

Framework for historical influences on institutional child sexual abuse: 1950–2014

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The Royal Commission into Institutional Responses to Child Sexual Abuse commissioned and funded this research project. It was carried out by Dr Antonia Quadara, Australian Institute of Family Studies.

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Royal Commission
into Institutional Responses
to Child Sexual Abuse

Preface

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

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

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

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

This research report falls within theme 1.

The research program means the Royal Commission can:

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

For more on this program, please visit www.childabuseroyalcommission.gov.au/research

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1 Background

The Terms of Reference for the Royal Commission into Institutional Responses to Child Sexual Abuse is child sexual abuse in Australian institutional contexts not limited by any time frame. During the course of its inquiries, the Royal Commission has heard of child sexual abuse occurring in institutional contexts as early as the 1920s through to incidents that took place during the term of the Royal Commission. The Royal Commission has observed that the socio-legal context within which institutions are embedded has changed substantially over time and that this appears to have some bearing on identifying and responding to child sexual abuse in institutional contexts.

The Royal Commission has authorised a number of research projects that produced reports providing comprehensive historical analyses of child sexual abuse laws, mandatory reporting and institutional care in Australia, including:

- *Mandatory reporting laws for child sexual abuse in Australia: A legislative history* (Matthews, 2014)
- *Historical review of sexual offence and child sexual abuse legislation in Australia: 1788–2013* (Boxall, Tomison & Hulme, 2014)
- *History of child protection legislation* (Swain, 2014a)
- *History of inquiries reviewing institutions providing care for children* (Swain, 2014b)
- *History of institutions providing out-of-home residential care for children* (Swain, 2014c).

The length of these volumes made it difficult to gain an overview of the multiple intersecting domains of influence affecting responses to institutional child sexual abuse and the key changes across each decade.

1.1 Purpose of the project

The Royal Commission into Institutional Responses to Child Sexual Abuse engaged the Australian Institute of Family Studies (AIFS) to develop a framework to analyse and present information about historical influences on institutional child sexual abuse for the period 1950–2014.

The purpose of the mapping exercise was to create:

- a framework for describing how different mechanisms influenced responses to institutional child sexual abuse
- summaries of the information contained in the reports¹
- ‘at a glance’ maps of the social norms, policies, laws and practices that shaped responses to institutional child sexual abuse in different eras.

It was initially envisaged that all institutions within the Royal Commission’s Terms of Reference would be within scope², including educational settings, sporting clubs and organisations, and

¹ The five reports provided by the Commission, as listed in the previous section, were augmented by additional sources of information.

² The Terms of Reference define an institution as ‘any public or private body, agency, association, club, institution or other entity or group of entities of any kind (whether incorporated or unincorporated) and however described and includes for example an entity or group of entities (including an entity or groups of entities that no longer exists) that

other child-focused institutions. However, it became apparent that over time the nature of institutional settings in which children spent their time became more diffuse: since the 1970s onwards, not only has out-of-home care (OOHC) been deinstitutionalised but children now spend more time than they previously did so in an array of extra-familial care settings such as licensed childcare centres, before- and after-school care, and sporting clubs and organisations, and sports and recreation (Pratt, 2005). Information – scholarly or otherwise – about the historical developments in institutional practices, protocols and workforce capabilities in these organisations’ responses to child sexual abuse is also lacking. Where it is accessible, it is often state- or territory-specific. Therefore, I was able to make only limited observations about the institutional cultures and practices in these different settings for the more recent decades.

It was ultimately decided in consultation with the Royal Commission that these other institutions were beyond the scope and constraints of the project. Given that the five reports primarily focused on OOHC, it was agreed that the project should similarly limit its focus to OOHC.

It is important to note that this project was not intended to be an exhaustive, historically complete reflection of each time period, but, in the first instance, a diagrammatic *conceptual* representation of different factors that shape responses to disclosures of institutional child sexual abuse and which could then be used to describe relevant influences for each of the decades from 1950 to the current period. It was also not intended to be a review of the extant research literature. The primary sources of information were intended to be the reviews cited above. Where necessary, this has been supplemented with the available Australian literature and relevant international literature.

It was anticipated that the framework could be used in the longer term to better understand the historical context of institutional child sexual abuse. As such, it is hoped that the framework is increasingly refined and developed as more information comes to light and is potentially applied to contexts other than OOHC.

1.2 Process

The project involved developing:

- a diagrammatic framework for describing how different mechanisms influenced responses to institutional child sexual abuse occurring in OOHC
- summaries of the findings in the reports and other relevant literature³
- ‘at a glance’ maps regarding the social norms, policies, laws and practices present in different eras shaping responses to institutional child sexual abuse.

These elements form the main contents of the report. In order to develop these, we:

- reviewed the commissioned reports
- sourced supplementary literature as required
- identified key mechanisms and practices
- created a ‘master template’ or visual framework of the social, cultural, legal and situational factors that may influence how child sexual abuse is understood by professionals and the general public

provides, or has at any time provided, activities, facilities, programs or services of any kind that provide the means through which adults have contact with children including through their families and does not include the family’.

³ As noted in the previous section, the five reports provided by the Commission were augmented by additional sources of information.

- created diagrammatic representations of each decade from 1950 to 2013
- workshopped these with key experts
- revised and refined representations in light of feedback
- provided a short narrative for each representation, highlighting key aspects
- revised the report analysis and findings based on peer review comments and consultation with the Royal Commission.

1.2.1 Sources

We drew on multiple sources to understand the factors shaping institutional responses to child sexual abuse at different times since 1950.

The primary sources were the commissioned reports cited above. As these reports provided overviews from 1788, information on post–World War II factors was limited. We therefore drew on a range of grey and academic literature to supplement these reviews.

In particular, we drew on reports from key Australian inquiries into abuse in OOHC settings, including:

- *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children* (Senate Community Affairs References Committee, Commonwealth 2004)
- *Betrayal of Trust* (Family and Community Development Committee, Victoria, 2013)
- *Commission of Inquiry into Abuse of Children in Queensland Institutions* (known as the Forde Inquiry, Queensland, 1999).

We also drew on case study reports published by the Wood Royal Commission (NSW, 1997) and relevant research literature on child protection, child welfare and child sexual abuse, particularly in the Australian context (Bromfield, Arney & Higgins, 2014; Cossins, 2000; Scott, 1995; Scott & Swain, 2002).

These sources were reviewed for information about:

- the nature of sexual abuse that occurred in institutional settings
- the types of OOHC settings in which abuse occurred
- responses to incidents and disclosures of child sexual abuse
- factors identified as influencing these responses.

These sources were augmented by expertise provided by the Royal Commission Advisory Group and the internal expertise of the AIFS on child maltreatment, child protection systems and sexual victimisation.

1.2.2 Limitations

Despite drawing on multiple information sources, there are limits to what the framework can tell us. Overall, academic analyses of the responses of Australian society and systems to child abuse and child sexual abuse in the post-war period are limited and fragmented. More information is available in the US and the UK, and where appropriate, this has been included. In addition, as noted earlier, our task was to provide broad summaries in key domains, not in-depth historical analyses.

1.3 Structure of this report

This report has two key sections. Section 2 describes the elements of the conceptual framework developed for this project. In Section 3, we map key influences shaping responses to institutional child sexual abuse for each of the decades from 1950 to 20013. This is accompanied by a short summary.

2 Identifying historical influences and their relationship to institutional child sexual abuse

2.1 Overview

Child sexual abuse, including institutional child sexual abuse is a multifaceted phenomenon. It involves the behavioural choices of individuals who perpetrate sexual offences against children. At the same time, these choices are embedded within broader structures that are informed by social norms, public awareness and the laws and policies available to respond to allegations of abuse and to prevent its occurrence. An additional complexity therefore is not simply the behaviour of perpetrators but also the responses – individual and social – to child sexual abuse. Therefore, the elements of the framework developed should not be limited to the institutions and organisations themselves, but must include the broader socio-cultural, governmental and legal contexts in which these institutions are embedded

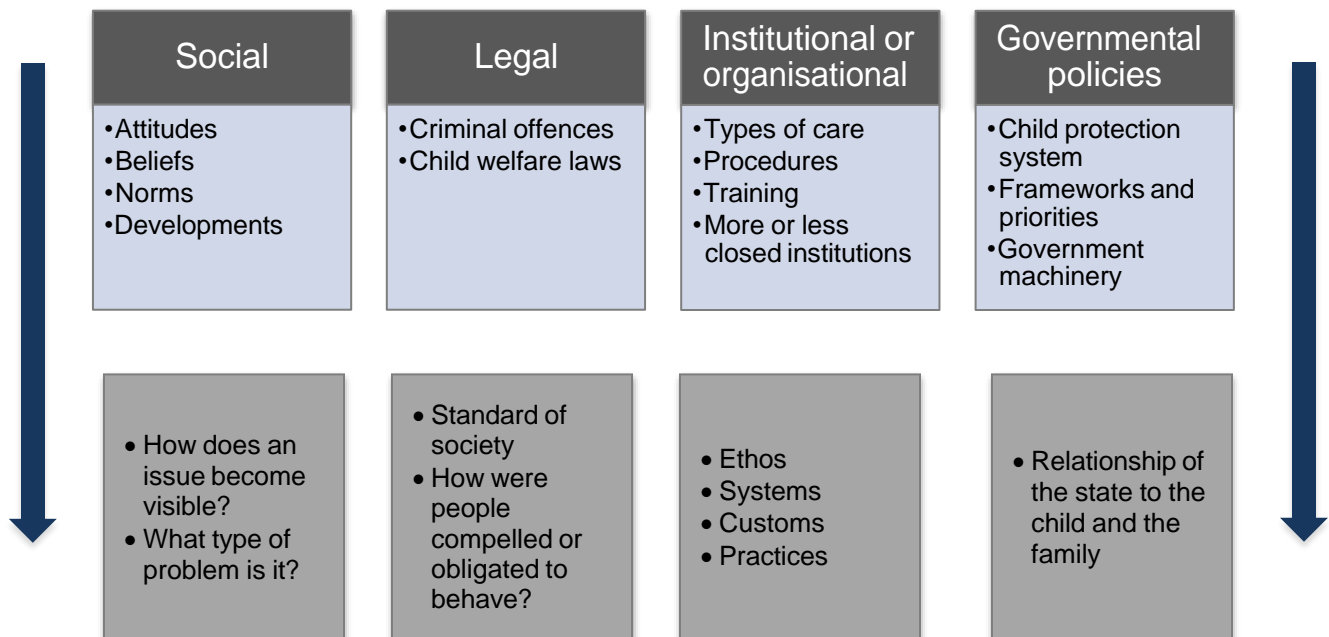
2.1.1 Identifying types of influence

In consultation with the Royal Commission and based on the expertise of the AIFS, the major domains of influence were considered to be:

- social
- legal
- institutional or organisational
- governmental.

