

FINAL REPORT

Identifying and disclosing
child sexual abuse



Royal Commission
into Institutional Responses
to Child Sexual Abuse

VOLUME 4

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Volume 4

Identifying and disclosing
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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.

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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

This volume describes what we have learned about survivors' experiences of disclosing child sexual abuse. The experiences of survivors, told to us in private sessions and written accounts, have informed our understanding of the factors that prevent or assist disclosure. We have also drawn on research literature, evidence from our case studies and input from subject matter experts and stakeholders to describe the range of complex factors that affect the disclosure of child sexual abuse and the multiple barriers to disclosure victims and survivors face.

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.

Identifying child sexual abuse and understanding disclosure

We were told that many survivors disclosed because they wanted the abuse to stop or wanted to prevent it happening to others. Other survivors disclosed because they could no longer carry the burden of the secrecy of sexual abuse. Disclosing early can immediately commence the important process of ensuring safety and protection for victims, taking steps to ensure the abuse is stopped and reducing risk to other potential victims. Disclosure is important for victims as well as the institutions involved, other children and the broader community.

Disclosure is rarely a one-off event, and is a process. Victims will disclose in different ways to different people throughout their lives. Disclosures may be verbal or non-verbal, accidental or intentional, partial or complete.

Children who experience sexual abuse may exhibit a range of physical, behavioural and emotional symptoms that could be indicators of distress, trauma and abuse. There can be many reasons for a change in a child's or young person's behaviour or emotions, which can make it difficult to establish a causal link between the indicators and child sexual abuse. However, adults need to be aware of and alert to possible indicators, and keep child safety – including the possibility of sexual abuse – in mind when they notice changes in a child.

Many victims do not disclose child sexual abuse until many years after the abuse occurred, often when they are well into adulthood. Survivors who spoke with us during a private session took, on average, 23.9 years to tell someone about the abuse and men often took longer to disclose than women (the average for females was 20.6 years and for males was 25.6 years).¹ Some victims never disclose.

Whether, when, how and to whom a victim discloses is influenced by their age and developmental stage, disability, gender and cultural or linguistic background. Underlying these factors is the vulnerability of a child and the inherent power imbalances and complex institutional environments that they are required to understand and overcome in order to disclose abuse. Research shows that individuals assess their personal situation and may disclose, or partially disclose, depending on their reading of anticipated risks and benefits. Adults should be aware of the factors that may influence a disclosure so they can provide an environment that is conducive to disclosure.

Victims can face multiple barriers to disclosure

Understanding barriers to disclosing child sexual abuse allows us to see where those barriers could be removed or reduced. Understanding why disclosure can be difficult may also help parents, carers, family members and loved ones who struggle to understand why a child did not tell them, or waited to tell them, about sexual abuse.

One of the most common barriers to disclosure we heard about in private sessions, which is also supported by research, was shame or embarrassment. These feelings can overwhelm a victim and have a silencing effect that can last for many years or decades. Of survivors who told us about disclosure during their private session, feeling ashamed and embarrassed was more common for survivors who told us they had disclosed in adulthood (46.0 per cent) than those who told us they had disclosed in childhood (27.8 per cent).

Before disclosing child sexual abuse, victims will often weigh up the potential risks and benefits of telling others about the sexual abuse. Unsurprisingly, victims are less likely to disclose if they feel they won't be believed, expect a negative reaction or response, or believe the disclosure will have negative consequences for them, their families or communities. Of survivors who told us about barriers to disclosure during their private session, more than one in five (22.6 per cent) who said they had disclosed as an adult and more than a quarter (26.1 per cent) who told us they disclosed in childhood said they had thought they would not be believed.

Victims of child sexual abuse disclose within a context of their own community values and the development of their own gender identities and sexuality. Disclosure is a process that can occur concurrent with children and young people developing their sexual identities. For victims of child sexual abuse, this developmental process can become disrupted or confused by the impact of the abuse. For men, this includes barriers that arise from the myth and the stigma that surrounds victims becoming perpetrators. These attitudes around sexuality and gender can affect victims' and survivors' decisions to disclose abuse.

Understanding that child sexual abuse is harmful and criminal is key to being able to communicate to others that abuse is occurring. Some survivors who told us about barriers to disclosure during their private session said that they did not know the behaviours were abusive (8.2 per cent). Children who are sexually abused at a young age may not have the language or communication skills to convey their experience of sexual abuse. As young children, many survivors were exposed to sexual behaviour that they lacked the capacity or knowledge to understand. This led to many instances where children did not recognise that the abuse was wrong, or that it was something to be reported.

Perpetrator behaviour and tactics can prevent abuse being identified and stop victims from disclosing

Child sexual abuse in institutions is often perpetrated by someone who is familiar to, and in a position of power and authority over, the child. The perpetrator will frequently be someone who is entrusted to provide care for the child. There is no typical profile of a perpetrator and their behaviours can change over time. The power and position of a perpetrator within an institution can prevent abuse being identified and can inhibit the child from disclosing, both at the time of the abuse and in the years that follow.

Perpetrators may inhibit disclosure using overt tactics, such as threats to the child or their loved ones. About one-fifth (20.3 per cent) of survivors who spoke to us during their private session about barriers, and said they had disclosed as an adult, said they feared retribution, including by the perpetrator, and this prevented them from disclosing during childhood. More than a quarter (27.8 per cent) of survivors who spoke about barriers and said they had disclosed as a child told us that fear of retribution had stopped them from disclosing sooner. Nearly 5.3 per cent of survivors who spoke to us about barriers to disclosure in their private session told us the perpetrator had threatened them or their family.

Perpetrators may also use more subtle manipulation. These tactics are often invisible to the child and to the other adults in the child's life. The complexity of disclosure is difficult to understand unless the dynamics of child sexual abuse, particularly the behaviour of perpetrators, is understood.

Perpetrators can use grooming and other tactics to enable and facilitate the sexual abuse of children. They may groom to gain access to a victim, initiate and maintain sexual abuse of that victim, and conceal the sexual abuse from others who may identify it. These types of behaviours and tactics are often complex and incremental. They help to establish an emotional connection and build trust. They can involve a range of subtle, drawn out, calculated, controlling and premeditated behaviours. These tactics were a common feature of many accounts that we were told about during private sessions and in our case studies that contributed to silencing victims and survivors.

The power and status of perpetrators within the institution can also inhibit identification and disclosure. Perpetrators may exploit the power and authority associated with their position to create the impression that they are beyond reproach, to avoid abuse being identified, and to exert pressure on children to prevent disclosure. Perpetrators often have considerable authority in their position, which can lead children to fear that if they disclose: they will not be believed; their school grades or other status may suffer; the perpetrator will make life difficult for them, their parents or siblings; or disclosure will jeopardise their aspirations or interfere with special training or opportunities.

Perpetrators often isolate the child or alienate them from others, creating a barrier between the child and adults they might otherwise talk to about the abuse or who might see that something was wrong. Perpetrators often blame a victim for the abuse, or cultivate a shared sense of responsibility with the victim. Sometimes this is overt, other times it is more subtle or insidious. Many survivors told us that they did not disclose because they felt responsible for the abuse or thought it was their fault.

Institutional barriers to identifying and disclosing abuse

Institutional barriers can prevent both the identification and disclosure of child sexual abuse. These barriers do not exist independently. In many cases, a constellation of factors leads to institutional cultures where individuals can perpetrate sexual abuse that goes unnoticed and unreported and leaves children powerless to tell anyone what is happening.

Institutions that are isolated from the broader community, that have cultures that are violent, or where physical punishment and sexual abuse are pervasive can inhibit disclosure. These types of institutional cultures were more prevalent in past decades. Survivors told us they did not disclose because they thought sexual abuse was part of life, as it was so widespread and visible. Survivors also told us about the significant levels of physical, emotional and sexual abuse in historical institutions for children, such as residential institutions. Many survivors told us that, if they did disclose, they were physically beaten or punished.

Institutional policies and procedures that describe and provide examples of inappropriate behaviour, outline how to identify and report suspicions, and specify record keeping and information sharing requirements help keep children safe. However, if these policies and procedures are routinely ignored, not implemented or regarded as unimportant within the culture of the institution, it will be more difficult for children to disclose and for others to identify child sexual abuse.

In many case studies and private sessions we were told that the institution in which the victim was sexually abused had no clear or supportive pathway to disclose the abuse. Almost one-third (29.4 per cent) of survivors who told us about barriers to disclosure in private sessions said that, at the time of abuse, there was no one to tell. While we heard this in relation to many different institution types, it was more likely to be a barrier to disclosure for children in historical residential institutions. Often the perpetrator played a major role in the institution; sometimes they were also the person responsible for responding to complaints.

An institution that prioritises its reputation over the care and safety of children creates barriers for victims to disclose harm and for bystanders to report concerns. In some cases, victims told us they felt unable to disclose due to the prestigious nature of the institution, or the institution's emphasis on reputation. A focus on protecting reputation can also prevent adults in the institution from identifying abuse and responding adequately when abuse is disclosed.

There may be a high degree of trust between people in an institution, particularly in religious institutions and organisations where colleagues share a professional background. In many situations this may be desirable and can contribute positively to the institution and the children who attend. However, this trust can also present a risk as it can enable perpetrators to groom the institution, parents and the broader community in order to sexually abuse a child or children without suspicion.

Improving identification of abuse and supporting disclosures

Many child victims and adult survivors need support to overcome multiple and formidable barriers to disclosure. It is not sufficient to educate children to recognise behaviours that constitute sexual abuse, and instruct them to tell someone if they are abused. Instead, adults need to be attuned to signs of harm in children and equipped to identify signs of possible sexual abuse.

Child safe institutions have a culture of safety that empowers children, prevents child sexual abuse and encourages identification and disclosure. Adults within child-focused institutions and the broader community need to better understand the dynamics of sexual abuse and how to recognise grooming tactics, and to notice emotional and behavioural changes in children and their attempts to disclose.

The conditions that empower, encourage and support children to disclose include where:

- safe adults are available and accessible for children
- children are given opportunities to raise and discuss concerns
- children have access to sexual abuse prevention programs and information about sexual abuse
- young people are taught to support peers
- children are provided with appropriate supports to communicate abuse.

Many survivors were not able to disclose the abuse during childhood and did not disclose until well into adulthood. It is important to be aware that adult victims often delay disclosure for an extended period and may require additional support to report the abuse. The conditions that encourage and support adults to disclose include:

- learning about child sexual abuse
- supportive responses
- access to support groups
- media coverage and publicity about child sexual abuse
- special telephone numbers that assist with reporting abuse to police
- awareness of redress schemes.

Disclosure can be a traumatic experience for both children and adults. Given this, those in institutions who may receive a disclosure, or who may become aware of abuse, should know how to react and respond. The reaction of the person to whom a disclosure is made may affect whether the survivor makes future disclosures and may also affect the severity of psychological symptoms experienced by the survivor.

Endnotes

- 1 The average time to disclosure is calculated from information provided during 4,817 private sessions that were held before July 2016 because time to disclosure is available for these survivors. After this date time to disclosure was only recorded for survivors who told us they first disclosed in adulthood, not for those who first disclosed as a child. Chapter 2 provides further information from private sessions about survivors who told us they disclosed as a child and survivors who told us they disclosed as an adult.

1 Introduction

1.1 Overview

Identifying child sexual abuse in institutional contexts is a critical step in protecting children from ongoing or potential abuse, providing support to children in need, and holding perpetrators accountable for their behaviour. Given the covert nature of child sexual abuse, disclosure by victims and survivors is often the only way that another person might become aware that child sexual abuse is occurring, or has occurred. Disclosure can also be an important part of the healing process for victims and survivors.

During this inquiry, Commissioners heard from thousands of survivors and their families and supporters about when, how and to whom they disclosed their experience of child sexual abuse. We also heard from survivors whose only disclosure was to the Royal Commission. Every story was different. Overwhelmingly, survivors described significant barriers that they needed to overcome before they were able to disclose their experiences of abuse to another person. Feelings of fear, shame, embarrassment and guilt were common. These were often burdens that victims carried alone, sometimes for many years. The authority and power the perpetrators had within institutions and the community, as well as the authority of the institutions themselves, were also described as significant barriers to disclosure. One survivor said, ‘I found it was pretty hard every single day because you had to do everything right at that age to please everyone. And you had no voice. You couldn’t tell anyone’.¹

The impact of barriers to disclosure is reflected in the fact that a great many victims do not disclose child sexual abuse until many years after it occurs, often when they are well into adulthood. As of 31 May 2017 we heard from 6,875 survivors during private sessions. A substantial minority (10.3 per cent), most of them male, told us that they disclosed for the first time to us. From the information made available to us, survivors took on average 23.9 years to disclose child sexual abuse, with men taking longer than women to disclose (the average for males was 25.6 years and for females 20.6 years).² We know some victims never disclose.

Parents, carers and adults who work with children should not assume that a child would disclose to them if they were sexually abused. Adults need to learn to recognise indicators that may point to child sexual abuse, and to unsafe environments. They also need to understand the different ways in which a child might disclose. Disclosures by children are often partial or unclear as a result of trauma.³ Some children – particularly young children or children with cognitive impairments or additional communication needs – may disclose through behavioural or non-verbal means.⁴ It is not uncommon for children to initially deny abuse or to retract a disclosure.⁵

As well as understanding how to recognise indicators that may point to child sexual abuse, adults need to create environments in which children feel safe to disclose. These must take into account a range of considerations including disability, developmental stage, cultural safety and additional communication needs. We were told about the importance of children having access to safe, trusted adults they can talk to. This is especially important for children in out-of-home care and youth detention facilities, who are separated from their families.

Institutions also need to recognise and address barriers to identifying child sexual abuse. Commissioners heard many examples in public hearings of staff in institutions who did not understand how to recognise grooming and abuse, or who did not notice, or overlooked, potential indicators of abuse. Often, this had serious consequences.

Appropriate responses to disclosure are also of critical importance. During private sessions we were told by many survivors who had disclosed either as children or as adults that their disclosures were received poorly by adults in positions of authority. Some survivors were disbelieved or ignored; others told us they were blamed, punished or further abused, sometimes more violently to prevent further disclosure. A negative response to disclosure can affect a victim's willingness to disclose again, exacerbate the impacts of the abuse, and allow it to continue. Failing to act on a disclosure may also put other children at risk of abuse.

Early disclosure can play a preventative role by ensuring that the victim and other children are safe from further abuse⁶ and that the perpetrator is removed from a position with access to children and held accountable for their criminal behaviour. Early disclosure can help ensure that the impacts of child sexual abuse are addressed early and the victim is provided with appropriate psychological intervention and additional support, or revised care arrangements where necessary. It also allows for timely and proper responses to the impacts on the victim's family, and for the initiation of community healing. Studies indicate that those who waited longer before telling someone about being sexually abused were more likely to have experienced mental distress, including symptoms of depression, anxiety, somatisation (physical symptoms) and suicidal ideation (suicidal thoughts).⁷ Early disclosure also allows the institution in which the abuse occurred to respond in a timely fashion and to work to keep other children safe from harm.

1.2 Terms of Reference

The Letters Patent establishing the Royal Commission required that it ‘inquire into institutional responses to allegations and incidents of child sexual abuse and related matters’ and set out the Terms of Reference of the inquiry.

In carrying out this task, we were directed to focus on systemic issues, informed by an understanding of individual cases. We were required to make findings and recommendations to better protect children against sexual abuse and alleviate the impact of abuse on children when it occurs.

This volume particularly addresses paragraphs (b) and (c) of the Terms of Reference, which directed us to inquire into:

- what institutions and governments should do to achieve best practice in encouraging the reporting of, and responding to reports or information about, allegations, incidents or risks of child sexual abuse and related matters in institutional contexts
- what should be done to eliminate or reduce impediments that currently exist for responding appropriately to child sexual abuse and related matters in institutional contexts, including addressing failures in, and impediments to, reporting, investigating and responding to allegations and incidents of abuse.

To make appropriate recommendations about reporting and responding to child sexual abuse in institutional contexts, we needed to understand how child sexual abuse is identified and disclosed in institutional contexts. Understanding disclosure is also critical to ensure safe and supportive service responses are developed.

Finally, our Terms of Reference direct us to have regard to ‘the experience of people directly or indirectly affected by child sexual abuse and related matters in institutional contexts’. We were committed to sharing these experiences, and in particular the disclosure experiences of victims and survivors, with the broader Australian community. We were in a privileged position and able to validate their experiences, in contrast to the dismissal, denial and lack of recognition many victims and survivors told us they had previously experienced.

1.3 Links with other volumes

This volume examines what we have learned during the course of our inquiry about identifying child sexual abuse and understanding the nature of disclosure of child sexual abuse in institutional contexts.

This volume draws upon discussion in Volume 2, *Nature and cause* of the nature and extent of child sexual abuse in institutional contexts, including the histories of Aboriginal and Torres Strait Islander peoples, changes to understanding of disability over time, and Australia's migration history.

Volumes 6, 7 and 8 present a national approach to making, improving and supporting child safe institutions. Our work on identifying and disclosing child sexual abuse informs other recommendations in this Final Report, including on:

- a national community prevention strategy (Volume 6, *Making institutions child safe*)
- best practice complaints-handling principles (Volume 7, *Improving institutional responding and reporting*)
- the advocacy, support and treatment needs of victims and secondary victims (Volume 9, *Advocacy, support and therapeutic treatment services*).

This volume addresses identification and disclosure in all institutional contexts. Volumes 11 to 16 consider particular institutional contexts in more detail.

1.4 Limitations of our work

Our work on identifying and disclosing child sexual abuse was limited by the available research and evidence.

1.4.1 Limited information on disclosure of child sexual abuse in institutional contexts

While disclosure of child sexual abuse has been the subject of numerous studies and theoretical papers, spanning many decades, this research commonly focuses on child sexual abuse by a family member, or does not distinguish between child sexual abuse in institutional and other contexts.

There are limited Australian studies into disclosure and child sexual abuse.⁸ Within the literature that does exist, there is even more limited examination of the experience of particular populations of survivors, including Aboriginal and Torres Strait Islander survivors and those from culturally and linguistically diverse populations. Most research has focused on the experiences of adult survivors of child sexual abuse because child sexual abuse research elicits sensitive data that, for ethical reasons, is difficult to collect from children.⁹

Most research with victims and survivors excludes people with disability, often through inappropriate study design or poor sampling. However, children with disability face increased risks of all forms of abuse, including child sexual abuse.¹⁰ Data collection on serious

incidents such as child sexual abuse is set to improve in Australia, with mandatory reporting foreshadowed for registered National Disability Insurance Scheme (NDIS) providers under the NDIS Quality and Safeguarding Framework.¹¹

There are very few longitudinal studies that explore how disclosures occur and change over time.¹²

While we acknowledge these limitations, we were able to use the various information sources described above to inform our work on identifying and disclosing abuse in institutional contexts. The research program we commissioned along with the information presented in our private sessions and case studies has helped fill some gaps in the knowledge base.

1.4.2 Challenges in researching disclosure

Two sampling methods are particularly common in studies on disclosure: studies involving adults and studies involving children. We needed to be aware of methodological challenges to understanding the disclosure of child sexual abuse inherent in these sampling methods. In addition, we should be mindful of how the abuse was confirmed, which may be through medical or forensic evidence or court processes or through a disclosure from the victim. Other methodological issues include:

- Studies of children may rely on information that comes from directly asking the children about their experiences and may be conducted for clinical or forensic research purposes. These types of studies are not necessarily representative of the broader population of children, who are often not questioned in this way about the sexual abuse they experienced.
- Studies of children disclosing abuse are often based on smaller samples of adolescents. These studies rarely capture the experiences of very young children and should not be seen as representative of all children who have experienced abuse.¹³
- Studies of adults' recollections of abuse experienced during childhood and of their disclosure of the abuse may be subject to recall bias. Adults may forget details of their experiences with disclosure in childhood.¹⁴
- Studies with adult survivors often fail to include information about whether, as children, they were asked about abuse. For this reason it is difficult to determine whether rates of disclosure indicate that children were asked and denied abuse, or whether they were never asked.¹⁵
- Sampling methods in some studies may preclude certain population groups who have been at risk of child sexual abuse (for example, people experiencing homelessness, people with disability and people in prison) and therefore do not paint an accurate picture of the disclosure patterns for some vulnerable or isolated groups.¹⁶

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*.

Child sexual abuse

The term ‘child sexual abuse’ is used to refer to any act that exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards. Sexually abusive behaviours can include the fondling of genitals; masturbation; oral sex; vaginal or anal penetration by a penis, finger or any other object; fondling of breasts; voyeurism; exhibitionism; and exposing the child to or involving the child in pornography. It includes child grooming, which refers to actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a child, to lower the child’s inhibitions in preparation for sexual activity with the child.¹⁷

The meaning of this term is discussed in more detail in Volume 2, *Nature and cause*.

Complaint

A ‘complaint’ includes any allegations, suspicions, concerns or reports of a breach of the institution’s code of conduct, or disclosures made to an institution that may constitute or relate to child sexual abuse in an institutional context.

A complaint may be about an adult allegedly perpetrating child sexual abuse or about a child exhibiting harmful sexual behaviours. It can be received in writing, verbally or be the result of other observations, including behavioural indicators.

When children disclose abuse, it is often to a peer, parent, carer or other trusted adult.¹⁸ Whatever adult the child discloses abuse to should raise a complaint with the relevant institution, police and/or child protection department. For further information, see Volume 6, *Making institutions child safe*.

All complaints relating to child sexual abuse in an institutional context should be responded to in accordance with the institution’s child protection policies and/or its complaint handling policies and procedures. The institution’s redress policy may also apply.

A complaint may also become a 'report' to an external authority or agency.

We recognise the term complaint is used differently by some institutions. For example, instead of using 'complaint', institutions have encouraged people to 'speak up' about their concerns, referred to both 'complaints or concerns', or used the term 'allegation'.

Disclosure

'Disclosure' means the process by which a child conveys or attempts to convey that they are being or have been sexually abused, or by which an adult conveys or attempts to convey that they were sexually abused as a child. This may take many forms, and might be verbal or non-verbal. Verbal disclosures are commonly 'partial' rather than full accounts of the abuse and may occur over time. Non-verbal disclosures using painting or drawing, writing, gesticulating, or through behavioural changes, are more common among young children and children with cognitive or communication impairments. Children, in particular, may also communicate their experience of sexual abuse through emotional or behavioural cues, such as heightened anxiety, withdrawal or aggression.

Disclosures can be intentional or accidental, and they might be prompted by questions from another person, or triggered by a memory of the abuse. A disclosure may also become a 'complaint' when made to an institution or a 'report' when made to an external authority or agency. The use of 'complaint' is briefly defined in this section and is examined in more detail in Volume 7, *Improving institutional responding and reporting*.

Victim and survivor

We use the terms 'victim' and 'survivor' to refer to 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 we met do not identify with any of these labels to define their experiences.

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 our understanding of disclosure of child sexual abuse as a lifelong and iterative process. It begins by considering what survivors told us about why they disclosed. It considers what we learned about patterns of disclosure, in particular: why victims tell and the benefits of early disclosure; when victims tell; who victims tell; and the factors that influence disclosure.

Chapter 3 examines how child sexual abuse may be identified in institutional contexts. It describes what we have learned about: recognising the different ways in which victims and survivors may make disclosures; signs of child sexual abuse in children; other identifiers of child sexual abuse; and the impacts of disclosure.

Chapter 4 examines what we have learned about personal and individual factors that act as barriers to disclosure for victims. This recognises the burden of disclosure and the power dynamics inherent in child sexual abuse in institutional contexts. It considers barriers to disclosure arising from: feelings of shame and embarrassment; fear or experience of a negative response; attitudes to sexuality, masculinity and gender; and uncertainty about what is abusive and difficulty in communicating abuse.

Chapter 5 examines the behaviours of perpetrators that may act as barriers to identifying and disclosing child sexual abuse. It considers the effect of perpetrators’ grooming behaviour on victims, their families, institutions and communities and how this can hinder the identification of sexual abuse in institutions. It begins with a broad outline of the grooming tactics employed by perpetrators to facilitate abuse and then considers particular behaviours, including: threatening the victim or others; isolating the child; and making the victim feel complicit or responsible.

Chapter 6 examines the institutional factors that we have observed as barriers to identification and disclosure. It considers why potential indicators of institutional child sexual abuse may not be recognised or questioned. It begins with a broad outline of the ways in which institutions fail to prioritise the safety of children. It then considers specific factors that act as barriers. It also considers why signs of grooming behaviour and other indicators of child sexual abuse in institutional contexts are often overlooked.

Chapter 7 takes what we have learned about barriers to disclosure and considers what institutions and communities can do to improve identification of child sexual abuse and support disclosures. It also considers what we have learned about an appropriate response to disclosure, including when a disclosure constitutes a complaint that must be dealt with in accordance with an institution’s complaints handling processes.

Endnotes

- 1 Name changed, private session, 'Saul'.
- 2 The average time to disclosure is calculated from information provided during 4,817 private sessions that were held before July 2016 because time to disclosure is available for survivors. After this date time to disclosure was only recorded for survivors who told us they first disclosed in adulthood, not for those who first as a child. Chapter 2 provides further information from private sessions about survivors who told us they disclosed as a child and survivors who told us they disclosed as an adult.
- 3 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 9; M Ciarlante, 'Disclosing sexual victimization', *The Prevention Researcher*, vol 14, no 2, 2007, p 11.
- 4 KA Kendall-Tackett, LM Williams & D Finkelhor, 'Impact of sexual abuse on children: A review and synthesis of recent empirical studies', *Psychological Bulletin*, vol 113, no 1, 1993, pp 164–80; D Finkelhor, 'Child sexual abuse: Challenges facing child protection and mental health professionals' in E Ullmann & W Hilweg (eds), *Childhood and trauma: Separation, abuse, war*, Ashgate, Aldershot, 1999, p 106.
- 5 A Reitsemá & H Grietens, 'Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed', *Trauma, Violence, & Abuse*, 2015, p 330; LC Malloy, TD Lyon & JA Quas, 'Filial dependency and recantation of child sexual abuse allegations', *Journal of the American Academy of Child and Adolescent Psychiatry*, vol 46, no 2, 2007, pp 162–70.
- 6 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015; SD Easton, 'Disclosure of child sexual abuse among adult male survivors', *Clinical Social Work Journal*, vol 41, no 4, 2013, p 344.
- 7 SD Easton, 'Disclosure of child sexual abuse among adult male survivors', *Clinical Social Work Journal*, vol 41, no 4, 2013, p 351.
- 8 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 8.
- 9 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 6.
- 10 G Llewellyn, S Wayland & G Hindmarsh, *Disability and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 34; S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 28.
- 11 Council of Australian Governments Disability Reform Council, *NDIS Quality and Safeguarding Framework*, Australian Government Department of Social Services, Canberra, 2016, pp 52–3.
- 12 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 6.
- 13 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 7.
- 14 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 7.
- 15 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, pp 7–8.
- 16 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 8.
- 17 The definition of 'child sexual abuse' is based on a discussion of the meaning of child sexual abuse in R Price-Robertson, *What is child abuse and neglect?*, Australian Institute of Family Studies, Melbourne, 2015; Bromfield, LM, 'Chronic child maltreatment in an Australian statutory child protection sample', Deakin University, 2005; A Broadbent & R Bentley, *Child abuse and neglect: Australia 1995–96*, Australian Institute of Health and Welfare, Canberra, 1997; National Research Council U.S., *Understanding child abuse and neglect*, National Academy Press, Washington DC, 1993.
- 18 The private sessions data is consistent with research, which indicates that children, particularly young children, who disclose often tell their parents, especially their mother. See J Breckenridge, J Cunningham & K Jennings, *Cry for help: Client and worker experiences of disclosure and help seeking regarding child sexual abuse*, Relationships Australia South Australia, Adelaide, 2008, section 4.5; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, pp 271–95; SM Kogan, 'Disclosing unwanted sexual experiences: Results from a national sample of adolescent women', *Child Abuse & Neglect*, vol 28, no 2, 2004, pp 147–65; LC Malloy, SP Brubacher & ME Lamb, '"Because she's one who listens" Children discuss disclosure recipients in forensic interviews', *Child Maltreatment*, vol 18, no 4, 2013, pp 245–51.

2 Understanding disclosure

We heard that many survivors of child sexual abuse disclosed because they wanted the abuse to stop or wanted to stop it from happening to others. Others disclosed because they could no longer carry the burden of the secrecy of sexual abuse.¹ As noted, disclosure is often one of the only ways in which child sexual abuse can be identified. Early disclosure is important – one of the first conditions for stopping the abuse is that it becomes known to others besides the victim and perpetrator.² Disclosure also triggers the important process of ensuring the safety of children, addressing the impacts of the abuse and holding the perpetrator to account. It also allows institutions and communities to undertake changes to ensure abuse does not occur in future.

Disclosure by a victim is one important way in which another person might become aware that a child or adult has been sexually abused. It is not the only way. Child sexual abuse may also be identified through:

- disclosure by another victim
- a witness who sees the abuse or other evidence, such as a photo
- physical evidence, such as an injury, a sexually transmitted infection or pregnancy
- disclosure by the perpetrator
- other evidence, such as child sexual exploitation material
- adults recognising non-verbal or behavioural clues that a child has been sexually abused.

A range of complex factors affect whether a victim of child sexual abuse tells someone else about it, either as a child or as an adult. For some, disclosure is an ongoing process that unfolds over the lifespan. We were told of the difficulties many victims and survivors faced in overcoming a wide range of intrapersonal and environmental barriers to disclosure. Many victims did not feel comfortable disclosing to the people available to them and kept the abuse to themselves for decades, disclosing in adulthood only when they could no longer keep it a secret. We were told these later disclosures could be driven by a range of factors and motivations – such as a life event that triggered memories of the abuse, seeing something in the media, the desire to protect others, or a perception by the survivor that they were no longer able to cope emotionally.

Research estimates that between 30 per cent and 80 per cent of victims do not purposefully disclose child sexual abuse before adulthood.³ Of the 6,875 people who spoke to us during private sessions up to 31 May 2017, 88.9 per cent provided information about when they disclosed. Almost three in five of these (57.4 per cent) told us that they first disclosed as adults, and over two in five (42.6 per cent) said they had disclosed the abuse when they were a child.

The impact of not disclosing can be substantial. Sexually abused children can experience profound feelings of isolation and stigmatisation which can result in their being disenfranchised from peers and their community.⁴ Without disclosure, a substantial portion of victims will experience the negative impacts of abuse alone as children.

Victims who have not disclosed may not be linked to advocacy, support and therapeutic services or, if they are accessing services, they may not be receiving the most appropriate treatment to address the effects of their trauma. Many practitioners support the notion that disclosing sexual abuse can be important for healing and treatment, although the process requires skilled practitioners who can also protect victims and survivors from repeating or providing details of their experience that can be harmful. This is considered in detail in Volume 9, *Advocacy, support and therapeutic treatment services*.

This chapter draws on what we heard in private sessions and in our case studies, the research we commissioned, broader research and practice literature to discuss:

- why disclosing early is important
- why victims and survivors may disclose in childhood or adulthood
- when and who victims and survivors tell
- what we have learned about the complex factors that influence victims' and survivors' decisions to disclose.

2.1 Disclosing early is important

For victims and survivors, disclosure can be a crucial step in becoming safe and beginning a process of recovery from the trauma of sexual abuse and the effects of keeping it a secret.⁵ A male survivor told us, 'Bring it up straight away, because the longer you hold it you don't want to bring it up. Get rid of it before it becomes shame'.⁶ Disclosing early can immediately commence the important process of ensuring safety, protection, and an appropriately supportive response for victims, taking steps to ensure the abuse is stopped and reducing risk to other potential victims.

Not only is disclosure important for a victim of abuse; it is important for the institution involved, other children and the broader community. Disclosure is a critical component of initiating intervention to stop the abuse, address its immediate effects and ensure the victim's ongoing safety.⁷ For institutions, early disclosure provides an opportunity to assess the risk factors that enable child sexual abuse to occur and accountability for critical failings. Early disclosure enables this assessment to take place as soon as possible to prevent further harm to others within the institution.

At a community level, early disclosure enables us to look at what needs to be addressed and reformed to improve the safety of children and the lives of adults who have suffered sexual abuse as children, and ultimately ensure that child sexual abuse does not happen. Drawing attention to broader-level failures as soon as they are identified as causing a child harm instils a sense of urgency for change.

The benefits of early disclosure highlight the key importance of adults in institutions being skilled to notice and identify signs of harm and possible child sexual abuse and of ensuring children feel safe and comfortable to disclose.

A long delay until a survivor is able to tell someone what happened to them can itself become a barrier to disclosing. Many survivors we spoke to told us that they found it very difficult to talk about the abuse because it had happened so long ago.

Early disclosure and a swift, positive response from the institution, may help:

- ensure the child is safe from further abuse⁸
- protect other children from the perpetrator⁹
- identify other children who may also be at risk
- provide appropriate psychological intervention to children in need¹⁰
- provide additional support or revised care arrangements, if necessary
- remove a perpetrator from a position with access to children
- hold the perpetrator accountable for their criminal behaviour¹¹
- respond to impacts on the victim's family and initiate community healing.¹²

2.2 Why victims disclose

There is little research on motivations for disclosing child sexual abuse, particularly in relation to child sexual abuse in institutional contexts.¹³

However, some research, including two studies we commissioned, suggests that some victims and survivors disclose because they:

- fear further abuse
- want to help prevent the abuse of other children
- are triggered by a crisis, where the secret of sexual abuse can no longer be contained¹⁴
- need support or help to deal with the abuse¹⁵ or recognise that abuse issues will continue to re-surface and need to be dealt with¹⁶
- perceive they are not coping well emotionally, and need to speak to someone¹⁷
- experience a significant event, such as unexpected exposure to the perpetrator or institution, or an 'emotional breakdown' that may be triggered by being a parent of young children.¹⁸

This section briefly explains what we have learned about why victims and survivors disclose, or what helped victims disclose as children or adults.

2.2.1 Disclosing during childhood

As would be expected, a common motivation for disclosure in childhood was wanting the abuse to stop. This was illustrated in research we commissioned, which analysed in-depth interviews with 50 survivors of institutional child sexual abuse and their family members. Most survivors in this study who disclosed during childhood described memories of wanting to be safe by being removed from the situation or having the perpetrator removed.¹⁹

Disclosures during childhood are often triggered by impending contact with the perpetrator, when a child's anxiety is increased.²⁰ 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 that 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 ...²¹

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 ...²²

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.²³

Another motivating force for many children was to protect other children who might be at risk.²⁴ 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 evidence from Mr Damian De Marco that he was sexually abused by a Marist brother, Brother Kostka Chute, while at school. He did not disclose at the time, but decided to do so a few years later when he was in Year 12 because he 'had a gut feeling that [Brother Chute] had developed an inappropriate relationship with [a Year 7] boy'. Mr De Marco said he approached Mr John Doyle, the Year 12 form master and a lay teacher, and told him about being 'sexually assaulted' by Brother Chute and that he was concerned for the Year 7 student.²⁵

2.2.2 Disclosing during adulthood

Triggers or prompts for disclosure were common reasons survivors disclosed as adults.²⁶ Trigger events were sometimes unexpected, random events such as seeing the perpetrator on the street or hearing about the institution in the media. Other triggers were life events such as the birth of a child, a survivor's child reaching a similar age to the age they were when abused, and a relationship breakdown. Sometimes these were internal, psychological triggers that led survivors to disclose suddenly and unexpectedly. In many instances, trigger events resulted in distress that prompted the survivor to re-evaluate their lives.

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. Told a counsellor'.²⁷ 'Earl Michael' told us about a primary school teacher who had taught his younger brother and boarded with his family. He told us the teacher had groomed him and abused him when 'Earl Michael' was in high school. 'Earl Michael' told us that he disclosed for the first time to his wife when he was in his thirties. He said, 'I had to disclose because it was killing me'.²⁸

Other survivors were motivated to disclose by a life event that brought the experience of abuse as a child to the surface. 'Julia' told us that she kept the abuse mostly to herself for 20 years, mentioning it briefly to her husband in the early 1980s but never reporting it to police or the school where it occurred. Then in the 1990s a difficult pregnancy motivated her to speak out. 'It was a terrible time but after that he was such a delightful child, I just thought: all of my boys, if anyone touched them I'd want to kill them.' She approached the police and made a statement.²⁹

Other survivors who disclosed for the first time as an adult perceived they were not coping well emotionally and felt the need to speak to someone or seek support to deal with abuse issues.³⁰ For example, 'Steven' told us he was sexually abused by several men from a local Anglican church in rural New South Wales. The abuse came to an end when he started high school. 'Steven' said he struggled through high school but entered the workforce and ended up running his own business. However, he said his life began falling apart shortly after the birth of his daughter. He still had not mentioned the abuse to anyone at this stage. Eventually things got so bad that he decided to seek help. He told us, 'I knew I had to tell someone otherwise I was going to blow me brains out. I had to get it off me chest, so to speak'.³¹

Many adults disclosed after hearing about other victims and wanting to contribute to a safer future for children. 'Cyril' told us that the first time he mentioned the abuse was the night before speaking with us for his private session, when he told his wife. When he heard about the guarantees of confidentiality the Royal Commission provided he decided he could and should come forward to tell his story. He said, 'I'd hope as a result of that perhaps activities could be put in place to minimise the occurrence of that happening to other kids'.³²

Another survivor told us that overall, the abuse had not had much of an effect on him and he suspected he would have kept it to himself his whole life, if not for a conversation he had one day with friends. He told us:

they were speaking generally, they didn't know of my experience, and they said 'Yeah, people should really report these things because it helps other people and it should' ... And I thought, 'Crap. They're right'.³³

2.3 When victims disclose

Many victims of child sexual abuse do not disclose it until many years later, often when they are well into adulthood. Of the people who provided information about when they disclosed during private sessions, two in five (42.6 per cent) told us they disclosed during childhood and almost three in five (57.4 per cent) told us they did not disclose the abuse until they were an adult. From what survivors told us, it took, on average, 23.9 years to disclose the abuse,³⁴ with men taking longer to disclose than women (25.7 years for men and 20.6 years for women). A substantial minority (10.3 per cent) of survivors, most of them male, told us that they disclosed for the first time to the Royal Commission. We know some victims never disclose.³⁵

This section outlines what we have learned about when victims and survivors disclose child sexual abuse, including:

- the importance of understanding disclosure as a process
- what we know about how long it takes children to disclose
- survivors who delay disclosure of child sexual abuse until adulthood
- whether victims in recent times are disclosing earlier.

2.3.1 Disclosure is a process

The process of disclosure varies.³⁶ Victims may make partial disclosures. They may disclose that they have been sexually abused but not discuss the details of that abuse and/or reveal bits of information over time, not in chronological order and to a range of different people.³⁷ During our roundtable on criminal justice, the NSW Police Commander of the Sex Crimes Squad explained that NSW Police recognise this is the case for many victims. She told us that the NSW police website provides an option for sexual assault victims to make an anonymous report, and that some victims make an initial report online and then come back some time later to report more formally and make a statement.³⁸

Even after they disclose their experience of sexual abuse for the first time, many victims find it difficult to share information about what occurred. 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 child sexual abuse (Youth detention centres, Victoria)*, we heard evidence from a survivor who told us he was sexually abused at the Turana Youth Training Centre in the 1960s. He said:

For a long time, I have not been able to discuss the abuse I suffered as a child ... It wasn't until a visit to my psychiatrist last year that I managed to raise the issue of the abuse for the first time. Even now, I find the disclosure of the abuse horrendously difficult to tell. I am still terrified, fearful and distressed and sometimes find it difficult to breathe because of a deep sense of humiliation when I recount what happened to me.³⁹

Some victims and survivors of child sexual abuse cannot recall the abuse they experienced. In a seminal study on adult recall of childhood sexual abuse, women who had had details of their childhood sexual abuse documented in hospital records and as part of a research study when they were children were re-interviewed 17 years later.⁴⁰ The women were asked to participate in a study about the lives and health of women who had received medical care from a hospital during childhood and their childhood sexual abuse was not mentioned as part of the recruitment process. The in-depth face-to-face interviews conducted with them covered childhood and adult experiences, including sexual victimisation, as well as questions about their health and wellbeing. Of the 129 women in the study, 38 per cent did not report that they had experienced childhood sexual abuse. Research with clinical samples has also shown that 'forgetting' childhood sexual abuse can be common. For example, Briere and Conte found that almost two-thirds (59.3 per cent) of a sample of 450 survivors of childhood sexual abuse, who were currently receiving therapy for the abuse, reported having forgotten some or all of the abuse at some point between when it occurred and adulthood.⁴¹

During private sessions, some survivors also told us that they could not recall details of the abuse and some told us that they avoided thinking about it. For example, 'Kenneth' told us he was sexually abused by a groundsman at the Anglican high school that he attended in the 1950s. He said he told his dad what had happened. 'His response was to have a profound effect on me. He said, "I don't suppose it was very serious".' 'Kenneth' said he put the matter out of his mind and by his twenties had forgotten the incident completely. Even as he battled addiction and depression and grew increasingly fearful and anxious about sex, he never turned his thoughts directly to the abuse. He told us he did not become aware he was a victim of sexual abuse until more than 30 years after the abuse, when he became ill and sought help from a medical professional.⁴²

For some of those who came forward to speak with us, their lack of detailed memory presented problems for them. For example, we heard from 'Danielle' that she was abused by a staff member at a television station when she and her brother were invited to participate in a weekly program. 'Danielle' told us that she could not remember when the abuse occurred but thought

it happened between 1960 and 1962, when she was aged between seven and nine. She told us that when she reported the abuse to Victoria Police in the early 2000s, she couldn't remember dates and specific details and so was told there was insufficient evidence to proceed with charges. She told us the reason she reported to police was that she had returned to the area after many years and found her abuser working in a position with proximity to children.⁴³ Our *Criminal justice* report provides a detailed discussion on issues victims and survivors face in the criminal justice system.

These survivor accounts support academic literature that has stressed that disclosure of child sexual abuse must be understood as a process, not a single event.⁴⁴

In some cases, although victims may disclose the fact that they have been sexually abused, they may not feel able to go into any detail about what happened,⁴⁵ even when it may be in their interest to do so. For example, we heard from 'Kathleen Grace', who participated in the Redress WA process. She told us that she felt too ashamed to reveal the sexual abuse and therefore only disclosed emotional and physical abuse. As a result she was provided with only a small amount of compensation.⁴⁶

The process of disclosure can also be influenced by the capacity of others to understand the victim. We were told how some children had to disclose on multiple occasions before being understood. This can be particularly true for children with disability. As described by one parent:

I asked my daughter, 'Has somebody kissed you or something?' My daughter made some responses to my questions but I was not confident in my understanding of what she meant by her responses. I found the entire situation overwhelming and confusing. From that point, I became watchful of her but we carried on as normal.⁴⁷

Volume 5, *Private sessions* discusses these issues in detail.

After the first disclosure, many victims will continue to be faced with decisions about who to tell, and where and when to tell them, for the rest of their lives.⁴⁸ In this way, disclosure can be a complicated, extended process that unfolds over the life-span.⁴⁹ As one academic observes:

The transition to adulthood brings new challenges and introduces the survivors to new surroundings, including individuals or groups (formal and informal) who are not aware of the survivor's story of abuse. To disclose the abuse can mean bringing the abused childhood world into the current life, possibly contaminating it forever. On the other hand, to avoid disclosure means carrying a heavy burden and may require a great deal of energy in secret keeping ... Whether to disclose or not must be faced each time the adult meets a new situation. Each new social system – formal or informal – and each new relationship – short or long term – necessitates the decision.⁵⁰

We also know that some victims never disclose, although it is difficult to estimate how many. Anonymous population surveys probably provide the best indication of rates of non-disclosure but no such prevalence studies have been undertaken in Australia. An anonymous telephone survey in Ireland asked a representative sample of 3,000 adults about experiences of sexual violence. It found that of those who were sexually abused as children, 41.2 per cent had never told anyone about this abuse.⁵¹ The results also showed lower levels of disclosure by men.⁵²

The Royal Commission held 570 private sessions with survivors who had not disclosed the abuse before, which was 10.3 per cent of all private sessions. 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'.⁵³

2.3.2 Disclosure during childhood

More than two in five (42.6 per cent) survivors who had a private session and who provided information about when they disclosed told us they had disclosed the abuse when they were a child. This was more common for girls (more than half, 52.1 per cent, of females who told us about when they had disclosed) than boys (37.4 per cent of males who told us about when they had disclosed).

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.

This aligns with the research literature. International research into the experiences of adult survivors of child sexual abuse, including but not limited to sexual abuse in institutional contexts, estimates that only about one-third of adults who were sexually abused as children disclosed during childhood.⁵⁴ Some studies have also found that females are more likely to disclose sexual abuse in childhood than males.⁵⁵ Research has also suggested that even when disclosure does occur during childhood, there can still be a delay between the abuse and that disclosure.⁵⁶

2.3.3 Disclosure during adulthood

Many survivors who came forward to speak with us told us that they were not able to disclose the abuse as children. Often, it took many years for them to tell anyone. As noted, almost three in five (57.4 per cent) survivors told us that they first disclosed as adults, which aligns with research that has shown that up to two-thirds of children were not able to disclose the abuse during childhood.⁵⁷ The information we gathered during private sessions showed that, on average, survivors who told us that they disclosed as adults said it took 31.9 years to disclose the abuse. This information showed that 20.6 per cent of survivors who reported time to

disclosure took between 20 and 29 years to disclose and 55.7 per cent took more than 30 years to disclose. We also found that, on average, males who disclosed in adulthood took slightly longer to do so than females who disclosed in adulthood (32.0 years compared with 31.7 years, respectively).

These figures are consistent with research,⁵⁸ including an analysis of data regarding claims of child sexual abuse made to Catholic Church authorities with respect to Catholic Church institutions in Australia. Analysis of the Catholic Church claims data showed that the average time between the first alleged incident date and the date the claim was received by a relevant Catholic Church authority was 33 years.⁵⁹ This gap was more than 30 years in 59 per cent of claims and more than 20 years in 81 per cent of claims.⁶⁰ We acknowledge that many of the people who made a claim received by a Catholic Church authority may have disclosed to someone else prior to making the claim.

A similar analysis of complaints of child sexual abuse received by Anglican Church dioceses in Australia showed comparable results. This Anglican Church complaints data indicated that the average time between the first alleged incident date and the date the relevant Anglican Church diocese received the complaint was 29 years. This gap was more than 30 years in 51 per cent of complaints and more than 20 years in 70 per cent of complaints.⁶¹ Again, we acknowledge that victims and survivors may have disclosed to others before making a complaint received by an Anglican Church diocese.

Volume 16, *Religious institutions* provides a more detailed discussion on what we have learned about complaints and claims within religious institutions.

In light of the long delay before many victims disclose, we found in our work on redress and civil litigation that limitation periods – time limits for commencing civil actions – for child sexual abuse were inappropriate. We recommended that time limitation periods for civil actions for child sexual abuse be removed.⁶² This is discussed in detail our *Redress and civil litigation* report.

2.3.4 Are victims disclosing earlier?

There is some debate as to whether victims who have been sexually abused in more recent times are disclosing sooner⁶³ and whether rates of immediate disclosure are increasing.⁶⁴ There is a limited body of research on disclosure relating to institutional child sexual abuse.⁶⁵ Also research often fails to consider the timing of disclosure, the time period in which abuse occurred and the social context that has changed between the 1960s and now.⁶⁶

The 2000 population survey on sexual violence in Ireland referred to earlier found that while 82.4 per cent of male victims aged over 70 had not disclosed child sexual abuse, the figure was much lower – 55.3 per cent – for male victims aged between 18 and 29. While 59.1 per cent of female victims aged over 70 had not disclosed before the survey, only 22.4 per cent of

women aged between 18 and 29 had not disclosed.⁶⁷ This survey, however, was not limited to institutional abuse and the number of people in the survey who did not disclose sexual violence was small; for example only 14 men aged 70 years and over had never disclosed the abuse.

In a 2004 National Survey of Adolescents in the United States, 263 adolescent females (aged 12 to 17) reported unwanted sexual experiences. Of those, 74 per cent had disclosed prior to being surveyed, comprising:

- 24 per cent who had told someone about the experience within 24 hours
- 19 per cent who told someone about the experience within one month
- 12 per cent who told someone about the experience within one year
- 19 per cent who waited more than one year before disclosing.⁶⁸

We commissioned a research project that identified and analysed administrative data on contemporary incidents of child sexual abuse (that is, data about incidents of child sexual abuse where a report was made to police during the period 2008 to 2013 and the abuse happened less than five years before the report).⁶⁹ As part of this project, researchers analysed how long it took for the allegation of child sexual abuse to be reported to police. Of these contemporary incidents, the vast majority (71–94 per cent across all jurisdictions) were reported to police within six months of the abuse commencing. A similar pattern emerged when the researchers examined the allegations of child sexual abuse that occurred within institutional locations (81–96 per cent across all jurisdictions).⁷⁰

A separate police case file review used a sample of 374 cases (176 cases where abuse occurred in an institutional location and 198 where the abuse happened outside an institution) from New South Wales and Western Australia.⁷¹ Analysis of these files showed that between 37 and 24 per cent of abuse in an institutional location was reported to police immediately. About 20 per cent of institutional abuse took between one week and one month to be reported (20 per cent in NSW and 23 per cent in WA), and only a minority of incidents of institutional abuse (7–8 per cent) took longer than six months to be reported.⁷²

It is important to note that the data in these studies does not include victims who reported abuse more than five years after it occurred, victims who have not yet reported, or victims who will never report to police. Regardless, these patterns may be indicative of a trend for contemporary child sexual abuse allegations to be made to police substantially sooner than was the case historically. This may be due to a number of factors, including growing awareness and intolerance of child sexual abuse, changes to the socio-legal systems around child sexual abuse that require and encourage its reporting to police, and an expectation that police will respond to an allegation. The findings may also be indicative of improvements in the detection of child sexual abuse rather than changes in victim behaviour regarding disclosure and complaints.

