heard that victims were forced to witness the sexual and physical abuse of other junior recruits, and that witnessing these incidents adversely affected them.[91] Mr Glen Greaves told us of the effects of witnessing a fellow recruit being physically abused by junior recruits who were in their final three months of training and referred to as 'top shits'.[92]

> I witnessed the bashing of Shane Connolly ... Connolly was bashed by four top shits. He ended up with a black eye, a split lip, and had blood pouring out of his nose. I feel terrible because I didn't step in to help him. I was too scared. We all were.[93]

5.2.2 Staff in the institution

We heard that staff at an institution – including teachers, carers, and people in religious ministry – can be profoundly disturbed when they suspect or discover that child sexual abuse has occurred in the institution in which they work and, in some cases, to which they have dedicated their lives. For many, their work caring for children is a vocation to which they are strongly committed. They can feel betrayed and distressed when they discover that a colleague has been sexually abusing children in the institution. We also heard, in private sessions and public hearings, of cases in which the perpetrator's offending behaviour was not addressed, and the sexual abuse continued, which led staff to be disgusted and disillusioned with the institution as a whole. In *Case Study 2: YMCA NSW's response to the conduct of Jonathan Lord,* Ms Danielle Lockwell, employed at the YMCA, told us that she saw her role 'first and foremost as protecting children', and that Jonathan Lord was doing the 'very opposite'.[94] She felt betrayed by Lord and said in evidence, 'He made me believe that we had this amazing centre where the children were safe and happy, and he came across to parents as a lovely guy. So I just felt betrayed that he could do the things he did'.[95]

5.2.3 Whistleblowers

Whistleblowers – usually staff members of an institution where children are sexually abused – can be psychologically affected by the sexual abuse, and in particular by an inadequate response from the institution. They are susceptible to being victimised, ostracised or penalised by an institution that tries to avoid or deny that child sexual abuse has occurred. We heard from or about people who were threatened with dismissal or labelled as troublemakers for identifying and trying to prevent child sexual abuse.

One of the impacts commonly described in private sessions and public hearings by whistleblowers was a loss of employment or involvement in the institution. For example, the Royal Commission heard evidence from WG, WF and WH in our *Perth independent school* case study about the circumstances in which they raised concerns about the perpetrator and the difficulties they experienced in doing so. Each teacher was concerned that they would be subjected to rejection, ostracism or bullying/harassment from some staff if they were identified as whistleblowers or complainants.[96] For example, when WH was asked in evidence whether she thought that writing a confidential letter regarding her concerns about the perpetrator's conduct towards a student would compromise her position at the school, she said:

> Being a reasonably recent staff member into the school, I had already gained my permanency after two years … so I didn't feel threatened for my job in that way, but I did feel that it may have some repercussions on my standing with the community, as YJ was very popular with the community, and if it was found to be gossipy or 'tell-taley', or whatever, then that could ruin my reputation for the years that I had intended to spend at the school.[97]

Ms Ann Ryan, former teacher at St Colman's School in Mortlake, Victoria, giving evidence in *Case Study 28: Catholic Church authorities in Ballarat (Catholic Church authorities in Ballarat)*, described how she was threatened with dismissal because she tried to uncover the sexual abuse perpetrated by the priest, Gerald Ridsdale, in the early 1980s. As a result of the poor response to the abuse, she lost her trust in the Catholic Church and in general:

> I no longer practise the Catholic faith or participate in any church-related activities. This is because of my loss of trust in church authorities and what I perceive to be their double standards. Finding out about child sexual abuse in the Catholic Church, and the response of the Church, has affected my ability to trust in general, and especially trust authority and authority figures. I am much more cynical than I used to be and I am regularly concerned when I see adult men with younger children.[98]

Some whistleblowers described being abused and ostracised by other people in the community when the sexual abuse was reported. For instance, 'Karla', a teacher's aide at a local school, told us she was unable to go out shopping at one stage, because she was abused by locals who blamed her for the demise of the school's fortunes.[99]

5.2.4 Family members of people who have sexually abused children

The families of people who have sexually abused children can also be affected by the disclosure of child sexual abuse, especially if they have an ongoing relationship with the institution where the abuse took place. For instance, 'Francie', the partner of a perpetrator of child sexual abuse within a religious institution, told us about the impacts on the whole family when they learned that her husband – the father of her children – had sexually abused children. Not only did she and some of her children suffer from depression and anxiety, but she says they were also shunned by the religious community. 'Francie' told us that she was forced out of a job she loved, which was connected to the institution.[100] We also heard about the shock and devastation experienced by family members of alleged perpetrators when the alleged perpetrator is named in the media, especially when it is the first time that the family has heard the allegations.