As Figure 1 shows, each domain contains multiple aspects, which together provide insights into the different forces shaping the understanding of institutional child sexual abuse.

Figure 1: Key influences



Once these had been identified, the next step was to conceptualise how they might interact to affect both the nature of institutional child sexual abuse and the capacity of institutions to respond.

Table 1: Elements of the framework

Macro influences	Sub-domains	Examples
Socio-cultural	Social developments and trends	<ul style="list-style-type: none"> • Social movements • Changes to social characteristics • Knowledge and awareness of sexual abuse
	Social attitudes and norms	<ul style="list-style-type: none"> • Attitudes about children and childhood • Attitudes about families and religion • Attitudes about sex, gender and relationships
Legislative and governmental	Child welfare policies and laws	<ul style="list-style-type: none"> • Legislation on children and youth welfare • Legislation on accreditation and monitoring • Broader policy system charged with shaping and delivering services
	Criminal justice policies and laws	<ul style="list-style-type: none"> • Sex offence laws • Policy priorities and shifts in relevant criminal justice agencies • Investigative practices

Situational influences	Aspects	Examples
Institutional trends	Refers to factors that affected the OOHC system as a whole	<ul style="list-style-type: none"> Challenges in implementing policies and laws Increases in notifications Changes to funding formulas/models
Institutional practices	The more mechanistic, bureaucratic elements of institutions and organisations	<ul style="list-style-type: none"> Recording practices Oversight and monitoring of staff Workforce training

2.2 Elements of the framework

The previous section broadly identified the areas of consideration. The following sections discuss these in more detail. A distinction is made between ‘macro’ influences and more ‘situational’ influences. The former relates to whole-of-society factors in which a range of phenomena are embedded. Situational influences are more proximal to the setting of abuse.

Figure 2 (below) provides a visual representation of how situational influences are embedded within the macro influences.

2.2.1 Dynamics of committing child sexual abuse

The dynamics of committing child sexual abuse, including abuse that takes place within an institution, are complex. Scholarship on adult perpetrators shows that opportunities for offending are found when motivated perpetrators are in close proximity to vulnerable children who are victims or potential victims (Beauregard, Leclerc & Lussier, 2012; Beauregard & Leclerc, 2007; Leclerc, Wortley & Smallbone, 2011). The elements of vulnerability, motivation to offend and proximity to children are themselves embedded within broader socio-cultural contexts and interpersonal relationships (Clark & Quadara, 2010).

In terms of the vulnerabilities of victims, the most pervasive is children’s vulnerability relative to adults⁴ (Quadara, Higgins, Nagy & Siegel, 2014, in press). This vulnerability involves children’s lack of authority in most social institutions including the family, limited recognition of their rights and their lack of a political voice. In short, children are regularly told what to do, and have limited recourse for refusal, complaint or negotiation.

Additional factors can amplify this underlying inequity – for example, through a child’s:

- physical or social isolation (temporary or chronic)
- physical, intellectual or cognitive impairment
- familial or social circumstances (for example, absent, weak or problematic attachment to adult guardians).

The dimension of proximity to potential victims refers to the nature and extent of direct contact with children. Key elements include the extent to which proximity is unsupervised or private, or involves intimate contact (for example, bathing) or close physical proximity (for example, sports training).

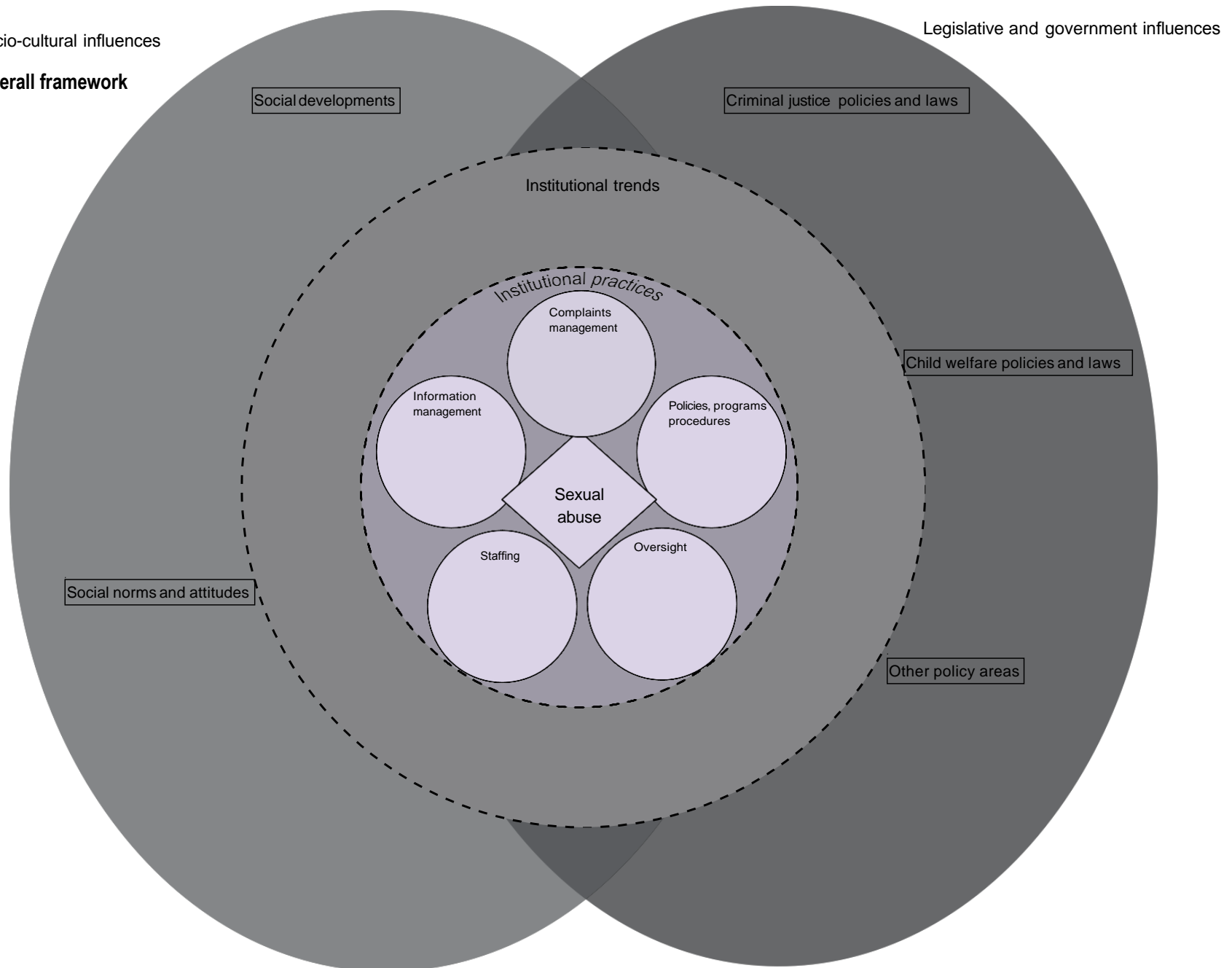
A ‘motivated offender’ may have a pre-existing sexual and/or emotional attraction to children, or be influenced by dynamic factors that facilitate a desire or motivation to sexually abuse (for

⁴ Quadara, Higgins, Nagy and Siegel (2014, in press) synthesised current research across diverse forms of child sexual abuse to identify common risk factors associated with abuse and consider their implications for primary prevention initiatives.

example, being socially or physically isolated while in the care of children or being in a setting that normalises a range of abuses against children).

Socio-cultural influences

Figure 2: Overall framework



3 Factors influencing responses to institutional child sexual abuse by decade

3.1 Observations arising from the mapping exercise

For the purposes of this project, time periods have been organised into six 10-year spans, beginning in 1950. Diagrammatic representations refer to the 1950s, 1960s, 1970s and so on. Several points need to be made about this decision.

First, historical influences – whether social, cultural, legislative or political – do not fall neatly into these demarcations. On the contrary, events, trends or policies from a previous era reverberate and bleed into future eras. For example, the effects of World War II cast a long shadow over the 1950s and early 1960s. The number of children in institutional care increased in the 1950s, social institutions changed very little from the pre-war period and anxiety about social stability gave rise to an increasingly conservative view of the family. The post-war baby boom, starting in Australia in 1947 increased the number of children in the 1950s. Similarly, feminists' socio-political analyses of sexual violence and abuse in the late 1960s and 1970s had a more significant effect on shaping broader public and professional discussions about child sexual abuse in subsequent decades than at the time of their articulation.

Second, a disconnect was seen between macro influences, such as social and political change, and situational factors, such as organisational practice. Significant changes to the rights of the child, awareness of child sexual abuse, and formal mechanisms to safeguard children were in evidence from at least the late 1960s onwards. However, their influence on institutional cultures and practices that applied to children was muted or delayed.

Third, the federated nature of Australia's jurisdictions affected rates of change in addressing child sexual abuse. Developments using the mechanisms of human, social and legal systems occur at different times in different jurisdictions. They are driven by different imperatives and implemented in different ways. Addressing the undulating nature of change across the states and territories was beyond the scope of this project, but it needs to be acknowledged when interpreting and using the frameworks of each decade.

Finally, from a legislative and policy perspective, this project has focused on synthesising changes wrought by core mechanisms as examined in the five commissioned reports (for example, on child welfare Acts, sexual offences legislation, changes to OOHHC and mandatory reporting). However, numerous intersecting developments – particularly legislatively – will also have influenced how disclosures, formal allegations and perpetrators of child sexual abuse are dealt with. These include, in no particular order, developments in:

- jurisprudential decision-making in the interpretation of statutory laws, particularly in the appellate court systems
- court treatment of child witnesses
- the laws and giving of evidence in relation to sexual offences
- correctional supervision of sex offenders, including sex offender registries
- practices in Children's Courts
- police investigatory practices and specialisation
- pathways for redress
- pathways for civil litigation
- institutional policies and protocols for responding to complaints of sexual abuse occurring in institutional settings, particularly those implemented by the Catholic and Anglican churches.

Where possible, these factors are noted. Again, however, they are broadly outside the project's scope. In part, this is because, with the exception of the final point (and possibly the first) above, they are

jurisdictionally specific. It is also because such an examination requires in-depth analysis of how these mechanisms intersected and influenced responses to allegations in each state and territory.

The following sections summarise the social, political, legal, policy and practical factors influencing responses to institutional child sexual abuse for each of the six eras.

3.1.1 1950s

Socio-cultural

Overall, the effects of World War II, and before that World War I and the Great Depression, meant that Australia was focused on rebuilding the nation through increasing the population and creating a cohesive, stable set of values about family, community and country.

