Royal Commission into Institutional Responses to Child Sexual Abuse

We Can Do Better

Overview of the Royal Commission

Institutional settings

System reform

childabuse**royalcommission**.gov.au

Life is relationships

Terms of Reference

Scope of the inquiry

What institutions and governments should do to:

- **better protect** children
- achieve **best practice** in the reporting of, and responding to reports of child sexual abuse
- address, or alleviate the impact of, past and future child sexual abuse, including, in particular, in ensuring **justice for victims**.

Three Pillars

- Private sessions
- Public Hearings
- Policy and research

During our five-year inquiry:

At 1st December 2017

- **16,953 people** contacted us who were within our Terms of Reference
- we heard from **7,981 survivors** of child sexual abuse in **8,013 private sessions**
- we also received **1,344 written accounts**
- we have referred **2,562 matters to police**.
- private sessions were held in:
  - every capital city
  - 25 regional locations
  - 62* correctional facilities.

Reports

- **Final Report has 17 volumes plus 189 recommendations**
- **Three other final reports:**
  - **Criminal Justice Report**
  - **Working with Children's Checks**
  - **Redress and Civil Litigation**
- **All together 409 recommendations**

Volume 9: Advocacy, support and therapeutic treatment services

9 recommendations

Public hearings

Key facts

- **57** public hearings, spanning 11 locations – in every state in Australia.
- **444** public sittings days, with **1,302** witnesses.
- **3,574** notices to produce resulting in more than **1.2 million** documents.
- **134** institutions examined in case studies.

Policy and research

At a glance

Policy

- **11** issues papers, **621** submissions
- **5** consultation papers, **410** published submissions
- **7** public roundtables, **28** private roundtables
- **44** Commissioner-led community forums
- **9** consultations with young people

Research

- **59*** published research reports

What we heard in private sessions

Survivor as at 1st December 2017

Of the **7,981** survivors of abuse we heard about in private sessions:

- **63.6%** were male
- **14.9%** identified as Aboriginal and/or Torres Strait Islander
- **4.2%** had disability at the time of the abuse
- the average age at the time of their private session was **52 years**
- the average age at the time of first abuse was **10.4 years**.

What we heard in private sessions

Duration of abuse, as at 31st May 2017

In private sessions, 74.3% of survivors talked about the duration of the abuse:

Of these:

- **2.2** years on average
- **14.4 %** of female victims and **8.9 %** of male victims experienced abuse for between **6** and **10** years
- **3.9%** of female victims and **1.0%** of male victims said the abuse went on for more than 10 years.
- Into adulthood and next generation

What we heard in private sessions

Frequency of abuse, as at 31st May 2017

In private sessions, **92.3%** of survivors talked about the frequency of the abuse:

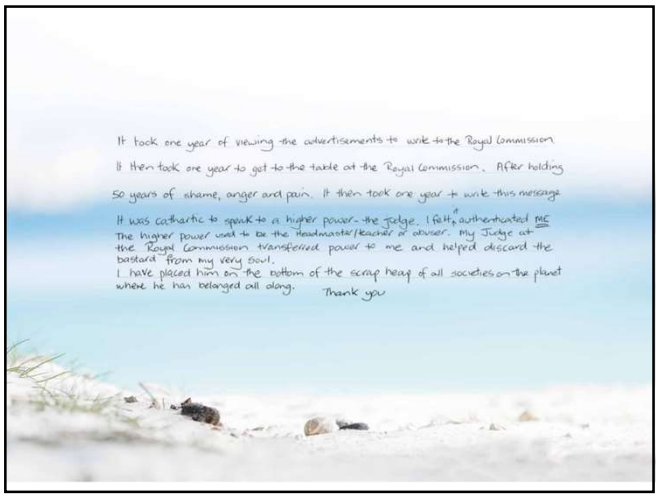
Of these:

- **85.0%** told us they experienced abuse multiple times
- **20.8 %** told us they experienced abuse on one occasion.

