

# Identifying and disclosing child sexual abuse

Child sexual abuse in institutions: Learnings from the Royal Commission

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Life is relationships



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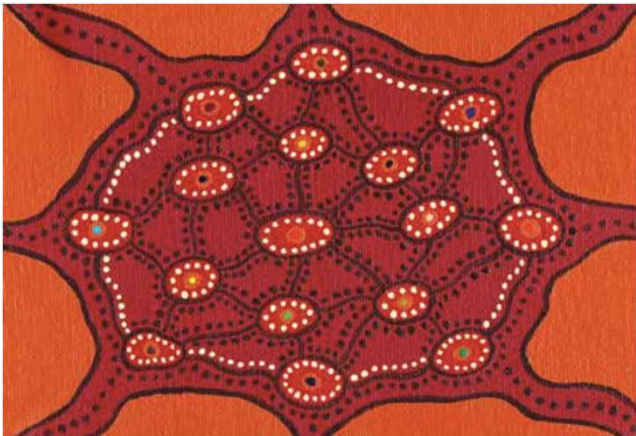
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## What we heard in private sessions

We considered accounts of abuse from:

- All survivors
- Children and young people
- Aboriginal and Torres Strait Islander survivors
- Survivors from culturally and linguistically diverse backgrounds
- Survivors with disability at the time of the abuse
- Survivors who were prisoners at the time of the private session

For each group we conducted a thematic analysis of:

- Nature of the abuse
- Circumstances at the time of the abuse
- Experiences of disclosure
- Wellbeing

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## Disclosure: what we heard in private sessions

Key facts, as at 31<sup>st</sup> May 2017

- Survivors told us, it took, on average, **23.9 years to disclose** the sexual abuse they experienced as a child.
- Large range up to 60-70 years
- For **10.3%** of survivors, speaking to the Royal Commission was the **first time they had spoken to anyone** about the abuse.
- Adults may disclose in any service!

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## Disclosure: what we heard in private sessions

- Many disclosures occurred over many years
- Full story unfolded over time
- Often no action resulted
- Delayed reporting, delayed response
- Criminal justice processes took many years
- Redress responses also slow

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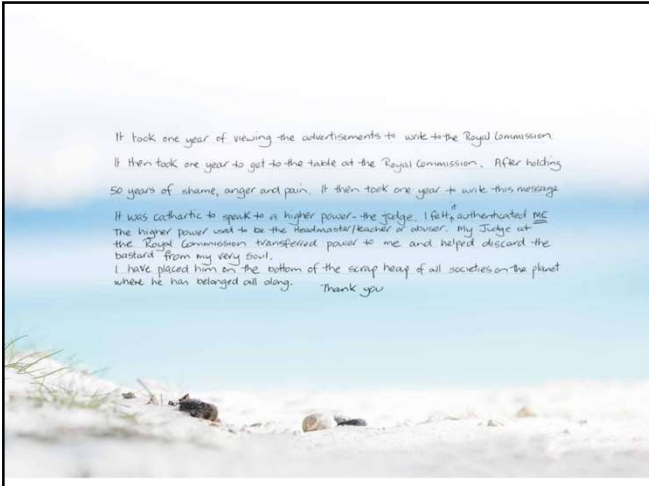
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### Identifying child sexual abuse and understanding disclosure

- Identifying child sexual abuse in institutional contexts is a critical step in protecting children from potential or ongoing abuse, providing support to children in need, and holding perpetrators accountable for their behaviour.
- Given the covert nature of child sexual abuse, victims' and survivors' disclosure is often the only way that another person might become aware that sexual abuse is, or has been, occurring.

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### Ways to identify child sexual abuse

#### Sources other than the victim's disclosure

These include:

- disclosure by **another victim** or the **perpetrator**
- **witnesses** who see the abuse or other evidence
- **physical evidence** such as an injury, a sexually-transmitted infection or ill health
- **other evidence** such as child sexual exploitation material
- Any noticeable change in the child (40% nil)
- **recognising non-verbal or behavioural clues that a child has been sexually abused**
- Suicide attempts and DSH in young children

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## Ways to identify child sexual abuse

- Despite sometimes very clear disclosure, other potential victims were not identified
- Institutions failed to see the level of risk
- Even families failed to identify other children at risk

Initial reactions to disclosure often prevented other children from disclosing

Other children easily overlooked

Taking 'no' as the answer despite evidence to the contrary

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## Understanding disclosure

### Characteristics of disclosure

Disclosure is rarely a one-off event. It is often an **ongoing process**. Victims may disclose in **different ways**, to **different people** throughout their lives.