At this time, *social norms and attitudes* valorised the nuclear family as ideal, with distinct gender roles of breadwinner for men and homemaker for women. Pregnant women or those with children who fell outside this ideal were deeply stigmatised. For many women in such situations, financial hardship would have been common. Sole parenthood and poverty rendered mothers ‘morally deficient’. Previous inquiries, such as the Senate inquiry into ‘Forgotten Australians’, demonstrate that poverty and financial stress were the most common reasons for either relinquishing children or placing them in homes.

Since European occupation, Indigenous Australians had been forcibly separated from family, community and land (Human Rights and Equal Opportunity Commission (HREOC), 1997) and removed to reserved areas to adopt an agricultural lifestyle out of the way of colonial settlers. In the early 20th century, these areas became ‘protected’, falling under the control of governments through a Chief Protector who used managers and missionaries to oversee the reserves. In the Northern Territory and in some states, the Chief Protector was the legal guardian for all Aboriginal children. As HREOC noted, ‘In the name of protection Indigenous people were subject to near-total control’ (Bringing Them Home, 1997, p 23). Throughout the early 20th century, social and political attitudes towards Aboriginal and Torres Strait Islander populations shifted from a colonial world view to ‘social Darwinist’ beliefs about the presumed racial superiority of Northern Europeans. A philosophy of merging and then active assimilation took hold. Central to this was the removal of Aboriginal children from their families, which continued apace in the 1950s and 60s.

Attitudes towards children and their social position was that they be ‘seen, but not heard’. Physical discipline and corporal punishment of children were seen as having a moral and educative role.

At the same time, in 1959, the United Nations General Assembly adopted the Declaration of the Rights of the Child, which was heavily based on a 1924 declaration of the League of Nations.

The vast majority of Australians identified as Anglican, Catholic or ‘other Christian’ during the 1950s. Thus, religious institutions had significant authority and credibility. With the emergence of youth subcultures, religious institutions saw themselves as society’s ‘moral guardians’ (Hilliard, 1997). There was still significant sectarian division between Catholics and Protestants, with Catholic bishops working hard to promote a continuing separate Catholic identity. The largely unfunded Catholic school system was overwhelmingly staffed by Catholic brothers and nuns during this period. Catholic school classes were large and facilities were often inadequate.

The mixture of *social developments*, such as post-war population and economic booms, the spectre of a Communist threat, the influx of migrants from southern Europe, and the arrival of television and American popular culture seemed to underpin a moral conservatism around attitudes to adolescents, sexuality, gender and class. A number of inquiries, such as ‘Forgotten Australians’, have pointed to how anxieties about girls’ sexuality also have framed the ways in which girls’ behaviour was interpreted by child welfare workers. The labels of ‘promiscuity’ and ‘sexual waywardness’ or uncontrollability could be used to take a girl into care.

Legislative and governmental

The number of children entering institutional care rose in the early 1950s, in part because of the post-war child migration scheme. In August 1946, a conference of state premiers paid special attention to child migration and expressed the hope that it would be on as broad a scale as possible, under the auspices of ‘approved voluntary migration organisations’ such as the Fairbridge Foundation, but with the Commonwealth bearing ultimate responsibility.

In the 1950s, a UK fact-finding committee visited homes and school farms in every state. Its report to the UK Parliament criticised the geographical isolation of many child migrant institutions.

Despite this, welfare and criminal laws or systems of care for children underwent only limited development. In the realm of *child welfare policies and laws*, the language of ‘care and protection’ entered into legislative language. However, grounds for removing a child were relatively unchanged from the 19th century: moral danger, poverty and uncontrollability were signifiers of neglect. In practice, children removed on the basis of neglect or criminality were often in the same institution. In addition, many of amendments to Acts were undermined by the significant discretionary powers held by home managers, church leaders, government officials and ministers.

In the context of removing Aboriginal children from ‘risky’ environments, the loose, value-laden constructs of moral danger, poverty and uncontrollability had particularly negative effects. Many Aboriginal families lived in poverty due to the restrictions and eligibility criteria placed on employment and welfare support. A lack of understanding and respect for Aboriginal culture and child-rearing practices by child welfare authorities informed the application of legislative provisions for removal.

In addition, and as examined by the ‘Bringing them home’ inquiry, during the late 1940s to mid-1950s, the states and territories each moved to an explicitly ‘assimilationist’ Aboriginal child welfare model. Governments more proactively drove the removal of Aboriginal children from their families. From the 1950s, the number of Aboriginal children being placed in institutions such as children’s homes, increased.

In the latter part of the decade, a shift occurred to smaller family group homes, possibly informed by research into the importance of maternal attachment on children’s outcomes. However, from a policy perspective, an oscillation between large and small institutions appeared to be driven by economic imperatives (large institutions were more economical) rather than any particular philosophy about the best form of institutional care.

While the *criminal law* provided some mechanisms for prosecuting cases of child sexual abuse, these were limited. There was no provision for boys as victims of sexual abuse – such behaviour was captured in indecency laws. The nature of sexual contact was largely limited to sexual penetration. However, it should be noted that the law did recognise the sexual abuse of a child as a very serious offence. It also singled out school masters as a particular class of offender. More broadly, the literature suggests a reluctant legal system reflected in, for example, the judicial wisdom that children have a tendency to lie. Police who became aware of sexual abuse allegations have been described as either unwilling to follow up reports made by children because of the political and reputational repercussions for organisations that in the 1950s were regarded as the community’s social and moral conscience, or as disbelieving of the allegation or the harm it caused.

Institutional trends and practices

The interaction between institutional trends, particularly in children’s homes, and the day-to-day practices essentially created a context in which home managers and other workers had unchecked power over children in large institutions. This power was created firstly through trends that meant institutions:

- were geographically isolated
- had poor building and sanitary infrastructure

- could not provide basic care due to funding practices (for example, per capita funding) and lack of adequate funding
- operated with significant discretion in ministers', directors' and other officers' interpretations and applications of legislation or principles such as 'the best interests of the child'.

Day-to-day practice within care institutions such as homes, orphanages and training schools was largely characterised by:

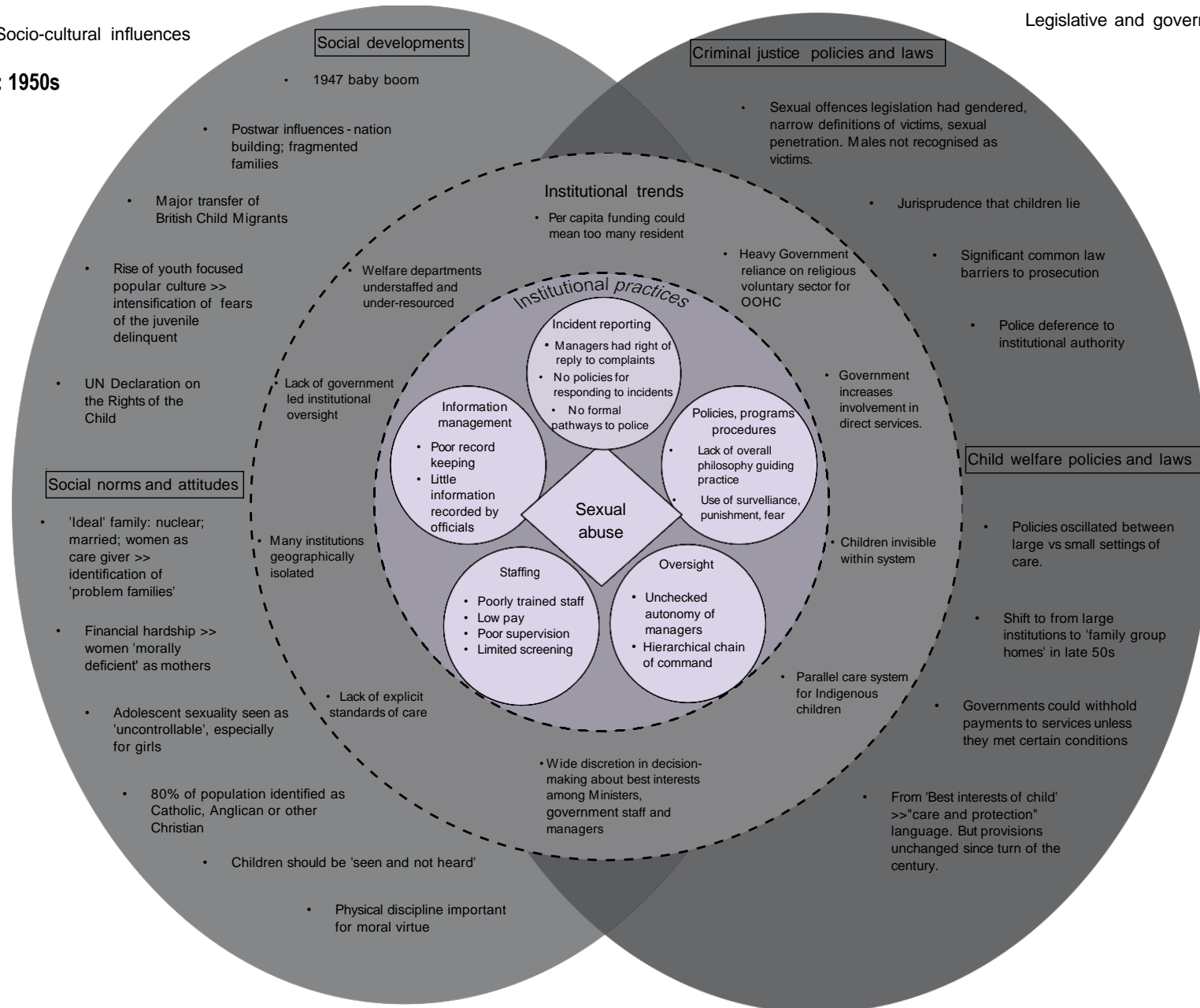
- fear – ritualised punishment, bullying as social control and punishment for disclosing abuse
- surveillance and lack of privacy
- a strict hierarchical chain of command that limited alternative mechanisms for reporting abusive behaviours and enabled those in the highest ranks to create the culture and 'moral universe' within the institution
- isolation, both geographically and through the lack of surveillance and monitoring from government bodies (even when this did occur, children were absent or silent during such visits)
- impunity, stemming in part from the lack of surveillance, but also from mechanisms that enabled managers of homes to be the authority investigating disclosures of abuse – even when they were the subject of such allegations
- invisibility, with children seen but not spoken to by external visitors and a lack of record-keeping of incidents, punishments and staff decisions.

These factors meant that children being abused in institutional care routinely did not disclose for fear of being punished and if they did disclose, they were disbelieved, ignored or punished for making up 'lies' about holy, moral and spiritual authorities. Various inquiries, including the Royal Commission hearings, also contain accounts of children absconding from homes and orphanages to report sexual abuse to police and often being returned to the institution.

Socio-cultural influences

Legislative and government influences

Figure 3: 1950s



3.1.2 1960s

Socio-cultural

Compared with the previous decade, the 1960s was a time of challenging the *status quo* and the conservative values and authorities of the 1950s. Part of the impetus for this was the strictures of the nuclear family and the expectations it placed on mothers and mothering. The arrival of the contraceptive pill had ramifications for sexual practice, as well as enabling women to better control when and how many children to have, further separating women's social identity from their reproductive and nurturing functions.

