

FINAL REPORT

Nature and cause



Royal Commission
into Institutional Responses
to Child Sexual Abuse

VOLUME 2

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Volume 2

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Content warning

This volume contains information about child sexual abuse that may be distressing. We also wish to advise Aboriginal and Torres Strait Islander readers that information in this volume may have been provided by or refer to Aboriginal and Torres Strait Islander people who have died.

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Preface

The Royal Commission

The Letters Patent provided to the Royal Commission required that it ‘inquire into institutional responses to allegations and incidents of child sexual abuse and related matters’. In carrying out this task, the Royal Commission was directed to focus on systemic issues, be informed by an understanding of individual cases, and make findings and recommendations to better protect children against sexual abuse and alleviate the impact of abuse on children when it occurs. The Royal Commission did this by conducting public hearings, private sessions and a policy and research program.

Public hearings

A Royal Commission commonly does its work through public hearings. We were aware that sexual abuse of children has occurred in many institutions, all of which could be investigated in a public hearing. However, if the Royal Commission was to attempt that task, a great many resources would need to be applied over an indeterminate, but lengthy, period of time. For this reason the Commissioners accepted criteria by which Senior Counsel Assisting would identify appropriate matters for a public hearing and bring them forward as individual ‘case studies’.

The decision to conduct a case study was informed by whether or not the hearing would advance an understanding of systemic issues and provide an opportunity to learn from previous mistakes so that any findings and recommendations for future change the Royal Commission made would have a secure foundation. In some cases the relevance of the lessons to be learned will be confined to the institution the subject of the hearing. In other cases they will have relevance to many similar institutions in different parts of Australia.

Public hearings were also held to assist in understanding the extent of abuse that may have occurred in particular institutions or types of institutions. This enabled the Royal Commission to understand the ways in which various institutions were managed and how they responded to allegations of child sexual abuse. Where our investigations identified a significant concentration of abuse in one institution, the matter could be brought forward to a public hearing.

Public hearings were also held to tell the stories of some individuals, which assisted in a public understanding of the nature of sexual abuse, the circumstances in which it may occur and, most importantly, the devastating impact that it can have on people’s lives. Public hearings were open to the media and the public, and were live streamed on the Royal Commission’s website.

The Commissioners' findings from each hearing were generally set out in a case study report. Each report was submitted to the Governor-General and the governors and administrators of each state and territory and, where appropriate, tabled in the Australian Parliament and made publicly available. The Commissioners recommended some case study reports not be tabled at the time because of current or prospective criminal proceedings.

We also conducted some private hearings, which aided the Royal Commission's investigative processes.

Private sessions

When the Royal Commission was appointed, it was apparent to the Australian Government that many people (possibly thousands) would wish to tell us about their personal history of sexual abuse as a child in an institutional setting. As a result, the Australian Parliament amended the *Royal Commissions Act 1902* (Cth) to create a process called a 'private session'.

Each private session was conducted by one or two Commissioners and was an opportunity for a person to tell their story of abuse in a protected and supportive environment. Many accounts from these sessions are told in a de-identified form in this Final Report.

Written accounts allowed individuals who did not attend private sessions to share their experiences with Commissioners. The experiences of survivors described to us in written accounts have informed this Final Report in the same manner as those shared with us in private sessions.

We also decided to publish, with their consent, as many individual survivors' experiences as possible, as de-identified narratives drawn from private sessions and written accounts. These narratives are presented as accounts of events as told by survivors of child sexual abuse in institutions. We hope that by sharing them with the public they will contribute to a better understanding of the profound impact of child sexual abuse and may help to make our institutions as safe as possible for children in the future. The narratives are available as an online appendix to Volume 5, *Private sessions*.

We recognise that the information gathered in private sessions and from written accounts captures the accounts of survivors of child sexual abuse who were able to share their experiences in these ways. We do not know how well the experiences of these survivors reflect those of other victims and survivors of child sexual abuse who could not or did not attend a private session or provide a written account.

Policy and research

The Royal Commission had an extensive policy and research program that drew upon the findings made in public hearings and upon survivors' private sessions and written accounts, as well as generating new research evidence.

The Royal Commission used issues papers, roundtables and consultation papers to consult with government and non-government representatives, survivors, institutions, regulators, policy and other experts, academics, and survivor advocacy and support groups. The broader community had an opportunity to contribute to our consideration of systemic issues and our responses through our public consultation processes.

Community engagement

The community engagement component of the Royal Commission's inquiry ensured that people in all parts of Australia were offered the opportunity to articulate their experiences and views. It raised awareness of our work and allowed a broad range of people to engage with us.

We involved the general community in our work in several ways. We held public forums and private meetings with survivor groups, institutions, community organisations and service providers. We met with children and young people, people with disability and their advocates, and people from culturally and linguistically diverse communities. We also engaged with Aboriginal and Torres Strait Islander peoples in many parts of Australia, and with regional and remote communities.

Diversity and vulnerability

We heard from a wide range of people throughout the inquiry. The victims and survivors who came forward were from diverse backgrounds and had many different experiences. Factors such as gender, age, education, culture, sexuality or disability had affected their vulnerability and the institutional responses to the abuse. Certain types of institutional cultures and settings created heightened risks, and some children's lives brought them into contact with these institutions more than others.

While not inevitably more vulnerable to child sexual abuse, we heard that Aboriginal and Torres Strait Islander children, children with disability and children from culturally and linguistically diverse backgrounds were more likely to encounter circumstances that increased their risk of abuse in institutions, reduced their ability to disclose or report abuse and, if they did disclose or report, reduced their chances of receiving an adequate response.

We examined key concerns related to disability, cultural diversity and the unique context of Aboriginal and Torres Strait Islander experience, as part of our broader effort to understand what informs best practice institutional responses. We included discussion about these and other issues of heightened vulnerability in every volume. Volume 5, *Private sessions* outlines what we heard in private sessions from these specific populations.

Our interim and other reports

On 30 June 2014, in line with our Terms of Reference, we submitted a two-volume interim report of the results of the inquiry. Volume 1 described the work we had done, the issues we were examining and the work we still needed to do. Volume 2 contained a representative sample of 150 de-identified personal stories from people who had shared their experiences at a private session.

Early in the inquiry it became apparent that some issues should be reported on before the inquiry was complete to give survivors and institutions more certainty on these issues and enable governments and institutions to implement our recommendations as soon as possible. Consequently, we submitted the following reports:

- *Working With Children Checks* (August 2015)
- *Redress and civil litigation* (September 2015)
- *Criminal justice* (August 2017)

Definition of terms

The inappropriate use of words to describe child sexual abuse and the people who experience the abuse can have silencing, stigmatising and other harmful effects. Conversely, the appropriate use of words can empower and educate.

For these reasons, we have taken care with the words used in this report. Some key terms used in this volume are set out in Chapter 1, 'Introduction' and in the Final Report Glossary, in Volume 1, *Our inquiry*.

Naming conventions

To protect the identity of victims and survivors and their supporters who participated in private sessions, pseudonyms are used. These pseudonyms are indicated by the use of single inverted commas, for example, ‘Roy’.

As in our case study reports, the identities of some witnesses before public hearings and other persons referred to in the proceedings are protected through the use of assigned initials, for example, BZW.

Structure of the Final Report

The Final Report of the Royal Commission into Institutional Responses to Child Sexual Abuse consists of 17 volumes and an executive summary. To meet the needs of readers with specific interests, each volume can be read in isolation. The volumes contain cross references to enable readers to understand individual volumes in the context of the whole report.

In the Final Report:

The **Executive Summary** summarises the entire report and provides a full list of recommendations.

Volume 1, *Our inquiry* introduces the Final Report, describing the establishment, scope and operations of the Royal Commission.

Volume 2, *Nature and cause* details the nature and cause of child sexual abuse in institutional contexts. It also describes what is known about the extent of child sexual abuse and the limitations of existing studies. The volume discusses factors that affect the risk of child sexual abuse in institutions and the legal and political changes that have influenced how children have interacted with institutions over time.

Volume 3, *Impacts* details the impacts of child sexual abuse in institutional contexts. The volume discusses how impacts can extend beyond survivors, to family members, friends, and whole communities. The volume also outlines the impacts of institutional responses to child sexual abuse.

Volume 4, *Identifying and disclosing child sexual abuse* describes what we have learned about survivors’ experiences of disclosing child sexual abuse and about the factors that affect a victim’s decision whether to disclose, when to disclose and who to tell.

Volume 5, *Private sessions* provides an analysis of survivors' experiences of child sexual abuse as told to Commissioners during private sessions, structured around four key themes: experiences of abuse; circumstances at the time of the abuse; experiences of disclosure; and impact on wellbeing. It also describes the private sessions model, including how we adapted it to meet the needs of diverse and vulnerable groups.

Volume 6, *Making institutions child safe* looks at the role community prevention could play in making communities and institutions child safe, the child safe standards that will make institutions safer for children, and how regulatory oversight and practice could be improved to facilitate the implementation of these standards in institutions. It also examines how to prevent and respond to online sexual abuse in institutions in order to create child safe online environments.

Volume 7, *Improving institutional responding and reporting* examines the reporting of child sexual abuse to external government authorities by institutions and their staff and volunteers, and how institutions have responded to complaints of child sexual abuse. It outlines guidance for how institutions should handle complaints, and the need for independent oversight of complaint handling by institutions.

Volume 8, *Recordkeeping and information sharing* examines records and recordkeeping by institutions that care for or provide services to children; and information sharing between institutions with responsibilities for children's safety and wellbeing and between those institutions and relevant professionals. It makes recommendations to improve records and recordkeeping practices within institutions and information sharing between key agencies and institutions.

Volume 9, *Advocacy, support and therapeutic treatment services* examines what we learned about the advocacy and support and therapeutic treatment service needs of victims and survivors of child sexual abuse in institutional contexts, and outlines recommendations for improving service systems to better respond to those needs and assist survivors towards recovery.

Volume 10, *Children with harmful sexual behaviours* examines what we learned about institutional responses to children with harmful sexual behaviours. It discusses the nature and extent of these behaviours and the factors that may contribute to children sexually abusing other children. The volume then outlines how governments and institutions should improve their responses and makes recommendations about improving prevention and increasing the range of interventions available for children with harmful sexual behaviours.

Volume 11, *Historical residential institutions* examines what we learned about survivors' experiences of, and institutional responses to, child sexual abuse in residential institutions such as children's homes, missions, reformatories and hospitals during the period spanning post-World War II to 1990.

Volume 12, *Contemporary out-of-home care* examines what we learned about institutional responses to child sexual abuse in contemporary out-of-home care. The volume examines the nature and adequacy of institutional responses and draws out common failings. It makes recommendations to prevent child sexual abuse from occurring in out-of-home care and, where it does occur, to help ensure effective responses.

Volume 13, *Schools* examines what we learned about institutional responses to child sexual abuse in schools. The volume examines the nature and adequacy of institutional responses and draws out the contributing factors to child sexual abuse in schools. It makes recommendations to prevent child sexual abuse from occurring in schools and, where it does occur, to help ensure effective responses to that abuse.

Volume 14, *Sport, recreation, arts, culture, community and hobby groups* examines what we learned about institutional responses to child sexual abuse in sport and recreation contexts. The volume examines the nature and adequacy of institutional responses and draws out common failings. It makes recommendations to prevent child sexual abuse from occurring in sport and recreation and, where it does occur, to help ensure effective responses.

Volume 15, *Contemporary detention environments* examines what we learned about institutional responses to child sexual abuse in contemporary detention environments, focusing on youth detention and immigration detention. It recognises that children are generally safer in community settings than in closed detention. It also makes recommendations to prevent child sexual abuse from occurring in detention environments and, where it does occur, to help ensure effective responses.

Volume 16, *Religious institutions* examines what we learned about institutional responses to child sexual abuse in religious institutions. The volume discusses the nature and extent of child sexual abuse in religious institutions, the impacts of this abuse, and survivors' experiences of disclosing it. The volume examines the nature and adequacy of institutional responses to child sexual abuse in religious institutions, and draws out common factors contributing to the abuse and common failings in institutional responses. It makes recommendations to prevent child sexual abuse from occurring in religious institutions and, where it does occur, to help ensure effective responses.

Volume 17, *Beyond the Royal Commission* describes the impacts and legacy of the Royal Commission and discusses monitoring and reporting on the implementation of our recommendations.

Unless otherwise indicated, this Final Report is based on laws, policies and information current as at 30 June 2017. Private sessions quantitative information is current as at 31 May 2017.

Summary

The Royal Commission's understanding of child sexual abuse in institutional contexts and why and how it happens is based on the information gathered through public hearings, private sessions, research, written accounts, roundtables, public consultations, and issues papers.

Many survivors told us that ignorance about child sexual abuse in institutions hindered prevention and identification, and meant that institutions failed to respond appropriately. In many instances, the lack of knowledge enabled the sexual abuse to continue undetected. Survivors also said that the misconceptions and stigma associated with child sexual abuse often prevented them from disclosing abuse and seeking the treatment and support that would have otherwise been available to them.

Understanding the problem is essential to identifying and preventing child sexual abuse today and in the future, enabling appropriate support for those affected, and properly holding to account those who commit, facilitate or conceal abuse.

What is child sexual abuse?

Child sexual abuse can take many different forms. While each victim's experience is unique, common themes emerged during our inquiry. Many survivors described the forms of sexual abuse that they experienced. These often included non-penetrative contact abuse, penetrative abuse, violations of privacy, exposure to sexual acts and material, and sexual exploitation. Some survivors also described witnessing the sexual abuse of others.

For the purposes of this Royal Commission, we adopted a broad definition of child sexual abuse that is victim-centred but takes into account legal definitions and frameworks. We consider child sexual abuse to be:

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

We considered the production, consumption, dissemination and exchange of child sexual exploitation material to be child sexual abuse.

Adult perpetrators may use a wide range of tactics and strategies – including grooming, coercion and entrapment – to enable, facilitate and conceal the sexual abuse of a child. Grooming can take place in person and online, and is often difficult to identify and define. This is because the behaviours involved are not necessarily explicitly sexual, directly abusive or criminal in themselves, and may only be recognised in hindsight. Indeed, some grooming behaviours are consistent with behaviours or activities in non-abusive relationships, and can even include overtly desirable social behaviours, distinguished only by the motivation of the perpetrator. Perpetrators can groom children, other people in children’s lives, and institutions.

Not all child sexual abuse involves grooming. Perpetrators may also use physical force or violence as a tactic to overcome a child’s resistance to sexual abuse. This may include coercion, threats and punishment. This instils fear to enable or facilitate child sexual abuse and silence the victim.

Child sexual abuse is often accompanied by other forms of maltreatment, including physical abuse, emotional abuse, and neglect. Survivors often told us that they experienced multiple forms of abuse at the same time.

Extent of child sexual abuse in institutional contexts

As part of our inquiry, we sought to understand the extent of child sexual abuse in institutions. We gathered information from a wide range of sources to enable us to understand how many people have been affected by child sexual abuse in institutional contexts. Although there are limitations to the available data, it demonstrates that the extent of child sexual abuse in institutional settings in Australia is significant. Child sexual abuse has occurred across a wide range of institutions and has affected tens, if not hundreds, of thousands of people over many years.

We recognise there are a number of barriers to accurately estimating the extent of child sexual abuse in institutions in Australia. For example, different jurisdictions collect and report information about child sexual abuse differently. Research on the prevalence of child sexual abuse often does not include detailed information about institutional contexts or only examines specific institutions, rather than the problem broadly. Another barrier is that many survivors of child sexual abuse never report the abuse, or report many years after the abuse occurred. A nationally representative study is needed to understand the true extent of the problem, to establish a baseline to measure the effectiveness of child protection policies, and to better understand Australia’s future progress in protecting children from sexual abuse and other forms of maltreatment in institutional contexts.

Who we heard from

Hearing from the many people who attended private sessions enabled Commissioners to understand more about those affected by child sexual abuse in institutional contexts. In private sessions up to 31 May 2017, we heard from 6,875 survivors of child sexual abuse in institutional contexts, as well as their family members, carers and supporters and other children in institutions where the abuse took place.

People who attended a private session had the opportunity to tell Commissioners about their experience of sexual abuse in institutional contexts. Survivors were not asked to describe the abuse they had experienced, and so the information presented is drawn from what participants volunteered during private sessions. People often spoke about the abuse, the institution in which it occurred, the person who carried out the abuse, and how the institution responded. Many also described the impact the sexual abuse had on them as children and throughout their adult lives.

Information from private sessions may not represent the experiences or extent of child sexual abuse in institutional contexts in the broader Australian community. This is because people had to approach us to attend a private session, which some parts of the community may have been more or less likely to do. It is likely that there are many people who have been sexually abused in institutional contexts as children who did not attend a private session.

The survivors we heard from came from diverse backgrounds and contexts. In private sessions we learned the following from survivors who volunteered specific information to Commissioners:

- the majority of survivors we heard from in private sessions (64.3 per cent) were male
- more than half of all survivors who reported their age at the time of abuse told us in private sessions that they were aged between 10 and 14 years when they were first sexually abused
- female survivors who attended private sessions generally reported being younger when they were first sexually abused than male survivors
- 14.3 per cent of all survivors who attended a private session were Aboriginal and Torres Strait Islander people
- 4.3 per cent of all survivors who attended a private session told us they had a disability at the time of the abuse.

During private sessions, 93.8 per cent of survivors told us about sexual abuse by a male. This is consistent with research, which indicates the majority of perpetrators of child sexual abuse across all settings are male. In private sessions, 67.3 per cent of survivors provided information on the age of the perpetrator at the time of the sexual abuse. Of these survivors, 83.8 per cent told us they had been abused by an adult.

Survivors often told us about the roles held by adult perpetrators within institutions. The most commonly reported roles were people in religious ministry and teachers. A number of features were common across many of the roles we heard about during private sessions. These features often facilitated or enabled the sexual abuse to occur, and included:

- unsupervised, one-on-one access to a child, such as travelling alone with the child
- providing intimate care to a child or an expectation of a certain level of physical contact
- the ability to influence or control aspects of a child's life, such as academic grades
- authority over a child, particularly in situations with significant control such as a residential setting
- spiritual or moral authority over a child
- prestige of the perpetrator, resulting in the perpetrator being afforded a higher level of trust and credibility
- opportunities to become close with a child and their family
- responsibility for young children, such as preschool carers
- specialist expertise, as in the case of medical practitioners, that enabled perpetrators to disguise sexual abuse.

During the course of our inquiry, we heard about a wide range of institutions where children had been sexually abused. These institutions included childcare services, schools, health and allied services, youth detention, historical residential care, contemporary out-of-home care, religious activities, family and youth support services, supported accommodation, sporting, recreational and club activities, youth employment, and the armed forces. We categorised these institutions by their management type, including government, religious and non-religious management.

In private sessions, 58.6 per cent of survivors told us they were sexually abused in an institution managed by a religious organisation. These institutions included places of worship and religious instruction, missions, non-government schools, orphanages, residential homes, recreational clubs, youth groups, and welfare services. Almost 2,500 survivors told us in a private session about child sexual abuse in an institution managed by the Catholic Church. This represents 61.8 per cent of all survivors who reported sexual abuse in a religious institution and 36.2 per cent of all survivors.

Just under one-third (32.0 per cent) of survivors told us in private sessions they were abused in an institution under government management. The most common types of government-managed institutions we heard about were schools, out-of-home care, youth detention and health.

Another 10.4 per cent of survivors told us in private sessions they were sexually abused in institutions that were not under government or religious management. Sixty-three per cent of these survivors said the abuse occurred in a private organisation such as a child care centre, a medical practice or clinic, a music or dance school, an independent school, a yoga ashram or a sports club. A further 36.1 per cent of these survivors told us they were sexually abused in a non-government or not-for-profit organisation.

We also heard about the responses of institutions responsible for monitoring, oversight and criminal justice. Some of our case studies examined the responses of police, law enforcement and agencies responsible for public prosecution of reports of child sexual abuse occurring.

Understanding how and why child sexual abuse occurs

We heard from many people who wanted to understand why the sexual abuse of children in institutions happens. In order to make recommendations about what institutions and governments should do to better protect children in the future, we needed to understand why and how this problem occurs.

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

What influences an adult to sexually abuse a child

Adult perpetrators are always responsible for their own actions in sexually abusing a victim. Without diminishing this responsibility, it is important to understand the various and complex factors that may contribute to perpetrator motivation, so that safeguards can be developed to reduce opportunities for abuse and keep children safe.

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

- a range of adults sexually abuse children, and attempting to predict the likelihood of someone being a perpetrator based on preconceptions should be avoided
- adult perpetrators are predominantly male, although women do sexually abuse children in institutional contexts
- the strategies used to sexually abuse children are influenced by the institutional context
- adult perpetrators in institutional contexts may be strategic in the way they identify, groom and sexually abuse children, and groom others within the institution.

Given that most adult perpetrators are male, it has been suggested that gender may play a role in influencing who commits child sexual abuse. However, while the overwhelming majority of people who commit child sexual abuse are men, gender is not predictive of whether or not a person will become a perpetrator. Although the majority of adult perpetrators are male, most men do not sexually abuse children.

A variety of complex factors may influence an adult to sexually abuse a child in any setting. These are often referred to as ‘risk factors’ and refer to the likelihood or propensity that an individual will sexually abuse a child. Risk factors associated with adult perpetrators identified in research include:

- adverse experiences in childhood, such as physical, emotional and sexual abuse and neglect
- interpersonal, relationship and emotional difficulties, including difficulty connecting with other adults, intimacy problems and poor social skills, and emotional affiliation with children
- distorted beliefs and ‘thinking errors’ that may facilitate child sexual abuse
- indirect influences, such as contextual or ‘trigger’ factors.

Researchers have developed various typologies to understand adult male perpetrators, based on their behaviours and characteristics. However, most perpetrators do not fit neatly into discrete categories. Rather, they may exhibit motivations or actions that are representative of more than one type, or may exhibit elements of different typologies at different points in time. Typologies provide a useful means of understanding patterns against a background of considerable diversity, but should not be used as a diagnostic tool.

While recognising this limitation, we have identified three typologies, drawn from research, that reflect the patterns frequently displayed by adult perpetrators we heard about during private sessions and public hearings. They are, 'fixated, persistent' perpetrators, 'opportunistic' perpetrators, and 'situational' perpetrators. These typologies have different but overlapping traits, behaviours, characteristics and patterns.

There is no typical profile of women who sexually abuse children identified in research.

Research suggests that four pre-conditions must be met before an adult will sexually abuse a child. They are motivation to sexually abuse; overcoming internal inhibitions the perpetrator may have about sexually abusing a child; overcoming external barriers to access a child; and overcoming the child's resistance. These pre-conditions provide a useful framework for understanding why and how an adult perpetrator commits child sexual abuse, and the role of the institution in facilitating or preventing access to a child. To effectively prevent child sexual abuse, each of these pre-conditions must be addressed.

What influences a child to sexually abuse other children

Children have sexually abused other children in institutional contexts. While the sexual harm that children can inflict on other children should not be minimised, children are not the same as adults in terms of their sexual and emotional development and legal responsibility. Children with problematic and harmful sexual behaviours exhibit behaviours that can range from those that fall outside what is developmentally normal through to behaviours that are coercive and abusive. Some children, particularly younger children, may engage in inappropriate sexual interactions without intending or understanding the harm it causes others. Children who exhibit harmful sexual behaviours have often experienced trauma themselves, and require protection and treatment. Research has found that most children with harmful sexual behaviours do not go on to perpetrate sexual abuse as adults.

The characteristics of children with harmful sexual behaviours are diverse. However, of survivors who told us during private sessions that they were sexually abused by another child, 86.3 per cent said the child was male. Most of the children with harmful sexual behaviours we heard about in private sessions harmed other children in institutions where there was opportunity to be unsupervised with other children.

Institutions

While there is no simple explanation for why child sexual abuse occurs in some institutions, we have identified a number of ways that institutions may enable opportunities for abuse. Institutions may create these opportunities inadvertently but all institutions are responsible for removing them by identifying, preventing and mitigating risks, and responding appropriately when abuse occurs. Throughout our inquiry, we learned that:

- some institutions are more likely than others to enable adult perpetrators and children with harmful sexual behaviours to sexually abuse children, and to make it more difficult for the abuse to be detected and addressed
- the level of risk within a particular institutional context is influenced by the types of activities and services provided, the physical environment, the characteristics of the children in the institution, and, to an extent, organisational management
- some institutions, such as closed institutions, carry more risk of child sexual abuse than others and these institutions need to be alert to their heightened risk
- children are more likely to be abused in institutional contexts where the community has an unquestioning respect for the authority of an institution
- many risk factors exist in contemporary institutional contexts.

Cultural, operational and environmental factors within institutions can all affect the likelihood of children being sexually abused and the prospect that abuse will be identified, reported and responded to appropriately.

- Institutional cultural factors include leadership and organisational culture, which shape assumptions, values, beliefs and norms. These influence, among other things, how individuals behave when interacting with children, what is understood to be appropriate and inappropriate behaviour, and how children's wellbeing and safety is prioritised. They can include risk factors such as the failure to listen to children, or prioritising the reputation of an institution over the safety and wellbeing of children.
- Operational factors include governance, internal structure, day-to-day practices, the approach to the implementation of child-safe policies and the recruitment, screening and training of staff and volunteers. They can include risk factors such as institutional hierarchies that inhibit identification of abuse and allowing perpetrators to remain in positions where abuse can continue.
- Environmental factors include the characteristics of physical and online spaces that enable potential adult perpetrators and children with harmful sexual behaviours to access victims. They can include risk factors such as access to children in isolated or unsupervised locations, and the use of online environments to groom and abuse children.

What influences a child's vulnerability to sexual abuse

All children are at risk of sexual abuse where a potential perpetrator or child with harmful sexual behaviours has access to children within an institutional context. Some children are more vulnerable to child sexual abuse in institutional contexts than others. This can be because they are placed in situations that expose them to higher levels of risk more frequently or for longer periods of time than other children.

There are a variety of related factors that may influence the vulnerability of a child to sexual abuse, including:

- the gender of the child
- the age and developmental stage of the child
- whether the child has experienced maltreatment previously
- whether the child has disability, and the nature of that disability
- the family characteristics and circumstances of the child
- the nature of the child's involvement in institutional settings
- other factors, including the child's physical characteristics, social isolation, level of understanding of sexual behaviour (including sexual abuse) and personal safety, sexual orientation, high achievement and level of self-esteem.

As there is only limited research into these factors, we cannot be conclusive about the extent to which they might increase the vulnerability of a child to the risk of sexual abuse. There may also be other factors related to the child that increase vulnerability that have not been identified here.

Identifying these risk factors helps us understand why a child may be at increased risk of sexual abuse in institutional contexts. These factors should be viewed as being associated with the occurrence of child sexual abuse, rather than being a direct cause of abuse, although research suggests that some factors are more strongly associated with child sexual abuse than others.

Particular groups of children may be more vulnerable to sexual abuse because of their increased exposure to certain risk factors. For example, children with disability, Aboriginal and Torres Strait Islander children, and children from culturally and linguistically diverse backgrounds may be exposed more often to circumstances that place them in a high-risk institution; make it less likely they are able to disclose or report abuse; and may make it less likely they will receive an adequate response. Aboriginal and Torres Strait Islander children are significantly over-represented in some high-risk institutional contexts due to a range of historical, social and economic factors, including colonisation.

Just as there are risk factors that may increase a child's vulnerability to sexual abuse, protective factors may reduce their vulnerability. Although the presence of protective factors in a child's life does not guarantee that they will be protected against abuse, they may help to moderate the risk of, and act as safeguards against, abuse. Factors that may decrease the likelihood of a child being sexually abused include:

- supportive and trustworthy adults
- supportive peers
- a child's adequate understanding of appropriate and inappropriate sexual behaviour, including sexual abuse, and personal safety
- a child's ability to assert themselves verbally or physically to reject the abuse
- strong community or cultural connections.

The culture and practices of institutions as well as community standards have pivotal roles in the prevention of child sexual abuse.

Historical developments for children in institutions

During the course of our inquiry, we heard from people who were sexually abused as children in many decades. We also heard about the responses of institutions to child sexual abuse over this period. The contexts in which children have been placed in institutions have changed over time. Some children – including Aboriginal and Torres Strait Islander children, children with disability, children from culturally and linguistically diverse backgrounds, and children from disadvantaged backgrounds – have been placed in closed institutions, such as out-of-home care or youth detention facilities, at higher rates than other children. This is a result of specific government and institutional policies and practices.

Changes to laws, policies and practices over the decades have improved the potential for institutions and governments to protect against and respond to allegations of child sexual abuse in institutional contexts. The systems for preventing, identifying and responding to child sexual abuse in institutions in Australia have developed over time. Each state and territory has a set of child welfare laws, a child protection system, and a system of reporting and investigating child sexual abuse. Despite differences across states and territories, arrangements are broadly similar and sit within a national framework for child welfare and protection and international obligations on children's rights. However, separate systems across jurisdictions have led to inconsistencies and varying standards and approaches. Further changes are needed to improve the safety and wellbeing of children in institutions.

In recent decades the rights of children have become increasingly considered in the development of laws and policies. Along with many other countries, Australia now formally recognises children's rights as outlined in the United Nations Convention on the Rights of the Child, although challenges remain to ensuring its implementation.

Recommendation

Measuring extent in the future (Chapter 3)

Recommendation 2.1

The Australian Government should conduct and publish a nationally representative prevalence study on a regular basis to establish the extent of child maltreatment in institutional and non-institutional contexts in Australia.

1 Introduction

1.1 Overview

The Royal Commission was directed to ‘inquire into institutional responses to allegations and incidents of child sexual abuse and related matters’.¹ In order to carry out this task, we needed to understand the sexual abuse experienced by children in institutional contexts and the reasons why it has occurred. Understanding the problem is essential to identifying and preventing abuse in the future, enabling appropriate support for those affected, and properly responding to those who perpetrate, facilitate or conceal abuse.

Our understanding of child sexual abuse in an institutional context is informed by what we learned from survivors, advocates, experts and service providers through private sessions, research and public hearings. Many survivors, families and communities seek an explanation as to why and how child sexual abuse occurs in institutional contexts.

Our inquiry has learned about the diversity of people who sexually abuse children and the uniqueness of every survivor’s experience of child sexual abuse. Responsibility for child sexual abuse rests with the adult perpetrator and the institution charged with the care of the child, although communities also have a role in preventing, identifying and reporting abuse to keep children safe.

All children are vulnerable to child sexual abuse. However, some children are more vulnerable to sexual abuse than others because they are placed in higher risk situations more frequently and in greater numbers. Identifying the factors that make a child vulnerable is relevant to how and where we direct prevention efforts as families, communities, institutions and government. Institutions that are responsible for the safety and wellbeing of children must be informed and equipped to mitigate risk factors that may make children in their care vulnerable.

1.2 Information sources

1.2.1 Information from private sessions

As well as drawing on research and case studies, this volume presents information that was gathered about the experiences of 6,875 victims and survivors of child sexual abuse in institutional contexts who attended a private session with a Commissioner before 31 May 2017. In some instances, family members or friends of a survivor attended a private session.

Our private sessions did not use standard questions and attendees were able to choose how much or how little information they wished to discuss. However, many attendees described their experiences in detail. As well as providing information about the sexual abuse, the

institution and the perpetrator, private session attendees often described their experience of disclosure and the impacts of the sexual abuse they experienced as children. Some people described their experience of child sexual abuse in great detail. Others gave limited or no detail. Some survivors found it easier to remember some parts of their experience than others. Some survivors did not know or were uncertain about aspects of their experience.

We acknowledge that many people who have been sexually abused in an institutional context as children did not wish or were unable to contact the Royal Commission or attend a private session. The information from private sessions was self-reported, and not drawn from a consistent or comprehensive set of questions. Further, it is not clear to what extent the experience of people who attended private sessions represents the experience of victims of child sexual abuse in institutional contexts who did not contact the Royal Commission.

Private session attendees had the opportunity to provide more detailed and comprehensive information about their experience of child sexual abuse. During private sessions, Commissioners had the opportunity to discuss the victim's experience with them in person. For this reason, the information presented in this volume relates primarily to private session attendees.

1.2.2 Other information

From time to time, we refer to information gathered about the total group of people (15,249 individuals as at 31 May 2017) who contacted the Royal Commission and were within our Terms of Reference. In addition to the people who participated in private sessions, this total figure includes individuals who did not attend a private session but who provided a written account or verbal information to the Royal Commission.

All individuals who contacted the Royal Commission were asked a consistent set of questions to determine whether their experience was within our Terms of Reference. This was regardless of whether they went on to participate in a private session. This information included the victim's name, date of birth, gender, whether they identified as Aboriginal or Torres Strait Islander, and whether they had disability. We also collected information about the dates of the child sexual abuse, the name and location of the institutions, and the perpetrators' name, gender, age and relationship to the victim, where these details were known.

In most instances victims contacted us directly. However, in some circumstances family members, friends and other people such as whistleblowers came forward to tell us about incidents of child sexual abuse. In instances where we were told of child sexual abuse by people other than victims, we describe what we heard or were told about victims.

1.3 Terms of Reference

Our Terms of Reference acknowledge that Australia has an international obligation to take all legislative, administrative, social and educational measures to protect children from sexual abuse and other forms of abuse. Our Terms of Reference also acknowledge that all forms of child sexual abuse are a gross violation of a child's right to protection and are a crime under Australian law. We were directed to inquire into 'what institutions and governments should do to better protect children against child sexual abuse and related matters in institutional contexts in the future'.² To make appropriate recommendations about how to protect children, we needed to understand the nature and causes of child sexual abuse.

Our Terms of Reference direct us to consider 'the experience of people directly or indirectly affected by child sexual abuse and related matters in institutional contexts'. We drew extensively on information provided to us in private sessions, written accounts, public hearings, research and policy work, and our community engagement, which included roundtables, community consultations and discussion papers. We are committed to sharing the experiences of victims and survivors, and acknowledge that each person we heard from has their own story to tell about the sexual abuse and how it affected them.

1.4 Links with other volumes

This volume examines what we have learned about the nature and causes of child sexual abuse in institutional contexts.

Volume 2 is closely linked to Volume 3, *Impacts* and Volume 4, *Identifying and disclosing child sexual abuse*. Volume 2 is also relevant to the institution-specific Volumes 11 to 16, noting they explore those contexts in greater detail.

1.5 Limitations of our work

1.5.1 Limited research on the nature of child sexual abuse in institutional contexts

Prior to the Royal Commission, there was limited research specific to the nature of child sexual abuse in institutional contexts. The majority of research examining how and why child sexual abuse occurs did not distinguish between institutional, familial and community settings. This limited what was known about children who are sexually abused within institutional contexts,

and the people who abuse children within specific institutional contexts. Furthermore, most institution-specific research focused on child sexual abuse by people in religious ministry, mainly Catholic clergy.

In response to this, the Royal Commission invested significant resources in a research program. This volume draws extensively on this research, which predominantly focuses on institutional contexts, and includes reviews of existing literature and qualitative studies. This is supported by other sources of Royal Commission information, previous government inquiries and external research.