We are unaware of any research to date on the extent of the impacts on families of perpetrators of child sexual abuse in institutional settings. However, a qualitative study on the experiences of, and impact on, the non-offending partners of people involved with child exploitation material suggested that they can experience significant trauma, ostracism and isolation, with a distinct lack of support.[101] Women interviewed in the study demonstrated distress and turmoil arising from their partner's conduct. Most participants identified that they experienced mental health issues, many consistent with PTSD. Some of the participants described losing contact with family and not being able to make friends for fear of further alienation if the issue was discussed. They felt judged and tainted by association rather than being understood as a collateral victim to their partner's criminal conduct.[102]

Qualitative research found that common reactions from parents who discover their child's harmful sexual behaviour include shock, confusion, disbelief and minimisation – responses which serve as a defence mechanism to protect parents from the negative personal implications of total acceptance of the child's behaviour.[103] Finding out about their child's behaviour can be a profoundly difficult and isolating experience for parents that can prompt secondary post-traumatic responses.[104]

5.3 Communities

> Child sexual abuse doesn't just tear individuals and families apart. In my experience, its claws reach into the community as well, whether they know it or not.[105]

Victims of child sexual abuse belong to many different types of geographical, cultural or spiritual communities. These communities can also include schools, sporting clubs and even groups of victims from the same institution. People from these communities understand and respond to child sexual abuse in different ways, and some can be severely affected.

Some trauma theorists have recognised the impacts of serious and terrible events such as child sexual abuse on community well-being, using the term 'cultural trauma' to describe the effects on group identity, social cohesion, and group safety.[106] Previous government inquiries have also identified that child sexual abuse in institutional contexts can have significant community impacts.[107] The report: *Betrayal of trust: Inquiry into the handling of child abuse by religious and other non-government organisations* by the Victorian Parliament noted the centrality of many of the religious institutions to the fabric of communities, both historically and regionally.[108] As a consequence of this centrality, disclosures of child sexual abuse have led to deep divisions in communities. Research notes that community-level impacts remain a relatively unexplored consequence of institutional child sexual abuse, particularly in regional, remote and rural communities where power dynamics associated with institutions may be more pronounced.[109]

Information from private sessions, public hearings and research suggests that community connectedness can be shattered by the revelation of child sexual abuse, especially when the perpetrator is well liked or the institution is respected or trusted. We heard that the breakdown of community cohesion can be intensified if large-scale sexual abuse is revealed, or if attempts by the institution to conceal the abuse are discovered. As we heard from some survivors, this can create deep division and mistrust, and sometimes fragment the community.

Yet we also note that many communities have demonstrated an incredible capacity to come together in the face of child sexual abuse and institutional betrayal, to generate support and foster healing. We have seen many examples of communities demonstrating their support of, and solidarity with, victims of child sexual abuse.

5.3.1 Aboriginal and Torres Strait Islander communities

Aboriginal and Torres Strait Islander communities represent the oldest continuing cultures in history.[110] However, like other indigenous peoples in colonised nations, Aboriginal and Torres Strait Islander peoples have experienced collective trauma and grief on a magnitude that would compromise the resources of any community to manage the impacts.[111] Volume 1, *Our inquiry* and Volume 2, *Nature and cause* discuss how for Aboriginal and Torres Strait Islander victims child sexual abuse in institutional contexts has been part of the collective and intergenerational trauma of colonisation.