Control over reproduction, improvements in obstetrics and a stronger focus on early childhood and maternal care led to greater survival rates for children and overall fewer children within families. This started to alter attitudes towards children, such that a child became viewed as something deliberately desired and increasingly precious (Pratt, 2005).

In terms of child protection, the 1960s are seen as the beginning of the current approach to child abuse and neglect (Higgins, 2011; Lamont & Bromfield, 2010; Scott & Swain, 2002; Tomison, 2001). The publication of research by Kempe and colleagues in the US on non-accidental physical injuries to children presenting at hospital provided empirical evidence of physical abuse of children at the hands of family members (Kempe, Silverman, Steele, Droegemueller & Silver, 1962). In Australia, a number of studies published in the mid-1960s similarly documented physical abuse (Scott & Swain, 2002). In response, child welfare became increasingly medicalised and professionalised, requiring experts to interpret data and injuries (Pratt, 2005). Sexual abuse was not a focus at this time.

These challenges and movements likely chipped away at, but would not have supplanted, social norms and attitudes about religious authority and the role of the family as seen in the previous decade.

However, there were indications that major institutions such as the Roman Catholic Church wished to modernise. Vatican II – an ecumenical council spanning 1962 to 1965 – was an attempt by the Catholic Church to restate its tenets to better reflect changes in modern society. This included greater involvement of the laity in liturgy and celebrating Mass in the local language. Vatican II also called for greater involvement of the laity in diocesan and parish pastoral councils, and diocesan synods. However, in Australia there was only limited practical implementation of these reforms. Sectarianism and separate Catholic identity began to break down through the combined influences of post-war immigration, increased educational opportunities, greater mobility and the growing influence of popular culture and the electronic media.

Legislative and governmental

In the *child welfare system*, senior government staff started expressing concern about the treatment of children within the system. There was reflection about the appropriate circumstances for removal, but sole mothers still tended to be seen as less than ideal caregivers. It should be noted that poverty and unemployment in this group were much higher than for other family types.

This period saw continued preference for smaller institutional care models such as family group homes.

The publication of studies about physical abuse precipitated debate within the child welfare service sector about the best approach to reporting abuse. Some favoured a mandatory reporting system as advocated by Kempe; however, many argued that it would discourage families needing support from self-referring (Scott & Swain, 2002). South Australia was the first state to introduce mandatory reporting in 1969. The reporting requirements were limited to medical professionals, and in line with trends in the US, focused on physical abuse.

Although these trends were informing child welfare policy generally, Aboriginal children continued to be removed from their families and communities within the broader direction of assimilation, enabled by both forced removal mechanisms and subsequently by care and protection mechanisms in child welfare policy. By 1969, the policy of forced removal and its legislative provisions had been repealed by all states and territories in the central child welfare Acts. As noted in the report *Bringing them*

home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families, institutions were unable to cope with the growing numbers of Aboriginal children in care and tended towards placement in non-Aboriginal foster families.

The social stigma attached to unmarried mothers underpinned a growth in adoptions – often at birth. Legislative preference was given to ‘closed’ adoptions⁵, which included taking the ‘best interests of the child’ into account in making adoption orders (Higgins, 2010; Murphy, Quartly & Cuthbert, 2009). How this played out would likely have relied on assessments of the birth mother’s capacity to provide materially for the child.

From a criminal justice perspective, the definition of sexual abuse and the structure of sex offence legislation remained largely the same as in the 1950s.

Institutional trends and practices

Arguably, the cultures and practices within institutions were similar to those of the 1950s. While there was a policy move to smaller institutions in the form of family group homes, this transition was slow and depended on the will and capacity of religious denominations to make the shift. The spirit of smaller, more familial settings was generally not well translated into practice. Indeed, the experiences described in the Royal Commission hearings, and those documented in other inquiries, suggest little difference in institutional life between the 1950s and 1960s. The reasons stem from:

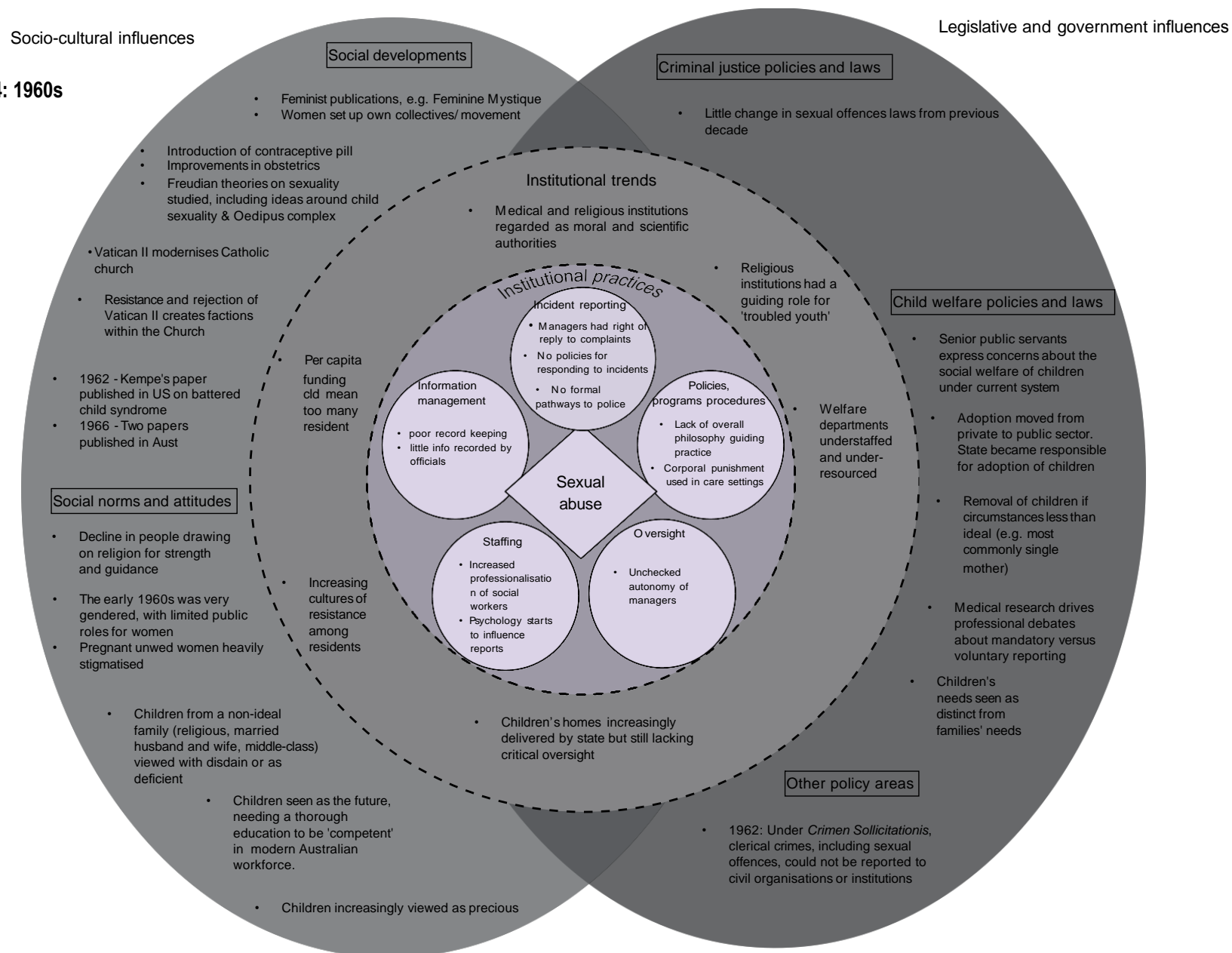
- the isolated and closed nature of major care institutions, meaning that government had limited knowledge of what was occurring in those settings
- limited resources (whether funding or specialised professionals) available to implement changes
- deference to a medical model for understanding delinquency of other social problems and, in the latter parts of the decade, emerging tensions between social work and medical practitioners about best practice in child management.

Many of the large religious children’s homes have been described as poorly run and not properly funded to clothe, feed and maintain hygiene for the number of children in their care.

In addition, while elements of broader society agitated to challenge the status quo, clerics, priests and other religious figures continued to be seen as beyond reproach. Their authority, credibility and trustworthiness were seen as part of their role, particularly for senior religious figures such as Catholic bishops, who were regarded as receiving their authority directly from God. At the same time, the lifestyle of the Catholic clergy became increasingly less formal, with greater involvement in activities for young people, more access to cars, and less monitoring and accountability.

⁵ In a ‘closed adoption’ an adopted child’s original birth certificate is sealed forever and an amended birth certificate is issued that establishes the child’s new identity and relationship with their adoptive family. This was thought to provide the adopted child with a ‘clean break’ (Higgins, 2012).

Figure 4: 1960s



3.1.3 1970s

Socio-cultural

The 1970s was a period of social activism and reform. Second-wave feminism and feminist researchers theorised diverse ways in which women were discriminated against. The 1970s focused on the political underpinnings of women's most personal relationships and experiences (Fergusson, Horwood & Lynskey, 1996; MacKinnon, 1989; Millet, 1990). It was through articulating experiences of violence, oppression and abuse that the commonality of these experiences among women became evident, fostering a socio-political analysis about the causes of such violence. Child sexual abuse was explicitly identified and included within these analyses. Child sexual abuse survivors first spoke about their experiences publicly at conferences and meetings organised by radical feminist groups and other meetings (Scott, 1995).

From the early 1970s in Australia, and also in countries such as the UK, Canada and the US, rape crisis centres were set up by women's collectives to respond to rape victims who were poorly served by the medical and legal services of that time (Byrne, 1996; Carmody, 1990; James, 2000; Roggeband, 2004). While initially envisaged as support for recent victims, it became clear that historical experiences including child sexual abuse were also a significant issue. In 1978, WA Rape Crisis conducted a phone-in in which half of the 150 callers reported a history of child sexual abuse.

Those working in child welfare were also trying to increase public awareness. The Victorian Children's Protection Society presented data on child sexual abuse for the first time in 1975. A conference on child abuse was held in 1976, and attended by Dr Henry Kempe, who advocated mandatory reporting. This social activism was buoyed by the Whitlam government's social reform agenda and its legacy (Scott & Swain, 2002), which included:

- support for single mothers
- national healthcare
- the *Family Law Act 1975*
- the Supporting Mother's Benefit
- the expansion of social care services.

The 1977 Royal Commission into Human Relationships provided an opportunity to investigate and discuss social mores about families, family life and relationships. The Royal Commission heard evidence on the extent of child sexual abuse and reports that 14,000 children were abused every year. Key statements about the family contended that:

- the family was a core social institution and should be supported in its core task of raising children
- family support needed to be more than substitute childcare
- the nuclear structure of the family was more for 'private status than public good' and reflected patriarchal concerns of control and dominance.