1.5.2 Variations in research methodologies

Research to determine if a child is at risk of sexual abuse uses a variety of methodologies. Although a 'risk factor' approach is commonly used by child protection practitioners and researchers, empirical research on risk factors for child sexual abuse in institutional contexts is inconsistent and limited.³ We have taken these research limitations into account and presented the most reliable body of evidence alongside our observations about child sexual abuse in institutional contexts from what we learned through case studies and private sessions.

Research on risk factors for the most part does not distinguish between risk factors for child sexual abuse involving adult perpetrators and children with harmful sexual behaviours. There is very limited research on what may influence children to sexually harm other children. Many studies on adult perpetrators are based on relatively small sample sizes. The overwhelming majority of available research is based on 'known male perpetrators' who are usually incarcerated or receiving offender treatment. There are others in the community who, because they have not been prosecuted, are not available to researchers. As such, the research may not represent the broader population of perpetrators.

Research into risk factors often fails to account for diversity. For example, children with disability are treated in many studies as a homogenous group, which means there is relatively little information on how the type and severity of impairment and degree of community isolation contribute to risk.⁴ There is little research that examines risk factors for children with disability, children from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander children, and same-sex attracted and gender diverse children.

1.5.3 A lack of national prevalence data

A lack of systematic reporting of child sexual abuse and limited data collection for allegations of child sexual abuse in familial, community and institutional contexts limits the information available. There are considerable differences in the way data is collected between different jurisdictions. Existing data is considered incomplete as it is understood that child sexual abuse is generally under-reported. This is due to barriers to disclosure and reporting, the shame and stigma associated with child sexual abuse, and the lack of adequate systems to appropriately respond to reports of child sexual abuse in institutional contexts.

1.6 Key terms

The inappropriate use of words to describe child sexual abuse and the people who experience the abuse or perpetrate it can have silencing, stigmatising and other harmful effects. Conversely, the appropriate use of words can empower and educate.

For these reasons, we have taken care with the words used in this report. Some of the key terms used in this volume are described below. A complete glossary of terms used in the Final Report is also set out in an appendix to Volume 1, *Our inquiry*.

Children with harmful sexual behaviours

We use the term ‘children with harmful sexual behaviours’ to refer to children under 18 years who have behaviours that fall across a spectrum of sexual behaviour problems, including those that are problematic to the child’s own development, as well as those that are coercive, sexually aggressive and predatory towards others. The term ‘harmful sexual behaviours’ recognises the seriousness of these behaviours and the significant impact they have on victims, but is not contingent on the age or capacity of a child.

The term ‘children with harmful sexual behaviours’ is used when referring to the general group of children with sexual behaviour problems. At times, more specific terms are used:

- ‘Problematic sexual behaviours’ refers to sexual behaviours that fall outside the normal or age-appropriate range for younger children. These may or may not result in harm to another person. Problematic sexual behaviours in young children may be an indicator of them having been harmed themselves and may place the child displaying such behaviours at risk of sexual exploitation.
- ‘Sexual offending’ refers to sexual behaviours that fall within the definition of a sexual offence, where the child could be held criminally responsible for their conduct. In Australia, children aged 10 and over may be charged with a sexual offence.

Institution

The term 'institution' is used in this report when referring to any public or private body, agency, association, club, organisation or other entity that is, or in the past was, involved with children. It includes entities that provide, or have at any time provided, activities, facilities, programs or services of any kind that provide the means through which adults have contact with children.

Institutional context

The term 'institutional context' is used to refer to child sexual abuse that occurs in an institutional context if, for example, the abuse:

- happens on the premises of an institution where its activities occur, or in a context in connection with its activities
- is engaged in by an institution's official in circumstances where the institution has, or its activities have, in any way contributed to the risk of abuse
- happens in any other circumstances where an institution is, or should be treated as being, responsible for adults having contact with children.

Offender

We use the term 'offender' to refer to a person who is found by a court to have done something that is prohibited by law. Until this happens, a person may be called an alleged offender, defendant or accused or, by the police, a suspect or person of interest.

We heard about child sex offenders, particularly in case studies. However, many survivors told us that the perpetrators who sexually abused them as children were never investigated, charged or convicted. Some survivors have chosen not to disclose the identity of perpetrators (see Volume 4, *Identifying and disclosing child sexual abuse*). Many perpetrators are now deceased or their whereabouts are unknown. If information arose in private sessions or in preparing our hearings that related (or that may have related) to a contravention (or evidence of a contravention) of an Australian law, the Royal Commission had the capacity to refer information to police and other law enforcement bodies for investigation.⁵ As of 31 July 2017, 2,252 referrals were made to police or other authorities under this power. We understand that a number of prosecutions have followed. However, it is likely that there are perpetrators who have not come to the attention of the police or others.

Perpetrator

We use the term 'perpetrator' for an adult who has sexually abused a child.

Victim and survivor

We use the terms 'victim' and 'survivor' to describe someone who has been sexually abused as a child in an institutional context.

We use the term 'victim' when referring to a person who has experienced child sexual abuse at the time the abuse occurred. We use the term 'survivor' when referring to a person who has experienced child sexual abuse after the abuse occurred, such as when they are sharing their story or accessing support. Where the context is unclear, we have used the term 'victim'.

We recognise that some people prefer 'survivor' because of the resilience and empowerment associated with the term.

We recognise that some people who have experienced abuse do not feel that they 'survived' the abuse, and that 'victim' is more appropriate. We also recognise that some people may have taken their lives as a consequence of the abuse they experienced. We acknowledge that 'victim' is more appropriate in these circumstances. We also recognise that some people do not identify with any of these labels to define their experiences.

When we discuss quantitative information from private sessions in this volume, we use the term 'survivor' to refer both to survivors and victims who attended a private session and those (including deceased victims) whose experiences were described to us by family, friends, whistleblowers and others. This quantitative information is drawn from the experience of 6,875 victims and survivors of child sexual abuse in institutions, as told to us in private sessions to 31 May 2017.

1.7 Structure of this volume

Chapter 2 describes what Commissioners learned about child sexual abuse. This includes the forms of child sexual abuse that we heard about, who commits child sexual abuse, and how child sexual abuse it is carried out. It also examines grooming, entrapment and other strategies used to overcome a child's resistance, and related forms of abuse and neglect. This chapter examines the institutional contexts where child sexual abuse occurred and the responses of regulatory, oversight and criminal justice institutions.

Chapter 3 examines what is known about prevalence and extent of child sexual abuse in Australia, and how under-reporting and delayed reporting influence overall prevalence data. Based on data drawn from research, we provide an estimate of the extent of child sexual abuse in an institutional context. This chapter draws on international research to highlight the value of a nationally representative prevalence study in Australia.

Chapter 4 describes who we heard from in our inquiry, including victims, adult perpetrators, children with harmful sexual behaviours, parents, family and friends of survivors, and whistleblowers. We also detail the institutions we heard about. This chapter presents information gathered during private sessions about the experiences of survivors of child sexual abuse in an institutional context. It also draws on information from our case studies, from people who contacted the Royal Commission who were within our Terms of Reference, and from existing research.

Chapter 5 examines the factors that may affect the risk of child sexual abuse in institutional contexts. This chapter considers how the interaction between factors related to adult perpetrators, children with harmful sexual behaviours, and institutional contexts may interact to enable child sexual abuse within an institution. It also considers how factors related to some children may make them more or less vulnerable to child sexual abuse.

Chapter 6 considers the historical development of our systems to prevent, identify and respond to child sexual abuse in Australia. It provides an overview of legislation, child protection and child welfare. We also consider the social and political contexts that led to some groups of children being placed into institutional contexts at higher rates than others.

Endnotes

- 1 *Letters Patent* (Cth), 11 January 2013.
- 2 *Letters Patent* (Cth), 11 January 2013.
- 3 Australian Institute of Family Studies, *Risk and protective factors for Child abuse and neglect: CFCA resource sheet - May 2017*, 2017, www.aifs.gov.au/cfca/publications/risk-and-protective-factors-child-abuse-and-neglect (viewed 5 June 2017).
- 4 G Llewellyn, S Wayland & G Hindmarsh, *Disability and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 46.
- 5 *Royal Commissions Act 1902* (Cth) s 6P.

2 What is child sexual abuse?

Child sexual abuse violates the laws and norms of society, and is part of a larger problem of child maltreatment.¹ For the individuals, families and communities affected, child sexual abuse can be devastating. While this inquiry is contained to examining child sexual abuse and related matters in institutional contexts, our approach is informed by efforts to address all forms of maltreatment of children. Child maltreatment commonly refers to physical abuse, emotional abuse, sexual abuse, exposure to violence (often in the context of family violence) and neglect.² The term ‘child maltreatment’ is often used interchangeably with ‘child abuse and neglect’.

All children can be susceptible to maltreatment, regardless of their age, cultural context, class, education, income, ethnic origin and disability.³ A meta-analysis of maltreatment prevalence studies estimated that over a billion children across Asia, Africa, Europe and the Americas had experienced some form of violence in the previous 12 months, including sexual, physical and emotional abuse, neglect and bullying.⁴ Another study which examined the global prevalence of child sexual abuse found that even the most conservative estimates suggest that child sexual abuse affects millions of children around the world.⁵

Australia is one of the 194 countries that have committed to the protection of all children through ratification of the United Nations Convention on the Rights of the Child.⁶ This Convention requires states to take all appropriate measures to protect children from maltreatment, including sexual abuse.⁷ Despite this commitment, many Australian children are still at risk of maltreatment in familial, institutional and community settings.⁸ Many Australians report experiencing abuse and neglect as a child.⁹

Children frequently experience multiple forms of maltreatment.¹⁰ In private sessions and public hearings, we heard from survivors who told us they experienced child sexual abuse and other forms of abuse and neglect. These experiences of maltreatment may have been in the same setting, for example experiencing both physical and sexual abuse at school, or concurrently across different settings, such as within the home and at school. We also heard that some victims were sexually abused and maltreated over an extended period.

Chapter 2 outlines what Commissioners learned about child sexual abuse, including:

- definitions of child sexual abuse
- commonly reported forms of child sexual abuse
- who commits child sexual abuse and how child sexual abuse is carried out
- grooming, entrapment and other strategies
- related forms of abuse and neglect
- institutions where child sexual abuse occurred.

2.1 How we define child sexual abuse

The sexual abuse of children is a particularly disturbing and damaging problem facing society. We heard from many survivors during the Royal Commission and, while common themes emerged, survivors' experiences of child sexual abuse were diverse.

For the purposes of this Royal Commission, we adopted a broad definition of child sexual abuse that is victim centred but takes into account legal definitions and frameworks. We consider child sexual abuse to be:

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

We acknowledge there is no standard definition of child sexual abuse within Australia. Definitions are based on community and legal standards, which change over time.¹¹ Furthermore, whether sexual acts are abusive may depend on the dynamic between the individuals involved, and the context.

Each legal jurisdiction in Australia has developed its own set of laws that criminalise sexual acts involving a child below the age of consent. Laws criminalise sexual acts involving family members. While offences in each jurisdiction are similar, there is some variation in the definition of consent, age of consent, the definition of prohibited sexual behaviours, and sentencing.¹² Marriage of a child under the age of 18 years is unlawful in Australia,¹³ except in rare circumstances where children are aged 16 or 17 years and the marriage is authorised by court order.¹⁴ We considered any marriage involving a child under the age of 18 years that is unlawful to be within our Terms of Reference.¹⁵ We were not told about any cases of child marriage in our hearings, private sessions or written accounts.¹⁶

Age of consent laws are intended to protect children from sexual abuse. These laws recognise that at certain stages of development, children do not have the psychological capacity or emotional maturity to consent to sexual activities.¹⁷ However, some jurisdictions allow consent by a person who is under the age of consent to be used as a defence to sexual offence charges if the victim and accused are of a similar age.¹⁸ When a child is over the age of consent but under 18, most jurisdictions prohibit sexual acts if the perpetrator is responsible for their care or in a position of authority over them, such as a teacher, carer, guardian, medical practitioner or person in religious ministry.¹⁹

We use the term ‘children with harmful sexual behaviours’ to refer to children under 18 years who have harmed other children as a result of their sexual behaviours, or who may be at risk of doing so. The term ‘harmful sexual behaviours’ recognises the seriousness of these behaviours and the impact they have on victims, but is not contingent on the child’s age or their legal capacity to take criminal responsibility for their actions.

Understanding of the nature and types of behaviour that constitute child sexual abuse has changed over time. This is reflected in the development and reform of laws on child sexual abuse. States and territories have amended laws at different times, broadening definitions of sexual offences, removing gendered language, and adding offences where the perpetrator is in a position of care or authority.²⁰ These changes are explored in more detail in Chapter 6.

Other definitions of child sexual abuse may suit particular contexts. Different professions have developed definitions of child sexual abuse that reflect their areas of concern.²¹ For example, medical definitions tend to highlight the physical and psychological effects on the child, while legal definitions tend to focus on aspects of perpetrator behaviour and the harm done to the child that may lead to successful prosecution.²²

2.1.1 Commonly reported forms of child sexual abuse

Child sexual abuse may involve a wide range of behaviours and can take many different forms. The experiences described by survivors during private sessions and case studies reflect this diversity.

The information presented in this chapter is based primarily on what we were told by survivors during private sessions. As at 31 May 2017, we had heard from a total of 6,875 people in private sessions. This includes a small number of private sessions where attendees identified victims of child sexual abuse but where the survivors themselves did not attend. For example, in circumstances where the victim of child sexual abuse did not want to attend a private session, was too young to attend a private session, or was deceased, a family member, carer or friend may have told us what happened. Private session attendees also include a small number of whistleblowers who identified a victim of child sexual abuse in an institutional context.

Private sessions were an opportunity for people to share their experiences of child sexual abuse in institutional contexts. However, we acknowledge that many people who have been sexually abused in an institutional context as children did not wish or were unable to contact us or attend a private session. As such, it is not clear to what extent the experiences of people who attended private sessions represent the experiences of victims of child sexual abuse in institutional contexts who did not contact the Royal Commission. Nevertheless, private sessions provided us with a valuable insight into people’s experiences of child sexual abuse in Australian institutions. Volume 5, *Private sessions*, details what we heard in private sessions about survivors’ experiences.

This section outlines the forms of child sexual abuse commonly reported to us in private sessions. It is not a complete list of all forms of child sexual abuse, but rather a reflection of the experiences survivors frequently described to us. Survivors were not asked to describe the forms of abuse they had experienced, and so the information presented is drawn from what participants volunteered during private sessions. Eighty-seven per cent of survivors told us about the forms of abuse they experienced. Survivors also often told us about their experiences of multiple forms of sexual abuse.

Non-penetrative contact abuse

Non-penetrative contact abuse includes sexual touching of a child's body, or making the child touch the perpetrator's body. It may also be described as molestation, indecent assault, fondling, sexual harassment and sexual assault. It can include masturbation, meaning the perpetrator masturbated the child, or forced the child to masturbate the perpetrator or themselves. In private sessions, non-penetrative contact abuse was the most commonly reported form of child sexual abuse, with 72.6 per cent of survivors (of those who provided information on the form of sexual abuse) describing this form of abuse. In private sessions, male survivors who told us about the form of sexual abuse reported slightly higher levels of non-penetrative contact abuse (74.7 per cent compared to 68.8 per cent of female survivors).

Penetrative abuse

Penetrative abuse refers to the insertion of a penis, another body part or an object into the vagina (including labia and other genitalia), anus or mouth. It is also described as rape, forced sexual intercourse and sexual assault. In private sessions, of all survivors who told us about the form of sexual abuse, 55.5 per cent told us they had experienced this form of abuse. This was the second most common form of sexual abuse described by survivors in private sessions. In private sessions, female survivors who provided information on the form of sexual abuse reported higher levels of penetrative abuse (62.3 per cent compared to 51.8 per cent of male survivors).

Violation of privacy

Violation of privacy includes forcing a child to undress or watching a child in a private space, such as a bedroom or bathroom. It is also described as voyeurism or 'peeping'. In private sessions, 23.9 per cent of all survivors who told us about the form of sexual abuse described experiencing this form of abuse. Violation of privacy can also be part of grooming, used to break down the child's inhibitions, normalise sexualised behaviour, and assert dominance over the child. Grooming is discussed in more detail in Section 2.2.

Exposure to sexual acts and material

Exposure to sexual acts and material can take place in person and online.²³ In person, it includes showing pornographic material to a child, performing sexual acts in front of a child, or sexually exposing genitals to a child. Elements of this can be described as exhibitionism or flashing. In an online environment, it can involve exposing a child to images, sounds, text or games that are sexually explicit. Exposing a child to adult sexual acts can be used as a technique to desensitise the child and normalise sexual behaviour (see grooming in Section 2.2).²⁴ In private sessions, of all survivors who told us about the form of sexual abuse, 12.4 per cent of survivors told us they experienced this form of sexual abuse.

Child sexual exploitation

Child sexual exploitation, also called child prostitution, occurs when a child is manipulated or coerced to participate in a sexual activity in exchange for, or on the promise of, rewards including affection, attention, gifts, food, accommodation, clothing, drugs, alcohol, cigarettes or money.²⁵ Child sexual exploitation is a distinct form of child sexual abuse because of the notion of exchange or reward. We chose not to use the term 'child prostitution' because it may be interpreted as a legitimate form of sex work and can stigmatise the child.²⁶ In private sessions, 2.7 per cent of survivors who reported the form of sexual abuse described experiencing this form of abuse.

Witnessing the sexual abuse of others

Witnessing the sexual abuse of others involves a child being exposed to the sexual abuse of another child. This could involve any of the other forms of sexual abuse described. This is sometimes described as secondary victimisation or secondary traumatisation. Research suggests that even when children are not sexually abused themselves, witnessing the harm of sexual abuse to someone else is traumatic in its own right and they can experience symptoms of traumatisation.²⁷

Production, consumption, dissemination and exchange of child sexual exploitation material

Child sexual exploitation can also include the production, consumption, distribution and exchange of child sexual exploitation material. Child sexual exploitation material refers to any form of material that sexually represents or exploits children including photographs, electronic images, films, written material and drawings.²⁸ Laws prohibit child sexual exploitation material itself and provide for offences concerning the creation, production and preparation, consumption, dissemination and possession of the material.²⁹

Different terms are used to describe child sexual exploitation material, including child sexual abuse material and child pornography.³⁰ We chose not to use the term ‘child pornography’ so as not to conflate the sexual exploitation of children with consensual and legal adult pornography.³¹

Child sexual exploitation material may continue to harm the victim after they reach adulthood. The material can remain online and continue to be distributed, exchanged, bought and sold after the child has reached the age of 18. The material does not stop being illegal when the child represented becomes an adult; it continues to be a child sexual abuse offence.³²

2.1.2 Who sexually abuses children

During private sessions and case studies, we heard mostly about adults who sexually abused children. This is consistent with research that suggests that adults – rather than children with harmful sexual behaviours – are more likely to carry out child sexual abuse.³³ However, in more recent years, the proportion of children coming to the attention of the criminal justice system and child social services who have sexually harmed other children has increased.³⁴ This section discusses our understanding of adults who sexually abuse children, and children who sexually harm other children.

Adults

There is no typical profile of an adult perpetrator of child sexual abuse. Research suggests they have disparate characteristics, motivations and behaviours.³⁵ This reflects what Commissioners were told during private sessions and public hearings, where we heard about men and women of different ages, backgrounds and circumstances who sexually abused children.

The vast majority of perpetrators we heard about in private sessions were men. This is consistent with research that suggests most adult perpetrators of child sexual abuse are male (approximately 89–94 per cent).³⁶

Within institutional contexts, adult perpetrators held a range of positions. They used their role, their power and the trust bestowed upon them to access children and sexually abuse them. We heard that some adult perpetrators sexually abused a child once, while others did so repeatedly. Many adult perpetrators abused multiple children. We also heard about adult perpetrators, most often men, who abused children as part of a group or network.

Other parts of this volume look at adult perpetrators in more detail, with demographic information collected through private sessions included in Chapter 4 and an analysis of their behaviours and characteristics in Chapter 5.

Children

Some children behave in ways that sexually harm other children. The types of behaviours that are considered sexually harmful usually depend on the child's age and development. For pre-adolescent children, sexually harmful or problematic behaviours are 'beyond what is considered developmentally normal'.³⁷ Adolescents with harmful sexual behaviours typically engage in contact sexual abuse such as penetration and other intrusive acts, and commonly use physical violence.³⁸

Children with harmful sexual behaviours have diverse backgrounds, motivations, types of behaviours, age of onset and victims targeted.³⁹ Chapter 4 details what we have learned through private sessions about children who have sexually harmed other children, and Chapter 5 examines what may influence children to sexually harm other children. Volume 10, *Children with harmful sexual behaviours*, examines children with harmful sexual behaviours in more detail and considers interventions and treatment for children with harmful sexual behaviours.

Research we commissioned indicates that children were reported to have carried out a substantial proportion of the institutional child sexual abuse that was reported to police in Australia between 2010 and 2014.⁴⁰ This research is consistent with international studies.⁴¹ Almost one-quarter (24.4 per cent) of victims who attended a private session, and told us about the age of the perpetrator, described sexual abuse by another child.

Despite many reports of children with harmful sexual behaviours, there is little understanding in the broader community about problematic, harmful and sexually abusive behaviours exhibited by children. Dr Wendy O'Brien, a criminologist, gave evidence during *Case Study 45: Problematic and harmful sexual behaviours of children in schools* that reflected on the lack of community knowledge. She noted, 'this is partly because people find these behaviours to be deeply confronting. In instances where harm occurs, adults are often deeply shocked that children can behave in this way'.⁴² Moreover, people generally respond to these behaviours in children with anger, fear, disgust or violence, or dismiss them 'as child's play or as boys being boys'.⁴³

2.1.3 How child sexual abuse is carried out

The majority of child sexual abuse that we were told about took place in person, although we also heard about the increasing role that the internet plays in facilitating and enabling child sexual abuse.

In person

In private sessions, most victims described sexual abuse that had taken place in person (that is, face to face rather than online), in situations that were created by contexts and associations that arose within the institution. We were told in private sessions about sexual abuse that was carried out in person across all states and territories in Australia and in a wide range of institutions, such as schools, missions, residential care, orphanages, foster care, religious institutions and places of worship, recreational and sporting institutions, and youth employment facilities.

In some private sessions, we heard about how many of the forms of sexual abuse described above were used in ritualistic or initiation settings to instil institutional culture. For example, institutions may condone sexually humiliating rituals or initiation practices, including forced public nudity, hazing and rape. Hazing is a form of ritual initiation common in some sporting and military institutions and refers to practices that are harmful or dangerous and are expected of a person to join a group.⁴⁴ In some cases, we heard that other children were involved in carrying out sexually humiliating practices.⁴⁵

Private session attendees frequently described feeling humiliated by the sexual abuse they experienced, even when the abuse did not occur as part of a ritual or initiation. The emotional impacts of child sexual abuse, including feelings of shame and humiliation, are discussed in Volume 3, *Impacts*.

The use of force is a common feature of in-person sexual abuse particularly where the perpetrator is alone with the victim and may use threats or acts of violence to gain the victim's compliance.⁴⁶ In-person and online sexual abuse can also overlap. Perpetrators may use online environments to connect with children, including by 'grooming', and then convince victims to meet in person (see Section 2.2.1). The distinctive features of online child sexual abuse are covered below.

Online

Child sexual abuse can also take place online.⁴⁷ There are three main ways in which children are sexually abused online.

- Children can experience sexual abuse through online channels such as social media and the internet. This can include non-consensual sharing of sexually explicit photos or videos to humiliate or shame the victim or entertain others (known as image-based abuse),⁴⁸ or posting sexually explicit or sexually embarrassing stories about the victim on social media.
- Children can be groomed online to facilitate situations in which child sexual abuse is perpetrated in person. Online grooming is explored in more detail in Section 2.2.1.
- Online sexual abuse can involve the production, consumption and distribution of child sexual exploitation material online, including through live-streaming children experiencing sexual abuse.⁴⁹ Each occasion of viewing or sharing the material constitutes a violation of the rights of the child.⁵⁰

A child in the online environment has the same rights as a child offline.⁵¹ Children should be able to access websites and use the internet without experiencing sexual abuse.

Whether children are at a heightened risk of child sexual abuse in online settings is unclear. In *Case Study 57: Nature, cause and impact of child sexual abuse in institutional contexts (Nature, cause and impact of child sexual abuse)*, Professor David Finkelhor, Director of the Crimes against Children Research Center in the United States, spoke of the ‘risk-amplifying’ and ‘risk-dampening’ aspects of the internet:

Although people have the sense that the medium has made children more vulnerable by allowing the entire population of adults to have private access to their kids, what we have seen in terms of sex offences against children, during this period when the internet has been getting its grips on our youth population, has been consistent decline in all kinds of indicators – number of cases of sexual abuse reported to child protection, the number of cases of sex crimes against children reported to the police, the recidivism or offending rates of juveniles going down. So if it was simply what I call a risk-amplifying technology, I think it’s unlikely that we would see that. I happen to believe that it is a complicated technology that is probably risk-amplifying and risk-dampening at the same time.⁵²

Participants at our Community risk and protective factors workshops and eSafety expert panel meeting suggested that children who are at risk online are often already at risk offline.⁵³ In such instances, digital media tends to serve as a tool to facilitate or aggravate an existing problem rather than being a problem itself. This view is supported by a review of research on children’s vulnerabilities to online grooming. Issues for children offline, such as problems within the family, social isolation and previous victimisation, were found to often extend to online risk.⁵⁴

Child sexual abuse that is facilitated online is discussed further in Volume 6, *Making institutions child safe*.

2.1.4 Duration and frequency of child sexual abuse, and number of perpetrators

Research has looked at the frequency and duration of child sexual abuse experienced by victims, and the number of perpetrators.⁵⁵ These factors are sometimes used as an indicator of severity of abuse, although it is important to note that these aspects do not necessarily relate to the nature of the abuse, or the impact experienced by the victim. Sexual abuse may occur only once or a limited number of times but be ‘extreme’ in nature. Conversely, sexual abuse may continue for an extended period of time, but be less acute. Victims may experience a range of impacts, regardless of the experience of abuse. Volume 3, *Impacts*, examines the impacts experienced by victims in more detail.

Duration of child sexual abuse

The duration of child sexual abuse from first to last instance varies – it may be brief or continue for an extended period.⁵⁶ Nearly three quarters of survivors (74.3 per cent) told us in private sessions about the duration of the sexual abuse. Based on what these survivors told us, the average duration of child sexual abuse experienced in institutions was 2.2 years.

On average, female victims experienced sexual abuse for a longer period of time than male victims (2.7 years for female victims and 1.9 years for male victims).⁵⁷ However, a substantial proportion of both male victims (25.5 per cent) and female victims (25.7 per cent) did not tell us in private sessions about the duration of abuse.

We also heard that some victims were abused for an extended period of time. In private sessions, we were told about 14.4 per cent of female victims and 8.9 per cent of male victims who experienced abuse that lasted between six and 10 years.⁵⁸ Four per cent of female victims and one per cent of male victims were sexually abused for more than 10 years (see Figure 2.1).⁵⁹

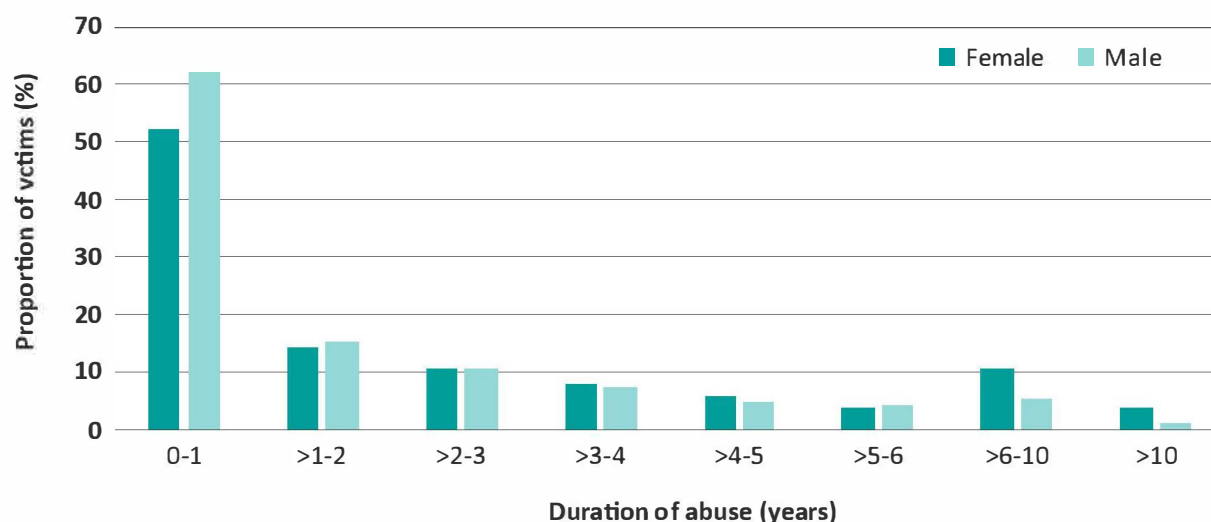


Figure 2.1 – Duration of abuse by victim gender reported during private sessions (years)

Frequency of child sexual abuse

In private sessions, 92.3 per cent of people told us about the number of times they were sexually abused. Eighty-five per cent of these survivors told us they were sexually abused multiple times and 20.8 per cent said they were sexually abused on one occasion.⁶⁰

Most survivors (78.3 per cent) we heard from in private sessions told us they were sexually abused in one institution. Fifteen per cent told us in private sessions they were abused in two institutions, and 5.6 per cent told us in private sessions they were abused in three or more institutions.

During private sessions, 72.3 per cent of survivors told us of abuse at a single institution and provided information about the frequency of the abuse. Of these survivors, 18.0 per cent told us they experienced a single episode of abuse and 83.3 per cent told us they were sexually abused multiple times.⁶¹

Number of perpetrators

During our inquiry, we gathered information on the number of people who victims were sexually abused by. However, this information does not separately identify adult perpetrators and children with sexually harmful behaviours.

Of all survivors we heard from in private sessions, 62.7 per cent told us that they were sexually abused by a single perpetrator. One-third of survivors (36.3 per cent) told us in private sessions that they were abused by multiple perpetrators. One per cent of survivors in private sessions did not provide us with any information on whether they were abused by single or multiple perpetrators.

Of all survivors who described in private sessions sexual abuse by multiple perpetrators, 49.9 per cent said they were abused by multiple perpetrators within a single institution. Just over half the survivors (50.1 per cent) we heard from in private sessions experienced abuse by multiple perpetrators in multiple institutions. We heard about some institutions where networks or groups of perpetrators operated.

The large number of survivors who told us in private sessions about sexual abuse by multiple perpetrators within a single institution may indicate a culture of abuse within particular types of institutions. Institutional factors that create an environment in which child sexual abuse may be more prevalent are examined in Chapter 5.

2.2 Grooming and other strategies

Perpetrators may use a wide range of tactics and strategies – including grooming, coercion and entrapment – to enable, facilitate and conceal the sexual abuse of a child. The experiences described by survivors during private sessions and case studies reflect these strategies. This section discusses what we understand by grooming and the contexts in which it happens, whether in person or online. We also look at what is known about grooming when it targets other people who would otherwise protect the child and the institutional setting, as well as the child. This section then discusses what we heard about other strategies that perpetrators use, such as physical violence and threats. Chapter 5 of this volume further discusses how perpetrators overcome a child’s resistance.

2.2.1 Our understanding of grooming

Grooming is often difficult to identify and define. This is because the behaviours involved are not necessarily explicitly sexual, directly abusive or criminal in themselves. They may only be recognised with hindsight.⁶² Indeed, some grooming behaviours are consistent with behaviours or activities in non-abusive relationships and can even include desirable social behaviours, with the only difference being motivation.⁶³

We define grooming as behaviours that manipulate and control a child, their family and other support networks, or institutions with the intent of gaining access to the child, obtaining the child’s compliance, maintaining the child’s silence, and avoiding discovery of the sexual abuse.⁶⁴ This definition takes a victim-centred approach and reflects what we were told during private sessions and public hearings, as well as being informed by research.

We also take legal definitions and frameworks of grooming into account. These often focus on strategies and behaviours that precede child sexual abuse, rather than tactics to conceal the abuse and prevent detection. All Australian jurisdictions have offences in relation to grooming. Offences differ across jurisdictions but in each, culpability relates to the perpetrator’s intent to sexually abuse the child, which means it is not essential that grooming leads to sexual abuse.⁶⁵ Our *Criminal justice* report further considers the criminal offences of grooming.

Grooming also includes strategies to entrap the child. The terms ‘grooming’ and ‘entrapment’ are often used interchangeably in the research literature.⁶⁶ However, entrapment can also refer to techniques that attempt to avoid detection, including isolating children from their parents and other support networks.

Grooming of the child

Grooming of the child is designed to establish an emotional connection and build trust to gain access to the victim and to initiate, maintain and conceal sexual abuse.⁶⁷ In this respect, grooming can involve psychological manipulation that is subtle, prolonged, calculated, controlling and premeditated.⁶⁸ The process is often gradual and intended to make the child feel comfortable,⁶⁹ acquiesce to abusive behaviour, and maintain the secrecy of the abuse.⁷⁰ The gradual nature of the grooming process may also assist the perpetrator in discrediting any complaint as the grooming behaviours may not constitute identifiable sexual abuse, particularly in the early stages.⁷¹ During the *Nature, cause and impact of child sexual abuse* case study, CAA described his experience of grooming and the trust he had in the perpetrator:

Trust was also a key factor in subduing or overriding the confusion I felt about what was happening to me. There was a general feeling of ‘this is all happening for a reason which is probably unclear to me, but it will all work out for the best in the end because [the perpetrator] knows what he’s doing’. None of this would have been possible without the sense of trust and ongoing respect cultivated by the perpetrator.⁷²

Research suggests there are common stages in the grooming process. However, not all stages are present in all instances of grooming. Some of the behaviours involved may mimic normal relationships between adults and children.⁷³ The stages in the process of grooming a child may include:⁷⁴

- befriending a child, becoming familiar with their interests and being helpful in order to gain their confidence and trust
- creating a special or exclusive relationship with the child by bestowing gifts, privileges, affection and rewards, and sharing secrets. The exclusivity of the relationship isolates the child from their parents or others who would be a source of safety
- paying increased attention to the child, including adopting a pseudo-parental role
- giving and withholding gifts to enable the perpetrator to exert more control over the victim
- gradually increasing intimacy with the child – for example, through non-sexual touching, including play-acting, tickling and wrestling. Touching may be a very important element of grooming as it tests the child’s resistance and desensitises the child
- using sexual conversations or materials to familiarise the child with sexual behaviours and invoke feelings of shame or guilt in the child
- isolating the child from their family, peers and other support networks to conceal the abuse and ensure the child’s silence to avoid disclosure and detection
- potentially also introducing further victims to the process of grooming and abuse.