There are no studies that examine rates of disclosure among Aboriginal and Torres Strait Islander people, people with disability, or people from culturally and linguistically diverse backgrounds and they are also often not well represented in the broader literature. There is currently no research that establishes how long it may take survivors in these groups to disclose, or whether rates of disclosure are changing.

Volume 5, *Private sessions* provides detailed discussion of what we heard from victims and survivors in these groups through our private sessions.

2.4 Who victims tell

For many victims, choosing who to tell about their experience of child sexual abuse is a very important and complex decision.

Research that looks at to whom victims disclose does not distinguish between institutional child sexual abuse and child sexual abuse in other contexts. There are very limited studies exploring disclosure patterns among Aboriginal and Torres Strait Islander peoples, people with disability, and people from culturally and linguistically diverse backgrounds. Generally, research supports the following patterns:

- younger children tend to disclose to parents, particularly their mothers⁷³
- adolescents are more likely to disclose to their friends than to adults⁷⁴
- adults tend to disclose to their friends or partners.⁷⁵

Research is consistent with our experience that victims and survivors are more likely to disclose to someone with whom they have a trusting relationship. One of the reasons children might not disclose sexual abuse is that they feel there is no one they can tell.

For example, children in out-of-home care may not have parents to whom they would feel comfortable disclosing. Even if they do, they may not regularly see them. Many states and territories have official community visitor schemes in place so, in theory at least, children in out-of-home care within residential institutions (and in foster care in Queensland) have access to a trusted adult. Through our consultations and hearings we heard views in support of such schemes.⁷⁶ However, we also heard that these visits are often too infrequent to establish the level of rapport and trust required for a young person to disclose⁷⁷ and are unlikely to identify child sexual abuse⁷⁸ and enhance child safety. Most children in contemporary out-of-home care reside in foster or kinship placements, which are not included as part of visitor schemes. There is currently a lack of clear evidence about how well such schemes work as an avenue for disclosure of child sexual abuse. Volume 12, *Contemporary out-of-home care* discusses this in more detail.

We have been told by young people in youth detention facilities that they face similar issues finding someone they can trust. A group of boys we spoke with in one facility told us that they could identify just one or two officers that they trusted – and even with these trusted officers there were topics that were off-limits. Some boys told us that they did not trust most officers and believed they were just there for the benefits of a government job. They also told us they did not seek out the health or psychiatric staff for support and would actively avoid them if seeking help for a friend.⁷⁹ One boy told us, ‘I’ve got one or two officers in the unit that I trust, like, I actually trust to talk to about stuff. But even then, I don’t talk to them about everything ...’ Boys in these consultations who had established close relationships told us they enabled them to feel like they had a friend, and that they were treated ‘like a human being’.⁸⁰

Stakeholders told us that social networks for children from culturally and linguistically diverse backgrounds can be limited by language or cultural community, thereby reducing opportunities for disclosure.⁸¹ Norms surrounding child-parent or child-carer relationships in some communities can also mean it is considered inappropriate for children to initiate conversations about sensitive topics with adults.

Some children with disability may depend on parents, carers and support workers for assistance with communication. This can limit the number of adults in their lives with whom they can communicate. The segregation of many children with disability into non-mainstream institutions can further limit social networks and the number of adults potentially available for disclosure.⁸²

Understanding to whom victims are more likely to disclose provides insight into whether support systems and educational programs are targeted at and available to the right groups.⁸³

2.4.1 Who children tell

Among survivors who told us during a private session that they first disclosed during childhood and also told us to whom they disclosed, approximately one-third (35.6 per cent) said they had told a parent. This is consistent with research, which indicates that children, particularly young children, who disclose often tell their parents, especially their mothers.⁸⁴ More than one-third (38.3 per cent) of survivors who attended a private session and told us they first disclosed as children and to whom they disclosed said they had told someone in authority within the institution where they were abused. One in five survivors in this group (19.7 per cent) said they had told the police or a representative of the criminal justice system.⁸⁵

We commissioned several studies that explored how children consider safety in particular contexts. In the first study, children were provided with hypothetical scenarios and asked to consider them in reference to school and sports organisations. This research found that preschool children (generally aged between four and five years) identified the people who made them feel safe as their parents, siblings, other family members and friends.⁸⁶ In the second study, an online survey, children with a mean age of 14 years were asked who they might turn to if an adult or another young person was demonstrating grooming-like behaviours, or behaviours that made them feel uncomfortable.⁸⁷ Children could identify multiple individuals as sources of help in response to this question. The study found that of the total respondents:

- 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).⁸⁸

In the third study, researchers explored the perspectives of children and young adults, aged between seven and 25, with disability and high support needs.⁸⁹ Participants also spoke about their friends, family and support workers as trusted adults who help them feel safe, known and valued. What was different was the additional difficulties faced by children with disability when it came to identifying trusted adults. Participants talked about the complexity of their relationships with carers who handle their bodies or tell them what to do, and how some people were trustworthy on some occasions and others were not.⁹⁰

2.4.2 Who adolescents tell

In several of our case studies, survivors told us they had disclosed as adolescents to friends or to a boyfriend or girlfriend.⁹¹ Research also suggests that as children get older, peers become increasingly important as confidants. One study considered results from a 2003 survey of 4,339 senior high school students in Sweden, of whom about 45 per cent reported some form of lifetime sexual abuse, including non-contact, contact and penetrative abuse by peers and adult perpetrators (and not limited to institutional sexual abuse).⁹² While not all respondents answered questions around disclosure, of those who did, as many as 42 per cent had disclosed to a friend of their own age and nobody else. This led the authors to observe that though disclosure was high, child sexual abuse was still largely concealed from adults.

This is consistent with evidence we heard in *Case Study 24: Preventing and responding to allegations of child sexual abuse occurring in out-of-home care* that older children often first disclosed sexual abuse to their peers. Witnesses told us that anecdotal evidence suggests that about 20 to 25 per cent of reports to case-workers about abuse in out-of-home care were from young people worried about their peers.⁹³ During consultations with young people in youth detention facilities, we were told that they often prefer to talk to each other about important and serious issues and ‘deal with our own problems together’.⁹⁴

Some studies have indicated that children may initially disclose to those they feel comfortable with, such as peers, followed by increasingly more open disclosure to those in positions of authority.⁹⁵ This is consistent with what we have been told during private sessions – though this was only the case when the initial disclosure was believed and resulted in some action. One estimate is that between 3 and 13 per cent of adolescents who have been sexually abused disclose to an adult professional.⁹⁶

2.4.3 Who adults tell

Approximately 3,000 survivors who attended a private session told us they had disclosed for the first time as an adult and provided information about the person to whom they disclosed. They told us they disclosed to:

- a partner (23.5 per cent)
- a therapist or counsellor (18.4 per cent)
- the police or a representative of the criminal justice system (16.8 per cent)
- the Royal Commission (15.2 per cent)
- a parent (15.0 per cent)
- a person in authority at the institution (13.5 per cent).⁹⁷

This is consistent with research which indicates that most adult survivors may disclose to partners or friends, or professionals such as counsellors, doctors or psychiatrists.⁹⁸

Of the 15.2 per cent of survivors who told us in private sessions that they disclosed for the first time to the Royal Commission, three quarters (75.1 per cent) were male.

2.4.4 Disclosure to police and government authorities

Only 19.2 per cent of all survivors who had a private session and told us to whom they disclosed said they had disclosed in some form to the police. Some survivors told us they only disclosed to the police as an adult after they had already disclosed to a partner, parent, psychologist and/or lawyer.⁹⁹

We commissioned a research project that used police and court data in New South Wales and South Australia to examine delayed reporting and the impact this had on the prosecution and outcomes of child sexual abuse cases.¹⁰⁰ Data for the two decades from the mid-1990s showed that approximately one-quarter to one-third of incidents were reported to police within a day and about two-thirds were reported within a year.¹⁰¹ However, a sizeable minority of victims (about 2 to 8 per cent, depending on the particular crime) took between 10 and 20 years or more than 20 years (approximately 10 per cent) to report to police.¹⁰² Males were more likely

than females to delay reporting, which was particularly true for teenage boys. It is important to note that this sample was predominantly female and did not focus on institutional abuse or historical cases of child sexual abuse. By contrast, more men than women attended a private session and we heard from many men and women about historical cases of child sexual abuse. Volumes 2, 3 and 5 provide a detailed discussion of the nature, scope and impact of institutional child sexual abuse that we heard about during private sessions.

In research we commissioned that analysed a sub-set of private sessions, of those who did disclose first to the police, we heard a mixture of both positive and negative experiences.¹⁰³ We also heard that distrust of authorities inhibits many survivors from disclosing to the police and other government bodies, such as child protection services. This was a particular concern for people in prison. This distrust or lack of understanding of existing reporting mechanisms partly explains the difficulty in quantifying child sexual abuse given the under-reporting of crime to authorities. This is explored further in Chapter 4 of this volume.

2.5 Factors that can influence disclosure

Whether, when, how and to whom victims disclose child sexual abuse may be influenced by a complex web of factors.¹⁰⁴ These factors can interact with and impact upon the process of disclosure in different ways. Although research has identified some patterns in disclosure, the results are often mixed. This highlights the complex nature of disclosure and the importance of understanding how a variety of individual and contextual factors can operate to inhibit or promote disclosure.¹⁰⁵

Underlying these factors when abuse occurs in an institutional environment is the vulnerability of a child and the inherent power imbalances and complex institutional environments that they are required to understand and overcome in order to disclose abuse. Research shows that individuals assess their personal context and may then disclose, or partially disclose, depending on their reading of anticipated risks and benefits.¹⁰⁶ Adults should be aware of the factors that may influence a child's decision to disclose so as to provide an environment that is conducive to disclosure.

The perpetrator's relationship to the victim can be a central factor influencing disclosure, as can the victim's age and stage of development. There are also a range of contextual factors that can influence disclosure, including the victim's family, institutional and community environment, or broader societal or institutional beliefs, attitudes and stigmas.

2.5.1 Perpetrator's relationship to the victim

The relationship between the victim and the perpetrator is often characterised by psychological manipulation and grooming behaviours and tactics that are subtle, prolonged, calculated, controlling and premeditated.¹⁰⁷ The Victorian Inquiry into the Handling of Child Abuse by Religious and Other Non Government Organisations noted that grooming is 'deliberately undertaken with the aim of befriending and influencing a child, and in some circumstances members of the child's family'.¹⁰⁸ This process is designed to overcome the child's resistance and prevent disclosure by testing the child's ability to maintain silence.¹⁰⁹ See Volume 2, *Nature and cause* for more information about grooming and Chapter 5 of this volume for more detail on grooming as a barrier to disclosure.

Research suggests the more closely victims are related to the perpetrator, the less likely they are to disclose child sexual abuse.¹¹⁰ In particular, children who are victims of familial abuse appear to delay disclosure longer than those experiencing abuse outside of the family.¹¹¹ Sexual abuse is often accompanied by physical violence or the threat of violence and a child may avoid disclosure for fear of retaliation or reprisal, regardless of the setting of abuse or their relationship to the perpetrator.¹¹²

When the perpetrator is a significant caregiver however, a child may withhold or delay disclosure as a result of attachment or traumatic bonding with the perpetrator, or a desire to protect the integrity of the caregiving relationship or surrounding family unit.¹¹³ The nature of this dependency can be influenced by a range of factors, and is not restricted to family settings. Children with disability may be dependent on their caregiver, particularly if they rely on them for intimate care. For Aboriginal and Torres Strait Islander children, family is a broad concept and this desire to protect relationships can extend to the entire community.

We have also been told of a great many instances of child sexual abuse that occurred in children's residential institutions prior to 1990. A large group (36.0 per cent) of survivors who spoke to us in private sessions told us about sexual abuse they had experienced in historical residential and foster care institutions. We heard that in these institutions the power the perpetrators held over their victims was often absolute and children often experienced significant and prolonged physical and emotional abuse alongside sexual abuse, which inhibited victims from disclosing. Volume 11, *Historical residential institutions* provides a detailed discussion of children's institutions pre-1990.

2.5.2 Age and stage of development

A victim's age and stage of development will affect disclosure patterns as they can influence their linguistic or cognitive ability to recognise, name and describe abuse. Studies suggest that children under the age of six are least likely to disclose and that developmental factors may account for a young child's inability to disclose purposefully.¹¹⁴ Other research shows that younger victims are more likely to delay disclosure than older child victims.¹¹⁵

2.5.3 Disability

Whether a child has disability, and the type of that disability, can also influence disclosure. For instance, it can be hard for children with communication difficulties to convey their experiences of abuse or name abusers.¹¹⁶ Moreover, children with intellectual disabilities or cognitive impairments are less likely to be regarded as a competent or believable witness,¹¹⁷ which may create a sense of powerlessness.

The experience of disability in disclosing abuse and community attitudes toward disability closely interact. Difficulty associated with communicating a concern, for example, may be because disclosure recipients lack the appropriate skills or relationship with the child to understand them. It is important to acknowledge the role of community attitudes and discrimination toward disability as a contextual factor separate from disability itself.

It is also important to note that while disability may influence the process of development for some children, it does not necessarily reduce or obstruct the linguistic or cognitive ability of a child to recognise, name and describe abuse. Chapter 3 of this volume provides more information on this.

2.5.4 Contextual factors

The family and community environment of the child can influence the process of disclosure. Research we commissioned indicates, for example, that family dynamics such as the nature and structure of family relationships or the presence of family violence and physical abuse can influence the process of disclosure for victims.¹¹⁸ Some victims may also feel they do not want to burden their parents with their disclosure.¹¹⁹

Community pressures, particularly in closed or marginalised communities, can also influence a victim's decision to disclose. In some cultural contexts, for example, there is pressure to place family and community needs before the needs of the individual.¹²⁰ A child may fear being isolated from their community and other negative consequences if they disclose.¹²¹ Volume 5, *Private sessions* provides a detailed discussion about what we heard from survivors from culturally and linguistically diverse backgrounds.

One of the survivors who shared his story with us, 'Denis', grew up in the 1960s as one of three children in a migrant family, with parents who spoke little English. The community where the family lived was small, close-knit and insular, and distanced from the broader Anglo-Australian community. He told us he was sexually abused by an adult leader of one of the youth groups within his community. He described feeling that disclosure of the abuse would be met with disbelief in the community. He told us, 'They think it can't happen, especially in those days. It's a community, you know, we don't have these things'.¹²²

We also heard from survivors who were less likely to disclose or report abuse, or felt they were more likely to receive an inadequate response than others, because of their religious background. 'Carleen', who was raised in a devout Jehovah's Witnesses family in the 1960s, told us she was sexually abused by the son of one of the church elders. 'Carleen' told us that she couldn't tell anyone about her abuser because of his father's position in the church. It wasn't until recently that 'Carleen' was able to disclose the details of the abuse. She told her counsellor in the late 2000s and her children. 'Carleen' has never reported her abusers to the police because she was taught not to disclose outside the Jehovah's Witnesses. She said, 'In my heart I feel the ones responsible for throwing me to the wolves were the Jehovah's Witnesses and my father ... It was absolute hell'.¹²³

Broader societal or institutional beliefs, attitudes and stigmas can also influence disclosure. For example, children in communities and institutions with high levels of bullying, abuse, violence and trauma may also face more barriers to disclosure. Chapter 6 of this volume discusses the institutional factors that can act as a barrier to identifying and disclosing abuse.

Social attitudes around gender and sexuality, for example, can create particular fears and apprehensions for victims of child sexual abuse. Research suggests that the presence of stereotypical masculine cultures and mainstream pressures to maintain emotional stoicism can mean males are more reluctant to disclose than females.¹²⁴ Patriarchal social structures and systems may also make female victims feel they will be blamed for the abuse or not believed if they disclose.¹²⁵ Gender issues as barriers to disclosure are explored in more detail in Chapter 4 of this volume.

Structural factors or experiences of systemic racism and discrimination can also influence readiness to disclose or create additional fears. Aboriginal and Torres Strait Islander child sexual abuse victims and their families may be reluctant to disclose abuse to authorities because of past experiences of forced removal, injustice and racism.¹²⁶ Contemporary experiences of systemic injustice and racism reinforce barriers to disclosure.¹²⁷ For example, a lack of confidence in the child protection system to respond to reports involving Aboriginal and Torres Strait Islander children may contribute to a loss of hope in the system. The NSW Ombudsman found that the child protection system is not responding as well in communities where there are high proportions of Aboriginal and Torres Strait Islander people compared with the state average:

The most serious reports usually receive a comprehensive face-to-face caseworker assessment ... Recent state-wide data shows that 55 per cent of all risk of sexual harm reports to Community Services received such an assessment, but the figure for Aboriginal communities was just 26 per cent.¹²⁸

Particular groups of children may also face specific barriers to disclosing sexual abuse. This may be due to institutions not providing appropriately tailored support for disability or for communicating a disclosure in a language other than English, or being separated from a trusted adults in their family.¹²⁹ A common story from Aboriginal and Torres Strait Islander survivors was that they could not disclose their experiences of sexual abuse because they were separated from their family, and some were the only Aboriginal or Torres Strait Islander person in their town. As 'Fran' told us, 'I just felt isolated and alone. The only Aboriginal kid there and no one really to confide in'.¹³⁰ 'Jarrod' also told us in private sessions, 'I was alone after coming from such a family, the mob up on the river. I was alone ... I grew with loneliness. [It] became a mate of mine'.¹³¹ Volume 5, *Private sessions* provides a detailed discussion about what we heard from survivors from Aboriginal and Torres Strait Islander communities.

Previous inquiries also highlight structural factors inhibiting disclosure for Aboriginal and Torres Strait Islander survivors in remote locations, including lack of access to a phone or physical space in which to make a report.¹³²

Endnotes

- 1 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 34.
- 2 SSS Tang, JJ Freyd & M Wang, 'What do we know about gender in the disclosure of child sexual abuse?', *Journal of Psychological Trauma*, vol 6, no 4, 2008, p 2.
- 3 R Alaggia, 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10, no 5, 2005, p 454; CM Arata, 'To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization', *Child Maltreatment*, vol 3, no 1, 1998, pp 64–6; S Lamb & S Edgar-Smith, 'Aspects of disclosure: Mediators of outcome of childhood sexual abuse', *Journal of Interpersonal Violence*, vol 9, no 3, 1994, p 316; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 278; DW Smith, EJ Letourneau, BE Saunders, DG Kilpatrick, HS Resnick & CL Best, 'Delay in disclosure of childhood rape: Results from a national survey', *Child Abuse & Neglect*, vol 24, no 2, 2000, pp 273–87.
- 4 D Finkelhor, 'Early and long-term effects of child sexual abuse: An update', *Professional Psychology: Research and Practice*, vol 21, no 2, 1990, p 325; D Finkelhor & A Browne, 'The traumatic impact of child sexual abuse: A conceptualization', *American Journal of Orthopsychiatry*, vol 55, no 4, 1985, pp 530, 535, 538–9.
- 5 SM Kogan, 'Disclosing unwanted sexual experiences: Results from a national sample of adolescent women', *Child Abuse & Neglect*, vol 28, no 2, 2004, p 148.
- 6 Name changed, private session, 'Aidan Paul'.
- 7 ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 271.
- 8 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 50; SD Easton, 'Disclosure of child sexual abuse among adult male survivors', *Clinical Social Work Journal*, vol 41, no 4, 2013, p 344.
- 9 R McElvaney & M Culhane, 'A retrospective analysis of children's assessment reports: What helps children tell?', *Child Abuse Review*, vol 26, no 2, 2017, p 103; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 273.
- 10 R McElvaney & M Culhane, 'A retrospective analysis of children's assessment reports: What helps children tell?', *Child Abuse Review*, vol 26, no 2, 2017, p 103; SE Ullman, 'Social reactions to child sexual abuse disclosures: A critical review', *Journal of Child Sexual Abuse*, vol 12, no 1, 2002, p 90; SD Easton, 'Disclosure of child sexual abuse among adult male survivors', *Clinical Social Work Journal*, vol 41, no 4, 2013, p 344; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, pp 271–95.
- 11 R McElvaney & M Culhane, 'A retrospective analysis of children's assessment reports: What helps children tell?', *Child Abuse Review*, vol 26, no 2, 2017, p 103; SD Easton, 'Disclosure of child sexual abuse among adult male survivors', *Clinical Social Work Journal*, vol 41, no 4, 2013, p 344; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 273.
- 12 Royal Commission multicultural public forums, 2016.
- 13 ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 280; LC Malloy, SP Brubacher & ME Lamb, '"Because she's one who listens" Children discuss disclosure recipients in forensic interviews', *Child Maltreatment*, vol 18, no 4, 2013, p 246; TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1397.
- 14 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 30.
- 15 ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 281; S Lamb & S Edgar-Smith, 'Aspects of disclosure: Mediators of outcome of childhood sexual abuse', *Journal of Interpersonal Violence*, vol 9, no 3, 1994, p 319.
- 16 J Breckenridge, J Cunningham & K Jennings, *Cry for help: Client and worker experiences of disclosure and help seeking regarding child sexual abuse*, Relationships Australia South Australia, Adelaide, 2008, section 5.4.
- 17 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 139.
- 18 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 139.
- 19 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 34. This is supported by existing research which suggests that disclosure during childhood is often motivated by a desire for the sexual abuse to stop. See ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 281; S Lamb & S Edgar-Smith, 'Aspects of disclosure: Mediators of outcome of childhood sexual abuse', *Journal of Interpersonal Violence*, vol 9, no 3, 1994, p 319; LC Malloy, SP Brubacher & ME Lamb, '"Because she's one who listens" Children discuss disclosure recipients in forensic interviews', *Child Maltreatment*, vol 18, no 4, 2013, p 250.
- 20 T Sorensen & B Snow, 'How children tell: The process of disclosure in child sexual abuse', *Child Welfare: Journal of Policy, Practice, and Program*, vol LXX, no 1, 1991, p 9.

21 Exhibit 1-0004, 'AC Statement', Case Study 1, STAT.0008.001.0001_R at 4:21. See also Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 1: The response of institutions to the conduct of Steven Larkins*, Sydney, 2014, p 11.

22 Exhibit 1-0004, 'AC Statement', Case Study 1, STAT.0008.001.0001_R at 5:22. See also Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 1: The response of institutions to the conduct of Steven Larkins*, Sydney, 2014, p 11.

23 Exhibit 1-0004, 'AC Statement', Case Study 1, STAT.0008.001.0001_R at 5:24. See also Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 1: The response of institutions to the conduct of Steven Larkins*, Sydney, 2014, p 11.

24 LC Malloy, SP Brubacher & ME Lamb, "'Because she's one who listens" Children discuss disclosure recipients in forensic interviews', *Child Maltreatment*, vol 18, no 4, 2013, p 250.

25 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 13: The response of the Marist Brothers to allegations of child sexual abuse against Brothers Kostka Chute and Gregory Sutton*, Sydney, 2015, p 46.

26 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 139; R Alaggia, 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10, no 5, 2005, p 460.

27 Name changed, private session, 'Jai'.

28 Name changed, private session, 'Earl Michael'.

29 Name changed, private session, 'Julia'.

30 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 139.

31 Name changed, private session, 'Steven'.

32 Name changed, private session, 'Cyril'.

33 Name changed, private session, 'Ian Gregory'.

34 The average time to disclosure is calculated from information provided during 4817 private sessions that were held before July 2016 because time to disclosure is available for survivors. After this date, time to disclosure was only recorded for survivors who told us they first disclosed in adulthood, not for those who first disclosed as a child. Chapter 2 provides further information from private sessions about survivors who told us they disclosed as a child and survivors who told us they disclosed as an adult.

35 An anonymous telephone survey of 3,000 adults in Ireland found that of those who reported being sexually abused as children, 41.2 per cent had never told anyone about this abuse. See H McGee, R Garavan, M de Barra, J Byrne & R Conroy, *The SAVI Report: Sexual abuse and violence in Ireland*, Liffey Press, Dublin, 2002, p 120.

36 See C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015.

37 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 25; C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 9; M Ciarlante, 'Disclosing sexual victimization', *The Prevention Researcher*, vol 14, no 2, 2007, p 11.

38 Transcript of L Howlett, Criminal justice public roundtable: Reporting offences, Sydney, 20 April 2016 at 25:34–26:9.

39 Exhibit 30-0002, 'Statement of Joseph Marijancevic', Case Study 30, STAT.0610.001.0001_R at 14:99–100. See also Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 30: The response of Turana, Winlaton and Baltara, and the Victorian Police and the Department of Health and Human Services Victoria to allegations of child sexual abuse*, Sydney, 2015, pp 42–3.

40 LM Williams, 'Recall of childhood trauma: A prospective study of women's memories of child sexual abuse', *Journal of Consulting and Clinical Psychology*, vol 62, no 6, 1995, pp 1167–76.

41 J Briere & J Conte, 'Self-reported amnesia for abuse in adults molested as children', *Journal of Traumatic Stress*, vol 6, no 1, 1993, p 24.

42 Name changed, private session, 'Kenneth'.

43 Name changed, private session, 'Danielle'.

44 T Sorensen & B Snow, 'How children tell: The process of disclosure in child sexual abuse', *Child Welfare: Journal of Policy, Practice, and Program*, vol LXX, no 1, 1991, p 11.

45 See PJ O'Leary & J Barber, 'Gender differences in silencing following childhood sexual abuse', *Journal Of Child Sexual Abuse*, vol 17, no 2, 2008, p 136; SD Easton, 'Disclosure of child sexual abuse among adult male survivors', *Clinical Social Work Journal*, vol 41, no 4, 2013, p 348.

46 Name changed, private session, 'Kathleen Grace'.

47 Transcript of CIK, Case Study 41, 14 July 2016 at 20386:27–33.

48 SD Easton, 'Disclosure of child sexual abuse among adult male survivors', *Clinical Social Work Journal*, vol 41, no 4, 2013, p 350.

49 SD Easton, LY Saltzman & DG Willis, "'Would you tell under circumstances like that?': Barriers to disclosure of child sexual abuse for men', *Psychology of Men & Masculinity*, vol 15, no 4, 2014, p 467; A Reitsemá & H Grietens, 'Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed', *Trauma, Violence, & Abuse*, vol 17, no 3, 2015, p 331.

- 50 D Tener & SB Murphy, 'Adult disclosure of child sexual abuse: A literature review', *Trauma, Violence and Abuse*, vol 16, no 4, 2015, p 392.
- 51 H McGee, R Garavan, M de Barra, J Byrne & R Conroy, *The SAVI Report: Sexual abuse and violence in Ireland*, Liffey Press, Dublin, Ireland, 2002, p 120.
- 52 H McGee, R Garavan, M de Barra, J Byrne & R Conroy, *The SAVI Report: Sexual abuse and violence in Ireland*, Liffey Press, Dublin, 2002, p 122.
- 53 Name changed, private session, 'Doug'.
- 54 K London, M Bruck, SJ Ceci & DW Shuman, 'Disclosure of child sexual abuse: What does the research tell us about the ways that children tell?', *Psychology, Public Policy, and Law*, vol 11, no 1, 2005, p 201; SSS Tang, JJ Freyd & M Wang, 'What do we know about gender in the disclosure of child sexual abuse?', *Journal of Psychological Trauma*, vol 6, no 4, 2008, p 14; E Jonzon & F Lindblad, 'Disclosure, reactions, and social support: Findings from a sample of adult victims of child sexual abuse', *Child Maltreatment*, vol 9, no 2, 2004, p 194.
- 55 M Ungar, K Barter, SM McConnell, LM Tutty & J Fairholm, 'Patterns of abuse disclosure among youth', *Qualitative Social Work*, vol 8, no 3, 2009, pp 346–7; PJ O'Leary & J Barber, 'Gender differences in silencing following childhood sexual abuse', *Journal Of Child Sexual Abuse*, vol 17, no 2, 2008, pp 133–43.
- 56 J Breckenridge, J Cunningham & K Jennings, *Cry for help: Client and worker experiences of disclosure and help seeking regarding child sexual abuse*, Relationships Australia South Australia, Adelaide, 2008, section 4.3; R McElvaney, 'Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice', *Child Abuse Review*, vol 24, no 3, 2015, p 160; K London, M Bruck, SJ Ceci & DW Shuman, 'Disclosure of child sexual abuse: What does the research tell us about the ways that children tell?', *Psychology, Public Policy, and Law*, vol 11, no 1, 2005, p 201; TD Lyon, 'Scientific support for expert testimony on child sexual abuse accommodation' in JR Conte (ed), *Critical issues in child sexual abuse: Historical, legal and psychological perspectives*, Sage, Newbury Park, 2002, p 116.
- 57 K London, M Bruck, SJ Ceci & DW Shuman, 'Disclosure of child sexual abuse: What does the research tell us about the ways that children tell?', *Psychology, Public Policy, and Law*, vol 11, no 1, 2005, pp 194–226.
- 58 G Priebe & CG Svedin, 'Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosures', *Child Abuse & Neglect*, vol 32, no 12, 2008, pp 1098, 1104; PJ O'Leary & J Barber, 'Gender differences in silencing following childhood sexual abuse', *Journal Of Child Sexual Abuse*, vol 17, no 2, 2008, pp 133–43; Queensland Crime Commission and Queensland Police Service, *Project AXIS - Child sexual abuse in Queensland: The nature and extent*, Queensland Crime Commission, Queensland Police Service, Brisbane, 2000; K Edgardh & K Ormstad, 'Prevalence and characteristics of sexual abuse in a national sample of Swedish seventeen-year-old boys and girls', *Acta Paediatrica*, vol 89, no 3, 2000, p 315.
- 59 Royal Commission into Institutional Responses to Child Sexual Abuse, *Analysis of claims of child sexual abuse made with respect to Catholic Church institutions in Australia*, Sydney, June 2017, p 27.
- 60 Royal Commission into Institutional Responses to Child Sexual Abuse, *Analysis of claims of child sexual abuse made with respect to Catholic Church institutions in Australia*, Sydney, June 2017, p 27.
- 61 P Parkinson, K Oates & A Jayakody, *Study of reported child sexual abuse in the Anglican Church*, University of Sydney, Sydney, 2009, p 32.
- 62 Royal Commission into Institutional Responses to Child Sexual Abuse, *Redress and Civil Litigation Report*, Sydney, 2015, pp 456–8.
- 63 SD Easton, 'Disclosure of child sexual abuse among adult male survivors', *Clinical Social Work Journal*, vol 41, no 4, 2013, p 351; H McGee, R Garavan, M de Barra, J Byrne & R Conroy, *The SAVI Report: Sexual abuse and violence in Ireland*, Liffey Press, Dublin, 2002, p 122.
- 64 R McElvaney, 'Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice', *Child Abuse Review*, vol 24, no 3, 2015, pp 160–1; K London, M Bruck, SJ Ceci & DW Shuman, 'Disclosure of child sexual abuse: What does the research tell us about the ways that children tell?', *Psychology, Public Policy, and Law*, vol 11, no 1, 2005, p 201.
- 65 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 60–1.
- 66 L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008-13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 197.
- 67 H McGee, R Garavan, M de Barra, J Byrne & R Conroy, *The SAVI Report: Sexual abuse and violence in Ireland*, Liffey Press, Dublin, 2002, p 123.
- 68 SM Kogan, 'Disclosing unwanted sexual experiences: Results from a national sample of adolescent women', *Child Abuse & Neglect*, vol 28, no 2, 2004, p 153.
- 69 L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008-13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017.
- 70 L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008-13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 196.

- 71 S Parkinson, K Lewig, C Malvaso, F Arney, I Katz & BJ Newton, *Child sexual abuse in institutional contexts: The reliability of police data, nature of allegations reported to police, and factors driving reporting rates*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse Sydney, 2017, p 25.
- 72 S Parkinson, K Lewig, C Malvaso, F Arney, I Katz & BJ Newton, *Child sexual abuse in institutional contexts: The reliability of police data, nature of allegations reported to police, and factors driving reporting rates*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse Sydney, 2017, pp 48–49.
- 73 J Breckenridge, J Cunningham & K Jennings, *Cry for help: Client and worker experiences of disclosure and help seeking regarding child sexual abuse*, Relationships Australia South Australia, Adelaide, 2008, section 4.5; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 279; SM Kogan, 'Disclosing unwanted sexual experiences: Results from a national sample of adolescent women', *Child Abuse & Neglect*, vol 28, no 2, 2004, p 154; LC Malloy, SP Brubacher & ME Lamb, "'Because she's one who listens" Children discuss disclosure recipients in forensic interviews', *Child Maltreatment*, vol 18, no 4, 2013, p 250.
- 74 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 15; LC Malloy, SP Brubacher & ME Lamb, "'Because she's one who listens" Children discuss disclosure recipients in forensic interviews', *Child Maltreatment*, vol 18, no 4, 2013, p 250.
- 75 J Breckenridge, J Cunningham & K Jennings, *Cry for help: Client and worker experiences of disclosure and help seeking regarding child sexual abuse*, Relationships Australia South Australia, Adelaide, 2008, section 4.5; LC Malloy, SP Brubacher & ME Lamb, "'Because she's one who listens" Children discuss disclosure recipients in forensic interviews', *Child Maltreatment*, vol 18, no 4, 2013, pp 249–50.
- 76 See, for example, the following submissions to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Consultation paper: Institutional responses to child sexual abuse in out-of-home care*, 2016: CareSouth, p 4; Anglicare NT, p 2; Relationships Australia, p 6; Care Leavers Australasia Network (CLAN), p 10.
- 77 Royal Commission into Institutional Responses to Child Sexual Abuse, Preventing sexual abuse in out-of-home care public roundtable, Sydney, 2014; NSW Government, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Consultation paper: Institutional responses to child sexual abuse in out-of-home care*, 2016, p 15.
- 78 See, for example, Anglicare Sydney, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Consultation paper: Institutional responses to child sexual abuse in out-of-home care*, 2016, p 5.
- 79 Royal Commission consultation with children and young people in youth detention, 2016.
- 80 Royal Commission consultation with children and young people in youth detention, 2016.
- 81 Royal Commission multicultural public forums, 2016.
- 82 G Llewellyn, S Wayland & G Hindmarsh, *Disability and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 32, 76. People with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Consultation paper: Best practice in responding to complaints of child sexual abuse in institutional contexts*, 2016, p 13. See also the example of FSG Australia in Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 41: Institutional responses to allegations of the sexual abuse of children with disability*, Sydney, 2016, pp 56–69.
- 83 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 15.
- 84 J Breckenridge, J Cunningham & K Jennings, *Cry for help: Client and worker experiences of disclosure and help seeking regarding child sexual abuse*, Relationships Australia South Australia, Adelaide, 2008, section 4.5; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002; SM Kogan, 'Disclosing unwanted sexual experiences: Results from a national sample of adolescent women', *Child Abuse & Neglect*, vol 28, no 2, 2004, p 154; LC Malloy, SP Brubacher & ME Lamb, "'Because she's one who listens": Children discuss disclosure recipients in forensic interviews', *Child Maltreatment*, vol 18, no 4, 2013, pp 245–51.
- 85 Survivors who attended a private session were able to tell us about disclosing to multiple people.
- 86 T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 32.
- 87 T Moore, M McArthur, J Heerde, S Roche & P O'Leary, *Our safety counts: Children and young people's perceptions of safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 50.
- 88 T Moore, M McArthur, J Heerde, S Roche & P O'Leary, *Our safety counts: Children and young people's perceptions of safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 50. Note respondents could give more than one response to this question.
- 89 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016.
- 90 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016.
- 91 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 13: The response of the Marist Brothers to allegations of child sexual abuse against Brothers Kostka Chute and Gregory Sutton*, Sydney, 2015, p 74; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 16: The Melbourne Response*, Sydney, 2015, p 110.

- 92 G Priebe & CG Svedin, 'Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosures', *Child Abuse & Neglect*, vol 32, no 12, 2008, p 1098. Note that the high prevalence of sexual abuse is likely to be partly due to the wide-ranging definition of abuse used in the study. Also note that 17.3 per cent of girls and 45.5 per cent of boys who reported some form of sexual abuse did not answer the questions about disclosure.
- 93 Transcript of S de Wolf, Case Study 24, 18 March 2015 at 13548:12–22; Transcript of P McDonald, Case Study 24, 18 March 2015 at 13548:35–44.
- 94 Royal Commission consultation with children and young people in youth detention, 2016.
- 95 M Ungar, K Barter, SM McConnell, LM Tutty & J Fairholm, 'Patterns of abuse disclosure among youth', *Qualitative Social Work*, vol 8, no 3, 2009, p 343; ND Kellogg & RL Huston, 'Unwanted sexual experiences in adolescents: Patterns of disclosure', *Clinical Pediatrics*, vol 34, no 6, 1995, p 310.
- 96 G Priebe & CG Svedin, 'Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosures', *Child Abuse & Neglect*, vol 32, no 12, 2008, p 1096.
- 97 Survivors who attended a private session were able to tell us about disclosing to multiple people.
- 98 D Tener & SB Murphy, 'Adult disclosure of child sexual abuse: A literature review', *Trauma, Violence and Abuse*, vol 16, no 4, 2015, p 396; A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 10. Note the 2000 SAVI population survey on sexual violence in Ireland found that few participants chose a professional as the focus of their initial disclosure, and most told an immediate family member or friend. See H McGee, R Garavan, M de Barra, J Byrne & R Conroy, *The SAVI Report: Sexual abuse and violence in Ireland*, Liffey Press, Dublin, 2002, p 122.
- 99 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 140.
- 100 J Cashmore, A Taylor, R Shackel & P Parkinson, *The impact of delayed reporting on the prosecution and outcomes of child sexual abuse cases*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 73–5, 144–7.
- 101 J Cashmore, A Taylor, R Shackel & P Parkinson, *The impact of delayed reporting on the prosecution and outcomes of child sexual abuse cases*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 75.
- 102 J Cashmore, A Taylor, R Shackel & P Parkinson, *The impact of delayed reporting on the prosecution and outcomes of child sexual abuse cases*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 75.
- 103 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 140.
- 104 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 26.
- 105 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 10; C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 22.
- 106 R Alaggia, 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10, no 5, 2005, p 455.
- 107 AM McAlinden, *'Grooming' and the sexual abuse of children: Institutional, internet and familial dimensions*, Oxford University Press, Oxford, 2012, p 24. See also Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 13: The response of the Marist Brothers to allegations of child sexual abuse against Brothers Kostka Chute and Gregory Sutton*, Sydney, 2015, p 41 and Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 37: The response of the Australian Institute of Music and RG Dance to allegations of child sexual abuse*, Sydney, 2015, pp 91–3.
- 108 Family and Community Development Committee, *Inquiry into the handling of child abuse by religious and other non government organisations volume 1*, Parliament of Victoria, Victoria, 2013, p xxxvii.
- 109 AM McAlinden, *'Grooming' and the sexual abuse of children: Institutional, internet and familial dimensions*, Oxford University Press, Oxford, 2012, pp 129, 180; C Shakeshaft, *Educator sexual misconduct: A synthesis of existing literature*, US Department of Education, Jessup, 2004, p 32.
- 110 GE Wyatt & M Newcomb, 'Internal and external mediators of women's sexual abuse in childhood', *Journal of Consulting & Clinical Psychology*, vol 58, no 6, 1990, p 765; RL Sjöberg & F Lindblad, 'Delayed disclosure and disrupted communication during forensic investigation of child sexual abuse: A study of 47 corroborated cases', *Acta Paediatrica*, vol 91, no 12, 2002, pp 1391–6.
- 111 TB Goodman-Brown, RS Edelstein, GS Goodman, DP Jones & DS Gordon, 'Why children tell: A model of children's disclosure of sexual abuse', *Child Abuse & Neglect*, vol 27, no 5, 2003, pp 525–40.
- 112 See for example Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 33: The response of the Salvation Army (Southern Territory) to allegations of child sexual abuse at children's homes that it operated*, Sydney, 2016, pp 71–2.

113 R Alaggia, 'Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure', *Child Abuse & Neglect*,
vol 28, no 11, 2004, p 1216.

114 R Alaggia, 'Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure', *Child Abuse & Neglect*,
vol 28, no 11, 2004, p 1214.

115 See K London, M Bruck, SJ Ceci & DW Shuman, 'Disclosure of child sexual abuse: What does the research tell us
about the ways that children tell?', *Psychology, Public Policy, and Law*, vol 11, no 1, 2005, p 201 for a discussion of the
limitations to this research.

116 S Robinson, 'Preventing abuse of children and young people with disability under the National Disability Insurance
Scheme: A brave new world?', *Australian Social Work*, vol 68, no 4, 2015, p 473.

117 F Briggs, 'Safety issues in the lives of children with learning disabilities', *Social Policy Journal of New Zealand*, no 29,
2006, p 43; Children with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child
Sexual Abuse, *Issues paper No 8: Experiences of police and prosecution responses*, 2015, p 8.

118 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report
prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 10.

119 P Schaeffer, JM Leventhal & AG Asnes, 'Children's disclosures of sexual abuse: Learning from direct inquiry', *Child Abuse
& Neglect*, vol 35, no 5, 2011, p 344.

120 SSS Tang, JJ Freyd & M Wang, 'What do we know about gender in the disclosure of child sexual abuse?', *Journal of
Psychological Trauma*, vol 6, no 4, 2008, p 21.

121 R Alaggia, 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10,
no 5, 2005, p 457. See also Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case
Study No 22: The response of Yeshivah Melbourne and Yeshiva Bondi to allegations of child sexual abuse made against
people associated with those institutions*, Sydney, 2016, pp 10, 16, 18–9.

122 Name changed, private session, 'Denis'.

123 Name changed, private session, 'Carleen'.

124 K London, M Bruck, D Wright & SJ Ceci, 'Review of the contemporary literature on how children report sexual abuse
to others: Findings, methodological issues, and implications for forensic interviewers', *Memory*, vol 16, no 1, 2008,
pp 29–47, 36–7.

125 R Alaggia, 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10, no 5,
2005, p 465.

126 J Breckenridge & G Flax, *Service and support needs of specific population groups that have experienced child sexual
abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 32;
P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker &
M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, report prepared
for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 29–32.

127 P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker &
M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, report prepared
for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 30–33.

128 NSW Ombudsman, *Responding to child sexual assault in Aboriginal communities: A report under Part 6A of the
Community Services (Complaints, Reviews and Monitoring) Act 1993*, NSW Ombudsman, Sydney, 2012, p iv; see also
S Gordon, K Hallahan & D Henry, *Putting the picture together: Inquiry into the response by government agencies to
complaints of family violence and child abuse in Aboriginal communities*, Department of Premier and Cabinet, Perth,
Western Australia, 2002.

129 P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker
& M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, report
prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 28, 31, M
Irenyi, L Bromfield, L Beyer & D Higgins, 'Child maltreatment in organisations: Risk factors and strategies for prevention',
Issues, vol 25, no 2, 2006; W O'Brien, *Problem sexual behaviour in children: A review of the literature*, Australian Crime
Commission, Canberra, 2008.

130 Name changed, private session, 'Fran'.

131 Name changed, private session, 'Jarrod'. See also: Name changed, private session, 'Myra'. See also the experience of
Ms Farrell-Hooker in 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, p 32.

132 Crime and Misconduct Commission, *Protecting children: An inquiry into abuse of children in foster care*, Crime and
Misconduct Commission, Brisbane, 2004, pp 227–8; EP Mullighan, *Children on Anangu Pitjantjatjara Yankunytjatjara
(APY) Lands, Commission of Inquiry: A report into sexual abuse*, Commission of Inquiry South Australia, Adelaide, 2008,
p 22; M Willis, *Non-disclosure of violence in Australian Indigenous communities*, Australian Institute of Criminology,
Canberra, 2011.

3 Recognising disclosure and identifying abuse

Victims and survivors of child sexual abuse may disclose in a range of different ways. Some victims will make a direct and unambiguous verbal disclosure to a trusted adult or friend. Others will disclose part of the experience, withhold some information and rely on adults to understand what they are trying to convey. Some victims will display physical indicators of sexual abuse such as injuries, but many will not show any physical signs of the abuse. Many survivors told us during private sessions that they tried to disclose the abuse in indirect ways, through their behaviour or emotional and physical reactions.

Institutional cultures where children, parents and staff are able to identify and disclose behaviours of concern help to keep children safe. However, we heard many examples in our case studies and private sessions of institutional employees and authorities not noticing unusual or potentially concerning behaviour by a colleague or failing to notice changes in a victim. In some cases, changes in the child's behaviour were noticed, but these either were not considered to be concerning, or at times were dismissed due to other events in the child's life. Perpetrators may target children with added vulnerabilities, which can also make it easier for adults to overlook signs of possible abuse, or even to consider that a trusted colleague is capable of abusing children.¹

We acknowledge that it can be difficult to identify child sexual abuse.

This chapter draws on what we have heard in private sessions and case studies, the research we have commissioned, broader research and practice literature to discuss:

- the variety of ways in which victims can and do disclose
- current knowledge about indicators that children may have been sexually abused
- other ways that child sexual abuse is identified, including when perpetrators admit abuse
- the impact of disclosure on victims and survivors of child sexual abuse.

There is a range of barriers that hinder disclosure of child sexual abuse, both during childhood and adulthood (see Chapters 4, 5 and 6). Parents, carers, and other adults who work with children should never assume that a child is capable of disclosing abuse, or that disclosures would always be in a clear verbal form. Rather than placing the burden on victims – particularly children – adults need to understand sexual abuse, notice behaviour and attempts to tell, and create conditions that may help victims feel safe to disclose.²

3.1 How victims disclose

Disclosure, by its nature, involves interactions and is determined not only by the initiative of the victim but also by the awareness and responses of others.³ Children and adults may disclose child sexual abuse in a variety of ways, including verbally or through their behaviour. They may do so intentionally or accidentally or may rely on others to notice that something is wrong and ask them what has happened.

It is important that adults are aware of, and are open to, the different ways children might disclose to ensure that children are supported, made safe, and believed even following tentative, unclear or partial disclosures.⁴ A school counsellor told us that often a student will come and see him several times to sound him out before telling him why they have come. Students might tell him about their friend, or bring a friend along, and test the waters and gain confidence before they disclose.⁵ Adults should also be aware that children may retract disclosures, or deny having been sexually abused, but may later affirm their initial disclosure, or disclose fully for the first time. All this points to the critical importance of adults understanding and recognising disclosure and being skilled to notice and identify children who may be experiencing sexual abuse.

In this section we describe some of the ways children may disclose, including making partial disclosures, retracting or denying, and indirect disclosures. We then discuss adults disclosing childhood abuse.

3.1.1 Disclosing during childhood

Victims may make partial or unclear disclosures

Children are sensitive to the feelings and responses of others around them.⁶ While some children who disclose may give a full and detailed account of their abusive experience, it is more common for children to offer hints or reveal pieces of information over time – not necessarily in chronological order and in some cases to a range of different people.⁷

In private sessions, many survivors who disclosed in childhood said that they made a number of smaller disclosures rather than a full disclosure of the abuse.⁸ They may have tested a potential recipient to see how they responded by ‘drip-feeding’ information,⁹ or may have limited a disclosure if they thought the person they were telling was not receptive or not coping with the disclosure.¹⁰ We spoke with some independent health workers who do a wide range of assessments for young people in a youth detention facility.¹¹ These health workers told us that they were surprised by how much they heard about disclosures of sexual abuse. However, they also said that the young people often disclosed different things to different workers and when all that information is brought together they see a more complete story.

In *Case Study 18: The response of the Australian Christian Churches and affiliated Pentecostal churches to allegations of child sexual abuse*, we were told that a member of the youth ministry at the Sunshine Coast Church, ALA, was sexually abused by the Youth Pastor, Jonathan Baldwin, from 2004 until 2006, when the pastor left.¹² On 4 April 2007, ALA approached the Senior Pastor of his new church, Pastor John Pearce, and told him about the abuse. Pastor Pearce told us that ALA did not provide further details at the time because of his emotional state.¹³ Pastor Pearce made arrangements for ALA to receive counselling and spoke to ALA a number of times to encourage him to provide further details of the abuse.¹⁴ On 16 May 2007, ALA met with Pastor Pearce and named Baldwin as the perpetrator.¹⁵ Six days later, ALA and Pastor Pearce disclosed the sexual abuse to ALA's parents. The following day, ALA reported the sexual abuse to the police and in 2009 Baldwin was convicted of 10 sexual offences against ALA.¹⁶

Children may find it difficult to be explicit about sexual abuse.