At the same time, a number of submissions made to the Senate Inquiry into Children and Youth under Institutional and other Forms of Care (1982–1985) still reflected the belief that unstable, unprepared, poor, or single-mother families were the underlying reasons for children entering care.

The Catholic Church underwent a mass exodus of priests and religious figures, which was already underway in the 1960s. Many left to marry or out of disillusionment at the Church's failure to implement the reforms of Vatican II. There was also an associated decline in new religious vocations.

Legislative and governmental

Politically and in terms of policy, child wellbeing was explicitly seen as a function and responsibility of families. The role of government was to support families in this role rather than to remove children and place them in alternative care. Child welfare laws began to reflect a family support approach, with a shift to universal forms of family support as a preventative mechanism for children entering care. Legislatively, mandatory reporting of child abuse was introduced in different states and territories, although with substantial jurisdictional differences and with a primary focus on physical abuse.

In the domain of criminal law and policies, a number of amendments were made to sexual offence legislation in all states and territories, particularly about:

- expanding the definition of sexual penetration
- expanding who is considered to be in a position of trust
- what constitutes child pornography
- mandatory reporting.

Homosexual acts were also decriminalised in a number of states.

In some states, specialist child abuse investigation teams were set up in police forces. However, it appears that police responses to children disclosing institutional child sexual abuse were either inappropriate or didn't comply with their own procedures. Examples of such practices included:

- not recording or investigating an allegation made by a victim
- poor interviewing practices (for example, interviewing witnesses together or in the presence of institutional managers)
- poor investigatory practices, such that key witnesses may have been interviewed inadequately or not at all, for example, see *The Response of the State of New South Wales to Child Sexual Abuse at Bethcar Children's Home in Brewarrina, New South Wales – Report of Case Study Number 19*.

Institutional trends and practices

The nature of institutional care changed during this decade. Key institutional trends included:

- changes in the reasons for children going into care as a result of greater support for families experiencing breakup or hardship
- a decrease in the number of children living in alternative care settings
- a shift to smaller group homes in recognition of the negative impacts of large institutional settings on the psychological development of the children in care.

These changes coincided with some managers and other personnel within those homes being disciplined by child welfare departments following investigations into disruptive behaviour such as riots and absconding, which led to allegations of excessive physical punishment and mistreatment.

Institutional practices were likely to be influenced by the growth in the number of personnel who had studied for tertiary social work degrees in the previous decade. The statutory workforce became increasingly specialised and individuals trained in social work were taking up leadership roles and attempting to effect change in care settings. At the same time, oversight and decision-making about safety, allegations of child sexual abuse and procedures for responding to allegations of abuse may have been inconsistent and contradictory due to:

- a lack of policy and guidance literature to assist agencies in translating legislative change into practice
- a tendency to vest authority in 'the expert' while there were also tensions between professionals about the medical versus social models of care in decision-making. This could mean arbitrary and/or very inconsistent responses to child sexual abuse within OOHHC.

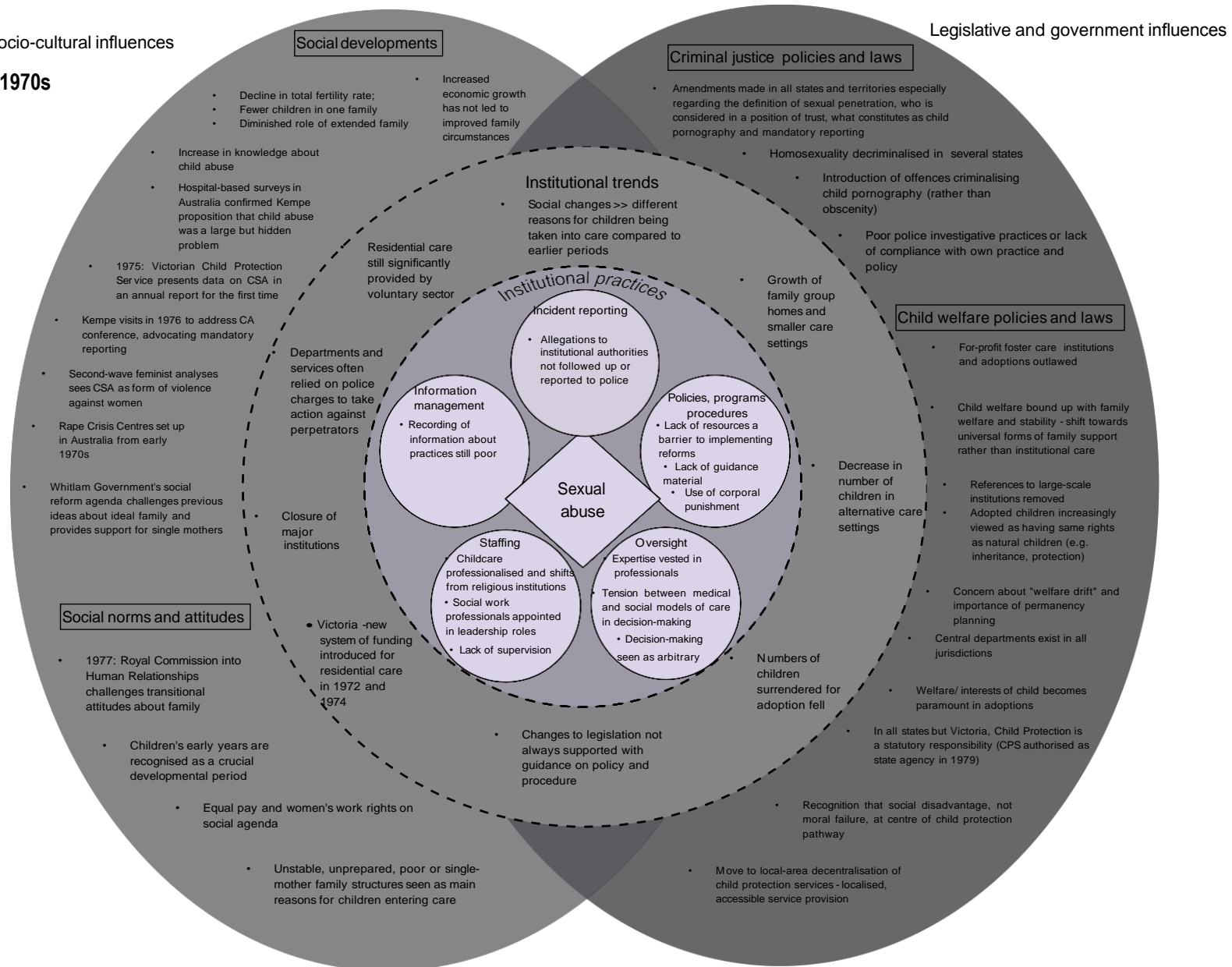
Thus, despite the significance of feminism and other forms of social activism that sought to name child sexual abuse and its causes, it is not clear how this translated into the research literature used by

social workers and other professionals working with children. For example, the psychological and psychiatric literature tended to argue that child sexual abuse, and particularly incest, was rare (Olafson, Corwin & Summit, 1993; Pratt, 2005). Where it was present, it needed to be considered a feature of the whole family, including the mother, who may have been colluding psychologically with the father in the abuse.

Overall, it would appear that at this time the provision of institutional OOHC was in a state of flux: senior managers of large institutions were being disciplined following investigations for problematic behaviour (for example, excessive physical punishment); numerous institutions were closing down or older-style managers were being replaced with professional social workers; and the media was reporting on these developments. However, despite these developments, institutional child sexual abuse remained largely unacknowledged and the responses to complaints were poor.

Socio-cultural influences

Figure 5: 1970s



3.1.4 1980s

Socio-cultural

In the 1980s, knowledge about child sexual abuse continued to expand in the form of empirical research studies that attempted to establish prevalence and started to theorise on the traumatic effect of these experiences. Issues relevant to this mapping are:

- the use of trauma frameworks to describe the impact of child sexual abuse
- debates about ritual abuse and recovered memories (for example, false memory syndrome)
- the development of education/prevention resources for parents and children.

The National Conference on Child Abuse in 1986 focused unexpectedly on child sexual abuse.

This scholarship demonstrated that sexual abuse was common and that the associated harm was significant. To an extent, the social activism of the 1970s provided terms to name and describe sexual abuse, although this was largely focused on the sexual abuse of girls as part of a broader concern with male violence against women. The sexual abuse of boys was often excluded from discussion. In the latter part of the decade, US research about adolescent sex offenders started to be published.

The first wave of revelations about abuse by Catholic clergy and other religious figures emerged in the US and then Canada in the 1980s, including:

- the 1984–86 case of Father Gilbert Gauthier in the US in which numerous parents laid civil and criminal charges
- a Royal Commission that opened in Canada in 1989 into abuse at the Mount Cashel Orphanage in Newfoundland, which was run by the Christian Brothers, as well as clergy abuse in the Archdiocese of St John's, Newfoundland.

Criminal and civil action was taken against senior clerics who had sexually abused children. The previous decades of tacit knowledge and rumour, silencing, failing to act and relocating offending priests came under intense media coverage (Keenan, 2011). Attempts to frame the abuse as localised and specific were contradicted by victim/survivors who stepped forward in other parishes. Specific instances of abuse launched a 'domino effect' in public consciousness. News reports led to representations in popular culture, such as in TV documentaries and miniseries, of clergy and other forms of child sexual abuse.

For the Catholic Church, the decline in the number of priests and religious figures continued. The polarisation between liberal and traditional factions in response to Vatican II meant that the exposure of abusing priests was regarded by some traditionalists as a threat to the reputation of an already weakened Catholic Church.

Intense media scrutiny surrounding the conviction of Melbourne priest Father Michael Glennon in 1984 was the harbinger of a similar wave of revelations in Australia.

By the end of the 1980s, the Australian Catholic hierarchy was beginning to take its first steps towards formulating a national response to child sexual abuse.

The family structure continued to change with a significant increase in the divorce rate to 1985 and more people in cohabitation relationships. The number of sole parents increased significantly, with 88 per cent being women, who also experienced low rates of employment (less than 45 per cent). Allegations of child sexual abuse started to emerge in family law disputes and 'parental alienation syndrome' was coined and used by fathers in legal custody disputes (Meier, 2009; Moloney et al., 2007).

In 1989, the United Nations adopted the Convention on the Rights of the Child, to which Australia became a signatory in 1990. The key principles of the Convention are that no child should be discriminated against; actions should be in the child's best interests; children have rights to survival

and development; and the views of the child should be respected. Specific obligations were set out in relation to child sexual abuse and exploitation.

Legislative and governmental

The social reform and activism of the 1970s started to be reflected in legislation and in policy, which was demonstrated through:

- governments formally funding sexual assault services
- the increased priority placed on women's safety in policy agendas and in central policy machinery
- a project of law reform across the jurisdictions in relation to sexual offences.