Disclosures may be:

- verbal or **non-verbal**
- **accidental** or intentional
- **partial** or complete.

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## Understanding disclosure

### Characteristics of disclosure

May weigh up benefits and consequences first

Often occurs in a piecemeal fashion-test the water for example see the reaction to something else

Research estimates that between 30 per cent and 80 per cent of victims do not purposefully disclose child sexual abuse before adulthood

From PS: 57.4% first disclosed as an adult

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## Understanding disclosure

### Characteristics of disclosure

Initial disclosure may be vague

Language very important

May tell different people different parts of the story

May partially disclose, retract, deny and reaffirm disclosure over time

May refuse to talk any further after disclosure

Studies have identified the following as reasons a child may retract a disclosure:

- pressure from the perpetrator, family or others
- concern about negative personal consequences, such as fear of the perpetrator or causing distress to loved ones
- investigations by police or child protection services, including videoing disclosures
- criminal proceedings.

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## Understanding disclosure

### Many factors complicate disclosure

- Developmental arrest
- Dissociation
- All variations in behaviour possible
- Some survivors said the best protective strategy was to act in a way that was 'compliant'.
- Compliance was especially common when the perpetrator or child with harmful sexual behaviours became aggressive, or threatened to become aggressive when the victim resisted.
- Many survivors believed their lack of understanding about sex and sexuality as a child contributed to them being vulnerable to sexual abuse.
- They described how they felt confused about what was happening to them and did not understand it was sexual abuse.

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## Understanding disclosure

### Characteristics of disclosure

Of the survivors who told us they disclosed in childhood, the majority (81.3 per cent) told us that they had disclosed while the abuse was still happening or shortly afterwards and a smaller group (17.6 per cent) told us that they disclosed sometime after the abuse ceased but before they reached adulthood.

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## Understanding disclosure

### Unique circumstances

Disclosure often involves many **steps**, each influenced by a complex range of individual factors. These factors influence:

- **whether** a victim or survivor discloses the abuse
- **when** they disclose
- **who** they disclose to.

Research suggests that **adult** disclosures are more likely to be purposeful and **intentional** than those of children.

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## Understanding disclosure

### Reasons for disclosure

Research suggests that victims and survivors disclose child sexual abuse:

- due to fear of **further abuse**
- to help **prevent** the abuse of other children, especially siblings
- when **triggered** by a crisis
- when they recognise they are **not coping** emotionally or need support or help to deal with the abuse
- when they experience a **significant event** – becoming a parent.
- **contact** with the perpetrator or institution

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• **Disclosures during childhood are often triggered by impending contact with the perpetrator, when a child's anxiety is increased**

• This was illustrated in evidence in Case Study 1: The response of institutions to the conduct of Steven Larkins. AC, who was sexually abused by Larkins in 1997, told us after the abuse:

When I got home I went straight to my room. I couldn't tell my mum what had happened at the time. I was so embarrassed about what had happened to me. I felt dirty and I felt it was all my fault .

I never discussed it with anyone for months, I felt I couldn't. All I felt was anger ... At home things were really bad as I was angry and would lash out at anything. This really affected my mum and she cried a lot trying to find out what the problem was .

About three or four months later, Stevin Larkins called and my mother told me he was on the phone for me, I had a massive chill down my neck. I just froze. I then took the receiver and yelled 'Fuck off you fucking queer cunt'. I slammed the receiver down and ran to my room. It was then I first told my mother what happened.

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## Understanding disclosure

### Reasons for disclosure

Many survivors told us they delayed disclosure until their parents had passed away. For example, 'Jai' told us he disclosed for the first time 20 years after he was sexually abused, following the death of his mother.

He told us that 'all of a sudden one day all my emotions just burst, and I just came out with it.'

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## Barriers to disclosure

Understanding barriers to disclosure allows us to see where barriers could be removed or lessened. Victims face a multitude of barriers to disclosure. The three main types are:

- **personal** factors
- **perpetrator** behaviour
- **institutional** factors.