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 that BCG tried to disclose sexual abuse by her father, a Ministerial Servant in the congregation, to various people:

- She said to her father's friend's wife, 'I need to talk about some stuff that's happened between me and Dad'.¹⁷
- She said to another friend of her father, an Elder, 'I want to talk to you about things in my family that you don't know about. What my father is doing'.¹⁸
- She told a male friend (who later became her husband), 'My father has been rude to me'.¹⁹

We have heard that children may make a 'partial disclosure' to test the reaction of those they are telling before disclosing anything further. This may be a disclosure of another type of abuse, such as physical abuse, or a disclosure where the sexual abuse is minimised.²⁰ Children may also tell an adult about the sexual abuse of others before disclosing their own experiences of abuse.

Victims may retract a disclosure or deny abuse

For many children, disclosure is a fluid process and may not follow a linear path. Retraction refers to a withdrawal of a previous allegation of child sexual abuse.²¹ While some children do retract child sexual abuse disclosures,²² this does not necessarily mean that the abuse did not occur.

There is no consensus in the limited research conducted as to how frequently retractions of disclosure occur.²³ Children who retract often later confirm their original disclosure.²⁴ Research consistently shows that false allegations of child sexual abuse are rare.²⁵ This is discussed more fully in Volume 7, *Improving institutional responding and reporting*.

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 disclosures²⁶
- criminal proceedings.²⁷

For these reasons, adults should not assume that a retraction means that abuse did not occur or is not occurring.²⁸ This illustrates the importance of considering the possible pressure on the child to keep the abuse a secret or to withdraw their disclosure.²⁹

For example, during a private session ‘Jared Michael’ told us that when he was 15 years old, one of the relief cottage mothers at the youth detention centre where he was living began sexually abusing him. He told us that he thought it was a consensual relationship at the time. While he was at the centre, the police came to ask him about his relationship with the cottage mother. He denied having sex with her, because he did not think there was anything wrong with what was going on, and he did not want to get her into trouble. There was also a culture of ‘not dobbing’ in the centre, and there would have been repercussions for doing so. He told us that many years later, he tried to report the abuse to the police but said he was told there was nothing they could do because he had denied any wrongdoing when they had interviewed him as a 16-year-old.³⁰

Some survivors told us that although they disclosed sexual abuse as children, they later refused to talk about it or repeat the disclosure. We know from the research, and from what we have heard in case studies and private sessions, that some victims – both as children and adults – may deny they have been sexually abused but then make a disclosure at a later time.³¹

Indirect and accidental disclosures

Research suggests that only a minority of children will tell outright that they have been sexually abused.³² More commonly, children communicate through non-verbal ways, such as through changes to their behaviour. Behavioural changes and indirect, non-verbal actions may be a child’s attempt to disclose abuse. Children may also disclose accidentally, without forethought or a specific intent to reveal the abuse. We have heard many examples of victims who tried to disclose non-verbally but their attempt was not recognised.

Children with disabilities affecting verbal communication and cognitive ability, in particular, may rely primarily on non-verbal behaviour to communicate and often these attempts to disclose are not picked up by adults. Volume 5, *Private sessions* provides detailed analysis and discussion of what we were told by survivors with disabilities.

We commissioned research on the impact of disclosures of institutional child sexual abuse on family relationships. The research suggested that overall, disclosures made in childhood tended to be indirect disclosures or ‘trying to tell’. This may be through refusals to spend time with the perpetrator, indicating dislike for the perpetrator, or indicating something had happened with the perpetrator.³³ Younger children, as early as preschool, are more likely to ‘accidentally disclose’ abuse, through their behaviour, emotional reaction, or an out-of-context comment.³⁴

Section 3.2 outlines what we know about indicators that may point to child sexual abuse, including some behavioural indicators of abuse.

3.1.2 Disclosing during adulthood

Unlike disclosure in childhood, research suggests that adults’ disclosures of sexual abuse as children are more likely to be purposeful and intentional.³⁵ However, disclosure during adulthood can still be complicated and challenging. Survivors must decide who and when to tell and how much detail to share, navigate others’ reactions to their disclosure, deal with the ramifications of negative reactions and relive a painful experience from their past. The level of social and professional support a survivor receives, and a positive reaction from those they tell, can help facilitate disclosure during adulthood.³⁶

During private sessions many survivors told us about disclosing the abuse during adulthood. As stated earlier, about 10.3 per cent of people attending a private session told us their first disclosure was to the Royal Commission.

Many of the adult survivors told us that they had come forward to tell their stories for the sake of other children. For example, ‘Judith’ told us in a private session:

I came because – I don’t know if it sounds silly – but it’s like that little girl hasn’t grown up and she’s with me all the time. And it’s like I’ve got to help her, and to help other kids, because cruelties like this shouldn’t happen to children.³⁷

Some survivors told us they came forward to help us understand the nature and extent of institutional child sexual abuse. One male survivor, who disclosed for the first time to the Royal Commission, said he saw ‘priest after priest after priest’ in the media being charged with child sexual abuse, but no mention of doctors or nurses. He came forward to set the record straight. He said, ‘I’ve never taken much notice of it, but you people wanted to know something so I thought, well, it might help’.³⁸

3.2 Indicators of sexual abuse in children

Understanding potential indicators that a child has experienced sexual abuse can assist early disclosure, which is important to a child's safety and wellbeing and the prevention of harm to others. Children who experience child sexual abuse may exhibit a range of physical, behavioural and emotional symptoms that could be seen as indicators of distress, trauma and possibly abuse.

There are myriad reasons for a change in a child or young person's behaviour or emotions, making it difficult to establish a causal link between the change and child sexual abuse. However, adults need to keep child safety – including the possibility of sexual abuse – in their minds when they notice changes in a child. This should be done without jumping to conclusions and with careful consideration of what the adult knows about the child and the context in which they work and interact with that child.

This complexity can make it challenging to both identify sexual abuse and educate adults on how to identify possible abuse.³⁹ Despite these challenges, it is important that adults are aware of and notice possible indicators and create conditions that help victims feel safe to disclose the abuse.⁴⁰ A child safe institution will ensure that appropriate policies, training and support are in place to help adults identify possible abuse. Volumes 6, 7 and 8 provide a detailed discussion of child safe institutions.

Four studies we commissioned into children's views on safety in institutions suggested that children placed importance on the capacity of adults to notice that they are unsafe and take action when necessary, for adults to ensure other adults were acting appropriately, and for adults to be available and believe children and young people when they say they feel uncomfortable.⁴¹ In an online survey, around 45 per cent of children believed that adults at their school would only know if a child was unsafe if the child told them.⁴² This same research concluded 'Identification and problem-solving should occur not just when a young person discloses their concerns, but at an earlier stage and in more proactive ways'.⁴³ In one of these four studies, children and young people with disability spoke to researchers about the high value they place on support provided by family and support workers, and the need for these supporters to be particularly attuned to safety risks.⁴⁴

There is consensus in the research literature that, apart from certain types of physical injuries, there are other behavioural and physical indicators that are specific to child sexual abuse.⁴⁵ Practice literature suggests there are many symptoms that could indicate something is 'wrong'. At the extreme, significant changes in a child's normal development, behaviour or demeanor may indicate they have experienced trauma, including the possibility of sexual abuse.⁴⁶ Because there is no one clear behavioural indicator of child sexual abuse, adults need to be able to notice clusters of possible indicators and be attuned to changes in a child's behaviour to consider these together.

Potential indicators of child sexual abuse may be expressed differently depending on a number of factors, including a child's age and developmental stage. Factors such as disability, cultural background, gender, temperament, and family circumstances can also have an effect.⁴⁷ There are many ways to categorise and conceptualise indicators in the research literature. In the following sections we briefly describe physical injury, somatic symptoms, emotional and behavioural indicators. We also acknowledge that many children will not display any physical signs of abuse; nor will any particular behavioural or emotional changes be present.⁴⁸

The distinction between an indicator and an impact of child sexual abuse can often be blurred. Volume 3, *Impacts* provides a detailed discussion of the lifelong impacts that many survivors experience. The discussion in this volume is limited to the indicators of sexual abuse that may be apparent in children and adolescents.

3.2.1 Physical injury

There are some injuries and physical signs of abuse that are considered definitive indicators of sexual abuse if they are found in children. However, these are rare. These indicators include:⁴⁹

- the presence of semen
- pregnancy
- sexually transmitted infections or diseases
- anal and genital injury.

During private sessions and case studies many people told us about physical injury as a result of child sexual abuse. This was most evident in institutional contexts prior to the 1990s, when widespread cultures of violence, abuse and physical punishment were more common (see sections 5.3 and 6.1 for further discussion of this issue). Victims told us about injuries related to sexual penetration, such as damage to the genitals and anus.⁵⁰ For example, one survivor told us he was raped several times by a priest and teacher at his Catholic boarding school, when he was 15 years old. The final time was particularly violent and left him bleeding. He told us that his injuries required surgery, organised and paid for by the school. His parents were never told.⁵¹

'Melita' came to the Royal Commission to tell us about being raped as a child at a Scout gathering in the early 2000s. She had also previously been sexually abused by a relative. 'Melita' told us she became pregnant as a result of the rape and had a miscarriage. The assault also caused other significant gynaecological problems.⁵²

We also heard from many survivors who, despite the clear presence of physical injury, victims were not asked if they had been sexually abused. We heard from 'Peggy', who told us she was sexually abused for four years at a home run by the Methodist Church in the 1940s. She told us she sustained physical injuries from the rapes, including tearing and a severe infection in her groin and that she was not asked how the injuries had happened when she was eventually treated for them.⁵³ 'Julia Maree' told us she was sexually abused by her father and sexually exploited by other members of their Jehovah's Witnesses congregation from the age of five. She said she was 'too scared' to report the abuse to anyone outside the congregation, but that there were plenty of signs that her teachers should have picked up on. She told us she wet herself regularly in class because of chronic bladder infections and carried several spare sets of underwear in her bag every day.⁵⁴

Though many survivors told us about the physical injuries they experienced, research suggests that as few as 4 to 5 per cent of children who are sexually abused and have a physical examination will show any abnormalities.⁵⁵ Further, it is widely accepted that most victims of child sexual abuse will not have sexually transmitted infections and that injuries to genitals can heal rapidly and completely,⁵⁶ so these injuries cannot be relied upon to identify or confirm abuse, particularly if there is a delay until disclosure. There is some evidence that professionals may rely too heavily on medical information to determine whether child sexual abuse has occurred, when the child's history and disclosure are the most important indicators.⁵⁷ Volume 3, *Impacts* includes further discussion and examples of what we heard during private sessions and case studies about the health impacts of child sexual abuse.

Ultimately, a disclosure from a child, in the absence of injury or other physical indicators, should be acted upon. Any injury or other physical indicators should also be acted upon, even in the absence of an explicit disclosure.

3.2.2 Somatic symptoms

There are also a range of other physical symptoms that may be evident following child sexual abuse. Somatic symptoms are physical complaints that occur without a known or underlying health condition and they can be debilitating for the individual experiencing them.

Somatic symptoms are not specific to child sexual abuse, but may be an indication of an underlying trauma and can include symptoms such as: stomach ache; sore throats; headaches; urine and faecal incontinence, including bed-wetting; loss of appetite and weight loss; vomiting; nightmares and sleep disturbances; breathing difficulties; and unexplained pain.

Empirical research has examined a number of these types of factors together to determine whether victims of child sexual abuse experience more somatic symptoms than other children, rather than investigating whether each symptom is individually more likely to be related to child sexual abuse. This body of research shows that children who have experienced sexual abuse exhibit more somatic symptoms than other children.⁵⁸

Somatic symptoms can occur regardless of developmental stage. For example, a research study of adolescents who had experienced sexual abuse showed they also experienced significantly more somatic symptoms, including pain, headaches, stomach aches, nausea, vomiting, dizziness and fatigue. The study found that whether the sexual abuse involved physical contact significantly predicted the level of somatic symptoms.⁵⁹

A study of children aged between eight and 17 years who lived in residential care examined whether children had experienced a range of symptoms, which were rated by both the child and their primary carer/giver. Symptoms included aches and pains, dizziness, nausea and vomiting, racing heart, being sweaty, restlessness, shaking, feeling tense, and being underactive.⁶⁰ Children in this study who had experienced sexual abuse displayed higher rates of these somatic symptoms.

During private sessions, victims and survivors told us about a range of somatic symptoms they had experienced and often commented they had been treated by health professionals who did not ask about abuse. 'Kristian' told us he was raped at the age of 10 at a Christian Brothers boys' home in Western Australia in the 1950s. 'Kristian' told us that he became very ill after he was raped and that the Brothers did not care for him, but did notify his father about his constant vomiting. 'Kristian's' father then decided to take him out of the home and to a doctor. 'Kristian' was medically examined, but he didn't tell the doctor that he was raped. After being treated, 'Kristian' was sent back to the home.⁶¹

Survivors often told us that their physical and health issues affected them into adulthood. For example, 'Bethany' told us she was abused by a YMCA supervisor for four and a half years. 'Bethany' believes bad nerves and stress stemming from the abuse and her role shielding the family have caused her chronic stomach problems, which later required surgery. She wishes her family doctor had asked what was happening in her life to make her so sick all the time.⁶²

'Amber' told us she was abused by her swimming coach – a man she spent more time with than her parents – when she was 12 or 13 years old. A horseriding accident gave her the excuse she needed to give up swimming. For the rest of that year, 'Amber' hardly attended school. She told us that as the years went by there were other impacts too: a 'nervous breakdown', stomach ulcers, chronic fatigue and multiple episodes of glandular fever. 'Amber' told us, 'I really just started not caring about life, full stop'.⁶³

3.2.3 Emotional indicators and behavioural changes

Children who have been sexually abused may display a very wide range of emotional and behavioural responses to trauma that can be evident from very young ages.⁶⁴ We heard from many victims and survivors about how changes in behaviour are a key indicator that something is wrong and should prompt an adult to act. As one survivor told us:

If children suddenly change their behaviour and become aggressive, violent, destructive, moody or depressed, there is a reason for that change in behaviour. It needs to be investigated. Everyone needs to be aware of the signs of child abuse because it can happen anywhere.⁶⁵

There is no single emotional or behavioural sign that clearly indicates a child has been, or is being, sexually abused.⁶⁶ And, much like physical indicators discussed above, many children (as many as 40 per cent⁶⁷) may not show any changes to their behaviour. In addition, children who have not been sexually abused may also display the types of emotional and behavioural reaction described below. Regardless, disclosures and other indicators of abuse should be treated seriously, even in the absence of changes to the child's behaviour or emotional state, and changes to the child's behaviour and emotions should be treated seriously, even in the absence of an explicit disclosure.

Sexualised behaviours

One key behavioural change that may indicate sexual abuse is a child's display of sexualised behaviours.⁶⁸ Sexuality is an important part of a person's identity and develops from early childhood. It is normal for children and young people to express and explore their sexuality through behaviour, play and relationships, and how this occurs changes as the child progresses through stages of development. However, sexual behaviours and language that is inappropriate for the child's age and development may indicate childhood trauma, including sexual abuse.

Concerning sexual behaviour may manifest differently across childhood and adolescence. In early childhood, victims of sexual abuse may display behaviours such as violent or forceful and repetitive sexualised play with toys, sexually explicit drawings, or sudden and intense masturbation. A study that analysed data in 630 cases of alleged child sexual abuse suggested that for children aged between three and nine, sexual abuse was most commonly discovered through the child's inappropriate statements or sexualised behaviours.⁶⁹

During early adolescence, the task of managing puberty and hormonal change can be problematic for a child who has been sexually abused. Sexualised behaviours can extend to include:

- aggressive, explicit or exploitative sexualised engagement with other children
- sexualised behaviours with adults, or excessive concern with genitalia and sex or use of pornography
- engagement in unprotected sexual intercourse
- sex with multiple sexual partners.⁷⁰

Institutions should be aware that any sexual behaviours that are harmful, coercive, compulsive or forceful are a sign of possible child sexual abuse and signal the need to provide protection and support for that child, as well as investigate the causes of this behaviour.⁷¹ This investigation and protection should be undertaken for all children, including children with disability, for whom sexualised or inappropriate sexual behaviours may be overlooked by adults due to inadequate understandings of appropriate sexual development for these children. Volume 10, *Children with harmful sexual behaviours* provides a detailed discussion of our examination and recommendations about interventions and treatments for children with harmful sexual behaviours.

Broader emotional and behavioural indicators

Children of all ages and developmental stages who are sexually abused may have difficulties tolerating or regulating their distress following the trauma they have experienced.⁷² Volume 3, *Impacts* provides a detailed discussion of the impact of trauma on children.

Children who have been sexually abused may show a range of emotional concerns or changes to their behaviour, including:

- depression, anxiety and mood changes, including withdrawal
- phobias
- suicidal ideation
- symptoms of post-traumatic stress disorder, such as nightmares, intrusive memories, hyper-vigilance, hyper-arousal (heightened anxiety and alertness), and mood and personality changes
- drug and alcohol misuse
- over-compliance and eagerness to please
- aggressiveness and anger
- running away
- problems with school attendance and achievement
- self-harm
- regression after attaining a developmental milestone
- fear and avoidance of certain people and places.⁷³

For example, 'Daria', who told us she was sexually abused by 'Sister Louisa' when she was in Grade 4, explained that her behaviour changed drastically from an 'avid reader, good student' to a student who constantly fell asleep in class and got in trouble regularly. 'Daria' became an 'angry' teenager, which did not change in her adulthood. 'Daria' told us that she has suffered from depression, post-traumatic stress disorder, obsessive-compulsive disorder, and anxiety for many years. She continues to have panic attacks and suicidal thoughts and to isolate herself from others.⁷⁴

We heard from many survivors who told us they ran away from the institution as a way to try and escape the abuse they were experiencing. For example, 'Abigail' came to a private session to tell us about her son 'Michael', who she said was taken from her and placed in state care when he was about 11 years old. Not long after arriving at the children's home, 'Michael' ran away. He was picked up by the police and brought back. He ran away again, and was brought back again. He ran away again, and for weeks this pattern continued, with no one stopping to ask him why he was so desperate to escape. Eventually, 'Michael' broke down and told 'Abigail' that he had been sexually assaulted by one of the older boys at the home. 'Michael' told her that he had tried to disclose the boy's behaviour to staff at the home, but no one believed him. 'Abigail' told us that no one believed her either, when she told the story to the child welfare department and tried to get them to take action. It was only after 'Michael's' abuser confessed that something was finally done.⁷⁵

Emotional and behavioural changes in children who have been sexually abused may be evident as early as infancy.⁷⁶ For example, infants may be withdrawn, be highly anxious when separated from primary caregivers, or cry inconsolably or in an uncharacteristic manner.⁷⁷ 'Tanya' told us about her son 'Caleb', who was two years old and attending a childcare centre when she became concerned about the behaviour of a carer. 'Tanya' noticed changes in 'Caleb's' behaviour, including becoming upset when they turned into the driveway of the centre in the morning and running away and crying when he saw the carer. 'Tanya' moved 'Caleb' to another centre, has become hyper-vigilant and rarely lets him stay with anyone.⁷⁸

In Case Study 24: Preventing and responding to allegations of child sexual abuse occurring in out-of-home care, we heard evidence from the CEO and director of welfare at Barnardos Australia, Ms Louise Voigt, that some infants come to their organisation with a known history of child sexual abuse. Ms Voigt gave evidence that where infants come with a history of child sexual abuse that is not known, it is generally a carer who will first notice that a child's behaviour is different from other children. She told the Royal Commission of the importance of training carers to understand child development.⁷⁹

Children of any age who have experienced sexual abuse may lose skills they had previously mastered and regress to earlier stages of development. They may not want to engage with peers and may be withdrawn and 'numb'.⁸⁰ 'Lorraine' told us about being made a ward of the state, along with her younger sister, and being sent to a children's homes in Victoria from when she was three years old. At age six, 'Lorraine's' file records her as being a 'happy, healthy girl', but a year later reports about her had changed. She told us that in 1956, when she was six, the sexual abuse started at the orphanage. When 'Lorraine' and her younger sister were assessed for school, they were both classed as 'backward'. She told us that by the late 1950s, when they were sent for psychological assessment, both girls were displaying regressive behaviours. They were withdrawn and rarely spoke, except to each other and a few other girls.⁸¹

Victims of child sexual abuse may develop a fear of being alone or may fear and avoid unfamiliar adults.⁸² ‘Tammy’ told us she does not know many things about her early years and thinks she was about four years old when she was placed in a Red Cross children’s home in regional New South Wales. She told us she was sexually abused by women at the home and her memories of this ‘badness’ are vivid almost six decades later. After ‘Tammy’ left the home, she returned to live with her family. She told us that she became introverted, had anxiety attacks, couldn’t concentrate at school, and was scared of adults and the police.⁸³

Adolescents who have experienced sexual abuse may act in uncharacteristic ways as a cry for help. They may display higher levels of risk-taking behaviours, such as the abuse of alcohol or other drugs, self-harm and suicidality.⁸⁴ A male survivor told the Royal Commission that he was groomed and then sexually abused by his English teacher from early in his high school years. The survivor said that his father physically abused him at home. When he reached Form 5 at school, he could not take it anymore and ran away from home. He was found a week later, hiding out at the showground of a nearby town, living as a vagrant. The survivor said, ‘That was a bit of a cry for help. Then I come home and I was treated as a bad kid, running away ... I couldn’t tell nobody’.⁸⁵

Adolescents who have been sexually abused may engage in a range of risky behaviours

During *Case Study 43: The response of Catholic Church authorities in the Maitland-Newcastle region to allegations of child sexual abuse by clergy and religious*, we heard evidence from Ms Audrey Nash who told us about her sons, CQT and Andrew, and the changes she noticed in their behaviour and mood while they were in high school.⁸⁶ Both were altar boys when they were nine or 10 years old and both attended Marist Brothers for high school. CQT told Ms Nash that the Brothers had been tucking in boys’ shirts and putting hands down their pants. Ms Nash told us she believes that Andrew was sexually abused as an altar boy and at Marist Brothers.

Ms Nash told the Royal Commission that around 3rd Form she noticed changes in CQT’s behaviour. He started to misbehave both in school and outside school, which was unusual. She became aware that CQT was starting to drink alcohol and participate in other risky behaviour. She told us that she struggled to get CQT out of bed and he refused to go to school. As a compromise, he finished Year 11 and Year 12 at another school.

She also noticed changes in Andrew’s behaviour following an incident where he did not come home from school on time and said he had been at the Bar Beach Surf Club, which was where Ms Nash, months later, discovered Brother Romuald (Francis Cable) had sexually abused several boys. Andrew was uncharacteristically subdued following this incident and was reluctant to go to school the next day. She described other changes she noticed that year:

I noticed Andrew’s behaviour begin to change. He constantly didn’t want to go to school and often claimed to be sick. He became very subdued and withdrawn. It was a change of behaviour in a boy who always loved going to school. About six months after the Bar Beach incident, on 8 October 1974, Andrew took his own life in his bedroom. He was 13.⁸⁷

Additional considerations for children with disability

We have also heard – in research we commissioned and, in public hearings, private sessions and community consultations – about the importance of being especially aware of behavioural changes in children with disabilities, in addition to the factors discussed above (section 3.2). Like all children who experience abuse, research has indicated that children with intellectual disability who have been sexually abused may exhibit behavioural issues, including emotional outbursts, self-harm and heightened aggression. These types of behaviour may be the only available means for some children with intellectual disability to communicate about or avoid abuse.⁸⁸ Children with Disability Australia stated in a submission to the Royal Commission:

For children and young people with high communication support needs, communication often occurs primarily through behaviour, however this 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.⁸⁹

In a study we commissioned on safety in institutions for children with disability and high support needs, a school principal commented:

With our non-verbal [students] we are always looking for behaviour change, and we have noted certain behaviour changes mean certain things and what the triggers are. And what we find for those students is there will be a behaviour change and we haven't seen a trigger, there is nothing we can link it to. They are the behaviour changes we want to note and communicate to the parents because any change in behaviour means there is something happening. And it may be as simple as pain but we don't know that.⁹⁰

A change in behaviour can indicate something has happened to a child with disability

In *Case Study 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian Police, to allegations of child sexual abuse at St Ann's Special School*, we heard evidence about the experiences of children who attended St Ann's Special School. St Ann's supported students with intellectual disability. We were told about the sexual abuse of students by a school bus driver, Brian Perkins, who worked at the school in the late 1980s and early 1990s.⁹¹ Most former students who came into contact with Perkins were totally or partially non-verbal. We heard from the parents and carers, who told us about the changes they noticed in their children that they attributed to the abuse:

- The mother of LB, who has Down syndrome, noticed that after 1991 her son became more abusive, hitting himself, and also became withdrawn. He started to communicate with imaginary people and his behaviour deteriorated to the extent that LB had to move home.⁹²
- The mother of LE, who has an intellectual disability, said that LE started to behave differently by running away from the bus, stealing from his mother's purse and having angry outbursts. She removed LE from St Ann's because his behaviour deteriorated so significantly.⁹³
- The father of LF, who has Down syndrome and limited communication skills, said that after LF started attending St Ann's, his behaviour became sexually aggressive and he was expelled. After leaving St Ann's, he continued to exhibit aggressive behaviour by damaging public property.⁹⁴
- The carer of LA, who has Down syndrome and is visually impaired, said that in 1986, LA stopped wanting to travel to and from school on the bus and he started to exhibit inappropriate sexual behaviour.⁹⁵
- The mother of LC, who also attended St Ann's from 1982 until 1988, said his behaviour changed in that he became aggressive and exhibited sexual behaviour such as masturbating in public. LC changed from a happy, outgoing child to an angry, aggressive and violent person.⁹⁶

Parents and carers described how the delay in being informed of the allegations against Perkins that emerged in 2001 exacerbated their distress. If they had known of the allegations earlier, they would have been better equipped to understand their children's behaviour and provide their children with appropriate care and protection.⁹⁷

Children with disability who are non-verbal may also directly disclose through gestures and body language. In *Case Study 41: Institutional responses to allegations of the sexual abuse of children with disability (Disability service providers)*, CIK gave evidence concerning her daughter, CIJ, a young woman with high-level special needs. CIK gave evidence about two incidents that she regarded as non-verbal disclosures of child sexual abuse by her daughter. One of these incidents occurred after her daughter's second stay in respite care. CIJ had been sent home from school because the school believed that she had a cold. When CIK brought CIJ home, CIJ was incredibly distressed. While CIK was attempting to calm her daughter down, her daughter lay back on the bed, raised her genitals, craned her head forward, stuck out her tongue and cried. CIK 'had no doubt' that her daughter was trying to tell her that somebody had introduced her to unwelcome oral sex.⁹⁸

During a private roundtable we held on disability, we were told about how existing communication aids designed to support disclosure do not always support disclosure for children with disability who are non-verbal:

Conversations are often the way that the early signals are detected and the prevention and disclosure happen ... Certainly people who have communication difficulties may not even be given the opportunity to have the vocabulary. One of the issues that we see is that with communication aids that are picture based or photo based, the vocabulary is often determined by the people who support them. And sexuality and being able to identify and speak up around sexual offences or concerns or feeling unsafe they're not even given the opportunity to have that language.⁹⁹

Research shows that workers who lack appropriate knowledge and awareness may mistake non-verbal or behavioural indicators of sexual abuse as issues related to disability, such as incorrect medication, fear of hospitalisation or bullying.¹⁰⁰ Myths about people with intellectual disability – such as asexuality, highly sexualised behaviour and insensitivity to pain – can also create barriers to identifying sexual abuse.¹⁰¹

Like all children who have been sexually abused, children with disability may display a wide range of subtle emotional and behavioural indicators that something has happened to them. However, people's attitudes to disability and persistent myths about disability often prevent safe adults from noticing the changes in these children and taking them seriously.

3.3 Other ways abuse can be identified

3.3.1 Abuse is witnessed

We heard from many victims in private sessions who told us that the sexual abuse was identified because someone witnessed it happening. For example, 'Kalina' told us she was made a ward of the state at 10 months of age when her mother 'gave her away'. When she was 10 years old she was adopted by 'the Grahams'. 'Kalina' told us that her uncle, 'Ryan Bellamy', repeatedly abused her between the ages of eight and 13. 'Kalina' told us that when she was 13 her aunt witnessed an abusive event: 'Mr Bellamy' had his foot up 'Kalina's' nightie when his wife walked in. Horrified, 'Mrs Bellamy' acted decisively and made sure that her husband was never around 'Kalina' again. She told us that the abuse stopped from that moment and 'Kalina' began to feel safer. However, it was never reported, not even to 'Kalina's' parents.¹⁰²

We heard that in many cases the witnessing of sexual abuse did not lead to any action from the person who had witnessed the abuse,¹⁰³ or to an admission by the perpetrator or a disclosure by the victim.

3.3.2 Perpetrator admits abuse

In a small number of cases child sexual abuse may be identified because the perpetrator admits or confesses to the abuse. For example, during *Case Study 32: The response of Geelong Grammar School to allegations of child sexual abuse of former students (Geelong Grammar School)* we heard evidence from Mr Luke Benson. In 2005, Mr Benson was called to the police station at Prahran, where he was told that Philippe Trutmann, a teacher at his school, had admitted to sexually abusing him between approximately 30 and 40 times over a two-year period. He said he had no recollection of being sexually abused by Trutmann.¹⁰⁴

We acknowledge that this is not the experience for most survivors who have come to us for a private session or who have provided evidence in our case studies.

3.3.3 Identifying grooming tactics

Perpetrators may use a wide range of tactics and strategies, including grooming and entrapment, to enable, facilitate and conceal the sexual abuse of a child. These grooming tactics may be used to gain access to the child, obtain the child's compliance, and maintain the child's secrecy.¹⁰⁵ Perpetrators may also groom other people – for example the child's family, the institution and the community more broadly – who may otherwise be a source of safety and protection for the child.

Grooming is often incremental and many of the tactics and behaviours perpetrators use do not appear unusual in isolation; nor are the tactics used by perpetrators necessarily explicitly sexual or directly abusive in themselves.¹⁰⁶ Grooming generally consists of many discrete acts that, on their own, are not necessarily criminal or abusive.¹⁰⁷ Some grooming behaviours are consistent with those in normal adult–child relationships, and include desirable social behaviours, with the only difference being the motivation.¹⁰⁸ Many survivors told us that they did not recognise grooming tactics until after the abuse had ceased.

While research has identified a number of common phases in grooming, there is no usual pattern. Abusers modify their actions based on how the child reacts and responds to the process of being groomed.¹⁰⁹ Each victim's experience will be different and we were told many stories about the many ways perpetrators groomed the child, their family, the wider institution and the community.

For example, 'Lindsay' told us he was sexually abused by his teacher, 'Mr Bols', at a one-teacher school in rural Australia. The abuse began when 'Lindsay' was five years old and continued until he was 15. Even after that, 'Mr Bols' continued to exert influence over 'Lindsay's' life.

When 'Mr Bols' arrived in town in the late 1980s, he quickly became a significant and trusted member of the school, church and wider community. He also became a close family friend of 'Lindsay's' parents and would frequently be at 'Lindsay's' house, helping his mother during his father's frequent absences for work, and was included on family holidays. 'Lindsay' told us that 'Mr Bols' groomed him, his family and the whole community.

[I] felt like all these people are praising this person, how good he is, and [the abuse has] gone on for such a long period that I didn't know what to do. I didn't feel like I could turn to anyone ... He was in the church, it's a small community ... you know, everyone comes together for different events, community events with the school itself ... It was pretty difficult and that's why ... [the abuse] went on for so long – for that reason.¹¹⁰

As we can see from this example, grooming can be difficult to identify, particularly for non-offending adults in institutions who may have also been groomed by the perpetrator. It can also be very difficult for children to identify grooming and this can inhibit their ability to disclose. The way that grooming can act as a barrier to disclosure is discussed further in Chapter 5. The complexities of grooming and entrapment are discussed in more detail in Volume 2, *Nature and cause*.

Volumes 6, 7, and 8 provide a detailed discussion and our recommendations about child safe institutions. Volume 6, *Making institutions child safe* outlines what we have learned about making institutions child safe, including how to encourage cultures and organisational values that help keep children safe and educate and empower all members of an institution to identify and report suspected grooming and sexual abuse. Volume 7, *Improving institutional responding and reporting* discusses improving institutional responding and reporting, including codes of conduct for institutions working with children. Volume 8, *Recordkeeping and information sharing* discusses the need to strengthen information sharing arrangements and practices to better protect children from sexual abuse.

3.4 Impacts of disclosure

The impacts of child sexual abuse are reasonably well-researched. As set out in Volume 3, *Impacts*, child sexual abuse can affect all aspects of a victim's life across their lifespan, including mental and physical health, interpersonal relationships, identity, and socio-economic wellbeing. The impact can also spread to secondary victims, such as partners, children, parents, siblings, extended family, friends and communities.

The process of disclosing child sexual abuse, and particularly how it is received by the person who hears the disclosure, also has significant impacts on victims and their families. Whether, when, and to whom to disclose are critical decisions, and may have significant emotional, interpersonal, social and legal ramifications.¹¹¹ However, research on the impacts of disclosure itself – as distinct from the impact of the child sexual abuse – is inconclusive.¹¹²

Most victims described disclosure as a distressing experience. One male survivor explained:

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.¹¹³

The response a victim receives to disclosure can influence the impacts they experience. It is not uncommon for victims to experience a strong emotional response from those to whom they

disclose, particularly when the victim talks about the details of the abuse. A supportive response to disclosure, whether in a personal or professional context, greatly assists victims to manage the impacts of disclosing. During the *Geelong Grammar School* case study we heard from Robert Llewellyn-Jones, who told us he was abused when he was 15 years old. He explained, 'A survivor wants one thing above all: a humane compassionate response'.¹¹⁴

A female survivor told us she was sexually abused at an orphanage in Victoria. When she tried to tell adults at the home what was happening, she was reprimanded for being naughty and a liar. She told us she was later sent to a 'special school' where she was sexually abused again. She did not attempt to disclose this abuse because of the response she had received previously. She told us that as she got older, she understood better what had happened and felt 'dirty'. Embarrassment and shame prevented her from telling anyone about the sexual abuse.¹¹⁵

There is evidence that poor responses to disclosure may be associated with an increased risk of negative outcomes for victims and may further traumatise victims.¹¹⁶ 'Secondary wounding' can be experienced by the victim as trauma resulting from others not believing or denying the disclosure, blaming or stigmatising the victim following disclosure, and minimising the impact of the trauma from the sexual abuse.¹¹⁷ Victims may also experience a sense of guilt following disclosure, particularly if the disclosure triggers disharmony within their family or community. Research suggests that this is common for victims from cultural contexts that have strong collectivist-type values that tend to emphasise community harmony over individual interest.¹¹⁸ The impacts of the institutional response to child sexual abuse on victims are considered further in Volume 3, *Impacts*.

Some survivors described how a positive response to their first disclosure was an important step in their recovery process. A male survivor, who told us he was sexually abused at a Presbyterian children's home, said he did not tell anyone about the abuse until a few months before his private session. He said that he had spoken to a support group for victims of child sexual abuse and they suggested he contact the Royal Commission. He said that, about a month after this:

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.¹¹⁹

Some studies indicate that a delay in disclosure, or non-disclosure, may exacerbate the impacts of child sexual abuse.¹²⁰ A 2013 study looked at the experiences of 487 male survivors of child sexual abuse in the United States aged between 19 and 84 years, of whom 62 per cent were sexually abused by clergy. 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.¹²¹

Endnotes

- 1 E Munro & S Fish, *Hear no evil, see no evil: Understanding failure to identify and report child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 22.
- 2 See M Ungar, LM Tutty, S McConnell, K Barter & J Fairholm, 'What Canadian youth tell us about disclosing abuse', *Child Abuse & Neglect*, vol 33, no 10, 2009, p 706.
- 3 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 25–6; A Reitsemá & H Grietens, 'Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed', *Trauma, Violence, & Abuse*, vol 17, no 3, 2015, pp 335–6; SSS Tang, JJ Freyd & M Wang, 'What do we know about gender in the disclosure of child sexual abuse?', *Journal of Psychological Trauma*, vol 6, no 4, 2008, p 6; M Ungar, K Barter, SM McConnell, LM Tutty & J Fairholm, 'Patterns of abuse disclosure among youth', *Qualitative Social Work*, vol 8, no 3, 2009, p 342; SV Hunter, 'Disclosure of child sexual abuse as a life-long process: Implications for health professionals', *The Australian and New Zealand Journal of Family Therapy*, vol 32, no 2, 2011, p 160; KM Staller & D Nelson-Gardell, '"A burden in your heart": Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse', *Child Abuse & Neglect*, vol 29, no 12, 2005, pp 1415–32.
- 4 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 46.
- 5 Royal Commission into Institutional Responses to Child Sexual Abuse, Schools private roundtable, Sydney, 2015.
- 6 TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1408.
- 7 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 9; M Ciarlante, 'Disclosing sexual victimization', *The Prevention Researcher*, vol 14, no 2, 2007, p 11.
- 8 See also D Allnock & P Miller, *No one noticed, no one heard: A study of disclosures of childhood abuse*, National Society for the Prevention of Cruelty to Children, United Kingdom, 2013, pp 19–20; A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 25.
- 9 Royal Commission into Institutional Responses to Child Sexual Abuse, Schools private roundtable, Sydney, 2015.
- 10 TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1408. See also KM Staller & D Nelson-Gardell, '"A burden in your heart": Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1423; A Reitsemá & H Grietens, 'Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed', *Trauma, Violence, & Abuse*, vol 17, no 3, 2015, p 331.
- 11 Royal Commission consultation with children and young people in youth detention, 2016.
- 12 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 18: The response of the Australian Christian Churches and affiliated Pentecostal churches to allegations of child sexual abuse*, Sydney, 2015, p 67.
- 13 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 18: The response of the Australian Christian Churches and affiliated Pentecostal churches to allegations of child sexual abuse*, Sydney, 2015, p 68.
- 14 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 18: The response of the Australian Christian Churches and affiliated Pentecostal churches to allegations of child sexual abuse*, Sydney, 2015, p 68.
- 15 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 18: The response of the Australian Christian Churches and affiliated Pentecostal churches to allegations of child sexual abuse*, Sydney, 2015, p 68.
- 16 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 18: The response of the Australian Christian Churches and affiliated Pentecostal churches to allegations of child sexual abuse*, Sydney, 2015, p 68.
- 17 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 29: The response of the Jehovah's Witnesses and Watchtower Bible and Tract Society of Australia Ltd to allegations of child sexual abuse*, Sydney, 2016, p 31.
- 18 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 29: The response of the Jehovah's Witnesses and Watchtower Bible and Tract Society of Australia Ltd to allegations of child sexual abuse*, Sydney, 2016, p 31.
- 19 Exhibit 29-0006, 'Statement of BCG', Case Study 29, STAT.0590.001.0001_R at 9–11:37–46.
- 20 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 9.
- 21 T Sorensen & B Snow, 'How children tell: The process of disclosure in child sexual abuse', *Child Welfare: Journal of Policy, Practice, and Program*, vol LXX, no 1, 1991, p 5.
- 22 A Reitsemá & H Grietens, 'Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed', *Trauma, Violence, & Abuse*, vol 17, no 3, 2015, p 330; LC Malloy, TD Lyon & JA Quas, 'Filial dependency and recantation of child sexual abuse allegations', *Journal of the American Academy of Child and Adolescent Psychiatry*, vol 46, no 2, 2007, pp 162–70.
- 23 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, 2015, pp 19–21; K London, M Bruck, SJ Ceci & DW Shuman, 'Disclosure of child sexual abuse: What does the research tell us about the ways that children tell?', *Psychology, Public Policy, and Law*, vol 11, no 1, 2005, pp 194–226, p 203.

- 24 KM Staller & D Nelson-Gardell, “‘A burden in your heart’: Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse”, *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1416; T Sorensen & B Snow, ‘How children tell: The process of disclosure in child sexual abuse’, *Child Welfare: Journal of Policy, Practice, and Program*, vol LXX, no 1, 1991, p 11.
- 25 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, 2015, p 20.
- 26 D Allnock & P Miller, *No one noticed, no one heard: A study of disclosures of childhood abuse*, National Society for the Prevention of Cruelty to Children, United Kingdom, 2013, pp 22–3.
- 27 T Sorensen & B Snow, ‘How children tell: The process of disclosure in child sexual abuse’, *Child Welfare: Journal of Policy, Practice, and Program*, vol LXX, no 1, 1991, p 12; TD Lyon, ‘Scientific support for expert testimony on child sexual abuse accommodation’ in JR Conte (ed), *Critical issues in child sexual abuse: Historical, legal and psychological perspectives*, Sage, Newbury Park, 2002, p 131.
- 28 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 21.
- 29 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, pp 19–21.
- 30 Name changed, private session, ‘Jared Michael’.
- 31 K London, M Bruck, SJ Ceci & DW Shuman, ‘Disclosure of child sexual abuse: What does the research tell us about the ways that children tell?’, *Psychology, Public Policy, and Law*, vol 11, no 1, 2005; A Reitsema & H Grietens, ‘Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed’, *Trauma, Violence, & Abuse*, vol 17, no 3, 2015, p 330; T Sorensen & B Snow, ‘How children tell: The process of disclosure in child sexual abuse’, *Child Welfare: Journal of Policy, Practice, and Program*, vol LXX, no 1, 1991, p 14.
- 32 Sorensen and Snow found that only 11 per cent of the subjects of their study were in active disclosure. T Sorensen & B Snow, ‘How children tell: The process of disclosure in child sexual abuse’, *Child Welfare: Journal of Policy, Practice, and Program*, vol LXX, no 1, 1991, p 11.
- 33 See also A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 27; C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 12.
- 34 LB Campis, JH Curtis & DR Demaso, ‘Developmental differences in detection and disclosure of sexual abuse’, *Journal of the American Academy of Child and Adolescent Psychiatry*, vol 32, no 5, 1993, pp 920–4.
- 35 D Tener & SB Murphy, ‘Adult disclosure of child sexual abuse: A literature review’, *Trauma, Violence and Abuse*, vol 16, no 4, 2015, pp 392, 395.
- 36 D Tener & SB Murphy, ‘Adult disclosure of child sexual abuse: A literature review’, *Trauma, Violence and Abuse*, vol 16, no 4, 2015, p 396.
- 37 Name changed, private session, ‘Judith’.
- 38 Name changed, private session, ‘Jason Michael’.
- 39 E Martin & P Silverstone, ‘How much child sexual abuse is “below the surface” and can we help adults identify it early?’, *Frontiers in Psychiatry*, vol 4, no 58, 2013, pp 1–10.
- 40 See M Ungar, LM Tutty, S McConnell, K Barter & J Fairholm, ‘What Canadian youth tell us about disclosing abuse’, *Child Abuse & Neglect*, vol 33, no 10, 2009, p 706.
- 41 T Moore, M McArthur, J Heerde, S Roche & P O’Leary, *Our safety counts: Children and young people’s perceptions of safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 59; T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 56.
- 42 T Moore, M McArthur, J Heerde, S Roche & P O’Leary, *Our safety counts: Children and young people’s perceptions of safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 43.
- 43 T Moore, M McArthur, J Heerde, S Roche & P O’Leary, *Our safety counts: Children and young people’s perceptions of safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 58.
- 44 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 10.
- 45 E Martin & P Silverstone, ‘How much child sexual abuse is “below the surface” and can we help adults identify it early?’, *Frontiers in Psychiatry*, vol 4, no 58, 2013, p 7; D Finkelhor, ‘Child sexual abuse: Challenges facing child protection and mental health professionals’ in Ullmann & Hilweg (eds), *Childhood and trauma: Separation, abuse, war*, Ashgate, Aldershot, 1999, pp 101–15.
- 46 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, pp 10, 12.
- 47 For a discussion of how trauma is displayed in children of varying ages, see Volume 3, Chapter 3.
- 48 D Finkelhor, ‘Child sexual abuse: Challenges facing child protection and mental health professionals’ in Ullmann & Hilweg (eds), *Childhood and trauma: Separation, abuse, war*, Ashgate, Aldershot, 1999, p 107.

49 J Whetsell-Mitchell, 'Indicators of child sexual abuse: Children at risk', *Issues in Comprehensive Pediatric Nursing*, vol 18, no 4, 1995, pp 319–40; Royal College of Paediatrics and Child Health, *The physical signs of child sexual abuse: An evidence-based review and guidance for best practice*, Lavenham Press, Lavenham, Suffolk, 2008.

50 See for example, the experience of CIC, Royal Commission into Institutional Responses to Child Sexual Abuse, *Case study 41: Institutional responses to allegations of the sexual abuse of children with disability*, Sydney, 2016, pp 25–6.

51 Name changed, private session, 'Rory'.

52 Name changed, private session, 'Melita'.

53 Name changed, private session, 'Peggy'.

54 Name changed, private session, 'Julia Maree'.

55 JA Adams, 'Medical evaluation of suspected child sexual abuse: 2011 update', *Journal Of Child Sexual Abuse*, vol 20, no 5, 2011, p 591.

56 JA Adams, 'Medical evaluation of suspected child sexual abuse: 2011 update', *Journal Of Child Sexual Abuse*, vol 20, no 5, 2011, pp 591–2.

57 JA Adams, 'Medical evaluation of suspected child sexual abuse: 2011 update', *Journal Of Child Sexual Abuse*, vol 20, no 5, 2011, p 592; A Heger, L Ticson, O Velasquez & R Bernier, 'Children referred for possible sexual abuse: Medical findings in 2384 children', *Child Abuse & Neglect*, vol 26, no 6–7, 2002, pp 645–59.

58 BB Kugler, M Bloom, LB Kaercher, TV Truax & EA Storch, 'Somatic symptoms', *Child Psychiatry and Human Development*, vol 43, no 5, 2012, pp 661–73; IJ Bonvanie, A van Gils, KAM Janssens & JGM Rosmalen, 'Sexual abuse predicts functional somatic symptoms: An adolescent population study', *Child Abuse & Neglect*, vol 46, 2015, pp 1–7.

59 IJ Bonvanie, A van Gils, KAM Janssens & JGM Rosmalen, 'Sexual abuse predicts functional somatic symptoms: An adolescent population study', *Child Abuse & Neglect*, vol 46, 2015, pp 1–7.

60 BB Kugler, M Bloom, LB Kaercher, TV Truax & EA Storch, 'Somatic symptoms', *Child Psychiatry and Human Development*, vol 43, no 5, 2012, pp 661–73.

61 Name changed, private session, 'Kristian'.

62 Name changed, private session, 'Bethany'.

63 Name changed, private session, 'Amber'.

64 KA Kendall-Tackett, LM Williams & D Finkelhor, 'Impact of sexual abuse on children: A review and synthesis of recent empirical studies', *Psychological Bulletin*, vol 113, no 1, 1993, pp 164–80; D Finkelhor, 'Child sexual abuse: Challenges facing child protection and mental health professionals' in Ullmann & Hilweg (eds), *Childhood and trauma: Separation, abuse, war*, Ashgate, Aldershot, 1999, p 106.

65 Exhibit 23-0028, 'Statement of ATN', Case Study 23, STAT.0513.001.0001_R at 9:39.

66 D Finkelhor, 'Child sexual abuse: Challenges facing child protection and mental health professionals' in Ullmann & Hilweg (eds), *Childhood and trauma: Separation, abuse, war*, Ashgate, Aldershot, 1999, p 106.

67 D Finkelhor, 'Child sexual abuse: Challenges facing child protection and mental health professionals' in Ullmann & Hilweg (eds), *Childhood and trauma: Separation, abuse, war*, Ashgate, Aldershot, 1999, p 107.

68 D Finkelhor, 'Child sexual abuse: Challenges facing child protection and mental health professionals' in Ullmann & Hilweg (eds), *Childhood and trauma: Separation, abuse, war*, Ashgate, Aldershot, 1999, pp 106–7; J Whetsell-Mitchell, 'Indicators of child sexual abuse: Children at risk', *Issues in Comprehensive Pediatric Nursing*, vol 18, no 4, 1995, p 324.

69 T Sorensen & B Snow, 'How children tell: The process of disclosure in child sexual abuse', *Child Welfare: Journal of Policy, Practice, and Program*, vol LXX, no 1, 1991, p 13.

70 JD Champion, J Piper, A Holden, J Korte & RN Shain, 'Abuse and risk for pelvic inflammatory disease among minority women' in SM Sturt (ed), *Child abuse: New research*, Nova Science Publishers, New York, 2006, p 190.

71 Family Planning Queensland, *Sexual behaviours in children and young people*, Family Planning Queensland, Southport, 2012.

72 BA van der Kolk, 'Developmental trauma disorder', *Psychiatric Annals*, vol 35, no 5, 2005, pp 401–8.

73 D Finkelhor, 'Child sexual abuse: Challenges facing child protection and mental health professionals' in Ullmann and Hilweg (eds), *Childhood and trauma: Separation, abuse, war*, Ashgate, Aldershot, 1999, pp 106–7; J Whetsell-Mitchell, 'Indicators of child sexual abuse: Children at risk', *Issues in Comprehensive Pediatric Nursing*, vol 18, 1995, pp 319–40; KA Kendall-Tackett, LM Williams & D Finkelhor, 'Impact of sexual abuse on children: A review and synthesis of recent empirical studies', *Psychological Bulletin*, vol 113, no 1, 1993, pp 164–80; Victorian Department of Human Services, *Child development and trauma specialist practice resource*, 2012, www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/child-development-and-trauma-specialist-practice-resource (viewed 10 February 2017).