In relation to child welfare policies, there was growing concern and questioning of the benefits, costs and impacts of placing children in alternative or substitute care, including:

- five inquiries and reports on the child protection system
- a move away from the closed adoption philosophy
- a shift away from residential care to home-based care (foster care)
- increased emphasis on family reunification as a key goal rather than placement or substitute care as an end in itself.

From the 1980s, several jurisdictions started introducing the Aboriginal Child Placement Principle. The Northern Territory introduced this in 1983, with NSW and Victoria following suit in the late 1980s.

From the mid-1980s, mandatory reporting laws explicitly mention child sexual abuse. At this time, all jurisdictions except for Victoria and WA had mandatory reporting provisions. By the late 1980s, teachers were mandated reporters in four states. A policy shift also emphasised the need for professionalism and consistent standards of care, management and supervision.

In the realm of criminal law and policy, there was considerable activity around recognising and dealing with sexual offences and child sexual abuse, as demonstrated by:

- a NSW police taskforce set up for child sexual abuse in 1985
- specialist and multidisciplinary child abuse investigation teams established in Qld in 1985
- increased reporting to police of child sexual abuse.

Significant amendments to the definitions of sexual offences and how they were dealt with included:

- gender-neutral language, acknowledging male victims
- most jurisdictions decriminalising homosexual acts
- an expanded definition of sexual penetration
- broadened criminalisation of sexual contact between adults in positions of authority and children.

Institutional trends and practices

Key trends during the 1980s focused on the increased pressure on the substitute care system relating to:

- the introduction of mandatory reporting
- poor levels of funding for OOHC services
- uncoordinated service provision.

Providers of OOHC services, including government departments, noticed a change in the profile of children in care: they were older, had often had more placements, and more often had a range of interpersonal and behavioural issues requiring management by experienced carers.

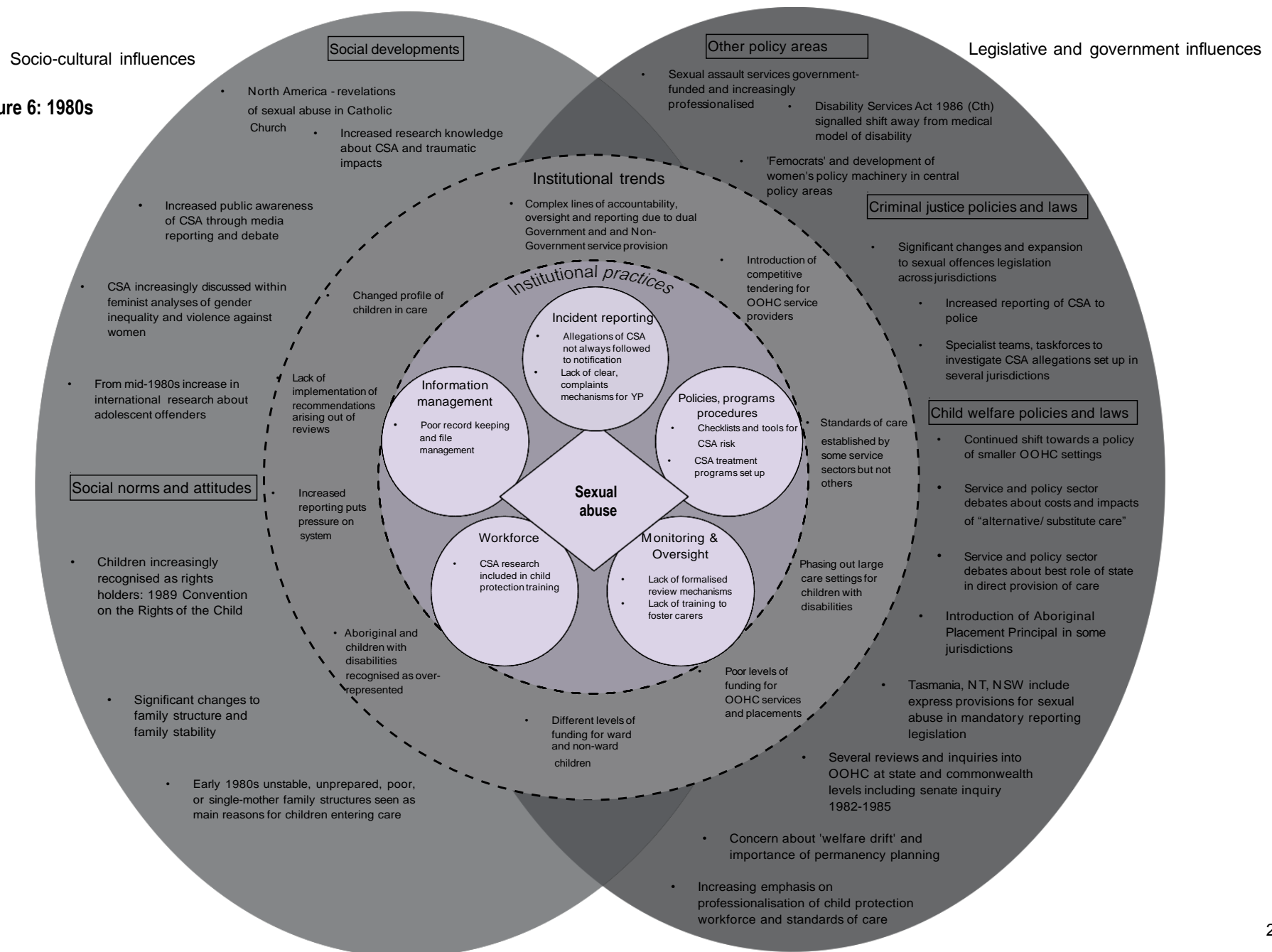
Discussion about the role of the state in providing OOHC increased – including whether the state should be a direct service provider or a provider of funds to agencies through competitive tendering, and who should be responsible for care quality. Shared provision of OOHC across government and

non-government sectors meant complex lines of accountability to departments, peak bodies and directorates, and different standards of care. For example, in NSW, non-government organisations (NGOs) developed standards for substitute care, improving the quality of care provided, but the standards didn't apply to the government sector.

Many recommendations arising out of reviews and inquiries into OOHC were not further developed or implemented.

The professionalisation of the statutory and service workforce saw changes to child management practices in institutions. At the practice level, checklists and assessment tools to establish abuse and risk of further abuse were used more frequently. Specialist sexual abuse programs for victims were also set up.

Figure 6: 1980s



3.1.5 1990s

Socio-cultural

By the 1990s, social awareness of child sexual abuse was high (though not necessarily accurately informed). Media reporting of high-profile alleged offenders (for example, Michael Jackson), ritualised abuse and organised paedophile networks pushed child sexual abuse as a social problem onto centre stage (Conte, 1994; Pratt, 2005; Scott, 1995). More people understood the meaning of ‘grooming’ (Elliott, Browne & Kilcoyne, 1995).

Developments in communication technology enabled peer-to-peer networks and file sharing, which expanded the problem of child sexual abuse, particularly from a criminal justice perspective. It required innovations in policing; for example, in policing the dissemination of child pornography.

In Australia, several papers were published suggesting that a significant proportion of child sexual abuse was perpetrated by young people, often against a sibling (Boyd & Bromfield, 2006). Despite this research, the public and service providers were generally reluctant to acknowledge the extent of sexual abuse by young people (O’Brien 2008; Scott & Swain, 2002).

There was significant debate about the nature and extent of child sexual abuse in both the popular media and in academic literature, particularly in terms of the veracity of allegations of ritualised sexual abuse and the psychotherapeutic practices to ‘excavate’ repressed memories (Lindsay & Briere, 1997; Pratt, 2005); allegedly spurious allegations by mothers of their children’s sexual abuse during custody disputes (Bala, 2008; Moloney et al., 2007); problematic or leading investigative practices by child protection and law enforcement professionals (Davis, 1998; Faller, 1996; NSW Government, 1997); and the issue of ‘claims making’ through methodologically weak prevalence studies (Scott, 1995).

In 1997, the report *Bringing them home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* was published. This was a landmark publication that shed light on the attitudes, practices and policies that had underpinned the removal of Aboriginal children from their families and their placement in care. It documented extensive sexual and other abuses of Aboriginal children forcibly removed under assimilation policies and placed in institutional contexts.

Legislative and governmental

The 1990s saw a significant shift in how child welfare services were provided. There was a move to outsource a range of state service functions to NGOs via competitive tendering. This meant that government focused on demonstrations of efficiency, comparability, standardisation and effectiveness (Haly, 2010; Rose, 1996; Van Gramberg & Bassett, 2005). Services needed to report against and on a range of factors.

In addition, more children were being reported to statutory child protection services, which made increasingly forensic assessments of whether harm had occurred, the severity of that harm and the nature of risk for a child if returned to the care setting. Notifications of child sexual abuse were difficult to substantiate due to the lack of physical evidence, the often hidden nature of child sexual abuse, perpetrator grooming tactics, delayed disclosure and the age of the victim.

Other developments in welfare policy and legislation included the:

- establishment of the Office of the Children’s Guardian in NSW
- introduction of screening and risk assessment processes for employees working with children
- introduction of baseline OOHHC standards for the Commonwealth and NSW.

At the same time, there was increased focus on the experiences and needs of children in care and the CREATE foundation was established. In addition, Australia ratified the Convention on the Rights of the Child in 1990 and submitted its first report to the UN in 1995.

From a criminal justice perspective, there was growing recognition that sexual offence investigations are complex, partly due to the nature of the offence, and that complexity increased when a case involved historical matters (Cossins, 2003; Quadara, 2014). A number of reviews of court treatment of survivors of rape and sexual abuse brought further reforms to sexual offences legislation and criminal justice practice (Bargen & Fishwick, 1995; Daly, 2011; Easteal, 1998; Heenan & McKelvie, 1996; 1997; Heenan & Ross, 1995; Van de Zandt, 1996). Together these facilitated better investigation techniques, improved police practices in responding to survivors of sexual abuse, changes to the nature of evidence that could be led to discredit victims and complainants, and more options for physically providing evidence (for example, via remote closed-circuit television). Joint and/or specialised police investigation responses were developed (for example, NSW's Joint Investigation Response Teams); however, such work was not necessarily resourced or viewed as a priority, compromising its effectiveness. The Royal Commission into the NSW Police Service (the Wood Royal Commission) noted these issues and made many recommendations to improve responses from police, and child protection and health professionals in dealing with allegations of child sexual abuse, including strengthening the joint response to allegations of child sexual abuse (for example, through the Joint Investigative Response Teams).