In Aboriginal and Torres Strait Islander community consultations, survivors and secondary victims told us the experience of institutionalisation and dehumanisation, including widespread sexual abuse of multiple generations of Aboriginal and Torres Strait Islander children in those institutions, has impacts that ripple through communities and are transmitted across generations.[112] In the *Nature, cause and impact of child sexual abuse* case study, expert witnesses stressed that this experience has affected the wellbeing and capacity of Aboriginal and Torres Strait Islander communities.[113] Survivors and expert witnesses spoke about the destruction of kinship structures, family and community roles, the breakdown of collective child-rearing practices, and loss of language, cultural values and norms, leaving communities grieving and overwhelmed.[114]

Research on collective trauma suggests that when a whole group experiences trauma, such as is the case for Aboriginal and Torres Strait Islander peoples, this trauma can overwhelm the resources that community would ordinarily used to heal or come terms with traumatic events.[115] In the *Nature, cause and impact of child sexual abuse* case study, Ms Karen Menzies, Lecturer in Indigenous Health, University of Newcastle, illustrated the loss of any protective buffer in Aboriginal and Torres Strait Islander communities as a result of collective trauma:

> [Among] non-Aboriginal people, there might be 12, 15 people in the extended family and there might be one person who has experienced child sexual assault, another person who has experienced domestic violence or another person who has had a horrific car accident. But by and large the extended family is a healthy structure to support those individuals. Unfortunately what we see in many Aboriginal families and in many Aboriginal communities, that collective trauma impacts on every individual – because there's varying degrees – some where people are quite seriously unwell through mental illness, but some are high-functioning also.[116]

In some Aboriginal communities all children were removed in a sudden event that led to mass trauma. For example, on a single day in 1955, all the children of Moola Bulla in the Kimberley were taken away on a truck.[117] Research published by the Royal Commission suggests that authorities compounded the trauma of child removals by failing to protect large numbers of children from sexual abuse in the institutions they were taken to, and by intentionally preventing the transmission of language and culture, which further disrupted the social fabric of the community.[118] The community impacts related to culture are also discussed in Chapter 3.

Community as a source of resilience for Aboriginal and Torres Strait Islander survivors is discussed in Chapter 2.

In community consultations, survivors said the removal from Country and culture not only made the institutional sexual abuse possible, it also denied them access to the material resources and strong networks of family support necessary to provide for their own children. In these ways, imposed poverty, ill health and disadvantage can become entrenched. They described this as a 'cycle' of continuing harm from the original abuse, which runs across generations.[119]

Aunty Lorraine Peeters, Ms Shaan Hamann and Ms Kerrie Kelly, writing about the Marumali Journey of Healing program for Aboriginal survivors, provide a helpful explanation of the intergenerational cycle of cumulative harm:

- The primary burden of trauma has been borne by those who directly experienced forcible removal during the years from 1910 to 1972 (first generation).
- The secondary burden of trauma lies with those other than the individuals forcibly removed, such as their families – including their children (second generation) and grandchildren (third generation) – and communities.
- The future burden is the ongoing legacy of not adequately addressing the burden of trauma in the population of people who directly experienced it, and the transgenerational transmission of social, emotional and spiritual wellbeing problems as a result of connections that were severed or attenuated by past government policies.[120]

The *Bringing them home* report states: 'not one Indigenous family … escaped the effects of forcible removal … Most families have been affected in one or more generations'.[121] According to the report, 'Children in every placement were vulnerable to sexual abuse and exploitation'.[122] Although witnesses were not asked about sexual abuse, almost one in ten men and more than one in ten women who gave evidence to that inquiry said they had experienced sexual abuse in a 'children's institution'.[123] These figures could substantially underestimate the numbers of children sexually abused in institutional settings (see Volume 4, *Identifying and disclosing child sexual abuse*). Aboriginal and Torres Strait Islander children were frequently sent from children's institutions into other institutional settings as domestic servants in private homes or as agricultural labourers on pastoral stations. Elsewhere in the *Bringing them home* report, it states that 7.7 per cent of boys and 17.0 per cent of girls reported sexual assaults.[124]

Thus, in many Aboriginal and Torres Strait Islander communities, a large number of adult survivors are dealing with the impacts of sexual abuse in institutions and an even greater proportion are living with trauma from broader experiences of loss and grief. Professor Muriel Bamblett, Chief Executive Officer, Victorian Aboriginal Child Care Agency, in the *Nature, cause and impact of child sexual abuse* case study, pointed out how this intergenerational trauma continues to affect the lives of Aboriginal and Torres Strait Islander children today:

> In 2009 the State of Victoria's Children reported huge amounts of grief and loss and trauma that Aboriginal children are exposed to on a daily basis, the fact that they have to go to numerous funerals that they're involved in, you know, the deaths, suicides and criminalisation, and youth suicides, so a lot of those things impact on the children that we're working with, particularly in child welfare.[125]

Research and past inquiries have consistently pointed to a clear link between the impacts of past legislation, policies and practices, including widespread sexual abuse, ongoing experiences of dispossession and marginalisation, and the full range of social and economic problems that face Aboriginal and Torres Strait Islander communities today.[126] This has a cumulative impact for communities and families in a cycle of re-traumatisation, and implications for the vulnerability of future generations to institutionalisation.[127] Volume 9, *Advocacy, support and therapeutic treatment services* considers the implications of these community-level impacts on the therapeutic service needs of Aboriginal and Torres Strait Islander survivors.