Offending teacher used a gradual process of grooming to facilitate sexual abuse of children

In *Case Study 12: The response of an independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009*, Professor Stephen Smallbone gave expert evidence that the offending teacher's behaviour was 'a very close fit with the kinds of grooming behaviours known to be associated with sexual abuse, particularly in organisational settings such as schools'.⁷⁵ These behaviours included:

- making boys stand close to him
- singling out particular boys as favourites
- befriending the families of those boys
- buying expensive gifts for individual boys
- obstructing the view into his classroom
- being alone in the classroom with individual boys.⁷⁶

We heard that four of the victims were new to the school when they joined the offending teacher's class. As new students, they had not yet been able to form friendships with other students and could therefore be easily isolated and manipulated by the offending teacher. The victims were bullied by other students because they were perceived as 'teacher's pets' due to the extra attention that the offending teacher gave to them. The offending teacher also cultivated friendships with the victims' mothers, which made it more difficult for the victims to disclose the abuse.⁷⁷

Grooming may vary according to the ages of the children being targeted, and their different stages of development. Younger children, particularly those whose social skills are not completely developed, may not recognise inappropriate behaviour and perpetrators may focus their grooming on parents to gain access to the children.⁷⁸ Older children, who have a greater level of independence and more-developed social skills, may be groomed with less focus on their parents.⁷⁹

During her private session, 'Katie' described her experience of being groomed by her tennis coach in the 1970s.⁸⁰ She described the tennis coach as 'friendly and popular with children and parents'. She told us how he would drive girls to and from training, and take them for treats after competitions and on excursions to the beach. She said, 'He groomed us over a long, long time'. 'Katie' explained how he arranged for her and another tennis student to stay at his house the night before a competition, and showed them pornographic magazines: 'And that was sort of the beginning of it'. The sexual abuse escalated from there and continued for two years.

During private sessions, 15.0 per cent of survivors talked about grooming by adult perpetrators. Of survivors who reported being sexually abused by other children, less than 1 per cent reported being groomed. What we heard about grooming by children with harmful sexual behaviours suggests that some older male children, whose behaviour met the criminal threshold, appeared to befriend their victim over time in order to facilitate sexual abuse.

There is limited empirical research into grooming by children with harmful sexual behaviours, but one study suggests children may be more likely to groom in institutions with abusive organisational cultures.⁸¹ Other studies indicate that children in non-family settings sometimes use similar grooming techniques to adults, and can also use 'sexting', cyberbullying and the distribution of indecent images as part of the grooming process.⁸²

Some researchers and practitioners question the usage of the term 'grooming' to describe behaviours used by children with harmful sexual behaviours, contending that children are unlikely to act in this type of premeditated fashion.⁸³ A further complication is that children with harmful sexual behaviours may themselves be being groomed by an adult perpetrator.⁸⁴ For more information, see Volume 10, *Children with harmful sexual behaviours*.

Grooming of other people

Grooming does not only target the child. Perpetrators may also groom other significant people in the child's life.⁸⁵ These are usually adults and older children who may otherwise offer a source of safety and protection, including parents, siblings and other family members, friends, carers and guardians, and community members. The process of grooming other people may serve to increase trust in the perpetrator and to further isolate the child.⁸⁶ It may also decrease the likelihood that the child is believed if they disclose. In the *Nature, cause and impact of child sexual abuse* case study, we heard from Ms Kate Loubet, CEO of Heartfelt House, how entire communities can be affected by grooming:

It's the whole community that's impacted; it's the whole community that's groomed. So we really need to acknowledge that for the survivors. And I say, you know, it takes a village to raise a child, and that village has been destroyed. The perpetrator was very, very powerful in destroying that village for the child.⁸⁷

The perpetrator may attempt to manipulate these people by establishing friendships with them to secure their confidence, trust and cooperation in gaining access to the child. Research has demonstrated that perpetrators may endeavour to prime other individuals so that they accept the illusion that the perpetrator poses no risk to children.⁸⁸ Many perpetrators within institutions attempt to build reputations as responsible, caring and upstanding people.⁸⁹

During her private session, 'Summer' described her experience of being groomed as a parent. 'Summer' and 'Pete' are parents to three children.⁹⁰ Their oldest sons, 'Lachlan' and 'Mark', both have disabilities. In the late 2000s, the two boys were assigned agency respite care in their own home. 'Summer' and 'Pete' had previously had poor experiences with the respite agency and were sceptical about the new carer, 'Gavin'. However, 'Gavin' quickly put their worries to rest. 'He was the best carer we'd ever had', 'Summer' said. 'He brought toys for the kids, he brought craft activities. He was very engaging with them.' He also encouraged 'Summer' and 'Pete' to stay out longer. 'Summer' told us that it wasn't until later that she realised that 'Gavin' had sexually abused her children. 'Toby', then aged six, told his parents his penis was sore because 'Gavin' had been touching it. 'Summer' reflected that, "'Gavin" did a pretty good job of grooming us as much as he did the kids ... There was massive, obvious grooming going on and we had no idea'.

Grooming of the institution

Grooming of the institution may also play a role in facilitating child sexual abuse and avoiding detection even in institutions with policies and procedures to deter abuse.⁹¹ 'Institutional grooming' refers to the process through which perpetrators exploit features of an institutional environment in order to sexually abuse children.⁹² Perpetrators who groom an institution are able to bypass safety measures and exploit organisational weaknesses in order to sexually abuse children and avoid detection.⁹³ Research indicates that perpetrators may target and groom entire organisations, as well as the children and individuals who work within them.⁹⁴

Institutional grooming occurs in non-familial contexts where perpetrators make contact with children through their employment or volunteering.⁹⁵ In these situations, perpetrators may manipulate trust and authority within an institutional context to gain control over a child and their immediate environment.⁹⁶

How a perpetrator's reputation can facilitate or enable child sexual abuse

In *Case Study 2: YMCA NSW's response to the conduct of Jonathan Lord*, we heard that Jonathan Lord groomed children, parents and other members of staff, and manipulated the institution's policies. The YMCA NSW had policies that prohibited staff from inappropriately touching children, including having children sitting on staff members' laps, and using photography, mobile phones and other electronic devices with children.⁹⁷ By seeking babysitting work from parents whose children used YMCA NSW's outside school hours care service, Lord breached the Code of Conduct annexed to the *YMCA Safeguarding Children Policy 2006*, which stated that 'under no circumstances can personal work be solicited by YMCA staff/volunteers while at the YMCA'.⁹⁸

Although many staff saw Lord behaving in ways that breached policy, nobody reported this until allegations were made by parents in late 2011.⁹⁹ Several staff saw Lord with a child sitting on his lap or touching a child inappropriately. One staff member gave evidence that 'everything was so informal – policies weren't being followed ... and people were having kids on their laps and – it just – I didn't think anything out of the ordinary'. Another said: 'John did sometimes have children on his lap. At the time I didn't think it was suspicious by itself, but I did think that it wasn't a good look, as it made it look to the other children that he had favourites ...'.¹⁰⁰

A staff member described feeling uncomfortable when she observed a physical interaction between Lord and a child that she considered unnecessary touching. However, she did not tell anyone about the incident. She said she assumed that Lord 'was a more senior person because of his attitude' and gave evidence that she did not report Lord's 'inappropriate behaviour' because she 'just didn't feel like [she] was in a place to say anything'.¹⁰¹

One staff member gave evidence that she was aware Lord babysat outside of the YMCA for free. She did not consider it unusual and said she 'just thought that he was a nice guy'.¹⁰²

Organisations that offer opportunities for secrecy, autonomy, and a lack of supervision and accountability may be targeted by perpetrators as institutions that can be groomed effectively.¹⁰³ For example, institutions may enable perpetrators in management positions to have almost uncontrolled access to children, and may undertake limited checks on their behaviour.¹⁰⁴ Institutional factors that may create such an environment are examined in Chapter 5 of this volume.

Particular organisational cultures may also be more conducive to institutional grooming.¹⁰⁵ For example, some sport and recreation activities have a traditionally high tolerance of sexualised practices and conversations within the changing rooms, and the normalisation of abusive behaviours as ‘part of the game’.¹⁰⁶ It is also a setting in which direct physical contact with children is the norm and the boundaries around an athlete’s personal life can be gradually eroded.¹⁰⁷ In these settings, perpetrators can select specific athletes, identify opportunities to influence the victim’s self-esteem and team selection, encourage emotional dependency on the coach, and isolate the victim from parents and friends. For further consideration of these issues in sport and recreation settings, see Volume 14, *Sport, recreation, arts, culture, community and hobby groups*.

In contrast, there may be some institutional features that reduce the need for a perpetrator to groom. We heard that grooming may be less common in ‘closed’ institutions such as detention facilities and children’s homes. This may be because there is less supervision and children are more isolated, with infrequent contact with family, community members or other potentially supportive and protective adults.¹⁰⁸ Violence and threats – rather than grooming – may be more likely to be used in these contexts to facilitate and conceal sexual abuse. In the *Nature, cause and impact of child sexual abuse* case study we heard from Mr Frank Golding, Vice President of Care Leavers Australasia Network (CLAN), about the lack of grooming in historical residential care settings:

Grooming seems to me to be irrelevant as a concept in these large institutions, which ran on the basis of a regime of, well, terror, in many cases. Physical violence was the norm. So there are very few defences against that. Very few people that you could turn to in that situation.¹⁰⁹

Online grooming

Grooming can take place in person or online. ‘Online grooming’ refers to the grooming of children and adults using the internet and associated technology.¹¹⁰ This can include phones and computers, and channels such as email, text messages, social media platforms and online forums.

Online grooming can involve similar stages as in-person grooming, including:¹¹¹

- forming a friendship, which may include requests for photos of the child
- using pornography to desensitise the child and normalise sexualised behaviour
- emotionally coercing and pressuring the child to meet in person or to perform sexual acts online
- encouraging the child to maintain secrecy to prevent disclosure.

There may also be differences between online and in-person grooming. Some research suggests that online environments create new opportunities for perpetrators to access victims.¹¹² Perpetrators may have greater access to victims given children's widespread and typically unsupervised use of the internet.¹¹³ For instance, nearly all children in Australia regularly access the internet, and most eight- to 17-year-olds use social networks.¹¹⁴

The process of online grooming tends to be faster than in-person grooming as it is easier for the perpetrator to access victims and initiate sexualised conversation. In online environments, sexualised conversation can escalate quickly.¹¹⁵ Detecting and preventing online grooming can also be difficult, given the speed at which online activity changes and new applications emerge.¹¹⁶

Online environments also create opportunities for perpetrators and would-be perpetrators to conceal their identity by pretending to be a similar age as the child.¹¹⁷ These perpetrators may pose as a child to select victims, initiate contact and build trust.¹¹⁸ However, many perpetrators reveal their true identities, and a sizeable proportion of online grooming is perpetrated by someone already known to the child, as demonstrated in *Case Study 37: The response of the Australian Institute of Music and RG Dance to allegations of child sexual abuse (Centres for performing arts)* where the perpetrator, Grant Davies, used social media to converse with dance students.¹¹⁹ Where the perpetrator already knows the child, online environments can be used as a tool to develop pre-existing non-sexual contact into sexualised contact, or to maintain abuse.¹²⁰

Use of technology in online grooming

In the *Centres for performing arts* case study, we heard how dance teacher Grant Davies communicated with students and parents through social media platforms and text messaging. We heard that Davies groomed students by:

- engendering a sense of intimacy by exchanging messages at times when the student was more likely to be alone
- expressing interest in the non-sexual aspects of the child's life
- expressing affection
- normalising sexual contact between an adult and a young person
- overcoming potential victim inhibitions through progressively sexually explicit messages.¹²¹

Similar to 'offline environments', some research indicates the majority of online grooming cases involve male perpetrators and female victims.¹²² In contrast to face-to-face contact, there is some research to suggest that online perpetrators may target teenagers rather than younger children.¹²³ Volume 6, *Making institutions child safe*, examines children's online safety including risks of online grooming.

2.2.2 Other strategies

Not all child sexual abuse involves grooming. Perpetrators may also use force or violence as a tactic to overcome a child's resistance to sexual abuse.¹²⁴ This may include coercion, threats, punishment and physical abuse. This instils fear to enable or facilitate child sexual abuse and silence the victim. In the *Nature, cause and impact of child sexual abuse* case study, we heard from Dr Elizabeth Letourneau, Director of the Moore Center for the Prevention of Child Sexual Abuse, about the various types of threats and violence to which victims may be exposed:

There are certainly cases of threatening to harm a child, threatening to harm a child's sibling, parents, pets, as a more overt way; and then using physical force and physical violence to demonstrate that not only are you [the perpetrator] threatening, but here is a taste of it, in case you [the victim] start to resist.¹²⁵

As described above, there are some institutional settings where grooming may be less common because children are already isolated from supportive or protective adults. Where there are unequal power dynamics between the potential perpetrator and victim, the perpetrator may also have less need to embark on a grooming process and may instead force a child into an abusive situation.¹²⁶

In private sessions, we heard from many survivors who experienced sexual abuse in the context of physical punishment and violence. Related forms of abuse and neglect, including physical abuse, are considered in Section 2.3 of this chapter.

Physical violence used to coerce victims

In *Case Study 5: Response of The Salvation Army to child sexual abuse at its boys' homes in New South Wales and Queensland*, we heard about the close association between physical and sexual abuse in the homes. Physical punishment caused the boys to fear the officers and was used to coerce them into being sexually abused or into covering it up.¹²⁷

We found that at all four homes, there was physical abuse and a culture of frequent excessive physical punishment which was on occasion brutal.¹²⁸

We also found that sexual abuse of the boys by officers or employees of The Salvation Army in all four homes was often accompanied by physical violence or the threat of physical violence.¹²⁹

One former resident described how an officer approached him in the toilets at one of the homes. The officer tried to have sex with him, and when he attempted to escape, he was tripped and kicked until he was unconscious. He said he later awoke to being raped.¹³⁰

2.3 Related forms of child abuse and neglect

Although our Terms of Reference required us to inquire into child sexual abuse, we were also required to look at ‘related matters’. These are defined as ‘any unlawful or improper treatment of children that is, either generally or in any particular instance, connected or associated with child sexual abuse’. Other forms of unlawful or improper treatment of children that are often experienced in conjunction with sexual abuse include physical abuse, emotional abuse, neglect, and child labour and exploitation.

These forms of abuse include beatings and other physical violence causing injury, the denial of care and affection, children being forced to work, and precluding children from being able to engage in typical childhood activities such as playing.¹³¹ Neglect is the failure of individuals or organisations to protect and nurture children.¹³²

Some forms of harm experienced by children, such as female genital mutilation, are broadly classified as a form of child abuse and neglect.¹³³ The World Health Organization defines female genital mutilation as ‘all procedures involving partial or total removal of the female external genitalia, or other injury to the female genital organs for non-medical purposes’.¹³⁴ Female genital mutilation is illegal in Australia.¹³⁵ We did not hear about any cases of female genital mutilation in private sessions, public hearings or written accounts.¹³⁶

This section discusses research on the co-occurrence of sexual and other forms of abuse and neglect, and describes what we heard about related forms of abuse in our case studies and private sessions. While our Terms of Reference directed us to consider forms of abuse or neglect connected or associated with child sexual abuse, we acknowledge that many children in institutions, particularly residential care, have experienced a broad range of abuse and neglect.

Previous inquiries into child abuse and neglect in Australian institutions

A number of Australian Government and state government inquiries have examined the abuse and neglect experienced by children in institutions. Some examples of findings are listed below:¹³⁷

- In some cases, the abuse began on a child's arrival at an institution. Children were stripped for health exams and had their possessions confiscated.
- Living conditions were unsuitable, food was insufficient and in some cases rotten, and clothes were of poor quality. Children were exposed to extreme cold.
- Children were deprived of affection, nurturing and education. In some cases, birthdays were not celebrated and children were not referred to by name or were forced to change their name.
- Children were separated from siblings and sometimes lied to about the death of parents and other family members.
- Children were made to feel unloved, unwanted, guilty, and in some cases evil.
- Punishment was common and occurred for trivial reasons such as talking during mealtimes, giggling at the 'wrong' time or bedwetting. Punishments ranged from beatings to performing routine tasks, withdrawal of privileges, forced isolation and humiliation. Some institutions punished all children and blamed one child in order to ostracise that child.
- Aboriginal and Torres Strait Islander children were systematically denied their cultural identity through the suppression of language and culture, and the absence of contact with siblings, family and community.
- Child migrants suffered a loss of identity including not knowing their names, families or histories.
- Physical abuse was very common, and took the form of beatings and burnings, which sometimes required hospitalisation. Many children did not report physical abuse because they did not think they would be believed or were threatened with further physical abuse. Physical abuse was often unpredictable and children lived in a state of fear.
- Children were forced to witness the abuse of others, and in some cases to participate.
- Most children were forced to work, usually without compensation.
- Children were deprived of healthcare and health education, and were subjected to medical experiments.
- Some children died in care.

We commissioned research into the history of Australian inquiries reviewing institutions providing care for children. More information on the 83 inquiries into children in care in Australia between 1852 and 2013 can be found in this study.¹³⁸

2.3.1 Co-occurring forms of abuse

Child sexual abuse rarely occurs in isolation from other types of maltreatment. Victims of child sexual abuse are likely to experience other forms of maltreatment including physical abuse, emotional abuse and neglect. Research from the United States using the Developmental Victimization Survey indicates that 94 per cent of victims of child sexual abuse experienced other forms of abuse or neglect in the same year, while 73 per cent of victims experienced four or more instances of other abuse or neglect.¹³⁹

The experiences shared in private sessions also illustrate the high rates of related forms of abuse and neglect (Table 2.1). In private sessions, 57.3 per cent of survivors told us they had experienced another form of maltreatment connected to sexual abuse. The most common form of co-occurring maltreatment experienced was emotional abuse (80.7 per cent). The second most common form of co-occurring maltreatment was physical abuse (64.4 per cent). However, in private sessions, substantially fewer survivors reported experiencing neglect (15.7 per cent).

Table 2.1 – Proportion of victims who told us they experienced other forms of maltreatment concurrently with child sexual abuse, by victim gender, private sessions May 2013 – May 2017

Form of maltreatment	All victims (%)	Female (%)	Male (%)
Emotional	80.7	84.8	78.5
Physical	64.4	58.8	67.4
Neglect	15.7	20.5	13.0
Child labour (non-sexual exploitation)	11.3	14.2	9.8
Witnessing the abuse of others ^a	18.1	16.1	19.1

^a Abuse witnessed may be sexual or non-sexual

In an Australian context, reports of harm substantiated by child protection authorities also show high rates of multiple forms of abuse and neglect (although not as high as the rates found in the United States study). Where sexual abuse was recorded as the primary type of abuse or neglect, emotional abuse was also recorded in 23 per cent of cases, neglect was recorded in 14.1 per cent of cases and physical abuse was recorded in 7.4 per cent of cases (see Table 2.2). Where neglect, physical abuse or emotional abuse were recorded as the primary abuse, sexual abuse was also recorded in an average of 1.7 per cent of cases.¹⁴⁰

While reports to child protection authorities indicate that sexual and other forms of abuse and neglect frequently co-occur, the statistics are likely to understate the incidence of multiple forms of abuse. This is because these reports on the experience of multiple forms of abuse are based on a small subset (17 per cent) of all allegations to child protection agencies that are investigated and substantiated.¹⁴¹ Furthermore, many instances of child abuse will not be reported to child protection agencies as victims may fear they will not be believed or may wish to comply with a perpetrator's demands to maintain silence (see Volume 4, *Identifying and disclosing child sexual abuse*). Institutional reporting policies and the individual recording practices of workers are also likely to affect the number of cases reported to child protection authorities.¹⁴²

Table 2.2 – Number and proportion of co-occurring substantiated forms of harm in 2015–16 published by the Australian Institute of Health and Welfare

Primary type of harm	Co-occurring type of harm				Total number of substantiations
	Physical abuse (%)	Sexual abuse (%)	Emotional abuse (%)	Neglect (%)	
Physical abuse	..	1.8	50.8	26.2	10,808
Sexual abuse	7.4	..	23.0	14.1	7,171
Emotional abuse	22.0	1.9	..	32.8	26,217
Neglect	7.1	1.4	24.6	..	16,734

The statistics presented above do not identify whether the abuse took place in an institutional or familial context, although research we commissioned on multiple forms of abuse and neglect in institutions gives a similar picture.¹⁴³ Using a subset of approximately 2,800 private sessions, the research found that sexual abuse frequently co-occurred with physical or emotional abuse, but that there were differences over time.¹⁴⁴ Physical and emotional abuse were more commonly reported prior to 1970 – for example, 75 per cent of victims prior to 1970 reported experiencing emotional abuse and 71 per cent reported physical abuse.¹⁴⁵ This compared with 67 per cent of victims from 1990 to 2015 reporting emotional abuse and 41 per cent reporting physical abuse.¹⁴⁶ The study found that the nature of the related forms of abuse and neglect also changed over time. For example:

- Prior to 1970, emotional abuse typically included creating a culture of mistrust, uncertainty around when abuse might occur, threats to kill family, threats of additional abuse or going to hell if the victim disclosed, and reminding the victim of their isolation and vulnerability.¹⁴⁷
- Between 1970 and 1989, emotional abuse commonly involved teasing the victim about being homosexual, blaming the victim, threatening to shame the victim's parents and threatening to rape the victim.¹⁴⁸
- After the 1990s, common forms of emotional abuse reported included 'bullying and harassment to engage in sexual activities'.¹⁴⁹

In another study of around 700 care-leavers including Forgotten Australians, members of the Stolen Generations and Former Child Migrants who resided in institutions including children's homes, orphanages and other forms of out-of-home-care between 1930 and 1989, most participants (96.7 per cent) experienced some form of maltreatment.¹⁵⁰ Emotional, physical and sexual abuse frequently co-occurred and around 41 per cent of participants in the study experienced all forms of maltreatment (physical abuse, sexual abuse, verbal abuse, emotional abuse, witnessing violence, bullying, neglect and other).¹⁵¹

This study's findings are echoed by what we heard in our case studies about abuse in residential care settings, particularly in historical residential care. In the *Nature, cause and impact of child sexual abuse* case study, Mr Frank Golding of CLAN, gave evidence that these facilities were intimidating, violent and highly sexualised environments. Children were humiliated and lacked privacy when showering and going to the bathroom, and were forced to undress in front of other children and staff. Children also felt a mix of fear, shame and guilt when other children in the institution, including their friends, were sexually abused.¹⁵²

In many private sessions, survivors described the related forms of abuse and neglect they experienced. 'Jeanette', who told us she was sexually and physically abused by a teacher at her school, described the physical abuse she experienced:¹⁵³

She'd pull my hair and shove my face in the dirt. There was a lot of times she'd grab my arm and twist it behind my back. I felt like she nearly broke my arm. Many times she'd drag me down to my knees on the concrete and smash my knees into the concrete so I wouldn't be able to walk properly. Mum and Dad would see me hurt and limping and still make me go to school. They didn't understand what was going on. They thought I was accident prone. I couldn't communicate what was going on.

In another private session, 'Jacinta' described how she was placed in a girls' home in suburban Brisbane just before her 14th birthday in the 1960s.¹⁵⁴ She told us a clique of girls physically and emotionally abused her by calling her a dog and barking at her when she passed. 'Jacinta' told us she was dragged from her bed by these girls and taken to the toilets. 'I know I was struggling and pleading, then I was gagged with my own underwear. The next thing I know is I was being assaulted with what I believe to be a mop/broom handle.' 'Jacinta' also remembers physical abuse and neglect perpetrated by the staff at the home. 'Jacinta' told us when she was severely injured and unable to attend to her own toileting and personal care, the staff left her to sleep in her own urine rather than assist her. 'Jacinta' told us she was also denied educational opportunities and made to work as unpaid labour in the home's laundry instead of attending school.

We also heard about related forms of abuse and neglect in public hearings.

Other forms of abuse and neglect connected to sexual abuse

In *Case Study 26: The response of the Sisters of Mercy, the Catholic Diocese of Rockhampton and the Queensland Government to allegations of child sexual abuse at St Joseph's Orphanage, Neerkol*, we heard of physical and emotional abuse, as well as neglect and child exploitation. Children at the orphanage were provided with insufficient and inadequate food and a lack of appropriate medical attention and treatment.¹⁵⁵

A survivor said that 'life at Neerkol was hell'. She said that the religious sisters displayed no love or affection and the children were made to feel like a number. She told us that, on the rare occasions when her family visited, the religious sisters said things like, 'Well, your family doesn't want you', after they left.¹⁵⁶

We were satisfied that, during the period that the orphanage was in operation, the punishment administered by some religious sisters and employees was cruel and excessive and did not accord with the regulations in place under the relevant legislative framework.¹⁵⁷

One survivor said that the physical abuse came out of nowhere in reprisal for doing things that the children did not know were wrong.¹⁵⁸ One survivor described being punished by being locked in a dark room off the main dormitory and left for a full day without food or water. She said that they were told if they cried they would be beaten, but 'even if we didn't cry, the religious sisters would enter the room now and then and beat us'.¹⁵⁹

In private sessions, survivors commonly told us that sexual abuse by another child took place in a context of peer bullying and harassment. Often, the bullying and abuse was violent, and the child with harmful sexual behaviours was older and held a higher status within the institution. In most cases, the abuse occurred away from the view of adults, although other children were sometimes present. Similar experiences were demonstrated in a study of care-leavers, which showed that bullying was the most common form of abuse by peers, having been experienced by 77.6 per cent of care-leavers included in the study.¹⁶⁰

Experiencing multiple forms of abuse and neglect can have impacts beyond those of individual events.¹⁶¹ For example, studies on the effects of multiple forms of victimisation on the mental health of children and adolescents have found that cumulative exposure to different forms of abuse and neglect increases the severity of mental health impacts.¹⁶² For more information on impacts, see *Volume 3, Impacts*.

2.4 Our understanding of institutions

Our Terms of Reference directed us to examine child sexual abuse in institutional contexts. To undertake this task, we had to understand institutions and institutional contexts in Australia, both past and present.

Institutions play an important and beneficial role in children's lives. They are integral to the development, protection and education of children. However, too many institutions have failed to protect children from sexual abuse or to respond appropriately when it occurs. Past inquiries unearthed numerous accounts of children being sexually abused in institutional contexts.¹⁶³ Incidents of child sexual abuse in certain types of institutions have also been detailed in research.¹⁶⁴

Our inquiry provided an opportunity to examine a wide range of institutions in which children have been sexually abused, as well as institutional responses to abuse. This section outlines our understanding of institutions, including our definition of an institution and an institutional context. Chapter 4 examines the types and numbers of institutions that we were told about in private sessions. The historical development of child protection and welfare institutions in Australia is discussed in Chapter 6.

2.4.1 Defining institutions

Institution

Our Terms of Reference defined the term 'institution' broadly.

For the purposes of our inquiry, it includes any public or private body, agency, association, club, institution, organisation or other entity or group of entities of any kind that is, or was in the past, involved with children. This includes entities that provide, or have at any time provided, activities, facilities, programs or services of any kind that provide the means through which adults have contact with children.

Institutional context

Our Terms of Reference specified that child sexual abuse occurs in an institutional context if, for example, the abuse:

- happens on the premises of an institution, where its activities occur or in a context in connection with its activities
- is engaged in by an institution's official in circumstances where the institution has, or its activities have, in any way contributed to the risk of abuse
- happens in any other circumstances where an institution is, or should be treated as being, responsible for adults having contact with children.

2.4.2 Institution types

Our inquiry focused on the responses of institutions where the abuse took place, as well as external institutions responsible for monitoring, oversight and law enforcement.

Types of institutions where abuse took place

We had two ways of categorising institutions where we were told children were sexually abused. First, we categorised institutions by management type. Second, we categorised institutions by the services or activities provided.

We grouped institutions into three management types:

- government organisations – including institutions managed by federal, state, territory and local governments such as state schools, youth detention centres, and hospitals for children with disability
- non-government religious organisations – such as those within Christian, Jewish or other faiths – managing places of worship, non-government schools, private hospitals, and residential institutions
- non-government non-religious organisations – including private companies, not-for-profit organisations, and small businesses – managing institutions such as dance studios, sports clubs, welfare services and residential facilities for children, including those with disability.

We used the following categories for the types of services or activities provided:

- armed forces, such as the Australian Defence Force and community-based defence cadet programs
- child-care services, including short-term and non-residential care for children at childcare centres, family day care and play groups
- schools, including day and boarding, and co- or single-sex education
- health and allied services provided at general practices, hospitals, health clinics and mental health facilities
- youth detention, including facilities that house children accused or convicted of a crime; immigration detention centres; and law enforcement facilities, such as prisons and remand, youth training and assessment centres
- historical residential care (pre-1990), including residential institutions, such as orphanages, missions, industrial schools and reformatories, and residential institutions for children with disability
- contemporary out-of-home care (1990 onwards), such as foster care, kinship care and residential care services
- religious activities to impart or share religious or spiritual beliefs
- family and youth support services, including short-term advocacy, welfare and family support
- supported accommodation, including short-term voluntary residential care such as overnight respite and youth refuges
- sporting, recreational and club activities for children outside of school, such as swimming, camps, Scouts, music and dance tuition
- youth employment, such as apprenticeships, traineeships or cadetships.

In private sessions and case studies, we also heard about victims' interactions with regulatory, external oversight and criminal justice institutions (see Chapter 4). In some cases, these institutions failed to protect children or respond adequately to allegations of child sexual abuse. Volume 7, *Improving institutional responding and reporting*, examines institutional responses to complaints of child sexual abuse, and the need for independent oversight of complaint handling. Our recommendations to improve criminal justice responses to child sexual assault are published in our *Criminal justice* report.

Endnotes

- 1 World Health Organization, *Report of the consultation on child abuse prevention*, World Health Organization, Geneva, 1999, p 15.
- 2 In addition to the five main types of child maltreatment – physical abuse, emotional abuse, sexual abuse, neglect, exposure to family violence – the Australian Institute of Family Studies notes that researchers have identified other forms of maltreatment including: foetal abuse; bullying or peer abuse; sibling abuse; exposure to community violence; institutional abuse; organised exploitation; and state-sanctioned abuse. Australian Institute of Family Studies, *What is child abuse and neglect? CFCA resource sheet - September 2015*, 2015, www.aifs.gov.au/cfca/publications/what-child-abuse-and-neglect (viewed 20 September 2016).
- 3 United Nations, *Rights of the Child: Note by the Secretary-General*, United Nations, New York, 2006, p 5.
- 4 S Hillis, J Mercy, A Amobi & H Kress, 'Global prevalence of past-year violence against children: A systematic review and minimum estimates', *Pediatrics*, vol 137, no 3, 2016, p 7. This study is a meta-analysis of child maltreatment prevalence studies from across the world. Studies of children in Oceania only look at children aged 15–17 years.
- 5 M Stoltenborgh, MH van IJzendoorn, EM Euser & MJ Bakermans-Kranenburg, 'A global perspective on child sexual abuse: Meta-analysis of prevalence around the world', *Child Maltreatment*, vol 16, no 2, 2011, p 90.
- 6 Convention on the Rights of the Child, opened for signature 20 November 1989, 1577 UNTS 3 (entered into force 2 September 1990). Australia ratified the United Nation's Convention on the Rights of the Child in December 1990, which means Australia has a duty to ensure all children in Australia enjoy the rights set out in the treaty. Australian Human Rights Commission, *Australia's commitment to children's rights and reporting to the UN*, Australian Human Rights Commission, Sydney, 2007.
- 7 M Stoltenborgh, MH van IJzendoorn, EM Euser & MJ Bakermans-Kranenburg, 'A global perspective on child sexual abuse: Meta-analysis of prevalence around the world', *Child Maltreatment*, vol 16, no 2, 2011, p 90.
- 8 A number of inquiries have examined child abuse in contemporary settings. For example, the Victorian Parliamentary Inquiry into the Handling of Child Abuse by Religious and other Non-Government Organisations (2012–2013); the Children in State Care Commission of Inquiry (2004–2008) in South Australia; and the Tasmanian Select Committee on Child Protection (2011).
- 9 Australian Bureau of Statistics, *4906.0 Personal safety, Australia, 2012* [offline information provided directly by ABS], 2012, www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0 (viewed 30 November 2016). For more information see Chapter 3.
- 10 D Finkelhor, 'Prevalence of child victimization, abuse, crime and violence exposure' in JW White, MP Koss & AE Kazdin (eds), *Violence against women and children: Mapping the terrain*, American Psychologist Association, Washington DC, 2011, pp 20–1. See also United Nations, *General comment No. 13: The right of the child to freedom from all forms of violence*, United Nations, 2011, para 19; Australian Institute of Family Studies, *What is child abuse and neglect? CFCA resource sheet - September 2015*, 2015, www.aifs.gov.au/cfca/publications/what-child-abuse-and-neglect (viewed 20 September 2016); and R Price-Robertson, P Rush, L Wall & D Higgins, *Rarely an isolated incident: Acknowledging the interrelatedness of child maltreatment, victimisation and trauma*, Australian Institute of Family Studies, Melbourne, 2013, p 3.
- 11 Australian Institute of Family Studies, *What is child abuse and neglect? CFCA resource sheet - September 2015*, 2015, www.aifs.gov.au/cfca/publications/what-child-abuse-and-neglect (viewed 20 September 2016).
- 12 Definitions of consent include 'free agreement' in Victoria and Tasmania: *Crimes Act 1958* (Vic) s 34C; *Criminal Code Act 1924* (Tas) s 2A(1). The Commonwealth, New South Wales, South Australia and the Northern Territory define consent as 'free and voluntary agreement': *Criminal Code Act 1995* (Cth) s 268.14; *Crimes Act 1900* (NSW) s 61HA(2); *Criminal Law Consolidation Act 1935* (SA) s 46(2); *Criminal Code* (NT) s 192(1). Queensland and Western Australia define consent as 'freely and voluntarily given': *Criminal Code Act 1899* (Qld) s 348(1); *Criminal Code Act Compilation Act 1913* (WA) s 319(2). *Criminal Code Act 1899* (Qld) s 348(1) further provides that consent means 'consent freely and voluntarily given by a person with the cognitive capacity to give the consent'. The Australian Capital Territory instead lists a range of circumstances in which there is no consent including when violence or force has been inflicted or threatened: *Crimes Act 1900* (ACT) s 67. The age of consent is 16-years-old in New South Wales, Queensland, Victoria, Western Australia, the Australian Capital Territory, the Northern Territory, and the Commonwealth. The age of consent is 17-years-old in South Australia and Tasmania. Australian Institute of Family Studies, *Age of consent laws*, 2016, www.aifs.gov.au/cfca/publications/age-consent-laws (viewed 16 November 2016). Sentencing provisions include: Australian Capital Territory: *Crimes Act 1900* (ACT) s 55(1) – under the age of 10 years; s 55(2) – under the age of 16 years. New South Wales: *Crimes Act 1900* (NSW) s 66A – under the age of 10 years; s 66C – aged between 10 and 16 years. Northern Territory: *Criminal Code* (NT) s 127(2) – aged between 10 and 16 years; s 127(3) – under the age of 10 years. Queensland: *Criminal Code Act 1899* (Qld) s 215(2) – aged between 12 and 16 years; s 215(3) – under the age of 12 years. South Australia: *Criminal Law Consolidation Act 1935* (SA) s 49(1) – under the age of 14 years; s 49(3) – under the age of 17 years. Tasmania: *Criminal Code Act 1924* (Tas) s 124 – under the age of 17 years. Victoria: *Crimes Act 1958* (Vic) s 45 – under the age of 16 years. Western Australia: *Criminal Code Act Compilation Act 1913* (WA) s 320(2) – children under the age of 13 years; s 321(2) – children aged between 13 and 16 years.
- 13 *Marriage Act 1961* (Cth) ss 11, 95.
- 14 Sections 12 and 13 of the *Marriage Act 1961* (Cth) permits a child aged between 16 and 17 years old to marry in 'unusual and exceptional circumstance' where there is parental or guardian consent and a court order authorising the marriage issued by a State or Territory Judge or magistrate.

