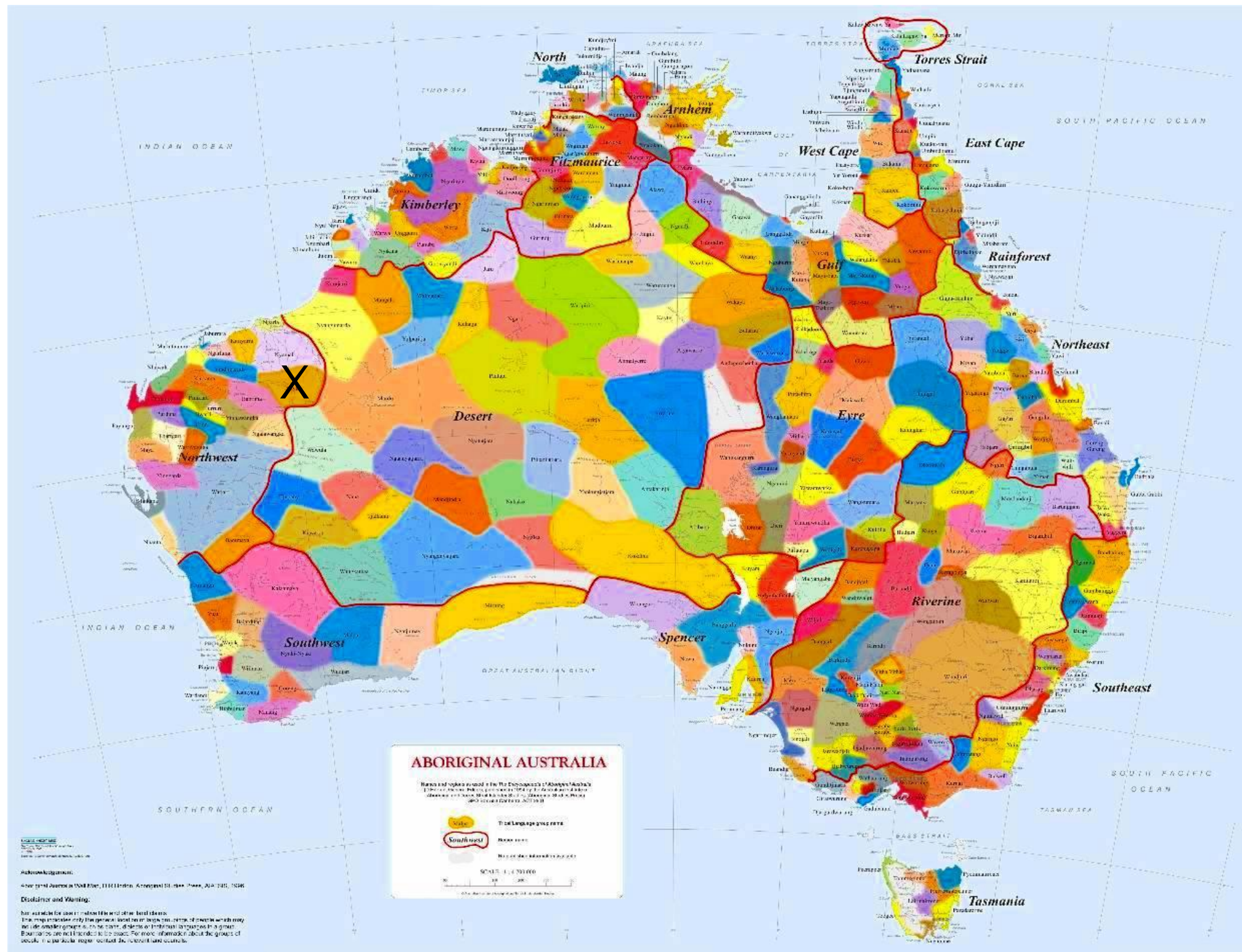


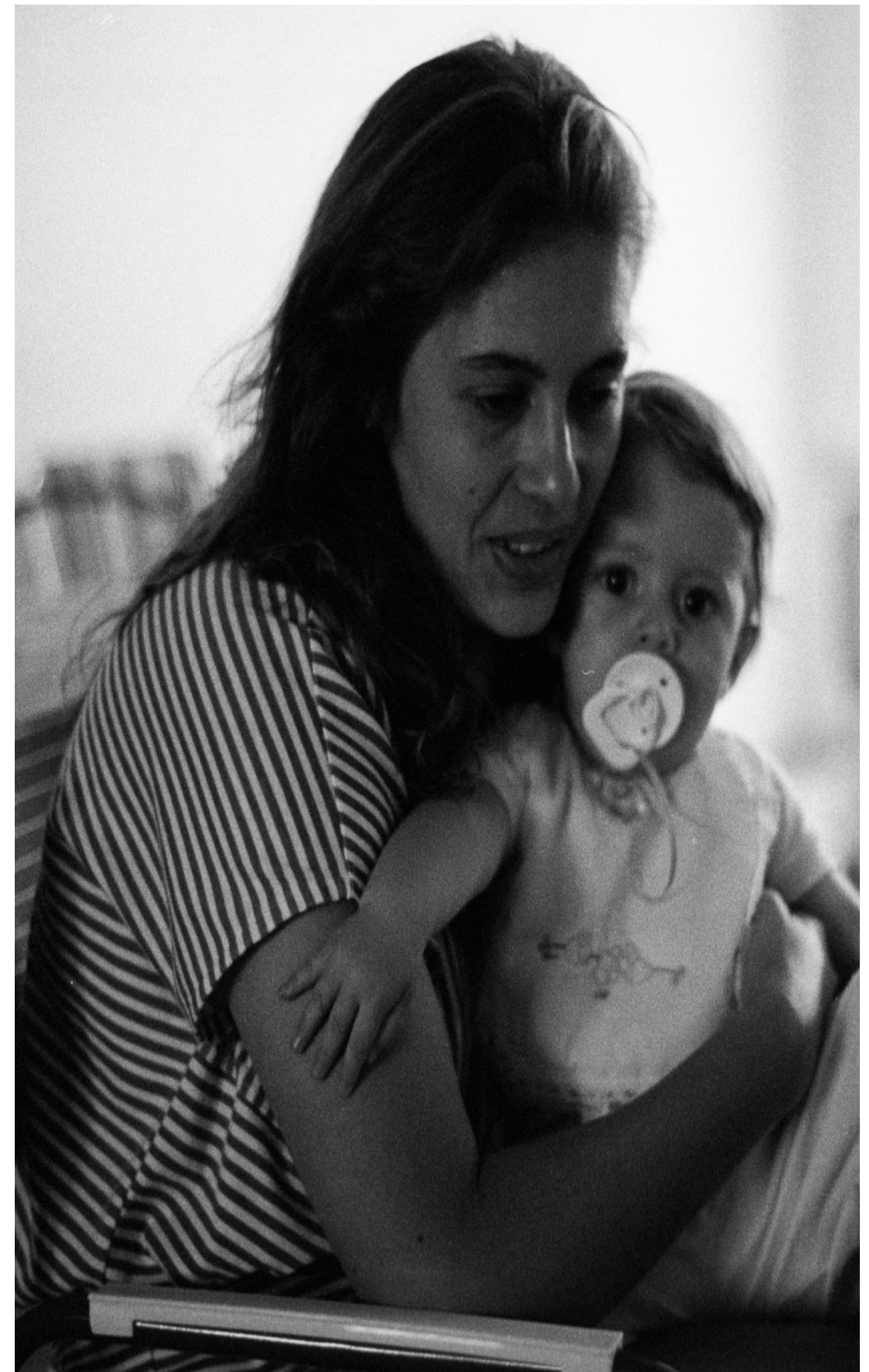
# **Leneen Forde Oration 2019**

## **Reflections from the Royal Commission**





Life is relationships





# The Importance of Children



What would the world be without infant dreams?