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## In general

### Factors that prevent, delay or disrupt disclosure

- age and developmental stage: <6 less likely
- disability
- gender
- family dynamics
- Community or cultural expectations
- religious beliefs
- Broader societal beliefs, attitudes, stigma
- racism and discrimination

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## What we heard in private sessions

### Main barriers to disclosure, as at 31<sup>st</sup> May 2017

In private sessions, **66.8%** of survivors spoke about barriers to disclosure. Of these, the most common barriers were:

- **41.0%** identified shame, embarrassment
- **29.4%** told us they had no one to disclose to
- **26.3%** said they feared not being believed
- **24.5%** told us they feared retribution.

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## Personal barriers

### Factors that prevent, delay or disrupt disclosure

Victims and survivors may experience:

- feelings of **shame, embarrassment, guilt and self blame**
- **fear** of not being believed, especially with female perpetrators
- fear of being **stigmatised or viewed differently**, especially being labelled as a potential perpetrator
- uncertainty about what is abusive
- difficulty **communicating** their experience of abuse
- misunderstanding or poor response to disclosure
- sexual identity, masculinity, homophobia, virginity
- consequences for self, family (what parent will do)
- confidentiality
- cultural taboos
- Disclosure could be very dangerous

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## Personal barriers

### Non-disclosure

One survivor said, 'I just haven't wanted to speak to anybody about it until I saw this is my real opportunity to say something ... Had the Royal Commission not been established, I would have gone to my grave with this'.

- Men less likely to disclose
- Research: 41% never spoken to anyone about their CSA (anonymous population surveys)

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## Personal barriers

### Factors that prevent or delay disclosure

These factors can be so strong they prevent disclosure even when

- asked directly about CSA
- applying for redress
- hearing other’s stories
- seeing the perpetrator prosecuted
- having therapy

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*My father ... actually asked me, '[Perpetrator] never abused you or your sisters, did he?' And so I actually said, 'No'. I basically told my father what he wanted to hear. Why? Because it was 7.30 in the morning and I just did not want to get into it. Female survivor*

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## Perpetrator behaviour

### Multiple tactics used to create barriers

Perpetrators may prevent children disclosing abuse by:

- using **grooming** tactics to create a relationship
- exploiting their position of **authority**
- **threatening** the child and others
- violence
- using religious beliefs
- **isolating** the child from adults
- making the child feel **complicit** in or responsible for the abuse.
- creating a negative reputation for the child to promote disbelief
- saying their parents knew or condoned the relationship

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## Grooming

*They work on the parents... The parents give them trust and then... once the parents turn their backs that is when they make their move. Male survivor 1980s*

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## Violence

*... well, you don't call a paedophile a 'dirty bastard'. He let go and he punched the living stuffings out of me, punched me in the stomach, punched me in the testicles, punched me in the groin, then he grabbed hold of my head and he just kept slamming me head up against the wall. Male survivor 1960s*

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## Institutional barriers to disclosure

Governance and leadership that:

- prioritises **reputation, prestige** or **loyalty** to the institution above children's safety
- features strong personal **relationships** between **adults** within institutions, or conflicts of interest for individuals in institutions.
- allows **widespread** sexual abuse, physical punishment, violence and retribution.

Common factors across institutions include:

- not following **policies** and **procedures**, or not having any in place
- inadequate **avenues for disclosure** and poor institutional responses to sexual abuse or related behaviours, such as bullying
- inadequate **recordkeeping** and information sharing.
- lack of training addressing abuse within institutions.

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### Institutional cultures of fear

*We were scared from the minute we woke up until the minute we fell asleep. Male survivor*

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### Other Authorities failed to listen

- Many children ran away and some told authorities and were ignored, laughed at or punished
  - *We ran away a couple of times ... And the policeman ... he picked us up ... we told him 'help me'. He called us little sluts and little liars and 'ya just need a good floggin' and he took us back there. I actually got that, plus more. Ethel*
  - *They just laughed it off, totally disregarded it. Female survivor*
  - *These people are protecting my children from me, but they're not protecting them from their own workers. What pisses me off the most is the fact Child Protection knew something was going on in August, September and October – yet nothing was done. Lexie (Olivia, Brittany and Kyle's mother)*

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### Who children tell first?

From PS:

- 35.6% told their parents, especially their mother
- 38.3% told someone in authority in the institution in which the abuse occurred
- 19.7% had told police or someone in authority outside the institution

From research

- almost 60 per cent said they would turn to a friend
- 55 per cent said they would turn to their mother
- 34 per cent said they would turn to their father (this was more commonly reported by males)
- Adolescents more likely to tell peers and no-one else

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## Who adults tell first?