- 15 Save for the exception above, it is a criminal offence in Australia to marry a child under the age of 18 years; see *Marriage Act 1961* (Cth) s 95. It is also a criminal offence to marry (or cause someone to marry) without full and free consent; see *Commonwealth Criminal Code Act 1995* (Cth) ss 270.7B(1), (2) and *Marriage Act 1961* (Cth) ss 23(1)(d), 23B(1)(d). This includes the use of coercion, threat or deception; see *Commonwealth Criminal Code Act 1995* (Cth) s 270.7A(1) (a). Children under the age of 16 are presumed to be incapable of understanding the nature and effect of a marriage ceremony and (unless proven otherwise) will be taken to have been forced into a marriage; see *Commonwealth Criminal Code Act 1995* (Cth) ss 270.7A(1)(b), (4). A marriage can also only be solemnised by authorised, registered persons and it is a criminal offence for any unauthorized person to solemnise a marriage; see *Marriage Act 1961* (Cth) ss 101, 103.
- 16 Our final report refers to information from private sessions and written accounts collected up until 31 May 2017.
- 17 Australian Institute of Family Studies, *Age of consent laws*, Australian Institute of Family Studies, Melbourne, 2016.
- 18 For example, in Victoria consent can be used as a defence to offences of sexual penetration and indecent acts where the victim is 12 years or over and the accused is no more than two years older than the victims. In South Australia, similarity of age can be used as a defence where the victim is over the age of 16 years and the accused is under the age of 17 years. In Tasmania, consent can be used as a defence, except in anal sexual intercourse offences, where the victim is 15 years or older and the accused is no more than 5 years older than the victim or where the victim is between 12 and 15 years old and the accused is no more than 3 years older than the victim. Australian Law Reform Commission, *Family violence - A national legal response (ALRC Report 114)*, Australian Law Reform Commission, Sydney, 2010, para 25.34.
- 19 Queensland, Tasmania and the Commonwealth are the exceptions. Every other Australian jurisdiction has legislation in place prohibiting sexual acts involving a child who, at the time of the offence, was over the age of consent and a person who at the time of the offence (or generally) was responsible for their care or supervision or was in a position of authority relative to them. H Boxall, *Brief review of contemporary sexual offence and child sexual abuse legislation in Australia*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2014, p 15.
- 20 A Freiberg, H Donnelly & K Gelb, *Sentencing for child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2015, p 53; see also H Boxall, A Tomison & S Hulme, *Historical review of sexual offence and child sexual abuse legislation in Australia: 1788–2013*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2014.
- 21 Australian Institute of Family Studies, *What is child abuse and neglect? CFCA resource sheet - September 2015*, 2015, www.aifs.gov.au/cfca/publications/what-child-abuse-and-neglect (viewed 20 September 2016).
- 22 Australian Institute of Family Studies, *What is child abuse and neglect? CFCA resource sheet - September 2015*, 2015, www.aifs.gov.au/cfca/publications/what-child-abuse-and-neglect (viewed 20 September 2016).
- 23 T Krone & RG Smith, *Trajectories in online child sexual exploitation offending in Australia*, Australian Institute of Criminology, Canberra, 2017, pp 1–2.
- 24 P O’Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 10; AM McAlinden, ‘Setting ‘em up’: Personal, familial and institutional grooming in the sexual abuse of children’, *Social & Legal Studies*, vol 15, no 3, 2006, p 347.
- 25 S Greijer & J Doek, *Terminology guidelines for the protection of children from sexual exploitation and sexual abuse*, End Child Prostitution in Asian Tourism International, Luxembourg, 2016, pp 24–5. Australia has ratified the United Nation’s Optional Protocol to the Convention on the Sale of Children, Child Prostitution and Child Pornography, which defines child prostitution as ‘the use of a child in sexual activities for remuneration or any other form of consideration’ United Nations, *Optional protocol to the convention on the rights of the child on the sale of children, child prostitution and child pornography*, New York, 2000, p 248.
- 26 S Greijer & J Doek, *Terminology Guidelines for the protection of children from sexual exploitation and sexual abuse*, End Child Prostitution in Asian Tourism International, International, Luxembourg, 2016, p 30.
- 27 Z Morrison, A Quadara & C Boyd, ‘Ripple effects’ of sexual assault, Australian Institute of Family Studies, Melbourne, 2007.
- 28 J Prichard & C Spiranovic, *Child exploitation material in the context of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2014, p 5.
- 29 J Prichard & C Spiranovic, *Child exploitation material in the context of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2014, p 8. The production, consumption and distribution of child sexual exploitation material is a criminal offence in each Australian state and territory. The *Criminal Code Act 1995* (Cth) also criminalises the production, distribution and access of child sexual exploitation material outside of Australia.
- 30 J Prichard & C Spiranovic, *Child exploitation material in the context of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2014, p 8.
- 31 J Prichard & C Spiranovic, *Child exploitation material in the context of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2014, p 8.
- 32 S Greijer & J Doek, *Terminology guidelines for the protection of children from sexual exploitation and sexual abuse*, End Child Prostitution in Asian Tourism, International, Luxembourg, 2016, p 11.
- 33 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 19.
- 34 E Ashurst & AM McAlinden, ‘Young people, peer-to-peer grooming and sexual offending: Understanding and responding to harmful sexual behaviour within a social media society’, *Probation Journal*, vol 62, no 4, 2015, p 2.
- 35 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 5.

- 36 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 18–9.
- 37 S Hackett, *Children and young people with harmful sexual behaviours*, Research in Practice, Devon, 2014, p 24.
- 38 S Hackett, *Children and young people with harmful sexual behaviours*, Research in Practice, Devon, 2014, p 42.
- 39 S Hackett, *Children and young people with harmful sexual behaviours*, Research in Practice, Devon, 2014, pp 24, 36.
- 40 A Ferrante, J Clare, S Randall & J Boyd, *Police responses to child sexual abuse 2010-14*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 137; L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008-13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 208–10.
- 41 Research suggests children with harmful sexual behaviours are responsible for a ‘significant minority’ of reports of child sexual abuse. A review of criminal statistics estimated that children were the subject of between one-fifth and one-third of all reported child sexual abuse in the United Kingdom over a 10-year period. Another study suggested an even larger proportion of cases (between 30 and 50 per cent) involve children, mostly boys. S Hackett, *Children and young people with harmful sexual behaviours*, Research in Practice, Devon, 2014, p 15.
- 42 Exhibit 45-001, ‘Speaking notes prepared by Dr Wendy O’Brien’, Case Study 45, EXH.045.001.0001 at 0001. See also W O’Brien, *Australia’s response to sexualised or sexually abusive behaviours in children and young people*, Australian Crime Commission, Canberra, 2010, p 3; D Scott & S Swain, *Confronting cruelty: Historical perspectives on child abuse*, Melbourne University Press, Melbourne, 2002, p 171.
- 43 Transcript of W O’Brien, Case Study 45, 20 October 2016 at 21654:29–30, 21654:34.
- 44 S Greijer & J Doek, *Terminology guidelines for the protection of children from sexual exploitation and sexual abuse*, End Child Prostitution In Asian Tourism International, Luxembourg, 2016, p 69, M Mountjoy, C Brackenridge, M Arrington, C Blauwet, A Carska-Sheppard, K Fasting, S Kirby, T Leahy, S Marks, K Martin, K Starr, A Tiivas & R Budgett, ‘International Olympic Committee consensus statement: Harassment and abuse (non-accidental violence) in sport’, *British Journal of Sports Medicine*, vol 50, no 17, 2016, p 1021.
- 45 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 40: The response of the Australian Defence Force to allegations of child sexual abuse*, Sydney, 2017, p 9. Survivor witnesses gave evidence they were subjected to degrading forms of sexual abuse by other recruits including genital fondling, masturbation, oral sex and anal penetration. Survivor witnesses also said they were subjected to ‘bastardisation’ practices such as ‘blackballing’ or ‘nuggeting’, which involved a junior recruit being held down by other recruits while boot polish, toothpaste or another substance was forcibly smeared on their genitals or anal area, sometimes with a hard brush.
- 46 A Quadara, V Nagy, D Higgins & N Siegel, *Conceptualising the prevention of child sexual abuse: Final report*, Australian Institute of Family Studies, Melbourne, 2015, p 20.
- 47 ‘Virtual child sexual abuse’ is sometimes used as a synonym for ‘online child sexual abuse’. However, these terms have different meanings. ‘Virtual child sexual abuse’ relates to artificially or digitally created images of children involved in sexual activities. The production, consumption and dissemination of such material is a criminal offence in Australia. J Prichard & C Spiranic, *Child exploitation material in the context of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2014, p 9.
- 48 Office of the eSafety Commissioner, *Image-based abuse*, www.esafety.gov.au/women/take-control/online-abuse/image-based-abuse (viewed 16 May 2017).
- 49 S Greijer & J Doek, *Terminology guidelines for the protection of children from sexual exploitation and sexual abuse*, End Child Prostitution in Asian Tourism International, Luxembourg, 2016, pp 22–3.
- 50 S Greijer & J Doek, *Terminology guidelines for the protection of children from sexual exploitation and sexual abuse*, End Child Prostitution in Asian Tourism International, Luxembourg, 2016, pp 22–3.
- 51 S Greijer & J Doek, *Terminology guidelines for the protection of children from sexual exploitation and sexual abuse*, End Child Prostitution in Asian Tourism International, Luxembourg, 2016, p 11.
- 52 Transcript of D Finkelhor, Case Study 57, 27 March 2017 at 27477:40–27478:19.
- 53 Royal Commission into Institutional Responses to Child Sexual Abuse, Community risk and protective factors expert workshops, Sydney, 2016; Royal Commission into Institutional Responses to Child Sexual Abuse, eSafety expert panel meeting, Sydney, 2017.
- 54 H Whittle, C Hamilton-Giachritsis, A Beech & G Collings, ‘A review of young people’s vulnerabilities to online grooming’, *Aggression and Violent Behavior*, vol 18, no 1, 2013, pp 141–2.
- 55 T Blakemore, JL Herbert, F Arney & S Parkinson, *Impacts of institutional child sexual abuse on victims/survivors: A rapid review of research findings*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 43.
- 56 K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 63; T Blakemore, JL Herbert, F Arney & S Parkinson, *Impacts of institutional child sexual abuse on victims/survivors: A rapid review of research findings*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 43.
- 57 The proportions of male and female victims by the duration of abuse is estimated based on the number of victims’ who provided information on the duration of sexual abuse in private sessions.
- 58 These figures are based on the number of private session attendees who provided us with information about the duration of sexual abuse.

- 59 These figures are based on the number of private session attendees who provided us with information about the duration of sexual abuse.
- 60 These figures are based on the number of private session attendees who provided us with information about the number of episodes of sexual abuse. Some survivors told us they were sexually abused once in one institution, and multiple times in other institutions, meaning the figures total more than 100 per cent.
- 61 These figures total more than 100 per cent because victims are counted in both groups if they reported a single episode of abuse by one perpetrator and multiple episodes of abuse by another perpetrator.
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3 The extent of child sexual abuse in institutional contexts

During the course of the Royal Commission we sought to understand the extent of child sexual abuse in institutional contexts. Our *Redress and civil litigation* report estimates the total number of eligible survivors who will make a claim for payment under a redress scheme in Australia to be 60,000.¹ This number is based on analysis of claims data, data from government redress schemes and our private sessions information. This number provides some indication of the number of survivors of child sexual abuse in institutional settings in Australia but is based on those survivors who would come forward to claim redress. There are likely to be many more survivors of child sexual abuse in institutional settings in Australia who are not included in this number.

We gathered information from a wide range of sources to enable us to better understand how many people have been affected by child sexual abuse in institutional contexts. This included information from private sessions, administrative data (such as police data), and information gathered directly from institutions, as well as data collected through national surveys such as the Australian Bureau of Statistics' Personal Safety Survey and other international research. Although there are limitations with all of these data sources, they demonstrate that the extent of child sexual abuse in institutional settings in Australia is significant, has occurred across many decades and across a wide range of institutions, and has affected tens, if not hundreds, of thousands of people.

This chapter details what the Royal Commission learned about the extent of child sexual abuse in institutional contexts in Australia and describes the limitations of the information that was available to us. Despite these limitations, we learned that a very large number of people in Australia have been affected by child sexual abuse in institutional settings:

- A conservative estimate from analysis of data collected through the Australian Bureau of Statistics' Personal Safety Survey suggests that there are at least 69,000 people in Australia who were sexually abused as children by a doctor, teacher or minister of religion in an institutional setting before the age of 15.² This survey only collects limited information on child sexual abuse in institutional settings and underestimates the total number of victims and survivors of child sexual abuse in institutional settings living in Australia.
- 1,642 reports to police between 2010 and 2014 involved children with harmful sexual behaviours in institutional contexts.³ This figure underestimates the total number of children sexually abused by a child in institutional settings in Australia because of the high number of reports which did not record information on the age of the person carrying out the abuse.
- Analysis of police data suggests that child sexual abuse in contemporary institutional contexts accounts for approximately 5 per cent of all reported child sexual abuse. This figure underestimates the incidence of child sexual abuse in institutional settings because it does not account for delayed reporting and under-reporting.⁴

One of the key gaps in the information available to us was that we had no data collected from a nationally representative sample specifically on the prevalence of child sexual abuse in institutional contexts in Australia. Unlike other developed countries such as the United States, the United Kingdom and New Zealand, the Australian Government does not currently fund a national prevalence study to determine the extent of child maltreatment, or more specifically of child sexual abuse in familial, community or institutional contexts.⁵ Without such a survey, it is difficult to provide accurate estimates of how many people in Australia have experienced child sexual abuse in an institutional context or in other settings, and whether the rate is increasing or decreasing over time.

3.1 Understanding extent

The extent of child sexual abuse in institutional contexts can be measured through prevalence and incidence. ‘Prevalence’ refers to retrospective data on the proportion of people in the Australian population who have ever experienced sexual abuse in an institutional context before the age of 18. ‘Incidence’ refers to the number of new cases of sexual abuse in an institutional context occurring over a specified amount of time, usually a year.⁶ Prevalence is usually expressed as a percentage, and incidence is usually expressed as a number or rate per 10,000 people in the population.

3.1.1 Why estimates of extent vary

Research examining the extent of child sexual abuse is complex. Aspects of research methodology influence the estimates of sexual abuse. Because different studies use different methodologies, estimates of the extent of the problem can vary.

Aspects of research methodology that can influence the outcome include:

- **The definition of key terms.** For example, studies that define sexual abuse as acts of penetration report lower estimates than studies that use definitions that include violations of privacy or exposure to pornography.⁷
- **The study sample.** The most reliable estimates of extent are obtained by using nationally representative samples. These studies can require a significant investment in time and money.⁸ However, they often do not adequately include specific groups of interest who may be missed by a national study. Other studies use ‘convenience’ samples, such as inpatients in a psychiatric clinic.⁹ Studies using convenience samples are less useful for estimating the extent in the general population.

- **Whether the research uses survey data or information from government and agencies.** Some studies use surveys and ask people directly about their experience of violence, such as attempts or threats of physical or sexual assault.¹⁰ Other studies use official information from government departments and agencies ('administrative data'), such as child protection, education or police records. This data is usually collected for non-research purposes. Administrative data is often limited to information on cases of abuse, such as child sexual abuse, that have been detected, and may underestimate the true extent of abuse.
- **The number of questions and how they are worded.** This can affect the likelihood of a respondent disclosing abuse. In general, studies that ask one question report lower estimates of sexual abuse.¹¹ The wording of questions can also influence how many people report sexual abuse, particularly if it requires a respondent to identify as a victim.¹² More accurate estimates are generally obtained from behaviourally specific, descriptive questions.¹³

Studies attempting to estimate the extent of child sexual abuse are more likely to approach the true extent when they use broad definitions of sexual abuse, a nationally representative sample and well-designed questions. The Sexual Abuse and Violence in Ireland survey incorporated these methods and found that 20.4 per cent of women and 16.2 per cent of men had experienced contact child sexual abuse, and a further 10 per cent of women and 7.4 per cent of men reported non-contact child sexual abuse.¹⁴

3.1.2 Under-reporting and delayed reporting

Under-reporting and delays in reporting further limit the accuracy of prevalence data. Of the 6,875 survivors who had participated in private sessions up until 31 May 2017, 5,518 survivors provided information on whom they disclosed to. Of these 5,518 survivors, 80.8 per cent had not reported the sexual abuse to the police. Many people told us in private sessions that they know of others who experienced sexual abuse as children and have not reported the abuse. We have heard that distrust of police and government can inhibit people from disclosing abuse. Some survivors chose not to disclose abuse because they thought they would not be believed. Others did disclose to police and were not believed. A lack of understanding by survivors of existing reporting mechanisms is another reason for under-reporting to authorities. *Volume 4, Identifying and disclosing child sexual abuse*, provides more information on when victims disclose, who they tell, what factors can influence disclosure and the barriers to disclosure.

Delayed reporting may be particularly common for child sexual abuse in institutional contexts where the perpetrator is in a position of trust or authority.¹⁵ An examination of New South Wales police data found the cases of child sexual assault that had the greatest likelihood of delayed reporting involved alleged perpetrators who were in a position of authority in relation to the child. Cases that had the least delay in reporting were those where the person of interest was not known to the victim.

Research studies have also shown consistent findings on gender differences for disclosure. Boys are often more reluctant to disclose than girls.¹⁶ For these reasons, the limited available data on prevalence of child sexual abuse in institutional contexts should be considered an underestimation.

Australia does not have comprehensive national data on under-reporting or delayed reporting of child sexual abuse. However, international studies give an indication of the problem. For example, in Ireland an anonymous telephone survey on child sexual abuse conducted in 2001 showed high rates of under-reporting. The survey found that over two in five (41.2 per cent) of all victims had never told anyone about the abuse. Men aged over 50 were especially unlikely to have told anyone. When researchers asked why survey participants had decided to share the details of their undisclosed abuse, the majority of respondents reported that it was because they had been asked and they wanted to help with the survey.¹⁷

Findings from our research on claims of child sexual abuse received by Catholic Church authorities and complaints of child sexual abuse received by Anglican Church dioceses found long delays in reporting child sexual abuse

A substantial proportion of the people who contacted the Royal Commission made allegations of child sexual abuse occurring in Catholic Church and Anglican Church institutions. We analysed claims and complaints data that had been received by Catholic Church authorities and Anglican Church dioceses respectively and found long delays between the first alleged incident of child sexual abuse and the date the claim or complaint was received by the relevant Church authority.

The Catholic Church claims data showed that the gap between first alleged incident of child sexual abuse and the date when the claim was received by the Catholic Church authority was more than 30 years in 59 per cent of the claims, and more than 20 years in 81 per cent of claims.¹⁸ The average time between the first alleged incident date and the date the claim was received was 33 years.¹⁹

The Anglican Church complaints data showed that the time between first alleged incident of child sexual abuse and the date the complaint was received by the relevant Anglican Church diocese was more than 30 years in 51 per cent of the complaints, and more than 20 years in 70 per cent of complaints.²⁰ The average time between the first alleged incident date and the date the complaint was received was 29 years.²¹

Despite these limitations, it has been possible to increase knowledge of the extent of child sexual abuse in Australia. Even a conservative measure is useful to policymakers, researchers, police and the broader community, because it gives an indication of the size of the problem. We now understand the extent of child sexual abuse to be large, despite the likelihood that current figures underestimate the true picture.

3.2 What we learned about extent

3.2.1 Extent of child sexual abuse in all settings

The Australian Institute of Family Studies has looked at a number of different sources on the extent of child sexual abuse in all settings. The best available evidence suggested that 14.0 to 26.8 per cent of girls and 5.2 to 12 per cent of boys experience non-penetrative abuse, such as non-penetrative contact abuse and exposure to pornography, before the age of 16.²² Fewer children experience penetrative abuse: an estimated 4.0 to 12.0 per cent of girls and 1.4 to 7.5 per cent of boys.²³ The variations are due to differences in research methodologies, such as definitions and sample populations.²⁴

Research on the extent of child sexual abuse in institutional contexts has been limited. Most research on institutional contexts has examined specific institutions, such as religious institutions, schools, out-of-home care or youth detention settings.²⁵

Child sexual abuse by adult perpetrators in institutional contexts

The 2012 Australian Bureau of Statistics' Personal Safety Survey provides limited information on the possible extent of child sexual abuse in institutional contexts in Australia perpetrated by adults.²⁶ The main purpose of this survey is to provide information on the nature and extent of violence experienced by men and women in Australia. While not the focus of the survey, information is also collected on experiences of physical and sexual abuse before the age of 15.

Of relevance for our inquiry, the Personal Safety Survey asks participants to specify the relationship of the victim to the alleged perpetrator. Responses were categorised as 'known' persons or strangers. There are three categories of known persons:

1. family members, such as biological relatives and step-parents
2. doctors, teachers and ministers of religion
3. other known persons who do not fit into the above categories.

We analysed data from the 2012 survey where people reported being abused by a doctor, teacher or minister of religion before the age of 15 (category 2). These were likely to be cases of sexual abuse in an institutional context, and helped us to better understand the potential extent of child sexual abuse in institutional contexts in Australia.

The statistics obtained through analysis of the ‘doctor, teacher, minister of religion’ category underestimate the extent of child sexual abuse in institutional contexts because they exclude perpetrators who have other roles in institutions. These include: residential care workers; foster or kinship/relative carers; custodial staff; case-workers; care, respite and support staff working with children with disability; people associated with sport and recreation associations; and people associated with education and religious settings, such as counsellors and church lay workers. These roles are included under ‘other known persons’ (category 3). The Personal Safety Survey does not include sufficient information for us to accurately analyse the perpetrators included in this third category in detail.

There are several other reasons why the 2012 survey underestimates child sexual abuse in institutional contexts. The survey:

- only collects information on the relationship of the perpetrator to the victim for the first incident of abuse. If a person was abused by a doctor, teacher or minister of religion *after* they had been victimised by, for example, a family member, they would not be included in the count of people who have experienced child sexual abuse in an institutional context. However, perpetrators in institutional contexts may target children with a history of abuse in the belief that they are less likely to disclose²⁷
- does not collect information on the location of abuse, which is required to more accurately estimate the extent of child sexual abuse in institutional contexts²⁸
- does not collect information from people living in institutions, including correctional facilities and residential facilities for people with disability. Some research suggests that victims of child sexual abuse may be more likely than those without a history of abuse to commit a criminal offence and receive a custodial sentence.²⁹ Other research suggests that inpatients in mental health facilities report higher rates of sexual abuse than people in the general population.³⁰ People in prison or in hospital during the 2012 survey data collection period were not invited to participate
- does not collect information from people who are unable to consent to, or complete, the survey without assistance, including people with low English language proficiency or with communication difficulties (for example, intellectual disability). There is some evidence that people with disability may be at increased risk of child sexual abuse in institutional contexts³¹
- does not collect information on children sexually abused by other children. During our inquiry we heard that a large number of children were sexually abused by other children in institutional contexts, with 24.4 per cent of private session attendees (of all private session attendees who reported the age of a perpetrator) disclosing sexual abuse by another child
- only asks participants whether they experienced abuse before the age of 15, while the Royal Commission was directed to examine abuse experienced before the age of 18.³²

Despite these limitations, we consider the survey to be the best available data to understand the potential extent of child sexual abuse in institutional contexts, in the absence of a nationally representative prevalence study. The survey was based on a community sample that was broadly representative of the Australian population and allowed for population estimates to be calculated based on the survey responses.

Our analysis of the Personal Safety Survey data shows that in Australia in 2012, approximately 69,600 people aged over 18 (40,200 males and 29,400 females) reported that they had been sexually abused by a doctor, teacher or minister of religion before the age of 15. Thus, sexual abuse by a known but non-familial perpetrator (who was a doctor, teacher or minister of religion) equates to almost 5 per cent of all child sexual abuse captured in the survey data.

We are confident these numbers underestimate the number of children sexually abused in an institutional context.

Table 2.3 – Perpetrator types at first incident of abuse for males and females reporting child sexual abuse before the age of 15 (population estimates derived from the 2012 Personal Safety Survey data)

	Males		Females		Total	
	'000	%	'000	%	'000	%
Known person	309.5	86.3	983.0	89.2	1,292.5	88.5
Family member	97.8	27.3	515.2	46.7	613.0	42.0
Doctor/teacher/minister of religion	40.2 ^a	11.2	29.4	2.7	69.6	4.8
Other known person	175.4	48.9	460.2	41.8	635.6	43.5
Stranger	49.9	13.9	115.7	10.5	165.6	11.3
Total	358.6	100.0	1,102.1	100.0	1,460.7	100.0

^a The ABS advises that this estimate be used with caution.³³

Table 2.3 provides more detail on the breakdown of perpetrator categories for males and females who experienced child sexual abuse before the age of 15. The table shows that the majority of child sexual abuse in Australia (88.5 per cent) was perpetrated by someone known to the victim. The identity of these 'known' perpetrators differed for male and female victims, and especially for the category of 'doctor, teacher, minister of religion'. Over one in 10 males (11.2 per cent) who reported being sexually abused before the age of 15 were abused by a doctor, teacher or minister of religion, compared with 2.7 per cent – or just over one in 50 – of females.

Our analysis of the Personal Safety Survey 2012 suggested that many thousands of Australians have experienced child sexual abuse in an institutional context. We were not able to determine whether the problem has increased or decreased over time.

Child sexual abuse by other children in institutional contexts

During our inquiry we heard from survivors in both private sessions and case studies who had been sexually abused by other children in institutional contexts.³⁴ As with adult perpetrators, data on the extent of children sexually abused by other children is limited and is likely to underestimate the reality. The data that does exist is not uniformly collected across jurisdictions and only reflects detected and reported cases. Little is known about the extent of harmful sexual behaviours by children that are undetected, unreported or do not meet the criminal threshold.

We commissioned research on how reported cases of child sexual abuse made to police were finalised, which included a detailed statistical analysis of the 'extent and nature of child-to-child abuse reported to police from 1 January 2010 to 31 December 2014'.³⁵ This includes historical cases, which were defined as those where the reporting date was 12 months or more after the date of the incident.³⁶ This research found that children reported they were abused by another child in 20 per cent (19,461 incidents) of child sexual abuse reports to police for which perpetrator details were known.³⁷ About eight per cent (1,642 incidents) of reports of child-to-child sexual abuse occurred in institutional settings.³⁸

Of all private session attendees who told us about the age of perpetrators, 1,129 people (24.4 per cent) spoke to us about sexual abuse by another child. Of these, 473 people (41.9 per cent) told us they were sexually abused by another child or other children, with the remainder telling us about sexual abuse by both adults and other children. Volume 10, *Children with harmful sexual behaviours*, includes more information on the extent of child sexual abuse carried out by other children.

3.2.2 Research to examine child sexual abuse in contemporary institutional contexts

We commissioned research to identify information held by government and other agencies that may help us understand the extent of recent child sexual abuse in institutional contexts from 2008 to 2013.³⁹ This included allegations of child sexual abuse made to police, data from bodies administering Working With Children Checks schemes, child protection intake data, child protection 'safety in care' data, and data from education departments and victims of crime services.

The researchers found that only data held by police on allegations of child sexual abuse was suitable for estimating the extent of child sexual abuse in institutional contexts.⁴⁰ This was because the data was available for all jurisdictions and contained information that could be used to indicate whether the abuse occurred in a contemporary institutional context.

The research looked at ‘recent’ allegations of child sexual abuse, where the offence took place no more than five years prior to the reporting period, between 2008 and 2013. The data is also related to allegations, rather than prosecutions, of abuse. This is important because additional research on police responses to child sexual abuse suggests that nationally, almost half of all finalised cases of child sexual abuse did not involve legal action against the offender.⁴¹ ‘Finalisation’ refers to an incident or case that was either cleared, closed or made inactive.⁴²

Research into findings from police data found that a combination of factors account for the finalisation of cases brought to police across Australia. For example, 15 per cent of reported child sexual abuse cases were finalised based on the victim being unwilling to proceed, although the specific reasons for why the complaint was withdrawn are not recorded.⁴³ This accords with research from other studies that ‘cite withdrawal of complaints by victims as a key factor in the early attrition of sexual assault cases’.⁴⁴

Limitations to estimating extent using commissioned research on administrative data

The research presented in *Child sexual abuse in Australian institutional contexts 2008 – 13: Findings from administrative data* was based on all allegations of recent child sexual abuse made to police between 2008 and 2013, rather than a sample of allegations. However, we do not know how accurately these findings represent the actual extent of child sexual abuse in institutional contexts.

There are three main limitations to using this police data to estimate the extent of child sexual abuse in institutional contexts:

- The research examined cases of ‘recent’ abuse – allegations made during the period 2008 to 2013, where the abuse was alleged to have occurred no more than five years prior to the report. We were unable to use this data to estimate the extent of child sexual abuse in institutional contexts historically.
- Police data represents cases of abuse that have been reported to authorities. This is likely to be a small subset of all child sexual abuse. If ‘unreported’ cases were included, the prevalence and incidence of child sexual abuse in all contexts, including institutional settings, would have been higher.
- The research does not take into account that victims often delay reporting or under-report child sexual abuse (see above, Section 3.1.2, and Volume 4, *Identifying and disclosing child sexual abuse*).

The definition of ‘institutional’ child sexual abuse that could be derived from police data was different to the Royal Commission’s definition of an ‘institutional context’. The Royal Commission’s definition included abuse that occurred on the premises of an institution, as well as abuse that occurred off premises but where the institution had a responsibility for the duty of care for the child. In contrast, police collected information on the relationship of the victim to the perpetrator and the location of allegations.⁴⁵ The researchers used two ‘indicators’ to capture child sexual abuse in an institutional context by extracting data on the location of the child sexual abuse allegation and the relationship between the victim and alleged perpetrator:

- The conservative indicator specified that the abuse occurred in certain institutional locations, such as educational, health or correctional facilities. It potentially captured a small number of cases of abuse that did not fall within our Terms of Reference, such as abuse perpetrated by a stranger on school grounds after hours.
- The very conservative indicator specified that the abuse occurred in an institutional location and was perpetrated by someone known but not related to the victim, including ex-intimate partners of adolescent children.

These indicators did not capture sexual abuse perpetrated by someone associated with an institution outside of an institutional location, such as a teacher who abused a child in a private vehicle, or a bus driver who abused a child with disability during school transportation. According to police data analysed in this research, institutions of interest to the Royal Commission – such as out-of-home care and sport and recreation institutions – were not captured as ‘institutional locations’.⁴⁶ For this reason, as well as low rates of reporting and delays in reporting, the police data underestimates the actual extent of child sexual abuse in contemporary institutional contexts.

Case file review to test the *Findings from administrative data report*

A case file review of a small sample of cases of ‘institutional’ and ‘non-institutional’ child sexual abuse in New South Wales and Western Australia revealed that the indicators for abuse in an institutional context used in the findings from administrative data research were generally accurate.⁴⁷

Overall, the case file review supports the conclusions made in the *Findings from administrative data report*, and provides some insight into the nature of and circumstances surrounding reports of child sexual abuse in institutional and other contexts in two Australian states. Administrative data, such as that used by police for the purposes of case management, is valuable for understanding the potential extent of child sexual abuse in contemporary institutional contexts but does not provide a substitute for a nationally representative prevalence study (see Section 3.3).

The research found that child sexual abuse in institutional contexts accounted for approximately 5 per cent of contemporary allegations of sexual abuse made to police within the previous five years.⁴⁸ Due to differences in the ways that jurisdictions recorded data related to ‘institutional contexts’, rates for individual states and territories were not comparable. However, using a conservative definition of ‘institutional context’ in New South Wales, the researchers determined that approximately 1.8 children per 10,000 experienced child sexual abuse in an institutional context between 2008 and 2013. The rates were slightly lower in South Australia and Victoria, and data was not available for other states and territories. The researchers estimated that nationally, there were between 400 and 600 new allegations of child sexual abuse in an institutional context per year.⁴⁹

The analysis of contemporary allegations of child sexual abuse made to police had several strengths, though it was also limited in certain respects. Consideration of these strengths and limitations led Commissioners to consider that the estimate of 1.8 children per 10,000 having experienced child sexual abuse in an institutional context between 2008 and 2013 represented a conservative figure: the true extent may be considerably higher. A more accurate estimate of the extent of child sexual abuse in institutional contexts, including how this has varied over time, could be obtained with nationally representative data.⁵⁰

3.2.3 International research on the extent of child sexual abuse in institutional contexts

We have drawn on international research to better understand the extent of child sexual abuse in institutional contexts. Following an independent commission of inquiry into sexual abuse of children in the Roman Catholic Church in the Netherlands, researchers found that reports of non-familial child sexual abuse were substantially higher for people who had lived in an institution than for those who had not.⁵¹ Specifically, 26.4 per cent of people who had lived in a boarding school, private school, seminary or children’s home before the age of 18 reported child sexual abuse perpetrated by someone outside of the family, compared with 13.2 per cent of people who had not lived in an institution as children.

Research also indicates that the majority of child sexual abuse is perpetrated by someone known to the victim.⁵² International research suggests that abuse perpetrated by a stranger is a relatively rare event, and most abuse is perpetrated by a family member or other known people, such as family friends, other children or teachers.⁵³

Irish research suggests that abuse perpetrated by an authority figure accounts for a sizeable proportion of all child sexual abuse.⁵⁴ The Sexual Abuse and Violence in Ireland (SAVI) survey considered retrospective accounts of childhood sexual abuse among male and female adult participants. The survey reported that 22.1 per cent of male victims of child sexual abuse and 16.3 per cent of female victims had experienced abuse perpetrated by an authority figure, such as a religious minister or teacher.⁵⁵ By comparison, 13.8 per cent of male victims and 23.5 per cent of female victims reported sexual abuse perpetrated by a family member, most commonly an uncle, cousin or brother.⁵⁶

Another study examined the extent of child sexual abuse across a range of institutional contexts in England and Wales.⁵⁷ The study looked at 20,000 records of child protection referrals made to social services or the police between 1988 and 1992.⁵⁸ The study considered substantiated cases of child sexual abuse by a worker in an institution where a child resided or attended. Its findings covered eight local authorities which represented roughly 7 per cent of the population of England and Wales. Researchers used this sample to estimate that, over this five-year period, there were approximately 920 cases of child sexual abuse in an institutional context, or about 185 cases per year.⁵⁹ The institutional cases accounted for 3 per cent of all child sexual abuse reports.⁶⁰

Caution should be exercised when using international research to assess the extent of child sexual abuse in institutional contexts in Australia. The historical role of institutions in Australia, as well as the specific vulnerabilities of particular groups, are unique. Furthermore, the systems to prevent, identify and respond to child sexual abuse are different across Australian states and territories and have developed within particular social and legal contexts (see Chapter 6). However, the international literature lends support to research findings in Australia and is consistent with much of the information we gathered through private sessions.