Institutional trends and practices

At a systems level, a growing sense of crisis about the capacity of the OOHHC sector to manage the number of children in care stemmed from:

- increased standards of care for children, and a corresponding decrease in the threshold for state intervention in the family
- a greater range of factors seen as placing a child at risk, leading to more referrals to OOHHC services
- an increase in notifications, including for child sexual abuse
- the falling number of foster carers in the community
- the changing profile of children in care, many of whom had more complex needs
- lack of accommodation for children with disabilities
- slow transfer of services to NGOs, increasing pressure on OOHHC capacity
- variations in funding for residential care.

Although practice standards and accreditation programs were developed, these were often voluntary, and the legal and regulatory standing of such standards was unclear.

In 1997, the Catholic Church established 'Towards Healing', a national protocol for responding to complaints of abuse against personnel of the Catholic Church in Australia.

The Melbourne archdiocese, under the leadership of Archbishop George Pell, remained outside the national 'Towards Healing' protocol, instead setting up its own Melbourne Response, which established independent commissioners to investigate allegations of sexual abuse, and to provide counselling and support services and a compensation panel.

As the following diagram shows, institutional practices that influenced responses to child sexual abuse, as well as the capacity to identify abuse as having occurred, include:

- limitations in the data and information-recording practices – for example, children could be listed on multiple systems that did not 'talk' to each other
- lack of experience among newer OOHHC providers that had successfully tendered for services
- different levels of child protection oversight, which depended on whether children had been placed in care voluntarily (for example, for respite) or through a court order
- general guidance in manuals that relied on using professional judgment (rather than procedural clarity)
- lack of a clear complaints pathways for young people.

At the same time, practitioners and clinicians in child and family services were applying trauma theory and the burgeoning research on the impacts of trauma on brain development to their practice with children.

In addition, a number of services started providing treatment services and programs for young people with sexually abusive behaviours. In 2000, ‘sexually abusive behaviour by a child under 14’ was included as grounds for care and protection in section 71 (e) of the *Children and Young Persons (Care and Protection) Act 1998* (NSW).

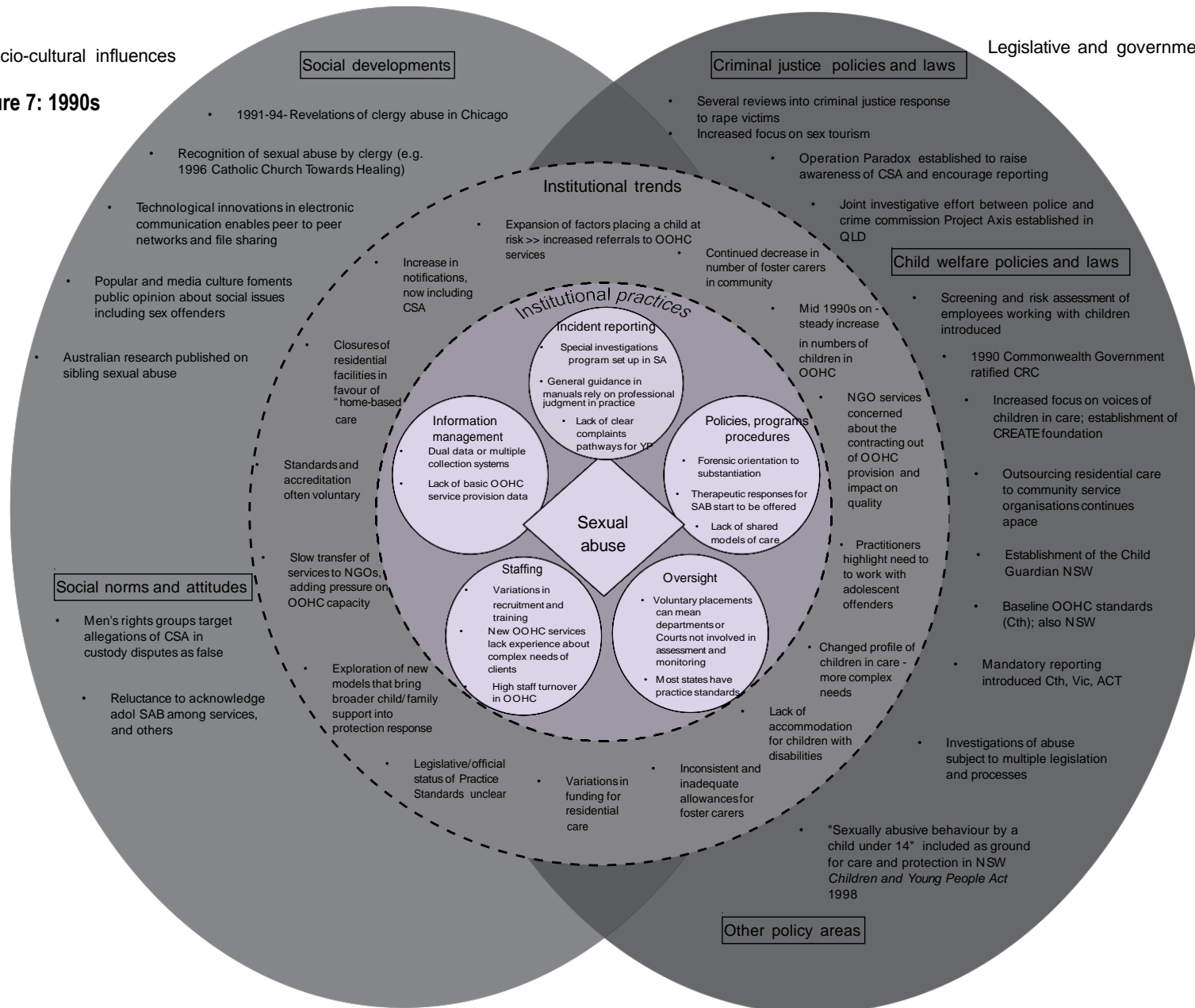
Overall, this period saw:

- an increase in professional awareness of child sexual abuse
- the implementation of mandatory reporting obligations for a range of professions in most jurisdictions
- moves towards specialisation in police investigations
- recognition of the perpetration of child sexual abuse by clergy
- a few jurisdictions introducing working with children checks
- multiple inquiries making recommendations to change the culture and practices around child safety, welfare and protection (for example, the Forde Inquiry; see also Mullen, 1999).

Socio-cultural influences

Legislative and government influences

Figure 7: 1990s



3.1.6 2000s

Socio-cultural

From a research perspective, there is now vast empirical literature detailing the prevalence and long-term effects of child sexual abuse (although there is no nationally representative prevalence or incidence study in Australia). Developments in psychology, developmental disorders and neurobiology have increasingly provided a scientific base for research carried out in the 1980s and 1990s on the effects of child sexual abuse. In the early 2000s, perceptions of individuals engaging in peer-to-peer sexual abuse shifted from understanding them as ‘offenders’ and ‘mini adults’ to young people engaging in sexually abusive behaviours that often stemmed from their own histories of victimisation and neglect.

During the last 15 years, more than 20 government inquiries have examined child abuse, child protection systems or child sexual abuse in institutional settings in Ireland, the UK, Canada and New Zealand (AIFS, 2013). In addition, revelations of sexual abuse within the Boston Archdiocese in the US emerged and were investigated and reported by *The Boston Globe* in 2002. Revelations in Ireland led to public inquiries in the dioceses of Ferns (2005) and Cloyne (2011), the Archdiocese of Dublin (2009), as well as the Commission to Inquire into Abuse of children (known as the Ryan Commission) in Irish institutions (2009).

Internationally, the media continues to report allegations of sexual abuse – most of which are historical in nature (Greer & McLaughlin, 2013). In Australia, 14 inquiries have been undertaken (see Swain, 2014 (b)). The narrative hardly varies, and it reflects many of the issues outlined in previous sections.

In 2007, the Northern Territory Inquiry into the Protection of Aboriginal Children from Sexual Abuse published its report, *Little Children are Sacred*. The report made the case that the sexual abuse of Aboriginal children had reached crisis levels.

The 24-hour media cycle has closed the gap between news and political action. Thus, the inquiries referred to are simultaneously political and governmental activities, as well as part of the socio-cultural landscape. Included within this are reports of increasingly young children and adolescents engaging in problematic or sexually abusive behaviours, particularly in school settings.

This has led to significant public awareness of child sexual abuse, strong support for mandatory reporting and rejection of many earlier misconceptions about child sexual abuse victims (for example, that delayed disclosure is evidence of lying or that children initiate sexual contact) (Cossins, Goodman-Delahunty & O’Brien, 2009). However, members of the public are also uncertain about children’s suggestibility during questioning about sexualised behaviours or touching and the extent to which children make up allegations (Cossins et al., 2009).

In addition, there is relatively little understanding about who the perpetrators are, their strategies for committing child sexual abuse and how they exploit relationships with children. Media coverage often fills this gap with sensationalised representations of sex offenders as exclusively attracted to children, pathological or overtly predatory (Cowburn, 2010; Ducat, Thomas & Blood, 2009).

Governments are under pressure to maintain or extend punitive responses to sex offenders, particularly those demonstrating serial, dangerous and predatory behaviour.

Legislative and governmental

As demonstrated by the diagram for this decade, there has been extensive activity in child welfare laws and policies. Significantly:

- all jurisdictions have implemented or extended mandatory reporting legislation, working with children checks and Children’s Commissioners

- national approaches to OOHC and child protection more broadly have been developed and endorsed by the Council of Australian Governments, committing states and territories to shared outcomes.

Human services and welfare agencies are increasingly collaborating to meet the complex (often intergenerational) needs of children and families, and to provide the support pathways that keep ‘at risk’ families from entering the statutory system.

Following the publication of *Little Children are Sacred*, the Commonwealth Government implemented the Northern Territory National Emergency Response, which detailed measures regarding police presence, restrictions on alcohol, new welfare conditions and funding for community services in the NT.

Police practice relating to investigating and prosecuting sexual offences has become significantly specialised (Darwinkel, 2014; Powell & Wright, 2011; Turnley, 2014). Since the mid-2000s, inter-agency responses involving child protection services and police are increasingly being used to reduce the risk of children and young people being sexually exploited both online and offline.

Following the developments of the previous decade, which resulted in a complex and extensive child protection system under serious pressure to keep up with the children coming into its remit, the 21st century has seen a renewed focus on primary prevention and early intervention (Bromfield & Arney, 2008; O’Donnell, Scott & Stanley, 2008). However, child protection systems remain crisis-driven and favour tertiary responses that rely on statutory mechanisms to support children and families (Hunter, 2011; Kojan & Lonne, 2012; Parton, 2014).

The Parliamentary Inquiry into the Handling of Child Abuse by Religious and other Non-Government Organisations in Victoria was established in 2012. Its *Betrayal of Trust* report made 15 recommendations relating to criminal law, organisational safety and civil law reform, including:

- creating the offences of grooming, failure to disclose child abuse and failure to protect
- establishing minimum ‘child safe’ standards for organisations.