Source:

- 100% (28/28 cases)
- 100% (28/28 cases)
- 100% (28/28 cases)
- 100% (28/28 cases)
- 100% (28/28 cases)
- 100% (28/28 cases)

Other reporting:

- 100% (28/28 cases)

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## Belief and disbelief

- Attitudes towards children (2009 survey)
- False allegations
- Lack of understanding about impact and memory
- Myths and misconceptions about children with a disability
- Prioritising adults over children

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## Experience of disclosure

### In childhood

*And all I got was a smack in the mouth and told ... "Don't tell lies about these good Christian men".* **Tumus**

*My backside was burning. And I went and I told the matron and she went off at me and dragged me to the shower and turned it on and held me there. Then she walked out – I didn't know what to do. I was horrified, terrified.* **Jarratt**

#### Children with a disability

**Morris** told us he was taken to hospital from his injuries, and many people reported the abuse many times to police, *but [they] did nothing about it.*

*They knew about it. Why the hell didn't anyone do anything about it? ... I just got the impression it was the "done" thing and you didn't talk about it and everyone did it.* **Mia**

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## Impact of disclosure: Adult

- One male survivor explained the negative impact of disclosure:

"If I knew how hard it was going to be to face these issues of abuse after all these years I may not have done it. Since contacting the Royal Commission in December 2013 I have had longer and more intense feelings of distress than at any earlier time in my life. I have had difficulties accessing face-to-face trauma counselling specialist services ... I have faced most of this distress alone. My previous strategy of suppressing the thoughts of my trauma was in many ways a more viable alternative given how distressing it has been. "

- Another male survivor described the positive impact of disclosure

"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. Anyone. 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. "

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## Is reporting improving?

Some evidence to suggest:

- less delay in disclosure
- less delay in reporting
- no evidence in certain groups

Unclear why?

- greater awareness
- changing landscape
- mandatory reporting
- system responsiveness
- better detection Vs disclosure

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## Supporting disclosure

For children

To support disclosure, children need:

- access to **safe adults**
- **opportunities** to raise and discuss concerns
- **information** about sexual abuse and access to sexual abuse prevention programs
- to learn how to provide **peer support**
- appropriate **tools to communicate** abuse including what to say, how to approach someone, role play

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## Supporting disclosure

### For children (youth consultation)

To support disclosure, children need:

- Long term supportive trusting relationships
- 'Genuine' person
- Someone who takes an interest in you and talks to you like a real person
- education for us and our parents including examples for boys
- practical 'how to' training

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## Supporting disclosure

### For adults

To support disclosure, adults need:

- **positive responses** and access to support groups
- to see media coverage and **publicity** about child sexual abuse
- access to **dedicated telephone numbers** that assist with reporting abuse to police
- awareness of **redress** schemes.

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## What would make a difference?

### In childhood or adulthood

- Nothing
- Greater awareness in society
- Greater sensitivity in services
- Anti-stigma messages
- Champions
- Public figures
- public accountability
- Justice response

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## Engagement strategy

### General Principles

- **safe and supportive** – being alert to the impacts of childhood trauma; not re-traumatising or compromising physical, psychological, emotional or cultural safety; offering support when needed
- **respectful** – listening to survivors and taking their accounts seriously; being transparent in our purposes and processes
- **strengths based** – recognising and promoting the strengths and resilience of survivors and communities
- **offering hope** – promoting participation in the Royal Commission as a contribution to change, to make institutions safer for children
- **providing choice and control** – offering survivors as much informed choice and control as possible about how, when, to whom and in what manner they give their information
- **flexible and responsive** – offering stable, reliable and safe processes that can be adapted within our resources and terms of reference, to remove barriers to participation and meet diverse needs

Child sexual abuse in institutions: Learnings from the Royal Commission

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## Private Sessions

### Trauma informed approach

Many survivors told us how important it was to them to tell their story to a Commissioner who in their eyes, represented the ‘highest authority in the land’. They felt that the Australian Government and the people of Australia were finally taking them seriously and that what they had to say about their experiences of child sexual abuse was valued – **that it mattered and they mattered.**

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Marlene’ disclosed to a psychiatrist after 50 years and had recently raised it with her two sons, before attending her private session.