3.3 Measuring extent in the future

Australia is one of few developed countries where a nationally representative prevalence study on child maltreatment and child sexual abuse specifically has not been conducted.⁶¹ Countries including the United States, the United Kingdom and New Zealand have conducted studies using research methodologies that enable a reliable estimation of child sexual abuse and child maltreatment.⁶²

There is a clear need for nationally representative data on the extent of child maltreatment in Australia, including its occurrence in institutional contexts. Without this data, policymakers and researchers are not able to measure the effectiveness of policy interventions designed to protect children. Without a nationally representative prevalence study, it will not be possible to determine how the extent of child sexual abuse in institutional contexts changes over time, or to compare the prevalence of child sexual abuse in Australia to other developed countries.

A nationally representative prevalence study would:

- establish a baseline for tracking the effectiveness of policies and programs developed in response to our recommendations
- improve understanding of the extent, dynamics and impacts of child sexual abuse in institutional contexts, and child maltreatment more broadly
- identify the factors that may place certain groups of children at higher risk than others

- improve prevention by identifying characteristics and circumstances that increase the likelihood that a child will experience maltreatment
- show how extent changes over time, permitting researchers and policymakers to draw insights into how policy and practice changes have influenced the risk of abuse experienced by children in institutions
- provide an opportunity to gather information on risk factors and impacts of child sexual abuse.

Understanding when and how child sexual abuse occurs in conjunction with other forms of maltreatment reveals more about its nature and context.⁶³ It is more cost-effective to examine multiple forms of maltreatment across different contexts in one study, rather than conducting separate standalone studies.⁶⁴ Researchers and policymakers recognise the importance of examining multiple types of maltreatment together as they often co-occur.⁶⁵ Professor David Finkelhor notes that ‘there are many reasons to believe that children who suffer one [type of] victimization also suffer from others’.⁶⁶

3.3.1 Best approach to a nationally representative prevalence study

There are different options for conducting a nationally representative prevalence study, including its scope, design and methodology. There are also different options for how the study is implemented, which are explored below. These recommendations are informed by *Scoping study for research into prevalence of child sexual abuse in Australia*.⁶⁷

A nationally representative prevalence study should:

- include all forms of child maltreatment across institutional and non-institutional contexts
- include a cross-sectional study with a sufficient sample to detect child sexual abuse in institutional contexts. The research suggests a randomly selected sample of 10,000 Australians of all ages for the first iteration, followed by an ongoing survey of a younger cohort.⁶⁸ In the UK, this has been done with young adults aged between 18 and 24⁶⁹
- request participants’ consent for their data to be linked to administrative data via a linkage key
- be repeated on a regular basis. In the United States, national child studies have been conducted at least every five years⁷⁰
- use appropriate interviewing techniques. The research suggests computer-assisted telephone interviewing using landlines and mobiles⁷¹
- use a reliable, valid and comparable tool, which has been tested and piloted. The research suggests an adapted version of the standardised Juvenile Victimization Questionnaire (JVQ)⁷²

- be supplemented with additional surveys to measure the prevalence of child maltreatment among:
 - Aboriginal and Torres Strait Islander people
 - people with disability
 - people from culturally and linguistically diverse backgrounds
 - people living in an institution.

Such a study would enable measurement of whether the implementation of the recommendations of the Royal Commission by governments and institutions has been effective in protecting children. The ability to measure the effectiveness of efforts to protect children will help governments, institutions and communities minimise children’s risk of experiencing abuse. Reducing the number of children who are at risk of sexual abuse will have enormous benefits, sparing children and their families from the trauma of child sexual abuse. It will also reduce the ‘ripple effects’ that child sexual abuse spreads throughout Australia’s society and economy. (For more information on the social and economic costs of child sexual abuse see Volume 3, *Impacts*.) The study should be repeated periodically to identify whether child sexual abuse has increased or decreased over time and ensure policies promote positive change in the safety and wellbeing of young people.

Recommendation 2.1

The Australian Government should conduct and publish a nationally representative prevalence study on a regular basis to establish the extent of child maltreatment in institutional and non-institutional contexts in Australia.

During *Case Study 57: Nature, cause and impact of child sexual abuse in institutional contexts*, Professor David Finkelhor noted the importance of accurate data on the contemporary experiences of abuse of children and young people. He described a survey used regularly in the United States that gathers information directly from children aged 10 to 17, and from the parents of children aged under 10:

Getting that information is really important because a lot of the surveys that have been done of adults reflect an experience that is now in the historical past and really is not good at monitoring how things have been changing in real-time. Having surveys that actually get pretty contemporaneous information on the experience of children, even in cases that have not been reported, is very important and we find that families and children are amenable to disclosing this information in those kinds of surveys.⁷³

Implementation

A national prevalence study could be implemented through a standalone survey or by amending an existing survey.

Best practice standalone survey

International best practice is to carry out a nationally representative prevalence study as a self-standing project.⁷⁴ Contracting out all elements to an external consortium to carry out the survey would ensure appropriate expertise, independence and efficiency. The advantages of this approach are a competitive process that would ensure the best-value delivery with requisite expertise for sampling, design, project management and data management. It would also be more efficient because providers in the sector already have the necessary skills to deliver the survey.⁷⁵

However, there are also disadvantages to this approach. While it would deliver high-quality outcomes, the initial investment required would be significant.

Coordination across key government agencies will be required to align the study with the policy needs of relevant Australian Government departments, as well as equivalent agencies in each of the states and territories (for example, child protection and education).⁷⁶

Amending an existing survey

The advantages of amending an existing survey in Australia is that it costs relatively less than a standalone survey. The cost is reduced because the core expenses of developing the study, such as sample recruitment, data collection and storage infrastructure, have already been covered.⁷⁷ It also minimises duplication, and includes information that may not be available through a linkage key.

The disadvantages of amending an existing survey are significant. The amount of relevant information gathered may be limited and timing can be restricted. It would be a challenge to include a large number of questions on child maltreatment in an existing survey because the main focus of the survey is likely to be tangential to child maltreatment. There is likely to be competition to include items within any existing survey. It is therefore unlikely that a full set of questions about the nature, context, disclosure and outcomes related to child sexual abuse can be attached to an existing survey.⁷⁸ Furthermore, existing surveys may only be carried out irregularly, meaning that it would be difficult to measure the effectiveness of implementation of the Royal Commission's recommendations.

The Personal Safety Survey, administered by the Australian Bureau of Statistics, currently collects a small amount of information from adults relating to experiences of physical and sexual abuse in childhood, and is an option for amending an existing survey.⁷⁹ However, the Personal Safety Survey was not designed to measure experiences of sexual or physical abuse in childhood, and would require significant modification.

Endnotes

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- 3 This equated to 2 per cent of all child sexual abuse incidents reported to police. A Ferrante, J Clare, S Randall & J Boyd, *Police responses to child sexual abuse 2010–14*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 138, footnote 43.
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- 7 Australian Institute of Family Studies, *The prevalence of child abuse and neglect*, Australian Institute of Family Studies, Melbourne, 2017.
- 8 For example, B Mathews, K Walsh, M Dunne, I Katz, F Arney, D Higgins, O Octoman, S Parkinson & S Bates, *Scoping study for research into the prevalence of child abuse in Australia*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016.
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- 12 Australian Institute of Family Studies, *The prevalence of child abuse and neglect*, Australian Institute of Family Studies, Melbourne, 2017.
- 13 JDG Goldman & UK Padayachi, 'Some methodological problems in estimating incidence and prevalence in child sexual abuse research', *The Journal of Sex Research*, vol 37, no 4, 2000, pp 312–3.
- 14 H McGee, R Garavan, M de Barra, J Byrne & R Conroy, *The SAVI report*, The Liffey Press, Dublin, 2002, p xxxii. The SAVI survey interviewed over 3,000 (N=3,120) randomly selected male and female participants over the age of 18 with no upper age limit. The age of participants ranged from 18 to 90 years old (see pp 57–8). The SAVI survey did not include measures to ensure representation from hard to reach groups, though did provide good practice guidelines to increase the recognition of and response to sexual violence in this group.
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- 16 J Cashmore, A Taylor, R Shackel & P Parkinson, *The impact of delayed reporting on the prosecution and outcomes of child sexual abuse cases*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 32–3.
- 17 H McGee, R Garavan, M de Barra, J Byrne & R Conroy, *The SAVI report*, The Liffey Press, Dublin, 2002, p 121.
- 18 Royal Commission into Institutional Responses to Child Sexual Abuse, *Analysis of claims of child sexual abuse made with respect to Catholic Church institutions in Australia*, Sydney, June 2017, p 14.
- 19 Royal Commission into Institutional Responses to Child Sexual Abuse, *Analysis of claims of child sexual abuse made with respect to Catholic Church institutions in Australia*, Sydney, June 2017, p 14.
- 20 Royal Commission into Institutional Responses to Child Sexual Abuse, *Analysis of complaints of child sexual abuse received by Anglican Church dioceses in Australia*, Sydney, June 2017, p 12.
- 21 Royal Commission into Institutional Responses to Child Sexual Abuse, *Analysis of complaints of child sexual abuse received by Anglican Church dioceses in Australia*, Sydney, June 2017, p 12.
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- 32 Consistent with the definition of a child in the Convention on the Rights of the Child, opened for signature 20 November 1989, 1577 UNTS 3 (entered into force 2 September 1990), art 1.
- 33 The ABS reports on the reliability of statistical estimates using relative standard error (RSE). Low levels of RSE indicate that the ABS is confident that the statistical estimate approximates the true, underlying value in the general population. High levels of RSE indicate that the ABS is not confident that the estimate approximates the true value in the general population. Because relatively few people in the PSS 2012 survey sample reported abuse perpetrated by a doctor, teacher or minister of religion, the ABS advises in some cases that the associated statistical estimates be 'used with caution'. This is the case for the number of males in the general population who reported abuse perpetrated by a doctor, teacher or minister of religion. Australian Bureau of Statistics, *4906.0 Personal safety, Australia, 2012* [offline information provided directly by ABS], 2012, www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0 (viewed 30 November 2016).
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- 35 A Ferrante, J Clare, S Randall & J Boyd, *Police responses to child sexual abuse 2010–14*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p vi.
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- 37 However, as information on the age of the offender was missing in more than 40 per cent of child sexual abuse reports, this figure does not indicate the incidence of child-to-child sexual abuse. A Ferrante, J Clare, S Randall & J Boyd, *Police responses to child sexual abuse 2010–14*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 137.
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- 39 L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008–13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017.
- 40 See discussion L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008–13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 205–6. Other data sources were deemed unsuitable for estimating the extent of child sexual abuse in institutional contexts. For example, education and child protection intake data were only available for some states; child protection safety in care data only provided information about one institution type (out-of-home care); and the information held by Working with Children Checks administering bodies provided information on the perpetrators of child sexual abuse, rather than victims.
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4 Who we heard about

Talking to people in private sessions enabled Commissioners to understand more about those affected by child sexual abuse in institutions. This included people who were sexually abused in institutions as children, their families, carers and supporters, other children in institutions where abuse took place, and whistleblowers.

In private sessions up to 31 May 2017, we spoke to 6,875 victims and survivors of child sexual abuse in institutional contexts, their families and friends and others. Chapter 4 presents some of what we learned from private sessions, including:

- the characteristics of victims at the onset of the abuse
- information about other people including family members and whistleblowers
- what we were told about adult perpetrators and children with harmful sexual behaviours
- the types of institutions in which the abuse occurred and institutions with regulatory, external oversight and criminal justice functions.

While information from private sessions illustrates the experiences of many people who were sexually abused as children in institutions, it may not represent the extent or experiences of child sexual abuse in the broader Australian community. This is because people had to approach us to attend a private session, which some parts of the community may have been more or less likely to do.

As such, we also draw on material from our public hearings and research to better understand victims, adult perpetrators, children with harmful sexual behaviours and the institutions where sexual abuse occurred. From time to time we also present information we received from all people who contacted the Royal Commission and were within our Terms of Reference (15,249 individuals as at 31 May 2017). This includes people who provided written accounts and verbal information and those who attended private sessions. More information about people who contacted us and were within our Terms of Reference is included in Volume 1, *Our inquiry*.

4.1 Victims

This section presents information on the characteristics of victims we heard about in private sessions. It also provides information from private sessions on children who are more likely to come into contact with higher risk institutional settings, such as residential and out-of-home care, youth detention and immigration detention. Children who may have more contact with high risk institutional settings include Aboriginal and Torres Strait Islander children, children with disability and children from culturally and linguistically diverse backgrounds.

During private sessions we heard from survivors with diverse backgrounds and experiences. We learned that:

- the majority of survivors we heard from in private sessions (64.3 per cent) were male
- more than half of all survivors who reported their age at the time of abuse told us in private sessions that they were aged between 10 and 14 years when they were first sexually abused
- female victims tended to be younger than male victims when they were first sexually abused
- 14.3 per cent of all survivors who attended a private session were Aboriginal and Torres Strait Islander people
- 4.3 per cent of all survivors who attended a private session told us they had disability at the time of the abuse.

4.1.1 Gender of victims

During private sessions, Commissioners heard about more male than female victims of child sexual abuse in institutions. Just under two-thirds (64.3 per cent) of the victims we heard about in private sessions were male and just over one-third (35.4 per cent) were female. In private sessions, five victims (0.1 per cent) identified as gender diverse (for example, transgender or of non-binary gender) (see Table 2.4).¹

Table 2.4 – Gender of all victims from private sessions, May 2013 – May 2017

Gender	Number of victims	Proportion of all private session attendees (%)
Male	4,422	64.3
Female	2,437	35.4
Other ^a	5	0.1
Unknown ^b	11	0.2
Total	6,875	100.0

^a 'Other' refers to victims who were gender-diverse or gender-neutral.

^b 'Unknown' indicates that information about the victim's gender was not provided.

What we heard in private sessions about the gender of victims is consistent with research suggesting that historically the majority of victims of sexual abuse in institutions were male, particularly in religious institutions.² In contrast, girls are more likely than boys to be sexually abused across all other settings such as in the family or community, where the majority of child sexual abuse occurs.³ Research we commissioned also suggests that girls are more likely to be the victims of child sexual abuse in contemporary institutional contexts.⁴

In private sessions, the proportion of male and female victims we heard about varied depending on the management type of the institution where the sexual abuse occurred:

- Sixty per cent of survivors who told us during private sessions that they were abused in an institution managed by government organisations were male.
- Sixty-seven per cent of survivors who told us during private sessions that they were abused in institutions managed by non-government, secular organisations were male.
- Seventy per cent of survivors who told us during private sessions that they were abused in institutions managed by religious organisations were male.

The proportions of male and female victims also varied according to the services or activities provided by institutions. We heard about higher proportions of male victims in armed forces, youth employment, recreation, sports and clubs, schools, youth detention, family and youth support services, religious activities, out-of-home care, and supported accommodation services. We heard about more female victims than male victims in child-care settings (see Figure 2.2).

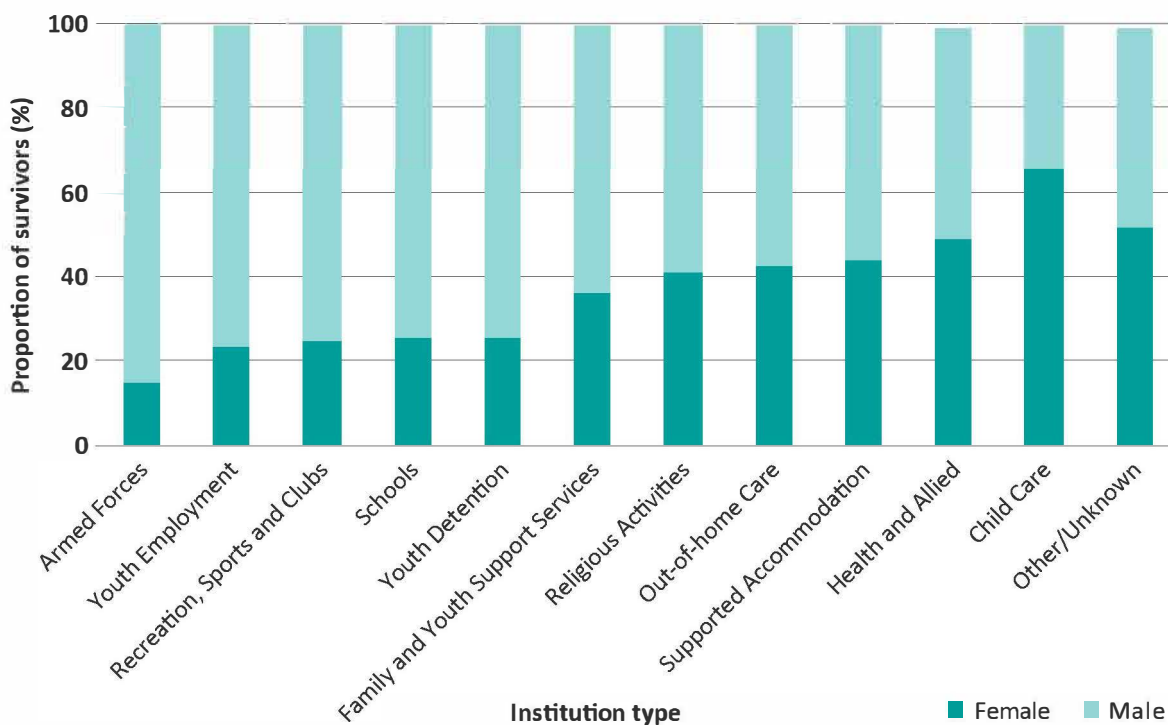


Figure 2.2 – Survivor gender by institution type where the abuse took place as told to us in private sessions, May 2013 – May 2017

4.1.2 Age of victims at time of first sexual abuse

In the course of our inquiry, we heard that children of all ages have been sexually abused in institutions. In private sessions, 85.8 per cent of survivors told us their age when the abuse started. We were most commonly told about sexual abuse that began when the victim was aged between 10 and 14 years. The next most common ages at the time of first abuse were between five and nine years, followed by children aged between 15 and 17 years. We heard about victims aged under four years much less frequently. The female victims we heard about during private sessions tended to be younger than male victims at the time of first abuse (see Table 2.5).

Table 2.5 – Age at first incident of sexual abuse told to the Royal Commission by survivors in private sessions, May 2013 – May 2017

Age	All victims		Male victims		Female victims	
	Number	Proportion (%)	Number	Proportion (%) ^a	Number	Proportion (%)
0–4 years	347	5.9	136	3.6	210	10.0
5–9 years	1,833	31.1	1,053	27.8	777	37.0
10–14 years	3,041	51.5	2,175	57.4	863	41.1
15–17 years	680	11.5	428	11.3	251	11.9
Total	5,901	100.0	3,792	100.0	2,101	100.0

^a The percentage figures in the table do not sum up to 100 per cent due to rounding

Note: This table presents information from private sessions on victims who told us their age when they were first sexually abused. Information from victims who did not tell us their age when the abuse started is not included.

The proportions of victims within each age range described during private sessions is consistent with research we commissioned that analysed reports of child sexual abuse to police over a five-year period. It found that reports of child sexual abuse by non-family members in institutions most commonly involved victims aged between 10 and 14 years.⁵ The proportions of victims in this age category when the abuse started ranged from 45 per cent in South Australia to 60 per cent in the Northern Territory.⁶

Studies on the Catholic Church and institutions associated with the Anglican Church have found that the majority of reported victims were aged between 11 and 14 years in Catholic contexts, and between 10 and 15 years in Anglican contexts.⁷

Why there are more reports of sexual abuse after the age of four

Consistent with what we heard in private sessions, research suggests there are fewer reports of children aged four years and under being sexually abused in institutional and other contexts.⁸ Research we commissioned found that typically less than 5 per cent of victims sexually abused by a non-family member in an institution were aged four years and under at the time of first abuse.⁹

Reasons why there are fewer reports of sexual abuse of children aged four years and under in institutions include:

- children in this age range are likely to experience difficulty in identifying and disclosing abuse (see Volume 4, *Identifying and disclosing child sexual abuse*)
- children in this age range may have fewer interactions with institutions than older children. For instance, the majority of children in this age range are cared for by their families rather than being in formal child-care¹⁰
- adults have difficulty recalling childhood memories from when they were aged zero to four years.¹¹ If adults are reporting sexual abuse they experienced as a child, they may be unable to recall events that took place before they were five years old.

As shown in Table 2.5, 11.5 per cent of survivors who, in private sessions, told us their age when they were first sexually abused said they were aged from 15 to 17 years. We heard that some children aged from 15 to 17 years were not aware that what happened to them is legally considered child sexual abuse (see Chapter 2 for a discussion of age of consent laws). This issue came to light in *Case Study 40: The response of the Australian Defence Force to allegations of child sexual abuse (Australian Defence Force)*. Two female victims, CJE and CJG, gave evidence that they were sexually abused by ADF Cadet Instructor Christopher Adams when they were both 17 years old. In 2015, Adams was convicted of having sexual intercourse with CJE and CJG while they were under his care or authority. CJE gave evidence that, while she knew fraternisation was against the rules, 'at no time during my involvement with Adams did I think having a sexual relationship with him was a crime'.¹²

Commissioners also heard of instances where the sexual abuse continued as the victims became young adults. In *Case Study 4: The experiences of four survivors with the Towards Healing process*, Ms Jennifer Ingham gave evidence that she was sexually abused by Father Brown from the Lismore Diocese when she was aged between 16 and 20 years.¹³

4.1.3 Difference in victim characteristics over time

In private sessions, 94.5 per cent of survivors provided information about the period in which the sexual abuse occurred. Of these survivors, 88.9 per cent told us they were first abused prior to 1990, and 11.1 per cent were first abused after 1990. Even though we heard about more victims prior to 1990, it does not necessarily mean that rates of child sexual abuse in institutional settings have fallen since 1990. Disclosure of child sexual abuse can be delayed by many years (see Volume 4, *Identifying and disclosing child sexual abuse*) and we lack the data needed to track how rates of abuse are changing over time (see Chapter 3).

We heard from many more male than female survivors in the period before 1990 — 65.1 per cent of survivors who told us about child sexual abuse before 1990 were male. Of those male survivors who told us about abuse prior to 1990, 37.9 per cent said they were abused in schools. A further 37.7 per cent said they were abused in out-of-home care settings (mainly residential institutions) and another 14.0 per cent told us they were abused in institutions providing religious activities.

We heard from slightly more male than female survivors in the period since 1990. Of the survivors who told us about sexual abuse starting since 1990, 57.3 per cent were male and 42.7 per cent were female. The proportion of female survivors telling us in private sessions about child sexual abuse in the period since 1990 is higher than for the period prior to 1990.

In the period since 1990, the majority of victims we heard about in private sessions were sexually abused in contemporary out-of-home care and schools. Of those who told us about sexual abuse occurring since 1990, 35.9 per cent of female survivors and 33.0 per cent of male survivors told us about abuse in contemporary out-of-home care. Further, 26.0 per cent of female survivors and 29.5 per cent of male survivors who we heard from who were sexually abused after 1990 were abused in a school. A notable proportion, 21.2 per cent, of male survivors who told us about sexual abuse since 1990 told us the abuse occurred in youth detention.

4.1.4 Aboriginal and Torres Strait Islander victims

Aboriginal and Torres Strait Islander people comprised 14.3 per cent of survivors we heard from in private sessions, despite accounting for approximately 3 per cent of the Australian population.¹⁴ We cannot identify whether the high proportion of Aboriginal and Torres Strait Islander victims we heard about in private sessions is consistent with the actual prevalence of child sexual abuse experienced by Aboriginal and Torres Strait Islander children in institutional settings. We know that Aboriginal and Torres Strait Islander children have been, and still are, significantly over-represented in high-risk institutions such as residential and contemporary out-of-home care and youth detention.¹⁵ This is likely to bring them more often into harm's way.

The legacy of colonisation and forced removal of children is part of the experience of many of the Aboriginal and Torres Strait Islander survivors who came forward. In a private session we heard from ‘Carl’, who was taken from his family along with two of his brothers to a mission.¹⁶ ‘We were stolen in April 1952 ... We couldn’t fathom why we were being taken and arrested.’ ‘Carl’ told us he was sexually and physically abused at the mission and was punished for speaking his language and expressing himself. ‘[At the mission] each time you spoke your language you were flogged. Any time you did something cultural, meaningful for yourself – you were flogged.’ ‘Carl’ told us he never saw his parents again and was not permitted to attend his mother’s funeral.

The ‘maintenance, custody and care’ of Aboriginal children in the Retta Dixon Home

In Case Study 17: The response of the Australian Indigenous Ministries, the Australian and Northern Territory governments and the Northern Territory police force and prosecuting authorities to allegations of child sexual abuse which occurred at the Retta Dixon Home, we heard evidence from 10 former residents about the sexual and physical abuse they suffered while living at the home between 1946 and 1980. In December 1947, the Retta Dixon Home was granted a licence by the Australian Government to operate as an ‘institution’ for ‘the maintenance, custody and care of aboriginal and half-caste children’.¹⁷ We were told about the impact on victims of the loss of culture and Aboriginal identity. Many of the children who lived there now identify themselves as members of the Stolen Generations.¹⁸

Chapter 6 explains how the treatment of Aboriginal and Torres Strait Islander children under Australian law, policy and practice from the early years of colonisation until the present time increased their risk of child sexual abuse in institutional contexts. Our commissioned research describes the ongoing impacts of this history and how it continues to put Aboriginal and Torres Strait Islander children at risk.¹⁹

In addition to the large proportion of Aboriginal and Torres Strait Islander survivors we heard from in private sessions, there may be many more cases that were not brought to us.²⁰ The legacy of colonisation and differential treatment under the law and by governments may have affected whether Aboriginal and Torres Strait Islander people wanted to tell the Royal Commission about their experiences of child sexual abuse in institutional contexts. Barriers to disclosing abuse are discussed in more detail in Volume 4, *Identifying and disclosing child sexual abuse*.

4.1.5 Victims with disability

Throughout our inquiry, we heard about victims who had disability when they were sexually abused as children in institutions. Many had cognitive or intellectual impairment but we also heard about victims with physical, sensory and psychosocial disabilities.

One survivor told us:

‘The reason that I wanted to go through the Royal Commission is to stand up and say, “Enough is enough”, because I have a disability and there are future kids who will be born with disabilities ... They need to be protected. Our story needs to be heard’.²¹

It is difficult for us to accurately identify how many victims we heard about who had disability at the time of the sexual abuse. This is because a person’s disability may change over time, may not have been identified when they were abused, or may not have been perceived as relevant by the person who told us about the abuse. During private sessions, 4.3 per cent of survivors told us that they had disability at the time of the sexual abuse. It is likely this figure significantly under-reports the rates at which children with disability experience sexual abuse in institutional contexts.²²

Research suggests children with disability report higher rates of maltreatment, including sexual abuse, than other children.²³ Children with disability are around three times more at risk of sexual abuse than children in the overall population.²⁴ Children with disability are also more likely than other children to have experienced repeated incidents of sexual abuse by the time they are 18 years old.²⁵

The type of disability can affect a child’s risk of being sexually abused.²⁶ For example, one study found children with a psychological disorder are at a higher risk of sexual abuse than children with physical disability, attention deficit disorder/attention deficit hyperactivity disorder and learning/developmental disorders.²⁷ Another study found children with behavioural disorders and cognitive disability are at a much higher risk of being sexually abused than children with autism, visual and hearing impairment, learning disability, health impairment, physical disability and speech/language difficulties.²⁸ There is limited research into the interaction between the severity of disability and the risk of sexual abuse.²⁹ Chapter 5 discusses why children with disability face a greater risk of child sexual abuse in institutional contexts.

Limited verbal skills to report sexual abuse

‘Carly’ and two of her siblings attended a private session on behalf of their youngest brother, ‘Denis’, who was born in the 1960s with an intellectual disability.³⁰ At the age of seven, ‘Denis’ began living during the week in a residential home run by the St John of God Brothers. ‘Carly’ and her siblings explained that no one knows when ‘Denis’ was first sexually abused because he did not have the verbal skills to tell them, but they now suspect it was from his early years in care. During his weekends at home, ‘Denis’ would wake screaming from nightmares and often insisted on sleeping under the bed. He developed overtly sexualised behaviour and habits like cleaning his anus with a toothbrush. His siblings told us they now feel guilty that they had not known or suspected anything. ‘We saw the behaviour but we didn’t ever link it to being [sexually abused]’, ‘Carly’ said. ‘And I think one of the issues is that people with disabilities, when they display those behaviours, it is seen as being part of the disability.’

Volume 5, *Private sessions*, provides more information from survivors with disability who told us in private sessions about their experiences of child sexual abuse. Volume 9, *Advocacy, support and therapeutic treatment services*, describes the need for specialist sexual assault services to respond to the needs of people with disability. Our *Criminal justice* report examines the challenges faced by people with disability in accessing the criminal justice system, and the supports necessary for people with disability to participate in legal processes or achieve justice through the criminal justice system.

4.1.6 Victims from culturally and linguistically diverse backgrounds

In private sessions, we heard from 3.1 per cent of survivors from culturally and linguistically diverse backgrounds. This includes first- and second-generation migrants, people born in Australia whose ancestors migrated here long ago, temporary visitors, students and workers, refugees, asylum seekers and people with uncertain residency status.

The cultural backgrounds that were disclosed in private sessions were diverse and included Argentinian, British, Chilean, Chinese, Croatian, Dutch, Egyptian, Fijian, Finnish, Greek, Iraqi, Italian, Jewish, Lebanese, Maltese, Slovenian, Turkish, Ukrainian, Vietnamese and Yugoslavian backgrounds. Information from private sessions with people from these backgrounds is discussed in more detail in Volume 5, *Private sessions*.

We cannot tell from our private sessions the rates of child sexual abuse among people with culturally and linguistically diverse backgrounds. Private session attendees were not prompted to disclose their cultural or linguistic background and there is no reliable national data on the prevalence of child sexual abuse in relation to cultural and linguistic diversity (see Chapter 3).³¹ Other difficulties in measuring the extent of abuse in culturally and linguistically diverse communities include the low awareness of child sexual abuse in some communities and taboos around discussing sex, including sexual abuse (see Volume 4, *Identifying and disclosing child sexual abuse*).

4.2 Other people we heard from

In line with our Terms of Reference, people who have been affected by the sexual abuse of a child in an institution but were not directly sexually abused themselves were also able to attend a private session. Child sexual abuse can affect a wide range of people beyond the child who is sexually abused.³² These can include:

- victims' families, such as their parents, partners, siblings, children (including children born as a result of the sexual abuse), other family members, friends and carers
- people associated with the institution where the abuse occurred, including other children, staff and whistleblowers.

Parents, siblings, whistleblowers and others comprised a small proportion of those who attended a private session, but they made a large contribution to our understanding of the problem and impacts of child sexual abuse (see Table 2.6). Some people wanted Commissioners to hear about the impact of child sexual abuse and the institutional response on their own lives, as well as on the lives of victims (see Volume 3, *Impacts*). One woman explained during her private session that her husband was sexually abused at a Catholic boarding school in the 1970s but did not want to speak to the Royal Commission. When she came to speak to us, she said: ‘I did it for me’.³³

Table 2.6 – Other people we heard from during private sessions, May 2013 – May 2017

	Number of family members or whistleblowers	Proportion of all private session attendees (%)
Family members	442	6.4
Whistleblowers	21	0.3

Many of the family members, whistleblowers and others spoke of their motivations for attending a private session. A common motivation was to help prevent children from being sexually abused in institutional contexts. Many told us they participated in a private session because they wanted to hold institutions accountable.

Family members, friends and whistleblowers often have close relationships with the person who has been the victim of sexual abuse, and may provide them with support, love and care. During private sessions, we often heard about how their lives were affected by the victim’s experience of abuse. In some cases, people attended a private session because the primary victim was deceased, including by suicide linked to the sexual abuse they experienced as a child. Family members and friends also came to support survivors and spoke to Commissioners during those private sessions.

Many family members and whistleblowers also made important contributions to the Royal Commission by sharing their experiences in written submissions and during public hearings.³⁴ Family members and whistleblowers represented 7.8 per cent and 3.7 per cent respectively of all contacts to the Royal Commission. In *Case Study 6: The response of a primary school and the Toowoomba Catholic Education Office to the conduct of Gerard Byrnes*, we heard from the parents of three victims. We heard how the parents made the school aware of the sexual abuse and its impacts on the victims.³⁵

4.3 Adult perpetrators

There is no typical profile of a person who sexually abuses children.³⁶ Perpetrators have diverse characteristics, behaviours and motivations.³⁷ Perpetrators have different backgrounds, genders and circumstances, and start perpetrating at a variety of ages.³⁸ We also heard during private sessions that perpetrators held a range of positions within institutions. Because of this diversity, attempting to predict the likelihood of someone being a perpetrator based on preconceived generalisations should be avoided.³⁹ There is often little that distinguishes people who sexually abuse children from the general population, other than their criminal behaviour.⁴⁰

Nonetheless, understanding the characteristics, motivations and behaviours of perpetrators is key to responding effectively to child sexual abuse in institutions. We sought to expand the existing knowledge of perpetrators of child sexual abuse, particularly in institutional contexts. Most of what we were told was based on the survivor's knowledge or impression of the perpetrator. We also heard directly from a small number of perpetrators. While information provided by perpetrators may be confronting, it is nevertheless invaluable in enhancing our understanding of why people sexually abuse children.

This section details what we were told about adult perpetrators of child sexual abuse in institutional contexts during private sessions. Section 4.4 focuses on children aged 18 and under who exhibit harmful sexual behaviours. This separation reflects the need to respond appropriately to both adult perpetrators and children with harmful sexual behaviours, but recognises that children are developmentally different and can have different legal responsibility to adults.⁴¹ Chapter 5 of this volume examines the motivations and behaviours of perpetrators, and identifies factors that may contribute to the sexual abuse of children.

While there is no typical profile of someone who sexually abuses a child, we heard during private sessions about certain characteristics more often than others. Many of these characteristics were also identified in research on perpetrators.

- Of the 67.3 per cent of survivors who told us in private sessions about the age of the perpetrator, 83.8 per cent were abused by an adult.
- Of the survivors who told us in private sessions about sexual abuse by an adult, 95.2 per cent of survivors said they were abused by a male perpetrator.
- Survivors often described perpetrators as charming, charismatic and popular. They said perpetrators often appeared to outsiders as people who went 'above and beyond' to engage children in activities that seemed to benefit children. However, many survivors described perpetrators as being aggressive and physically overpowering when away from public view. Many reported that perpetrators were controlling and manipulative.