74 Name changed, private session, 'Daria'.

75 Name changed, private session, 'Abigail' (Parent).

76 For example, infants may show 'frozen watchfulness', and children and young people can dissociate and appear to be 'zoned out' (see Volume 3, Chapter 3). See also R Miller, *Child development and trauma: Best interests case practice model, specialist practice resources*, Victorian Department of Human Services, Melbourne, 2012.

77 Victorian Department of Human Services, *Child development and trauma specialist practice resource*, 2012, www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/child-development-and-trauma-specialist-practice-resource (viewed 10 February 2017).

78 Name changed, private session, 'Tanya' (parent).

79 Transcript of L Voigt, Case Study 24, 13 March 2015 at 13212:40–13213:6.

80 Victorian Department of Human Services, *Child development and trauma specialist practice resource*, 2012, www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/child-development-and-trauma-specialist-practice-resource (viewed 10 February 2017).

81 Name changed, private session, ‘Lorraine’.

82 Victorian Department of Human Services, *Child development and trauma specialist practice resource*, 2012, www.dhs.vic.gov.au/for-service-providers/children,-youth-and-families/child-protection/specialist-practice-resources-for-child-protection-workers/child-development-and-trauma-specialist-practice-resource (viewed 10 February 2017).

83 Name changed, private session, ‘Tammy’.

84 DM Fergusson, JM Boden & LJ Horwood, ‘Exposure to childhood sexual and physical abuse and adjustment in early adulthood’, *Child Abuse & Neglect*, vol 32, no 6, 2008, pp 607–19; HA Bergen, G Martin, AS Richardson, S Allison & L Roeger, ‘Sexual abuse and suicidal behavior: A model constructed from a large community sample of adolescents’, *Journal of the American Academy of Child and Adolescent Psychiatry*, vol 42, no 11, 2003, pp 1301–9.

85 Name changed, private session, ‘Lennox’.

86 Exhibit 43-0023, ‘Statement of Audrey Nash’, Case Study 43, STAT.1172.001.0008_R.

87 Exhibit 43-0023, ‘Statement of Audrey Nash’, Case Study 43, STAT.1172.001.0008_R at 4.

88 J Breckenridge & G Flax, *Service and support needs of specific population groups that have experienced child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 41.

89 Children with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 9: Addressing the risk of child sexual abuse in primary and secondary schools*, 2015, p 9.

90 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 69.

91 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian Police, to allegations of child sexual abuse at St Ann’s Special School*, Sydney, 2015.

92 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian Police, to allegations of child sexual abuse at St Ann’s Special School*, Sydney, 2015, pp 60–1.

93 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian Police, to allegations of child sexual abuse at St Ann’s Special School*, Sydney, 2015, p 61.

94 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian Police, to allegations of child sexual abuse at St Ann’s Special School*, Sydney, 2015, p 61.

95 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian Police, to allegations of child sexual abuse at St Ann’s Special School*, Sydney, 2015, p 61.

96 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian Police, to allegations of child sexual abuse at St Ann’s Special School*, Sydney, 2015, p 61.

97 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian Police, to allegations of child sexual abuse at St Ann’s Special School*, Sydney, 2015, p 62.

98 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 41: Institutional responses to allegations of the sexual abuse of children with disability*, Sydney, 2017, p 66.

99 Royal Commission into Institutional Responses to Child Sexual Abuse, Disability private roundtable, Sydney, 2015.

100 J Breckenridge & G Flax, *Service and support needs of specific population groups that have experienced child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 40.

101 J Breckenridge & G Flax, *Service and support needs of specific population groups that have experienced child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 40.

102 Name changed, private session, ‘Kalina’.

103 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 21: The response of the Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram’s former spiritual leader in the 1970s and 1980s*, Sydney, 2016, pp 21, 38, 57.

104 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 32: The response of Geelong Grammar School to allegations of child sexual abuse of former students*, Sydney, 2017, p 26.

105 AM McAlinden, ‘Grooming’ and the sexual abuse of children: *Institutional, internet and familial dimensions*, Oxford University Press, Oxford, 2012, p 24.

106 P O’Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 10, 23.

107 P O’Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 1.

- 108 P O’Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the
 109 Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 7.
- 109 AM McAlinden, *‘Grooming’ and the sexual abuse of children: Institutional, internet and familial dimensions*,
 110 Oxford University Press, Oxford, 2012, p 94.
- 110 Name changed, private session, ‘Lindsay Paul’.
- 111 SM Kogan, ‘Disclosing unwanted sexual experiences: Results from a national sample of adolescent women’,
 112 *Child Abuse & Neglect*, vol 28, no 2, 2004, p 148.
- 112 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and
 113 Community Services, Sydney, 2015, p 40; SSS Tang, JJ Freyd & M Wang, ‘What do we know about gender in the
 114 disclosure of child sexual abuse?’, *Journal of Psychological Trauma*, vol 6, no 4, 2008, p 4.
- 113 Name changed, private session, ‘Garry’.
- 114 Exhibit 32-0003, ‘Statement of Robert Llewellyn-Jones’, Case Study 32, STAT.0643.001.001_R at 18:48.
- 115 Name changed, private session, ‘Lorraine’.
- 116 J Astbury, *Child sexual abuse in the general community and clergy-perpetrated child sexual abuse: A review paper
 117 prepared for the Australian Psychological Society to inform an APS response to the Royal Commission into Institutional
 118 Responses to Child Sexual Abuse*, Australian Psychological Society, Albury, 2013, p 12.
- 117 A Matsakis, *I Can’t Get Over It: A Handbook for Trauma Survivors 2nd edition*, New Harbinger Publications, Oakland,
 1996, pp 90–1. See also AHA’s experience in Royal Commission into Institutional Responses to Child Sexual Abuse,
*Report of Case Study No 18: The response of the Australian Christian Churches and affiliated Pentecostal churches
 118 to allegations of child sexual abuse*, Sydney, 2015 p 25.
- 118 P Sawrikar, *Working with ethnic minorities and across cultures in Western child protection systems*, Taylor and Francis,
 London, 2016, pp 25–6.
- 119 Name changed, private session, ‘Grahame’.
- 120 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community
 Services, Sydney, 2015, p 40, SE Ullman, ‘Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in
 child sexual abuse survivors’, *Journal of Child Sexual Abuse*, vol 16, no 1, 2007, pp 21, 32; SD Easton, ‘Disclosure of child
 sexual abuse among adult male survivors’, *Clinical Social Work Journal*, vol 41, no 4, 2013, p 351.
- 121 SD Easton, ‘Disclosure of child sexual abuse among adult male survivors’, *Clinical Social Work Journal*, vol 41, no 4,
 2013, p 351.

4 Barriers to disclosure for the victim

Victims face a multitude of barriers to disclosure. A victim of child sexual abuse is inherently vulnerable in the face of an adult perpetrator. The behaviour of a perpetrator or a child with harmful sexual behaviours and the factors present in an institution can further contribute to the vulnerability of a child victim. Understanding barriers to disclosure allows us to see where barriers could be removed or lessened.¹ This is considered further in Chapter 7 of this volume. Understanding why disclosure can be difficult for children may also help parents, carers, family members and loved ones who struggle to understand why their child did not tell them, or waited to tell them, about sexual abuse.²

This chapter considers what we have learned about these barriers to disclosure through our private sessions and case studies, as well as from the research literature. The barriers to disclosure covered in this volume are not exhaustive and not mutually exclusive.

This chapter describes some of the intrapersonal reasons victims find disclosure difficult, decide not to disclose, or delay disclosure for many years. These can include the victim's:

- feelings of shame and embarrassment
- fear or experience of a negative response to disclosure, including fear of not being believed
- fear of being stigmatised or viewed differently
- uncertainty about what is abusive
- difficulty communicating their experience of abuse.

During our private sessions, we heard from many survivors who told us about the barriers they faced when trying or deciding to disclose what had happened to them. Feeling ashamed and embarrassed, having no one to tell, and fearing that no one would believe them if they did disclose were the most common barriers that survivors described. We heard about numerous difficulties that survivors faced, and we found that each experience was unique. Most survivors described multiple, intertwined barriers to disclosure. Some barriers are experienced more often, or with greater intensity, by particular groups.³

Chapter 5 explores barriers to identifying and disclosing sexual abuse that are created by perpetrator behaviours, and Chapter 6 outlines the institutional factors that act as barriers to identifying and disclosing abuse.

4.1 Feelings of shame and embarrassment

The most common barrier to disclosure that we heard about from people attending a private session was shame or embarrassment. Of those who attended a private session and spoke about barriers to disclosure, many told us that feelings of shame and embarrassment had prevented them from disclosing sooner. This applied to 46.0 per cent who had disclosed as an adult and 27.8 per cent who had disclosed as children.

A female survivor told us, 'I did not report the abuse at the time because I felt ashamed, scared, embarrassed and couldn't bear the thought of disappointing my family'.⁴ These feelings were described by survivors of all ages.⁵ A sense of shame and embarrassment was also the most frequently cited reason for not disclosing in a population survey on sexual violence in Ireland.⁶ Other studies also confirm that a range of negative emotions may deter disclosure for children and adults.⁷ These emotions may include self-blame, humiliation, generalised fear, guilt, low self-esteem, anger, hate, rage, loss of control, confusion, pain and disgust.⁸ One survivor told us:

I was scared. I was gutless. I should have looked after my little brother. I was too humiliated, ashamed, embarrassed and scared to do anything. It got to the point where I thought if I was to go to the authorities and report this, I'd just be labelled a poofter or something like that and asked, 'Why didn't you do it before?'⁹

Other survivors also described feeling 'dirty' after they were abused. In *Case Study 1: The response of institutions to the conduct of Steven Larkins*, the Royal Commission heard from AA who was sexually abused by Steven Larkins in 1992. AA said that when the assault occurred, he felt 'belittled, dirty, wrong and confused' and 'didn't know what [he] had done to deserve this'.¹⁰

We also heard from 'Judith', who told us that she started to be sexually abused by the superintendent at her residential training school when she was 12. The ongoing abuse shattered 'Judith's' self-esteem: 'I really thought I was the lowest form of life on the planet ... I just really thought I was so low, that he was allowed to do this.'¹¹

In private sessions, we consistently heard about the shame that prevented Aboriginal and Torres Strait Islander survivors from disclosing. These survivors told us their shame went beyond the stigma of having been sexually abused. Commissioned research suggests the cultural abuse that Aboriginal and Torres Strait Islander peoples were subjected to as part of the protectionist and assimilationist policies of the 20th century additionally made Aboriginal and Torres Strait Islander victims feel ashamed of their identity.¹² We heard that the fear of being judged and re-traumatised by non-Aboriginal workers who lack an understanding of Aboriginal and Torres Strait Islander victims' unique experience of shame can be a systemic barrier to disclosure.¹³

Research suggests that children may often feel responsible for the sexual abuse.¹⁴ In some cases, children feel their bodies reacting to sexual stimulation against their will, which they may interpret as evidence of enjoyment or participation.¹⁵ One study has suggested that feeling ashamed and responsible for sexual abuse may be more common among children abused numerous times, as the longer the abuse goes on, the more complicit they feel.¹⁶

Intensifying feelings of shame

Perpetrators and institutions often exacerbated the child's feelings of shame and embarrassment by diminishing their self-esteem and dehumanising them, leaving them feeling afraid and powerless to disclose the sexual abuse. 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 from EB who told us he was sexually abused by Captain Lawrence Wilson. EB said he was raped and sustained beatings and other physical abuse by Wilson. He also described emotional abuse, with Wilson repeatedly telling him he was 'useless' and 'worthless'.¹⁷ We found that in most cases, boys in the four homes managed by The Salvation Army who disclosed sexual abuse to the manager or other officers were punished, disbelieved or accused of lying, or no action was taken. Many boys in the four homes who had been sexually abused who gave evidence in this case study did not disclose the sexual abuse to anyone because they were scared of punishment by officers or did not think they would be believed.¹⁸

We were told that perpetrators actively contributed to the low self-esteem of already vulnerable children by belittling them, which made them feel that they would not be believed if they disclosed. We heard about the impact of this dehumanisation on children who were already vulnerable in the case of 'Felicia', who told us she was sexually abused by her foster father from the ages of 14 and 16. She did not report the abuse to child welfare services:

People just don't believe that these sort of things happen. And you jump out of one situation and into a sexual abuse situation and who's going to believe you? I had such a distrust of anybody believing what I would say ... In the girls' home they'd tell you you're not wanted, you're a liar, people don't want you, that's why you're here. So you end up with such low self-esteem that you don't talk about it.¹⁹

Feelings of embarrassment and shame may stem from victims blaming themselves or feeling responsible for the sexual abuse.²⁰ A recent UK study spoke to young people about their experiences of disclosing a range of types of child abuse, including sexual abuse. This study found that feelings of shame, guilt or embarrassment stopped young people from telling someone about the abuse, and that these feelings were particularly evident in the young people who had been sexually abused, especially for the young men in the study.²¹

Research we commissioned into family relationships and disclosure of institutional child sexual abuse observed that a number of participants described how conservative family beliefs,

including conservative religious values, ‘created an environment that minimised the impact of sexual abuse and amplified a sense of shame associated with sexual abuse’.²² Commissioned research indicated that ‘shame can be a strong emotional factor for male victims whose sense of self and masculinity is challenged by the abuse’.²³ Some male victims who did not disclose in childhood expressed feelings of shame for not living up to a type of masculine ideal.²⁴ This is discussed further in section 4.3.

Volume 3, *Impacts* also discusses shame as an impact of institutional child sexual abuse.

4.2 Fear or experience of a negative response to disclosure

Studies have found that before disclosing, victims will often weigh up the potential risks and benefits of telling others about the sexual abuse.²⁵ Unsurprisingly, victims are less likely to disclose if they expect they will receive a negative reaction or response, or if they believe the disclosure will have negative consequences for them, their families or their communities.²⁶ This section considers what we have heard about barriers arising from an expectation or experience of a negative response to disclosure, including:

- fear, expectation or experience of not being believed
- fear of the consequences of disclosure
- fear of being stigmatised or viewed differently
- fear of the impact of disclosure on family and community.

The quality of the response received after disclosure can be critical to the victim’s wellbeing.²⁷ Supportive responses to disclosures are discussed further in Chapter 7. The impact of a negative institutional response to disclosure on the wellbeing of victims is considered in Volume 3, *Impacts*.

4.2.1 ‘Who would believe me?’

Survivors often told us they did not disclose their experience of sexual abuse because they did not think they would be believed – of those who told Commissioners about barriers to disclosure, this applied to almost 22.6 per cent of survivors who disclosed as adults and 26.1 per cent who disclosed as children.²⁸ We heard that many perpetrators use tactics to manipulate the child into believing that non-offending adults are already aware of the abuse or wouldn’t believe the child if they disclosed. We heard this, for example, from ‘Tania’, who told us she was abused by her Grade 5 teacher when she was 11 years old. She was told by the teacher that her parents had given him approval to teach her what adults did together, but also that it was their secret, and there would be trouble if anyone else found out what they were doing. ‘Tania’ told us that he threatened to kill her, or that she would be taken away and placed in an orphanage, if she ever disclosed.²⁹

The reputation or role of the perpetrator can contribute to the victim feeling they would not be believed if they disclosed, particularly because perpetrators of institutional child sexual abuse often exploit their position and power to abuse children. In *Case Study 2: YMCA NSW's response to the conduct of Jonathan Lord*, a mother recounted asking her son, AO, why he had not told her about the sexual abuse by Jonathan Lord. He replied, 'Because I didn't think you'd believe me'. She believes that her son saw that she liked Lord, and feared that disclosing would upset her.³⁰

We also heard that an expectation of not being believed was sometimes the product of generational or societal views about children. Historically, the legal system reflected the view that children have a tendency to lie.³¹ One male survivor, who told us he was sexually abused in the late 1960s, said:

A lot of the battle is for someone to believe what you say. Because when a child goes against an adult, in my generation, you couldn't do that. You were considered a liar. And I've battled that for so long.³²

However, a 2009 survey of Australian attitudes towards child abuse (including, but not limited to, child sexual abuse) indicates that this is not merely an historical view. The survey found that 32 per cent of respondents believed that children make up stories about being abused, and 24 per cent did not agree or could not make up their mind whether to believe children who disclose experiences of abuse or neglect.³³ As discussed in Volume 7, *Improving institutional responding and reporting*, false allegations of child sexual abuse are rare³⁴ – indeed, a child who has experienced child sexual abuse is more likely to deliberately choose to not disclose the abuse than to deliberately choose to disclose.³⁵

Some religious or cultural communities hold strong views about children's deference to adults. In public consultations with multicultural stakeholders, we were told that some communities prioritise adults' authority over children and demand unquestioning obedience. Fear of outside judgment or 'causing trouble', particularly in some religious or more recently arrived migrant communities, can intensify this censoring of children's voices.³⁶

Further, some problematic attitudes towards people with disability may also lead to an expectation by victims with disability that they will not be believed, which creates a powerful barrier to disclosure. These include myths that people with disability:

- are asexual or, conversely, promiscuous
- lie, exaggerate or are readily influenced by others
- are unable to give credible and reliable accounts of their experiences
- are not usually, and would not be, sexually abused.³⁷

4.2.2 The consequences of disclosing

Fear was a constant theme in the experiences of survivors we spoke to. Sometimes it was a distinct fear, of the perpetrator or of the consequences of disclosure. Other times it was a general, ever-present fear. Many survivors who we heard from in private sessions and case studies spoke of the threats, punishments and other consequences that they faced after attempting to tell someone about the abuse.

For example, we heard from AKU during *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*. AKU told us about being sexually abused by Mr Donald Henderson, her house parent, from when she was five years old until she was 13 years old. She also told us that she grew up frightened of Mr Henderson and described being beaten by him almost every day. AKU said she was too afraid to tell anyone about the sexual abuse at the time of the abuse, partly because of the physical beatings she endured from Mr Henderson.³⁸

‘Ronan’ told us about the sexual abuse he experienced at the hands of religious sisters at a boys’ home when he was 11 years old, by priests when he was an altar boy and by men living in a house he was sent to by the religious sisters during holidays. He thought of one of the religious sisters as ‘the mother I never had’ and he told her what had happened to him.

She yelled at me for being a liar, and I was then given a beating... [The matter] should have been investigated. I should have been treated with respect and listened to. I should not have been beaten for telling the truth as a little child.³⁹

Survivors also frequently told us that, if they did disclose, no action was taken to protect them or make the abuse stop. For example, during *The Salvation Army boys’ homes, Australia Eastern Territory* case study, EY told us about the sexual abuse he experienced at Riverview Training Farm when he was about 12 years old. Four or five days after the abuse took place, EY built up the courage to tell Captain Bennett, the manager of Riverview, about being sexually abused by an older boy.

I walked up to him and I said, ‘Captain Bennett, something's happened to me’ ... Captain Bennett replied, ‘If you don't get over to the dining room something will happen to you’. This shocked me. I wanted to say something to Captain Bennett because I was so scared that something would happen to me again if nothing was done. But when I finally mustered enough courage to actually say something, there was no response or protection from Captain Bennett.⁴⁰

Survivors in residential care, youth detention and family-like institutions faced particular barriers, as they feared disclosure would affect who would care for them and where they would live. For Aboriginal and Torres Strait Islander children and their families, there are additional fears that disclosure may lead to children being removed from their families.⁴¹

Being dependent on the institution

Children in out-of-home care and boarding schools are often dependent on the carers or employees of the institution where they are being sexually abused, or dependent on the institution itself. This can also apply to institutions such as respite care, the military, and detention facilities. These types of institutions often display characteristics of an organisation that envelops its members more comprehensively than other types of institutions.⁴² The captive nature of children in care in institutions on which they heavily depend for their livelihood and wellbeing can accord significant power to the adults in these institutions who are responsible for the care of the children. The prospect of losing access to this care acts as a barrier to disclosure. A young care-leaver told us:

I was afraid that nobody was going to believe me; that I was just going to be seen as a foster kid trying to cause trouble; that I wasn't going to get to stay where I was living, because it was going to get back to the person that I was making allegations against; and that it was going to become very dangerous for me to stay living there, and I loved where I was living. So I was afraid that I was going to end up being homeless and not have anybody actually care about me.⁴³

People with Disability Australia have told us that the fear of losing assistance is often a major concern for people with disability:

There is a reliance on assistance, support and care in relationships with partners, family members, professional carers and service providers which creates a level of dependency and powerlessness, and a fear that disclosure of abuse will put these relationships at risk. There may also be a fear of retribution in the form of losing support and assistance if abuse is exposed.⁴⁴

These fears can extend to other family-like institutions. 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)*, we saw that initiation at a young age into a belief system that required a person to devote themselves (at least to some extent) to a 'guru' – and to relinquish at a young age their name, their personal property and other means – can result in a loss of identity and an isolation from the mainstream community, while simultaneously creating a sense of belonging. In the case of the Mangrove ashram we were satisfied that this created a dependence upon those in positions of authority at the ashram and created significant barriers to the capacity of child victims of Akhandananda Saraswati's sexual abuse to disclose to adults or peers, both inside and outside the ashram, who may have otherwise been able to help those victims. We heard from one former child resident that the residents all understood that if they defied Akhandananda, they would be cast out from the ashram.⁴⁵

Ostracism, shunning and formal exclusion

Some survivors told us they feared they would be shunned by their communities if they disclosed at the time of abuse. Social networks in some minority communities (and religious minority communities in particular) can be small, tightknit and provide a key source of social interaction and support. Victims from these groups feared or experienced social or familial exclusion as reprisal for disclosing.

For example, 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 (Yeshiva Bondi and Yeshivah Melbourne)*, we heard evidence from survivors and their families about how they were criticised, condemned, ostracised and shunned for speaking out about child sexual abuse. We heard evidence that some members of the Yeshiva Bondi and Yeshivah Melbourne communities believed that those who discussed child sexual abuse with people outside the community were acting outside the bounds of acceptable halachic conduct (that is, they were sinning). Communication about child sexual abuse was widely perceived to be in contravention of the prohibition of *loshon horo* (a prohibition on speaking negatively about another Jew or Jewish institution), while communicating with police about child sexual abuse was widely perceived to be an act of *mesirah* (a prohibition on reporting or handing over a Jew to secular authorities). We found that the application of Jewish law concepts (in particular, the concepts of *mesirah* and *loshon horo*⁴⁶) to communications about and reporting of allegations of child sexual abuse to secular authorities – in particular, police – in these cases caused significant concern, controversy and confusion among members of the Yeshivah Melbourne and Yeshiva Bondi communities.⁴⁷

In 2010, the Rabbinical Council of Victoria (the RCV) issued an advisory resolution (the 2010 RCV Resolution) that stated that the prohibition of *mesirah* did not apply to information about child sexual abuse and that it was an obligation of Jewish law (a halachic obligation) to report child sexual abuse. Despite the clear guidance set out in the 2010 RCV Resolution, we heard that senior members of the Chabad-Lubavitch community continued to give the impression that the prohibition of *mesirah*, *loshon horo* and *arka'ot* did apply to cases involving child sexual abuse.

The evidence we heard during the *Yeshiva Bondi and Yeshivah Melbourne* case study strongly suggested that, because of the way those concepts were applied, some members of those communities were discouraged from reporting child sexual abuse.⁴⁸ In some cases, victims and their families experienced such severe ostracism and shunning that they felt unable to remain in the community.⁴⁹ For example, AVB described being ostracised and bullied after attending court for a hearing when perpetrator Shmuel David Cyprys was arrested and charged with child sexual abuse against AVB and others. AVB told us he believed that he was treated as a pariah. He said that his car was vandalised, signs he placed on the community noticeboard were torn down and he was pushed and jostled. He also said that he was denied the religious rite of being called to the Torah.⁵⁰

In *Case Study 53: Institutional review of Yeshivah Melbourne and Yeshiva Bondi* hearing, witnesses from Jewish representative bodies and senior representatives from Yeshivah Melbourne and Yeshiva Bondi unanimously confirmed that the concepts of *loshon horo* and *mesirah* have no application in the case of child sexual abuse.

We were also told by attendees at our multicultural forums that victims may resist disclosure to preserve relationships. This may be particularly applicable to those with limited language skills who would struggle to develop social networks outside the community.⁵¹

We heard that victims on or waiting to receive temporary visas may fear that disclosing their experience of child sexual abuse would negatively affect their visa status.⁵² Those awaiting decisions about their visas may fear their applications being refused, and even those who already have residency or citizenship may fear this will be taken away.⁵³ Participants at multicultural forums told us that newly arrived migrants are often warned by others in the community not to speak out because their children may be taken away, or they may be deported.⁵⁴ This was particularly common for those who had spent time in immigration detention settings, which is discussed further in Volume 15, *Contemporary detention environments*. We were told that perpetrators may sometimes specifically target children from communities where sexual abuse matters are unlikely to be openly discussed or believed if disclosure takes place.⁵⁵

Confidentiality

Some victims and survivors also fear that a disclosure will not be kept confidential. This can act as a barrier as victims may fear that if they disclose the abuse, they may lose cultural support or be ostracised by their social networks and broader community. Issues around confidentiality may be particularly relevant for children in out-of-home care and schools, and for those in small, rural or remote communities, or minority cultural groups.

During *Case Study 24: Out-of-home care*, we heard from a panel of young care-leavers – Kate, India, Tash and Jono – who spoke of the importance of confidentiality for young people disclosing sexual abuse while still living in the care environment where the sexual abuse took place. Jono told us he was ‘too afraid’ to speak out, and that if he did say something, ‘it always went back to the carer or the worker that I was having issues with before anything more was found out’.⁵⁶ Kate’s experience was similar: she told us that the guarantee of confidentiality ‘gets lost in the system’ and that this ‘would be preventing people from making allegations, or even feeling they can make an allegation’.⁵⁷

By contrast, Tash told us about her experience of disclosing to her youth worker, who put her confidentiality at the centre of how she handled the information.

I knew that she wasn't going to tell anybody unless I said it was okay for her to say it. She was very confidential with everything I said to her. She kept it to her and she didn't go back to somebody else and, like, tell them what I said. So she'd ask me first if she could discuss it with somebody else.⁵⁸

Workers in out-of-home care and other institutions need to manage the child or young person's desire or expectation for confidentiality while complying with all reporting obligations, including any mandatory reporting obligations. Volume 7, *Improving institutional responding and reporting* provides a detailed discussion on mandatory and other reporting obligations.

Concerns about confidentiality are not limited to childhood and, for some survivors, can stretch into adulthood. For example, 'Raymond Paul', a survivor aged in his 60s at the time of his private session, told us he was sent to an Anglican orphanage in the 1960s. He told us about being repeatedly sexually abused by a man who had no official connection to the orphanage, but who was allowed to take him on overnight and weekend trips, and who included him in a paedophile ring. The first person 'Raymond Paul' told was his wife, when he was in his early 40s, and she has been supportive. After a recent suicide attempt, he finally decided to open up to the hospital's psychologist. The repercussions of this disclosure have convinced 'Raymond Paul' never to trust service providers again:

There was a breach of confidentiality there where he told his wife who also worked there and then she told everyone. And so I never went back to see him again ... I mean, it's a small town. Who else knows? I walk around town now with me head held down, ashamed, not knowing who knows what about me ... They don't really give a shit. They're just going to write up their report ... You're just another case. I don't want to be written up and talked about behind me back, in front of anybody. You can't trust people.⁵⁹

We also heard about a particular dimension to confidentiality that may occur in multicultural communities. At our multicultural public forums, stakeholders told us that the small size of some more recently arrived migrant communities can make survivors fearful that information about their disclosure will spread throughout the community.⁶⁰ At a public forum in Hobart, we were told that some families feared that if child sexual abuse were disclosed and reported to police there would be no legal protections around what that information could be used for.⁶¹

For some survivors, confidentiality was of such critical importance that they would only come and speak with us once they were assured that their private session would be private and confidential.⁶²

4.2.3 The impact of disclosure on family and community

Victims and survivors – both as children and as adults – are often very aware of the potential impact of any disclosure on their relationships and broader family dynamics. Many choose not to disclose, or to delay disclosure, out of concern about such consequences.⁶³ Some research suggests that older children are more likely to delay disclosure due to fear of negative consequences to others.⁶⁴ This may be because older children have a greater ability to reflect upon and anticipate possible reactions to their disclosure.⁶⁵

We heard from many survivors about their fears that disclosure would impact negatively on their families. One survivor said, ‘The main reason I didn’t tell anyone is because I didn’t want Mum to feel responsible or guilty over what happened to me’.⁶⁶ Another survivor, ‘Alanna’, told us that between the ages of six and 11 she was sexually abused by a young Catholic priest who had befriended her parents. She didn’t mention the abuse to anyone – at first because she didn’t understand what was going on, then later because she was afraid. In a written account, she said:

I had and have a deep need for denial, even now. The contents of what happened were so frightening and overwhelming it was easier to bury them all as deeply as possible. I didn’t want to hurt my family and I feared for them, I feared that something bad would happen to them and it would be my fault.⁶⁷

We heard that some children were deterred by the prospect of their parents’ reaction to disclosure. ‘Ben Peter’ told us he was sexually abused as an 11-year-old by the school counsellor at an Anglican school. He said when the abuse first occurred, he tried to put the experience out of his head, not mentioning it to anyone. ‘Ben Peter’ had a few reasons for keeping quiet, including his concern about how his parents would react:

I knew at that point in time my father would literally kill him. He was that kind of guy ... I knew my father was the type of guy who would kill him and say ‘I’m in jail but I had to do it’. And my mother isn’t the strongest of people, emotionally, and I knew it would crush her.⁶⁸

Another survivor, ‘Rhona’, told us she was sexually abused by the man who ran the home in which she and her brother were placed after their father went into psychiatric care. ‘Rhona’ told us her brother knew about the abuse and tried to protect her, but he was intimidated by the man into keeping quiet. On one visit to the home, ‘Rhona’s’ father told her, ‘If anyone ever touched you, I will shoot them’. She recalled being very frightened because he did own a gun and was still very fragile. ‘We couldn’t afford to have our father do something so stupid ... It was impossible to say anything.’⁶⁹

Institutions often hold significant and symbolic meaning for families and communities, and may exert educative, religious, spiritual, cultural, reputational and moral authority.⁷⁰ In such cases, sexual abuse and its disclosure can have long-lasting effects on victims and their families.⁷¹ Victims from religious families, in particular, often told us that they did not want to disclose to their parents for fear of the impact on their faith and community.

One survivor who gave evidence in *Case Study 28: Catholic Church authorities in Ballarat (Catholic Church authorities in Ballarat)* told us about his experiences of sexual abuse by a Christian Brother. He said:

I did not tell my parents about the abuse at the time because they were such an integral part of the Catholic community. We were a time-honoured Catholic Ballarat East family. I didn't want to shake my parents' faith and I didn't want to devastate them. I didn't want them to know that they had put me in a position where this sort of thing could happen.⁷²

Volume 16, *Religious institutions* discusses the specific issues arising in relation to disclosure of child sexual abuse that has occurred in religious institutions.

Victims from small communities bound by cultural, ethnic or religious identities who are sexually abused by someone from that community are often reluctant to disclose because of concern about the effect a disclosure might have on their place in that community, or on the community itself. Victims may fear that disclosure will create feelings of embarrassment and shame for their family and community.

In Aboriginal and Torres Strait Islander communities, the extended family is important and communities are often made up of extended family groups who are interconnected in some way, such as through marriage.⁷³ There is also a widespread use of kinship care. When the perpetrator is part of the victim's community or family, disclosure may impact upon the entire cultural network.⁷⁴ Victims may fear that disclosure will bring shame on the extended family and community, or they may feel they will be betraying the kinship group.⁷⁵

In some cases, disclosure of abuse can lead to violence between Aboriginal and Torres Strait Islander families and communities.⁷⁶ Family and community rifts arising from disclosure can be long term and sometimes permanent.⁷⁷ Victims may have a legitimate fear of being excluded or isolated from family and community members,⁷⁸ and may face pressure to remain silent.⁷⁹ Aboriginal and Torres Strait Islander families or communities may face particular pressures to protect perpetrators because of the high rate of Indigenous incarceration, and the rates of serious harm and deaths in custody.⁸⁰

The 2008 South Australian Children in State Care Commission of Inquiry (the Mullighan Inquiry) found that child sexual abuse is not disclosed 'because family members do not want to see the family destroyed by it'.⁸¹

As 'Eileen' told us in a private session:

To say something about him would bring the whole house down. The whole family life would be affected. And my Aboriginal Dreaming mind would come to me and show me in a picture ... I had the dream where the house would be in a big storm, and it was on a precipice on a cliff and it was a big house, and my mother and father was in it over there and I got all the kids to the door and as we stood at the door, when we got off the door, then the house would go and they'd go with it.⁸²

Demographic statistics show that the Aboriginal and Torres Strait Islander population in Australia has a younger age structure than the non-Aboriginal population.⁸³ The comparatively high proportion of children and young people in Aboriginal and Torres Strait Islander communities has consequences for the capacity of communities to meet the needs of children and young people, including the availability of grandparents as carers.⁸⁴ This may cause fears among Aboriginal and Torres Strait Islander victims that disclosure will place additional strain on kinship groups, or result in removal of the children if appropriate and sufficient supports are not available.

Volume 5, *Private sessions* outlines what we were told by Aboriginal and Torres Strait Islander survivors who came to speak with us in a private session.

Participants in multicultural public forums told the Royal Commission that victims may not disclose outside their communities to avoid bringing shame to their family or cultural community, and because of the perception that disclosures render their community vulnerable to negative judgments and hostility – including racism – from wider society.⁸⁵ This is the case whether the perpetrator is from within or external to the community. However, where a perpetrator comes from the same community as a victim, a fear that disclosure might stigmatise the whole community may act as a powerful barrier to disclosure.⁸⁶

Religious communities can also face this issue. 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)*, we were told that disclosure was actively discouraged because of the impact the disclosure may have on the whole community. BCB, a survivor of sexual abuse by an elder in her Jehovah's Witness congregation, gave evidence that, years after the abuse and her initial disclosure, she disclosed the abuse in writing to two other elders, who were not involved in the investigation of BCB's allegation. She later told one of these elders, Mr Joe Bello, that she was considering disclosing the sexual abuse to the Royal Commission. Mr Bello rang BCB's husband, BCC, and asked if BCB 'really wants to drag Jehovah's name through the mud'.⁸⁷ BCB told us:

In around September 2014, I contacted the Royal Commission and reported my story. 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 onto them.⁸⁸

In his statement tendered in evidence, Mr Bello said that he ‘should not have made that remark to BCC’, that he ‘was wrong to say it’ and that he would never want to ‘discourage someone from going to the authorities’. We accepted this evidence. However, it is clear that the effect of what he said to BCC was that, if BCB took her complaint outside of the Jehovah’s Witnesses organisation, she would tarnish the reputation of Jehovah.⁸⁹

The examples considered above illustrate the interconnected nature of the fears that children who have been sexually abused may experience. Victims may fear the personal consequences of disclosing, and may also be worried about the consequences for their family and broader community.

4.2.4 Distrust of police and government authorities

We have heard that distrust of authorities inhibits many survivors from disclosing to the police and other government bodies, such as child protection services. This may be due to their previous experience in government institutions, including experiences of physical and sexual abuse, or a more generalised fear of the impact of government responses on their families and communities. The distrust of police and government is one reason why child sexual abuse is under-reported and difficult to quantify. For example, ‘Dudley’ told us he was sexually abused in children’s homes run by the Victorian Government in the late 1950s and 1960s. ‘Dudley’ told us he has not reported the abuse to anyone and does not trust the police. He has been in trouble with the law for much of his life and has spent time in jail.⁹⁰

‘Spiros’, who told us he was sexually abused as a teenager at a boys’ home run by the Salvation Army, finally felt comfortable telling his story after seeing the media coverage of the Royal Commission’s public hearings. He told us that he does not trust the police and does not want to report the abuse he suffered all those years ago: ‘What’s the use? To me there’s no value. I mean, what are they gonna do if I report it to them and that? What are they gonna do about it?’.⁹¹

For Aboriginal and Torres Strait Islander peoples, a shared history of the forced removal of many thousands of children under protectionist legislation⁹² casts a shadow over subsequent interactions with child protection services.⁹³ Equally, the over-representation of Aboriginal and Torres Strait children and adults in correctional facilities and the significant impact of Aboriginal and Torres Strait Islander deaths in custody (both historically⁹⁴ and in current times⁹⁵) generates fear of police and the correctional system.⁹⁶ Past inquiries have highlighted systemic racism as a barrier to disclosure for many Aboriginal and Torres Strait Islander people who have experienced child sexual abuse.⁹⁷

Some survivors told us they knew they would not be believed if they disclosed the sexual abuse to the police. For example, 'Judith' told us that she was sexually abused at her residential school by the school's superintendent. She did not report this abuse to the police, because after experiences of 'racism and ridicule' at school, she felt they would not believe her: 'I just thought it was the white world, and nobody was going to believe me'.⁹⁸

We were told by many Aboriginal and Torres Strait Islander survivors who did disclose to police that they were not believed. When 'Iris' reported being sexually abused on the government-run mission where her family lived, she told us that police told her to 'just go away, stop making up lies'.⁹⁹

We heard that some Aboriginal and Torres Strait Islander children escaped from abusive institutions, travelling long distances to be reunited with their families. The complicity of police in forcing the children to go back to the institutions, despite obvious signs of abuse and distress, gave Aboriginal and Torres Strait Islander people direct experience of police as unsafe and disinterested in their welfare. 'Donald Steven' told us in private sessions, 'The police'd find us and shut us in the paddy wagon and shunt us back up to [the home]'.¹⁰⁰ Another survivor told us:

It took me a very long time to get from there back to home. But I did it. Got there plenty of times. I paid for it, though, in the long run. But no, I'd get back and see me Mum and then the police would pick me up and take me back home again.¹⁰¹

Other Aboriginal and Torres Strait Islander survivors told us that, as children, they had been sexually abused by police. For example, 'Peta' told us she was supplied with paint to sniff and other drugs by a police officer who raped her with two other men over the course of two days.¹⁰² We also heard from 'Rainey' who told us that police officers raped her when she disclosed to them that she had been sexually abused by her boss on a remote sheep station where she was sent to work. They were 'supposed to be our protectors', 'Rainey' said. 'That's what they were supposed to do. That was the rules. I follow the law. You have to go and tell them, and I did, but they did the same thing'.¹⁰³

The historical legacy of this systemic abuse has had lasting effects for Aboriginal and Torres Strait Islander populations, and contributes to low rates of disclosure to police and other government authorities by victims within these communities.¹⁰⁴

People from culturally and linguistically diverse backgrounds have emphasised that for many recently arrived communities, especially asylum seekers or others in refugee-like situations, experiences of persecution and violence in their country of origin may prevent them trusting government officials.¹⁰⁵ In addition, there may be fear of an authority's power to review someone's residency status in Australia and potential for removal from Australia.¹⁰⁶ We heard this was a particular fear among recently arrived migrant communities and those who have spent time in immigration detention settings where migration status is uncertain for lengthy periods.¹⁰⁷

Some religious communities have rules discouraging disclosure to the police or secular authorities. For example, in the *Jehovah's Witnesses* case study, survivor BCG told the Royal Commission that during the criminal proceedings against her father – a Ministerial Servant in her Jehovah's Witness congregation – she was terrified that Jehovah would kill her for having reported to the police and for bringing reproach upon his name.¹⁰⁸ Volume 16, *Religious institutions* discusses reporting to police in the context of religious institutions.

Volume 7, *Improving institutional responding and reporting* considers barriers to reporting to external authorities in more detail, and our *Criminal justice* report specifically considers barriers to reporting to the police as part of our discussion of the criminal justice system.

4.3 Attitudes to sexuality, masculinity and gender

Victims of child sexual abuse make decisions to disclose or not to disclose within a context of their own community values and the development of their own gender identities and sexuality. Disclosure is not an isolated event, but rather a process that can occur concurrent to children and young people developing their sexual identities. For many children and young people, gender identities are formed by societal values and individual preferences. For victims of child sexual abuse, this developmental process can become disrupted or confused by the impact of the abuse. This can affect victims' decision to disclose the abuse to those around them. Volume 3, *Impacts* provides further discussion of these issues.

Victims of child sexual abuse can experience abuse-specific shame and self-blame. Victims may be devalued by others in their community and treated with disdain and shunned. Because of this, victims may be reluctant to disclose the sexual abuse out of fear of being stigmatised. Certain societal or community views related to gender and sexuality can make it more difficult for victims to disclose,¹⁰⁹ including negative beliefs, attitudes and stigmas about:

- masculinity and homophobia
- female sexuality and virginity
- males abused by females
- victims becoming perpetrators.

Issues around gender identity and sexuality can have wide-ranging impacts. Volume 2, *Nature and cause* provides a broad discussion on the gender diversity of the people who attended private sessions. Volume 2, *Nature and cause* also examines the vulnerability of victims, including how being transgender or questioning gender identity may make a victim vulnerable to being targeted by perpetrators. This group may also be even less able to disclose because they are already isolated as a result of hostility from the community towards their gender identity.¹¹⁰ Volume 3, *Impacts* considers how child sexual abuse can disrupt a victim's understanding of their gender identity.

As discussed in Chapter 2, attitudes to gender and sexuality can be shaped by a range of factors including cultural contexts. For example, cultural understandings of gender from country of origin can interact with understandings of gender in Australia and create particular tensions and barriers.¹¹¹

Emphasis on mainstream understandings of masculinity and femininity can shape the meaning of child sexual abuse for victims and influence their likelihood to disclose.¹¹² This section describes what victims have told us about how these beliefs, attitudes and stigmas affect disclosure.

4.3.1 Attitudes to masculinity and homophobia

Historically, there has been an emphasis in the research literature on women's experiences of disclosure of sexual abuse by male family members, because this is one of the most prevalent types of child sexual abuse. However, this emphasis makes it difficult to fully understand the particular barriers to disclosure faced by boys and men following child sexual abuse within institutions. The myth that boys do not get abused can prevent boys from disclosing.¹¹³

Research suggests that boys may be reluctant to disclose due to factors related to male socialisation, such as an overemphasis on self-reliance, contempt for victims in general and contempt for homosexuals, ideas about sexual prowess and a masculine obsession with heterosexuality and independence.¹¹⁴ We have heard from male victims who feared that if they disclosed, others would see them as weak, subordinate and feminine.¹¹⁵ Research suggests that negative attitudes towards male victims could discourage boys from disclosing and men from discussing their experiences as sexually abused children.¹¹⁶

One recent study of 487 men in the United States surveyed participants in three child sexual abuse survivor organisations.¹¹⁷ Almost all (94.6 per cent) said they were sexually abused by a male perpetrator, and two-thirds (61.7 per cent) said they had been abused by male members of the clergy. This research highlights the particular difficulties faced by boys and men disclosing child sexual abuse that occurred within a religious institutional context. On average, the men in this study were aged 10.3 years at the time of the abuse and took an average of 21 years to tell someone about the abuse and 28 years to have an in-depth discussion about the abuse. The participants were asked to describe why it may be difficult for men to tell someone about sexual abuse.

The men in this study described barriers related to cultural norms around masculinity and how child sexual abuse violates these norms to leave male victims feeling weak and frightened.¹¹⁸ Non-disclosure was a way to protect themselves from anticipated strong emotions – emotions that were also perceived to violate masculine norms. The men in this study feared that disclosing the sexual abuse would prolong these feelings of vulnerability, and so the decision not to tell anyone about the abuse was a way to maintain their sense of masculinity. Rather than disclosing, they spoke of instead using strategies such as being tough, macho and stoic. This research aligns with what we were told during private sessions.

For example, ‘Robert Luke’ told us about being sexually abused by a Navy chaplain in the late 1970s, when he was a 15-year-old junior recruit. For most of his life, ‘Robert Luke’ had felt ashamed and guilty that he had ‘allowed it to happen’:

I thought I was a man. I was in the navy. I was being trained to shoot and kill and all that sort of thing, and I didn’t see this coming ... Homosexual activity was completely frowned upon and we were told that anything like that and we would have been kicked out of the navy straight away. So I basically had to suck it up and deal with it as best I could ...¹¹⁹

For some men, a need to prove their masculinity can have a lasting impact. ‘Ryan’ told us about the sexual and physical abuse he experienced in foster care and at home. He also spent time in boys’ homes, which he told us were the only places where he avoided being sexually abused, though he had to fight hard for this freedom. ‘There was pressure there ... I ended up with a broken jaw and everything because I wouldn’t do things.’ As an adult, ‘Ryan’ has felt a constant need to prove himself, and this led to an association with criminal gangs and time spent in jail. He told us:

I’ve done a lot of one-on-one counselling to try and deal with a lot of me issues from when I was a child. Because half my problem was proving my manhood. Because I felt like a lesser person I felt like I had to prove to everyone that I was a man. And that’s where a lot of my anger came, trying to prove that.¹²⁰

Male victims in particular have told us that homophobia and cultural stigmas associated with homosexuality discouraged them from disclosing. Victims who were sexually abused by a perpetrator of the same gender may fear that disclosure might lead others to question their own sexual orientation. They may also fear that they would experience homophobia.¹²¹ This is true of both male and female victims. However, research suggests that, for male victims who later identify as being gay or bisexual in adulthood, the trauma of child sexual abuse by a same-sex perpetrator may have complicated the already complex process of ‘coming out’ in relation to their sexual orientation.¹²²

One survivor, 'Devlin' told us that he was sexually abused by a lay teacher at a Catholic college. After the abuse, 'Devlin' told us that the teacher threatened him about what would happen if he told anyone, and how his father would think he was a homosexual. For years, 'Devlin' feared that people would find out what happened to him and assume he was homosexual. He said, 'My father was the Irish brand of homophobic – the extreme, a very strict Catholic. I just couldn't have said anything'.¹²³

'Don Richard' spoke of the silencing effect that happened for him when his brother said his experience of sexual abuse might mean he was gay. 'Don Richard' told us he was sexually abused by a religious brother and said, 'I didn't know what it meant or what had happened other than the fact that I'd tried to stop it and I couldn't stop it'. Confused, he mentioned the incident to his 15-year-old brother, hoping he might be able to explain what it meant:

And he said 'I think it means you're a poof'. And that was the last I ever spoke to anyone about it ... And from that I just went into lockdown and I assumed I must have been gay or something, but I didn't really know what that meant other than in some way I had been complicit.¹²⁴

Barriers to disclosure that stem from fear of being, or being perceived as, homosexual also affected boys who were sexually abused outside of religious institutions. For example, 'Brendon' told us about the sexual abuse he experienced at the hands of his scoutmaster 'Jim', who was also 'Brendon's' best friend's father. When he was 12, 'Brendon' became friends with another boy, to whom he disclosed the abuse. 'He said, "Don't tell anybody or they'll think you're a poofter". So I kept it locked up for the rest of my life.'¹²⁵

A small qualitative Norwegian study of adult men who had been sexually abused in childhood found that, as adults, they feared that their capacity to be a man had been reduced or stolen by the abuse.¹²⁶ The men spoke of doubting their sexual performance, losing their dignity and feeling that, if they disclosed the abuse, their value as a person and a man would be diminished. They also described feeling a loss of control that came from being unable to get away from the abuse and, sometimes, experiencing unintended sexual arousal during the abuse that often led to feelings of worthlessness, shame and self-blame.

We heard many similar stories during private sessions. 'Brett' told us that he can only remember a few details of the sexual abuse he experienced by a Catholic priest who was also a teacher at 'Brett's' school. During his private session, 'Brett' said that the impact of the abuse on him as a boy was subtle. As time went on, he became even better at hiding and suppressing his feelings:

I felt I had no reason to revisit the issue as I thought I was a typical guy with normal feelings and emotions; nothing that would impede a normal heterosexual relationship. I also felt that by acknowledging the sexual interaction, I had to acknowledge that I must have been to some extent a willing participant in what happened, otherwise it would not have occurred. I found this thought disturbing as it was saying that I was either weak or I found pleasure in what occurred.¹²⁷

Bullying and stigma around homosexuality can have a silencing impact

Some victims who did disclose described the impact of attitudes and stigmas around homosexuality. In the *Yeshiva Bondi and Yeshivah Melbourne* case study, Mr Manny Waks told us about being sexually abused by AVP (who Mr Waks described as the adult son of a senior Yeshivah Melbourne rabbi) in the synagogue at Yeshivah Melbourne and in nearby bathrooms. Around the time of the abuse, he confided in another student about the abuse. Unfortunately, that confidence was not maintained. Mr Waks became the subject of widespread taunting and bullying and was pronounced to be 'homosexual' because the abuse was rumoured to have been perpetrated by another male. Mr Waks said that some of the taunting and bullying occurred in the presence of Yeshivah College Melbourne teachers (or, alternatively, in the presence of authority figures of Yeshivah Melbourne); however, there was no intervention to stop it.¹²⁸

Mr Waks also told us that he was later sexually abused by David Cyprys in the Yeshivah Centre. Mr Waks does not recall telling anyone about the abuse by Cyprys because of his experience after he disclosed the abuse by AVP to another student.¹²⁹

The impact of this stigma also affected another survivor, AVB. AVB told us that he was sexually assaulted by Cyprys. AVB gave evidence that he was frightened by the experience and did not tell anyone about it. He said that he heard rumours that others, including Mr Waks, had been sexually abused by Cyprys. AVB told us that he specifically recalled jokes and innuendo to the effect that Mr Waks was a homosexual. AVB said that, because he did not want to be similarly accused, he did not tell anyone of his experience.¹³⁰

We heard from some survivors that attitudes towards sex in general, and homosexuality in particular, within their religious community or organisation impacted on whether or not they disclosed their experience of sexual abuse.