In terms of the criminal justice system, since 2000 reviews have been undertaken in:

- Australian Capital Territory (2005, 2009)
- New South Wales (2006)
- Queensland (2003, 2008)
- South Australia (2006)
- Victoria (2004)
- Western Australia (2008).⁶

Such reviews have resulted in significant reforms to the structure of child sex offences; the use of expert evidence to counter myths about child sexual abuse and reform to judicial warnings; changes to police investigative practice and forensic interviewing of children; specialisation of police responses to child sexual abuse (ALRC, 2010; Cossins, 2010; Powell & Wright, 2011).

Institutional trends and practices

Since the 2000s, there has been a focus on developing specialised responses, practice models, training and resources for professionals working with children. These include developing therapeutic residential care, devising case management frameworks such as ‘Looking After Children’, trauma-informed services and foster care, and intensive specialist support to address children’s trauma needs.

However, these efforts may have been challenged by the steady increase in the number of children in OOHC over the last 15–20 years (Cashmore, 2014). Although the majority of children are placed in foster and kinship care, the pressure on the child protection system can mean:

- poor implementation of organisational measures to respond to and prevent sexual abuse

⁶ See Daly, 2010 for more information.

- lack of time for professionals to understand their obligations
- cultures in which such obligations, policies and procedures are subservient to or over-ridden by the tacit rules of the institution
- lack of funding
- a complex profile for children in OOHC settings
- a decrease in the number of experienced carers
- compromised ability to assess carers adequately
- high staff turnover as well as lack of specialist training and experience in the needs of the population (Cashmore, 2014; Crime and Misconduct Commission, 2004; Australian Parliament, 2005).

These factors can increase the risk of sexually abusive behaviours occurring (for example, when young people are inappropriately placed together or when children are placed in foster care with adolescent foster siblings) or undermine the capacity of OOHC agencies or departments to appropriately respond to disclosures of child sexual abuse.

At the same time, some jurisdictions such as NSW have introduced independent oversight mechanisms for investigating complaints against staff and carers.

In the late 1990s and early 2000s, a number of services were providing therapeutic treatment programs for young people with sexually abusive behaviours, such as:

- the Male Adolescent Program for Positive Sexuality (MAPPS) in Victoria
- the Griffith Youth Forensic Service in Queensland
- New Street in NSW
- Nada in South Australia
- the Adolescent Sex Offender Treatment Program (Children’s Protection Society) in Victoria.

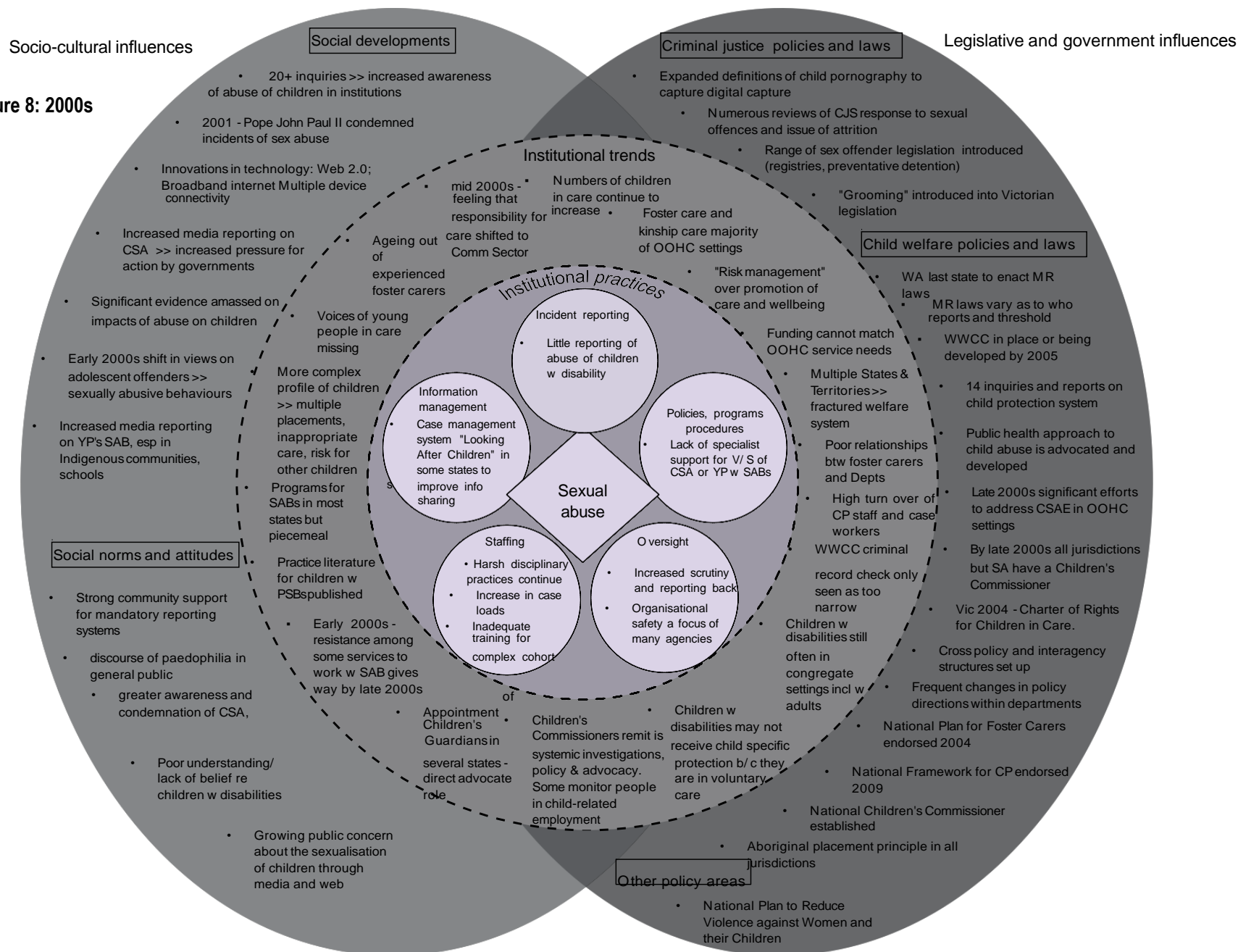
From the mid-2000s, treatment and therapeutic responses to young people with sexually abusive behaviours have expanded to include children aged 10 to 15 who exhibit problem sexual behaviours (for example, Therapeutic Treatment Orders and the Sexually Abusive Behaviours Treatment Services in each region of Victoria, and the expansion of services to children older than 12 in some Queensland services) (O’Brien, 2010).

However, a 2010 national survey of Australia’s service response identified a marked disparity in the therapeutic models applied to young people who have sexually abused (O’Brien, 2010). O’Brien observed that the specialised service sector has emerged in a piecemeal fashion, as counsellors of differing backgrounds have endeavoured to respond to children and young people in need. This has resulted in considerable disparity in the philosophy, design and delivery of therapeutic programs, including:

- significant differences in therapeutic philosophies, treatment models, referral pathways, staff profiles, eligibility criteria and funding arrangements
- geographic gaps and limited services in regional and remote areas
- significant challenges in responding to demand in all areas (including in metropolitan areas)
- demographic gaps, with particular populations being variously ineligible for intervention
- the absence of culturally appropriate therapeutic services for Indigenous and culturally and linguistically diverse (CALD) children and adolescents
- the need for workforce development, including for Indigenous and CALD practitioners
- the need for ongoing professional development for all practitioners, with a view to establishing a national accreditation scheme for specialised counsellors.

A number of states and territories have produced guidance material for child protection practitioners working with adolescents and their families, as well as practice standards for services and practitioners.

Figure 8: 2000s



3.2 Synopsis

It is important to note that child sexual abuse was not suddenly ‘discovered’ in the latter part of the 20th century. Child sexual abuse was identified as a social welfare issue (including abuse occurring in institutional settings) by first-wave feminists and ‘child savers’ and by psychiatrists in the 19th century (Bolen, 2001; Conte, 1994; Jackson, 2000; Labbé, 2005). Sigmund Freud’s earlier work examined the seduction of children and its implications for psychopathology. Although he later revised this position, refiguring it as unconscious phantasies on the part of female children for their fathers, others such as Pierre Janet maintained that unwanted sexual relationships occurred in the family (Herman, 1992). When medical health professionals examined children with venereal disease, they ascribed the contraction of the disease to contaminated towels and bed linen, despite many medical practitioners knowing this was highly unlikely (Smart, 2000). Psychiatric studies on the trauma associated with unwanted sexual contact perpetrated by adults against children, though written in the early 20th century, were left untranslated for the English-speaking world until the 1970s (Olafson et al., 1993).

However, based on this framework, the intervening decades from 1950 to 2010 demonstrate a remarkable shift in the collective awareness of child sexual abuse as a social reality, demonstrated by:

- awareness and activism in the 1970s
- empirical quantifying of the problem in the 1980s and government willingness to address child sexual abuse
- increasing public awareness and exposure in the 1990s.

From the 1990s, a complex infrastructure of child protection departments, inter-agency committees, legislation, police protocols, guidance literature and policies have been developed along with programs for training and monitoring those working with children to prevent and respond to child sexual abuse.

Child-to-child sexual abuse occurred through all the decades reviewed for this project. However, in Australia, it was not until the 1990s that children’s problem sexual behaviours or young people’s sexually abusive behaviours were acknowledged in research or by social services. Up until recently, young people who sexually abused were understood to be either participating in youthful experimentation or were seen as mini adult offenders. The early 2000s saw a shift in thinking about young people exhibiting problem or sexually abusive behaviours stemming from a growing understanding of the connection between victim and perpetrator experiences for many young people and the different development trajectory of young people compared to adults. This meant that early intervention by child protection workers with this group of people was regarded as key to preventing future or more serious behaviours.

A key trend emerging from this project is that despite the significant activity in the late 20th and early 21st centuries that focused on improving the safety of children and young people in care, major difficulties include:

- putting into practice multiple policies, procedures and requirements at the organisational or institutional level
- coordinating responses across complex, interacting service systems
- persistent funding shortages and demand pressures that hinder best practice in the sector.

In a sense, it is the complexity of interactions and unintended consequences between shifts in policies, their effect on institutional trends and the implications for day-to-day practice that may (re)produce risk for children and young people in OOHHC settings, as well as inadequate responses to allegations of sexual abuse. This is quite different from the effects of responses to child sexual abuse in earlier periods. The mapping for the 1950s, 1960s and perhaps into the 1970s suggests that child sexual abuse in institutional settings was the result of denial that abuse occurred, the unquestioned power of those responsible for the wellbeing of children in their care and the *absence* of oversight, monitoring, procedures and requirements under government policies right through to day-to-day institutional practices.

The trend towards improved responses to child sexual abuse may well be a product of the increasing number of inquiries into the child protection system in Australia. The Royal Commission may find it useful to undertake similar mapping of other institutional settings such as educational institutions or childcare, which may not echo this trend.

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