The world needs infant dreams to remember its own innocence and the need to look after the delicate balance of life.

The most important reason of all however, is to be rejuvenated by the immense joy new life brings and the knowledge the future is safe in their soft little hands.



# The Importance of Family



- We must give our children the best start, the right start in life and development. We all have many stories to tell, many more to share and some yet to be created as we begin our journey as parents, gazing upon the wonder that is creation.

# RCIRCSA Terms of Reference

## Scope of the inquiry 2013-2017

What institutions and governments should do to:

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

## Three Pillars

- Private sessions
- Public Hearings
- Policy and research

# During our five-year inquiry:

At 1<sup>st</sup> December 2017

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

# What we heard in private sessions

We considered accounts of abuse from:

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

For each group we conducted a thematic analysis of:

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



# Disclosure: what we heard in private sessions

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

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

## Disclosure: what we heard in private sessions

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

It took one year of viewing the advertisements to write to the Royal Commission.

It then took one year to get to the table at the Royal Commission. After holding

50 years of shame, anger and pain. It then took one year to write this message

It was cathartic to speak to a higher power - the judge. I felt <sup>it</sup> authenticated ME.  
The higher power used to be the Headmaster/teacher or abuser. My Judge at  
the Royal Commission transferred power to me and helped discard the  
bastard from my very soul.

I have placed him on the bottom of the scrap heap of all societies on the planet  
where he has belonged all along.

Thank you



# Impacts

## Understanding impacts

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

Throughout our inquiry, we learned that:

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

# Understanding impacts

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

# What we heard in private sessions

Impacts on wellbeing, as at 31<sup>st</sup> May 2017

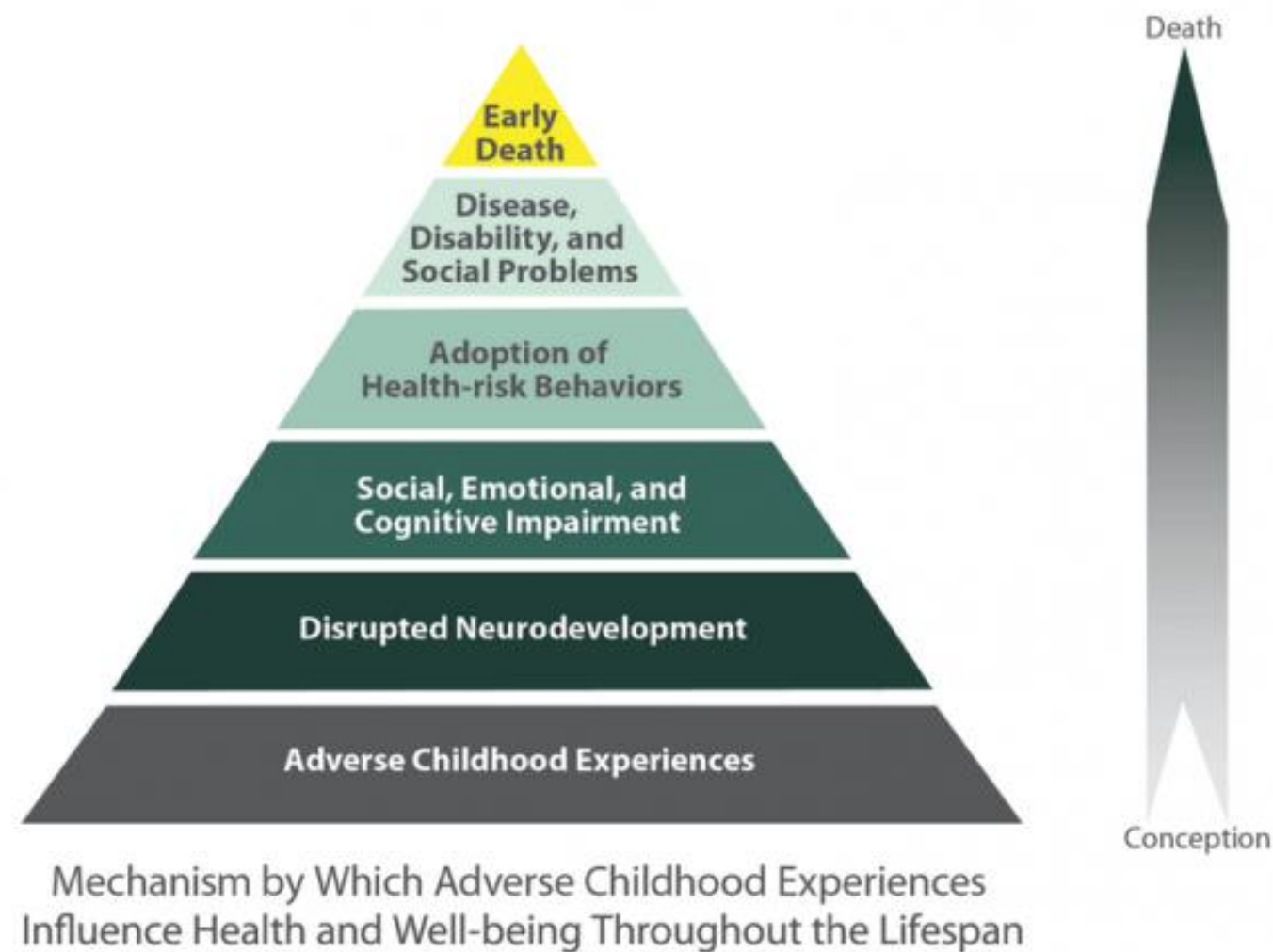
In private sessions, 93.3% of survivors discussed the impact of the abuse. Of these:

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



# Developmental trauma and health

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



# Impacts of institutional responses

## Institutional responses can have significant impacts

- How institutions respond to child sexual abuse can have a profound effect on victims.
- Institutional responses have the potential to either significantly compound or help alleviate the impacts of the abuse.
- These include the responses of the institution where the abuse took place and the institutions that have authority over, or responsibility for, that institution.
- They also include the responses of the police, criminal justice system, complaint and oversight bodies, support services and health services.

## Re-victimisation

- Some theorists have also identified links between complex developmental trauma and increased risk of re-victimisation and poly-victimisation (co-occurrence of different forms of abuse) over an individual's life time.<sup>16</sup>
- Research suggests that victims of child sexual abuse are at increased risk of re-victimisation in adult life as well.
- Some victims of child sexual abuse in institutions told government inquiries they accepted ongoing abuse as a feature of their adult relationships.<sup>431</sup>
- I call it a “scent of abuse”. So you wear a bit of vulnerability all over you’.
- Some victims who have grown up in an environment of repeated and prolonged abuse may have low self-esteem and may not feel entitled to safety and respect. Perpetrators may target these victims because they think they are less likely to be believed or to disclose.



## Identifying child sexual abuse and understanding disclosure

- Identifying child sexual abuse 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.

# Ways to identify child sexual abuse

## Sources other than the victim's disclosure

These include:

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

# Ways to identify child sexual abuse

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

Initial reactions to disclosure often prevented other children from disclosing

Other children easily overlooked

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



# Understanding disclosure

## Characteristics of disclosure

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

Disclosures may be:

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

# Understanding disclosure

## Characteristics of disclosure

May weigh up benefits and consequences first

Often occurs in a piecemeal fashion

Test the water for example see the reaction to something else first

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

From PS: 57.4% first disclosed as an adult

# Understanding disclosure

## Characteristics of disclosure

Initial disclosure may be vague

Language very important

May tell different people different parts of the story

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

May refuse to talk any further after disclosure

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

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

# Understanding disclosure

## Many factors complicate disclosure

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



# Understanding disclosure

## Characteristics of disclosure

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

# Understanding disclosure

## Unique circumstances

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

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

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

# Understanding disclosure

## Reasons for disclosure

Research suggests that victims and survivors disclose child sexual abuse:

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

# Barriers to disclosure

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

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



# In general

## Factors that prevent, delay or disrupt disclosure

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

# What we heard in private sessions

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

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

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

# Personal barriers

## Factors that prevent, delay or disrupt disclosure

Victims and survivors may experience:

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

# Personal barriers

## Non-disclosure

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

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



# Personal barriers

## Factors that prevent or delay disclosure

These factors can be so strong they prevent disclosure even when

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

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

# Perpetrator behaviour

## Multiple tactics used to create barriers

Perpetrators may prevent children disclosing abuse by:

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

# Grooming

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

# Institutional barriers to disclosure

Governance and leadership that:

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

Common factors across institutions include:

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



# Other Authorities failed to listen

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

# Who children tell first?

## From PS:

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

## From research

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

# Who adults tell first?

## From PS:

- a partner (23.5 per cent)
- a therapist, counsellor, doctor (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; 75% male)
- a parent (15.0 per cent)
- a person in authority at the institution (13.5 per cent)

## Police reporting:

- 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. (mistrust and fear of authority)

# Belief and disbelief

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

# Experience of disclosure

## In childhood

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

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

### **Children with a disability**

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

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

# Impact of disclosure: Adult

- One male survivor explained the negative impact of disclosure:

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

- Another male survivor described the positive impact of disclosure

“Something just hit me like never before. My chest was so tight I thought I was going to have a heart attack, and a ball of knot in my stomach. I couldn't get any sleep and it just felt like having a nervous breakdown, which I'd never had before so I went to see my family GP. And he checked me over and physically fine. I told him the whole story. For the first time. Anyone. He was so good with it all. After many tissues later I felt so relieved. I walked out of his office like a ton weight had been lifted off me. ”



# Is reporting improving?

Some evidence to suggest:

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

Unclear why?

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

# Supporting disclosure

## For children

To support disclosure, children need:

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

# Supporting disclosure

## For children (youth consultation)

To support disclosure, children need:

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

# Supporting disclosure

## For adults

To support disclosure, adults need:

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

# What would make a difference?

## In childhood or adulthood

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

# Engagement strategy

## General Principles

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



# Private Sessions

## Trauma informed approach

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

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

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

# Private Session

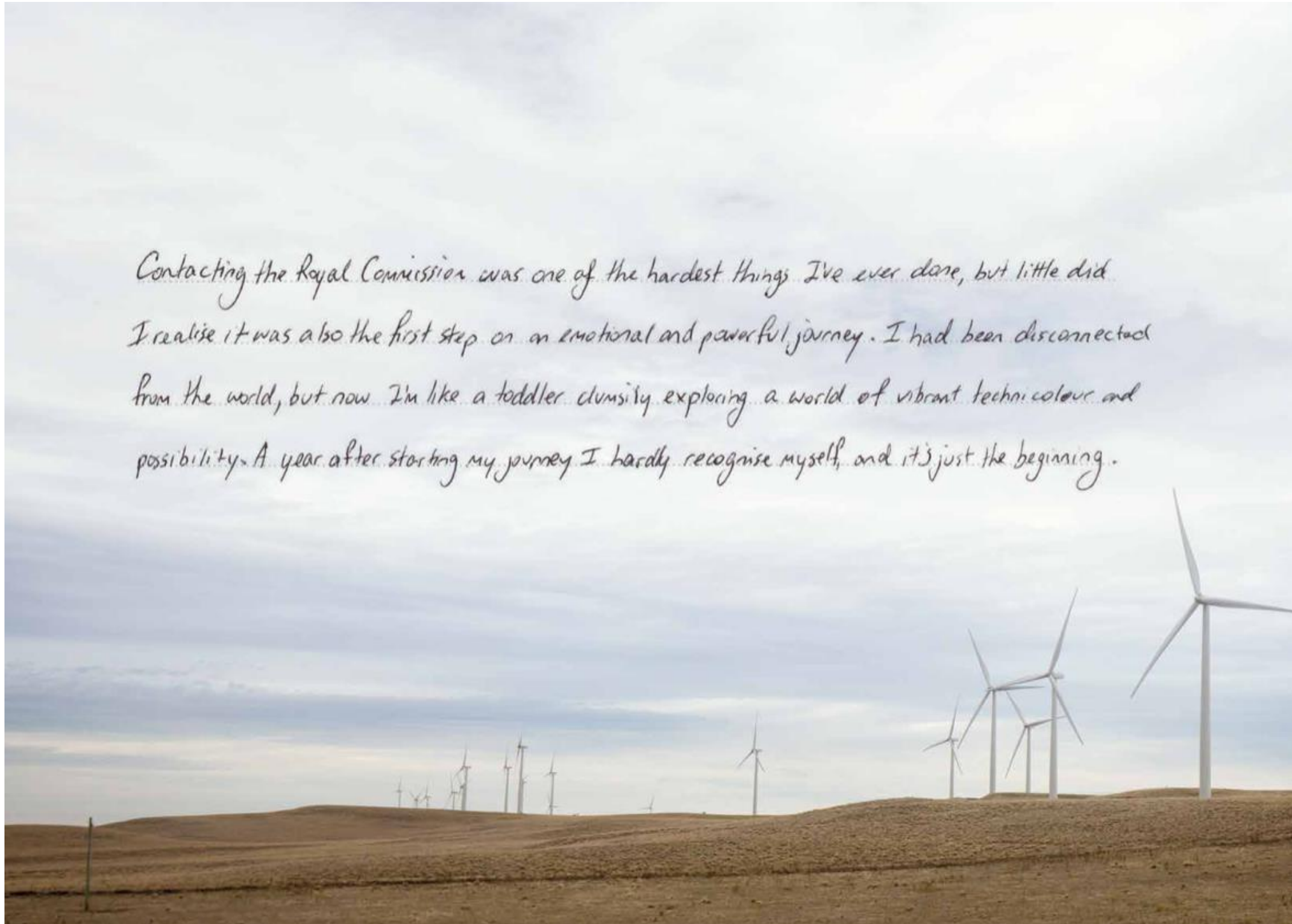
- Single Commissioner plus Commission Officer supported by private session team including counsellor
- Free narrative approach
- Help giving v's help seeking
- Value opinion, insight and recommendations
- Non-interrogative but clarifying, builds the story
- Acknowledgement, validation and compassion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

# Journey to the Private Session

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

## But disclosure can be powerful

*Contacting the Royal Commission was one of the hardest things I've ever done, but little did I realise it was also the first step on an emotional and powerful journey. I had been disconnected from the world, but now I'm like a toddler clumsily exploring a world of vibrant tech, colour and possibility. A year after starting my journey I hardly recognise myself, and it's just the beginning.*



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

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



# Reflections

## Private sessions

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



# MHS: Do we have the right starting point?

Atmosphere, environment, privacy

Dignity, respect, regard

Warm referrals, stepping through the journey, brokerage

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

Right to safety, how is this conveyed?

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

How do we reduce re-traumatisation? Triggers?



# Bearing of witness

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



## Safe Journeys through services

- CSA and adult trauma disrupts the personal narrative
- Most assessment interviews are disruptive, questioning and judgemental
- Learn from cultural models of care
- How do we make the journey through services safe and collaborative?