The fear of disclosing sexual abuse by a perpetrator of the same gender because of the Catholic Church's position on homosexuality was raised by several survivors. 'Hank' described in a private session that his abuser, a Catholic priest, would give sermons in church condemning homosexuals to eternal damnation. 'Hank' said he received no sex education and was confused about his body's response to the abuse and only realised years later that it was only a physiological response. At the time, however, 'Hank' felt shame, embarrassment and guilt about the abuse. He said of his abuser:

He never threatened me with harm if I told anybody, but I couldn't tell anybody anyway. There was the implied threat of eternal damnation for doing it ... The dichotomy was too harsh. He was doing it, but he was telling me that doing it was going to send me to hell.¹³¹

This sense of shame around sex in general and homosexuality in particular is described in research on attitudes toward sexuality within the Catholic Church in the mid-20th century. One academic, Professor Anne-Marie McAlinden, discussed research that described Catholic morality as characterised by Victorian purity that came to link feelings about sex with feelings of shame, embarrassment and guilt. She concluded: ‘There was a prevailing culture of secrecy, denial, and shame concerning discourses on sex and sexuality which were never talked about openly in any public context’.¹³²

While more recent attitudes expressed in the Catechism of the Catholic Church, espoused in 1992 by Pope John Paul II, set out that people with ‘homosexual tendencies’ must be ‘accepted with respect, compassion, and sensitivity’, the position in relation to homosexual acts remained the same:

Basing itself on Sacred Scripture, which presents homosexual acts as acts of grave depravity, tradition has always declared that ‘homosexual acts are intrinsically disordered’. They are contrary to the natural law ... Under no circumstances can they be approved.¹³³

4.3.2 Attitudes to female sexuality and virginity

Attitudes and beliefs, including patriarchal attitudes that can impose normative expectations and limitations on sexual activity, can have the effect of stigmatising victims, particularly girls and women, which can make disclosure very difficult.¹³⁴ Beliefs may include that:

- the victim is to blame
- girls and women who have been sexually abused are seen as having disgraced themselves and their family¹³⁵
- abuse may affect the marriage prospects for the abused child and their siblings¹³⁶
- the loss of virginity may cause girls to be seen as less valuable brides and may result in the girl and her family losing prestige,¹³⁷ particularly among families that practise forced or arranged marriage.¹³⁸

The influence of these attitudes and beliefs differs across communities and across generations. Anxieties about girls’ sexuality in Australia, particularly before the 1960s, meant that girls who were labelled ‘promiscuous’ or ‘sexually wayward’ could be taken into care.¹³⁹

One survivor, an Aboriginal woman who told us in a private session that she was sexually abused as a child in the late 1950s, spoke about being ostracised by her community when she returned home to the mission and the impact that the abuse had on an arranged marriage that was bringing together two important families. She told us that the abuse became a big source of shame to her family. She was never able to marry with the approval of her community. 'Where I come from you marry something that's pure', she told us. 'You don't touch anything that's been used ... To them I was proper dead, although I was walking around.'¹⁴⁰

There are also misconceptions about girls' ability to experience an orgasm while being sexually abused. For example, during *Case Study 15: Response of swimming institutions, the Queensland and NSW Offices of the DPP and the Queensland Commission for Children and Young People and Child Guardian to allegations of child sexual abuse by swimming coaches (Swimming Australia and the DPP)*, Ms Julie Gilbert told us she was sexually abused by Scott Volkens, her swimming coach, a number of times when she was 13 and 14 years old. On one occasion, Ms Gilbert told us, Volkens asked her to meet him at his caravan and told her to get onto the bed so he could give her a massage. She lay on her stomach and Volkens started massaging her back and legs, eventually moving up under her shorts, lifting up her swimsuit and rubbing her vagina with his hands. She said that, although she did not understand the sensation at the time, when she was older she realised she believed she had experienced an orgasm from Volkens rubbing her clitoris and vulva. Ms Gilbert never told anyone about the abuse at the time because she thought that it was part of training. Volkens also told her that the other girls did the same thing. Ms Gilbert's belief that she had experienced an orgasm was questioned by others involved in providing advice about whether to prosecute this case.¹⁴¹

There are other factors that may affect a woman's decision to disclose. There are studies that indicate that women may also be affected by a culture of sexist and patriarchal attitudes inhibiting their ability to disclose.¹⁴² One review of research found that studies show that women are concerned about how disclosure might impact on others, and that they feared that disclosure would be a burden to others. Women also feared either being blamed for the abuse or disbelieved.¹⁴³

4.3.3 Shame of male victims sexually abused by a female

We heard that the vast majority of perpetrators of child sexual abuse are male. However, when sexual abuse of male children and young people is perpetrated by women, this raises significant additional barriers to disclosure. Sexual exploitation of boys by women can often mistakenly be viewed as desirable, meaning that their victimisation is minimised or denied.¹⁴⁴

Some male victims who were sexually abused by a woman spoke of their concern that their experiences would be minimised or not seen as abusive. For example, 'Lenard' told us he was abused by an adult female in a residential youth shelter:

I think even back then there was this feeling of lying, people would say 'You're a liar'. You felt as if you were going for attention. When I tried to explain to my friends about having sex with an older lady, they all probably would have thought that was an okay sort of thing, but it didn't feel okay.¹⁴⁵

Societal views that perpetrators are always male, or that sex of any kind with a female 'should be every man's dream' can make victims reluctant to disclose.¹⁴⁶ For some male victims, disclosure was made difficult by a culture within the institution that perceived sexual abuse as acceptable sexual activity. Gender stereotypes sometimes lead male victims to wonder, 'why did I let this happen?' or 'why didn't I defend myself?'

In a private session, 'James Philip' told us about being placed into weekend care with a middle-aged woman by the Marist Brothers boys home where he was living, after his dad died and his mum had a nervous breakdown. He told us that the carer slowly groomed him and began sexually abusing him. 'James Philip' also told us, 'if you're a male, and a woman has intercourse with you, then it's, macho society says, "isn't that a good thing?". But it's not a good thing. It's devastating, it is, but it's discounted, so people say oh, you know, you can't have been impacted by that'.¹⁴⁷

We heard that child sexual abuse by female perpetrators can raise additional barriers to disclosure

‘Stuart Andrew’ told us that when he was eight years old, he was sexually abused by a group of 12-year-old girls who were students at his school. After school that day, ‘Stuart Andrew’ mentioned the incident to his older brother, who said ‘never talk about this again, not even to the dog’.

‘Stuart Andrew’ took his brother’s advice to heart. He told us he was scared to talk openly and felt that he would not be believed, or that the abuse would be minimised or treated as a joke. He feared that he would be blamed in some way, or told to ‘get over it’ – a fear that was exacerbated by his brother’s belief that the abuse was just a normal form of ‘experimentation’.

‘Stuart Andrew’ also felt intense shame and embarrassment about what had occurred. The most he could do was make oblique references to the topic in the hope that someone would respond compassionately and invite further conversation. Sadly, this never happened. He said:

I did, at various times during my adult life, raise the possibility of females being aggressors, and females doing sexual violence, with various people just in conversations if you like. And I guess what I was probably doing was floating, you know: ‘Would you believe something like this?’ And in all cases it was disbelief, pooh-poohing it, the idea.¹⁴⁸

‘Stuart Andrew’ told us that the turning point came recently when he was listening to the radio and heard an expert being interviewed about child sexual abuse. Until then, ‘Stuart Andrew’s’ attitude had been that ‘this had happened and it was terrible but there’s nothing I can do about it. No one else thinks it’s a bad thing’. But after hearing the woman on the radio, he realised that he’d been a victim of a crime and had to say something about it.

He told us he believes that many people still don’t give female offending the attention it warrants. ‘Stuart Andrew’ has taken it upon himself to do what he can to spread the word about the seriousness of female offending. He wants other survivors like him to feel that their experiences are just as significant as other forms of abuse.¹⁴⁹

4.3.4 Stigma that victims become perpetrators

Male victims in particular told us that the view that victims may become perpetrators of child sexual abuse was a barrier to disclosure. Victims described a fear of being a potential perpetrator, or being regarded as a potential perpetrator, if they disclosed their experience of sexual abuse. Research has also shown that these attitudes may act as a barrier to disclosure.¹⁵⁰ One male survivor who told us he was sexually abused in residential out-of-home care in the 1950s said, ‘there’s also the other stigma that you’ve got to live with, and that’s because you’ve been molested you’re going to molest someone else’.¹⁵¹

A male survivor told us about his experience with the stereotype that gay men are more likely to sexually abuse children:

I'm a gay man, and the interesting thing for me has been dealing with that stereotype that gay men assault children. So to be very clear: this is not about sexual identity, it's about power – power and abuse ... Because those stereotypes are still thrown about in our society.¹⁵²

Research suggests that most children who are sexually abused do not become perpetrators of child sexual abuse; however, perpetrators of sexual abuse often have histories of childhood sexual abuse themselves.¹⁵³ Recent research has found that there is a lack of evidence to support a unique association between childhood sexual victimisation and subsequent sexual offending in particular.¹⁵⁴

This is discussed in more detail in Volume 2, *Nature and cause*, and Volume 3, *Impacts*.

4.4 Uncertainty about what is abusive and difficulty communicating child sexual abuse

Understanding that child sexual abuse is abusive and a criminal activity is key to being able to communicate that abuse to others. Children who are sexually abused at a young age may not have the language or communication skills to convey their experience of sexual abuse, or may not understand the meaning of abusive acts.¹⁵⁵ As young children, many survivors we heard from were exposed to sexual behaviour that they lacked the capacity or knowledge to understand. This led to many instances where children did not recognise that the abuse was wrong, or that it was something to be reported. For children in some institutions, a lack of education was an extra impediment that compounded the inherent vulnerability of all children.

This section considers what survivors and others have told us about barriers to disclosure arising from:

- uncertainty about what is abusive
- the difficulty children have in recognising grooming behaviours
- difficulty communicating sexual abuse
- the effect of attitudes that discourage discussion of sex and sexual abuse.

The discussion in this section also informs our work on community prevention, which is discussed in more detail in Volume 6, *Making institutions child safe*. The importance of education to support identification and promote disclosure is also discussed in Chapter 7 of this volume.

4.4.1 Uncertainty about what is abusive

Victims may not disclose if they do not believe that, or are unsure whether, their experience was abusive. A small number (8.2 per cent) of people who told us about barriers to disclosure told us during private sessions that they did not know that the abusive behaviour was not acceptable, regardless of whether they disclosed as a child or as an adult. Many of these survivors described being uncertain about whether their experience as children was sexual abuse. This is consistent with the research on disclosure.¹⁵⁶ Some victims may not understand that their experience was abusive because of their age, development stage, or cognitive impairment. For some victims, uncertainty about the nature of their experience lasted well into adulthood. For example, CAA described his experience of grooming during *Case Study 57: Nature, cause and impact of child sexual abuse in institutional contexts (Nature, cause and impact of child sexual abuse)*. He told us:

The early stages of sexual abuse don't feel like grooming or entrapment, primarily because, as a young person I lacked the vocabulary to describe what was happening in those terms. It's also true that I lacked the kind of social and moral understanding necessary to make definitive judgments about what was happening to me. ... Related to this was an ambiguity surrounding the difference between not liking something and thinking that thing is morally wrong.¹⁵⁷

Doubting the nature of abuse may also arise from low levels of knowledge and education about sex, sexuality, and sexual abuse. 'Martine' told us that she received practically no education, let alone sex education, in the Catholic orphanage in which she and her sisters were placed. She told us that she and other girls in the orphanage were sexually abused by an older boy but, having received no sex education, she did not really understand what was happening. 'I don't think we knew what he was doing, we just didn't like what he was doing.'¹⁵⁸ Victims may only realise later, with the benefit of education and time, that what they experienced was abusive. Another survivor, 'Bart', told us he was sexually abused by a cadet instructor for three years. He said:

Being young when it first started and growing up in that it didn't feel right, but as a kid you don't know it's not right. Until the end of Year 12 and you're doing sex ed and they say, 'By the way if these things happen to you you should report it'. And I was dumbfounded because that had been happening to me for years.¹⁵⁹

We observed that this lack of understanding and knowledge led to feelings of confusion and a distorted understanding of appropriate behaviour. In some cases, this led survivors to think the abuse was acceptable, which made them particularly vulnerable to perpetrators in positions of authority. Another survivor, who told us he was sexually abused by an older boy at a Salvation Army boys' home, said he was not sure that he knew at the time what was sexual abuse and what was not, as he was very young and had not received any sex education or engaged in any discussions about sex.¹⁶⁰

Some survivors told us that they were unsure whether a perpetrator's behaviour was sexual abuse because it was performed in connection with their institutional position. This was illustrated in the *Swimming Australia and the DPP* case study. As noted earlier, we heard from Ms Gilbert that she did not tell anyone about her swimming coach's sexual abuse of her at the time because she thought it was part of training. She said her coach, Scott Volkers, also told her that the other girls did the same thing.¹⁶¹

We also heard that some survivors may not identify themselves as victims because they experienced feelings of interest, pleasure or excitement during the sexual abuse.¹⁶² For some, it may take many years for them to realise that what they had experienced was abusive. For example, 'Caitlin' told us about a sexual 'relationship' she had with her teacher and tutor when she was in high school. 'Caitlin' told us that for many years she did not realise what had happened to her constituted child sexual abuse. Eventually her parents and friends knew about the relationship, which became public when she finished Year 12 at the age of 17. 'I don't think he was a predator, I still don't feel that way.'

It was not until 'Caitlin' started seeing a psychiatrist following some mental health issues that she could start thinking about her experience in a different way, and she realised she had been sexually abused. 'Caitlin' told us she reported to police and found it validating when they confirmed that the grooming and sexual activity was a crime against her, despite her consent. Until then, she had thought of herself as the young seductress ruining a man's life. 'That's how I viewed it for so long, I felt that I was this promiscuous young woman who was seducing him.'¹⁶³

We also heard from a survivor who 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*. He described how he was sexually abused by the principal, Mr David Lawrence, during private French lessons and other occasions:

There was nothing said about the abuse at the time or even after it. Lawrence never said anything during the incidents. It was like his behaviour (touching me) was normal and a part of his teaching. I was young and not too sure about what was happening but it was kind of pleasant and embarrassing at the same time. At that time, I had felt special, wanted and important. I needed the affection. I did not complain about him touching me because I didn't think it was wrong even though I felt guilty about what was happening to me.¹⁶⁴

Victims who are sexually abused by another child may be unsure whether their experience constitutes abuse. A survivor who was sexually abused while in foster care said that, given the fact that the abuse was carried out by another child, it was not until she was an adult that she came to view the assault as being sexual abuse:

But, yeah, I never really – because he was a kid, I didn't think – I did not – I knew what he did was wrong, but ... in hindsight, when it was pointed out to me, if that was my daughter in somebody's care that... me, oh, my gosh, I can clearly see it.¹⁶⁵

Children with disability may face particular challenges when it comes to understanding what behaviours are abusive. The segregation of many children with disability into non-mainstream educational settings means that some children with disability may not be taught about sex education and respectful relationships, and may never learn the names for the parts of their bodies that might help them to disclose. This is particularly the case for many children with physical disability who are excluded from sex education, a subject that is usually taught as part of physical education programs that children with disability do not attend.¹⁶⁶ Lack of tailoring of prevention programs, interventions and educational materials for particular audiences of children can also influence how effective they are in teaching children about sex and sexual abuse.¹⁶⁷ People with Disability Australia noted that the exclusion of many children with disability from mainstream education settings also means that ‘soft knowledge’ about what constitutes sexual abuse, acquired through inclusion and socialisation in mainstream social spaces, is also often denied to children with disability.¹⁶⁸

Touch is inherent in the relationship between a child with significant physical disability and their carer. Without explicit education, children who are physically dependent on others for intimate personal care may find it difficult to tell the difference between intimate personal care and sexual abuse.¹⁶⁹ In a study we commissioned, one disability support worker noted there was a lack of education in this area and without education, ‘How do you know what hands on you are meant to be doing or not doing?’¹⁷⁰

Children from culturally and linguistically diverse backgrounds also often have poor access to culturally appropriate information about health, sexual development, sexual safety and help-seeking strategies.¹⁷¹

4.4.2 Difficulty recognising grooming behaviours

As an indicator of child sexual abuse, grooming can be particularly difficult for children and adults to identify as it often comprises behaviour that is not explicitly sexual or abusive in itself.¹⁷² Non-sexual grooming behaviours can be consistent with regular behaviour or activities in adult–child relationships.¹⁷³ In some cases, the only difference is the motivation underlying the behaviour.¹⁷⁴ Because of this, grooming may be invisible to the child.¹⁷⁵

Grooming often occurs over an extended period of time, beginning with extra attention and non-sexual touching, and becoming increasingly more intimate and intrusive. It is inherently manipulative and difficult for outsiders to detect, and can extend to grooming the child’s family and the broader institution. Volume 2, *Nature and cause* discusses grooming and entrapment in more detail.

In case studies and private sessions, we heard about the gradual nature of the grooming process. For example, 'Kev' told us he was sexually abused by a Catholic priest. This priest had suggested 'Kev' become an altar boy. This was a great source of pride for 'Kev' at the time and gave a huge boost to his self-esteem. He told us that this, on top of his volatile home life, left him vulnerable to the gradual grooming process that the priest inflicted on him. He told us:

I remember him in the room, consoling me, hugging me and saying it would be alright. 'What's going on at home?' You know, 'You can come here, you can tell me about it.' Things like that. And in that room he was fondling me. That's the word I know now to be what he was doing. He was touching me. I didn't see anything being wrong, to start with. It was like someone cared for me, someone cared about me.¹⁷⁶

Due to the often incremental and ambiguous nature of grooming behaviour, sexual abuse may be well underway before a child recognises the situation as sexual or inappropriate.¹⁷⁷ Some children may feel that the behaviour is unwanted or wrong, but not know why.¹⁷⁸

During the *Nature, cause and impact of child sexual abuse* case study, we heard about how difficult it can be for victims to recognise grooming or to pinpoint when they began to feel uncomfortable with the relationship. This confusion can prevent disclosure because the child may feel they won't be believed.¹⁷⁹ Professor Anne-Marie McAlinden also told us:

Some victims ... will like the actual initial stages in terms of the befriending, someone was giving them attention, showing them love, but then it transpired into something else and they don't want that ... There's nothing wrong with that confusion or victims being able to say, 'Yeah, actually, I did like that bit, but didn't like that bit', and actually, the therapeutic work with victims shows that that's a very difficult part to unpack, because victims can't separate out in their own mind where the line was crossed and they find it difficult to articulate, 'Well, I was comfortable with that part, but I wasn't actually comfortable with this other part'.¹⁸⁰

One survivor, 'Marco', told us that he has been able to look back and see that the apparent kindness of the Catholic priest who sexually abused him was part of a calculated grooming process. It began when 'Marco' was 14 and the priest was a new arrival to the local Catholic parish. 'Marco' told us that the priest began spending time with him, helping him with his homework and taking him away on holidays with other boys. He elevated 'Marco's' position at the church, entrusting him with responsibilities that were normally reserved for adults. 'Marco' said that he felt proud and empowered. He was 15 at the time of the first assault. 'Marco' described how the priest manipulated him by playing him off against a fellow altar boy named 'Shane', whom 'Marco' suspects was also sexually abused: 'He took turns in making each of us feel important, and giving each of us special privileges ... This made me jealous, and in my naivety, I thought that he "loved" 'Shane' more than me'.¹⁸¹

Another survivor, 'Trev', told us about taking a job as a caddy at his local golf club at the age of 12. He told us that a man named 'Hogan' took an interest in him and enlisted him as his regular caddy. After a few sessions, 'Hogan' doubled 'Trev's' pay and bought him an expensive watch, a new bike and other presents. 'Trev' said that before long the grooming escalated to sexual abuse and over the next few years he was raped by 'Hogan' multiple times: 'I didn't understand what grooming was when I was 13 or 14. I just thought it was fabulous that I was being paid 10 shillings a round when other kids were getting paid five shillings'.¹⁸²

A female survivor told us about the school counsellor who in time became a family friend and often babysat her and her siblings, as well as other kids in the neighbourhood. She said that when she was nine years old, he started paying her more intimate attention.

He gave me numerous gifts and was very kind – exactly what I needed. But as time went on I started to feel uncomfortable but was doubting myself about what was going on: 'Hang on, he's being so kind so why am I feeling so uncomfortable about him giving me this gift?'.¹⁸³

Looking back, she believes that the grooming process really damaged her in the long run:

I lost my capacity to judge a safe situation because these really great things were happening for me yet I felt so uncomfortable, so I couldn't trust what was going on for me, and I think that led to me feeling unsafe wherever I went.¹⁸³

4.4.3 Communication barriers to disclosing child sexual abuse

Some victims do not disclose their experience of sexual abuse at the time because they lack the language to describe what is happening to them.¹⁸⁴ A small number (6.1 per cent) of survivors who spoke about barriers to disclosure told us during their private sessions that the lack of language to explain what was happening to them had acted as a barrier to disclosure. These survivors tended to be sexually abused at younger ages than all survivors who spoke to us in private sessions. Those who told us communication was a barrier to disclosure were about 8.9 years old when they were sexually abused, compared with an average of 10.7 years old for all survivors who attended a private session.

Disclosing sexual abuse can be particularly challenging for young children or children with communication difficulties arising from physical or cognitive impairment, if they are not provided with the necessary supports. For people who use augmentative communication, the symbols or words for genitalia or rape are rarely included on communication boards.¹⁸⁵ Victims who use sign or symbolic communication systems 'may not have signs to refer to abuse or behaviour that makes them feel uncomfortable, leaving them without a language to talk about what has happened to them'.¹⁸⁶ This is an obvious barrier to disclosure of sexual abuse.

‘Jeanette’ was born with a hearing impairment and told us that she was not taught sign language and had limited written English. She told us she was abused by one of the teachers at her special school. ‘Jeanette’ said she did not tell her parents or six siblings about the sexual and physical abuse, because she had no way of communicating this information to them. They could not understand why she would often be upset and refuse to go to school. As ‘Jeanette’ progressed at school, she continued to encounter the teacher, who also moved between the adjoining primary and high schools. ‘Jeanette’ said, ‘Mum and Dad would see me hurt and see me limping and still make me go to school. They didn’t understand what was going on. They thought I was accident prone. I couldn’t communicate what was going on’.¹⁸⁷

In Case Study 41: Institutional responses to allegations of the sexual abuse of children with disability (Disability service providers), we heard from Ms Maree Welch about her daughter Ms Bobbie Welch, who has a number of medical conditions. Ms Welch gave evidence about her daughter’s complaints of sexual abuse and Ms Welch’s experience in reporting the abuse to FSG Australia (FSG), where Bobbie received respite care.

Ms Welch believes that, while receiving care services from FSG, Bobbie was sexually abused by an FSG carer, Mr John O’Connor. When Ms Welch picked up Bobbie from Mr O’Connor’s house, Bobbie, in the presence of Mr O’Connor, immediately described him as ‘a bad man’ and was uncharacteristically quiet. On the way home and during the course of that evening, Bobbie informed her mother that Mr O’Connor ‘hurt her bum’ and made other disclosures that led Ms Welch to believe her daughter had been sexually abused.¹⁸⁸ Ms Welch told us that Bobbie did not know what ‘rape’ was until years after she was sexually abused.¹⁸⁹

Children with limited English language skills will often face barriers to disclosure, especially when access to accredited, appropriate or confidential interpreter services is limited. This includes Aboriginal and Torres Strait Islander children from remote communities, for whom English may be their second or third language. Some children may only be able to disclose in their first language, either because they cannot speak English, or because distress hinders their capacity to express themselves in English.¹⁹⁰

In some languages, there may be no vocabulary to describe issues relating to sexual abuse. At the Hobart multicultural forum, for example, we were told concepts such as ‘child protection’ may not be directly translatable in some languages. Meaning may also be communicated in other, less overt ways in some languages and cultural contexts.¹⁹¹ During our community engagement, we heard that some Aboriginal and Torres Strait Islander communities do not use sexual terms in their traditional languages due to strong cultural taboos around discussing sexuality.¹⁹²

We were told that some survivors attempted to disclose, but were misinterpreted due to their low proficiency in English and/or the lack of cultural competence of the person receiving or translating the disclosure.¹⁹³ One survivor told us she was mocked and punished in out-of-home care for her inability to read and write in English. When she disclosed the abuse she was misunderstood, with no attempt made to clarify or seek an interpreter to assist. Instead of receiving protection or further inquiry, she was provided with sanitary pads and sent away.¹⁹⁴

4.4.4 Discussing sex and sexual abuse is discouraged

In some cases, victims did not feel able to disclose because matters related to sex or sexual abuse are not spoken about in their cultural context. Disclosures of child sexual abuse are likely to be more difficult in cultures that have taboos and negative attitudes towards sex and sexuality.¹⁹⁵ This can be the result of generational, religious or cultural norms. In the *Catholic Church authorities in Ballarat* case study, a survivor told the Royal Commission, ‘My parents just didn’t even talk about sex – nobody did. I wasn’t told anything and I didn’t even know what my testicles were. So, in relation to the abuse, I was very much alone’.¹⁹⁶

In the *Yeshiva Bondi and Yeshivah Melbourne* case study, we heard from AVB, a survivor who was a member of the Yeshivah Melbourne community. He described the difficulties experienced in disclosing and discussing the sexual abuse given the silence on the subject of human sexual behaviour in his community:

I don’t talk about consensual relationships with my wife, and they are perfectly normal. But acts of child sexual abuse are forcible assaults on an individual which are totally against any normal values. It rips you apart. So, if you can’t talk about a consensual relationship, how are you going to talk about something that is just subhuman; and that is why I still don’t want to talk about it.¹⁹⁷

Different cultural dynamics in some communities can also intensify or inform universal taboos relating to discussions of sex and sexual abuse. This can influence the number of ‘trusted adults’ within a community who can receive and appropriately respond to disclosure. For example, at one of our multicultural public forums, an attendee from one cultural community in Sydney spoke about the norms surrounding the child–parent or child–carer relationship in their community, and how it is considered inappropriate for children to initiate conversations about sensitive topics. Without being prompted, children in this community may be unlikely to volunteer a disclosure. Without networks beyond the community, children may have no opportunities to disclose to an adult:

The person you’re meant to disclose to is often a perpetrator as well, or a community leader. Kids in our community just do not have the language. They would think: how do I talk about being touched in the wrong way?¹⁹⁸

Cultural and language barriers can also inhibit the development of strong peer relationships and networks, thereby limiting opportunities to disclose to trusted peers.

In some cases, values and expectations tied to masculinity impacted on the ability of victims to talk about their experience of sexual abuse. 'Luke Peter' told us that until he contacted the Royal Commission, he had not spoken of the abuse to anyone:

Not a girlfriend, not a mate ... I've never spoken to anybody. My wife doesn't know about it ... And she won't know about it. It's something that I don't think ... When you're with a woman, you don't want her to know things like that about you.¹⁹⁹

'Luke Peter' told us that one of his brothers died by suicide after being placed in a series of institutions as a child. He is certain his brother was sexually abused, and that this was a factor in his suicide, although his brother never disclosed to him. 'Luke Peter' said, 'I know he was abused physically. You talk about things like that – you talk about being bashed ... But blokes don't discuss some things. We just don't'.²⁰⁰

Endnotes

- 1 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 50.
- 2 P Schaeffer, JM Leventhal & AG Asnes, 'Children's disclosures of sexual abuse: Learning from direct inquiry', *Child Abuse & Neglect*, vol 35, no 5, 2011, p 1.
- 3 SD Easton, LY Saltzman & DG Willis, "'Would you tell under circumstances like that?': Barriers to disclosure of child sexual abuse for men', *Psychology of Men & Masculinity*, vol 15, no 4, 2014, p 466.
- 4 Name changed, private session, 'Sheree'.
- 5 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 136. See Volume 2, *Nature and cause*, Chapter 6 for a discussion of the historical context.
- 6 H McGee, R Garavan, M de Barra, J Byrne & R Conroy, *The SAVI Report: Sexual abuse and violence in Ireland*, Liffey Press, Dublin, 2002, p 124.
- 7 SD Easton, LY Saltzman & DG Willis, "'Would you tell under circumstances like that?': Barriers to disclosure of child sexual abuse for men', *Psychology of Men & Masculinity*, vol 15, no 4, 2014, p 466; C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, pp 31–2.
- 8 SD Easton, LY Saltzman & DG Willis, "'Would you tell under circumstances like that?': Barriers to disclosure of child sexual abuse for men', *Psychology of Men & Masculinity*, vol 15, no 4, 2014, p 466; C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, pp 31–2.
- 9 Name changed, private session, 'Perry'.
- 10 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 1: The response of institutions to the conduct of Steven Larkins*, Sydney, 2014, p 10.
- 11 Name changed, private session, 'Judith'.
- 12 P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker & M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 22–3.
- 13 Aboriginal Child Family and Community Care State Secretariat, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 10: Advocacy and support and therapeutic treatment services*, 2015, p 2.
- 14 ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 281.
- 15 S Craven, S Brown & E Gilchrist, 'Sexual grooming of children: Review of literature and theoretical considerations', *Journal of Sexual Aggression*, vol 12, no 3, 2006, p 296.
- 16 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 31; CM Arata, 'To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization', *Child Maltreatment*, vol 3, no 1, 1998, p 69.
- 17 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 5: Response of The Salvation Army to child sexual abuse at its boys homes in New South Wales and Queensland*, Sydney, 2015, p 27.
- 18 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 5: Response of The Salvation Army to child sexual abuse at its boys homes in New South Wales and Queensland*, Sydney, 2015, p 42, see Finding 7 and Finding 8 in particular.
- 19 Name changed, private session, 'Felicia'.
- 20 D Collin-Vézina, M De La Sablonnière-Griffin, AM Palmer & L Milne, 'A preliminary mapping of individual, relational, and social factors that impede disclosure of childhood sexual abuse', *Child Abuse & Neglect*, vol 43, 2015, p 128; SV Hunter, 'Disclosure of child sexual abuse as a life-long process: Implications for health professionals', *The Australian and New Zealand Journal of Family Therapy*, vol 32, no 2, 2011, p 164.
- 21 D Allnock & P Miller, *No one noticed, no one heard: A study of disclosures of childhood abuse*, National Society for the Prevention of Cruelty to Children, United Kingdom, 2013.
- 22 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 57.
- 23 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 31.
- 24 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 31.
- 25 SD Easton, LY Saltzman & DG Willis, "'Would you tell under circumstances like that?': Barriers to disclosure of child sexual abuse for men', *Psychology of Men & Masculinity*, vol 15, no 4, 2014, p 467.

- 26 A Reitsema & H Grietens, 'Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed', *Trauma, Violence, & Abuse*, vol 17, no 3, 2015, p 334; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 282; R McElvaney, 'Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice', *Child Abuse Review*, vol 24, no 3, 2015, pp 163–4; C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 31; TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1409; SV Hunter, 'Disclosure of child sexual abuse as a life-long process: Implications for health professionals', *The Australian and New Zealand Journal of Family Therapy*, vol 32, no 2, 2011, pp 162–3; TB Goodman-Brown, RS Edelstein, GS Goodman, DP Jones & DS Gordon, 'Why children tell: A model of children's disclosure of sexual abuse', *Child Abuse & Neglect*, vol 27, no 5, 2003, pp 527–8; M Ungar, K Barter, SM McConnell, LM Tutty & J Fairholm, 'Patterns of abuse disclosure among youth', *Qualitative Social Work*, vol 8, no 3, 2009, p 344.
- 27 SD Easton, 'Disclosure of child sexual abuse among adult male survivors', *Clinical Social Work Journal*, vol 41, no 4, 2013, p 351.
- 28 See also Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 33: The response of the Salvation Army (Southern Territory) to allegations of child sexual abuse at children's homes that it operated*, Sydney, 2016, p 13; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 21: The response of the Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s*, Sydney, 2016, pp 42, 49.
- 29 Name changed, private session, 'Tania'.
- 30 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 2: YMCA NSW's response to the conduct of Jonathan Lord*, Sydney, 2014, p 17.
- 31 See, for example, J Heydon, *Evidence: Cases and materials*, second edition, Butterworths, London, 1984; A Quadara, *Framework for historical influences on institutional child sexual abuse: 1950–2014*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 16.
- 32 Name changed, private session, 'Gerald'.
- 33 J Tucci, J Mitchell & C Goddard, *Doing nothing hurts children: Community attitudes about child abuse and child protection in Australia*, Australian Childhood Foundation, Ringwood, 2010, p 17.
- 34 N Balla & N Trocme, 'False allegations of abuse and neglect when parents separate', *Child Abuse and Neglect*, vol 20, no 1333–1345, 2005, p 1342.
- 35 DM Fergusson, LJ Horwood & LJ Woodward, 'The stability of child abuse reports: A longitudinal study of the reporting behaviour of young adults', *Psychological Medicine*, vol 30, no 3, 2000, pp 529–544.
- 36 Royal Commission multicultural public forums, 2016.
- 37 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 33; S Murray & A Powell, *Sexual assault and adults with a disability: Enabling recognition, disclosure and a just response*, Australian Centre for the Study of Sexual Assault, Melbourne, 2008.
- 38 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 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*, Sydney, 2015, pp 23–4.
- 39 Name changed, private session, 'Ronan'.
- 40 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 5: Response of The Salvation Army to child sexual abuse at its boys homes in New South Wales and Queensland*, Sydney, 2015, p 20.
- 41 P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker & M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 31.
- 42 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016.
- 43 Transcript of Panel 1, Case Study 24, 29 June 2015 at 14664:39–14665:1.
- 44 People with Disability Australia, *Submission to Senate inquiry into the prevalence of different types of speech, language and communication disorders and speech pathology services in Australia*, 2014, p 10.
- 45 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 21: The response of the Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s*, Sydney, 2016, p 53.
- 46 See Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 9–10 for definitions of these laws.
- 47 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 16–17.

48 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 17.

49 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 20.

50 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 37.

51 Royal Commission multicultural public forums, 2016.

52 Royal Commission multicultural public forums, 2016. See also Australian Psychological Society, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 9: Addressing the risk of child sexual abuse in primary and secondary schools*, 2015; People with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 3: Child safe institutions*, 2013.

53 Australian Psychological Society, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 9: Addressing the risk of child sexual abuse in primary and secondary schools*, 2015, p 6; Royal Commission multicultural public forums, 2016.

54 Royal Commission multicultural public forum, Adelaide, 14 April 2016.

55 Royal Commission multicultural public forums, 2016.

56 Transcript of youth panel, Case Study 24, 29 June 2015 at 14638:1–8.

57 Transcript of youth panel, Case study 24, 29 June 2015 at 14672:18–20.

58 Transcript of youth panel, Case study 24, 29 June 2015 at 14665:21–27.

59 Name changed, private session, ‘Raymond Paul’.

60 Royal Commission multicultural public forum, Adelaide, 14 April 2016.

61 Royal Commission multicultural public forum, Hobart, 26 July 2016.

62 For example: Name changed, private session, ‘Derry’; Name changed, private session, ‘Cyril’.

63 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 33.

64 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 31; TB Goodman-Brown, RS Edelstein, GS Goodman, DP Jones & DS Gordon, ‘Why children tell: A model of children’s disclosure of sexual abuse’, *Child Abuse & Neglect*, vol 27, no 5, 2003, pp 534–6.

65 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, pp 15–16.

66 Name changed, private session, ‘Luka’.

67 Name changed, private session, ‘Alanna’.

68 Name changed, private session, ‘Ben Peter’.

69 Name changed, private session, ‘Rhona’.

70 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 67.

71 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 67.

72 Exhibit 28-0014, ‘Statement of BAB’, Case Study 28, STAT.0582.001.0001_R at 40:40.

73 Australian Custodial Services Association Taskforce, *Breaking the silence, creating the future: Addressing child sexual assault in Aboriginal communities in NSW*, Attorney-General’s Department of New South Wales, Sydney, 2006, pp 52–3.

74 Australian Custodial Services Association Taskforce, *Breaking the silence, creating the future: Addressing child sexual assault in Aboriginal communities in NSW*, Attorney-General’s Department of New South Wales, Sydney, 2006, pp 52–3; Wirringa Baiya Aboriginal Women’s Legal Centre Inc, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 7: Statutory victims of crime compensation schemes*, 2014, p 17.

75 G Mace, MB Powell & M Benson, ‘Evaluation of Operation RESET: An initiative for addressing child sexual abuse in Aboriginal communities’, *Australian and New Zealand Journal of Criminology*, vol 48, no 1, 2015, pp 82–103; Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, *Ampe akelyernemane meke mekarle: ‘Little children are sacred’*, Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, Darwin, 2007, p 58.

76 J Breckenridge & G Flax, *Service and support needs of specific population groups that have experienced child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 33.

77 Australian Custodial Services Association Taskforce, *Breaking the silence, creating the future: Addressing child sexual assault in Aboriginal communities in NSW*, Attorney-General’s Department of New South Wales, Sydney, 2006, pp 52–3.

78 Aboriginal Family Violence Prevention Legal Service Victoria, *Strengthening law and justice outcomes for Aboriginal and Torres Strait Islander victims/survivors of family violence and sexual assault and women and children: National policy issues – A Victorian perspective*, Aboriginal Family Violence Prevention Legal Service Victoria, Collingwood, 2010; J Breckenridge & G Flax, *Service and support needs of specific population groups that have experienced child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 33.

79 Wirringa Baiya Aboriginal Women’s Legal Centre Inc, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 7: Statutory victims of crime compensation schemes*, 2014, p 17.

- 80 J Stanley, AM Tomison & J Pocock, *Child abuse and neglect in Indigenous Australian communities*, Australian Institute of Family Studies, Melbourne, 2003, p 5.
- 81 EP Mullighan, *Children on Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, Commission of Inquiry: A report into sexual abuse*, Commission of Inquiry South Australia, Adelaide, 2008, p 29.
- 82 Name changed, private session, 'Eileen'.
- 83 J Breckenridge & G Flax, *Service and support needs of specific population groups that have experienced child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 31.
- 84 J Breckenridge & G Flax, *Service and support needs of specific population groups that have experienced child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 31; L Bromfield, JR Higgins, D Higgins & N Richardson, *Why is there a shortage of Aboriginal and Torres Strait Islander carers? Perspectives of professionals from Aboriginal and Torres Strait Islander agencies, non-government agencies and government departments*, Australian Institute of Family Studies, Melbourne, 2007.
- 85 Royal Commission multicultural public forum, Brisbane, 1 March 2016.
- 86 P Sawrikar, *Working with ethnic minorities and across cultures in Western child protection systems*, Taylor and Francis, London, 2016, pp 101–5; P Gilligan & S Akhtar, 'Child sexual abuse among Asian communities: Developing material to raise awareness in Bradford', *Practice (UK)*, vol 17, no 4, 2005, pp 267–84; AA Singh, 'Helping South Asian immigrant women use resilience strategies in healing from sexual abuse: A call for a culturally relevant model', *Women & Therapy*, vol 32, no 4, 2009, pp 361–76; S Barker-Collo, J Read & S Cowie, 'Coping strategies in female survivors of childhood sexual abuse from two Canadian and two New Zealand cultural groups', *Journal of Trauma and Dissociation*, vol 13, no 4, 2012, pp 435–447.
- 87 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 29: The response of the Jehovah's Witnesses and Watchtower Bible and Tract Society of Australia Ltd to allegations of child sexual abuse*, Sydney, 2016, p 55.
- 88 Exhibit 29-0001, 'Statement of BCB', STAT.0603.001.0001_R at 15:73.
- 89 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 29: The response of the Jehovah's Witnesses and Watchtower Bible and Tract Society of Australia Ltd to allegations of child sexual abuse*, 2016, p 56.
- 90 Name changed, private session, 'Dudley'.
- 91 Name changed, private session, 'Spiros'.
- 92 Human Rights and Equal Opportunity Commission, *Bringing them home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, Human Rights and Equal Opportunity Commission, Sydney, 1997.
- 93 P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker & M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 20; SV Hunter, 'Disclosure of child sexual abuse as a life-long process: Implications for health professionals', *The Australian and New Zealand Journal of Family Therapy*, vol 32, no 2, 2011, p 161; Aboriginal Legal Service of Western Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 7: Statutory victims of crime compensation schemes*, 2014, p 8; Human Rights and Equal Opportunity Commission, *Bringing them home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, Human Rights and Equal Opportunity Commission, Sydney, 1997.
- 94 See Royal Commission into Aboriginal Deaths in Custody, *Royal Commission into Aboriginal Deaths in Custody: National Report*, Australian Government Publishing Service, Canberra, 1991.
- 95 Australian Institute of Health and Welfare, *Juvenile justice in Australia 2010-11*, Australian Institute of Health and Welfare, Canberra, 2011, p 15; A Baker & T Cussen, *Deaths in custody in Australia: National deaths in custody program 2011-12 and 2012-13*, Australian Institute of Criminology, Canberra, 2015.
- 96 Wirringa Baiya Aboriginal Women's Legal Centre Inc, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 7: Statutory victims of crime compensation schemes*, 2014, p 17; Wirringa Baiya Aboriginal Women's Legal Centre Inc., Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 5: Civil litigation*, 2014, p 3; Aboriginal Family Violence Prevention and Legal Service, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 7: Statutory victims of crime compensation schemes*, 2014, p 5; Victorian Aboriginal Child Care Agency Co-Op, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 8: Experiences of police and prosecution responses*, 2015.
- 97 See for example Crime and Misconduct Commission, *Protecting children: An inquiry into abuse of children in foster care*, Crime and Misconduct Commission, Brisbane, 2004; EP Mullighan, *Children on Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, Commission of Inquiry: A report into sexual abuse*, Commission of Inquiry South Australia, Adelaide, 2008; M Willis, *Non-disclosure of violence in Australian Indigenous communities*, Australian Institute of Criminology, Canberra, 2011; See also P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker & M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 29, 31.
- 98 Name changed, private session, 'Judith'.
- 99 Name changed, private session, 'Iris'.

100 Name changed, private session, 'Donald Steven'.
 101 Name changed, private session, 'Janine'.
 102 Name changed, private session, 'Peta'.
 103 Name changed, private session, 'Rainey'.
 104 J Breckenridge & G Flax, *Service and support needs of specific population groups that have experienced child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 32.
 105 Royal Commission multicultural public forums, 2016.
 106 K Kriz, E Slayer, A Iannicelli & J Lourie, 'Fear management: How child protection workers engage with non-citizen immigrant families', *Child and Youth Services Review*, vol 34, no 10, 2012, pp 316–23.
 107 Royal Commission multicultural public forums, 2016.
 108 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 29: The response of the Jehovah's Witnesses and Watchtower Bible and Tract Society of Australia Ltd to allegations of child sexual abuse*, Sydney, 2016, p 47.
 109 S Murray & A Powell, *Sexual assault and adults with a disability: Enabling recognition, disclosure and a just response*, Australian Centre for the Study of Sexual Assault, Melbourne, 2008.
 110 Royal Commission consultations with Aboriginal and Torres Strait Islander community, 2014–2017.
 111 Royal Commission multicultural public forums, 2016.
 112 SSS Tang, JJ Freyd & M Wang, 'What do we know about gender in the disclosure of child sexual abuse?', *Journal of Psychological Trauma*, vol 6, no 4, 2008, p 22.
 113 R Alaggia, 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10, no 5, 2005, p 462.
 114 PJ O'Leary & J Barber, 'Gender differences in silencing following childhood sexual abuse', *Journal Of Child Sexual Abuse*, vol 17, no 2, 2008, pp 133–43.
 115 R Alaggia, 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10, no 5, 2005, p 462.
 116 PJ O'Leary & J Barber, 'Gender differences in silencing following childhood sexual abuse', *Journal Of Child Sexual Abuse*, vol 17, no 2, 2008, p 136.
 117 SD Easton, LY Saltzman & DG Willis, "'Would you tell under circumstances like that?': Barriers to disclosure of child sexual abuse for men', *Psychology of Men & Masculinity*, vol 15, no 4, 2014, pp 460–9.
 118 SD Easton, LY Saltzman & DG Willis, "'Would you tell under circumstances like that?': Barriers to disclosure of child sexual abuse for men', *Psychology of Men & Masculinity*, vol 15, no 4, 2014, pp 460–9, p 463.
 119 Name changed, private session, 'Robert Luke'.
 120 Name changed, private session, 'Ryan'.
 121 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 23; SD Easton, LY Saltzman & DG Willis, "'Would you tell under circumstances like that?': Barriers to disclosure of child sexual abuse for men', *Psychology of Men & Masculinity*, vol 15, no 4, 2014, p 465.
 122 R Alaggia, 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10, no 5, 2005, p 464.
 123 Name changed, private session, 'Devlin'.
 124 Name changed, private session, 'Don Richard'.
 125 Name changed, private session, 'Brendon'.
 126 TH Andersen, 'Speaking about the unspeakable: Sexually abused men striving towards language', *American Journal of Men's Health*, vol 2, no 1, 2008, p 30.
 127 Name changed, private session, 'Brett'.
 128 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions*, Sydney, 2016, p 28.
 129 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions*, Sydney, 2016, p 29.
 130 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions*, Sydney, 2016, pp 34–5.
 131 Name changed, private session, 'Hank'.
 132 AM McAlinden, *'Grooming' and the sexual abuse of children: Institutional, internet and familial dimensions*, Oxford University Press, Oxford, 2012, p 171.
 133 Interdicasterial Commission for the Catechism of the Catholic Church, *Catechism of the Catholic Church*, Libreria Editrice Vaticana, Citta del Vaticano 1992, par 2,357–8.
 134 R Alaggia, 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10, no 5, 2005, p 465.
 135 LA Fontes & C Plummer, 'Cultural issues in disclosures of child sexual abuse', *Journal Of Child Sexual Abuse*, vol 19, no 5, 2010, p 500.

- 136 MC Kenny & AG McEachern, 'Racial, ethnic, and cultural factors of childhood sexual abuse: A selected review
of the literature', *Clinical Psychology Review*, vol 20, no 7, 2000, pp 905–22.
- 137 LA Fontes & C Plummer, 'Cultural issues in disclosures of child sexual abuse', *Journal Of Child Sexual Abuse*, vol 19,
no 5, 2010, pp 499–500.
- 138 See LA Fontes & C Plummer, 'Cultural issues in disclosures of child sexual abuse', *Journal Of Child Sexual Abuse*,
vol 19, no 5, 2010, pp 491–518 for a discussion of cultural issues surrounding disclosures.
- 139 A Quadara, *Framework for historical influences on institutional child sexual abuse: 1950–2014*, report prepared
for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 15.
- 140 Name changed, private session, 'Rainey'.
- 141 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 15: Response of
swimming institutions, the Queensland and NSW Offices of the DPP and the Queensland Commission for Children
and Young People and Child Guardian to allegations of child sexual abuse by swimming coaches*, Sydney, 2015,
pp 39, 70–3, 83.
- 142 R Alaggia, 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10,
no 5, 2005, p 465.
- 143 SSS Tang, JJ Freyd & M Wang, 'What do we know about gender in the disclosure of child sexual abuse?',
Journal of Psychological Trauma, vol 6, no 4, 2008, p 11.
- 144 R Alaggia, 'Disclosing the trauma of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10,
no 5, 2005, p 464.
- 145 Name changed, private session, 'Lenard'.
- 146 G Priebe & CG Svedin, 'Child sexual abuse is largely hidden from the adult society: An epidemiological study of
adolescents' disclosures', *Child Abuse & Neglect*, vol 32, no 12, 2008, p 1105; E Teram, C Stalker, A Hovey, C Schachter
& G Lasiuk, 'Towards malecentric communication: Sensitizing health professionals to the realities of male childhood
sexual abuse survivors', *Issues in Mental Health Nursing*, vol 27, no 5, 2006, p 503.
- 147 Name changed, private session, 'James Philip'.
- 148 Name changed, private session, 'Stuart Andrew'.
- 149 Name changed, private session, 'Stuart Andrew'.
- 150 G Priebe & CG Svedin, 'Child sexual abuse is largely hidden from the adult society: An epidemiological study of
adolescents' disclosures', *Child Abuse & Neglect*, vol 32, no 12, 2008, p 1105; R Alaggia, 'Disclosing the trauma
of child sexual abuse: A gender analysis', *Journal of Loss and Trauma*, vol 10, no 5, 2005, pp 462–3.
- 151 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis
of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child
Sexual Abuse, Sydney, 2017, p 138.
- 152 Name changed, private session, 'John Peter'.
- 153 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, p 3; K Richards, *Misperceptions about child sex offenders*, Australian Institute of Criminology, Canberra, 2011,
pp 3–4; J Ogloff, M Cutajar, E Mann & P Mullen, *Child sexual abuse and subsequent offending and victimisation:
A 45 year follow-up study*, Australian Institute of Criminology, Canberra, 2012, p 4.
- 154 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 144–153; 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, p 29; CS Widom & C Massey, 'A prospective
examination of whether childhood sexual abuse predicts subsequent sexual offending', *The Journal of the American
Medical Association Pediatrics*, vol 169, no 1, 2015, pp 1–7.
- 155 K London, M Bruck, SJ Ceci & DW Shuman, 'Disclosure of child sexual abuse: What does the research tell us about
the ways that children tell?', *Psychology, Public Policy, and Law*, vol 11, no 1, 2005, p 208; D Allnock & P Miller, *No
one noticed, no one heard: A study of disclosures of childhood abuse*, National Society for the Prevention of Cruelty
to Children, United Kingdom, 2013, p 27; TB Goodman-Brown, RS Edelstein, GS Goodman, DP Jones & DS Gordon,
'Why children tell: A model of children's disclosure of sexual abuse', *Child Abuse & Neglect*, vol 27, no 5, 2003, p 526;
D Collin-Vézina, M De La Sablonnière-Griffin, AM Palmer & L Milne, 'A preliminary mapping of individual, relational,
and social factors that impede disclosure of childhood sexual abuse', *Child Abuse & Neglect*, vol 43, 2015, p 129;
K Bussey & EJ Grimbeek, 'Disclosure processes: Issues for child sexual abuse victims' in K Rotenberg (ed),
Disclosure processes in children and adolescents, Cambridge University Press, New York, 1995, p 176.
- 156 J Breckenridge, J Cunningham & K Jennings, *Cry for help: Client and worker experiences of disclosure and help seeking
regarding child sexual abuse*, Relationships Australia South Australia, Adelaide, 2008, section 5.2; SD Easton, LY Saltzman
& DG Willis, "'Would you tell under circumstances like that?': Barriers to disclosure of child sexual abuse for men",
Psychology of Men & Masculinity, vol 15, no 4, 2014, p 466; M Ungar, LM Tutty, S McConnell, K Barter & J Fairholm,
'What Canadian youth tell us about disclosing abuse', *Child Abuse & Neglect*, vol 33, no 10, 2009, p 705.
- 157 Exhibit 57-001, 'Statement of CAA', Case Study 57, STAT.1330.001.0001_R at 3.
- 158 Name changed, private session, 'Martine'.
- 159 Name changed, private session, 'Bart'.