5.3.2 Religious communities

When incidents of child sexual abuse occur within religious institutions, there can be negative outcomes for the cohesion and social connectedness of religious communities. For example, in private sessions, community forums and meetings in Ballarat, we heard how revelations of child sexual abuse by Catholic clergy have affected the community.[128] The effects were compounded by the ensuing suicides of some victims and inadequate responses from the Catholic Church. The impacts in Ballarat are also described in the Victorian *Betrayal of trust* report.[129] Mr Andrew Collins, giving evidence during the *Catholic Church authorities in Ballarat* case study, told us:

> Ballarat is a very Catholic town and the Catholic community is very closed. The Catholic culture is very strong. Coming forward and talking publicly about child sex abuse in Catholic institutions not only has repercussions at the family level, but also at the business and social level in Ballarat. It is these impacts that stop other victims from coming forward. Some of the little towns outside Ballarat are also extremely Catholic. Sometimes the only institutions in these towns are a Catholic Church and a Catholic school. I know of survivors in these towns that have spoken out about child sexual abuse. They have told me that after speaking out they were stood down from clubs where they were lifelong members. It is like they have literally been wiped out of these communities.[130]

Yet Ballarat has also demonstrated how religious communities can come together to support the victims and survivors of child sexual abuse. One highly visible manifestation of this is the 'Loud Fence' movement, where parishioners and community members tied ribbons to the fences of institutions where child sexual abuse had been perpetrated, to demonstrate their solidarity and support.

The sheer number of suicides and suicide attempts by a number of victims in one community can have an overwhelming effect. In the *Catholic Church authorities in Maitland – Newcastle* case study, we heard of multiple perpetrators within the Catholic clergy who sexually abused many children over a period of time in the Maitland – Newcastle region. As discussed in Chapter 3, we heard from people who believed that the sexual abuse was linked to a number of suicides by boys and men who had attended Marist Brothers Hamilton. CQT, who gave evidence of his own sexual abuse at the hands of Marist Brothers, and the death by suicide of his younger brother Andrew, said that the number of suicides has had a major impact on the community.[131]

Mr Gerard McDonald gave evidence about his sexual abuse by a priest in the *Catholic Church authorities in Maitland – Newcastle* case study. He spoke about how the Newcastle Catholic community was divided after the abuse came to light:

> The sexual abuse by [the priest] and all of the other Catholic clergy in Newcastle has split the community. There are those who believe the abuse and support the survivors. There are also those who think we are making it up.[132]

BAP, in the *Catholic Church authorities in Ballarat* case study, reflected on similar impacts of institutional child sexual abuse on the community. He said:

> I think institutional child sexual abuse has split the Ballarat community into factions. Some people are starting to talk to survivors about it and are starting to understand the impact. There are others in the community that block it out completely. It is like it is not even in their vocabulary and they cannot understand.[133]

In some religious communities, it may be frowned upon to seek support from mainstream practitioners and institutions that do not share the same religious beliefs or values.[134] Victims and their families might feel that their reputation, or the reputation of their community, would be ruined if the sexual abuse was known, or even that disclosure would be contrary to their beliefs. Because of the imperative to keep the story of the abuse within the community, disclosure by an individual or their family could be perceived as 'breaking ranks', or betrayal of the community. This can lead to division and disharmony.[135]

The impacts on religious communities are discussed further in Volume 16, *Religious institutions*.