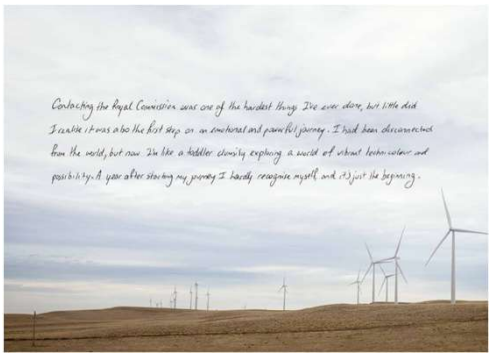
Disclosure: what we heard in private sessions

Key facts, as at 31st May 2017

- Survivors told us, it took, on average, **23.9 years to disclose** the sexual abuse they experienced as a child.
- 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!



But disclosure can be powerful



What we heard in private sessions

Number of perpetrators

Of all survivors we heard from in private sessions:

- **62.7%** said they were sexually abused by a single perpetrator
- **36.3%** described abuse by multiple perpetrators:
  - of these, **49.9%** said that this abuse occurred within a single institution.

Institution management

From private sessions, as at 1st December 2017

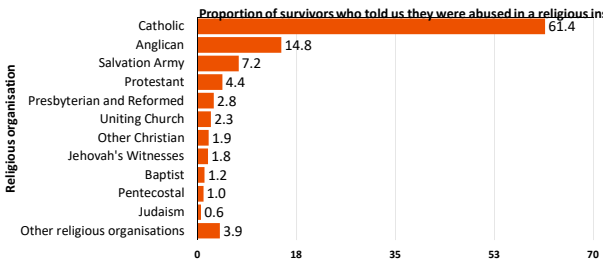
Of the **7,981 survivors** of abuse we heard from in private sessions:

- **58.1%** of survivors said the abuse took place in an institution managed by a religious organisation
- **32.5%** in a government-run institution
- **10.5%** in a non-government, non-religious institution.

We heard about **3,489 institutions** where we were told that child sexual abuse had occurred.

Institutions administered by religious organisations

Survivors, as a proportion of all survivors who told us they were sexually abused in a religious institution, by religious organisation, private sessions to 24 Nov 2017



ANALYSIS OF CLAIMS OF CHILD SEXUAL ABUSE MADE WITH RESPECT TO CATHOLIC CHURCH INSTITUTIONS IN AUSTRALIA JUNE 2017 Data from 1950-2010

Overall, 4,444 claimants alleged incidents of child sexual abuse in 4,756 reported claims to Catholic Church authorities

Claimants: 78 per cent were male and 22 per cent were female.

A total of 1,880 alleged perpetrators (diocesan and religious priests, religious brothers, religious sisters, lay employees or volunteers) were identified in claims of child sexual abuse. Additionally, 530 unknown people were identified as alleged perpetrators

Of the 1,880 alleged perpetrators identified:

693 were non-ordained religious, being 597 religious brothers (32 per cent of all known alleged perpetrators) and 96 religious sisters (five per cent of all known alleged perpetrators)
572 were priests (30 per cent of all known alleged perpetrators), being 384 diocesan priests and 188 religious priests
543 were lay people (29 per cent of all known alleged perpetrators)
For 72 identified alleged perpetrators (4%) the religious status was not known.
Of all alleged perpetrators, 90 per cent were male and 10 per cent were female.