160 Exhibit 5-0019, 'Statement of GH', Case Study 5, STAT.0112.001.0001_M_R at 6:28.

161 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 15: Response of swimming institutions, the Queensland and NSW Offices of the DPP and the Queensland Commission for Children and Young People and Child Guardian to allegations of child sexual abuse by swimming coaches*, Sydney, 2015, p 40.

162 Queensland Crime Commission and Queensland Police Service, *Project AXIS - Child sexual abuse in Queensland: The nature and extent*, Queensland Crime Commission, Queensland Police Service, Brisbane, 2000, p 88.

163 Name changed, private session, 'Caitlin'.

164 Exhibit 20-0001, 'Statement of AOA', Case Study 20, STAT.0373.001.0001_R at 3:16.

165 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 135.

166 Royal Commission into Institutional Responses to Child Sexual Abuse, Schools private roundtable, Sydney, 2015; Children with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 9: Addressing the risk of child sexual abuse in primary and secondary schools*, 2015, p 16; Children with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 8: Experiences of police and prosecution responses*, 2015, p 7; WWILD Sexual Violence Prevention Association, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 10: Advocacy and support and therapeutic treatment services*, 2015, p 5.

167 G Llewellyn, S Wayland & G Hindmarsh, *Disability and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 57; People with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Consultation paper: Best practice principles in responding to complaints of child sexual abuse in institutional contexts*, 2016, p 5; People with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 9: Addressing the risk of child sexual abuse in primary and secondary schools* 2015, p 20; Children with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 8: Experiences of police and prosecution responses*, 2015, p 12.

168 People with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 9: Addressing the risk of child sexual abuse in primary and secondary schools*, 2015, p 5. See also WWILD Sexual Violence Prevention Association, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 10: Advocacy and support and therapeutic treatment services*, 2015, p 7.

169 Royal Commission into Institutional Responses to Child Sexual Abuse, Schools private roundtable, Sydney, 2015.

170 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 46.

171 P Sawrikar & I Katz, *Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia*, Australian Institute of Family Studies, Melbourne, 2008; P Sawrikar & IB Katz, 'Recommendations for improving cultural competency when working with ethnic minority families in child protection systems in Australia', *Child and Adolescent Social Work Journal*, vol 31, no 5, 2014, pp 393–417; M Bonar & D Roberts, *A review of literature relating to family and domestic violence in culturally and linguistically diverse communities in Australia*, Family and Domestic Violence Unit, Department for Community Development, Government of Western Australia, Perth, 2006; P Sawrikar, *Working with ethnic minorities and across cultures in Western child protection systems*, Taylor and Francis, London, 2016, p 34.

172 S Craven, S Brown & E Gilchrist, 'Sexual grooming of children: Review of literature and theoretical considerations', *Journal of Sexual Aggression*, vol 12, no 3, 2006, p 295.

173 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 8.

174 S Craven, S Brown & E Gilchrist, 'Sexual grooming of children: Review of literature and theoretical considerations', *Journal of Sexual Aggression*, vol 12, no 3, 2006, p 292.

175 See P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017; AM McAlinden, "'Setting 'Em Up': Personal, familial and institutional grooming in the sexual abuse of children", *Social & Legal Studies*, vol 15, no 3, 2006, p 343; N Bennett & W O'Donohue, 'The construct of grooming in child sexual abuse: Conceptual and measurement issues', *Journal Of Child Sexual Abuse*, vol 23, no 8, 2014, p 963.

176 Name changed, private session, 'Kev'.

177 ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical psychology review*, vol 22, no 2, 2002, p 277.

178 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 98.

179 Transcript of A McAlinden, Case Study 57, 29 March 2017 at 27620:37–41.

180 Transcript of A McAlinden, Case Study 57, 29 March 2017 at 27620:20–33.

181 Name changed, private session, 'Marco'.

182 Name changed, private session, 'Trev'.

183 Name changed, private session, 'Siobhan'.

- 184 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 131–2.
- 185 People with Disability Australia, *Submission to Senate Inquiry into the prevalence of different types of speech, language and communication disorders and speech pathology services in Australia*, 2014, p 10.
- 186 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 31; R Oosterhoorn & A Kendrick, ‘No sign of harm: Issues for disabled children communicating about abuse’, *Child Abuse Review*, vol 10, no 4, 2001, p 249.
- 187 Name changed, private session, ‘Jeanette’. See also Name changed, private session, ‘Carly’.
- 188 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 41: Institutional responses to allegations of the sexual abuse of children with disability*, Sydney, 2017, pp 57–8.
- 189 Transcript of M F Welch, Case Study 41, 13 July 2016 at 20307:40–47.
- 190 P Sawrikar, *Working with ethnic minorities and across cultures in Western child protection systems*, Taylor and Francis, London, 2016, pp 33–4, 144–6.
- 191 A Chand & J Thoburn, ‘Research review: Child protection referrals and minority ethnic children and families’, *Child and Family Social Work*, vol 11, no 4, 2006, p 373; P Gilligan & S Akhtar, ‘Child sexual abuse among Asian communities: Developing material to raise awareness in Bradford’, *Practice (UK)*, vol 17, no 4, 2005, pp 267–8.
- 192 See also L Funston, ‘Aboriginal and Torres Strait Islander worldviews and cultural safety transforming sexual assault service provision for children and young people’, *International Journal of Environmental Research and Public Health*, vol 10, no 9, 2013, pp 3818–3833.
- 193 For example: Name changed, private session, ‘Molly’.
- 194 Name changed, private session, ‘Maria’.
- 195 R Alaggia, ‘Disclosing the trauma of child sexual abuse: A gender analysis’, *Journal of Loss and Trauma*, vol 10, no 5, 2005, p 457.
- 196 Exhibit 28-0021, Statement of Stephen Woods, STAT.0577.001.0001_R at 6:31.
- 197 Transcript of AVB, Case Study 22, 4 February 2015 at 6211:14–30.
- 198 Royal Commission multicultural public forum, Sydney, 15 June 2016.
- 199 Name changed, private session, ‘Luke Peter’.
- 200 Name changed, private session, ‘Luke Peter’.

5 Perpetrator behaviours that create barriers to identifying and disclosing

Child sexual abuse in institutions is often perpetrated by someone who is familiar to, and in a position of power and authority over, the child. Perpetrators will frequently be among those who are entrusted with providing care for the child.¹ The power and position of a perpetrator within an institution can prevent sexual abuse being identified and can inhibit the child from disclosing, both at the time of the abuse and in the years that follow.²

Perpetrators may inhibit disclosure using overt tactics, such as threats, or more subtle manipulation. These subtle tactics are often invisible to the child and the non-offending adults in the child's life. It has been suggested, and it is our experience, that the complexity of disclosure is difficult to understand unless the dynamics of child sexual abuse, and in particular the behaviour of perpetrators, is better understood.

This chapter considers some of the ways in which the position of authority and behaviour of a perpetrator may make it more difficult for a child to disclose sexual abuse, including tactics such as:

- grooming the child to create a relationship that is emotionally significant for the child
- grooming the child's family, community and/or institution to make it more difficult for them to identify the abuse
- exploiting their position of authority in the institution or the community
- threatening the child and others
- isolating the child from adults who may identify abuse or to whom they might disclose
- making the child feel complicit in or responsible for the abuse.

Volume 2, *Nature and cause* provides a more detailed discussion of grooming and entrapment behaviours used by perpetrators to enable and facilitate the sexual abuse of children.

5.1 Grooming behaviours and tactics

Perpetrators can use grooming and other tactics to enable and/or facilitate the sexual abuse of children. They may groom to gain access to a victim, initiate and maintain sexual abuse of that victim and/or conceal the sexual abuse from others who may be able to identify it.³ These types of behaviours and tactics are complex and often incremental. They help to establish an emotional connection and build trust,⁴ and can involve a range of strategies that can be subtle, drawn out, calculated, controlling and premeditated.⁵ These tactics were a common feature of many accounts that we heard about during private sessions and in our case studies, irrespective of when or where the victims were sexually abused.

Research suggests that one of the central purposes of grooming is to test the child's ability to maintain silence. Before sexual abuse begins, the perpetrator can discredit any suggestion or complaint of improper conduct because their behaviour does not yet constitute sexual misconduct.⁶

5.1.1 Grooming the child

Perpetrators can use grooming to help build trust and develop a relationship with the child in order to perpetrate or continue to perpetrate child sexual abuse.⁷ The relationship between the child and the perpetrator can be emotionally significant for the child, and many child victims described ambivalent or confusing feelings toward the perpetrator.⁸

During *Case Study 57: Nature, cause and impact of child sexual abuse (Nature, cause and impact of child sexual abuse)*, Professor Anne-Marie McAlinden explained that grooming is not ‘one size fits all’. Describing her research, which has shown that perpetrators adapt their grooming strategies depending on the victim and the precise situation,⁹ Professor McAlinden told us:

Some of the key elements of grooming work explicitly to prohibit disclosure by children. One is, for example, the exclusive relationship that lies at the heart of grooming, the special relationship. The child may be groomed to believe that they will be betraying the abuser if they disclose.¹⁰

CAA described his experience of grooming in the *Nature, cause and impact of child sexual abuse* case study:

Another aspect of the grooming was the way in which the perpetrator used notions of authority and experience to support his claims about the legitimacy of the abuse and why, ‘properly speaking’, it was not abuse rather than a form of love. Again, this was a matter of using the respect and love I already had for him (these were cultivated in the years leading up to the abuse) as a way to engender trust, and this made it a lot easier for the perpetrator to begin sexually abusing me without eliciting more stringent opposition on my part. This trust was also a key factor in subduing or overriding the confusion I felt about what was happening to me.¹¹

Of all survivors who discussed barriers to disclosure in private sessions, 2.6 per cent told us that they had believed the perpetrator had loved them – and this belief had acted as a barrier to disclosure.

This emotional attachment can complicate the disclosure process for children.¹² A male survivor who told us he was sexually abused by his scoutmaster in the 1970s said he did not disclose ‘because he was a hero to me, someone I adored and worshipped, that’s why I didn’t do anything’.¹³ This aligns with Canadian research that concluded we should not underestimate the affection a child may have when they have been groomed to develop a ‘special relationship’.¹⁴

Some perpetrators indicate that they specifically target children they perceive to be vulnerable, easier to control and manipulate, and less likely to disclose sexual abuse.¹⁵ While all children are vulnerable, some may have extra dimensions of vulnerability.¹⁶ Perpetrators often exploit this vulnerability to gain and maintain a child's cooperation, acquiescence and silence. For example, a survivor who told us he grew up with a violent father spoke of confusing sexual abuse with love:

Towards the end of that period I was craving to see this man. And I can't tell you how devastating it is to think that way now. But he turned what was a craving and a need for just normal love into some sick and bizarre craving for him.¹⁷

Perpetrators often try to prevent children from disclosing by exploiting their feelings for, or dependence on, them. A study of 182 men serving sentences in Queensland correctional facilities for sexual offences against children found that these offenders commonly tried to prevent a victim from disclosing by telling them:¹⁸

- he (the offender) would go to jail if the child told anyone
- he (the offender) hoped the child would not want to lose their relationship.

Another study interviewed a male perpetrator who sexually abused children in his care. He attempted to gain sympathy from victims and highlighted the fact that he was held in high esteem because he worked so hard, encouraging the victims to think they would not be believed if they disclosed.¹⁹ He said:

In most cases I would 'share' aspects of my life with them by telling them how busy I was, overworked, misunderstood, lonely ... I would go on to tell them that without their friendship, understanding, support, etc I would not do what I did for everyone.²⁰

This is consistent with what some survivors told us – that they were concerned about the physical and emotional wellbeing of the perpetrator if they disclosed sexual abuse.²¹ One male survivor, who told us he was sexually abused by an Anglican priest while he was serving a sentence in a youth detention centre, said that this priest had befriended him and that he had never had anyone take such an interest in him or look after him:

It's probably weird to say, I have some sort of connection there ... Probably because I was groomed or something like that. And I still feel like I don't want to get this person into trouble. But I do want to say something about it, and not let the person do it again.²²

Sometimes, perpetrators threaten to kill or otherwise harm themselves or others, or they tell the child that they (the perpetrators) would go to jail if the victim revealed the abuse.²³ In *Case Study 2: YMCA NSW's response to the conduct of Jonathan Lord*, we were told that one victim blamed himself that Jonathan Lord (the perpetrator) had gone to jail, and had conflicting emotions over everything that happened because he thought that Lord was his friend.²⁴

Grooming can continue for years, sometimes well after the sexual abuse has stopped. 'Laurence Peter' told us about being groomed and sexually abused by his high school art teacher, 'Brett', on weekend 'excursions' into the bush. 'Laurence Peter' told us that 'Brett' 'homed in' on his younger brother. 'Brett' had groomed 'Laurence Peter' and his family, so 'Laurence Peter' felt he could not tell his parents. He told us that 'Brett' was a regular guest in the house, often sitting down with the family for Sunday dinner just hours after he'd sexually abused him. In addition, the fact that 'Laurence Peter's' parents saw their son change from a lively, disruptive kid into a more withdrawn kid was seen as a positive development that they attributed to his teacher. The psychological hold 'Brett' had on 'Laurence Peter' never slipped:

He had such power over me that after we got married my wife and I were going off on a camping trip and 'Brett' would invite himself to our camping trip. We'd be camped in our tent and he'd be camped in his car over yonder. He just had so much control. He kept invading [my life] until he died.²⁵

As heard in evidence during the *Nature, cause and impact of child sexual abuse* case study, the impact of grooming and a survivor's emotional attachment to the perpetrator can allow the relationship to continue through into adulthood. Professor McAlinden told us:

Children and young people often talk about the complexity of the relationship and the notion comes out of being in a push-pull scenario. They want the relationship to continue because maybe that person is their emotional support in place, but they don't want the abuse, and actually, some victims/survivors will actually say at the early stages of the abuse they quite liked the attention and the giving of gifts, but didn't want the abuse. So with this push-pull scenario of wanting to maintain that emotional support and not disclose because they lose that support, but not wanting the abuse to continue, that's what makes the relationship very complex, and that can, indeed, if it's not dealt with and unpacked, can continue into adolescence and adult life.²⁶

5.1.2 Grooming the child's family and the institution

Perpetrators often seek to groom the significant people in a child's life including parents, siblings, carers, staff in institutions, and communities.²⁷ This may include establishing a friendship with these adults and securing their confidence, trust and cooperation in gaining access to the child.²⁸ Grooming in institutional contexts also often involves the manipulation of institutional or community structures, norms and practices in order to integrate the perpetrator into the institution as an 'insider'.²⁹

During the *Nature, cause and impact of child sexual abuse* case study, we heard from Ms Marija Radojevic about her experience with grooming and entrapment when her son was at school. Ms Radojevic said she and her husband 'did not know what was happening under our nose'.³⁰

Ms Radojevic also described the trust that she and her son had in the school:

Our own ignorance must be considered here. Having ourselves led very protected and sheltered lives, as had our children, it is fair to say that we transferred this expectation onto the school. In fact, this is why we chose a Christian school for our children, and it did look as if everything was going well. We had grown to trust the school as much as our son did, and to this extent we had become entrapped.³¹

Grooming of the family, institution or community is often carried out in an effort to prevent disclosure by the victim and prevent identification of sexual abuse by those closest to the child. It can also prevent victims from disclosing as they fear that they will not be believed if they speak out because the perpetrator has used their authority within an organisation to appear 'beyond reproach'.³²

Ms Katherine Levi, CEO of Child Wise, spoke of the impact of the perpetrator becoming a trusted member of an institution during the *Nature, cause and impact of child sexual abuse* case study. She said in evidence:

When you're an insider, when you're trusted, it's much harder to then separate out behaviour that might be suspicious or might be an indicator of grooming, because there is a sense of trust in that person ... There's a kind of dissonance created between perhaps this person is behaving in a way that is outside the boundaries of their role, but this is a person we like and trust and who is good at their job, so how could that be happening, or it's probably nothing to be concerned about.³³

Ms Levi noted that in both an institutional context and a family context, grooming behaviour is about gaining trust and access, 'ingratiating oneself to whoever is in power' and 'becoming someone who the family or the organisation relies on'.³⁴

A female survivor, who told us she was sexually abused by a volunteer at St John Ambulance Australia when she was a member of St John Cadets, said: 'I was scared to tell these adults what had happened, when they were all friends [with the perpetrator]. I could not put into words what had happened, and this remains the case today'.³⁵

Perpetrators can also establish a relationship with the child's family, and this can make it more difficult for victims to disclose the abuse.³⁶ 'Sherlee' told us that she was groomed and sexually abused by a teacher at her school from the age of 13. She said initially she welcomed some of the physical contact and affection that had not been provided by her parents. The teacher ingratiated himself into 'Sherlee's' family, visiting the property on weekends where he was welcomed by her parents. He bought presents for her mother and her younger sisters, and was invited for meals with the family. As a result, 'Sherlee' felt 'utterly powerless' and unable to escape him – he was present every day when she was at school and also on weekends at the family home. At one stage she said she tried to disclose the abuse to her mother, but her

mother's response was 'very clinical', and 'Sherlee' did not disclose the extent of what was happening because she feared getting into trouble with her parents. As an adult, she did not disclose because she blamed herself for the abuse.³⁷

Some perpetrators ingratiate themselves into families' lives and build relationships of trust to ensure that the adults welcome and value them as part of the family. One survivor, who told us he was first abused by a Catholic priest at the age of eight, said that the priest's grooming of children and families was well-planned and remarkably consistent. He told us that the priest targeted and befriended parishioners and children of primary school age and ensured he was regularly invited into their homes. This gave him substantial opportunity to bring children and adults under his control, and minimised the possibility of children disclosing his abuse to their parents. We were told that this survivor did not tell his parents about the abuse because of the position the priest had come to occupy in their lives.³⁸

5.2 Perpetrators' position and authority

The power and status of perpetrators within the institution can inhibit the identification and disclosure of child sexual abuse.

During the *Nature, cause and impact of child sexual abuse* case study, Professor McAlinden gave evidence about how perpetrators can use their position and authority to establish a special relationship and how this can heighten that child's vulnerability and inhibit disclosure. She told us:

In many cases, if children are being told, 'This is a special relationship, this is about showing love', and then relate that then to the perpetrator's status or authority in the community, children will have enhanced vulnerability then and be less likely to disclose because they'll think, 'Well, if this is what I'm meant to be doing with an adult who I trust, and I'm told this is okay, and given this person's status, nobody will believe me if I disclose'.³⁹

Research we commissioned into how organisational culture impacts child sexual abuse in institutions found that 'The more status and power the perpetrators and their allies possess in an organisation, the more difficult it will be for victims and third-party observers to have their disclosures heard and believed'.⁴⁰ The *Report of the Commission of Inquiry into Abuse of Children in Queensland Institutions* (the Forde Inquiry) noted that:

Children are taught not to challenge the demands of adults. If they engage in sexual activity with adults, they are often confused and guilty. To ask why children do not resist or disclose the abuse is to ignore the overwhelming power imbalance between the child and the abuser ... A child, therefore, is in no position to teach an adult that they should suspect someone of abusive behaviour who has been endorsed by the community as a trustworthy person.⁴¹

Perpetrators exploit the power and authority associated with their position in the institution to create the impression that they are beyond reproach, to avoid sexual abuse being identified, and to exert pressure on children to prevent disclosure. Perpetrators often have considerable authority in their position, which can lead children to fear that if they disclose:⁴²

- they will not be believed
- their school grades or other status may suffer
- the perpetrator will make life difficult for them and their parents or siblings
- it will jeopardise their aspirations or interfere with special training or opportunities.

The influence of the perpetrator's position of authority in the institution

Several witnesses in *Case Study 15: Response of swimming institutions, the Queensland and NSW Offices of the DPP and the Queensland Commission for Children and Young People and Child Guardian to allegations of child sexual abuse by swimming coaches* gave evidence that illustrated the influence exerted by a perpetrator's institutional position and authority. We heard evidence from Ms Simone Boyce that she was sexually abused by her swimming coach Scott Volkens in the summer of 1987–88, when she was 12 years old. Ms Boyce, who stopped swimming in 1989, did not tell anyone about the abuse at the time. She told us that, due to Volkens's standing in the swimming community, she believed that if she were to have any future in competitive swimming she could not complain, and that no one would believe her even if she did.⁴³

We also heard from AEA that he had been sexually abused by another member of his swimming squad at the Clovelly Surf Club, Mr Terrence Buck, who later became AEA's swimming coach for the Olympic Games. AEA did not feel he could disclose the abuse to anyone at the Surf Club or his family given Buck's status as an Olympian and Australian sporting icon. AEA was also ashamed and concerned about the repercussions of disclosing. As a swimming coach himself, AEA worried that 'any publicity about child sexual abuse would seem sinister' and could affect his livelihood.⁴⁴

Perpetrators in all institutions can cultivate an image of respectability and trustworthiness. A study with 16 'professional perpetrators' (perpetrators who have been convicted of sexually abusing children they work with) found that they commonly presented themselves as a person of integrity who was beyond suspicion. They spoke of ensuring that others saw them engaging 'in good works in the hope it would be broadly communicated and become an accepted part of their public persona'.⁴⁵ They presented themselves as altruistic, magnanimous and kind, which are characteristics that are often common and considered desirable among professionals who work with children.⁴⁶ Their cultivation of such a persona was often successful. A study of sexual abuse in school settings in the United States found that sexually abusive staff were often popular and were viewed by parents and staff to be among the best teachers in a district.⁴⁷

In a private session, 'Calvin Michael' told us that he was sexually abused by 'Mathew Baker', a teacher at a prestigious independent school. Although 'Calvin Michael' and his siblings did not attend this school, his older brother knew 'Mathew Baker' through the air force cadets. 'Calvin Michael' told us that 'Mathew Baker' 'became a trusted friend within our family and displayed a manner that was jovial, polite and caring'. He groomed 'Calvin Michael's' parents, who respected him because of the 'high credentials' that came with him working for a well-regarded school. 'Calvin Michael' also told us he suspects that his brother, who died by suicide, may also have been abused by 'Mathew Baker', along with some of the boys from the school where 'Mathew Baker' taught. 'Calvin Michael' has told his wife and disclosed to his parents and siblings around five years ago. His mother and father recently 'shared with me that at the time of our family's involvement with 'Mathew Baker' they had considered and discussed between themselves child abuse possibilities'. Despite this, they reckoned that 'Mathew Baker's' good standing at his school must mean he was 'someone of proper and appropriate dealings with children'.⁴⁸

Many perpetrators used their position within the community to intimidate the child into silence about the sexual abuse, to discredit the child's opinion and to undermine any attempt to disclose the abuse. This was done in both subtle and more explicit ways. For example, we heard that perpetrators sometimes set up a negative image of the child for the purpose of discrediting anything the child says, so that any disclosure would not be believed. 'Sally Jane', who told us she was sexually abused by her female teacher at a Seventh-day Adventist school when she was six and seven years old, said:

She wasn't so much abusive as I got older but she was a bully in the way that she would still try embarrassing me and pulling me out of class ... She was always ... scheming and trying to get me into trouble with other students by saying it was me that was trying to touch other students inappropriately and doing things to other students inappropriately. It was never like that, it was her.⁴⁹

'Sally Jane' told us that the teacher held her back, awarding low grades, putting her in the corner wearing a dunce's cap, and removing her from the class.⁵⁰

Perpetrators may also seek to exploit social power. In the past, Aboriginal and Torres Strait Islander children faced particular barriers to disclosure because of legislation and dominant social attitudes that placed them at the bottom of the social hierarchy.⁵¹ As outlined in Volume 2, *Nature and cause*, Aboriginal and Torres Strait Islander people were not counted in the census prior to the 1967 referendum.⁵² Their status was such that various Aboriginal Protection Acts gave the states authority to control all aspects of Aboriginal and Torres Strait Islander lives, including legal guardianship over all Aboriginal and Torres Strait Islander children.⁵³ Commissioned research suggests that these distorted beliefs about the inferiority of Aboriginal and Torres Strait Islander peoples is likely to have emboldened perpetrators of child sexual abuse.⁵⁴ This is also illustrated by accounts from survivors in private sessions. For example, 'Rainey', who grew up on a mission and was sent out to work as a housemaid on a remote

sheep station, told us about being regularly raped by the boss and male workers, as well as the local police officers and even the mail driver. 'Rainey's' story as well as our commissioned research illustrates the extent to which the sexual abuse of Aboriginal and Torres Strait Islander children by those considered racially superior was normalised, making disclosure either impossible or pointless.⁵⁵ As one scholar has pointed out, some of these social attitudes remain today, despite a change in the legal context for Aboriginal and Torres Strait Islander peoples.⁵⁶

5.2.1 The status and authority of people in religious ministry

People in religious ministry often hold significant power due to their status in the community.⁵⁷ Their authority, credibility and trustworthiness were seen as part of their role, and senior people in religious ministry in particular were seen as receiving their authority directly from God.⁵⁸ Perpetrators occupying such positions may have suggested to their victims that a disclosure of the child sexual abuse would lead to eternal damnation of the victim. Perpetrators may have also emphasised their own proximity to God.⁵⁹

The power and authority of the perpetrator within their institution can act as a barrier to disclosure. Those institutions with more hierarchical structures may present more of a barrier to disclosure for victims and their families. Volume 16, *Religious institutions* discusses what we have learned about religious institutions, including the Catholic Church. Volume 16, *Religious institutions* considers factors contributing to the occurrence of child sexual abuse in religious institutions (including those relating to the authority of people in religious ministry), and considers disclosure and reasons for non-disclosure by victims of child sexual abuse in religious institutions.

Other inquiries have recognised the status and privilege accorded to people in religious ministry in Australia, particularly historically, and how that led to a disbelief that they could perpetrate child sexually abuse. *Lost Innocents: Righting the record – Report on child migration* noted that:

In respect of the Catholic institutions the powerful aura of the clergy was fundamental. The veneration of the clergy was so great that children lived in awe and if they spoke of abuse to outsiders they were not just not believed but damned for 'telling stories' against the 'servants of God'.⁶⁰

The 1999 Forde Inquiry described the unwillingness to accept that a man in the position of priest could behave improperly, which was a prevalent attitude until at least the 1970s. The Forde Inquiry found:

The prevalence of that attitude to the priest's position and the refusal to entertain such complaints, undoubtedly exposed the children at Neerkol, as with children in other Catholic orphanages, to the risk of abuse.⁶¹

We were told by many victims who were sexually abused by people in religious ministry about how they did not disclose because they did not think they would be believed or supported. These victims often had strong family connections to a religious institution that was deeply embedded in every aspect of their life.⁶² For example, one survivor told us that he was sexually abused by a priest and by a Christian Brother in the early 1970s. He said:

At the time all of these things took place, I felt I wasn't in a position to tell anyone as I feared I wouldn't be believed. Priests had so much respect from parents and the like. Catholic families at the time almost idolised the local priests.⁶³

'Cecily', who told us that she was sexually abused by one of the teachers at the local Catholic college she attended, said the perpetrator engaged in a 'constant abuse of power'. She said, 'He kept saying I have no voice, because I was a child and he was the priest, and he had all the power and no one would believe'.⁶⁴

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*, Mr David Gould gave evidence that Louis Daniels, an Anglican priest, took his confession after Daniels had sexually abused him:

He 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.⁶⁵

A number of victims who were sexually abused by people in religious ministry described how their deeply religious parents could not believe their disclosures. One survivor – who told us he was sexually abused when he entered the Marist Brothers juniorate at the age of 12 – said that, at the end of his first year, he told his mother he did not want to return to the juniorate. When she asked why, he told her what 'Brother Anthony' had been doing to him. He said, 'Mum refused to believe that a religious person would do the things I'd told her, and she said I should be ashamed to say things like that'.⁶⁶

5.3 Threatening the victim or others

Perpetrators and children with harmful sexual behaviours may use overt threats or manipulation to prevent a victim from disclosing.⁶⁷ Research suggests that adult perpetrators are often skilled at using children's natural vulnerabilities against them – for instance by threatening harm to a child's parents in cases where children have a strong desire to protect them.⁶⁸ During the *Nature, cause and impact of child sexual abuse* case study, we heard that when children are threatened it can be difficult for them to determine whether or not the threats are real and can be carried out, and this can affect disclosure.⁶⁹

About one-fifth (20.3 per cent) of survivors who told us about barriers to disclosure in a private session and said they had disclosed as an adult told us they feared retribution, including by the perpetrator, and this had prevented them from disclosing during childhood. More than a quarter (27.8 per cent) of survivors who told us about barriers to disclosure in a private session and said they had disclosed as a child said that fearing retribution had stopped them from disclosing sooner. Nearly 5.3 per cent of survivors who told us about barriers to disclosure in their private session told us the perpetrator had threatened them or their family.

We have been told that some perpetrators threatened to harm or sexually abuse a sibling, another child or a family pet. Because of the fear inflicted on them by the perpetrator, many victims did not say anything at the time. For example, 'Shelley' told us she was sexually abused by her foster carer, who threatened to harm her sister if she told anybody.⁷⁰ 'Renny' told us about the sexual abuse he experienced at the hands of his teacher. He told us that his teacher threatened him with getting into trouble with the school and his parents, and with being held back at school. The teacher also threatened his younger sister. 'At the time I didn't have an understanding about what he was doing to me', said 'Renny'. 'But I did have enough understanding to know that I didn't want it to happen to my sister.'⁷¹

We were told that some children with harmful sexual behaviours used threats or violence, particularly in cases where an older or bigger child caused the harm. A female survivor, 'Judi', told us that when she was aged 10, she was placed with a foster family and was sexually abused by an older foster brother. 'I wasn't allowed to tell anyone and I could get in big trouble too.' 'Judi' said she did not tell anyone about the sexual abuse at the time because she was scared by his threats.⁷²

We also heard that social media may be used in an attempt to prevent disclosure. In a private session we were told about how an adult basketball coach groomed a 16-year-old girl, including through Facebook messages. The coach also obtained nude photos of the girl from her mobile phone without her knowledge. He then tormented and attempted to blackmail the girl, claiming he had posted the photos on a website.⁷³

We heard from another survivor who told us he was sexually abused by his school principal who was a Catholic brother. He described how, on one occasion, the brother took him and two other boys to visit a morgue:

He pulled out a dead body on a stainless steel slab like thing and he showed us this person. And he said, 'This person is evil and they died of cancer, and they're stuck here in eternal hell and they're going to rot' ... I was looking at it and I was frightened and he said, 'This is what's going to happen to you if you don't do everything we say'.⁷⁴

Sometimes threats are less overt. In a study of adult males who sexually abused children while working in organisations in the United Kingdom, one perpetrator is quoted as saying:

I was pretty confident that the children wouldn't say anything, otherwise I wouldn't have committed the offences ... I used the fact that I had got children as well of the same age and if they said anything my children would suffer ... I used my children as blackmail.⁷⁵

Perpetrators sometimes followed their victims to other institutions. For example, 'Adeline' told us that she was sexually abused by a priest at her school retreat at the age of 14. After finishing school, 'Adeline' moved to another state. Her mother was unaware of the abuse and told the priest where 'Adeline' was living. 'He used to come round to my home ... and he would sexually abuse me there', 'Adeline' said. 'Adeline' told us she moved to a different state, 'thinking I could get away from him and then he followed me ... he would always find me, and knock on the door'.⁷⁶

We were also told about perpetrators who threatened or actually harmed their victims' pets. For example, 'Dominic George' told us about the sexual abuse he experienced in the 1970s at a non-denominational orphanage in Victoria. His cottage father sexually abused him when he was around four years old. Sometime later, when he was home for a visit, 'Dominic George's' mother noticed unusually sexualised behaviour for his age. She complained to staff at the home and also reported to the police. He told us that when the cottage father found out that 'Dominic George's' mother had complained, he killed 'Dominic George's' pet rabbit as a warning. 'Dominic George' said:

He knew I'd been to the police. And that's what he said. He said 'If you say anything else' ... I'll never forget it. The body was where it should have been but the head was under my pillow in my bed.⁷⁷

Threats and actions from the perpetrator such as those outlined above can incite fear, making it difficult for children to disclose sexual abuse.⁷⁸ This fear persists long after the abuse stops and can often continue into adulthood. In some cases, pressure or threats from a perpetrator can result in a child retracting a disclosure of sexual abuse or denying the abuse after they have disclosed.⁷⁹ Retracting a disclosure is discussed in Chapter 3.

5.4 Isolating the child

Survivors who attended a private session often told us that they had no one to whom they could disclose. Of those who discussed barriers to disclosure, more than a quarter (26.3 per cent) of victims who first disclosed as adults and 29.0 per cent who disclosed as children told us that there was no one they felt they could tell.

Perpetrators often isolate the child or alienate them from others, creating a barrier between the child and adults they might otherwise talk to about the abuse or who might see that something was wrong.⁸⁰ In some cases, perpetrators criticise the victim in order to isolate them from their family or social networks. 'Tara' told us she was sexually abused by 'Father Stevenson' and described how, when problems at home were worsening, she went to the presbytery, desperate for a friend. She said:

[He] told me my mother was neurotic, would never have the ability to love or care about me and the best thing I could do was to move out. I was extremely upset. He then said it would be best if I stayed the night and had a break.⁸¹

Perpetrators often, but not always, target children who feel isolated or alone.⁸² 'Brody' told us he was sexually abused by a man involved in the Scouts in the 1980s. 'Brody' said he was a vulnerable teenager who was struggling academically and having trouble with friends and relationships. He told us, 'So I was vulnerable. I was picked on a bit and I think this man recognised that and that was part of how he worked'.⁸³

Another survivor, 'Marc', who told us he was sexually abused in a children's home, said that one staff member groomed him by taking him out and teaching him to drive, taking him to his place and letting him smoke as much as he liked. He said, 'But what he did, he treated me like a man. I felt like I was getting one-on-one support'. However, soon after the grooming started, the staff member started telling 'Marc' about his sexual exploits, including how he and other male staff members had sex together. This made 'Marc' wary of the other staff members. As a result, when the staff member's behaviour turned into sexual abuse, 'Marc' felt there was no one he could talk to.⁸⁴

In some cases, the perpetrator's attention towards the child may itself be a cause of isolation. This was illustrated 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* when we heard evidence about a teacher who, at the start of each year, singled out a boy and gave him gifts and additional attention, both in the classroom and while taking part in extracurricular activities.⁸⁵ Four of the victims were new to the school when they commenced in the offending teacher's class. As new students, they were vulnerable, as they had not yet been able to form friendships with other students and the offending teacher was able to easily isolate and manipulate them. The teacher sexually abused these boys. We heard that the boys were bullied by other students due to the extra attention the teacher gave them.⁸⁶

Cultural isolation can also impact disclosure.⁸⁷ An Aboriginal survivor spoke about growing up in foster care with a non-Aboriginal family in the late 1940s and 1950s, and how this placement left him without a connection to his Aboriginal family and culture. He told us he had an isolated and unhappy life. After a peer sexually abused him at school, he felt that he could not tell anyone about the abuse because of his home circumstances. He said that his foster mother ‘really dominated my whole life, she had full control ... there was that sense of loneliness, there really wasn’t anyone else to bounce off or talk to, it was just her’.⁸⁸

5.5 Making victims feel complicit or responsible

During private sessions, about 13.6 per cent of survivors who spoke about barriers to disclosure told us that guilt had acted as a barrier to disclosure. This guilt was more commonly experienced by survivors who told us they had first disclosed as an adult (15.7 per cent) than by those who had disclosed during childhood (9.5 per cent).

Perpetrators often blame a victim for the sexual abuse, or cultivate a shared sense of responsibility with the victim.⁸⁹ Sometimes this is overt; other times it is more subtle or insidious. Many survivors told us that they did not disclose because they felt responsible for the abuse or thought it was their fault. Over 13 per cent of victims who disclosed as adults told us in private sessions that they did not tell anyone because they felt guilty about the behaviour. In some cases, victims may believe they are responsible for their own experiences of abuse because they ‘never said stop’.⁹⁰ In other cases, the perpetrator may persuade the victim they were responsible through initiating or consenting to the abuse.⁹¹

In *Case Study 28: Catholic Church authorities in Ballarat*, we heard from BAS about his experiences of sexual abuse at the hands of a Christian Brother at his school. He told us that every time he got into trouble, Brother McCarthy made him choose either the strap or ‘sex education’, which was sexual abuse. BAS said he always chose sex education because he didn’t want to get belted. He said:

I still have at the back of my mind that I was the guilty person, that I was the one who said ‘Yes I will masturbate you because I’m sick of getting belted’. That’s the way I feel.⁹²

Perpetrators may use tactics such as giving children gifts and privileges, which may cause the child to feel responsible for the abuse, or as though they ‘owe’ the perpetrators something.⁹³ Many survivors described how perpetrators gave them gifts or privileges before, during and after the sexual abuse. Children may be aware that if they disclose, the positive aspects of their interaction with the perpetrator will be withdrawn.

Some perpetrators offer a child alcohol or drugs, while others show the victim pornography or use sexually explicit language with them.⁹⁴ Research suggests these tactics are often used to make the child feel special or privileged. At the same time, the child knows he or she is engaging in activities that contravene rules, making them complicit in maintaining secrecy around the activities.⁹⁵ In the *Nature, cause and impact of child sexual abuse* case study, Professor McAlinden explained how this can create an effective barrier to disclosure. She told us:

Another aspect is the complicity of grooming because of the sexualised element, where they are shown the pornography and the sexual matters. They may feel shame or guilt and in some way that they have acquiesced or been complicit in their own abuse, and that may also impede disclosures.⁹⁶

In a private session, 'Kelvin' told us he was abused by 'Steven Butler', the scoutmaster at his local Scouts group. 'Kelvin' told us how the 'outdoorsy' nature of the Scouts disappeared when 'Steven Butler' entered the Scouts group – instead, 'Steven Butler' took the 14- and 15-year-old boys for driving lessons all weekend. 'Everyone'd want to be in his good books so they'd get a turn to drive the car.' 'Steven Butler' took them to sex shops, and bought them junk food, cigarettes and alcohol. 'Kelvin' told us how it was all 'our secret'. He said that looking back later, he realised that it was grooming 'on a massive scale'.⁹⁷

Endnotes

- 1 ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 276.
- 2 SD Easton, LY Saltzman & DG Willis, "'Would you tell under circumstances like that?': Barriers to disclosure of child sexual abuse for men', *Psychology of Men & Masculinity*, vol 15, no 4, 2014, p 465; Queensland Crime Commission and Queensland Police Service, *Project AXIS - Child sexual abuse in Queensland: The nature and extent*, Queensland Crime Commission, Queensland Police Service, Brisbane, 2000, p 87.
- 3 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 7; S Craven, S Brown & E Gilchrist, 'Sexual grooming of children: Review of literature and theoretical considerations', *Journal of Sexual Aggression*, vol 12, no 3, 2006, p 297; M Colton, S Roberts & M Vanstone, 'Learning lessons from men who have sexually abused children', *The Howard Journal of Criminal Justice*, vol 51, no 1, 2012, pp 79–93; Exhibit 12-0014, 'Statement of Professor Stephen Smallbone', Case Study 12, EXP.0001.003.0001 at 1:2.
- 4 AM McAlinden, *'Grooming' and the sexual abuse of children: Institutional, internet and familial dimensions*, Oxford University Press, Oxford, 2012, p 94.
- 5 Family and Community Development Committee, *Betrayal of Trust: Victorian Parliamentary Inquiry into the Handling of Child Sexual Abuse by Religious and Other Non-Government Organisations*, Family and Community Development Committee, Parliament of Victoria, Melbourne, 2013, vol 1, p xxxvii.
- 6 C Shakeshaft, *Educator sexual misconduct: A synthesis of existing literature*, US Department of Education, Jessup, 2004, p 32. See also P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017.
- 7 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 7–8.
- 8 A Reitsema & H Grietens, 'Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed', *Trauma, Violence, & Abuse*, vol 17, no 3, 2015, p 332; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical psychology review*, vol 22, no 2, 2002, p 277; I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 129; TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1405.
- 9 Transcript of AM McAlinden, Case Study 57, 29 March 2017 at 27601:20–26.
- 10 Transcript of AM McAlinden, Case Study 57, 29 March 2017 at 27608:18–23.
- 11 Exhibit 57-001, 'Statement of CAA', Case Study 57, STAT.1330.001.0001_R at 6–7.
- 12 A Reitsema & H Grietens, 'Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed', *Trauma, Violence, & Abuse*, vol 13, no 3, 2015, p 333.
- 13 Name changed, private session, 'Perry'.
- 14 S Robins, *Protecting our students*, Ministry of Attorney General Ontario, Ontario, 2000, Chapter III.
- 15 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 15; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 277; S Craven, S Brown & E Gilchrist, 'Sexual grooming of children: Review of literature and theoretical considerations', *Journal of Sexual Aggression*, vol 12, no 3, 2006, p 292; JR Conte, S Wolf & T Smith, 'What sexual offenders tell us about prevention strategies', *Child Abuse & Neglect*, vol 13, no 2, 1989, pp 296, 299; C Shakeshaft, *Educator sexual misconduct: A synthesis of existing literature*, US Department of Education, Jessup, 2004, p 32; J Sullivan and E Quayle, 'Manipulation styles of abusers who work with children' in M Erooga (ed), *Creating safer organisations: Practical steps to prevent the abuse of children by those working with them*, Wiley, Chichester, West Sussex, 2012, p 89.
- 16 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 15–16; S Craven, S Brown & E Gilchrist, 'Sexual grooming of children: Review of literature and theoretical considerations', *Journal of Sexual Aggression*, vol 12, no 3, 2006, p 292; JR Conte, S Wolf & T Smith, 'What sexual offenders tell us about prevention strategies', *Child Abuse & Neglect*, vol 13, no 2, 1989, pp 293–301, p 299.
- 17 Name changed, private session, 'William Anthony'.
- 18 S Smallbone & R Wortley, *Child sexual abuse in Queensland: Offender characteristics and modus operandi*, Queensland Crime Commission and Queensland Police Service, Brisbane, 2000, p xviii.
- 19 'Professional perpetrators' refers to offenders who use their employment as a cover to target and sexually abuse children with whom they work. See P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 12; J Sullivan & E Quayle, 'Manipulation styles of abusers who work with children' in Erooga (ed), *Creating safer organisations: Practical steps to prevent the abuse of children by those working with them*, Wiley, Chichester, West Sussex, 2012, p 93.
- 20 J Sullivan & E Quayle, 'Manipulation styles of abusers who work with children' in Erooga (ed), *Creating safer organisations: Practical steps to prevent the abuse of children by those working with them*, Wiley, Chichester, West Sussex, 2012, p 93.

21 See also ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 283; TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1405.

22 Name changed, private session, 'Grant Lee'.

23 See also ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 283.

24 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 2: YMCA NSW's response to the conduct of Jonathan Lord*, Sydney, 2014, p 17.

25 Name changed, private session, 'Laurence Peter'.

26 Transcript of AM McAlinden, Case Study 57, 29 March 2017 at 27619:32–27620:8.

27 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 11; I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 84.

28 AM McAlinden, 'Setting 'Em Up': Personal, familial and institutional grooming in the sexual abuse of children', *Social & Legal Studies*, vol 15, no 3, 2006, p 348; Exhibit 12-0014, 'Statement of Professor Stephen Smallbone', Case Study 12, EXP.0001.003.0001 at 0007:35.

29 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 12; S Craven, S Brown & E Gilchrist, 'Sexual grooming of children: Review of literature and theoretical considerations', *Journal of Sexual Aggression*, vol 12, no 3, 2006, p 293; S Smallbone, WL Marshall & R Wortley, *Preventing child sexual abuse: Evidence, policy and practice*, Routledge, Abington, Oxon, England, 2011.

30 Exhibit 57-001, 'Statement of Marija Radojevic', Case Study 57, STAT.1340.001.0003 at 0002.

31 Exhibit 57-001, 'Statement of Marija Radojevic', Case Study 57, STAT.1340.001.0003 at 0003.

32 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 25.

33 Transcript of K Levi, Case Study 57, 29 March 2017 at 27602:5–13.

34 Transcript of K Levi, Case Study 57, 29 March 2017 at 27602:20–28.

35 Name changed, private session, 'Mimi'.

36 AM McAlinden, *'Grooming' and the sexual abuse of children: Institutional, internet and familial dimensions*, University of Oxford, Oxford, 2012.

37 Name changed, private session, 'Sherlee'.

38 Name changed, private session, 'Raphael'.

39 Transcript of AM McAlinden, Case Study 57, 29 March 2017 at 27609:6–13.

40 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 29.

41 L Forde, *Report of the Commission of Inquiry into Abuse of Children in Queensland Institutions*, Minister for Families, Youth and Community Care Queensland, Brisbane, 1999, p 15.

42 DA Wolfe, PG Jaffe & JL Jette, 'The impact of child abuse in community institutions and organizations: Advancing professional and scientific understanding', *American Psychological Association*, vol 10, no 2, 2003, p 183.

43 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 15: Response of swimming institutions, the Queensland and NSW Offices of the DPP and the Queensland Commission for Children and Young People and Child Guardian to allegations of child sexual abuse by swimming coaches*, Sydney, 2015, p 38.

44 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 15: Response of swimming institutions, the Queensland and NSW Offices of the DPP and the Queensland Commission for Children and Young People and Child Guardian to allegations of child sexual abuse by swimming coaches*, Sydney, 2015, p 151.

45 J Sullivan & E Quayle, 'Manipulation styles of abusers who work with children' in Erooga (ed), *Creating safer organisations: Practical steps to prevent the abuse of children by those working with them*, Wiley, Chichester, West Sussex, 2012, p 91.

46 J Sullivan & E Quayle, 'Manipulation styles of abusers who work with children' in Erooga (ed), *Creating safer organisations: Practical steps to prevent the abuse of children by those working with them*, Wiley, Chichester, West Sussex, 2012, p 91.

47 C Shakeshaft & A Cohan, 'Sexual abuse of students by school personnel', *Phi Delta Kappan*, vol 76, no 7, 1995, pp 512.

48 Name changed, private session, 'Calvin Michael'.

49 Name changed, private session, 'Sally Jane'.

50 Name changed, private session, 'Sally Jane'.

51 L Muller, *A theory for Indigenous Australian health and human service network: Connecting Indigenous knowledge and practice*, Allen & Unwin, Crows Nest, 2014, p 34.