5.3.3 Culturally and linguistically diverse communities

We heard that child sexual abuse can have specific ripple effects in culturally and linguistically diverse communities. In public consultations with multicultural stakeholders, we heard how some members of multicultural communities can react to child abuse within their community by refusing to accept that abuse could occur or encouraging victims not to talk openly about their experience of abuse.[136] We heard that these reactions from community members, particularly community leaders, can be for a number of reasons, such as:

- fears the community will experience marginalisation, racism or excessive scrutiny if abuse is made public,[137] including fears that outsiders (particularly the media) will incorrectly perceive the abuse to be culturally condoned or widespread within the community.[138]
- false perceptions that strong moral or religious codes adhered to by the whole community mean child abuse is unlikely to occur within the community.[139]
- expectations of a negative or unhelpful response from government authorities, including removal from Australia,[140] which can be particularly strong among refugee communities, especially those who have spent time in held immigration detention.[141]
- pressures to preserve community harmony at all costs, particularly in communities with strong collectivist values where whole-of-community interests can be perceived as more important to protect than individual interests.[142]

We were told that these reactions can be polarising for multicultural communities and cause internal division, particularly following publicised prosecution or sentencing decisions.[143] We also heard that these reactions can mean some multicultural communities become closed or secretive about abuse over time, harmfully reinforcing beliefs that child abuse does not occur within the community.[144] During the *Nature, cause and impact of child sexual abuse* case study, we heard how gatekeepers in some multicultural communities can actively lead this process by 'taking it upon themselves to allow information or not allow information within the community'.[145]

5.3.4 Other communities

We heard that child sexual abuse, and a poor institutional response to the abuse, can have a destructive effect on other communities centred around the institution where the sexual abuse occurred. These communities are made up of parents, children, staff, volunteers and others with shared interests. They can be centred on schools, sport and recreation clubs and associations, and arts and cultural institutions.

For many, the sporting institutions that children attend play a major role in family life. When child sexual abuse in these institutions is disclosed, the families of victims can be ostracised. Some might leave the institution and community, which can affect other families' trust in the institution and the cohesion of the community as a whole.

In recreational institutions, such as Scouts, community and hobby groups, or dance studios, parents and other family members can also be heavily involved. We were told in private sessions and public hearings of parents and staff establishing strong social networks and a shared commitment to the institution. In some cases these bonds better enabled perpetrators to use grooming to disguise child sexual abuse. In some cases the fracturing of social networks following the discovery of child sexual abuse caused distress to members of the community, including staff, parents and children, and particularly those who were highly invested in the institution. In the instance of RG Dance studio, examined in *Case Study 37: The response of the Australian Institute of Music and RG Dance to allegations of child sexual abuse*, the institution closed after the child sexual abuse was discovered.[146] Ms Jennifer Davies, a former teacher at RG Dance, and the sister-in-law of the perpetrator, gave evidence during the public hearing:

> I really thought that RG Dance was a wonderful place, that there were so many benefits for the children being part of this community of friends and dancers. And I find it so horrible that so many of the children didn't have that experience, that they – I find it so horrible and sad that behind all of that were things that I didn't see.[147]

Volume 14, *Sport, recreation, arts, culture, community and hobby groups* discusses the community impacts of child sexual abuse in sport and recreation institutions in further detail.

Schools and day care centres can also operate as communities, bringing together children, families, teachers and others. They can reflect an investment of time and energy by these community members and bonds formed between community members over many years.

In *Case Study 32: The response of Geelong Grammar School to allegations of child sexual abuse of former students*, we heard in evidence from Mrs Catherine Parsons, matron at the school, of the impact of the sexual abuse perpetrated by Philippe Trutmann on the school:

> There has been a lot of sadness in the Geelong Grammar School community relating to the actions of Philippe Trutmann. There is also sadness and disbelief regarding the responses from those in charge. There are many honourable and good people who have dedicated many years of their lives to Geelong Grammar School which is essentially a most positive and nurturing community and one which has already introduced many changes to try and ensure this never happens again.[148]

As outlined in Chapter 4, if an institution fails to address child sexual abuse, the perpetrator or child with harmful sexual behaviours may continue to sexually abuse children. We heard in private sessions and public hearings that parents and carers felt betrayed and deeply disillusioned when the institution failed to deal appropriately with the abuse, or failed to adequately inform the community about their responses.