Institution type

Number and proportion of survivors by institution type, from private sessions

Institution type	Number	Proportion (%)
Out-of-home care	3,277	41.1
Out-of-home care: pre-1990	*2,809*	*35.2*
Out-of-home care: 1990 onwards	*298*	*3.7*
Unknown era	*205*	*2.6*
Schools	2,521	31.6
Religious activities	1,162	14.6
Youth detention	639	8.0
Recreation, sports and clubs	482	6.0
Health and allied	221	2.8
Armed forces	105	1.3
Supported accommodation	84	1.1
Family and youth support services	66	0.8
Childcare	41	0.5
Youth employment	23	0.3
Other	295	3.7
Unknown	96	1.2

Role of perpetrators

Of survivors who told us about the role of the perpetrator in private sessions, as at 31st May 2017:

- 32.2% told us they were abused by a person in religious ministry
- 30.1% told us they were abused by a teacher
- 13.7% said they were abused by a residential care worker
- Some survivors also told us they were abused by foster carers, dormitory masters and housemasters, custodial staff, medical practitioners, volunteers, youth group leaders, sporting coaches, and other roles.

Common features of perpetrator roles

From private sessions

Survivors identified features of the institutional roles the perpetrators were in, including:

- **unsupervised**, one-to-one access to child
- **intimate care**, greater level of physical contact
- ability to **influence** or **control** aspects of the child's life e.g. academic grades
- spiritual or **moral authority** over child
- **prestige**, afforded greater **trust**
- opportunities to become **close** with child/family
- **specialist expertise** such as medical
- responsibility for **younger children**

How and why child sexual abuse occurs

No simple explanation

- While there is no simple explanation, we gathered information that assists with understanding why and how children have been sexually abused in institutions.
- We learned that the interaction of the following factors can increase or decrease the risk of child sexual abuse:
  - the adult perpetrator or child with harmful sexual behaviours
  - the institution and
  - the vulnerability of the victim

How and why child sexual abuse occurs

Factors that contribute to adult perpetrator behaviour

- Despite commonly held misconceptions and persistent stereotypes, there is no typical profile of an adult perpetrator.
- People who sexually abuse children have diverse motivations and behaviours that can change over time.

How and why child sexual abuse occurs

Factors that contribute to adult perpetrator behaviour

- A range of adults sexually abuse children. Attempting to predict the likelihood of someone being a perpetrator based on preconceptions should be avoided
- Adult perpetrators are overwhelmingly male, although women do sexually abuse children in institutional contexts
- The strategies used to sexually abuse children are often specific to different contexts
- Adult perpetrators in institutional contexts may be strategic in the way they identify, groom and sexually abuse children, and groom others within the institution.

How and why child sexual abuse occurs

Factors that contribute to children's harmful sexual behaviours

Children with harmful sexual behaviours may have difficulty socialising with peers and have poor impulse control. They may have difficulty understanding social norms.

Children with harmful sexual behaviour may have had adverse experiences, including:

- **trauma**, **neglect** and **sexual and physical abuse***
- exposure to **family violence**
- exposure to **pornography** and other sexual activity.

Institutional environments

Key factors that enable child sexual abuse in institutions

- **cultural** – leadership, values, beliefs and norms influence how children's wellbeing and safety is prioritised
- **operational** – governance, internal structure, practices including recruitment and screening of staff and volunteers
- **environmental** – characteristics of physical and online spaces that offer access to adult perpetrators and children with harmful sexual behaviours to access victims.

What influences a child's vulnerability to sexual abuse

All children can be at risk in an institution

Research has identified factors that influence a child's vulnerability to sexual abuse include:

- **gender**, **age** and **developmental** stage
- prior experience of **maltreatment**
- **disability**, and the nature of that disability
- **family** characteristics and circumstances
- the **nature of involvement** in institutional settings
- other factors – **physical** characteristics, social **isolation**, level of understanding of sexual behaviour and **personal safety**, sexual orientation, high achievement and **self-esteem, cultural**

Grooming

In institutional settings

We learned that perpetrators:

- **groom children** to establish an emotional connection and build trust
- **groom others significant to the child** to build trust, isolate the child, and discredit the child if they disclose
- **groom institutions** to facilitate access and abuse, and avoid detection
- use **online** environments create new, faster opportunities
- use **other strategies** when grooming not required such as threats, coercion, punishment, physical abuse.

Impacts

Understanding impacts

The impacts of child sexual abuse are different for each victim.