52 P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker & M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 7.

- 53 P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker & M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 16–17. For a detailed description of the different approaches taken by state governments, see A Haebich, *Broken circles: Fragmenting Indigenous families 1800–2000*, Fremantle Arts Centre Press, Fremantle, 2000, pp 247–52, 273–348; Human Rights and Equal Opportunity Commission, *Bringing them home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, Human Rights and Equal Opportunity Commission, Sydney, 1997.
- 54 P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker & M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 7–11. See also H McGlade, *Our greatest challenge: Aboriginal children and human rights*, Aboriginal Studies Press, Canberra, 2012; J Atkinson, *Trauma trails, recreating song lines: The transgenerational effects of trauma in Indigenous Australia*, Spinifex Press, North Melbourne, 2002, pp 60–1; D Rose, *Reports from a wild country: Ethics for decolonisation*, UNSW Press, Sydney, 2004; S Hunt, 'The Gribble affair: A study in colonial politics' in B Reece & T Stannage (eds), *European-Aboriginal relations in Western Australian history*, University of Western Australia, Nedlands, WA, 1984.
- 55 Name changed, private session, 'Rainey'; P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker & M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional settings*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 7–11.
- 56 H McGlade, *Our greatest challenge: Aboriginal children and human rights*, Aboriginal Studies Press, Canberra, 2012, p 49.
- 57 SD Easton, LY Saltzman & DG Willis, "'Would you tell under circumstances like that?': Barriers to disclosure of child sexual abuse for men', *Psychology of Men & Masculinity*, vol 15, no 4, 2014, p 465.
- 58 A Quadara, *Framework for historical influences on institutional child sexual abuse: 1950–2014*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 20.
- 59 B Böhm, H Zollner, JM Fegert & H Liebhardt, 'Child sexual abuse in the context of the Roman Catholic Church: A review of literature from 1981–2013', *Journal of Child Sexual Abuse*, vol 23, no 6, 2014, p 645.
- 60 Senate Community Affairs References Committee, *Lost Innocents: Righting the record - report on child migration*, Commonwealth of Australia, Canberra, 2001, p 112.
- 61 L Forde, *Report of the Commission of Inquiry into Abuse of Children in Queensland Institutions*, Minister for Families, Youth and Community Care Queensland, Brisbane, 1999, p 5.
- 62 A Quadara, M Stathopoulos & R Carson, *Family relationships and the disclosure of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 68–70.
- 63 Exhibit 28-0011, 'Statement of BAV', Case Study 28, STAT.0584.001.0001_R at 3:19.
- 64 Name changed, private session, 'Cecily'.
- 65 Exhibit 36-0012, 'Statement of David Gould', Case Study 36, STAT.0823.001.0001_R at 5:25–26.
- 66 Name changed, private session, 'Conal'.
- 67 A Reitsema & H Grietens, 'Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed', *Trauma, Violence, & Abuse*, vol 17, no 3, 2015, p 333; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 282; J Sullivan & E Quayle, 'Manipulation styles of abusers who work with children' in Erooga (ed), *Creating safer organisations: Practical steps to prevent the abuse of children by those working with them*, Wiley, Chichester, West Sussex, 2012, pp 90–5. See also Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 5: Response of The Salvation Army to child sexual abuse at its boys homes in New South Wales and Queensland*, Sydney, 2015, p 8; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 21: The response of the Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s*, Sydney, 2016, pp 33, 35, 39, 54; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 33: The response of the Salvation Army (Southern Territory) to allegations of child sexual abuse at children's homes that it operated*, Sydney, 2016, pp 13, 71.
- 68 S Craven, S Brown & E Gilchrist, 'Sexual grooming of children: Review of literature and theoretical considerations', *Journal of Sexual Aggression*, vol 12, no 3, 2006, p 295. See also A Reitsema & H Grietens, 'Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed', *Trauma, Violence, & Abuse*, vol 17, no 3, 2015, p 333; ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 282.
- 69 Transcript of K Levi, Case Study 57, 29 March 2017 at 27607:45–47.
- 70 Name changed, private session, 'Shelley'.
- 71 Name changed, private session, 'Renny'.
- 72 Name changed, private session, 'Judi'.
- 73 Name changed, private session, 'Horrie'.
- 74 Name changed, private session, 'Maxwell'.
- 75 M Colton S Roberts, & M Vanstone, 'Sexual Abuse by Men who Work with Children', *Journal of Child Sexual Abuse*, vol 19, no 3, 2010, p 357.
- 76 Name changed, private session, 'Adeline'.
- 77 Name changed, private session, 'Dominic George'.

- 78 TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1405. See also I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 62.
- 79 R Alaggia, 'Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure', *Child Abuse & Neglect*, vol 28, no 11, 2004, p 1214; SP Marx, 'Victim recantation in child sexual abuse cases: A team approach to prevention, investigation, and trial', *Journal of Aggression, Maltreatment & Trauma*, vol 2, no 2, 2000, p 109.
- 80 A Reitsema & H Grietens, 'Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed', *Trauma, Violence, & Abuse*, vol 17, no 3, 2015, p 332; I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 115; P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 8; J Breckenridge, J Cunningham & K Jennings, *Cry for help: Client and worker experiences of disclosure and help seeking regarding child sexual abuse*, Relationships Australia South Australia, Adelaide, 2008, section 4(a); S Craven, S Brown & E Gilchrist, 'Sexual grooming of children: Review of literature and theoretical considerations', *Journal of Sexual Aggression*, vol 12, no 3, 2006, p 293; JR Conte, S Wolf & T Smith, 'What sexual offenders tell us about prevention strategies', *Child Abuse & Neglect*, vol 13, no 2, 1989, p 297.
- 81 Name changed, private session, 'Tara'.
- 82 S Craven, S Brown & E Gilchrist, 'Sexual grooming of children: Review of literature and theoretical considerations', *Journal of Sexual Aggression*, vol 12, no 3, 2006, pp 287–99, p 293. See also BXA's experience in Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 39: The report of certain football (soccer), cricket and tennis organisations to allegations of child sexual abuse*, Sydney, 2016, p 25.
- 83 Name changed, private session, 'Brody'.
- 84 Name changed, private session, 'Marc'.
- 85 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 12: The response of an independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009*, Sydney, 2015, p 43.
- 86 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 12: The response of an independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009*, Sydney, 2015, pp 18–19.
- 87 For example see Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 21: The response of the Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s*, Sydney, 2016, p 53; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 5: Response of The Salvation Army to child sexual abuse at its boys homes in New South Wales and Queensland*, Sydney, 2015, pp 35–6.
- 88 Name changed, private session, 'Freddy'.
- 89 S Craven, S Brown & E Gilchrist, 'Sexual grooming of children: Review of literature and theoretical considerations', *Journal of Sexual Aggression*, vol 12, no 3, 2006, p 296; AM McAlinden, 'Grooming' and the sexual abuse of children: *Institutional, internet and familial dimensions*, Oxford University Press, Oxford, 2012, p 27.
- 90 C Shakeshaft, *Educator sexual misconduct: A synthesis of existing literature*, US Department of Education, Jessup, 2004, p 32.
- 91 J Breckenridge, J Cunningham & K Jennings, *Cry for help: Client and worker experiences of disclosure and help seeking regarding child sexual abuse*, Relationships Australia South Australia, Adelaide, 2008, section 6.1.
- 92 Exhibit 28-0006, Statement of BAS, Case Study 28, STAT.0570.001.0001_R at 0003:21, 0007:50.
- 93 C Shakeshaft, *Educator sexual misconduct: A synthesis of existing literature*, US Department of Education, Jessup, 2004, p 33. See also Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 39: The report of certain football (soccer), cricket and tennis organisations to allegations of child sexual abuse*, Sydney, 2016, pp 39–42.
- 94 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 10; Queensland Crime Commission and Queensland Police Service, *Project AXIS - Child Sexual Abuse in Queensland: The Nature and Extent*, Queensland Crime Commission, Queensland Police Service, Brisbane, 2000, p 89; M Erooga, 'Creating safer organisations - An overview' in M Erooga (ed), *Creating safer organisations: Practical steps to prevent the abuse of children by those working with them*, Wiley-Blackwell, Chichester, West Sussex, 2012, pp 16–17, 75.
- 95 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 10–11.
- 96 Transcript of AM McAlinden, Case Study 57, 29 March 2017 at 27608:25–30.
- 97 Name changed, private session, 'Kelvin'.

6 Institutional barriers to identifying and disclosing child sexual abuse

Studies reinforce the importance of institutions developing an organisational culture where children's safety and wellbeing are prioritised and adults are receptive to signs of child sexual abuse. This includes recognising signs from a child that something may be wrong, and creating an environment in which adults and children alike feel comfortable raising suspicions or concerns.¹ In case studies and private sessions, we heard that the leadership, governance and culture of the institution in which a victim is sexually abused can inhibit both the identification and disclosure of abuse. This contributed to our findings in Volume 6, *Making institutions child safe*, which pinpoint child safe standards for institutional leadership, governance and culture.

This section briefly outlines what we have learned about the institutional factors that can inhibit identification and disclosure. There is limited research in this area. However, based on what we have heard in case studies and private sessions, we have identified that the following institutional features may inhibit disclosure:

- widespread sexual abuse, physical punishment, violence and retribution
- institutional cultures of not following policies and procedures, or not having policies and procedures in place
- inadequate institutional avenues for disclosure and poor institutional responses to sexual abuse or related behaviours, such as bullying
- inadequate recordkeeping and information sharing
- an institutional culture that prioritises reputation, prestige or loyalty to the institution above the individual
- strong personal relationships between adults within institutions, or conflicts of interest for individuals in institutions.

Our case studies demonstrated that these institutional barriers to identification were present in both historical and contemporary cases of institutional child sexual abuse. Volume 2, *Nature and cause* provides further discussion on institutional risk factors for child sexual abuse. Volume 6, *Making institutions child safe* identifies the ten standards needed to make institutions child safe, including encouraging disclosure.

The barriers to identifying and disclosing abuse outlined in this chapter can also act as barriers for responding to complaints. This is discussed in detail in Volume 7, *Improving institutional responding and reporting*. The leadership, governance and culture of specific institution types is also considered in more detail in other volumes including: Volume 11, *Historical residential institutions*, Volume 12, *Contemporary out-of-home care*; Volume 13, *Schools*; Volume 14, *Sports, recreation, arts, culture, community and hobby groups* and Volume 16, *Religious institutions*.

6.1 Cultures of child sexual abuse, punishment and violence

Institutional cultures of isolation from the community, violence, physical punishment and pervasive child sexual abuse can inhibit disclosure. Some survivors told us they did not disclose because they thought sexual abuse was a part of life, as it was so widespread and visible. Survivors also told us about the significant levels of physical, emotional and sexual abuse in historical ‘closed’ institutions for children, such as residential institutions.² Many survivors told us that, if they did disclose, they were often physically beaten or punished. Some children in homes were fearful of disclosing that they were victims of another child’s harmful sexual behaviours, or had witnessed sexual abuse, because of threats from other residents.

In *Case Study 3: Anglican Diocese of Grafton’s response to child sexual abuse at the North Coast Children’s Home*, we heard evidence of frequent physical, psychological and sexual abuse at the home between 1940 and 1985 and that discipline at the home was extremely rigorous and often combined with psychological abuse.³ The former residents of the home told us that they also saw other children being sexually abused. For example, CD said:

I also saw other children being sexually abused. I once saw a group of about five older boys pin down one of the young girls who lived in the Home, and they all raped her. I was told by the boys not to say anything. They said words to the effect ‘you open your mouth, and we’ll beat the crap out of you. We’ll come in and get you one night out of your bed and just beat the living crap out of you. Shut the hell up, don’t say nothing. It’s none of your business. Go away’. The girl was there, naked and crying, and I couldn’t say or do anything.⁴

We were told that violent institutional cultures were not limited to historical orphanages and children’s homes, as we also heard examples in contemporary institutions. 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)*, we heard about a culture of violence and fear fostered by the guru Akhandananda Saraswati at the ashram. This gave the children who lived there a fear of reprimand that prevented them from disclosing the sexual abuse by Akhandananda. The level of physical and sexual abuse at the ashram meant that violence was normalised for children residing there from a very young age.⁵

6.1.1 Retribution against ‘dobbers’ or ‘informers’

Survivors from some institutions, particularly historical residential institutions, youth detention institutions and boarding schools, described an institutional culture of retribution against ‘dobbers’ or ‘informers’. Survivors spoke of not wanting to disclose sexual abuse for fear of retribution from staff or other children in the institution. This institutional culture was also described by survivors in adult prisons as a barrier to disclosure as an adult.

In *Case Study 40: The experiences of survivors of child sexual abuse in institutions operated by the Australian Defence Force (Australian Defence Force)*, we heard evidence about sexual abuse of junior recruits at HMAS Leeuwin, a naval training establishment in Western Australia, and of apprentices at Balcombe, an Army training establishment on the Mornington Peninsula that provided trade training and education for tradesmen and tradeswomen. We found that the environment at Leeuwin did not encourage complaints of sexual abuse at the time. Victims feared retribution for being a ‘dobber’ and believed that no action would be taken if they disclosed. For example, Mr Graeme Frazer, who was 16 years old in 1967 when he entered Leeuwin as a junior recruit, gave evidence about the sexual abuse he experienced. He also said that he never disclosed any of the injuries he sustained because he understood that ‘You just didn’t “dob”’.⁶

All survivor witnesses from Balcombe gave evidence that they did not disclose the sexual or physical abuse perpetrated on them because they feared retribution from other apprentices and being labelled a ‘dobber’. For example, CJU said that he disclosed to a Balcombe staff member an incident of sexual abuse perpetrated by three senior apprentices. CJU said he was constantly bullied after this disclosure and believed this was why he was further sexually abused by senior apprentices. We are satisfied that these fears prevented the apprentices from disclosing the abuse to anyone.⁷

During *Case Study 45: Problematic and harmful sexual behaviours of children in schools (Harmful sexual behaviours of children in schools)*, we heard about a culture of bullying at The King’s School, located in Parramatta New South Wales. CLG gave evidence about numerous physical and sexual assaults he experienced while he was a boarder, which started from his first day at the school when he was in Year 7 (then called 1st Form). During one incident, CLG was physically assaulted by the Cox of the first eight rowing team and the captain of the football team and was later asked by a member of staff to explain why he appeared beaten up. The boys who assaulted CLG were called into the staff member’s office. CLG said that later that night, after bed check, he was dragged from his bed, had a blanket thrown over him, and was physically assaulted. CLG said that he did not feel like he could tell any of the teachers or boarding masters what had happened because he might face repercussions from the other students. He also felt he could not tell the Chaplain or his parents because he felt ashamed.⁸

Adult survivors in prison also told us that disclosure of child sexual abuse may be seen as ‘informing’ and may increase their vulnerability to further harm. ‘Andy Trevor’, who had a private session while in prison, told us how he had entered institutions from around the age of 10 because of a dysfunctional family environment. ‘Andy Trevor’ said he continually absconded from the homes due to fear of abuse. At the age of 15 he was sent to prison and he told us it was there that he was sexually abused. ‘Andy Trevor’ has been in prison for most of his adult life. He told us:

I was in jail and if I reported any of that I’d be known as a dog and the consequences wouldn’t have been nice ... For far too long, I felt as though my secret of being sexually abused was literally a matter of life and death. My decision not to tell anyone ... was the safest thing to do. It is an established principle amongst prison inmates that people who inform on others are dealt with in a severe unforgiving manner, sometimes by death.⁹

6.2 Cultures of not following policies and procedures

We heard many examples in our case studies and private sessions of institutional employees and authorities not noticing a colleague’s potentially concerning behaviour. Some institutions have adequate policies and codes of conduct that describe and provide examples of inappropriate behaviour and how to identify and report suspicions. If, however, these policies and procedures are ignored, not implemented, or are regarded as unimportant within the culture of the institution, it will be more difficult to detect and respond appropriately to child sexual abuse. Seeking to change such attitudes requires cultural change within a whole institution, because the attitudes of each individual will have been influenced by the behaviour of colleagues.¹⁰

A culture in which policies are not followed or consistent can put children at risk

There were numerous examples in *Case Study 2: YMCA NSW’s response to the conduct of Jonathan Lord (YMCA NSW)* of staff of varying levels of seniority within the YMCA NSW childcare centre breaching policies and procedures in their interactions with children – for example, by babysitting or allowing children to sit on their laps. We found that the manager of that centre was aware that staff babysat and engaged in outside activities with children enrolled in YMCA, and did not enforce YMCA policies relating to that conduct.¹¹

Research commissioned by us that analysed the evidence in the *YMCA NSW* case study suggested that a culture had developed at the centre which diminished the importance of strictly following policies and procedures.¹² In some institutions, behaviour associated with grooming might be considered exemplary performance of a role. For example, teachers who show a special interest in students may be regarded as going above and beyond the call of duty. Physical displays of affection towards children by those who work in childcare centres (such as horseplay, hugging and kissing) may be regarded as showing interest in and concern for children.¹³

This was also illustrated in *YMCA NSW* case study, in which we were told that the Staff Handbook for the Caringbah Outside of School Home Care Holiday Adventures Program said, 'You are doing a good job when ... your children are always hanging on you, holding your hand or asking for piggyback rides'. This was inconsistent with the YMCA Code of Conduct.¹⁴

When institutional cultures support behaviour that looks similar to grooming, it makes it more difficult for individuals to identify possible sexual abuse, as the inappropriate behaviour appears to be normal and conforms to role expectations.¹⁵ It may be difficult for managers and staff to discern whether a member of the institution is engaged in child sexual abuse, or is engaging in behaviour that is benign and even desirable.¹⁶ Although policies and training can explain the type of behaviour to look out for, judgment is still needed to consider the meaning of what is being observed, and to 'join up' small pieces of relevant information to identify possible sexual abuse.¹⁷

We acknowledge the challenge in many of these work environments of providing children with the safe, supportive and close relationships they require, while still working within the boundaries of appropriate codes of conduct.

We have learned that a human tendency to attribute characteristics to particular professions can inhibit identification and disclosure of child sexual abuse in institutions. Research commissioned by us outlined why the tendency to assess people based on their similarity to others in the same category can provide some explanation of why signs of child sexual abuse are often overlooked.¹⁸ In this context, there is often an assumption that most people working in children's services are caring and well-motivated in their actions towards children. This general assumption that someone who commences work in a children's service environment will have these characteristics encourages a default position among existing staff to think well of a new colleague.¹⁹

This is not necessarily problematic in itself. However another related error in human reasoning is that once we have formed an opinion, we are slow to revise it. This means we are more likely to see evidence that supports an existing opinion, to overlook evidence that contradicts it, or to interpret ambiguous evidence in a way that confirms rather than challenges our opinion.²⁰

This was illustrated in the *YMCA NSW* case study. One staff member recalled that the first time she ever met Lord, he said words to the effect of:

I didn't have a great relationship with my dad and I have a real soft spot for kids, boys especially. When they don't have great father figures in their lives I just want to be a stable male role model for them. I think it's really important, I am thinking about becoming a social worker.²¹

This staff member also told the Royal Commission:

Any time I would – as I’ve listed in my statement, any time I would see him paying attention to children or going above and beyond in his job role or wanting to stay behind to finish off games, that first statement that he made to me made me believe that his intentions were good and that, in fact, he just wanted to have a positive impact on children’s lives, and I thought that was a – at the time, I thought that was a realistic thing and he gave me no reason to believe otherwise.²²

6.3 Inadequate avenues for disclosure

In many case studies and private sessions, we were told that the institution in which the victim was sexually abused had no clear or supportive pathway to disclose or to make a complaint about the abuse. Almost one-third (29.4 per cent) of survivors who told us about barriers to disclosure in private sessions said that, at the time of abuse, there was no one to tell. This was more common for those who first disclosed as children (29.0 per cent) than those who disclosed as adults (26.3 per cent). While people told us about this in relation to many different institution types, it was more likely to be a barrier to disclosure for children in historical ‘closed’ institutions, including children’s residential homes and youth detention institutions. Often the perpetrator played a major role in the institution; sometimes they were also the person responsible for responding to complaints.

‘Terence’ told us he was sexually abused in an orphanage run by the Christian Brothers in the early 1960s. He said he did not report ‘Brother Fraser’, who sexually abused him, at the time because ‘no one’s gonna believe you. They’re not going to take your word over the boss’s word, are they?’. ‘Terence’ continued:

Who are you supposed to tell? How are you supposed to go about it? You’re only a kid, you don’t know these things. You’re stuck in an orphanage. You have to do what they say, when they say it.²³

In contemporary out-of-home care in Australia, children are much less likely to live in large children’s homes, but are more likely to live in foster, kinship or relative care. Residential care still exists in Australia, particularly for children with disability, but tends to be on a smaller scale than in previous decades. Despite these changes, we have heard that children in contemporary out-of-home care still find it difficult to identify someone to disclose to, although for different reasons. They may experience instability from high caseworker turnover or placement changes, or have limited or no contact with their family, which may mean they lose significant relationships and sources of emotional support that may have helped them disclose.

In *Case Study 24: Preventing and responding to allegations of child sexual abuse occurring in out-of-home care*, one young care-leaver said that at one stage she had three new caseworkers within the space of a month, and that she had not even met them. Another said she had a few caseworker turnovers, but they were far enough apart for her to be able to manage to build trust and establish rapport.²⁴ Volume 12, *Contemporary out-of-home care* discusses these and other issues in more detail.

Pathways to disclosure may be inaccessible to some children, including children with disability, if institutions do not use appropriate supports and communication tools to meaningfully explain these pathways to children, or if they do not support victims as part of institutional responses to child sexual abuse.

We heard from one survivor, ‘Finlay John’, who told us he was one of a number of children sexually abused while boarding at a government-run school for deaf children in the early 1960s. ‘Finlay John’ spoke about the difficulties he faced describing his experience of abuse as a child. At the time, deaf children were encouraged to lip-read, as Australian Sign Language (Auslan) was not yet formalised. ‘Finlay John’ told us this meant he did not ‘have the access to language that a hearing kid might have’ and lacked a knowledge of Auslan that may have enabled him to describe sexual abuse. ‘Finlay John’ told us that he faced similar challenges as an adult when he was approached by police who were investigating the man who sexually abused him. ‘Finlay John’ said he had to ask the police to engage an interpreter on three occasions before one was finally provided and he was able to communicate.²⁵

In our case studies and private sessions we also heard many instances of institutions responding poorly to disclosures and complaints of child sexual abuse. Poor responses included:

- victims being disbelieved or doubted²⁶
- lack of action to protect and support the victim²⁷
- blaming the victim²⁸
- punishing the victim²⁹
- shaming and stigmatising of the victim that made them a target for bullying.³⁰

Volume 3, *Impacts* provides details about the impact of child sexual abuse, including poor response to disclosures and complaints. Volume 7, *Improving institutional responding and reporting* outlines what we have learned about how institutions can better respond to complaints about institutional child sexual abuse. Chapter 7 of this volume outlines best practice standards for responding to a disclosure of child sexual abuse.

6.3.1 Responses to bullying

Children may also use an institution's responses to another issue to gauge the response they are likely to get from the institution if they disclose the sexual abuse. In a research study we commissioned, participants suggested that they would observe adults dealing with other issues of major concern and use that as an indicator of how adults might respond to their safety concerns, including child sexual abuse. To feel safe from child sexual abuse and confident in their protection, the study showed that children need to have confidence in adults' ability and willingness to deal with other equally important issues, such as bullying, which were more likely to occur.³¹

Cultures of bullying

We heard about a culture of bullying and lack of institutional response in our *Harmful sexual behaviours of children in schools* case study. CLA and his father, EEA, told us about the bullying and sexual abuse CLA experienced when he was a weekly boarder at Trinity Grammar School. CLA told us he knew about the rough environment in the boarding house when he was offered a boarding scholarship. He said he witnessed many incidents of bullying in his time boarding at the school and that violence between boys was 'endemic' and part of the culture, along with a hierarchy that had Year 7 and 8 students at the bottom and Year 12 students at the top. CLA told us that he was not offered any support by the school when he returned to the boarding house after the assaults against him became public knowledge. CLA said he was left unsupervised and to fend for himself, which resulted in further bullying. CLA also told us that an unspoken culture of silence amplified the bullying, as 'dobbing' on fellow boarders was a sign of betrayal and, ultimately, weakness.³²

Retribution against 'dobbers' or 'informers' is discussed in more detail in Section 6.1.1.

6.4 Inadequate recordkeeping and information sharing

We heard in case studies and private sessions of how inadequate recordkeeping and information sharing, both within and between institutions, resulted in missed opportunities to identify child sexual abuse and manage risks.³³ Potential or actual sexual abuse may not become apparent until a range of information from a number of sources over time is combined to create a complete picture. A failure to implement any oversight mechanisms or properly record and manage risk allowed some perpetrators to take advantage of the power their position afforded them.

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*, we examined the responses of a non-government independent school to concerns of child sexual abuse by a member of the teaching staff. We were told that the preparatory and senior schools had paper-based personnel files for their staff, which were physically located in the preparatory school and senior school administrative areas respectively. The school recorded and retained concerns that staff of the school had raised against the offending teacher between 1999 and 2005. However, we were told that:³⁴

- in early 2001 when the then head of the preparatory school received complaints about the offending teacher, he was unaware of the previous concerns documented in 1999 by the former head of the preparatory school
- in 2004, when the then Headmaster received a letter and complaint from another member of staff, he had no previous knowledge of the earlier complaints made between 1999 and 2002 and had not reviewed the personnel file of the offending teacher before this time.

In that case study, we were satisfied that from 1999 until 2009, the school's system to record complaints was deficient to the extent that there was no centralised database, and there were two personnel files, neither of which required reference to the other.³⁵

A research report commissioned by us into the failure to identify and report child sexual abuse in institutional contexts discussed errors in human reasoning that may create barriers to identifying and responding to child sexual abuse. One of those errors is the tendency of individuals to overlook information that is dull, abstract, emotion-free, and from the past in order to think and reason more quickly.³⁶ The authors of that report observed that these errors:

are particularly common when an accurate assessment depends on bringing together small items of information known by several different people or over a long period – items that in isolation do not look very worrying but when combined suggest a serious problem.³⁷

In Volume 8, *Recordkeeping and information sharing* we consider information sharing and records and recordkeeping in more detail.

6.5 Prioritising reputation, prestige or loyalty

A culture that prioritises reputation over the care and safety of children creates barriers for victims to disclose harm and for bystanders to report concerns. In some cases, we were told victims felt they were inhibited from disclosing sexual abuse due to the prestigious nature of the institution in which it occurred, and/or the institution's emphasis on reputation. A focus on protecting reputation can also inhibit adults in the institution from identifying possible sexual abuse and from responding adequately when abuse is identified or disclosed.³⁸ Some educational institutions, such as elite private schools, may perceive threats to the organisation's public image as issues to be managed to minimise their negative effect.³⁹

We were told by some survivors that the consequences of identifying and disclosing sexual abuse were too great or that the institution would protect itself over the welfare of the victims. For some, their own sense of loyalty to the institution prevented them from disclosing information that would jeopardise the institution's public image. For example, 'Carla' told us she was sexually abused at an all-girls private school from the age of seven until the end of Year 6 by her music tutor, who told her not to tell anyone. 'Carla' obeyed him and didn't disclose the abuse until she was 16, when she told her mother. When 'Carla' was in her second year at university, she told us that she reported the abuse to the police:

I always knew I wanted to report it to police, but as you can imagine going through the [Higher School Certificate] and everything else – I wasn't in the right sort of place to do that. And [the school] being so elite and influential it would have been really difficult I think to report it quietly while I was there. And I couldn't be positive I wouldn't be treated differently, by the school. So I kind of decided in my head that I was to wait to leave before I did anything else.⁴⁰

As the cultures of such institutions tend to be extremely pervasive, participants embrace the culture's norms to the point where their own identities and values can become fused with that of the institution.⁴¹ In this context, the members of the institution are likely to respond to threats by protecting their institutional identity. This was illustrated in *Case Study 23: The response of Knox Grammar School and the Uniting Church in Australia to child sexual abuse at Knox Grammar School in Wahroonga, New South Wales (Knox Grammar School)*. One survivor told the Royal Commission:

I also felt that if I reported the matter I would be betraying my school. I had a strong sense of loyalty to Knox ... Loyalty to the school was pressed as a Knox attribute. The school motto was *Virile Agitur* which means 'the manly thing is being done' in Latin. To my mind, it was more manly to bear the abuse than to complain about it. I also thought about all the little kids in the Preparatory School, and worried about the effect that disclosing the abuse would have on them. I was sensitive to the fact that they would have to learn something bad about their school, and perhaps they liked it as much as I did before the abuse started.⁴²

Institutions often contributed to this barrier by fostering cultures that were dismissive of allegations of child sexual abuse. We found that during his headmastership of Knox, Dr Ian Paterson's actions failed to prioritise the welfare of the boys at Knox over the reputation of the school.⁴³

For some victims, knowledge of the sacrifices their parents had made to send them to a prestigious institution contributed to their unwillingness to disclose their experience of sexual abuse in that institution. One survivor told us:

[Dad] worked long and hard to keep us boys at boarding school ... He was making a life choice for us, and sacrificing his own to give us the best education he could. He used to say that and I think that's why I never said anything.⁴⁴

Volume 16, *Religious institutions* provides further discussion of institutional loyalty and protecting reputation in the context of religious institutions.

6.6 Relationships in institutions

Personal relationships between perpetrators and staff in institutions, and between perpetrators and parents, carers and the broader community, can inhibit identification of child sexual abuse in institutional contexts. There may be a high degree of trust between members and participants within an institution, particularly in religious institutions and organisations where colleagues share a professional background.⁴⁵ In many situations, this may be desirable and could contribute positively to the institution and the experiences of the children who attend. However, there is a risk that this trust can enable perpetrators to groom the institution, parents and the broader community in order to sexually abuse a child or children.

The personal relationships between members of an institution may result in conflicts of interest, such as where the perpetrator is a close friend of an authority figure, or another adult who is well placed to be able to detect indicators and signs of grooming and child sexual abuse.⁴⁶

Case Study 18: The response of the Australian Christian Churches and affiliated Pentecostal churches to allegations of child sexual abuse looked at the response of the Australian Christian Churches to allegations of child sexual abuse made against Jonathan Baldwin. While he was Youth Pastor of the Sunshine Coast Church, Baldwin sexually abused ALA, a member of the youth ministry, who was aged between 13 and 15 years old at the time.⁴⁷

We found that by the time of Baldwin's departure, the Senior Pastor of the Church, Dr Ian Lehmann, was aware that:⁴⁸

- the relationship between ALA and Baldwin was 'intense'
- Baldwin was mentoring only ALA and not others
- members of the church had raised concerns about the relationship between Baldwin and ALA
- Baldwin had been alone with ALA in his car
- Baldwin proposed to give ALA drumsticks – worth \$60 to \$100 – as a gift
- Baldwin wanted to give ALA a number of awards.

When asked why he did not investigate any of these signs or the complaints made to him about Baldwin's behaviour with ALA, Dr Lehmann said:

Mr Baldwin was in a relationship with my daughter and that may have blind-sided me to a degree, because I would never have allowed my daughter to have a relationship with somebody if I thought he was engaging in alternative sexual activity ... I would never have thought it ... I just didn't believe that anything like that would happen.⁴⁹

'Betrayal blindness' is a term used to describe situations where individuals might minimise, ignore or deny an incident by a friend, family member or other trusted adult in order to protect themselves.⁵⁰ This is one explanation for why adults might not recognise signs of grooming or child sexual abuse. Disbelief or shock that a colleague or friend could or would sexually abuse children may also result in adults minimising or downplaying concerning or inappropriate behaviour they notice. The Truth, Justice and Healing Council submitted that 'staff who have worked alongside someone or come to know a person in the course of their work or social setting, can at times be unwilling to recognise reportable behaviour for what it is'.⁵¹

Where such personal relationships exist, there is a risk that perpetrators will use this to their advantage. In a study of eight adult males who sexually abused children while working in organisations in the United Kingdom, researchers observed that the building and maintaining of trust was critical in the successful concealment of the abuse from colleagues and parents. One perpetrator quoted in the study said he concealed his abuse:

by being a good teacher, popular. Right until I said guilty, people wouldn't believe it was true. His mother didn't believe him at first. It was better that he was lying than believe I could do something like that. I'd wrapped everyone around my little finger.⁵²

We commissioned a report into the role of organisational culture in child sexual abuse in institutional contexts. This research outlined how people in institutions develop personal relationships with colleagues because they gain benefits from them, such as working towards shared and valued goals or developing professional knowledge and skills.⁵³ Because they value the relationships, people will also tend to comply with their colleagues' requests. Within child-focused institutions, this may mean staff are reluctant to intervene where child sexual abuse is suspected, as this may threaten their relationships with the perpetrator and other staff within the organisation.⁵⁴ As a result, while these relationships may be valuable on a professional and personal level, they can act as barriers to identifying child sexual abuse in institutional contexts.

The contemporary context of foster care and kinship care of children in out-of-home care raises the particular risk of personal relationships inhibiting opportunities to disclose. Volume 6, *Making institutions child safe* discusses in detail the factors that are needed to make institutions child safe, including leadership, culture and governance.

We also heard about how relationships can inhibit disclosure in cases where the perpetrator was helping the victim work towards and achieve a particular goal. Survivors told us that they felt they had to do what the perpetrator asked so they could achieve their dreams. These survivors said that the cultures of institutions supported this devotion to the institution, the perpetrator and the goal they wanted to achieve.

For example, during *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 examined allegations of child sexual abuse made against Victor Makarov and the response of the Australian Institute of Music (AIM). Makarov, an internationally renowned pianist and instructor from Ukraine, immigrated to Australia in July 1998 to take up a position with AIM. We heard evidence from CAA, a former student of AIM, that Makarov had sexually abused him. CAA gave evidence that over time his family became very close to Makarov's family. CAA told us that when he was 13 years old, Makarov began to behave in a way that he thought was unusual and strange. Makarov began kissing CAA on the top of the head and patting him on the back 'rather too "nicely" when [CAA] got a particular passage correct on the piano'. Makarov told CAA that he was the most musical student he had ever had in his career. Makarov also masturbated in CAA's presence at Makarov's home to demonstrate that a passage in a Liszt *étude* represented an orgasm. For the next 18 months, Makarov sexually abused CAA at almost every lesson that took place at Makarov's home.⁵⁵

CAA disclosed the abuse to his mother in early 2004 after she asked him direct questions. CAA told us that he had not told anyone earlier about the abuse because:

music is everything to me and at that time I believed that having Makarov as my teacher was the only way I would be able to achieve my goals. All I wanted to do was practise and play for people ... [Makarov] was a major part of my life. In addition, our families were close and I did not want to see it all go down the drain. I did not think I could cope with that.⁵⁶

In the *Centres for performing arts* case study, we also examined allegations of child sexual abuse made against Grant Davies at RG Dance – a private dance studio. RG Dance was established in 2001, and initially operated with only five students enrolled. RG Dance expanded rapidly and became a highly successful dance studio. The dance community considered it to be a new and exciting dance studio. By the end of 2003, RG Dance had 120 students. The students thought RG Dance instructors, including Davies, were young and related well to students. The instructors seemed to care and were actively involved.⁵⁷

Students said that there was an intense environment at RG Dance, with a strong focus on winning competitions. Students were attracted to RG Dance's reputation for having a 'winning' culture. We heard that Davies had a charismatic personality and was well regarded throughout the dance community, particularly by students and their parents. BZH, a mother of two RG Dance students, described him as 'charming, charismatic and funny' and BZM, a former student of RG Dance, said that Davies was 'motivational and very encouraging'. Davies made students feel good about themselves: he inspired them and made them feel special. Several students of RG Dance made allegations of child sexual abuse against Davies in 2007 and 2013. In September 2015, Davies pleaded guilty to various acts of child sexual abuse committed over a period of 12 years.⁵⁸

Endnotes

- 1 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016; M Erooga, 'Creating safer organisations - An overview' in M Erooga (ed), *Creating safer organisations: Practical steps to prevent the abuse of children by those working with them*, Wiley-Blackwell, West Sussex, 2012, pp 28–9; K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 11; T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015.
- 2 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 125. Goffman in 1961 used the term 'total institutions' to describe institutions characterized by an emphasis on uniformity and control as well as separate and divisive staff and resident culture. They were often geographically isolated places where there was no separation between normally differentiated domains of home, family, school and work. See E Goffman, *Asylums: Essays on the social situation of mental patients and other inmates*, Anchor Books, Garden City, New York, 1961.
- 3 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 3: Anglican Diocese of Grafton's response to child sexual abuse at the North Coast Children's Home*, Sydney, 2014, p 12.
- 4 Exhibit 3-0001, 'Statement of CD', Case Study 3, STAT.0069.001.0002_R at 0002:9.
- 5 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 21: The response of the Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s*, Sydney, 2016, pp 33, 54.
- 6 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 40: The response of the Australian Defence Force to allegations of child sexual abuse*, Sydney, 2017, pp 29–30.
- 7 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 40: The response of the Australian Defence Force to allegations of child sexual abuse*, Sydney, 2017, pp 48–9, 53.
- 8 *Case Study 45: Problematic and harmful sexual behaviours of children in schools*, Sydney, 2017, p 43, 50–1.
- 9 Name changed, private session, 'Andy Trevor'.
- 10 E Munro & S Fish, *Hear no evil, see no evil: Understanding failure to identify and report child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 26.
- 11 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 2: YMCA NSW's response to the conduct of Jonathan Lord*, Sydney, 2014, pp 57–8, 62.
- 12 E Munro & S Fish, *Hear no evil, see no evil: Understanding failure to identify and report child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 25.
- 13 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 58.
- 14 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 2: YMCA NSW's response to the conduct of Jonathan Lord*, Sydney, 2014, p 28.
- 15 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 57–9.
- 16 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 58.
- 17 E Munro & S Fish, *Hear no evil, see no evil: Understanding failure to identify and report child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 35; Exhibit 12-0014, 'Statement of Professor Stephen Smallbone', Case Study 12, EXP.0001.003.0001 at 11:51.
- 18 Also known as 'in-group bias'. See E Munro & S Fish, *Hear no evil, see no evil: Understanding failure to identify and report child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 21.
- 19 E Munro & S Fish, *Hear no evil, see no evil: Understanding failure to identify and report child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 21.
- 20 E Munro & S Fish, *Hear no evil, see no evil: Understanding failure to identify and report child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 19.
- 21 Exhibit 2-0008, 'Statement of Alicia Delacca', Case Study 2, STAT.0030.001.0001 at 5:16.
- 22 Transcript of A Dellaca, Case Study 2, 22 October 2013 at 615:20–28.
- 23 Name changed, private session, 'Terence'.
- 24 Transcript of Panel 1, Case Study 24, 29 June 2015 at 14673.
- 25 Name changed, private session, 'Finlay John'.

- 26 See for example; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 5: Response of The Salvation Army to child sexual abuse at its boys homes in New South Wales and Queensland*, 2015, p 42, Finding 7; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 20: The response of The Hutchins School and the Anglican Diocese of Tasmania to allegations of child sexual abuse at the school*, Sydney, 2015, p 7; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 33: The response of the Salvation Army (Southern Territory) to allegations of child sexual abuse at children's homes that it operated*, Sydney, 2016, p 13.
- 27 See for example Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 5: Response of The Salvation Army to child sexual abuse at its boys homes in New South Wales and Queensland*, Sydney, 2015, p 42, Finding 7; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 33: The response of the Salvation Army (Southern Territory) to allegations of child sexual abuse at children's homes that it operated*, Sydney, 2016, p 13.
- 28 See for example 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 27; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 21: The response of the Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s*, Sydney, 2016, p 36.
- 29 See for example Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 5: Response of The Salvation Army to child sexual abuse at its boys homes in New South Wales and Queensland*, 2015, p 42, Finding 7; 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 5; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 33: The response of the Salvation Army (Southern Territory) to allegations of child sexual abuse at children's homes that it operated*, Sydney, 2016, p 13;
- 30 See for example Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 21: The response of the Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s*, Sydney, 2016, p 42; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions*, Sydney, 2016, p 28.
- 31 T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 46.
- 32 *Case Study 45: Problematic and harmful sexual behaviours of children in schools*. [placeholder unpublished]
- 33 See, for example Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 1: The response of institutions to the conduct of Steven Larkins*, Sydney, 2014, pp 26–9, 33; knowmore, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 4: Preventing sexual abuse of children in out-of-home-care*, 2013, p 3; Commissioner for Children and Young People and Child Guardian Queensland, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 4: Preventing sexual abuse of children in out-of-home-care*, 2013, p 10.
- 34 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 12: The response of an independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009*, Sydney, 2015, pp 39–40.
- 35 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 12: The response of an independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009*, Sydney, 2015, p 40.
- 36 E Munro & S Fish, *Hear no evil, see no evil: Understanding failure to identify and report child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, pp 22–3.
- 37 E Munro & S Fish, *Hear no evil, see no evil: Understanding failure to identify and report child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 23.
- 38 See for example Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 20: The response of The Hutchins School and the Anglican Diocese of Tasmania to allegations of child sexual abuse at the school*, Sydney, 2015, p 38; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 33: The response of the Salvation Army (Southern Territory) to allegations of child sexual abuse at children's homes that it operated*, Sydney, 2016, p 126; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study 36: The response of the Church of England Boys' Society and the Anglican Dioceses of Tasmania, Adelaide, Sydney and Brisbane to allegations of child sexual abuse*, Sydney, 2016, p 90.
- 39 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 52–3.
- 40 Name changed, private session, 'Carla'.

- 41 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal
Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 52.
- 42 Exhibit 23-0002, 'Statement of ARY', STAT.0483.001.0001_R at 8:34.
- 43 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 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*, Sydney, 2016, p 69.
- 44 Name changed, private session, 'Dom'.
- 45 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal
Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 74.
- 46 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal
Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 74.
- 47 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 18: The response of the
Australian Christian Churches and affiliated Pentecostal churches to allegations of child sexual abuse*, Sydney, 2015, p 67.
- 48 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 18: The response of the
Australian Christian Churches and affiliated Pentecostal churches to allegations of child sexual abuse*, Sydney, 2015, p 72.
- 49 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 18: The response of the
Australian Christian Churches and affiliated Pentecostal churches to allegations of child sexual abuse*, Sydney, 2015, p 72.
- 50 JJ Freyd & P Birrell, *Blind to betrayal: Why we fool ourselves that we aren't being fooled*, Wiley, Hoboken, 2013.
- 51 Truth Justice and Healing Council, Submission to the Royal Commission into Institutional Responses to Child Sexual
Abuse, *Issues paper No 9: Addressing the risk of child sexual abuse in primary and secondary schools*, 2015, p 48.
- 52 M Colton, S Roberts, & M Vanstone, 'Sexual abuse by men who work with children', *Journal of Child Sexual Abuse*, vol 19,
no 3, 2010, p 356.
- 53 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal
Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 30.
- 54 D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal
Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 74.
- 55 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 37: The response
of the Australian Institute of Music and RG Dance to allegations of child sexual abuse*, Sydney, 2015, pp 26, 28, 38,
- 56 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 37: The response
of the Australian Institute of Music and RG Dance to allegations of child sexual abuse*, Sydney, 2015, p 29.
- 57 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 37: The response
of the Australian Institute of Music and RG Dance to allegations of child sexual abuse*, Sydney, 2015, p 43.
- 58 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 37: The response
of the Australian Institute of Music and RG Dance to allegations of child sexual abuse*, Sydney, 2015, pp 43, 47, 48.

7 Improving identification of child sexual abuse and supporting disclosures

Many child victims and adult survivors need support to overcome the formidable barriers to disclosure.¹ Chapters 4, 5 and 6 of this volume discussed the barriers – both personal and external – that prevent them from telling someone about the sexual abuse.

It is not sufficient to educate children to recognise behaviours that constitute sexual abuse, and instruct them to tell someone if they are abused.² Instead, adults need to be attuned to signs of harm in children and equipped to identify signs of possible sexual abuse. As discussed in Chapter 6, institutions need to create environments and structures in which children feel safe to disclose. We also recognise that many victims of child sexual abuse do not disclose until adulthood and require support as adult survivors that is distinct to that of children to enable them to come forward.

This chapter discusses:

- how adults in institutions and the community can improve the identification of child sexual abuse
- how children can be supported to disclose, including through such strategies as providing children with information and education about child sexual abuse, creating opportunities to discuss safety concerns and teaching young people how to support their peers and friends
- how to support adults to disclose, including the important role that support groups can play in helping adult survivors talk about their experiences of child sexual abuse.

Finally, we describe what a good response to disclosure should look like.

We would like to acknowledge the powerful nature of the public attention on child sexual abuse. We believe this has contributed to survivors coming forward to tell us their story, some for the first time. The public attention on child sexual abuse that has occurred during the course of the Royal Commission has acted as a compelling enabler for some survivors to feel empowered to speak up. During private sessions we heard from many people who told us that they had watched or read media stories about our work and this had motivated them to talk about their own experiences. Many people told us they were motivated, compelled or encouraged to come and speak with us after they saw the courage and dignity of other survivors speaking about their experiences of child sexual abuse, both in the media and in the web stream of our public hearings. Some people told us they felt they should speak up, in some cases from a sense of duty to stand with others who had already spoken up, and for others from a sense of liberation that at last they would be heard and believed.

7.1 Improving identification of child sexual abuse

In Chapter 3 of this volume we outlined that many adults – even in contemporary institutions – overlook potential indicators of abuse, or attribute their concerns to something else, and do not have a good understanding of the dynamics of child sexual abuse. A recent Australian study on community attitudes to child sexual abuse in Australia indicates that misconceptions about abuse remain relatively common.³ This was also supported by research we commissioned.⁴

Inaccurate ideas about child sexual abuse, perpetrators and the tactics they use may result in adults missing warning signs and failing to identify abuse. There continues to be relatively little understanding in the wider community about who perpetrators are, their strategies for committing child sexual abuse and how they exploit relationships with children.⁵ We discuss the need for community prevention initiatives in Volume 6, *Making institutions child safe*.

In a study we commissioned, children told researchers they thought adults would most likely be unaware of children's safety concerns unless children were to raise them. They thought that this needed to be rectified, recognising that adults were often in a better position to see whether a perceived risk was real and to respond to the issues quickly.⁶ One young person said:

Adults have to watch kids more. Not be so caught up in their own little world. If a kid changes then they should ask, ask the kid's friends, find out what's going on. That's their job. They shouldn't wait until the kid says something because that's going to be too late.⁷

Research suggests that asking children directly or indirectly about sexual abuse can provide them with an opportunity or reason to disclose.⁸ Even if they initially deny they were abused, adults should create other opportunities for children to disclose. This requires adults to recognise warning signs, and to be prepared to initiate discussions or follow up on a child's attempts to initiate.⁹ We have found that parents, carers, teachers and others who have daily contact with children often do not feel equipped to question children.¹⁰ This suggests that there is a need for increased education, awareness, and resources about how to talk with children in an appropriate manner.¹¹ Our analysis suggests it is important that adults feel confident and equipped to notice indicators from the child that something may be wrong, and to be able to have difficult and sensitive conversations with children. Adults need to be attuned to children and be able to consider that sexual abuse (among other things) may be the underlying cause that is driving any changes in behaviour.

Children and young people may exhibit a range of physical, behavioural and emotional indicators of distress – a majority of which are not likely to be due to sexual abuse. Adults need to be aware of and notice possible indicators, and keep child safety – including the possibility of sexual abuse – in their mind when they notice changes in a child. Ideally, adults should feel equipped to respond to the child.

In Case Study 57: Nature, cause and impact of child sexual abuse in institutional contexts, Ms Jessica Pratley, Forensic Psychologist, gave evidence about the need to improve the awareness and ability of people to respond appropriately to disclosures. She said:

One of the things that we often see in adults who make a disclosure of childhood sexual abuse is that they may have attempted to make a disclosure earlier and that disclosure has not been believed or has not been supported or there hasn't been an appropriate response. So part of what we need to be looking at ... is increasing awareness and increasing the ability of people working with vulnerable populations and working with children generally to be able to respond appropriately to children's disclosures, because children do not come out and say, 'So-and-so is sexually abusing me'. They make those disclosures in other ways. People need to be trained to respond to recognise and respond appropriately.¹²

During our public consultations, we heard about how raising awareness about child sexual abuse can be difficult in some multicultural communities, and how this can affect the capacity to identify such abuse. We were told, for example, that a lack of available sex education resources that are timely and culturally relevant can mean some children in multicultural communities miss out on formal sex education. We also heard that reluctance to learn about child sexual abuse issues can stem from perceptions in some communities that child sexual abuse is a 'Western problem' or something that does not occur within their own community.¹³ This was especially the case for communities with strict moral or religious behavioural codes that heavily regulate sexual relationships. A number of multicultural stakeholders suggested that tailored community-specific approaches to raising awareness could overcome these types of challenges.

Broader societal attitudes towards how children should be valued and respected can influence how people respond to child sexual abuse. Positive attitudes and behaviours within communities help keep children safe. In contrast, cultures that tolerate or encourage violence are more risky for children. We conducted a series of workshops with experts about existing broader Australian community attitudes and beliefs about child sexual abuse. We heard that community attitudes that may impede the recognition of indicators of, and therefore the identification of, potential child sexual abuse include the beliefs that:

- children are safe in institutions¹⁴
- perpetrators can be easily identified and the majority are strangers to the victim¹⁵
- most grooming occurs online¹⁶
- children with intellectual disability are insensitive to pain¹⁷
- a child can be a 'willing' actor in the abuse.¹⁸

Social taboos associated with child sexual abuse have contributed to the invisibility of abuse in some communities and have kept children silent.¹⁹ Volume 6, *Making institutions child safe* provides a more detailed discussion on prevention at the community level, including community attitudes and behaviours that can increase risks to children.