5.4 Australian society

> I have at times felt stigmatised and vilified by the government of my country as I, and people like me, on disability support pensions, have been described essentially as a huge drain on the country, 'leaners, not lifters' ... I'm well aware of the huge financial burden I am ... There is a huge human capital cost to the nation with regard to all who are sexually abused in childhood ... But I also think I am what happens when as a society we turn a blind eye to what is happening to the most vulnerable in our communities. This is the price paid when we don't treasure and protect our infants and children.[149]

Child sexual abuse in institutions is likely to have affected at least tens of thousands, if not hundreds of thousands, of children over the past decades. The number is even greater for those who were sexually abused as children outside of institutional contexts. The extent of child sexual abuse in institutional contexts in Australia is discussed further in Volume 2, *Nature and cause*.

As these victims develop into adults who experience, in many cases, debilitating symptoms of trauma, the effects multiply and reach outwards to families, friends, institutions and communities. For many people, mental health impacts can be severe, and include PTSD, suicidal behaviour and drug and alcohol abuse. These needs are likely to require significant intervention in order to be addressed.

Through our private sessions, public hearings and research it has been made clear that child sexual abuse has occurred in a broad range of institutional contexts, right across Australia and spanning many decades. It is likely that the ripple effects of child sexual abuse in institutions have not been limited to particular communities, but have directly and indirectly affected the lives of countless people in Australia today.

Moreover, child sexual abuse in institutions, and child sexual abuse more broadly, has intergenerational effects for the future health and wellbeing of the Australian community. We heard numerous cases where the children of victims were affected by the sexual abuse experienced by their parents.[150] In some cases, the effects can span generations, perpetuating cycles of disadvantage and trauma. We heard from victims who experienced sexual abuse many decades ago, but who are only now realising how it has affected their own children. We also heard from those who have experienced sexual abuse more recently, who need help to recover and heal. The impacts of child sexual abuse must be urgently addressed to prevent this debilitating cycle.

5.4.1 Social impacts

We have discussed in previous chapters the impacts that child sexual abuse has on victims, and on their families, communities and institutions. Although difficult to quantify, child sexual abuse in institutional contexts also has broader, pervasive social impacts. Media coverage of child sexual abuse in institutions and the work of the Royal Commission has furthered the public's understanding of the impacts of institutional child sexual abuse.

Child sexual abuse can affect our social trust, in particular our trust in institutions and adults who care for children. As we become more aware of the many instances of child sexual abuse in institutions, and the extent of institutional failings, the level of trust we invest in institutions that care for children is diminished. A lack of trust in religious institutions, in particular, which provide a wide range of services for children and other vulnerable populations, has implications for service delivery and for membership of religious organisations.

Our knowledge about the nature and extent of child sexual abuse can also influence society's perception of men. In private sessions 95.2 per cent of survivors who were abused by an adult told us about sexual abuse by a male (see Volume 2, *Nature and cause*). This is consistent with research that suggests that the majority of perpetrators of child sexual abuse are male, regardless of the setting in which abuse occurs.[151] What we hear about male perpetrators can influence how society sees men, and how society perceives their ability to be trusted as carers of children. However, as discussed in Volume 2, gender is not predictive of whether or not a person will become a perpetrator of child sexual abuse. The overwhelming majority of men are not perpetrators of child sexual abuse.

The impact of child sexual abuse on victims can also affect their contribution to their family and community later in life. Their behaviours have wider implications for both society and the economy, by impacting on each individual's ability to participate in family and community life and by placing significant demands on the national health system.

Further, many survivors spoke to us of what happened in their lives after being sexually abused as children – they spoke of their anger and violence, the crimes they have committed and the harm they have caused others. One Australian study found that 24 per cent of child sexual abuse victims had a recorded offence against them.[152] This increased likelihood of criminal behaviour can be costly for the individual, and represents an additional cost for members of the community who become victims of crime by survivors of child sexual abuse.

Another broader social impact extends to mental health professionals who work with sexual abuse victims. They are at risk of sustaining vicarious trauma,[153] which can be triggered by working with traumatised clients and traumatic subject matter.[154] Other professionals exposed to sexual abuse victims or traumatic material may also be affected. One study has found that lawyers who work on matters concerning child sexual abuse demonstrate high levels of secondary trauma and burnout.[155] In another study, law enforcement professionals

working on child sexual abuse cases reported high levels of psychological distress, trauma and PTSD symptoms.[156] Researchers working in the field of sexual assault can also be negatively affected.[157] It is important to recognise the potential harm of other forms of work involving the trauma of child sexual abuse to appreciate the extent of the ripple effects of this abuse.