Throughout our inquiry, we learned that:

- impacts may be **complex** and **interconnected**.
- child sexual abuse can affect **many areas** of a person's life.
- institutional **responses** may have significant impacts.
- child sexual abuse has **ripple effects**.

Understanding impacts

- **Complex and profound**: Difficult to isolate one impact from another.
- **Differ by individual**: Complex association between sexual abuse, reaction, and wellbeing throughout life.
- **Change over time**: Triggering events, life stages, cumulative harm.
- **Influenced by many factors**: Characteristics of abuse, relationship of victim to perpetrator, institutional contexts, victim's circumstances, resilience.

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.
- We also heard how child sexual abuse can have intergenerational 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.

What we heard in private sessions

Impacts on wellbeing, as at 31st May 2017

In private sessions, 93.3% of survivors discussed the impact of the abuse. Of these:

- **94.9%** identified impacts on mental health
- **67.6%** described difficulties with interpersonal relationships
- **55.7%** identified poor educational outcomes, economic insecurity
- **24.2%** spoke about difficulties with physical intimacy and affection.
- love, joy, peace
- permanency of traumatic memory

Developmental trauma and health

The ACE Pyramid represents the conceptual framework for the ACE Study. The ACE Study has uncovered how ACEs are strongly related to development of risk factors for disease, and

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Impacts of institutional responses

Institutional responses can have significant impacts

- How institutions respond to child sexual abuse 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 also include the responses of the police, criminal justice system, complaint and oversight bodies, support services and health services.

Particular institution types

Focus on institutional contexts and responses

To fully examine institutional responses to child sexual abuse and how we can better protect children, the Royal Commission chose a range of institution types for in-depth examination:

- Historical residential institutions
- Contemporary out-of-home care
- Schools
- Sport, recreation, arts, culture, community and hobby groups
- Contemporary detention environments
- Religious institutions

Common institutional risks

Organisational leadership and culture shape assumptions, values, beliefs and norms. These influence how to behave when interacting with children and what is considered appropriate.

Risk factors include:

- prioritising the reputation of the institution over the safety and wellbeing of children
- failing to listen to and respect children
- understating the seriousness of allegations and complaints
- hierarchies that create deferential obedience rather than accountability.

Common situational risks

Situational risks of abuse arise from:

- unsupervised, one-to-one access to a child
- opportunities to form relationships that involve physical contact and/or emotional closeness.

These risks are normal features of many institutional settings – boarding and day schools, out-of-home care settings, individual tuition, youth camps and sporting activities. Most can be reduced through implementing Child Safe policies and procedures.

Common barriers to disclosure

Some of the **barriers to disclosing** sexual abuse were common in all institutional contexts:

- shame and embarrassment
- fear of not being believed, being discredited or even blamed for the abuse
- threats of violence
- fear of reprisals
- institutional codes of silence or cultures of secrecy.

Some impacts of child sexual abuse

For many children, sexual abuse has **significant lifelong impacts**. Some of the impacts reported to us by survivors of abuse in the particular institutions we focused on were:

- complex trauma and cumulative harm
- betrayal and loss of trust
- unhappiness at school, learning difficulties and decline in academic performance
- loss of sport or recreational activity and community that was once enjoyed
- loss of religious faith and/or spiritual confusion
- ostracism by religious families and/or communities.

Historical residential institutions (pre-1990)

Volume 11

Historical residential institutions (pre-1990)

- **More than one-third** of all survivors who attended private sessions told us the abuse took place in an historical residential institution.
- **Institutions** included missions, orphanages, children's homes, reformatories, reception centres, family group homes, training centres, mental health and disability institutions and hostels.
- Among the **survivors** were high numbers of 'Forgotten Australians', 'Stolen Generations', former child migrants, children with disability.
- **Nine case studies** examined historical residential institutions.