- Most adults who sexually abused a child in an institutional context knew their victim prior to the abuse.
- Survivors told us in private sessions that most perpetrators held a position of authority within the institution. Survivors commonly described how male perpetrators used their role, their power and the trust invested in them to access children and take advantage of opportunities to sexually abuse them.

Issues relating to adult perpetrators are also examined in other volumes. Volume 6, *Making institutions child safe*, outlines how institutions could be made safer for children. Our *Criminal justice* report explores criminal justice responses to adult perpetrators. Volumes 11 to 16 discuss how particular institutions responded to sexual abuse of children.

4.3.1 Gender of adult perpetrators

Male perpetrators

The majority of perpetrators we heard about in private sessions were male, with 95.2 per cent of survivors who were abused by an adult describing an adult male perpetrator.⁴² We were told about a range of male perpetrators, including male perpetrators at various ages in adulthood, who came from various backgrounds, and were both heterosexual and homosexual. Some were married or in relationships, while others were not.

Research also indicates that the majority of perpetrators of child sexual abuse across family, community and institutional settings are male.⁴³ A study we commissioned showed that male perpetrators accounted for between 84 per cent and 98 per cent of all reports of institutional child sexual abuse made to police between 2008 and 2013 where the perpetrator's gender was recorded.⁴⁴

Studies focusing on particular types of institutions indicate that men comprise the majority of perpetrators in educational and religious settings.⁴⁵ Data gathered by us also suggests that most adult perpetrators in institutions managed by the Catholic and Anglican churches are men:

- The Catholic Church claims data showed that of all people who made claims of child sexual abuse, 94 per cent made allegations only against male alleged perpetrators and 2 per cent against both male and female alleged perpetrators.⁴⁶
- The Anglican Church complaints data showed that 94 per cent of alleged perpetrators were male.⁴⁷

In our private sessions we heard that male perpetrators used a range of tactics to sexually abuse children. In some cases, physical violence accompanied the abuse. For example, 'Conrad Ewan' told us about the sexual and physical abuse he experienced in a boys' home run by the De La Salle Brothers.⁴⁸ 'Conrad Ewan' described the boys' home as a 'very awful place ... very violent'. 'Conrad Ewan' told us that on one occasion the perpetrator hit him on the back of his head, 'causing me to fall over unconscious, I woke up face down on the floor with [him] on top of me, raping me'. More information on the nature of child sexual abuse is in Chapter 2.

The extent of sexual abuse by male perpetrators is likely to be under-reported. Men and boys may be reluctant to disclose childhood experiences of sexual abuse by a male because they fear their masculinity will be questioned and are worried about experiencing homophobia.⁴⁹ Women and girls may also be averse to disclosing sexual abuse by a male perpetrator, particularly if they believe they are to blame for the abuse or if they think the sexual abuse will disgrace them or their families.⁵⁰ Volume 4, *Identifying and disclosing child sexual abuse*, discusses barriers to disclosure in more detail.

Female perpetrators

During private sessions, 7.4 per cent of survivors who were sexually abused by an adult told us about abuse by a female perpetrator.⁵¹

Research has found that women may perpetrate between 6 and 11 per cent of child sexual abuse across all settings.⁵² When it comes to child sexual abuse in institutions, there is relatively little research on female perpetrators.⁵³ The few available studies on female perpetrators in institutions focus on childcare or school settings, which typically have a high concentration of female staff.

- A 2006 report for Child Wise found that women perpetrated 1 to 6 per cent of reported child sexual abuse, with between 5 and 31 per cent of this abuse occurring in an organisational setting, primarily babysitting and childcare.⁵⁴
- A 1988 study of substantiated reports of child sexual abuse in day care settings in the United States found that 40 per cent of abusers were women, and 36 per cent of cases involved female perpetrators.⁵⁵ In 90 per cent of these cases, the female perpetrators were employees of day care facilities, working as, for example, directors or owner-operators, childcare staff or teachers.⁵⁶

Our analysis of Catholic Church claims data is consistent with research on female perpetrators. The Catholic Church claims data indicates that of all alleged perpetrators in Catholic institutions, 90 per cent were male and 10 per cent were female.⁵⁷ Around five per cent of all known alleged perpetrators were religious sisters who typically abused children in residential care facilities and schools.⁵⁸ For more information on female perpetrators in religious institutions, see Volume 16, *Religious institutions*.

Gender-related barriers to disclosure may mean that more women sexually abuse children than is currently reported.⁵⁹ There may be a reluctance to accept that women are capable of child sexual abuse, which renders some abuse invisible.⁶⁰ One survivor, 'Abby', told us in a private session that her mother said 'I never imagined you were in danger from a female teacher', after learning she had been sexually abused by a woman.⁶¹ 'Abby' said, 'People don't think women abuse. Not as many women do but they can, they do, and she's just as evil as any man. And I guess that's frightening, because she's still out there in the community'.

Victims, particularly males, may be less likely to disclose sexual abuse by a woman because they feel that they would not be believed or taken seriously.⁶² One survivor told us that he did not disclose because he believed that many people would not see sexual contact between a female teacher and a male student as abuse.⁶³ Reporting rates may also be affected by a perception that sexual abuse by a woman is less harmful than abuse by a man.⁶⁴ One survivor told us that he did not disclose abuse by a female carer because he believed that people would think he was 'lucky'.⁶⁵ Volume 4, *Identifying and disclosing child sexual abuse*, discusses disclosure, including barriers, in more detail.

Co-offending and enabling

Throughout our inquiry we heard that women have perpetrated and facilitated child sexual abuse in a number of ways. We heard about female and male perpetrators offending together. In private sessions, 3.0 per cent of survivors who told us about being sexually abused by adults said they were abused by both male and female perpetrators.

Research suggests that women are far more likely than men to sexually abuse a child with a co-offender.⁶⁶ One study found that it is common for women to co-offend with their male intimate partners.⁶⁷ Female perpetrators co-offend for a number of reasons. Some are coerced by their male co-offender, and a considerable proportion are motivated by power, control and anger.⁶⁸

We also heard that some women have played a role in assisting men to sexually abuse children in institutions.⁶⁹ In *Case Study 37: The response of the Australian Institute of Music and RG Dance to allegations of child sexual abuse*, we heard evidence from BZH, who was convicted of producing and disseminating sexually explicit images of her daughters to dance instructor Grant Davies. BZH said Davies intimidated her⁷⁰ and that she sought to please him to advance her daughters' dancing careers.⁷¹ BZH said that Davies became threatening, and she sent him explicit videos and photos of her daughters, 'despite knowing deep down that it was not right'.⁷²

In some cases, women ignored child sexual abuse as it was occurring. For example, in *Case Study 39: The response of certain football (soccer), cricket and tennis organisations to allegations of child sexual abuse*, survivor BXA gave evidence that her soccer coach raped her on multiple occasions. She told us that sometimes his wife would be in the same room while the abuse occurred.⁷³

4.3.2 Age of adult perpetrators

In private sessions, 67.3 per cent of survivors provided information on the age of the perpetrator at the time of the sexual abuse. Of these survivors, 83.9 per cent told us they had been abused by an adult. This information relates to the perpetrator's age at the time the victim was first abused by them and is not necessarily indicative of when the perpetrators started to sexually abuse children.

Research shows that perpetrators start offending at various ages, although there are some age ranges that are more common.⁷⁴ For example, a literature review we commissioned found that many adults first commit sexual abuse offences when they are in their late twenties or early thirties.⁷⁵ Other research suggests that, while some perpetrators of child sexual abuse may begin offending in adolescence and early adulthood, a substantial number of perpetrators start sexually offending in their mid to late thirties.⁷⁶

Chapter 5 gives more detail on how the age of adult perpetrators influences the nature of their offending.

4.3.3 Institutional roles

Many survivors talked about the roles held by the adults who sexually abused them in institutions. We were told about the roles held by adult perpetrators in institutions in 95.5 per cent of private sessions. Many of these roles were associated with positions of leadership, power and authority. We most commonly heard about adult perpetrators who held roles in religious ministry or as teachers (see Table 2.7). Some held multiple roles, such as residential care workers who were also in religious ministry.

Table 2.7 – Institutional roles described by survivors in private sessions, May 2013 – May 2017

Position	Number of victims sexually abused by adults as told to us in private sessions	Proportion of victims sexually abused by adults (%)
Person in religious ministry	2,113	32.2
Teacher	1,378	30.1
Residential care worker	902	13.7
Foster carer	744	11.3
Dormitory or House master	401	6.1
Custodial staff	384	5.9
Ancillary staff	266	4.1
Medical practitioner	251	3.8
Volunteer	199	3.0
Youth group leader	179	2.7
Sporting coach	145	2.2
Family member ^a	140	2.1
Adult attending institution	67	1.0
Stranger	54	0.8
Police officer	49	0.7
Church lay leader	26	0.4
Caseworker	21	0.3
Long day care carer	12	0.2
After-school carer	9	0.1
Other/unknown ^b	1,974	30.1

^a While child sexual abuse within the family was expressly excluded from our Terms of Reference, child sexual abuse carried out by a family member when the victim was under the care of an institution falls within our remit. For example, a child who is in out-of-home care but sexually abused by their biological parent.

^b Category includes survivors who told Commissioners in private sessions they were sexually abused by a child, as well as adult perpetrators whose institutional role was not identified.

Note: Information in this table is based on what survivors told us about the role of the person who abused them. When the person who carried out the abuse had multiple roles, they are counted in more than one category.

Information we gathered from the Catholic Church and institutions managed by the Anglican Church provides greater insight into the specific roles of perpetrators in religious institutions. Our analysis of claims of child sexual abuse made to Catholic Church authorities reveals that around two-thirds (67 per cent) of the known alleged perpetrators were either priests or religious brothers or sisters.⁷⁷ Just under one-third of the alleged perpetrators (29 per cent) were lay people.⁷⁸ Of the complaints received by Anglican Church dioceses, 50 per cent of the known alleged perpetrators were lay people, 43 per cent were ordained clergy and the positions of 7 per cent of alleged perpetrators were unknown.⁷⁹ More information on the positions of perpetrators in institutions associated with the Catholic and Anglican churches is presented in Volume 16, *Religious institutions*.

Australian and international research also provides further insights into the institutional roles most commonly held by perpetrators of child sexual abuse. Most of the literature relating to perpetrators of child sexual abuse in institutional contexts focuses on abuse by people in religious ministry, particularly Catholic clergy, but some studies have examined abuse by teachers, foster carers and sport coaches.⁸⁰

- In a study of historical cases resulting in the conviction and sentencing of perpetrators of child sexual abuse in institutional contexts in Australia, just over half the cases occurred within a school or a boys' home.⁸¹ The study found that the perpetrators were most commonly teachers.⁸² Almost one-quarter of cases occurred in a church context, where the perpetrator was in a religious ministry (such as a priest) and the victim was a member of the parish or had a role in the church, such as an altar boy.⁸³
- An Australian study that examined police briefs prepared between 1997 and 2004 in relation to incidents of extra-familial child sexual abuse in Victoria found that, of the perpetrators whose occupation was known, 22 per cent were in religious ministry and 15 per cent were teachers.⁸⁴
- A UK study of institutional child sexual abuse found that the highest proportion of perpetrators were foster parents (34 per cent), followed by teachers (25 per cent), private music tutors (15 per cent) and people in religious ministry (9 per cent).⁸⁵
- An analysis of 159 child sexual abuse cases in sporting institutions around the world found that 98 per cent of perpetrators were coaches, teachers or instructors who were directly involved with the athletes. This study examined cases that had been reported in print media, and as such may not be representative of all cases of child sexual abuse in sporting contexts.⁸⁶
- There are few studies of child sexual abuse in residential or foster care settings, but existing literature suggests that most adult perpetrators are foster carers or other adults involved in foster care. Adolescents are also responsible for a larger share of child sexual abuse in residential settings compared to other institutions.⁸⁷

A number of features were common across many of the roles we heard about during private sessions, including:

- unsupervised, one-on-one access to a child, such as travelling alone with the child
- providing intimate care to a child or an expectation of a certain level of physical contact
- the ability to influence or control aspects of a child's life, such as academic grades
- authority over a child, particularly in situations with significant control such as a residential setting
- spiritual or moral authority over a child
- prestige of the perpetrator, resulting in the perpetrator being afforded a higher level of trust and credibility
- opportunities to become close with a child and/or their family
- responsibility for young children, such as preschool carers
- specialist expertise, as in the case of medical practitioners, that enabled perpetrators to disguise sexual abuse.

For more information on risk factors that influence perpetrators, see Chapter 5.

The trust placed in doctors

In her private session, 'Juno' explained that in her early teens, she went to the emergency department of a Brisbane hospital, complaining of abdominal pains.⁸⁸ She was seen by a young male doctor. She told us 'he asked me the usual questions and if I was a virgin, which I was. He then told me to undress and lay on the bed and he'll be back in a minute'. When the doctor returned, 'Juno' told us 'he felt my breasts for what I felt was longer than necessary and then my stomach. He then proceeded with his internal examination which made me feel very uncomfortable and also seemed to take longer than necessary'. 'Juno' said that the doctor brought in another colleague, who repeated the internal examination.

'Juno' told us that it was not until she reached adulthood that she realised what had happened was sexual abuse. 'Because they were free to do that without anyone observing me. That was unsafe. They had total control.'

4.4 Children with harmful sexual behaviours

During the course of our inquiry, we were told about children who engage in harmful sexual behaviours towards other children. In private sessions, 1,129 survivors told us they were sexually harmed by another child. This represents 24.2 per cent of the survivors who told us the age of the person who sexually abused them.⁸⁹

Children with harmful sexual behaviours are a diverse group and may exhibit a range of harmful behaviours, both sexual and non-sexual.⁹⁰ However, research indicates that children with harmful sexual behaviours are predominantly:⁹¹

- male
- older than their victim
- known by the victim, often because the child with harmful sexual behaviours and the victim attended the same school or lived in the same residential institution.

We also heard about children with harmful sexual behaviours in some of our case studies. In particular, *Case Study 45: Problematic and harmful sexual behaviours of children in schools (Harmful sexual behaviours of children in schools)* examined responses to children with problematic or harmful sexual behaviours in school settings.

This section details what we were told in private sessions about the characteristics of children with harmful sexual behaviours. Information on the most common types of institutions where we heard about children with harmful sexual behaviours is also presented in this section. Chapter 5 of this volume identifies some of the factors that may contribute to children engaging in harmful sexual behaviours. Volume 10, *Children with harmful sexual behaviours*, examines children with harmful sexual behaviours in more detail and sets out our recommendations about interventions and treatment of children with harmful sexual behaviours.

4.4.1 Gender of children with harmful sexual behaviours

Boys with harmful sexual behaviours

In private sessions, 86.3 per cent of survivors who told us they were sexually abused by another child said the child was male.

Research also shows that the majority of children with harmful sexual behaviours are male. In research we commissioned, boys accounted for 91 per cent of police reports involving children with harmful sexual behaviours in Australian institutions between 2010 and 2014.⁹² This is consistent with international research that indicates more than 90 per cent of children with harmful sexual behaviours are male.⁹³ For example, in the United States, 93 per cent of children reported to police for sexual offences in 2004 were boys.⁹⁴ Similarly, 97 per cent of children referred to treatment for sexually harmful behaviours in the United Kingdom between 1992 and 2000 were boys.⁹⁵

Existing therapeutic interventions for children with harmful sexual behaviours have been developed largely with reference to boys because it has predominantly been male children accessing specialist services.⁹⁶ More recently, girls are coming to the attention of service providers.⁹⁷

In private sessions and case studies we also heard about the nature of male children's harmful sexual behaviours. For instance, we heard that male children with harmful sexual behaviours also physically abused children.

- Sometimes physical abuse preceded exposure to sexually harmful behaviours. This was evident in *Case Study 5: Response of The Salvation Army to child sexual abuse at its boys' homes in New South Wales and Queensland*, where we heard that regular and excessive punishment occurred frequently in all four homes.⁹⁸ It was in the context of physical abuse and normalisation of harm against children that older boys engaged in harmful sexual behaviours towards younger boys.⁹⁹
- In other cases, physical abuse commenced with the sexual abuse. 'Logan Reece' told us he was 15 years old when he was sexually harmed by older boys at the boarding school he attended in the late 2000s. He told us this lasted for a year, and was accompanied by relentless physical abuse, including being locked inside cupboards, tied up and left outside, kicked in the testicles and stomped on.¹⁰⁰

We also heard that older boys used the power they held in an institution to sexually abuse other children. In our *Harmful sexual behaviours of children in schools* case study, survivor CLG told us that senior boys at The King's School were in charge of disciplining the younger boys: 'we were given military rank and positions and it was normally that the boys directly above you in rank that dished out the punishments and abuse'.¹⁰¹ An older boy used his ranking at the school to force CLG to watch him masturbate, then made CLG do his errands, including cleaning shoes, instruments and older boys' rooms.¹⁰²

In private sessions, we heard that boys often use pornography when they engage in harmful sexual behaviours. ‘Stew’ told us that in the 1960s he was subjected to pornography shared by older boys in his first month at boarding school and made to wait while an older boy masturbated over a pornographic magazine.¹⁰³ ‘Stew’ told us he was sexually abused by the older boys at the school for years. Similarly, ‘Trent James’ told us that in the 1990s he was forced to re-enact pornographic scenes from movies that ‘Xavier’, an older boy in his foster home, made him watch on the television.¹⁰⁴ ‘Tristan’ told us that, more recently, when he was 14, he was stripped to his underwear, tied to a chair by older male members of his sporting team and forced to watch pornography playing on the phone of a team member while being told ‘you’re going to get raped’.¹⁰⁵

Girls with harmful sexual behaviours

We also heard in private sessions and case studies about some girls who exhibited harmful sexual behaviours. Sixteen per cent of survivors who told us about being sexually abused by another child told us that the child was female. Four per cent of survivors who were sexually abused by another child told us about sexual abuse by both boys and girls.

Research also indicates girls account for a small proportion of known children with harmful sexual behaviours. Girls were the subject of 9 per cent of police reports about children with harmful sexual behaviours in institutional contexts in Australia between 2010 and 2014.¹⁰⁶ International studies also suggest a small proportion of children with harmful sexual behaviours are female, ranging from 2.6 per cent to 12 per cent.¹⁰⁷ It is possible that girls who exhibit harmful sexual behaviours are less likely to be reported to authorities than boys with similar conduct. Research suggests that this could be due to an unwillingness to believe that females are capable of engaging in harmful sexual behaviours due to cultural norms and attitudes.¹⁰⁸

We heard about the nature of the harmful sexual behaviours exhibited by girls. In case studies, we heard that girls with harmful sexual behaviours sometimes teamed up with other girls to sexually abuse other children.¹⁰⁹ When girls teamed up, there was often a ringleader, as illustrated by the experience of survivor Ms Robin Kitson in *Case Study 7: Child sexual abuse at the Parramatta Training School for Girls and the Institution for Girls in Hay*.¹¹⁰ In the Parramatta Training School for Girls in the 1960s, Ms Kitson was penetrated with a broomstick by a group of girls, then victimised the same way a few weeks later by another group led by the same ringleader.¹¹¹

In other case studies and private sessions we heard about girls displaying harmful sexual behaviours in institutions where they lacked power in their day-to-day lives. As we heard in *Case Study 30: The response of Turana, Winlato and Baltara, and the Victoria Police and the Department of Health and Human Services Victoria to allegations of child sexual abuse (Youth detention centres, Victoria)*, females engaged in harmful sexual behaviours in institutions that ‘fostered a culture of authority, command and control rather than focusing on the care and wellbeing of residents’.¹¹²

4.4.2 Age of children with harmful sexual behaviours

Research we commissioned indicates that children with harmful sexual behaviours are likely to be several years older than their victims. This research analysed police reports and found that children with harmful sexual behaviours were on average three years older than their victims.¹¹³

Most children coming to the attention of police and service providers for harmful sexual behaviours in Australia are aged between 10 and 14 years.¹¹⁴ This coincides with the onset of puberty, when children's bodies begin preparing for adulthood and children start thinking more about relationships with peers, love and sex.¹¹⁵

- Research we commissioned found that between 2010 and 2014, 55 per cent of the police reports about children with harmful sexual behaviours in institutions involved a child aged between 10 and 14; 30 per cent involved a child or young person aged between 15 and 17; and 16 per cent of the reports involved a child under the age of 10.¹¹⁶
- A report completed for New Street Adolescent Services in New South Wales, which treats children with harmful sexual behaviours between the ages of 10 and 17, indicated that approximately 60 per cent of children treated were aged between 10 and 14 years, and approximately 40 per cent were aged between 15 and 17 years.¹¹⁷

Police reports provide only a partial picture of the age of children with harmful sexual behaviours. This is because several legal principles operate in Australian jurisdictions that limit criminal action against children (see our *Criminal justice* report, and Volume 10, *Children with harmful sexual behaviours*). Children under the age of 10 cannot be held criminally responsible for their actions, meaning that they cannot be charged or prosecuted for their conduct.¹¹⁸ The principle of *doli incapax* operates across all Australian jurisdictions for children between 10 and 13 years old.¹¹⁹ This is based on the presumption that, unless the prosecution proves otherwise, a child in this age group does not possess the knowledge that his or her conduct is legally wrong.

Services treating children with harmful sexual behaviours can provide more information on children aged under 10 years. Victoria's Sexually Abusive Behaviours Treatment Services primarily treat children aged under 15 years, though some providers work with children aged between 15 and 17 years.¹²⁰ Around half of the children treated by the services between 2012 and 2014 were aged between 10 and 14 years. One-third were under 10 years, and fewer than 10 per cent of the children were over 14 years of age.¹²¹

International research also provides some information on children with harmful sexual behaviours aged under 10 years. A study of criminal data in the United States suggests only 5 per cent of children with harmful sexual behaviours who come to the attention of police are aged between 5 and 9 years.¹²² Most children are aged 12 years or over, with 38 per cent aged between 12 and 14 years and 46 per cent aged between 15 and 17 years.¹²³

Information on the number of children with harmful sexual behaviours, particularly young children, may not be complete. As we heard in our *Harmful sexual behaviours of children in schools* case study, adults have a great reluctance to acknowledge that children could behave in sexually harmful ways.¹²⁴ Harmful sexual behaviours exhibited by children, particularly those aged under 10 years, may not always be reported to authorities.

4.4.3 Institutional settings where children sexually harmed other children

Most of the children with harmful sexual behaviours we heard about in private sessions harmed other children in institutions where they had the opportunity to be with other children unsupervised. For example:

- Sixty-three per cent of survivors indicated they were the target of another child's harmful sexual behaviour in historical residential and foster care or contemporary out-of-home care
- Eighteen per cent of survivors indicated that they were targeted in a school¹²⁵
- Twelve per cent of survivors told us they were sexually abused by another child in a youth detention setting.

Research we commissioned also indicates that most children with harmful sexual behaviours knew their victims. Children with harmful sexual behaviours who were known to the victim but not a family member or intimate partner accounted for 43 per cent of all reports to Australian police about children with harmful sexual behaviours between 2010 and 2014.¹²⁶

Children in residential and out-of-home care

In private sessions, of all survivors who reported sexual abuse by another child, 713 survivors (63.2 per cent) told us that it occurred in historical residential and foster care or contemporary out-of-home care. Further examination of the period in which the abuse occurred showed that 618 survivors (54.7 per cent) who reported abuse by another child were abused in historical residential and foster care, and 65 survivors (5.8 per cent) were abused in contemporary out-of-home care. Almost 3 per cent of this group did not report the period of abuse.

In many private sessions, survivors told us they were sexually abused by older children, many of whom were in a more powerful position than the victim – often by virtue of being related to the adults in the household, or having been in the household for a longer period of time.

'Myra' told us she was sexually abused by the biological son of her foster parents

'Myra' was fostered by the 'Dawson' family in New South Wales in the mid-1960s when she was aged four.¹²⁷ In her private session, 'Myra' told us she was subjected to harmful sexual behaviours by 'Aaron', the 16-year-old biological son of her foster parents. We were also told that 'Aaron's' brother-in-law 'George' abused 'Myra'. 'Myra' suspects that 'Aaron' told 'George' about what he was doing to her, and 'George' thought he could get away with it too. 'Myra' said that both 'Aaron' and 'George' threatened her that if she did not provide sexual favours, they would start harming a younger girl, 'Emma', who had also been adopted into the family. 'Myra' told us that 'Aaron' and 'George' sexually abused her for approximately eight years.

'Myra' never told her foster parents. She was the only Aboriginal person in their household. 'Myra' told us 'Aaron' used this against her, and said their mum would think she was lying if she disclosed. 'You're the little black girl, you're Aboriginal. She'll only believe me, I'm her son, and you'll go back to the orphanage.'

Around a decade ago, 'Myra' found out that 'Barb', another girl placed with the 'Dawson' family, had been targeted by both 'Aaron's' and 'George's' harmful sexual behaviours during the same period. 'Myra' and 'Barb' have not sought any compensation or taken the matter to the police. They do not want to risk their strict Catholic foster mother, who is very elderly, learning about their experiences of being sexually harmed as children.

In research we commissioned on the safety of children in contemporary out-of-home care, children stated that bullying and intimidation by other children was common and often included, or escalated to, sexual abuse.¹²⁸ Some of the older children indicated that sex was an inevitable part of residential care because young men were 'sexual beings' and would seek out sex.¹²⁹ These children felt this was only a problem when significant pressure, violence or threats were used to pressure peers into having sex.¹³⁰ Girls were sexually threatened a number of times, with one child stating, 'there is a lot of times that other residents will try to pressure you into doing things you don't want to, whether that be go out, do drugs, get drunk, have sex and it does happen, it does happen a hell of a lot in resi'.¹³¹ In contrast, boys believed it was 'highly impossible' for a peer to take advantage of them sexually.¹³²

Submissions to our *Consultation Paper: Institutional responses to child sexual abuse in out-of-home care* indicate children engaging in harmful sexual behaviours in out-of-home care is increasingly recognised as an issue of concern.¹³³ Volume 11, *Historical residential institutions*, and Volume 12, *Contemporary out-of-home care*, discuss children with harmful sexual behaviours in historical residential and out-of-home care settings in more detail.

Children in schools

In private sessions we heard from 203 survivors about children with harmful sexual behaviours in a school. Of these survivors, 36.0 per cent said they were sexually abused at a boarding school and 64.0 per cent at a day school.¹³⁴ The proportion of children who told us about sexual abuse at a boarding school was relatively large, given that only a small proportion of school children go to boarding school (see Volume 13, *Schools*).

In our *Harmful sexual behaviours of children in schools* case study, we heard that CLC was a student at a New South Wales boarding school in early 2013. During a school camp, another student ejaculated onto CLC's sleeping bag while he was inside it.¹³⁵ The story spread to all students. CLC was regularly bullied about the incident, and subjected to taunts that he was a 'cum rag' and a 'cum dumpster'.¹³⁶ Some students renamed the school Wi-Fi network to 'CLC's a cum rag'.¹³⁷ Following the abuse, CLC withdrew from the school.¹³⁸

Children with harmful sexual behaviours in schools are discussed in Volume 13, *Schools*.

Children in youth detention

In private sessions, youth detention facilities were the third most common type of institution we heard about where abuse was carried out by children with harmful sexual behaviours. Twelve per cent of survivors who spoke to us about sexual abuse by another child told us this abuse occurred in youth detention facilities.

We heard that youth detention facilities where victims were sexually abused by other children could be very violent places. In a private session, 'Braddon' told us he was sent to a youth detention centre after experiencing years of sexual, physical and verbal abuse.¹³⁹ He told us that the youth detention centre was a physically and sexually violent place. 'Braddon' said that on one occasion another inmate rubbed semen all over 'Braddon's' lips 'with hot chili so it stuck'. 'Braddon' told us that when he reported the incident, the officers laughed at him and he was physically beaten for being a 'dog'.

Children's experiences in youth detention facilities prior to the 1990s are discussed in more detail in Volume 11, *Historical residential institutions*. Volume 15, *Contemporary detention environments*, includes more information about what we learned about child sexual abuse in contemporary detention institutions.

4.5 Institutions we heard about

This section describes what we were told about the institutions where child sexual abuse occurred. We first examine the institutions by their management type – religious, government or other – and then we look at institutions based on the types of activities and services provided. We then discuss what we heard about regulatory, external oversight and criminal justice agencies’ attempts to prevent and respond to child sexual abuse. We were told about a limited number of these types of institutions, but the reports we did receive mainly related to failures to protect children or prevent abuse from occurring.

The following tables in this section present information on what we heard about the number and proportion of victims who were sexually abused in particular types of institutions. In Appendix A, we present information on the number of particular types of institutions we heard about.

Some institution types we heard about no longer exist, such as historical residential institutions, which included orphanages, missions, children’s homes, reformatories and industrial schools (see Volume 11, *Historical residential institutions*). In general, children in these institutions were isolated, had limited access to supportive and protective adults, and were at high risk of being victimised (see Chapter 5). Even though these institution types have closed, children are still at risk of sexual abuse in other types of institutions including contemporary out-of-home care and youth detention facilities. In contemporary Australia, children are required by law to spend more years in school than in the past, more children are involved in sports and recreation activities,¹⁴⁰ and the proportion of children in formal childcare has increased.¹⁴¹

We are aware that children were sexually abused in other institutions that were not reported to us in private sessions. We also acknowledge that children experienced non-sexual forms of abuse and neglect in some institutions (see Chapter 2).

4.5.1 Management of institutions

During private sessions, 58.6 per cent of survivors told us they were sexually abused in an institution managed by a religious organisation. Just under one-third (32.0 per cent) of survivors said they were abused in an institution under government management, and another 10.4 per cent of survivors told us they were sexually abused in an institution not managed by a government or religious organisation (see Table 2.8).¹⁴²

Table 2.8 – Number and proportion of survivors of child sexual abuse in an institution by management type, as told to us in private sessions May 2013 – May 2017

Management type	Number of survivors	Proportion of all private session attendees (%)
Non-government – religious	4,029	58.6
Government	2,203	32.0
Non-government – non-religious ^a	714	10.4
Unknown	720	10.5

^a ‘Non-government non-religious’ refers to secular institutions that are not managed by governments, such as privately run organisations and non-government organisations/not-for-profits.

Note: We heard about 6,875 victims during private sessions. The proportion of institutions reported totals more than 100 per cent because many victims reported child sexual abuse in multiple institutions with different management types. Information presented in this table is not comparable with Appendix A. This table presents information on the number and proportion of victims, while Appendix A presents information on the number of particular types of institutions.

Religious management

In private sessions, 58.6 per cent of survivors told us they were sexually abused in an institution managed by a religious organisation. These institutions included places of worship and religious instruction, missions, non-government religious schools, orphanages, residential homes, recreational clubs, youth groups and welfare services.

Almost 2,500 survivors told us in a private session about child sexual abuse in an institution managed by the Catholic Church. This represents 61.8 per cent of all survivors who reported sexual abuse in a religious institution, and 36.2 per cent of all survivors who told us about child sexual abuse in private sessions. Survivors also frequently told us in private sessions about child sexual abuse in institutions associated with the Anglican Church (reported by 594 victims) and The Salvation Army (reported by 294 victims) (see Table 2.9).

Table 2.9 – Number and proportion of survivors who told us in private sessions they were sexually abused in a non-government religious institution, May 2013 – May 2017

Religion	Number of survivors	Proportion of survivors in religious-managed institutions (%; 4,029 survivors)
Catholic	2,489	61.8
Anglican	594	14.7
The Salvation Army	294	7.3
Protestant	169	4.2
Presbyterian and Reformed	117	2.9
Uniting Church	97	2.4
Other Christian ^a	75	1.9
Jehovah's Witnesses	70	1.7
Baptist	40	1.0
Pentecostal	37	0.9
Brethren	33	0.8
Churches of Christ	29	0.7
Judaism	25	0.6
Seventh-day Adventist	25	0.6
Lutheran	22	0.5
Latter-day Saints	7	0.2
Miscellaneous Religions ^b	7	0.2
Islam	<5	<0.2
Baha'i	<5	<0.2
Eastern Orthodox	<5	<0.2
Hinduism	<5	<0.2
Oriental Orthodox	<5	<0.2

These religious categories are coded according to the third edition of the Australian Standard Classification of Religious Groups (2016).

^a 'Other Christian' includes but is not limited to Unitarian, Religious Society of Friends (Quakers), Fundamentalist Evangelical, Christian Outreach and Christadelphians. These Christian groups are not individually coded in the third edition of the Australian Standard Classification of Religious Groups (2016).

^b 'Miscellaneous Religions' includes but is not limited to Scientology, The Family and Satanism. These non-Christian groups are not individually coded in the third edition of the Australian Standard Classification of Religious Groups (2016).

Note: 20 victims (0.5 per cent) did not provide information about the denomination of the institution. Information presented in this table is not comparable with Appendix A. This table presents information on the number and proportion of victims, while Appendix A presents information on the number of particular types of institutions.

Volume 16, *Religious institutions*, examines religious institutions in more detail.

Government management

During private sessions, around one-third (32.0 per cent) of survivors told us about child sexual abuse in institutions managed by government. The most common types of government-managed institutions we heard about were schools, out-of-home care, youth detention and health.

We most commonly heard about survivors who were sexually abused in institutions managed by the New South Wales Government, followed by institutions managed by the Victorian Government and the Queensland Government (see Table 2.10).

Table 2.10 – Jurisdictions of government institutions that were named in private sessions as places where child sexual abuse occurred, May 2013 – May 2017

Jurisdiction	Number of survivors	Proportion of survivors in government-managed institutions (%; 2,203 survivors)
New South Wales Government	723	32.8
Victorian Government	527	23.9
Queensland Government	440	20.0
Western Australian Government	154	7.0
South Australian Government	146	6.6
Australian Government	104	4.7
Tasmanian Government	91	4.1
Local Government	26	1.2
Northern Territory Government	20	0.9
Australian Capital Territory Government	15	0.7
Unknown	13	0.6

Note: Information presented in this table is not comparable with Appendix A. This table presents information on the number and proportion of victims, while Appendix A presents information on the number of particular types of institutions.

In private sessions, survivors told us of the importance of holding government-managed institutions to account. One man, ‘Rowen’, told us during his private session that he disclosed that he was sexually abused to a psychiatrist years after the abuse occurred.¹⁴³ ‘Rowen’ told us that his psychiatrist said, “You can’t sue the government so I don’t know what you’re worried about”. I said I just want it cleared up ... You don’t do that to kids’. ‘Rowen’ also said, ‘What really made me angry is they’re sayin’ this about other people but not one thing has ever been said about the government, their institutions’.

Institutions not under government or religious management

During private sessions, 10.4 per cent of survivors told us about child sexual abuse in institutions that were not under government or religious management. Of these survivors, the majority (63.6 per cent) told us they were sexually abused in a private organisation such as a yoga ashram, a childcare centre, a medical practice or clinic, a music or dance school, an independent school or a sports club. Thirty-six per cent of these survivors told us they were sexually abused in a non-government or not-for-profit organisation, such as a club, museum, community centre, disability service, drug rehabilitation centre, freemason lodge, shelter or refuge (see Table 2.11).