While it is difficult to measure the myriad ways that Australian society has been affected by child sexual abuse, we know it is likely to have had a broad and pervasive impact.

5.4.2 Economic impacts

> What is the economic factor? Which sounds terrible, but the economic and intellectual loss of this kind of stuff to society … The people, the shining people we could have … My main reason is to say these things, about the killing of souls, and the killing of potential.[158]

Survivors carry the heaviest burden of child sexual abuse, both economic and otherwise. As discussed in Chapter 3, survivors can experience a range of impacts with long-term economic consequences, including poor educational, health and employment outcomes. Survivors who have difficulty keeping a job may also have difficulty securing a reliable and adequate income, accumulating assets, finding a safe place to live, maintaining relationships, and meeting their costs of living. Not all survivors will experience these economic problems, but for those who do, economic insecurity can have broader impacts on survivors' families and the entire economy. The cost of child sexual abuse to the Australian economy is difficult to quantify,[159] but it is likely to be in the billions of dollars each year.[160]

Survivors' families may also experience negative economic impacts as a result of child sexual abuse. For example, if survivors remain jobless for a long time, their children could experience poorer educational and employment outcomes than other children.[161] Survivors and their families who are economically disadvantaged might also live in areas without high-quality housing, transport, education, health and other forms of infrastructure. These circumstances can make it even harder for survivors and their families to escape the cycle of poverty.[162] As discussed in Section 5.1.4, some children of survivors told us they experienced poverty growing up because their parent was affected by child sexual abuse.

When survivors and their families live more economically-disadvantaged lives than they otherwise would have, all of society may be affected. There will be fewer people in jobs and with less income to spend or invest than there would have been.[163] The economy is smaller than it could have been and there are fewer economic opportunities for everyone.[164]

Society also faces the additional costs of resolving some of the economic consequences stemming from child sexual abuse. Survivors and their families who experience economic disadvantage may need additional support from government in the form of transfer payments (such as unemployment benefits, parenting payments or the disability pension), and greater

access to government-funded services such as the justice system,[165] homeless shelters, and health and counselling services.[166] Governments always need to provide and fund these services, but some of these costs could be avoided by preventing child sexual abuse and addressing short and long term impacts.

Some international studies have attempted to quantify the economic costs to society of child sexual abuse. A United Kingdom study examined the increased likelihood of experiencing health problems, coming into contact with the criminal justice and child protection systems, and being unemployed, as a result of child sexual abuse. Using these increased likelihoods, the study estimated that child sexual abuse cost the United Kingdom's economy £3.2 billion in 2012–13.[167] The majority of associated costs related to the increased risk of unemployment and survivors being less likely to achieve their earning potential.

Another study assessed the economic costs of child sexual abuse to the Asia-Pacific region. The study estimated the costs to society associated with survivor's physical and mental health problems, due to their experience of child sexual abuse. The cost was estimated to be between US$31 billion and US$43 billion in 2004.[168]

These studies illustrate the high economic costs borne by society. However, they may not be directly applicable to the Australian economy as they consider much larger economies and, in some cases, different socio-economic environments.

Although the cost of child sexual abuse is unknown in Australia, there has been some research into the cost of child maltreatment more broadly. A recent Australian study by Pegasus Economics found that the combined costs of child sexual, physical and emotional abuse to the Australian Government and state and territory governments is $6.8 billion per year.[169] The study estimated the costs to government budgets from alcohol abuse, obesity, anxiety and depression, and suicide or attempted suicide related to the experience of childhood trauma.[170] Given that the categories included in the study represent only some of the potential impacts, these estimates are likely to underplay the overall cost to the economy.[171]

Another Australian study estimated that the cost of child abuse (including all types of abuse) and neglect in 2007 for all people ever abused was between $3.5 billion and $5.5 billion. The study indicates that the largest costs to society relate to government expenditure on care and protection, and crime.[172]

As these studies suggest, the economic impacts of child sexual abuse should not be underestimated.

Most importantly, in light of all of the impacts of child sexual abuse described throughout this volume, it is clear that governments must do everything in their power to prevent child sexual abuse in our community. The impacts go beyond individual victims and survivors – they are a significant social and economic cost for Australian society, both now and in the future.

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