## Beyond Trauma Informed Care

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

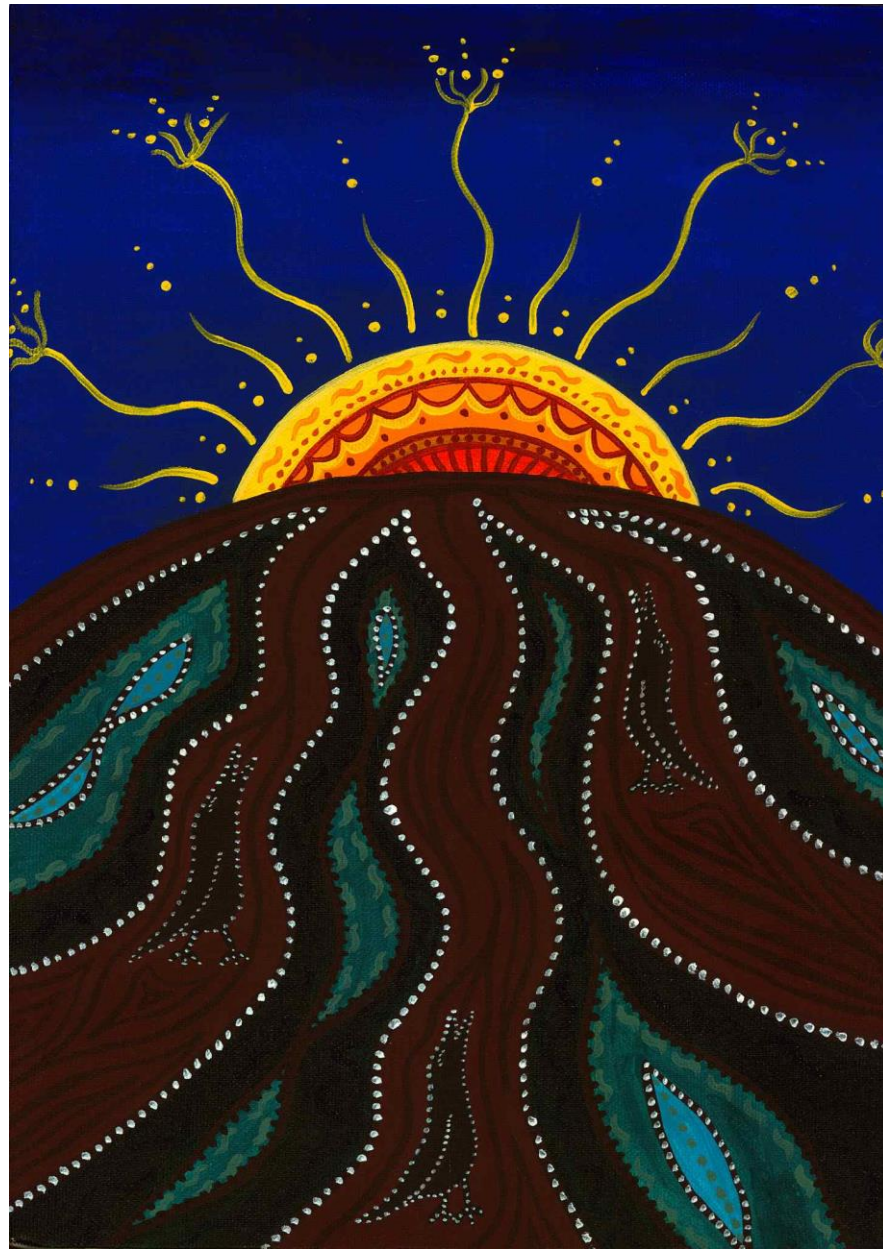


# Foundations for a stronger future



- Creating the right story
  - Within strong relationships
  - Understanding context
  - Through a cultural lens
  - Responsive service system
  - Trauma informed and competent care
  - Collaborative systems
  - Compassionate society
- 
- ‘Every child deserves to have someone crazy about them’

# Mudlark and the sun



- Some children are just like the mudlark in this story.
- They have a strong emotional intelligence and will share the joys and burdens in life.
- They are extraordinary children, unwavering in their support for others.



# The right story



- Once upon a time ...
- All children lived happily ever after
- And the Nation prospered

The Dreamer



# We can do better

# More information

## More information

See

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