Table 2.11 – Types of non-government non-religious institutions that were named in private sessions as places where child sexual abuse occurred, May 2013 – May 2017

Institution type	Number of survivors	Proportion of survivors in non-government, non-religious institutions (%; 714 survivors)
Private	454	63.3
Non-government organisations/ not-for-profits	258	36.1
Unknown	13	1.8

Proportions do not total 100 because some survivors told us they were abused in multiple types of institutions.

Note: Information presented in this table is not comparable with Appendix A. This table presents information on the number and proportion of victims, while Appendix A presents information on the number of particular types of institutions.

More information on institutions not managed by government or religious organisations is included in Volume 13, *Schools*, and Volume 14, *Sport, recreation, arts, culture, community and hobby groups*.

4.5.2 Institutions by service or activity

The institutions we heard about during private sessions provided a wide range of services and activities. In private sessions, survivors most commonly told us about child sexual abuse in institutions that provided residential and out-of-home care (41.6 per cent). This was followed by institutions that provided education (31.8 per cent), and religious activities (14.5 per cent). Institutions providing out-of-home care and education were managed by a range of religious, government and other organisations (see Table 2.12).

Table 2.12 – Number and proportion of survivors who told us about child sexual abuse in institutions, by type of service or activity, private sessions May 2013 – May 2017

Institution by service or activity	Number of survivors	Proportion of all private session attendees (%)
Out-of-home care	2,858	41.6
<i>Historical (pre-1990)</i>	2,478	36.0
<i>Contemporary (1990 onwards)</i>	257	3.7
<i>Unknown era</i>	150	2.2
Schools	2,186	31.8
Religious activities	1,000	14.5
Youth detention	551	8.0
Recreation, sports and clubs	408	5.9
Health and allied	192	2.8
Armed forces	76	1.1
Supported accommodation	68	1.0
Family and youth support services	61	0.9
Childcare	32	0.5
Youth employment	17	0.2
Other/unknown	275	4.0

Note: Information presented in this table is not comparable with Appendix A. This table presents information on the number and proportion of victims, while Appendix A presents information on the number of particular types of institutions.

Specific institutions are considered in more detail in Volume 11, *Historical residential institutions*; Volume 12, *Contemporary out-of-home care*; Volume 13, *Schools*; Volume 14, *Sport, recreation, arts, culture, community and hobby groups*; Volume 15, *Contemporary detention environments* and Volume 16, *Religious institutions*.

4.5.3 Institutions with regulatory, external oversight or criminal justice functions

In addition to hearing about institutions where child sexual abuse took place, we also heard about the responses to allegations by institutions with regulatory, external oversight and criminal justice functions. These included:

- government departments responsible for screening staff, such as by providing Working With Children Checks
- legal guardians or custodians of children in institutions run by religious and other non-government organisations
- government departments responsible for monitoring and inspecting residential and contemporary out-of-home care institutions
- government agencies with complaint handling functions such as ombudsmen
- police and public prosecutors.

We examined these types of institutions in a number of case studies.¹⁴⁴ Common themes that emerged included limited regulation that rarely included an understanding of child sexual abuse, systems and processes that were inaccessible to victims, complaints that were dealt with slowly, and lack of communication of key information about perpetrators to the institutions where the child sexual abuse took place.¹⁴⁵ Some survivors told us in private sessions and during public hearings that they had limited or no contact with officers representing the agencies that were responsible for monitoring their care.

Regulatory failures in Queensland

In *Case Study 26: The response of the Sisters of Mercy, the Catholic Diocese of Rockhampton and the Queensland Government to allegations of child sexual abuse at St Joseph's Orphanage, Neerkol*, we heard that St Joseph's Orphanage was licensed by the *Children's Services Act 1965* (Qld). Under this legislation, a departmental officer was required to visit every child at least once every three months to ensure satisfactory treatment, with monthly inspections of each institution.

The Royal Commission heard evidence from 12 former residents who detailed serious sexual, emotional and physical abuse by priests, religious sisters and ground workers at the orphanage. As part of its regulatory responsibilities for monitoring conditions, the Queensland Government prepared reports that outlined a general level of satisfaction with the operation of the orphanage. During the public hearing, the Royal Commission heard evidence that very few of the former residents could remember speaking to an inspector or child welfare officer.¹⁴⁶

We found that the Queensland Government failed to adequately supervise and protect children in the orphanage by:¹⁴⁷

- not ensuring adequately trained staff were employed as departmental inspectors
- failing to provide adequate scrutiny over the circumstances in which the children were living.

Some of our case studies examined the responses of police, law enforcement and agencies responsible for public prosecution of reports of child sexual abuse.¹⁴⁸ Common issues that we heard about in our case studies included that police:

- did not believe victims¹⁴⁹
- failed to respond to reports of child sexual abuse in institutional contexts¹⁵⁰
- did not carry out thorough investigations or made mistakes¹⁵¹
- delayed their response to allegations¹⁵²
- lacked specialised training in child sexual abuse or child protection.¹⁵³

Some survivors have spoken in positive terms of their interactions with police after reporting child sexual abuse. ‘Evan’ told us in a private session that he was positive about his dealing with the criminal justice system. Both the Director of Public Prosecutions and the police in charge of the case keep him well informed about what’s happening, and the police officer he dealt with initially made the process as easy as possible. ‘Evan’ said speaking to the police was a relief: ‘it’s cathartic, you know? Just to tell your story and somebody’s prepared to listen’.¹⁵⁴

Regulatory, external oversight and criminal justice institutions are important in protecting children and ensuring appropriate responses to allegations of child sexual abuse (see Chapter 5). Recent reforms including the creation of children’s commissioners and reportable conduct schemes have improved responses to child sexual abuse (see Chapter 6). However, we heard about continuing systemic weaknesses, including deficiencies in systems of information exchange and inconsistent oversight of institutional complaint handling (see Volume 7, *Improving institutional responding and reporting*, and Volume 8, *Recordkeeping and information sharing*). The criminal justice system is examined in more detail in our *Criminal justice* report.

Endnotes

- 1 Other victims we heard from were gender-diverse, but only came to identify as such at some point after the child sexual abuse took place. Others still may identify as gender-diverse, whether at the time of the abuse or afterwards, but may not have disclosed their gender identity to a Commissioner.
- 2 L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008-13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 23; K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 52; P Parkinson, K Oates & A Jayakody, *Study of reported child sexual abuse in the Anglican Church*, Anglicare Australia, Canberra, 2009, p 5; M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 54. Our analysis of Australian Bureau of Statistics *Personal safety survey 2012* showed males were up to four times more likely than females to report being abused by professionals in institutional settings (see Chapter 3).
- 3 S Smallbone & RK Wortley, *Child sexual abuse in Queensland: Offender characteristics and modus operandi*, Queensland Crime Commission and Queensland Police Service, Brisbane, 2000, p xix, 37–8; M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 21. While there is no nationally representative data in Australia, the best available evidence suggested that 14.0 to 26.8 per cent of girls and 5.2 to 12 per cent of boys experience non-penetrative abuse, such as non-penetrative contact abuse and exposure to pornography, before the age of 16. Fewer children experience penetrative abuse: an estimated 4.0 to 12.0 per cent of girls and 1.4 to 7.5 per cent of boys. The variations are due to differences in research methodologies such as definitions and sample populations. Australian Institute of Family Studies, *The prevalence of child abuse and neglect*, Australian Institute of Family Studies, Canberra, Australia, 2017. The Australian Bureau of Statistics Personal Safety Study 2012 also indicates that many more girls than boys are victims of child sexual abuse in Australia (Australian Bureau of Statistics, *4906.0 Personal safety, Australia, 2012 [offline information provided directly by ABS]*, 2012, www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0 (viewed 30 November 2016)). The Australian Bureau of Statistics Personal Safety Study 2012 also indicates that many more girls than boys are victims of child sexual abuse in Australia (Australian Bureau of Statistics, *4906.0 Personal safety, Australia, 2012 [offline information provided directly by ABS]*, 2012, www.abs.gov.au/ausstats/abs@.nsf/mf/4906.0 (viewed 30 November 2016)). For more information see Chapter 3.
- 4 L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008-13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 207–8. However, of all males abused, a higher proportion of cases occurred in an institutional location compared to other locations (see Figure 14.2).
- 5 L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008-13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 208.
- 6 L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008-13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 208.
- 7 KJ Terry & J Tallon, *Child sexual abuse: A review of the literature*, John Jay College, New York, 2004, p 70; P Parkinson, K Oates & A Jayakody, *Study of reported child sexual abuse in the Anglican Church*, Anglicare Australia, Canberra, 2009, pp 21–2.
- 8 In a large nationally representative US survey, Finkelhor and colleagues showed that rates of different types of sexual victimisation were generally lower for children aged 2 to 5 than for older children. D Finkelhor, R Ormrod, H Turner & SL Hamby, 'The victimization of children and youth: A comprehensive, national survey', *Child Maltreatment*, vol 10, no 1, 2005, p 11.
- 9 There is variation across jurisdictions. In New South Wales, 4.7 per cent of victims were aged four and under at the time of first abuse. The comparable figures in other states and territories are 2.1 per cent in Victoria, 3.4 per cent in Queensland, 3.4 per cent in South Australia, 8.2 per cent in the Australian Capital Territory and 0 per cent in the Northern Territory. Data was not recorded for Tasmania. L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008-13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 234, 252, 263, 276, 288, 303. Figures in the report disaggregate the 0–2 years and 2–4 years age categories.
- 10 Although the proportion of children under five years in formal care has increased from 24 per cent in 1996 to 37 per cent in 2014, the majority of children in this age group are still being cared for by their families. Australian Bureau of Statistics, *4402.0 Childhood education and care, Australia, June 2014*, 2015, www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4402.0June%202014 (viewed 5 May 2017). A study of sexual abuse cases involving children under the age of five found that children in this age category were more likely to be sexually abused in familial settings than by people outside their family and suggested one possible explanation was that children aged under 5 spend most of their time with their family. M Mian, W Wehrspann, H Klajner-Diamond, D Lebaron & C Winder, 'Review of 125 children 6 years of age and under who were sexually abused', *Child Abuse & Neglect*, vol 10, no 2, 1986, p 227.
- 11 J Goodman-Delahunty, MA Nolan & EL Van Gijn-Grosvenor, *Empirical guidance on the effects of child sexual abuse on memory and complainants' evidence*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 61, 71.
- 12 Transcript of CJÉ, Case Study 40, 27 June 2016 at 19788:18–19.
- 13 Transcript of J C Ingham, Case Study 4, 11 December 2013 at 2771:7–21.

- 14 Australian Bureau of Statistics, *2011 Census of population and housing: Reflecting Australia - Stories from the Census, 2016*, 27 June 2017, www.abs.gov.au/ausstats/abs@.nsf/mf/2011.0 (viewed 27 June 2017). Australian Bureau of Statistics, *2011 Census of population and housing: Reflecting Australia - Stories from the Census, 2016*, www.abs.gov.au/ausstats/abs@.nsf/mf/2011.0 (viewed 27 June 2017).
- 15 P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker & M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 18, 21, 28.
- 16 Name changed, private session, 'Carl'.
- 17 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 17: The response of the Australian Indigenous Ministries, the Australian and Northern Territory governments and the Northern Territory police force and prosecuting authorities to allegations of child sexual abuse which occurred at the Retta Dixon Home*, Sydney, 2015, p 4.
- 18 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 17: The response of the Australian Indigenous Ministries, the Australian and Northern Territory governments and the Northern Territory police force and prosecuting authorities to allegations of child sexual abuse which occurred at the Retta Dixon Home*, Sydney, 2015, pp 3–5, 22.
- 19 P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker & M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 22–3.
- 20 P Anderson, M Bamblett, D Bessarab, L Bromfield, S Chan, G Maddock, K Menzies, M O'Connell, G Pearson, R Walker & M Wright, *Aboriginal and Torres Strait Islander children and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 31–2.
- 21 Name changed, private session, 'Clarice'.
- 22 S Robinson, 'Preventing abuse of children and young people with disability under the National Disability Insurance Scheme: A brave new world?', *Australian Social Work*, vol 68, no 4, 2015, p 471; S Robinson, *Enabling and protecting: Proactive approaches to addressing the abuse and neglect of children and young people with disability*, Children With Disability Australia, Clifton Hill, 2012, pp 9–10.
- 23 PM Sullivan & JF Knutson, 'Maltreatment and disabilities: A population-based epidemiological study', *Child Abuse & Neglect*, vol 24, no 10, 2000, pp 1261–2; L Jones, MA Bellis, S Wood, K Hughes, E McCoy, L Eckley, G Bates, C Mikton, T Shakespeare & A Officer, 'Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies', *The Lancet*, vol 380, no 9845, 2012, p 904.
- 24 L Jones, MA Bellis, S Wood, K Hughes, E McCoy, L Eckley, G Bates, C Mikton, T Shakespeare & A Officer, 'Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies', *The Lancet*, vol 380, no 9845, 2012, p 906.
- 25 PM Sullivan & JF Knutson, 'Maltreatment and disabilities: A population-based epidemiological study', *Child Abuse & Neglect*, vol 24, no 10, 2000, pp 1261–2.
- 26 G Llewellyn, S Wayland & G Hindmarsh, *Disability and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 46.
- 27 G Llewellyn, S Wayland & G Hindmarsh, *Disability and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 46.
- 28 G Llewellyn, S Wayland & G Hindmarsh, *Disability and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 46. This study also found children with autism are at no increased risk compared to children without disability and children with visual and hearing impairment, learning disability, health impairment, physical disability and speech/language difficulties are at a slightly elevated risk compared to children without disability.
- 29 G Llewellyn, S Wayland & G Hindmarsh, *Disability and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 46–7.
- 30 Name changed, private session, 'Carly'.
- 31 J Kaur, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Consultation paper: Institutional responses to child sexual abuse in out-of-home care*, 2016, p 3. Transcript of J Kaur, Case Study 57, 29 March 2017 at 27637:37–27638:26.
- 32 The term secondary victim is sometimes used to describe people who are affected by the abuse of a child, but have not been directly abused themselves. Z Morrison, A Quadara & C Boyd, "Ripple effects" of sexual assault, Australian Institute of Family Studies, Melbourne, 2007, pp 2, 8; CR Figley & RJ Kleber, 'Beyond the 'victim': Secondary traumatic stress' in RJ Kleber, CR Figley & B Gersons (eds), *Beyond trauma: Cultural and societal dynamics*, Plenum Press, New York, 1995, pp 75–95.
- 33 Name changed, private session, 'Millie'.
- 34 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 2: YMCA NSW's response to the conduct of Jonathan Lord*, Sydney, 2014; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 6: The response of a primary school and the Toowoomba Catholic Education Office to the conduct of Gerard Byrnes*, Sydney, 2015; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 12: The response of an independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009*, Sydney, 2015; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 16: The Melbourne Response*, Sydney, 2015; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian Police, to allegations of child sexual abuse at St Ann's Special School*, Sydney, 2015.

- 35 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 6: The response of a primary school and the Toowoomba Catholic Education Office to the conduct of Gerard Byrnes*, Sydney, 2015, pp 11, 27.
- 36 K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 8, 33.
- 37 K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 8; S Smallbone & RK Wortley, *Child sexual abuse in Queensland: Offender characteristics and modus operandi*, Queensland Crime Commission and Queensland Police Service, Brisbane, 2000, pp ix, xix, xvi.
- 38 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 18–20; S Smallbone, W Marshall & R Wortley, *Preventing child sexual abuse: Evidence, policy and practice*, Willan, Collompton, 2008 pp 5–11; S Smallbone & RK Wortley, *Child sexual abuse in Queensland: Offender characteristics and modus operandi*, Queensland Crime Commission and Queensland Police Service, Brisbane, 2000, pp 15, 66–7.
- 39 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 8.
- 40 J Sullivan & A Beech, 'Professional perpetrators: Sex offenders who use their employment to target and sexually abuse the children with whom they work', *Child Abuse Review*, vol 11, no 3, 2002, pp 162–3.
- 41 S Hackett, D Holmes & P Branigan, *Operational framework for children and young people displaying harmful sexual behaviours*, National Society for the Prevention of Cruelty to Children, London, 2016, pp 12–13, 21; W O'Brien, *Problem sexual behaviour in children: A review of the literature*, Australian Crime Commission, Canberra, 2008, pp 10–11; see also transcript of W O'Brien, Case Study 45, 20 October 2016 at 21654:45–21655:28.
- 42 Some private session attendees disclosed they were abused by both male and female adult perpetrators. Therefore, the figures presented add up to more than 100 per cent.
- 43 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 18.
- 44 L Bromfield, C Hirte, O Octoman & I Katz, *Child sexual abuse in Australian institutional contexts 2008–13: Findings from administrative data*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 208.
- 45 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 53–8.
- 46 Royal Commission into Institutional Responses to Child Sexual Abuse, *Analysis of claims of child sexual abuse made with respect to Catholic Church institutions in Australia*, Sydney, June 2017, pp 55–6.
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- 149 In *Case Study 26: The response of the Sisters of Mercy, the Catholic Diocese of Rockhampton and the Queensland Government to allegations of child sexual abuse at St Joseph's Orphanage, Neerkol*, we were satisfied that children who complained to a department inspector, a Sister, a priest or police were either not believed and/or were often punished by the Sister or priest for reporting the physical and/or sexual abuse. Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 26: The response of the Sisters of Mercy, the Catholic Diocese of Rockhampton and the Queensland Government to allegations of child sexual abuse at St Joseph's Orphanage, Neerkol*, Sydney, 2016, pp 10, 61.
- 150 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 5: Response of The Salvation Army to child sexual abuse at its boy's homes in New South Wales and Queensland*, Sydney, 2015, pp 25, 28, 30.
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- 152 For example, we found in *Case Study 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian Police, to allegations of child sexual abuse at St Ann's Special School*, that the failure of South Australian Police to fully investigate material seized from Mr Perkins in 1993 contributed to the years of delay in bringing Mr Perkins to trial. Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian police, to allegations of child sexual abuse at St Ann's Special School*, Sydney, 2015, pp 7, 10, 34, 62. In *Case Study 19: The response of the State of New South Wales to child sexual abuse at Bethcar Children's Home in Brewarrina, New South Wales*, we were satisfied that failures by police seriously undermined the effective investigation of complaints by the children. Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian police, to allegations of child sexual abuse at St Ann's Special School*, Sydney, 2015, pp 4–5. See also Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 1: The response of institutions to the Conduct of Steven Larkins*, Sydney, 2014, p 6.
- 153 Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian police, to allegations of child sexual abuse at St Ann's Special school*, Sydney, 2015, p 8; Royal Commission into Institutional Responses to Child Sexual Abuse, *Report of Case Study No 1: The response of Institutions to the conduct of Steven Larkins*, Sydney, 2014, pp 6, 21.
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5 How and why child sexual abuse occurs

I think some people are still too scared, and too ashamed, because it's that thing that it's your fault. And that is the worst thing ... There must have been something you did, that led him on to do that. No, no. You're a child.¹

Commissioners heard from many survivors who wanted to understand why the sexual abuse of children in institutional contexts occurs. We also heard from many family members of victims who are still searching for an explanation as to how and why sexual abuse occurred, and why it was allowed to continue. Communities too are struggling to understand how the rights of some of their most vulnerable children were violated for so many decades. While there is no one definitive explanation, the Royal Commission learned a great deal during the course of our inquiry about how and why child sexual abuse occurs. Our inquiry has provided a foundation of knowledge for our recommendations in subsequent volumes about how to prevent and protect children from child sexual abuse.

Perhaps because child sexual abuse is so difficult to comprehend, previous explanations have tended to centre on specific factors only. For example, we heard explanations for child sexual abuse that focused on victims' attributes, which can lead to blaming victims for the sexual abuse. Other explanations focused on perpetrators or institutions only. However, our commissioned research and our experience as a Royal Commission tell a different story. It is one that recognises that child sexual abuse occurs as a result of a complex combination of different factors. Our research and experience indicates that the institutional setting plays a key role – for example, by providing potential perpetrators with unsupervised access to children, or with a context that excuses abusive behaviour.

Child sexual abuse is never the fault of the victim. Adult perpetrators must be held accountable for their actions. Institutions are also responsible for ensuring the safety and wellbeing of children in their care. By examining the vulnerability of children, we are in no way placing responsibility on the victim. We do so to understand how adult perpetrators and children with harmful sexual behaviours may target children because of their vulnerabilities. Similarly, by examining what may influence an adult perpetrator or a child with harmful sexual behaviours to sexually abuse a child, we do not excuse or minimise their actions.

Characterising risk

Child sexual abuse is not the result of a single factor, but of a complex interaction between diverse influences. Rather than identifying the extent to which each of these influences 'causes' child sexual abuse, for which there is limited evidence, we use the concept of 'risk' to examine how certain factors may be associated with the occurrence of child sexual abuse in institutional contexts.

There is no causal relationship between a risk factor and an incident of child abuse. The presence of risk does not mean that child sexual abuse will inevitably occur. Similarly, child sexual abuse may occur when few identified risks are present.

There is an overall paucity of empirical research in this area. This is partly due to the methods used to study child sexual abuse, which rely heavily on retrospective data, and also partly due to the ethical challenges in undertaking research in this area.² For this reason, we use a range of sources to identify key risk factors. We draw primarily on research published by the Royal Commission, giving weight to those factors that have been consistently identified in multiple research studies across populations. We also reflect what survivors, family members and others told us about what influences whether child sexual abuse occurs.

A situational approach to risk

A situational approach to understanding child sexual abuse in institutional contexts explains how individuals are influenced by their environment, such as their families, institutional settings, community and wider society.³

This chapter considers how risk factors related to adult perpetrators, children with harmful sexual behaviours, institutions and victim vulnerabilities may interact to enable sexual abuse within an institution. These factors can combine to create environments of risk for children. While all children are vulnerable to sexual abuse, some children may be more or less vulnerable than others because of their exposure to certain risk or protective factors.

This chapter also discusses the broader community influences relevant to the risk of child sexual abuse occurring. These include attitudes and norms, such as the value placed on children and their rights, stereotypes about men and women, and discriminatory attitudes that marginalise certain groups of people. Volume 6, *Making institutions child safe*, recommends community prevention initiatives to reduce the risk of child sexual abuse.

Identifying risk factors helps us better understand why child sexual abuse occurs, and how and where to direct prevention efforts. Understanding the factors that underlie adult perpetrator behaviour and motivation helps us design both effective interventions to prevent a person from sexually abusing a child and adult offender treatment programs. Similarly, understanding why a child may develop harmful sexual behaviours helps inform appropriate preventative interventions. Identifying and addressing the institutional factors that enable child sexual abuse can reduce the risk of abuse occurring within institutions. Finally, identifying particular groups of children who may be at greater risk can assist with earlier detection and prevention.

In discussing the interaction between risk factors, this chapter outlines:

- what influences an adult to sexually abuse a child
- what influences a child to sexually abuse another child
- how institutions can enable opportunities for sexual abuse
- what influences a child's vulnerability to sexual abuse.

5.1 What influences an adult to sexually abuse a child?

There is no typical profile of an adult who sexually abuses a child, despite commonly held misconceptions and persistent stereotypes.⁴ People who sexually abuse children in institutional contexts have diverse motivations and behaviours, which are influenced by various factors that can change over time.⁵

During the course of our inquiry, Commissioners learned that:

- a range of adults sexually abuse children, and attempting to predict the likelihood of someone being a perpetrator based on preconceptions should be avoided
- more adult males sexually abuse children than adult females
- the strategies used to sexually abuse children are often specific to different contexts
- adult perpetrators in institutional contexts may be strategic in the way they identify, groom and sexually abuse children, and groom others within the institution
- there are various and complex risk factors that may lead an adult to sexually abuse a child, including but not limited to adverse experiences in childhood; interpersonal, relationship and emotional difficulties; and distorted beliefs and 'thinking errors' (that is, cognitive distortions).

These elements interact to form a unique pathway for each adult perpetrator. Research suggests that there are a number of pre-conditions that must be met before a person will sexually abuse a child, including motivation to sexually abuse, overcoming internal inhibitions, overcoming external barriers, and overcoming the resistance of the child.⁶

5.1.1 Understanding the range of perpetrators

Understanding the diverse motivations and behaviours of adult perpetrators is key to recognising the risk of child sexual abuse, preventing abuse from occurring, and providing treatment to adults who have sexually abused children. This includes understanding the motivations and behaviours of all perpetrators, and not just incarcerated child sex offenders. The motivations and behaviours of perpetrators who have avoided detection – which includes adults who present a risk of becoming perpetrators, such as adults who have a sexual attraction to children but have not acted on it – may differ from those who have been convicted.⁷ A notable critique of existing research is that it is ‘derived from samples of apprehended male offenders’, and therefore gives little insight into the characteristics of perpetrators who have avoided detection.⁸

Given that most adult perpetrators are male, it has been suggested that gender may play a role in influencing who commits child sexual abuse.⁹ However, while the overwhelming majority of people who commit child sexual abuse are men, gender is not predictive of whether or not a person will become a perpetrator.¹⁰ Although the majority of adult perpetrators are male, most men do not sexually abuse children.¹¹

As most research on adult perpetrators focuses on males, much of what is known relates to them rather than females.¹² Much of the research cited in this chapter looks at adult male perpetrators, but we identify where studies focus exclusively on either gender.

Types of perpetrators

Typologies are broad categories, used by researchers and practitioners, to understand more about people’s behaviours, characteristics and patterns. As noted, much of the information about those who sexually abuse children, particularly past research, has been derived from incarcerated or convicted offenders, who are mostly male.¹³ Our inquiry has augmented this knowledge with victims’ perspectives of perpetrator characteristics, as well as with evidence from case studies.

While researchers have developed various typologies to understand perpetrator behaviour, perpetrators do not fit neatly into discrete categories.¹⁴ Rather, they may exhibit motivations or actions that are characteristic of more than one type, or may exhibit elements of different typologies at different points in time.¹⁵ Typologies provide a useful means of understanding patterns against a background of considerable diversity, but they are not sufficiently specific to develop perpetrator profiles and should not be used as a diagnostic tool.¹⁶

While recognising this limitation, we have identified three ‘types’ drawn from research that reflect the behaviours and characteristics of perpetrators we frequently heard about during private sessions and public hearings. They are: ‘fixated, persistent’ perpetrators; ‘opportunistic’ perpetrators; and ‘situational’ perpetrators.¹⁷

'Fixated, persistent' perpetrators tend to have longstanding sexual attraction to children.¹⁸ They are often repeat offenders, abusing multiple children throughout their lives.¹⁹ They are more likely than other perpetrators of child sexual abuse to have a 'paedophilic' interest in children and young people,²⁰ and less likely to have age-appropriate sexual relationships.²¹ One study, which examined the records of 362 convicted male child sex offenders, found that these offenders were more likely to have started abusing children at a younger age, to abuse male victims, and to abuse children outside of the family environment.²²

Some fixated, persistent perpetrators may actively manipulate environments to enable them to abuse a child. They may select occupations that facilitate access to children.²³ They may also take advantage of unpremeditated situations to abuse.²⁴

Most perpetrators do not fall within the 'fixed, persistent' typology – despite it most closely aligning with the stereotype of a 'predatory child molester'.²⁵ Nevertheless, some perpetrators we heard about during public hearings appeared to fit within this category. They often abused many children, sometimes over decades. In *Case Study 28: Catholic Church authorities in Ballarat*, we heard about Gerald Ridsdale, a former priest in the Diocese of Ballarat, who was convicted of a high number of offences involving multiple victims over two decades.²⁶ Many of his victims were prepubescent children.

'Opportunistic perpetrators' tend to be less fixated on the sexual abuse of children and may engage in criminal behaviour other than child sexual abuse.²⁷ They may not have a greater sexual attraction to children over adults, but use children for sexual gratification.²⁸ A study of 362 convicted child sex offenders suggests that opportunistic perpetrators are more likely to be older when they first sexually abuse a child, to abuse female victims, and to abuse victims in their family.²⁹ Research also suggests they tend not to maintain extended contact with victims, which underscores the opportunistic nature of their offending.³⁰

Research we commissioned suggests that opportunistic perpetrators exploit situations where they have access to and authority over children to sexually abuse them. These situations can include positions in organisations that give them access to children and young people.³¹ Research suggests that opportunistic perpetrators are less likely than other adult perpetrators to intentionally create situations in which children can be abused by manipulating the environment, but rather abuse children when the opportunity arises.³² Consequently, they are less likely to use grooming strategies.

In *Case Study 27: The response of health care service providers and regulators in New South Wales and Victoria to allegations of child sexual abuse*, we were told by AWI that she was sexually abused by a young male volunteer while she was a patient at a hospital. During a game of 'sardines' organised for patients one evening, the volunteer said, 'you have to be really quiet because of the game. We can't have other people hearing us'. The volunteer pulled AWI close to him and touched her genitals. The volunteer had his hands over his erection and tried to penetrate AWI with his fingers until he ejaculated.³³ This behaviour appears to fit with the typology of an opportunistic perpetrator.

‘Situational perpetrators’ do not usually have a sexual preference for children. Instead, they tend to have similar patterns of sexual arousal to men who do not sexually abuse children.³⁴ Research suggests that situational perpetrators sexually abuse children in response to ‘stressors’ in their own lives.³⁵ These may include social isolation, lack of positive adult relationships and low self-esteem.³⁶ The study of convicted child sex offenders found that this group was likely to be older when they first sexually abused a child, usually victimised females, tended to have fewer victims, and continued the abuse over an extended period of time.³⁷ The researchers suggest: ‘the picture here is of a caregiver or other authority figure who has abused a position of trust and who has ongoing access to the victim’.³⁸

In *Case Study 32: The response of Geelong Grammar School to allegations of child sexual abuse (Geelong Grammar School)*, we heard about Phillippe Trutmann, who was convicted of sexually abusing students at Geelong Grammar between 1985 and 1995.³⁹ Trutmann disclosed to a forensic psychiatrist that he felt ‘empty, inadequate, guilty, morally wrong, cowardly, unassertive, lonely, unconfident’.⁴⁰ It was the view of a forensic psychologist who assessed Trutmann that he had abused the boys because he was incapable of obtaining sexual gratification with men or women, largely due to his ‘fear of ridicule’.⁴¹ The description of Trutmann’s motivations reflects aspects of a situational perpetrator.

As with male perpetrators, there is no typical profile of women who sexually abuse children. A commonly referenced typology of female perpetrators describes three categories:⁴²

- predisposed offenders, who may have a history of child sexual abuse themselves
- ‘teacher-lover’ offenders, who target adolescents and view themselves as romantically involved or in love with their victim
- male-coerced offenders, who were initially forced into offending, frequently in the context of an abusive relationship with a male.

During private sessions and public hearings we heard about female perpetrators who appeared to fit within the categories related to adult female perpetrators described above. ‘Angelo’ told us about being abused by a female worker in a remand centre. He told us that ‘Irina’ was in her late thirties or early forties, and that he thought it was common knowledge among other staff that she did ‘sexual things’ to boys.⁴³ This may be illustrative of a predisposed female offender.

Another survivor, ‘Carmen’, recalled the behaviour of the female teacher who abused her, which appeared to fit the description of a ‘teacher-lover offender’:

She said, ‘I love you, I love you so much’. She just kept saying that over and over and over. I kept thinking, ‘I’m 15 years old, this is too hard’ ... It was such an obvious inappropriate relationship, and there was such obvious psychological domination of me.⁴⁴

An example of the male-coerced offender was described by 'Jeffrey James', who told us during his private session how, from the age of 14, he was groomed and sexually abused by an alternative health practitioner and his partner.⁴⁵ He said the abuse began with 'Doug' masturbating and performing oral sex on 'Jeffrey James'. Subsequently, 'Jeffrey James' was forced to have intercourse with 'Doug's' partner, 'Barbara'.

Similarities and differences between male and female perpetrators

Some research has focused on the similarities and differences between adult males and females who sexually abuse children in institutional settings.⁴⁶ Shared characteristics identified include that they tend to be older and better educated, with higher IQs and fewer reported adverse childhood experiences than child sexual abuse offenders in other settings.⁴⁷ Another study found that both were equally unlikely to be under the influence of alcohol when abuse occurred, and were likely to abuse power and authority to facilitate abuse and to commit similar sexual acts against their victims.⁴⁸

Research also indicates some general differences between men and women who sexually abuse children in institutional settings. Some research suggests that adult male perpetrators have 'deviant sexual interests, distorted attitudes about sex, poor socio-affective functioning, and poor self-management'.⁴⁹ Some research suggests that adult female perpetrators have often experienced extreme maltreatment.⁵⁰ In one study, women who abused children under 12 years of age were likely to have experienced verbal abuse, emotional neglect and sexual abuse.⁵¹ Similar to many adult male perpetrators, many adult female perpetrators appear to exhibit poor self-esteem and social skills, leading to loneliness and difficulty forming lasting intimate relationships.⁵²

Perpetrators in institutional contexts compared to other contexts

Another type of perpetrator described in research relevant to our work examining child sexual abuse in institutional contexts is that of 'professional perpetrators'. These are offenders who use their workplace and employment to conceal their targeting and sexual abuse of children.⁵³ A professional perpetrator may reflect characteristics of any of the 'fixed, persistent', 'situational' and 'opportunistic' typologies. Research suggests that professional perpetrators are conscious of the need to adapt their behaviour to changing external environments, and understand how others perceive their behaviour within an institutional context.⁵⁴

While the body of research comparing perpetrators in institutional, community and familial settings is small, it suggests that there are few distinctions between these groups.⁵⁵ However, emerging research suggests perpetrators in institutional contexts may show a greater preoccupation and emotional congruence with children than perpetrators in other settings.⁵⁶ Perpetrators in institutional contexts may also be less likely to have antisocial characteristics, and are less likely to be diagnosed with antisocial personality disorder.⁵⁷ These findings are broadly consistent with what we were told about many perpetrators in institutional contexts.

Research we commissioned suggests that perpetrators in institutional contexts may be strategic in how they choose, groom and sexually abuse children. They:⁵⁸

- may choose their profession for easier access to children and take time before committing their first offence
- may be adaptable, changing settings or strategies to gain opportunities to access and abuse children
- are likely to continue using a strategy they have found to be effective with new victims
- may be charismatic, intelligent and well-liked by children and respected by adults, particularly in primary schools and out-of-home care settings.

This research suggests perpetrators within institutional contexts may have higher impulse control than perpetrators in other settings, as they often strategically select their profession for access to children and may take time before committing their first offence.⁵⁹ Other research suggests many are well educated and less antisocial than perpetrators in other settings, which is not surprising given that perpetrators in institutional contexts often needed advanced study and social competence to gain their positions.⁶⁰ The experiences shared by survivors in public hearings and private sessions tell us that it is difficult for children to identify, resist and disclose sexual abuse by ‘professional perpetrators’ who are in positions of authority and hold power over them.