Social context influenced risks

Prevailing social attitudes influenced the way children were treated:

- >500,000 children experienced institutional 'care' in the 20th century
- until the late 1960s, forcible removal of children from their families was common
- Aboriginal and Torres Strait Islander children were systematically removed under separate, discriminatory legislation
- institutions **closed** to outsiders, **lacked** proper **oversight**
- little regard for emotional and physical wellbeing of children
- younger children placed with older children, 'welfare' children placed with children from the justice system, and children with disability or mental health concerns were often placed in adult institutions.

Institutional culture, operations and environment – risks to children

- Many institutions operated as 'total' or 'closed' institutions: children were 'inmates' and their **lives completely controlled**
- Cultures directly or indirectly **endorsed harmful behaviours** and prevented disclosure. Children were punished, strip searched, and sexually abused under the guise of medical procedures
- Perpetrators held positions of **power** and children lacked access to potentially **protective** adults
- Isolated physical locations, inadequate staff **supervision** and limited **oversight** of institutions increased risk.

Experiences in historical institutions

Survivors who spent all or part of their childhoods in historical residential institutions described being extremely vulnerable to abuse because they were:

- **isolated** from protective adults, family or others
- perceived as **inferior** to adults
- viewed as **inferior** to other children
- **frightened** of 'disappearing', as the perpetrator had **power** and **authority** over their lives
- **dependent** on the institution for personal and other care.

Vulnerability of children in care Contemporary OOHC

Combination of more risk factors and fewer protective factors heighten the risk of sexual abuse for some children. Key factors that increase the vulnerability of children in care include:

- the impact of **previous maltreatment**
- **loss of connection** to family and culture
- **multiple placements** and **'parade of strangers'**
- limited **knowledge/education** about sex, sexuality and respectful relationships
- higher risks of **sexual exploitation**

Systemic risks in contemporary out-of-home care

- Insufficient **screening, authorisation and training** of carers and staff
- Inadequate **monitoring and support** of placements
- Acute risks in **residential care**
- **Over-representation** of some groups heighten their exposure to risks – eg. 36% of all children in care are Aboriginal or Torres Strait Islander*
- Failure to assist **care-leavers** to disclose abuse or access post-care supports

*Productivity Commission, *Report on government services 2017*

Sport, recreation, arts, culture, community and hobby groups

Volume 14

Children's recreation in Australia

Millions of children participate in organised sport, arts, cultural, community, hobby and other recreational activities:

- **Sport:** 3.2 million children aged 0-14 and 743,200 young people aged 15–17 participate in some form of organised sport or physical activity outside of school hours*
- **Cultural activities:** play musical instrument – 490,200 children, arts and crafts – 189,900 children, singing – 143,200 children, drama – 130,300 children**

Activities provided by multitude of institutions and paid staff, parents and volunteers in almost every community.

*Australian Sports Commission, 2015-16
**ABS, 2011-12

Common risks in sport and recreation

- **Grooming** is a particular issue – coaching, erosion of interpersonal boundaries, targeting vulnerability
- **Multitude of small institutions** with limited resources and closely connected members – eg. sole operators, small unaffiliated clubs
- **Poor complaint handling** – unclear obligation to report concerns, no-one to report to, and inadequate, delayed and insensitive investigations

Broader cultural influences affect risks

Institutions involved in organised sport, arts, cultural, community, hobby and other recreational activities tend to be more open to broad cultural influences that can heighten risks of child sexual abuse.

Examples:

- normalised aggression, violence in hyper-competitive sporting contexts
- sexualised cultures and blurring the line between appropriate and inappropriate physical contact
- valuing adult coaches/instructors over children in pursuit of excellence
- risks escalate as child's involvement in activity intensifies.

Religious institutions

Volume 16

Religion in Australia

A secular, multi-faith society with more than 170 religious groups

Religious affiliation in Australia – 10 most common*

Religion	Population ('000)	Population %
Catholic	5,291.8	22.6
Anglican	3,101.2	13.3
Uniting Church	870.2	3.7
Christianity	612.4	2.6
Islam	604.2	2.6
Buddhism	563.7	2.4
Presbyterian and Reformed	526.7	2.3
Eastern Orthodox	502.8	2.1
Hinduism	440.3	1.9
Baptist	345.1	1.5

*ABS 2016

Child sexual abuse in religious institutions

In private sessions, **58.1%** of all survivors told us they had been abused in an institution managed by a religious organisation.