Creating positive child safe cultures, and ensuring that community and institutions – including staff and volunteers – understand the indicators and dynamics of child sexual abuse will help to improve the identification of abuse, as well as help to support children to disclose. Volume 6, 7, and 8 outline what we have heard and what we recommend about creating child safe institutions. We discuss community prevention and the need to develop strategies to improve broad awareness and knowledge of child sexual abuse for children, parents, and bystanders, including those who may have concerns that someone they know may potentially perpetrate child sexual abuse in the future. We also outline the need for training and education regarding child sexual abuse that targets industry-specific undergraduates, institutional staff and volunteers. Volume 6, *Making institutions child safe* in particular provides more detail on these issues. We have also provided a more detailed discussion and recommendations on education and training needs within particular institutions, including contemporary out-of-home care (Volume 12), schools (Volume 13) and religious institutions (Volume 16).

Collectively, these recommendations aim to improve awareness and knowledge about child sexual abuse in the community as well as for adults in institutions working with children.

7.2 Supporting children to disclose

Disclosure, particularly early disclosure, is critical to stopping child sexual abuse and addressing the immediate impacts on the child. As we have highlighted, disclosure also allows a process of recovery from the trauma of sexual abuse to begin, which is essential for the child's ongoing safety and wellbeing. Consequently, our work has highlighted a clear need for institutions, families and communities to ensure that children feel supported to discuss sexual abuse, and that they have opportunities to disclose abuse.

This section considers the conditions that empower, encourage and support children to disclose, which include:

- safe adults are available and accessible for children
- children are given opportunities to raise and discuss concerns
- children have access to sexual abuse prevention programs and information about sexual abuse
- young people are taught to support peers
- children are provided with appropriate supports to communicate abuse.

This section informs our work on the conditions that institutions can create to support a child to disclose, which is discussed in greater detail in Volume 6, *Making institutions child safe*. Creating an institutional culture where the best interests of children are paramount – and where children feel empowered to disclose, are listened to and are taken seriously by adults – is particularly important. Volume 6, *Making institutions child safe (including E-Safety)* provides detailed discussion and recommendations on the elements that institutions must have in place to be safe for children. These elements are designed to address, among many things, the significant barriers to children disclosing sexual abuse, as outlined in this volume.

As we have highlighted in this volume, facilitating disclosures is not just the responsibility of institutions. Many children who disclose will tell their parents, carers or others, and these adults will often be better placed to notice potential indicators of sexual abuse and to support children. Barriers to disclosure can arise not only within the institution, but also from a child's family or community context. Volume 6, *Making institutions child safe* also outlines how communities can support children to disclose by creating safety through prevention.

7.2.1 Safe adults are available and accessible

Research confirms the importance of children having access to someone whom they trust to listen to them and respond appropriately.²⁰ Perceived social support is believed to be critical to a child's decision to disclose.²¹ For example, studies have shown that children with supportive parents or carers are more likely to disclose than children with carers who refuse to acknowledge the possibility of abuse.²²

We commissioned research that asked children about the characteristics of safe and trusted adults. That research found that children considered trusted adults to be those who:²³

- are available
- listen to the child
- are able to talk about sensitive issues
- prioritise children's needs and concerns
- do what they say they will do.

Young people in youth detention told us that safe adults were those who respected them and listened to what they had to say. Young people also told us that safe adults treated them like normal people and not like criminals.²⁴

Availability was also seen as a vital attribute of a safe adult.²⁵ Studies have suggested that disclosures from children may be encouraged by questions from parents or carers, friends or others.²⁶ This is consistent with what survivors have told us during case studies and private sessions.

Children emphasised that adults should feel able to discuss sensitive issues with them. In research we commissioned, children and young people identified characteristics of trustworthy and untrustworthy adults. Those who had experienced sexual abuse or who had come across unsafe adults said that it was difficult to talk to staff in institutions ‘because the adults were demonstrably uncomfortable in talking about such issues’.²⁷ The children and young people who participated in the research felt that these adults:

did not like talking to children who were distressed or upset; that they worried they might say the wrong thing; that they thought it was inappropriate for them to be talking about things like abuse, sex and sexuality; and that they should not talk about abuse because it might compromise any criminal investigations.²⁸

In *Case Study 24: Preventing and responding to allegations of child sexual abuse occurring in out-of-home care (Out-of-home care)*, we heard more evidence about the importance of trusted adults. We were told that carers – whether kinship, foster or residential carers – need to have the skills and capability to work with children, be able to support the child to have protective behaviours and remain safe, and be open to recognising signs of harm. One senior government official from the Department of Human Services in Victoria, who has responsibility for the delivery of human services including child protection, said:

It is in those primary relationships that children have with adults that we know that they draw their strengths from, and we also know that it is in those relationships that they are most likely to disclose if they are suffering any form of abuse or have fears for their own safety.²⁹

Another witness gave evidence about the importance of providing children in out-of-home care with a range of people they can disclose to, including ‘caseworkers, carers, advocates, independent persons – our support with the CREATE Foundation – to give them multiple opportunities ...’.³⁰

A study we commissioned considered the views of children with disability and high support needs on safety in institutional settings.³¹ That study also emphasised the importance of having an identified person or people who were seen as trustworthy and reliable.³² It suggested that consistent relationships are very important, particularly for children and young people with minimal verbal communication skills or with idiosyncratic behaviour. As one therapist commented, ‘when you get to know children and young people, you can get clear signals about what they want and don’t want, regardless of their capacity for speech’.³³ We acknowledge that, without training, this non-verbal communication can be difficult for many adults, including parents, to understand and interpret.

This study found that minimising the disruption in children's relationships with supportive adults may increase the likelihood they will feel able to disclose harm. It concluded:

the nature and quality of support relationships need to be monitored in a strategic and concerted way because these feature centrally in current and forthcoming large-scale policy developments such as the NDIS. In the future, care – which is currently service-oriented – will be provided in much more devolved and individualised environments, increasing the importance of identifying supportive practice and intervening in problematic relationships.³⁴

It is clear from what we have heard in our private sessions and case studies, as well as from research, that children need access to safe and trusted adults to ease the burden of disclosure. This is applicable both within institutions and in their families and communities. Adults in all of these contexts need to be available, have established and trusting relationships with the child, be willing to discuss sensitive and difficult issues, and be equipped with knowledge and the practical skills to respond to disclosures. Volume 7, *Improving institutional responding and reporting* discusses how best to listen and support victims when they disclose.

7.2.2 Opportunities to raise concerns

This volume has described the many reasons why children can find it hard to talk about their experience of sexual abuse. This suggests the need for children to be routinely given the opportunity to raise concerns, including anonymously. As a Norwegian study with children who were suspected victims of intra-familial child sexual abuse observed:

The children's accounts help [us] understand how difficult it is to initiate a conversation about something distressful, incomprehensible and embarrassing, that often has not been spoken of and where there are few conventional routines or prompts for talking about such stigmatising themes in the family.³⁵

This study found that the likelihood of disclosure was enhanced if a child perceived there was:³⁶

- an opportunity to talk, which might be created by a discussion about what is troubling them
- a purpose for speaking, or a good reason to disclose
- something to make it easier for a child to raise the topic of their experience, such as watching a television program about abuse with a parent.

The importance of asking children questions about their wellbeing was reinforced in commissioned research on children's views of safety within institutional contexts.³⁷ In focus groups conducted with children and young people, researchers heard that young people strongly believed that schools and other organisations needed to explicitly ask children and young people about any concerns they might have, rather than wait for them to initiate conversations. Participants suggested school surveys, class discussions and workshops as ways to ask children about concerns, and that these forums should be conducted not only when safety issues were raised, but at other times as well. One group argued that this would not only give institutions a sense of what safety concerns existed, but would also indicate to children and young people that adults were keen to talk to them. As a result, children and young people may be more likely to raise their concerns: 'Kids will see that adults want to hear from them and if something was wrong they might come forward because they know that adults want to know and are taking it seriously'.³⁸

Participants identified the following as elements of effective participation³⁹:

- children and young people are regularly asked about their fears and concerns
- both formal and informal mechanisms are used to allow children and young people to talk about their safety needs
- adults work with children and young people to identify solutions as well as problems
- adults inform children and young people of how they have used their ideas and wishes in responding to safety concerns.

Other research has suggested that providing opportunities for victims to disclose child sexual abuse in an anonymous forum – such as through surveys – may help to facilitate more overt disclosure.⁴⁰ A Canadian study found that children and young people routinely used evaluation forms administered after Red Cross workshops in school on violence prevention to disclose experiences of sexual abuse. Focus groups and interviews highlighted the advantages of having anonymous opportunities such as this to practise talking about sexual abuse in a non-threatening and non-stigmatising way without having to cope with the perceived consequences of an overt disclosure.⁴¹

Web based applications such as ReachOut and telephone counselling services such as Kids Helpline provide safe and anonymous avenues for children and young people to discuss a range of emotional problems, including discussing experiences of sexual abuse. The level of accessibility of these avenues for all children – including children with language, cognitive and communication needs – is unknown. Further research on the ways these types of services and other technologies could enable disclosure is warranted.

7.2.3 Sexual abuse information and prevention programs

Our work has identified that a barrier to disclosure for some children is not understanding sex, sexual abuse and boundaries and not being taught how to communicate about these issues and concepts. As well as helping children to understand abuse and overcome some of the barriers to disclosure, sexual abuse prevention programs may themselves assist children to disclose.

We have heard that disclosures are sometimes triggered by learning about abuse, particularly through:

- learning about child sexual abuse from educational programs or television shows⁴²
- media coverage of child sexual abuse allegations or the perpetrator⁴³
- hearing about another person's experience of child sexual abuse.⁴⁴

One research study suggested children may find it easier to disclose if they experience these types of learnings with a trusted adult, such as a parent. This is because it creates a joint focus of attention between the child and the adult on issues around sexual abuse, which might help the child approach the subject of abuse. It may also help the adult talk to the child about abuse, by referring back to what they were seeing or hearing.⁴⁵

In Case Study 41: Institutional responses to allegations of the sexual abuse of children with disability (Disability service providers) we heard about how concurrent delivery of sex education to children with disability along with parents and teachers can help to overcome the embarrassment that some children and adults might have in talking about these issues, with each other or at all.⁴⁶

Learning about child sexual abuse may help victims recognise they have been sexually abused.⁴⁷ Becoming educated on the issue may also challenge the belief that they are the only person to whom this has happened, or conversely that sexual abuse is 'normal'.⁴⁸

Disclosure may be prompted through information that is not specifically about child sexual abuse, such as programs about sex/sexuality, personal safety or body safety, or respectful relationships.⁴⁹ One study found that educational programs that identified inappropriate behaviours and that stressed assertiveness and personal rights prompted disclosure among children of primary school age.⁵⁰ *In Case Study 2: YMCA NSW's response to the conduct of Jonathan Lord*, we were told that it was when AL's mother was talking to AL and his brother about 'stranger danger' and being careful when they were out of the house, that AL disclosed to his mother that he had been sexually abused.⁵¹

In its submission to the Royal Commission, People with Disability Australia notes that many children with disability are excluded or limited in participating in critical school-based primary prevention programs.⁵² As a result, children with disability may never learn the names for the parts of their bodies that might be important to them being able to disclose.⁵³ When children with disability do engage in sex education, it is almost always outside of mainstream settings, and there is rarely any education tailored to the understanding of children with cognitive impairment.⁵⁴

In a study we commissioned on safety in institutions for children with disability and high support needs, professionals consistently expressed concern about children's lack of knowledge about sexuality and what constitutes sexual abuse. One disability support worker expressed concern about the number of young adults who came to his service who did not have the language to describe abuse, neglect or sexuality. Other workers commented that even though young people had been educated about relationships, body image and exploitation at school and in the disability service environment, this education was insufficient and required repetition in order to be effective.⁵⁵

Almost all families interviewed in that study also talked about the value of safety education, but said that the child's capabilities strongly determined whether this type of education was appropriate or effective. Staff working in schools, disability support and therapy services also raised the importance of educating all children in protective behaviours from a young age, including children with disability who may be excluded from mainstream schooling.⁵⁶

We also heard how sex education, personal safety and respectful relationship programs needed to be tailored for children from culturally and linguistically diverse backgrounds, and how universally delivered programs that do not take into account cultural context, language and taboos may mean some children miss out.⁵⁷ This reinforces the importance that all children are given information that is adapted to their age, developmental stage, cultural context and any disability on:⁵⁸

- sex and sexuality
- healthy and respectful relationships
- grooming behaviours
- all forms of child sexual abuse by different perpetrators or other children
- for children who are physically dependent on others for intimate personal care, how to tell the difference between intimate personal care and sexual abuse
- how and to whom to disclose.

Volume 6, *Making institutions child safe* includes a more detailed discussion of child sexual abuse prevention education through schools and community organisations.

7.2.4 Peer support

Our work and other research suggests that as children get older, they are increasingly likely to disclose to their peers rather than to adults (see Chapter 2).

We also heard evidence that in some cases, peers or siblings can encourage and support victims to tell others, including their parents. One of the survivors who gave evidence 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*, told us he first disclosed to his girlfriend that he had been sexually abused by a teacher when he was in Year 5 (aged about nine or 10). The survivor, WP, disclosed in 2009, when he was 19 and was no longer a student at the school. He also disclosed the abuse to his best friend, who encouraged him to tell his parents, which he did the following day.⁵⁹

Research also suggests that disclosure to peers may not lead to intervention for the victim, either because peers do not know how to help, or because children request that they keep it a secret.⁶⁰ In our *Out-of-home care* case study, we heard evidence that there is a gap in practice about how to support children who receive disclosures from their friends or peers.⁶¹ For this reason, sexual abuse prevention programs should provide information to children and young people on:

- indicators that a friend might be, or has been, sexually abused⁶²
- what to do if their friend discloses sexual abuse ('if a friend tells you about a bad sexual experience, here is how to help ...')⁶³
- the services available to support victims of sexual abuse⁶⁴
- support available for children who wish to help a friend who has disclosed sexual abuse, or who they suspect is being sexually abused.⁶⁵

Volume 6, *Making institutions child safe* includes a more detailed discussion of child sexual abuse prevention education through schools and community organisations, including the importance of peers as a point of disclosure.

7.2.5 Support to communicate sexual abuse

A key aspect of ensuring that victims and survivors feel supported to disclose is to ensure they can communicate in a language they feel comfortable using.

Some children with disability may need specific, communications-based assistance when disclosing abuse. In the *Disability service providers* case study, Mr Anthony Fitzgerald, the principal of Mater Dei, gave evidence that the school uses various methods to communicate with its non-verbal students, including key word signing and voice-activated software that helps students express themselves.⁶⁶ He said:

Even with those programs, there are still limitations. Ultimately, all of these things are based on human relationships ... and a student who, by our standards, might be considered to be non-verbal, because [the staff] know them so intimately that they can communicate with them on the terms on which that young person can and is able to communicate.⁶⁷

This was reinforced by a study we commissioned on safety in institutions for children with disability and high support needs. In that study, disability support workers discussed the critical importance of making available to children and young people communication symbols and systems about safety, harm and relationships. One therapist highlighted the importance of involving the entire family in learning the child's communication system because, in their experience, siblings were often the ones who alerted families to harm that had taken place.⁶⁸

As well as access to communication aids and technology, for some children with cognitive impairments or complex communication needs, trusted carers and interpreters who are familiar with the child's general form of communication are important. We heard in *Case Study 46: Criminal justice* that significant others may be in a position to recognise and provide information on clear behaviour changes that they have documented and observed, what the behavior means, and what the concerns are. This could be relevant information in responding to sexual abuse concerns.⁶⁹ However, in research we commissioned, disability support workers pointed to the trend towards casual staffing, and expressed concern that casualisation of this workforce will likely increase with the National Disability Insurance Scheme. They 'raised concerns about the increased likelihood in a highly casualised work environment for workers to lack the training, skills and capacity to understand there is a problem and respond appropriately'.⁷⁰

That research found that children in schools, vacation care and disability services were exposed to large and shifting workforces of casual and short-term support staff, and had to rely on staff members they did not know for sometimes intimate personal care. It also concluded that:

Children and young people with communication impairments either did not have systems in place that support workers used, or the systems were inadequately shared with all staff members due to the changing nature of the workforce.⁷¹

In the *Disability service providers* case study we heard similar concerns. The CEO of National Disability Services, Dr Kenneth Baker, expressed his concern that when a workforce is highly casualised, the investment in training is less and the staff turnover is great. He continued:

Most people with disability being supported want consistency in the staff supporting them, but this is particularly true for people with communication impairment. It may take a new support worker some time to recognise that person's mode of expressing themselves, their mode of communication. So with a high turnover of that staff there may be signals, there may be attempts to communicate which are just not being read and recognised.⁷²

We were told that individual advocacy is particularly important in assisting people with disability to access essential services in a context of often complex and fragmented service systems and structural inaccessibility.⁷³

It is also important for institutions to provide culturally safe and responsive environments in which children can disclose. Some institutions, for example, will need to access appropriately skilled language interpreters and cultural advice in order to receive and understand a disclosure. This can include disclosures from Aboriginal and Torres Strait Islander children and children from culturally and linguistically diverse backgrounds.

The small size of some communities and the small number of suitably qualified translators within these communities can mean some children may be reticent to engage with translators without assurance of confidentiality. We were told that confidentiality needed to be emphasised upfront, and that language translation needed to be accompanied by quality cultural interpretation to create a safe environment for these children to disclose, and to ensure meaning and cultural nuances are conveyed.⁷⁴ These interpreters also need to be trained on child sexual abuse issues, and protected against vicarious trauma.

7.3 Supporting adults to disclose

As discussed in Chapter 2, many survivors were not able to disclose the sexual abuse during childhood⁷⁵ and did not disclose until well into adulthood.

It is important to be aware that adult survivors have delayed disclosure for an extended period of time, and often require additional support and confidence to disclose the abuse to someone. This section considers the conditions that encourage and support adults to disclose, including:

- learning about child sexual abuse
- media coverage and publicity about child sexual abuse
- access to support groups
- supportive responses
- special telephone numbers that assist with reporting abuse to police
- awareness of redress schemes.

7.3.1 Learning about child sexual abuse

We have heard that disclosures are sometimes triggered by learning about child sexual abuse. Learning about abuse may help survivors identify that what happened to them was sexual abuse.⁷⁶ It may also challenge the belief that they are the only person to whom this has happened, or conversely that sexual abuse is ‘normal’.⁷⁷

A female survivor who told us she was sexually abused while at a government-run residential home for girls said that as an adult, her marriage ended and she suffered a total breakdown and was hospitalised. Although she was in care for some time, she told us that she didn’t reveal her childhood experiences of sexual abuse at the home. In 2004, she watched a television program about the home, and it turned her life ‘upside down’. She called Lifeline:

It was some young woman; she said ‘What’s the matter?’ I said ‘It’s no good talking to you, you’re too young, you wouldn’t understand what I went through back in 1960 ... It’s all come back to bite me again – I can’t stand it, I just can’t cope’. And she sent round an ambulance.⁷⁸

This survivor told us that she then disclosed to a medical practitioner.

7.3.2 Media coverage

Media coverage may also facilitate disclosure of child sexual abuse, particularly for adults. We commissioned a research project that used police and court data to examine the impact of delayed reporting on the prosecution of child sexual abuse cases in New South Wales and South Australia. Data for the two decades following the mid-1990s was examined and showed peaks in adults reporting to police around the time of major inquiries related to child sexual abuse.⁷⁹

Likewise, the intense media scrutiny of the conviction of Melbourne priest Father Michael Glennon in 1984 led to a wave of allegations of sexual abuse of children by Catholic priests and religious brothers, as well as other people in religious ministry in Australia.⁸⁰ This is consistent with research from the United States, which observed:

The almost-daily news reports, responses from Church officials, and commentary created a unique opportunity for individual victims to reflect on the incidents from their childhood. Unlike most adult victims of childhood sexual abuse, who may be confused about personal complicity and experience guilt, the priests were explicitly held responsible for the acts of abuse, and the narratives of victimisation generated strong support.⁸¹

In *Case Study 28: Catholic Church authorities in Ballarat (Catholic Church authorities in Ballarat)*, we heard evidence from a counsellor at the Ballarat Centre Against Sexual Assault (CASA). Ms Andrea Lockart told the Royal Commission that in May 2013, she spoke to a journalist who wrote and published an article listing 17 institutions in Ballarat where there had been reports of child sexual abuse. Ms Lockhart said that after this article was published, she received many calls from people in the community. Many rang Ballarat CASA and said things like, ‘I thought I was the only one it happened to there’.⁸²

We also heard from some survivors who publicity associated with the Royal Commission helped them to disclose their experiences of child sexual abuse. In the *Out-of-home care* case study we heard evidence from Ms Leonie Sheedy, the executive officer of Care Leavers Australasia Network (CLAN), which is a support, advocacy, research and training network for people who grew up in Australian orphanages, children's homes, foster care and other institutions. Ms Sheedy gave evidence that she thinks a lot of older care-leavers are disclosing now because ‘there is the highest authority in the land to hear these horrific histories. We’re being believed, we’re being listened to, there’s good support out there’.⁸³

Media coverage of the Royal Commission’s work led ‘Vern’ to ring us and ask if the sexual abuse he’d experienced fitted within our remit. He was 83 years old and it was the first time he’d ever disclosed the sexual abuse. ‘I never told a soul right through to this year’, ‘Vern’ said. After the telephone call he told his wife, son and daughter, all of whom were visibly shocked. ‘They didn’t ask questions. They just listened to me and accepted it. Whether they speak to each other about it now or not, I don’t know. I just said, “I don’t want to talk about it”’. He said he felt ‘freer’ now that he’d told them.⁸⁴

This points to the importance of ensuring that child sexual abuse, including historical child sexual abuse, remains part of the public discourse. Any efforts to raise public awareness about child sexual abuse in an institutional context need to be carefully planned, managed and supported. Public campaigns and conversations, especially via the media, can be triggering for some survivors and their families. Volume 6, *Making institutions child safe* includes a detailed discussion on creating safety through prevention, including strategies to raise awareness, increase knowledge and change problematic attitudes and behaviours relating to child sexual abuse.

7.3.3 Access to support groups

From the 1990s, advocacy groups for victims of abuse in institutions, including sexual abuse, began to form in response to widespread media coverage of this issue. Many of these groups were for victims of sexual abuse by Catholic priests and religious, and survivors from out-of-home care institutions including Former Child Migrants. These advocacy bodies set up hotlines, provided support groups and lobbied institutions to change their institutional practices and responses to child sexual abuse.

In the *Out-of-home care* case study, Ms Sheedy told the Royal Commission that a lot of care-leavers disclose to CLAN for the first time. She gave the example of a 73-year-old woman who was about to have major surgery, who disclosed to Ms Sheedy for the first time because she 'didn't want to die without letting somebody know what happened'.⁸⁵

In the *Catholic Church authorities in Ballarat* case study, we were told about how publicity around survivors in Ballarat and the creation of a men's survivors group encouraged some men to disclose. One survivor gave evidence that after he had gone through criminal proceedings in relation to his experience of sexual abuse, he decided to go public with his story. He wanted to help other men come forward. He said:

After this, people started to contact my family or me, or Broken Rites. Usually they contacted Broken Rites, who gave them my number. As the victims came forward, it was quite literally like the dam bursting.⁸⁶

Another survivor from Ballarat gave evidence about how he and another survivor became spokesmen for a local group of survivors. He said, 'every time we spoke to the local newspapers, radio or TV, people rang us ... Our group of survivors started growing'.⁸⁷ He continued:

I have had people approach me in the street and tell me they saw me in the media and that they had never told anyone that they had been sexually abused, but that I have inspired them to go and see someone and get help.⁸⁸

Some survivors spoke of how these groups encouraged them to disclose to others, such as the police. One survivor told us that almost two decades after she was sexually abused by a priest, she saw an article about another priest who had been jailed. At the end of the article, there was a number for Broken Rites, a support group for survivors of child sexual abuse by Catholic clergy. She rang the number. Broken Rites told her that the priest was under investigation by police, and encouraged her to come forward and make a statement, which she did.⁸⁹

Volume 9, *Advocacy, support and therapeutic treatment services* outlines what we have learned and our recommendations about the need for advocacy, support and therapeutic treatment services, and includes further discussion of the role and importance of support groups.

7.3.4 Increasing confidence in reporting child sexual abuse to police

We have heard that providing victims with options to make reports to police online or via dedicated telephone hotlines can encourage them to come forward and disclose to police. This may help overcome the barrier to disclosure that arises from victims' and survivors' fear of reporting to government authorities (discussed in Chapter 4).

We heard from Detective Senior Sergeant (DSS) Michael Dwyer of the SANO Taskforce during our criminal justice public roundtable. The SANO taskforce is based within Victoria Police's crime command and was established to investigate allegations arising from the Victorian Parliamentary Inquiry into Child Sex Abuse Involving Religious and Non-Government Organisations and now coordinates investigations stemming from this Royal Commission. SANO have a nationwide toll-free '1800' telephone number where survivors can leave their details. DSS Dwyer then returns their calls. He asks them to send him an email with the circumstances of the sexual abuse, and they can tell him right at the start whether or not they want to proceed with an investigation. If they wish to proceed, an investigator will contact them. Otherwise, the information they provide will be converted into an intelligence report on the Victorian Police system.⁹⁰

DSS Dwyer told the roundtable that, while they may have had some three to five hang-ups, all of the other hundreds of people who have called the '1800' telephone number have left a number and that it has been 'enormously successful'. He said that it enables people to call late into the night, in the early hours or on weekends, when the police would not be expected to answer the calls. He also said that he responds to the calls the next day, and the investigator gets in touch with the caller within 72 hours. If the survivor does not have access to email, the investigator will go to see them.⁹¹

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*, Mr Manny Waks told us he was sexually abused at Yeshivah Melbourne. He disclosed in childhood and was bullied as a result.⁹² Many years later, as an adult, Mr Waks heard a public radio broadcast about Operation Paradox – a community awareness campaign about child sexual abuse. He immediately felt compelled to report to the police.⁹³

In our work on criminal justice, we have highlighted the importance of the criminal justice system encouraging victims, their families, and third parties to report child sexual abuse to police. Issues with the criminal justice system, including police, are discussed further in our *Criminal justice* report. Themes of mistrust of government authority and police engagement are also discussed in Volume 7, *Improving institutional responding and reporting*.

7.3.5 Implementing redress schemes

Many victims, particularly those who disclosed for the first time as an adult, told us how becoming aware of an avenue for disclosure helped them to come forward and share their experience. These avenues included redress schemes.

For some survivors, the awareness of a redress scheme helped them to disclose as adults. ‘Anthony’ told us he was sexually abused by a Catholic priest, which he disclosed to a senior church official and, later, another priest. As far as ‘Anthony’ knows no action was taken. He said that he kept the abuse to himself for three decades because he was afraid of the impact it would have on his deeply religious family. Then in 1997 he heard about a redress scheme offered by the Catholic Church and decided to speak up. ‘Anthony’ said:

At this stage I didn’t know that this ‘Father Rowlands’ had deceased and I thought, ‘If he’s still up to it, if I can save one person from going through the torture I was put through, I’m going down’. And actually it took two occasions. I come down on the train ... and then I turned around and come back home. And then the next time I went down I rang up and I got the appointment.⁹⁴

Our *Redress and civil litigation* report provides a detailed discussion and our recommendations on redress.

7.4 Responding well to disclosures

Disclosure may be a traumatic experience for children and adults alike. Given this potential for further trauma, those in institutions who may receive a disclosure, or who may become aware of abuse, should also be aware of how to react and respond. The reaction of the person to whom a disclosure is made may impact whether and when future disclosures are made and may also impact on the severity of psychological symptoms victims might experience across their lifespan.⁹⁵ Volume 3, *Impacts* provides a detailed discussion of the impacts that a negative response to disclosure can have for victims and survivors.

Consequently, it is crucial that those who work with children are trained how to respond to disclosures of sexual abuse.⁹⁶ However, the importance of an appropriate response to disclosure is not limited to those who work in institutions or those who work with children. The family’s response to disclosure and their ability to support the victim can be a crucial element in the victim’s recovery.⁹⁷

Survivors have told us about both good and bad responses to disclosure of child sexual abuse. Negative or unsupportive reactions or responses include:

- disbelief or doubt
- shock or signs the listener is uncomfortable
- anger, blaming the victim, accusing them of lying or attention-seeking
- ignoring, dismissing or minimising the disclosure or the abuse
- rejecting the victim
- punishing the victim, including physical punishments
- avoiding future discussion about the abuse or changing the subject
- not offering or providing help or support.

What constitutes an appropriate response to disclosure will vary depending on the circumstances of the child, including their age, social and cultural context, and the position of the recipient. Whether a child has disability – and the nature of the disability – will also influence what constitutes an appropriate response to a disclosure. All victims, regardless of age, deserve a warm and empathetic response to a disclosure of child sexual abuse. We have been told in our private sessions and case studies that a positive response to a disclosure can include:⁹⁸

- listening and believing
- confirming with the victim that the disclosure is received and understood
- not blaming the victim
- emphasising that the victim was not at fault
- providing emotional support
- staying calm
- reassurance that telling someone was the right thing to do
- proactively identifying particular needs and seeking specialised assistance if required, including disability, language or cultural expertise
- encouragement to talk more about the abuse (our *Criminal justice* report discusses how to proceed if the conduct described is likely to constitute criminal conduct)
- respecting the wishes of the victim or survivor about how to proceed and who they tell, noting that some staff in institutions have a legal obligation to report a disclosure and that this may conflict with the wishes of the victim to keep it confidential. We consider this in more detail in Volume 7, *Improving institutional responding and reporting*
- explaining what will be done in response to the disclosure, and not making promises that cannot be kept. This includes circumstances in which information cannot be kept confidential, when a clear explanation should be given to the victim about who will be told and why.

A female survivor told us she received a positive response to her disclosure to a family friend. She said:

I told him what had happened to me, because I was haunted by it. And him saying to me, 'Yes it was wrong, yes you were under threat' actually enabled me to regain a sense of self, regain a sense of being able to control my eating, to put myself back together. Just having him acknowledge it, something had happened to me that was bad, I found it helped me to get over it, to heal.⁹⁹

In a study we commissioned on safety in institutions for children with disability and high support needs, professionals in the disability sector discussed the need for:

systems that trusted children, responded based on what they said, acted quickly without seeking secondary verification of harm, minimised bureaucracy (especially for initial responses), and made sure children received a response of 'right, fine – I'll be there', rather than 'what, where, when?'¹⁰⁰

Responding to a disclosure should also include knowing how to access appropriate resources to support the victim according to a victim's age, gender and cultural context. Volume 9, *Advocacy, support and therapeutic treatment service* considers what we have learned about the need for advocacy, support and therapeutic services.

Volume 16, *Religious institutions* on religious institutions provides a detailed discussion on issues around disclosures that are made during confession. Our *Criminal justice* report sets out best practice in police interviewing of children who may be victims of child sexual abuse, including addressing the concerns that encouraging disclosure may contaminate criminal proceedings. It also makes recommendations on failure to report offences.

Some disclosures may require a specific response by a person who receives that disclosure, or becomes aware of the disclosure or the child sexual abuse. When a child discloses to a staff member in an institution, or a staff member becomes aware of a disclosure of child sexual abuse, it is our view that this disclosure now constitutes a complaint and it should be handled in accordance with the institutions' child protection policies and/or its complaints policy. Volume 7, *Improving institutional responding and reporting* outlines what we have learned about improving institutional responding and reporting. Volume 7, *Improving institutional responding and reporting* also considers best practice principles for complaints handling and obligations for reporting to external authorities.

Endnotes

- 1 ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 291.
- 2 ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, pp 271–95, 291.
- 3 J Tucci, J Mitchell & C Goddard, *Doing nothing hurts children: Community attitudes about child abuse and child protection in Australia*, Australian Childhood Foundation, Ringwood, 2010.
- 4 Royal Commission community-level risk and protective factors expert workshop, 2016.
- 5 A Quadara, *Framework for historical influences on institutional child sexual abuse: 1950–2014*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 34. See also A Cossins, J Goodman-Delahunty & K O'Brien, 'Uncertainty and misconceptions about child sexual abuse: Implications for the criminal justice system', *Psychiatry, Psychology and Law*, vol 16, no 3, 2009, pp 435–52.
- 6 T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 50.
- 7 T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 50.
- 8 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 48; M Ungar, LM Tutty, S McConnell, K Barter & J Fairholm, 'What Canadian youth tell us about disclosing abuse', *Child Abuse & Neglect*, vol 33, no 10, 2009, p 707; TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1403.
- 9 TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1403.
- 10 R McElvaney, 'Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice', *Child Abuse Review*, vol 24, no 3, 2015, p 165.
- 11 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 48; R McElvaney, 'Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice', *Child Abuse Review*, vol 24, no 3, 2015, p 165; McElvaney, R, *How children tell: Containing the secret of child sexual abuse*, Trinity College, Dublin, 2008, pp 155–6.
- 12 Transcript of J Pratley, Case Study 57, 28 March 2017 at 27537:20–33.
- 13 Royal Commission multicultural public forums, 2016.
- 14 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 19; D Palmer, *The role of organisational culture in child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 25.
- 15 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 19; K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 31.
- 16 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 19; S Craven, S Brown & E Gilchrist, 'Current responses to grooming: Implications for prevention', *The Howard Journal of Criminal Justice*, vol 46, no 1, 2007, pp 60–71.
- 17 J Breckenridge & G Flax, *Service and support needs of specific population groups that have experienced child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 40.
- 18 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 19; SL Miller, MK Hefner & CS Leon, 'Diffusing responsibility: A case study of child sexual abuse in popular discourse', *Children and Youth Services Review*, vol 37, 2014, p 56.
- 19 Royal Commission community-level risk and protective factors expert workshop, 2016.
- 20 M Ungar, LM Tutty, S McConnell, K Barter & J Fairholm, 'What Canadian youth tell us about disclosing abuse', *Child Abuse & Neglect*, vol 33, no 10, 2009, p 707; M Ungar, K Barter, SM McConnell, LM Tutty & J Fairholm, 'Patterns of abuse disclosure among youth', *Qualitative Social Work*, vol 8, no 3, 2009, pp 341–56.
- 21 ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 279; SSS Tang, JJ Freyd & M Wang, 'What do we know about gender in the disclosure of child sexual abuse?', *Journal of Psychological Trauma*, vol 6, no 4, 2008, p 11; G Priebe & CG Svedin, 'Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosures', *Child Abuse & Neglect*, vol 32, no 12, 2008, pp 1095–108, p 1105; L Lawson & M Chaffin, 'False negatives in sexual abuse disclosure interviews: Incidence and influence of caretaker's belief in abuse in cases of accidental abuse discovery by diagnosis of STD', *Journal of Interpersonal Violence*, vol 7, no 4, 1992, pp 532–42.
- 22 L Lawson & M Chaffin, 'False negatives in sexual abuse disclosure interviews: Incidence and influence of caretaker's belief in abuse in cases of accidental abuse discovery by diagnosis of STD', *Journal of Interpersonal Violence*, vol 7, no 4, 1992, p 538.

- 23 T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 53.
- 24 Royal Commission consultation with children and young people in youth detention, 2016.
- 25 T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 53. Also see TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1403.
- 26 ML Paine & DJ Hansen, 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, vol 22, no 2, 2002, p 281; M Ungar, K Barter, SM McConnell, LM Tutty & J Fairholm, 'Patterns of abuse disclosure among youth', *Qualitative Social Work*, vol 8, no 3, 2009, p 344; C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 33; R McElvaney, 'Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice', *Child Abuse Review*, vol 24, no 3, 2015, p 164; L Sorsoli, M Kia-Keating & FK Grossman, "'I keep that hush-hush': Male survivors of sexual abuse and the challenges of disclosure", *Journal of Counseling Psychology*, vol 55, no 3, 2008, pp 333, 340; SM Kogan, 'Disclosing unwanted sexual experiences: Results from a national sample of adolescent women', *Child Abuse & Neglect*, vol 28, no 2, 2004, p 148; TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1403.
- 27 T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 54.
- 28 T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 54.
- 29 Transcript of Topic 1 (Government Witnesses), Case Study 24, 10 March 2015 at 12912:22–27.
- 30 Transcript of Topic 3 (Government Witnesses), Case Study 24, 16 March 2015 at 13290:23–25.
- 31 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016.
- 32 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 41.
- 33 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 58.
- 34 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 78.
- 35 TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1408.
- 36 TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1409.
- 37 T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 49.
- 38 T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 49.
- 39 T Moore, M McArthur, D Noble-Carr & D Harcourt, *Taking us seriously: Children and young people talk about safety and institutional responses to their safety concerns*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 49.
- 40 H McGee, R Garavan, M de Barra, J Byrne & R Conroy, *The SAVI report: Sexual abuse and violence in Ireland*, Liffey Press, Dublin, 2002, pp 21, 121; M Ungar, K Barter, SM McConnell, LM Tutty & J Fairholm, 'Patterns of abuse disclosure among youth', *Qualitative Social Work*, vol 8, no 3, 2009, p 353.
- 41 M Ungar, K Barter, SM McConnell, LM Tutty & J Fairholm, 'Patterns of abuse disclosure among youth', *Qualitative Social Work*, vol 8, no 3, 2009, p 353.
- 42 LC Malloy, SP Brubacher & ME Lamb, "'Because she's one who listens" Children discuss disclosure recipients in forensic interviews', *Child Maltreatment*, vol 18, no 4, 2013, pp 249–50; T Sorensen & B Snow, 'How children tell: The process of disclosure in child sexual abuse', *Child Welfare: Journal of Policy, Practice, and Program*, vol LXX, no 1, 1991, pp 6, 14.
- 43 I Katz, A Jones, BJ Newton & E Reimer, *Life journeys of victim/survivors of child sexual abuse in institutions: An analysis of Royal Commission private sessions*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 57, 139.
- 44 T Sorensen & B Snow, 'How children tell: The process of disclosure in child sexual abuse', *Child Welfare: Journal of Policy, Practice, and Program*, vol LXX, no 1, 1991, p 6.

45 TK Jensen, W Gulbrandsen, S Mossige, S Reichelt & OA Tjersland, 'Reporting possible sexual abuse: A qualitative study
 46 on children's perspectives and the context for disclosure', *Child Abuse & Neglect*, vol 29, no 12, 2005, p 1407.
 47 Transcript of Disability Panel 2, Case Study 41, 20 July 2016 at 20691:47–20692:6.
 48 LC Malloy, SP Brubacher & ME Lamb, "'Because she's one who listens" Children discuss disclosure recipients in forensic
 49 interviews', *Child Maltreatment*, vol 18, no 4, 2013, p 250.
 50 Royal Commission into Institutional Responses to Child Sexual Abuse, *Consultation paper: Institutional responses to child
 51 sexual abuse in out-of-home care*, Sydney, 2016, p 95.
 52 Royal Commission into Institutional Responses to Child Sexual Abuse, *Consultation paper: Institutional responses to child
 53 sexual abuse in out-of-home care*, Sydney, 2016, p 95. See also T Sorensen & B Snow, 'How children tell: The process of
 54 disclosure in child sexual abuse', *Child Welfare: Journal of Policy, Practice, and Program*, vol LXX, no 1, 1991, p 14.
 55 T Sorensen & B Snow, 'How children tell: The process of disclosure in child sexual abuse', *Child Welfare: Journal of Policy,
 56 Practice, and Program*, vol LXX, no 1, 1991, p 14.
 57 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 2: YMCA NSW's response
 58 to the conduct of Jonathan Lord*, Sydney, 2014, p 16.
 59 People with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse,
 60 *Consultation paper: Best practice principles in responding to complaints of child sexual abuse in institutional contexts*,
 61 2016, p 5.
 62 Royal Commission into Institutional Responses to Child Sexual Abuse, Schools private roundtable, Sydney, 2015.
 63 Royal Commission into Institutional Responses to Child Sexual Abuse, Schools private roundtable, Sydney, 2015; People
 64 with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues
 65 paper No 9: Addressing the risk of child sexual abuse in primary and secondary schools*, 2015, p 16; WWILD Sexual
 66 Violence Prevention Association, Submission to the Royal Commission into Institutional Responses to Child Sexual
 67 Abuse, *Issues paper No 10: Advocacy and support and therapeutic treatment services*, 2015, p 5; K Walsh, Submission to
 68 the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 9: Addressing the risk of child
 69 sexual abuse in primary and secondary schools*, 2015, pp 7, 11; People with Disability Australia, Submission to the Royal
 70 Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 9: Addressing the risk of child sexual
 71 abuse in primary and secondary schools*, 2015, pp 6, 10, 15, 16. For information on some programs underway in the
 72 Australian Capital Territory, South Australia and New South Wales, see G Llewellyn, S Wayland & G Hindmarsh, *Disability
 73 and child sexual abuse in institutional contexts: A discussion paper*, report prepared for the Royal Commission into
 74 Institutional Responses to Child Sexual Abuse, Sydney, 2016 pp 58–9.
 75 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support
 76 needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to
 77 Child Sexual Abuse, Sydney, 2016, p 65.
 78 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support
 79 needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to
 80 Child Sexual Abuse, Sydney, 2016, p 61.
 81 Royal Commission multicultural public forums, 2016.
 82 Royal Commission into Institutional Responses to Child Sexual Abuse, Schools private roundtable, Sydney, 2015.
 83 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 12: The response of an
 84 independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009*, Sydney, 2015, p 42.
 85 LC Malloy, SP Brubacher & ME Lamb, "'Because she's one who listens" Children discuss disclosure recipients in forensic
 86 interviews', *Child Maltreatment*, vol 18, no 4, 2013, p 250.
 87 Transcript of S de Wolf, Case Study 24, 18 March 2015 at 13488:15–37.
 88 D Allnock & P Miller, *No one noticed, no one heard: A study of disclosures of childhood abuse*, National Society for the
 89 Prevention of Cruelty to Children, United Kingdom, 2013, p 6, 37; C Esposito, *Child sexual abuse and disclosure: What
 90 does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, pp 16–17; T Sorensen &
 91 B Snow, 'How children tell: The process of disclosure in child sexual abuse', *Child Welfare: Journal of Policy, Practice,
 92 and Program*, vol LXX, no 1, 1991, p 14.
 93 D Allnock & P Miller, *No one noticed, no one heard: A study of disclosures of childhood abuse*, National Society for the
 94 Prevention of Cruelty to Children, United Kingdom, 2013, pp 6, 35–7; C Esposito, *Child sexual abuse and disclosure:
 95 What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, pp 16–17, 47;
 96 SM Kogan, 'Disclosing unwanted sexual experiences: Results from a national sample of adolescent women', *Child Abuse
 97 & Neglect*, vol 28, no 2, 2004, p 161; G Priebe & CG Svedin, 'Child sexual abuse is largely hidden from the adult society:
 98 An epidemiological study of adolescents' disclosures', *Child Abuse & Neglect*, vol 32, no 12, 2008, p 1106.
 99 D Allnock & P Miller, *No one noticed, no one heard: A study of disclosures of childhood abuse*, National Society for the
 100 Prevention of Cruelty to Children, United Kingdom, 2013, p 37; C Esposito, *Child sexual abuse and disclosure: What
 101 does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, p 16–17; M Ungar, K Barter,
 102 SM McConnell, LM Tutty & J Fairholm, 'Patterns of abuse disclosure among youth', *Qualitative Social Work*, vol 8, no 3,
 103 2009, p 354; G Priebe & CG Svedin, 'Child sexual abuse is largely hidden from the adult society: An epidemiological study
 104 of adolescents' disclosures', *Child Abuse & Neglect*, vol 32, no 12, 2008, pp 1095–108, p 1106.
 105 D Allnock & P Miller, *No one noticed, no one heard: A study of disclosures of childhood abuse*, National Society for the
 106 Prevention of Cruelty to Children, United Kingdom, 2013, pp 6, 35–7; C Esposito, *Child sexual abuse and disclosure:
 107 What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, pp 16, 47; G Priebe
 108 & CG Svedin, 'Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents'
 109 disclosures', *Child Abuse & Neglect*, vol 32, no 12, 2008, p 1106.

- 66 Transcript of A J Fitzgerald, Case Study 41, 12 July 2016 at 20182:1–5.
- 67 Transcript of A J Fitzgerald, Case Study 41, 12 July 2016 at 20182:5–13.
- 68 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 67.
- 69 Transcript of W Bridie/S K Gotlib, Case Study 46, 30 November 2016 at 24080:22–26.
- 70 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 70.
- 71 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 76.
- 72 Transcript of Disability Panel 2, Case Study 41, 20 July 2016 at 20666:6–14.
- 73 Children with Disability Australia, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues paper No 10: Advocacy and support and therapeutic treatment services*, 2015, p 8. See also Transcript of Panel 2, Case Study 24, 29 June 2015 at 14691:28–38.
- 74 Royal Commission multicultural forums, Canberra, 10 May 2016; P Sawrikar, *Working with ethnic minorities and across cultures in Western child protection systems*, Taylor and Francis, London, 2016, pp 134–47.
- 75 K London, M Bruck, SJ Ceci & DW Shuman, ‘Disclosure of child sexual abuse: What does the research tell us about the ways that children tell?’, *Psychology, Public Policy, and Law*, vol 11, no 1, 2005, p 217.
- 76 LC Malloy, SP Brubacher & ME Lamb, ‘“Because she’s one who listens” Children discuss disclosure recipients in forensic interviews’, *Child Maltreatment*, vol 18, no 4, 2013, p 250.
- 77 Royal Commission into Institutional Responses to Child Sexual Abuse, *Consultation paper: Institutional responses to child sexual abuse in out-of-home care*, Sydney, 2016, p 95.
- 78 Name changed, private session, ‘Annette’.
- 79 J Cashmore, A Taylor, R Shackel & P Parkinson, *The impact of delayed reporting on the prosecution and outcomes of child sexual abuse cases*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 66, 69, 135.
- 80 A Quadara, *Framework for historical influences on institutional child sexual abuse: 1950–2014*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 26.
- 81 ML Smith, AF Rengifo & BK Vollman, ‘Trajectories of abuse and disclosure: Child sexual abuse by Catholic priests’, *Criminal Justice and Behavior*, vol 35, no 5, 2008, pp 580–1.
- 82 Exhibit 28-0023, ‘Statement of Andrea Lockhart’, Case Study 28, STAT.0580.001.0001 at 5:22.
- 83 Transcript of Panel 2, Case Study 24, 29 June 2015 at 14709:8–10.
- 84 Name changed, private session, ‘Vern’.
- 85 Transcript of Panel 2, Case Study 24, 29 June 2015 at 14709:1–5.
- 86 Exhibit 28-0021, ‘Statement of Stephen Woods’, Case Study 28, STAT.0577.001.0001_R at 9:48.
- 87 Exhibit 28-0025, ‘Statement of Andrew Collins’, Case Study 28, STAT.0568.001.0001_R at 7:46.
- 88 Exhibit 28-0025, ‘Statement of Andrew Collins’, Case Study 28, STAT.0568.001.0001_R at 9:62.
- 89 Name changed, private session, ‘Neridah’.
- 90 Royal Commission into Institutional Responses to Child Sexual Abuse, Criminal justice public roundtable: Criminal justice reporting offences, Sydney, 2016.
- 91 Royal Commission into Institutional Responses to Child Sexual Abuse, Criminal justice public roundtable: Criminal justice reporting offences, Sydney, 2016.
- 92 Exhibit 22-0003, ‘Statement of Menahem Leib (Manny) Waks’, Case Study 22, STAT.0460.001.0001_R at 7:36.
- 93 Exhibit 22-0003, ‘Statement of Menahem Leib (Manny) Waks’, Case Study 22, STAT.0460.001.0001_R at 8:39.
- 94 Name changed, private session, ‘Anthony’.
- 95 A Reitsema & H Grietens, ‘Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed’, *Trauma, Violence, & Abuse*, vol 17, no 3, 2015, p 335.
- 96 Royal Commission into Institutional Responses to Child Sexual Abuse, *Consultation paper: Institutional responses to child sexual abuse in out-of-home care*, Sydney, 2016, pp 95, 116.
- 97 J Breckenridge & G Flax, *Service and support needs of specific population groups that have experienced child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 27; CA Grosz, RS Kempe & M Kelly, ‘Extrafamilial sexual abuse: Treatment for child victims and their families’, *Child Abuse & Neglect*, vol 24, no 1, 2000, p 10.
- 98 C Esposito, *Child sexual abuse and disclosure: What does the research tell us?*, NSW Government, Family and Community Services, Sydney, 2015, pp 18, 33–9; D Allnock & P Miller, *No one noticed, no one heard: A study of disclosures of childhood abuse*, National Society for the Prevention of Cruelty to Children, United Kingdom, 2013, p 7.
- 99 Name changed, private session, ‘Anita’.
- 100 S Robinson, *Feeling safe, being safe: What is important to children and young people with disability and high support needs about safety in institutional settings?*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 67.



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