“I never told a soul. I grew up with such dominating fear and I couldn’t understand why. If it wasn’t for the Royal Commission we’d all go to our graves with those horrors in our memory and nobody knowing about them. I think it’s a miracle really, I don’t know what other word to use. All these people that have these memories are getting set free.”

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### Process

- Initial contact by phone, email, letter or community engagement
- Trained support first contact
- Referral to counselling or support as necessary
- Keep warm process
- Wait-list up to 1 year
- Preparation included Sharing your story: A guide to your private session, Practice Guideline 3: Guide questions for providing a statement or information to the Royal Commission, videos and other information as required
- Priority given depending on circumstances
- Staff assisted in all aspects of care including travel and accommodation
- Model adapted depending on circumstances

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### Private Session

- Single Commissioner plus Commission Officer supported by private session team including counsellor
- Free narrative approach
- Help giving v's help seeking
- Value opinion, insight and recommendations
- Non-interrogative but clarifying, builds the story
- Acknowledgement, validation and compassion
- Control and pace was with the survivor
- Strengths approach

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### Journey to the Private Session

- Some survivors engaged and disengaged many times
- Some survivors could not make the journey on the day
- Alternative arrangements were made if suitable, such as phone sessions or written accounts
- Some survivors needed significant engagement with support services prior to session

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But disclosure can be powerful




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Experiences of the Private session

I'm shutting Pandora's box this year ... I've handed it to you now. It's not my problem anymore ... I'm not carrying this anymore. This isn't my problem. Here you go, you deal with it. It's not my guilt, my shame. 'Gerry Ann'

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'Thank you to the Royal Commission for hearing my story, it has been overwhelming that my 13 year old voice waited 38 years for this chance to speak and my 13 year old is very happy.'

'To be treated with respect and to have a sensitivity shown towards my feelings, taken into consideration, was a new and positive experience! It means I sleep easier at night and much of the anxiety and worry I've carried around with me most of my life I can now put aside. Thank you so very much.'

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## Reflections

### Private sessions

- Bearing witness was a very powerful process
- the distressed child and courageous adult were present
- empowering and inspiring
- Feedback overwhelmingly positive
- Often sustained positive impact
- Pivotal moment, turning point, allows for a shift or change to occur
- Why was this disclosure different? Being 'heard' for the first time.
- Normal, human, compassionate response

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## MHS: Do we have the right starting point?

Atmosphere, environment, privacy

Dignity, respect, regard

Warm referrals, stepping through the journey, brokerage

Would you be comfortable in your service environment disclosing deeply traumatic and personal stories?

Right to safety, how is this conveyed?

Protective behaviours equivalent, language, how to report, respectful relationships may need to be developed

How do we reduce re-traumatisation? Triggers?

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## Bearing of witness

- Do we know how?
- You don't know where the story begins, maybe generational
- Trauma upon trauma: understand child trauma
- Can be life changing
- Potential to improve outcomes across domains
- Importance of good records: reports, compensation
- Take out judgement where possible in reporting
- Build confidence in difficult conversations
- Manage staff distress, vicarious traumatisation and compassion fatigue
- Good policy, process, procedures and accountability

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Safe Journeys through services

- CSA and adult trauma disrupts the personal narrative
• Psychiatric interview is disruptive, questioning and judgemental
• Learn from cultural models of care
• How do we make the journey through mental health services safe and collaborative?

Seven horizontal lines for notes.

Beyond Trauma Informed Care

- Experiences in mental health services varies
• Often trauma not disclosed or late disclosure
• Trauma often ignored or minimised
• Treated for a 'diagnosis' when the problem is flashbacks, nightmares ...
• How do we facilitate disclosure?
• How do we get past trauma informed care and move into trauma competent mental health services?

Seven horizontal lines for notes.

More information

More information

- See
• Volume 2, Nature and Cause
• Volume 3, Impacts
• Volume 4, Identifying and Disclosing child sexual abuse
• Volume 5, Private sessions
• Private sessions Narratives - online at https://www.childabuseroyalcommission.gov.au/
• A brief guide to the Final Report Disability
• A brief guide to the Final Report Aboriginal and Torres Strait Islander communities
• A brief guide to the Final Report Children and young people
• A brief guide to the Final Report
• Criminal justice report
• Research report: Life journeys of victim/survivors of child sexual abuse in institutions: an analysis of Royal Commission private sessions

Seven horizontal lines for notes.