The most frequently named religious organisations were:

- **61.4%** – Catholic
- **14.8%** – Anglican
- **7.2%** – Salvation Army

Child sexual abuse in religious institutions

In private sessions, most survivors of sexual abuse in religious institutions told us about perpetrators who were male and held positions of leadership or authority.

Of the survivors who told us about the position of the perpetrator in the institution:

- **52.9%** told us about perpetrators in religious ministry
- **23.2%** told us about perpetrators who were teachers
- **13.0%** told us about perpetrators who were residential care workers.

Systemic risks in religious institutions

- Status of people in religious ministry:
  - naturally trusted by parents
  - inability to believe they could be capable of abusing a child
  - close involvement with families enabling grooming of victims and the families.
- 'Closed communities' with limited interactions with the broader community
- Children with little or no education about sex
- Abuse often involved religious rituals, symbols or language.

Common responses from religious institutions

Common factors that contributed to inadequate responses to child sexual abuse in religious institutions include:

- structure and **governance** of religious institutions limiting accountability
- perceiving child sexual abuse as a '**moral failing**' rather than a **crime**
- **protecting perpetrators** rather than children
- applying only **religious laws** or principles
- preoccupation with **protecting reputation and status**.

Health, mental health and counselling systems

Case Study 27 and private sessions

Common Issues

- Assumption of safety
- High vulnerability in healthcare settings, private and intimate care
- Children will comply with instruction
- Mental health settings have additional vulnerability
- Confusion over examination or 'therapy' with assault
- Poor handling of adult disclosures of CSA
- Use of language

Common Issues

- Problems understanding impact of CSA on development, behaviour and ability to report
- Difficulties reporting to authorities
- Poor documentation
- Different roles of governing and reporting bodies
- Communication issues, feedback and resolution

- Are you confident with handling these issues in your service system?

Protecting children in institutional contexts

Volumes 11–16

Common institutional responses

It has been common for institutions to respond to allegations or disclosures of child sexual abuse in the following ways:

- **dismiss** or **deny** allegations
- **punish** victims
- **minimise** the abuse
- **fail to report** to police
- provide perpetrators with **continued access** to children and employment
- adopt **'in-house**' responses guided by internal policies or, in religious institutions, religious laws and principles.

Making institutions child safe

Recommendations for all institutions

Our recommendations for all institutions include:

- implementing **Child Safe Standards**
- improving **regulation and oversight**
- improving the way **complaints and disclosures** about child sexual abuse are handled
- providing workers with **skills and knowledge** to keep children safe
- ensuring the **safety and wellbeing** of children.

The need for change

Barriers to effective service responses

The service system is fragmented. There is **no single entry point** into the service system and it can be difficult to navigate

Service system responsiveness is limited by:

- the inconsistent **level of knowledge** about how to recognise and respond to survivors' needs
- ad hoc **availability of expertise** to work with trauma
- inconsistent **practice standards**
- limited **professional development** and staff support opportunities
- **funding** and staff capacity constraints
- complex policy settings and **limited collaboration** within and between service systems.

A responsive service system

Principles for service system reform

A service system that is responsive to victims' and survivors' needs:

- understands how child sexual abuse can **affect** people and shape their support needs
- provides relevant services as part of a **cohesive systems approach**
- **supports staff** to work safely, efficiently and effectively
- ensures services are **trauma-informed**, **collaborative, available**, **accessible**, **acceptable** and **high quality**
- includes **Aboriginal healing approaches**

My Message to Australia


Royal Commission
into Institutional Responses
to Child Sexual Abuse
Thank you
childabuseroyalcommission.gov.au