5.1.2 Factors that may influence an adult to sexually abuse a child

Adult perpetrators are responsible for their own behaviour in sexually abusing a victim. Without diminishing this responsibility, it is important to understand the various and complex factors that may contribute to perpetrator motivation, so that safeguards can be developed to reduce opportunities for abuse and keep children safe.

A variety of factors may influence an adult to sexually abuse a child in any setting. These are often referred to as ‘risk factors’, or factors that explain the ‘propensity’ of an individual to sexually abuse a child. Used interchangeably, these terms broadly refer to the likelihood that an individual will sexually abuse a child. The factors provide a basis for understanding what may contribute to an adult sexually abusing a child, although further work is needed to increase understanding of what facilitates abuse, particularly in institutions.⁶¹

Risk factors associated with adult perpetrators identified in research include:⁶²

- adverse experiences in childhood, such as physical, emotional and sexual abuse and neglect
- interpersonal, relationship and emotional difficulties, including difficulty connecting with other adults, intimacy problems and poor social skills, and emotional affiliation with children
- distorted beliefs and ‘thinking errors’ supportive of child sexual abuse
- indirect influences, for example, preference for victims of a certain age and gender, or contextual or trigger factors.

While useful for understanding perpetrator motivation and behaviour, these factors cannot be used to identify, screen or diagnose potential perpetrators. Risk factors have limited utility in determining the likelihood of an individual sexually abusing a child, as they do not predict causality. Rather, they refer to specific traits or experiences that appear at higher rates in offenders than non-offenders.⁶³ Research for the Royal Commission notes that ‘a risk factor should not be treated as diagnostic; having the characteristic or experience does not mean an individual will become a child sexual abuse perpetrator’.⁶⁴ There is no clear causal link that explains why a person becomes a perpetrator and no clear pathway to perpetration. During our inquiry we learned:

- The presence of one or more factors does not mean an adult will inevitably abuse a child. Conversely, these factors are not present in all perpetrators.⁶⁵
- There is no consensus among researchers about the significance of some factors over others.⁶⁶
- Factors related to an individual’s psychological state, life circumstances or opportunities to access victims can change. For instance, they may be addressed through programs for individuals at risk of offending or treatment programs for adult offenders, or mitigated by positive life experiences. Certain factors, such as the individual’s experiences of childhood abuse, cannot change but may be mediated through therapy or other appropriate interventions.⁶⁷

Adverse childhood experiences

Adverse childhood experiences can negatively influence a person's emotional, social and cognitive development.⁶⁸ Many perpetrators report a history of adverse childhood experiences, including physical, sexual and emotional abuse, and neglect.⁶⁹ Other harmful experiences may include exposure to violence and emotional rejection by parents.⁷⁰ However, the vast majority of people with these adverse experiences do not go on to sexually abuse children.⁷¹

One misconception is that victims of child sexual abuse go on to sexually offend against children themselves; however, 'while many offenders report a history of abuse victimisation, the vast majority of victims do not become abusers'.⁷² Several studies suggest there is no evidence uniquely linking childhood sexual abuse with the future perpetration of sexual offences.⁷³ Exposure to multiple forms of maltreatment may have a stronger influence on future perpetration of general offending, violent offending, and sexual offending.⁷⁴ Moreover, research suggests many perpetrators do not report being sexually abused themselves.⁷⁵

One study prospectively examined the association between childhood experiences of maltreatment and subsequent offending in a group of 38,282 males against the general population.⁷⁶ The study found that experiencing multiple types of maltreatment ('poly-victimisation') was significantly associated with subsequent offending but there was no specific association between childhood sexual abuse and later sexual offending.⁷⁷

Another study looked at the relationship between prior experiences of sexual abuse and subsequent patterns of crime, violence and sexual abuse. It emphasised that most victims of child sexual abuse do not go on to offend, and of those who do, most appeared to reduce their criminal involvement as they approached adulthood.⁷⁸

We heard from a small number of people in private sessions and case studies who reported being sexually abused as children and then went on to sexually abuse children themselves or used child sexual exploitation material.⁷⁹ Some felt that their earlier experiences contributed to them later sexually abusing children, for example by inappropriately sexualising them and confusing boundaries between adults and children.⁸⁰ However, most survivors in private sessions did not go on to commit sexual offences.

In private sessions and case studies, some perpetrators who told us about their own experiences of sexual abuse as children appeared to show remorse, understanding that these experiences do not excuse or mitigate their actions. As one perpetrator said:

I don't want to draw a link between my abuse and what I've done because I don't feel that that's an excuse. I don't like excuses. I was an adult and I made the wrong decisions and I get that. I have to wear that ...⁸¹

We also heard during case studies about perpetrators who had experienced sexual abuse as children.

Adverse childhood experiences of an adult perpetrator

A psychiatric report about Brother John (Kostka) Chute received in *Case Study 13: The response of the Marist Brothers to allegations of child sexual abuse against Brothers Kostka Chute and Gregory Sutton (Marist Brothers)* indicated that he disclosed that he had experienced abuse, including sexual abuse, as a child:

His father died when he was 9 years old, and at this time he was sent to cousins in Lismore. Brother Chute recalls being sexually abused at round 9 ½ years of age. He was separated from his mother and twin sister at age 11, and sent to a Marist Brothers' residence. He has remained with this order, being ordained a brother in 1952. He recalls further sexual abuse by a Brother at around 11 ½ years of age.

He has had very limited control over his life choices, with no guidance in his sexual development or any sexual matters, and has reportedly been victim to sexual abuse himself. Whilst this history should not excuse the betrayal of trust that Brother Chute has admitted to, such psychosocial factors do assist in perhaps understanding the development of the offending behaviour.⁸²

Interpersonal, relationship and emotional difficulties

Other potential risk factors that research suggests may influence an adult perpetrator include those related to interpersonal, relationship and emotional difficulties. These include difficulties in connecting with other adults, intimacy problems and poor social skills, and emotional affiliation with children.

Difficulty connecting with other adults

Consistent relationships between infants and young children and a nurturing caregiver with whom they have bonded is generally important for good mental health in adulthood.⁸³ Positive early experiences that create feelings of safety, nurturing, trust and other positive emotions are important for healthy, 'secure' attachment.⁸⁴ For adults, this means they are able to form relatively stable, close, intimate sexual and romantic relationships with other adults.⁸⁵

Infants and young children who do not properly bond with and form a secure or healthy attachment to their primary carer, including due to adverse early experiences,⁸⁶ are at risk of having difficulty connecting with adults later in life.⁸⁷ Experiences of neglect and physical or emotional abuse are associated with insecure attachment in adulthood, which commonly manifests in fearful and ambivalent approaches to relationships.⁸⁸ People who experience abuse and violence in their early childhood may have attachment problems as adults.⁸⁹

In a statement tendered to the Royal Commission in the *Marist Brothers* case study, Brother Chute's background was described by a psychiatrist, Dr Rebecca Campbell:

He was separated from his mother and twin sister at age 11, and sent to a Marist Brothers' residence. He has remained with this order, being ordained a brother in 1951. Whilst Brother Chute was accepting of this arrangement, he felt he had little involvement in the decision. He recalls further sexual abuse by a Brother at around 11 ½ years of age. During this time with the Brothers he received no sexual education or guidance. His life within the Brotherhood was strictly regimented, and he had very little contact with family.⁹⁰

Research that we commissioned noted that many perpetrators of child sexual abuse showed insecure attachment styles.⁹¹ One United Kingdom study found that incarcerated perpetrators reported poor bonding with their parents, and a parenting style consistent with 'affectionless control', characterised by neglect, indifference, and harsh and intrusive control.⁹² Perpetrators often indicate a fearful approach to relationships with adults and experience emotional loneliness.⁹³

We heard in a private session from a perpetrator about his own experiences of childhood sexual abuse in foster care following the death of his mother when he was eight years old, and the incarceration of his father. He told us that the Department of Community Services accused him of lying about the sexual abuse. He also told us he was not allowed to see his father and siblings. He said he felt angry and aggressive coming out of foster care and had absolutely no trust in adults or in authority generally. He was close to no one emotionally or physically.⁹⁴

Intimacy problems and poor social skills

Adverse childhood experiences and problems connecting with other adults may lead to deficiencies in emotional and social functioning.⁹⁵ Adverse experiences may also result in a lack of empathy,⁹⁶ a social skill identified as a 'circuit breaker' in helping to prevent perpetrators from reoffending.⁹⁷

Perpetrators often report experiencing loneliness and difficulties with intimate relationships, and may have poor social skills.⁹⁸ Our commissioned research reviewed a number of studies showing that intimacy problems were common among people who sexually abuse children, such as difficulties interacting with people of the opposite sex, being less likely to spend time alone with a partner, and usually having fewer male friends with whom they could discuss intimate matters than non-offenders.⁹⁹

In the *Geelong Grammar School* case study we learned that a forensic psychologist felt that convicted perpetrator Phillippe Trutmann had an unstable upbringing and did not acquire appropriate social skills. Trutmann did not have any meaningful interactions or relationships with other people, developed feelings of abandonment and rejection, and had no friends.¹⁰⁰

Some research has suggested that poor social functioning and emotional affiliation with children (see below) may be associated with perpetrators who have a 'paedophilic' interest in children.¹⁰¹ Yet, many 'paedophile' perpetrators we heard about in private sessions and public hearings were described as socially competent. We heard that many perpetrators, particularly in institutions, had functional relationships and good interpersonal and social skills. We heard in private sessions and public hearings that some perpetrators were notably involved in their local communities, yet had no appropriate adult intimate relationships. Others were married or had adult relationships at the same time as they sexually abused children.

As most research is based on incarcerated adult male perpetrators – 'known perpetrators' who generally show lower social functioning – it has been suggested that perpetrators in institutional contexts who have escaped detection may have a higher level of social functioning.¹⁰² This may be because perpetrators within institutional contexts are often required to demonstrate socially acceptable attitudes and behaviours to gain and maintain respected roles in institutions and communities.¹⁰³ It may also explain why perpetrators within institutional contexts are difficult to identify and, in many cases, have been able to abuse children without detection over long periods of time.

It should be noted that research has been unable to identify whether perpetrators had intimacy problems and poor social skills prior to committing child sexual abuse.¹⁰⁴ It may be that their adult relationships deteriorated following the perpetration of abuse, as perpetrators isolate themselves as a means of hiding their behaviour from others. It is important to note that these personal deficiencies do not mitigate, justify or excuse any behaviour that leads to the sexual abuse of a child.

Emotional affiliation with children

Research suggests that the difficulty many perpetrators have in forming effective and appropriate adult relationships appears alongside a tendency to display higher emotional affiliation with children.¹⁰⁵ These adults often identify with and relate to children and are more likely to approve of interaction with children on the child's level.¹⁰⁶ They may also look to children to meet their emotional needs.¹⁰⁷ Research suggests that perpetrators outside the family setting, including in institutional contexts, had a higher emotional affiliation with children than perpetrators within families and non-sexual offenders.¹⁰⁸ One United Kingdom study found that professionals who sexually abused children demonstrated higher levels of emotional congruence with children than perpetrators who offended within the family.¹⁰⁹

Playing with children on their level

In the *Marist Brothers* case study, we heard from Brother Doherty who described his unease with Brother Sutton's interactions with other children, noticing he was 'too familiar with them' and that he 'acted more like their playmate than their teacher'.¹¹⁰

Perpetrators with high levels of emotional affiliation with children may seek child-oriented employment and report having children as friends.¹¹¹ Some studies have suggested that a proportion of 'professional perpetrators' are completely or partially motivated by the opportunity to work with children when choosing their career, and may choose institutional roles where their employment is child oriented.¹¹²

Research also suggests an association between high levels of emotional affiliation with children and repeat offending.¹¹³ This may be because there is a link between emotional affiliation with children and a high level of sexual interest in children.¹¹⁴ One Canadian study of 221 convicted perpetrators of child sexual abuse found that high emotional congruence with children was most strongly associated with sexual preoccupation.¹¹⁵

Individuals with high emotional affiliation with children may fear adult relationships and have experiences of rejection and loneliness more than other people. Research suggests that they may find 'children less threatening and more attractive as sexual partners'.¹¹⁶

Inappropriate emotional affiliation with children

In *Case Study 2: YMCA NSW's response to the conduct of Jonathan Lord (YMCA NSW)*, we heard that despite having no prior experience or relevant qualifications, Jonathan Lord sought work with children, including as a camp counsellor, at before and after-school care and vacation care, and in unpaid childminding.

On his first day at vacation care during the Christmas holidays, AF recalls, Lord asked, 'Do you want to be my friend?' On the last day, Lord wrote him a note with words similar to: 'Dear AF, I think you are awesome. I will miss you. I will see you soon'.

Lord had written in his resume that one of his career ambitions was 'to work with kids and help them to experience life, love and friendships in an environment where there are no walls or boundaries'. Professor Stephen Smallbone gave evidence in the case study that this should have raised questions about whether Lord understood the importance of boundaries for children and his responsibility to maintain personal and professional boundaries.¹¹⁷

Distorted beliefs and thinking errors

Research suggests that some perpetrators may hold distorted beliefs and make thinking errors (called ‘cognitive distortions’).¹¹⁸ Much of this research is based on theoretical rather than empirical research¹¹⁹ and suggests that beliefs are likely to be formed early in life, and are then reinforced by subsequent life events and biased information.¹²⁰ They may also be influenced by broader socio-cultural norms, such as attitudes towards sexuality, women and children.

The research suggests that distorted beliefs may enable perpetrators to interpret events and information, such as interactions with children, in a biased way that increases the likelihood of sexual offending.¹²¹ Distorted beliefs may disrupt other beliefs that would ordinarily prevent someone from sexually abusing a child, such as moral concerns, understanding the harm done to the child, and the threat of legal consequences.

Research has identified several examples of distorted beliefs that male perpetrators can have about their victims.¹²² This research draws on personality and cognitive and developmental psychology. Examples of distorted beliefs are that *children are sexual beings who wish to engage in, and enjoy, sex with adults; men’s sexual needs and desires should be prioritised over the needs of children and therefore men are entitled to sexual activity with children; less physically coercive or aggressive sexual abuse is relatively harmless compared to more violent or penetrative abuse; or sex by its nature cannot be harmful to children.*¹²³

The research suggests a number of factors which may influence distorted views among some men who sexually abuse children. Male perpetrators who hold distorted views may do so because they have an inflated sense of self-entitlement, have difficulty appreciating the views of others, or are immersed in cultures where women are under-represented in positions of power and influence. It also highlights cultures where women are objectified and where male dominance over women and children is perpetuated.¹²⁴

Research also suggests that the perpetrator may not hold these beliefs until after they sexually abuse a child; they may acquire them subsequently to make themselves feel better about the abuse they have carried out.¹²⁵ This may enable them to deny the abuse, minimise the harm caused and blame the victim for their behaviour.¹²⁶ This may enable them to reduce feelings of remorse, guilt or shame.¹²⁷

One study that compared professional perpetrators with offenders in other settings found that the professional perpetrators did not demonstrate a high level of distorted attitudes about their victims, suggesting that they relied instead on notions of superiority or entitlement.¹²⁸ The same study also identified significantly elevated levels of victim-blaming attitudes among professional perpetrators.¹²⁹ These attitudes may enable perpetrators in institutional contexts to ignore child protection messages in the workplace.

Blaming the victim for the abuse

In *Case Study 33: The response of The Salvation Army (Southern Territory) to allegations of child sexual abuse at children's homes that it operated (The Salvation Army children's homes, Australia Southern Territory)*, we heard from a survivor who recalled that, after sexually abusing him, William John Keith Ellis would become aggressive and blame him for the abuse. The survivor said:

After Ellis had intercourse with me he would blame me. Sometimes he would hit me with a strap and get cranky. I remember at his house once he blamed the devil. I am sure that he used that a couple of times but he always blamed me. He would become very irate and blame me like it was my fault saying 'You shouldn't have let me do it', or 'You shouldn't have done it', or 'You shouldn't have led me on.' 'It was the devil in me', he said. It was always my fault, never his fault.¹³⁰

Some research suggests that offenders in religious institutions may have distorted beliefs with a unique theological and pastoral overlay. For instance, they may use their beliefs and faith in God to support distorted beliefs that their actions are not harmful, that they can be absolved from their sins through confession, that God allows such behaviour, and that God understands or is responsible for their actions.¹³¹ Further discussion of the role of religious beliefs is discussed in Volume 16, *Religious institutions*.

A study on a small number of incarcerated adult female perpetrators in the United Kingdom found that distorted beliefs may also underlie the behaviour of adult female perpetrators.¹³² However, it also found that women attach different meaning to these beliefs. For example, women often held the belief of 'uncontrollability', reporting that they were not 'thinking straight', were of 'weak character' or were not strong enough to stop themselves or a co-abuser from abusing the child. More than half felt that their environment was dangerous and the intentions of others were threatening, with some referring to their male co-abuser as violent and coercive. Just under half of the women either saw their victim as an adult rather than a child, admitted being sexually attracted to their victim, or thought that their victim 'enjoyed the experience'. Many said that victims 'frequently initiated sexual contact' and failed to report the abuse, which they saw as supporting their belief that their victims enjoyed the abuse. A small number of women believed that they were protecting the victim from further or more severe harm from a male co-abuser.¹³³

Other influences

Age of perpetrator

Commissioners were told that perpetrators of diverse ages have sexually abused children in institutional contexts. Research suggests that it is difficult to draw conclusions about the average age at which perpetrators begin offending.¹³⁴ There may be groups of people who first begin sexually abusing between the ages of 11 and 15 years old, or in their late 20s to early 30s, but little can be inferred about a person's age and the likelihood they will abuse a child.¹³⁵

Commissioners heard about perpetrators who began sexually abusing children at a relatively young age. Often these perpetrators went on to sexually abuse many children throughout their lives. It may be that fixated, persistent perpetrators and those with a 'paedophilic interest' begin offending at a young age and continue to offend for some decades.

We heard in private sessions and case studies that young adult perpetrators were often seen as approachable, well-liked and good at connecting with children. This may have helped dispel any concerns other adults might have had about leaving them alone with children.

A young adult perpetrator

In the *YMCA NSW* case study we heard that Jonathan Lord joined YMCA NSW as a childcare assistant in 2009 when he was 23 years old. While employed there, he groomed and sexually abused several boys aged between six and 10.

We heard evidence from the mother of a victim, AV, who was six years old when sexually abused by Lord. Describing Lord, she said she 'just saw him as a young guy who liked kids'. Another mother, AU, was aware from speaking to her children that 'they had grown very fond of Jonathan Lord because he made a big effort to entertain them and pay them attention'. The mother of a third child, AR, observed that Lord appeared fond of her son, which made her feel proud and at ease with his after-school care.¹³⁶

We also heard of young adult perpetrators who were close in age to their adolescent victims, such as cadet leaders, young teachers and youth workers. Many survivors described these perpetrators as being 'cool' and having rapport with the students. One told us, 'He'd always been a pretty matey kind of teacher ... he let us muck around with the instruments at lunchtime'.¹³⁷ In a private session, a former cadet who was sexually abused by a young leader in the Australian Air Force Cadets described the perpetrator as being well liked by staff and cadets alike. 'Melody' told us that despite the perpetrator's ranking, he was extremely friendly with the cadets and flirted with the girls.¹³⁸

In a private session, a survivor who was sexually abused when she was 16 years old by a worker at the refuge in his mid-twenties reflected that the perpetrator had told her that sexual contact was a ‘physical need we all feel and need filled’, and at the time she believed that she was consenting. The abuse occurred in a Catholic welfare home for adolescents, and the survivor was experiencing mental health issues at the time and was particularly vulnerable to being groomed as she believed that no one loved or wanted her.¹³⁹ Even where young adults form what they consider to be ‘consensual’ romantic relationships with adolescents, these relationships constitute a violation of trust and power, and are child sexual abuse.

Perpetrators who are older may have elevated status due to their age, with more influence and respect afforded them within an institution and community. They may hold more senior roles within institutions, with associated power and trust. ‘Aaron Michael’ told us that the tutor who abused him was in his sixties and was a well-respected member of the school and church community. He told us that when his grades started to drop, the school reassured his parents that their son was seeing ‘Mr Berner’ for tutoring: ‘Everyone, including my parents, was completely blinded by him’.¹⁴⁰

Preference for victims of a certain age and gender

Research suggests that a small number of perpetrators have a sustained sexual interest in prepubescent children, which is largely reflected in their relatively stable preference for young children over time.¹⁴¹ These perpetrators, who may sexually abuse both young boys and girls, may have a ‘paedophilic interest’ in young children.¹⁴² Research has found that perpetrators against very young victims (0–5 years of age at onset of abuse) were more likely to have abused both girls and boys than perpetrators with older victims.¹⁴³

A persistent sexual interest in early adolescent children, typically aged 11 to 14, is referred to as hebephilia. A persistent sexual interest in adolescents, typically aged 15 to 19, is termed ephebophilia.¹⁴⁴ However, research commissioned by us notes that these terms are controversial.¹⁴⁵ They are of limited use in determining the likelihood that an individual will pose a risk to children of a certain age.

We heard that perpetrators who are sexually attracted to adolescents may not perceive their victims as children, instead believing that they are ‘legitimate’ sexual partners able to participate consensually in a relationship. One survivor told us in a private session that the perpetrator, a high school teacher, expressed no remorse, telling the judge, ‘I’m not a paedophile, I just fell in love with a younger woman’.¹⁴⁶

Research suggests that child sexual abuse is not related to sexual orientation: perpetrators can be straight, gay, lesbian or bisexual.¹⁴⁷ Research has indicated that ‘men who identify as heterosexual are just as likely as men who identify as homosexual to perpetrate child sexual abuse’.¹⁴⁸ We heard about adult perpetrators who were married or had adult sexual relationships with people who were not of the same gender as the children they sexually abused.

Sexual abuse of a boy while in a relationship with a woman

In *Case Study 18: The response of the Australian Christian Churches and affiliated Pentecostal churches to allegations of child sexual abuse (Australian Christian Churches)*, we heard about a child sex offender, Jonathan Baldwin, who was a Youth Pastor at the Sunshine Coast Church. One of Baldwin's colleagues, Dr Ian Lehmann, told us that despite concerns brought to his attention, he did not suspect the relationship between Baldwin and the boy he was abusing to be improper because Baldwin was at the time in a relationship with Dr Lehmann's adult daughter, whom he later married.¹⁴⁹

Research suggests some perpetrators who sexually abuse children of a particular gender may do so because they only have access to children of that gender.¹⁵⁰ It is a common misconception that all perpetrators who abuse children of the same gender as them are primarily same-sex attracted and identify as a gay man or lesbian woman.

External factors

Research suggests there are external factors that do not directly lead perpetrators to sexually abuse children but may act as a 'trigger' in certain situations.¹⁵¹ These are changeable factors relating to a perpetrator's life circumstances or situation. They may interact with the other factors identified to facilitate or escalate sexually abusive behaviour.¹⁵²

These external factors can include social isolation, severe stress, mental health issues, alcohol or other drug problems, a lack of support, and the consumption of child sexual abuse material.¹⁵³ The perpetration of abuse can itself sometimes exacerbate existing perpetrator behaviour. For example, a perpetrator may distance themselves from their normal social supports following their abuse of a child, which increases their isolation and reduces their chances of forming appropriate adult relationships.¹⁵⁴

Alcohol and other drug consumption

Alcohol and other drugs may facilitate abuse by enabling perpetrators to overcome their internal inhibitions about sexually abusing a child. However, it should be noted that research suggests that perpetrators within an institutional context are less likely than perpetrators in other settings to be under the influence of alcohol at the time of the abuse.¹⁵⁵ Some survivors told us that they smelled alcohol on the perpetrator. One survivor, 'Nicky', told us in a private session that she was sexually abused by a carer at the group home in which she resided at the time who would abuse her mostly when he had been drinking vodka.¹⁵⁶ The offending in institutional settings that did involve alcohol and other drugs was often in the context of the perpetrator using them to make the victim more vulnerable.¹⁵⁷

Stress and life transitions

In private sessions and public hearings we heard of perpetrators increasing their offending at times of stress, such as life transitions, relationship breakdowns and work stress.

Escalating perpetrator behaviour

In *Case Study 21: The response of Satyananda Yoga Ashram at Mangrove Mountain to allegations of child sexual abuse by the ashram's former spiritual leader in the 1970s and 1980s (Satyananda Yoga Ashram)*, we heard from APL that Akhandananda's abuse of girls in the ashram escalated in the following circumstances:

After Shishy ran away, Akhandananda got worse ... Akhandananda would get all the kids to come up to his house after satsang and he would make each of the girls sit on his lap ... Sometimes he would get two girls to sit on his lap and make them wiggle their bottoms ... Akhandananda also ordered me to encourage [APH] to get into bed with him ... Around the same time Akhandananda started telling me that he found another young girl ... very attractive ... I didn't believe he would rape a 12-year-old so I didn't even think to warn her.¹⁵⁸

Mental health issues

Research suggests perpetrators report higher rates of mental health issues, most commonly anxiety and depression, than non-sexual offenders and non-offenders.¹⁵⁹ We heard evidence in several case studies suggesting that perpetrators often experience mood disorders such as depression, anxiety and low self-esteem.¹⁶⁰ Perpetrators with depression or other mood disorders may seek to use sexual contact with children to regulate their mood, and then justify their behaviour with entrenched distorted beliefs about sex with children. In this way, a perpetrator's mental illness can trigger, increase and maintain the offending behaviour.¹⁶¹

In a private session one perpetrator, 'Tate', described his strong feelings of depression and self-hatred each time he reoffended:

My heart was beating in my head at the time of me offending. Once that stopped, there was this incredible hatred and anger at myself, to the point where I was – I was never diagnosed as depressed – but I had a very heavy depression come over. I looked for arguments at home, with my girlfriend. I'd sell my car ... it would take me a couple of weeks to come back around to be normal happy 'Tate' again. But then happy 'Tate' would turn to this other 'Tate' and a couple of months later I'd offend.¹⁶²

Consumption of violent sexually explicit material and child sexual exploitation material

Some concern has been expressed about the consumption of violent sexually explicit material and child sexual exploitation material in relation to sexually abusive behaviours.¹⁶³ Consumption of such material may have a negative influence on perpetrator behaviour, by normalising abuse and violent sexual behaviour, and exacerbating existing predispositions to sexual aggression.¹⁶⁴ Some research focuses on the link between exposure to violent pornography and harmful sexual behaviours displayed by adolescent boys (see Section 5.2.2).¹⁶⁵ However, there are no clear research findings specifically related to consumption of such material and adult perpetrators of child sexual abuse.¹⁶⁶ How likely adult perpetrators who consume child sexual exploitation material are to sexually abuse a child in person is highly contested.¹⁶⁷

5.1.3 Pre-conditions for child sexual abuse by an adult

The answer to the question of **why** and **how** an adult sexually offends against a child is complex. Professor David Finkelhor suggests that four pre-conditions must be met before a person will sexually abuse a child. They are:¹⁶⁸

- motivation to sexually abuse
- overcoming internal inhibitions the perpetrator may have about sexually abusing a child
- overcoming external barriers to gain access to a child
- overcoming the resistance of a child to being sexually abused.

These pre-conditions provide a useful framework for understanding the various theories that explain child sexual abuse, and how factors related to the perpetrator, situation and victim interact to enable abuse.

Motivation to sexually abuse

The first pre-condition for an adult to sexually abuse a child is motivation to do so. Perpetrators and potential perpetrators differ in their levels of motivation. It is important to note that all potential perpetrators pose a risk to children, regardless of their level of motivation to sexually abuse children.¹⁶⁹

The concept of ‘motivation to abuse’ is closely related to an individual’s sexual interest in children. For example, fixated, persistent perpetrators with a conscious sexual interest in pre-pubertal children, or a ‘paedophilic interest’, will be highly motivated to sexually abuse children due to their strong sexual and emotional attraction to them.¹⁷⁰

However, a longstanding sexual interest in children is not the sole motivating factor for most perpetrators.¹⁷¹ Some situational perpetrators will not have a strong sexual interest in or preference for children, but pose a risk to children because they can become motivated to abuse when presented with an opportunity to do so. Research suggests that most perpetrators are not generally highly motivated to sexually abuse children, but may do so when able to access a child.¹⁷²

Overcoming internal inhibitions

The second pre-condition requires a perpetrator to overcome internal inhibitions about sexually abusing a child. ‘Normal’ internal inhibitions might include moral and ethical beliefs that child sexual abuse is wrong and harmful to children. This ‘disinhibition’ may be temporary but is still a necessary component for child sexual abuse to occur.¹⁷³

Perpetrators may use distorted beliefs and thinking errors, discussed earlier, to overcome internal inhibitions. For example, perpetrators who believe they have no control over their sexual urges will have more difficulty regulating their behaviour.¹⁷⁴

Perpetrators who hold distorted beliefs about children enjoying sex may misinterpret social encounters with children, making it easier for them to overcome internal inhibitions and abuse a child without feeling guilt or remorse. One survivor, ‘Kelvin’, told us during a private session that he was sexually abused by a perpetrator associated with a ring of abusers involved in the Scouts. ‘Kelvin’ told us that on a visit to the house of the Scouts commissioner:

He spent a long time explaining to me that having sex between older men and young boys is just merely a way of sexual education, and that it was commonplace in other cultures.¹⁷⁵

Research has also identified that alcohol, psychosis and impulse disorders may assist perpetrators in overcoming their internal inhibitions.¹⁷⁶ Similarly, severe stress and mental illness may diminish a perpetrator’s self-control and inhibitions and lead to sexual abuse.¹⁷⁷ At a social and cultural level, tolerance of sexual interest in children, weak criminal sanctions against offenders, patriarchal ideologies and tolerance of offences committed while intoxicated have the potential to disrupt normal internal inhibitions and facilitate abuse.¹⁷⁸

Overcoming external barriers to access a child

The third pre-condition to an adult sexually abusing a child involves overcoming external barriers to access children. In an institutional environment, this includes a perpetrator manipulating or taking advantage of factors to locate a potential victim, and securing unsupervised access to the child and a location to carry out the abuse with minimal risk of detection.¹⁷⁹

Perpetrators may also groom parents or other adults close to the child to desensitise them so that they perceive potentially risky behaviour as harmless,¹⁸⁰ and to increase the likelihood that they will leave the child in the perpetrator's care unsupervised. In private sessions, we heard from survivors who spoke about how the perpetrator became close to their families, visiting their parents on the weekends.¹⁸¹ One survivor told us the perpetrator 'provided an opportunity' to take her training further, took her family out for meals and gave gifts to her mother.¹⁸²

Research suggests that some perpetrators choose roles within institutions where they can easily access and abuse children with few external barriers.¹⁸³ Perpetrators may also identify children whom they perceive to be easier to physically access, for instance because they lack close parental support and supervision, or have disability. During private sessions we heard from survivors who were sexually abused as children in youth detention institutions by staff who had unsupervised access to them:

You had to knock at night to get out of your room, to go to the toilet. And sometimes you wouldn't want to do that because you'd know who was on. And you'd go into the toilet and you'd go to shut the door, and they would come in, usually males, they'd sit down and play with themselves in front of you, or want to try and touch you.¹⁸⁴

There is also evidence to suggest that perpetrators in institutional contexts will adapt strategies and manipulate the institutional environment to gain opportunities to access and abuse children.¹⁸⁵

Overcoming the child's resistance

The fourth pre-condition to child sexual abuse requires the perpetrator to overcome the resistance of a child. Sexual abuse is never the fault of the child. Nor is it the responsibility of the child to resist the abuse. The responsibility for abuse lies solely with the adult perpetrator.¹⁸⁶ Nonetheless, survivors often told Commissioners about how they attempted to avoid or prevent abusive situations, even though they had little or no power. This is explored in more detail in Volume 5, *Private sessions*. Research has also noted the capacity of children to avoid and resist abuse.¹⁸⁷

While all children are inherently vulnerable to child sexual abuse, perpetrators may target children whom they perceive to be more vulnerable than others.¹⁸⁸ Perpetrators may use grooming and other strategies – such as using manipulation, coercion, threats and violence – to reduce the likelihood that the child will resist and disclose the abuse (see Chapter 2).¹⁸⁹

Grooming

Perpetrators may use many tactics to groom children. These can include providing gifts, establishing emotional dependence, desensitising the child to physical contact, normalising sexual behaviour and using pornography.¹⁹⁰ A key goal of grooming is to gain the child's compliance and maintain their secrecy to avoid disclosure.¹⁹¹ In a small study of child sex offenders in the United States, the process of grooming described by the majority of the sample included many features of legitimate professional adult – child relationships. One offender said:

Playing, talking, giving special attention ... get the child to feel safe to talk to me ... making the child feel comfortable with me ... and spend time alone with her. I kept telling her how proud I was of her and how special she was.¹⁹²

Many survivors in private sessions described being targeted in this way. For example, 'Brad Cole' told us that he was sexually abused when he was 10 years old by a teacher. He said the perpetrator made him feel 'special' and 'Brad Cole' saw him as 'both a mentor and a friend', although as the sexual contact progressed, he felt 'terrified by these encounters'.¹⁹³ Many survivors described how perpetrators gained their trust by making them feel special at a time when they experienced little attention or affection from others. 'Irma', told us she was also sexually abused by a teacher. She said: 'I never experienced love or physical affection at all ... He seemed to have a warmth about him that no one else did in my life up to that point'.¹⁹⁴

In one United Kingdom study of offenders, 49 per cent of adult perpetrators reported targeting children who lacked confidence and had low self-esteem. One said: 'I would probably pick the one who appeared more needy ... Someone who had been a victim before: quiet, withdrawn, compliant'.¹⁹⁵ Other common characteristics that perpetrators look for – and which may reduce the child's resistance to grooming – include lack of knowledge about sex and sexuality, low levels of assertiveness and a desire for a caring relationship with an adult.¹⁹⁶

Drugs, alcohol and sexual exploitation

We often heard of perpetrators providing children with alcohol and other drugs in order to overcome their resistance to abuse. One survivor, 'Noah Jeffrey', told us of his experiences of sexual abuse by a priest while he was in a Catholic residential care facility. He said he was directed to go the priest's house to help him cook, where the priest gave him marijuana and money to purchase methamphetamines. 'Noah Jeffrey' described how, when he was under the influence of drugs, the priest 'starting pulling me off and that, and kissing me'.¹⁹⁷

Physical abuse, punishment and threatening behaviour

In private sessions and public hearings we also heard how perpetrators used physical violence, punishment and threats to overcome the resistance of many victims.

Culture of physical abuse at a boys' home

In *Case Study 5: Response of The Salvation Army to child sexual abuse at its boys' homes in New South Wales and Queensland (The Salvation Army boys' homes, Australia Eastern Territory)*, we found that in each of the four district homes there was physical abuse of boys by officers of The Salvation Army, which was on occasion brutal. We also found there was a culture of frequent physical punishment, which encouraged fear of officers. We heard evidence from former house parents that several Salvation Army officers inflicted serious physical and emotional injury on the boys, in addition to sexually assaulting children in their care.¹⁹⁸

In private sessions we heard from many survivors – particularly those abused in out-of-home care and youth detention institutions – who were threatened with being 'sent away', being isolated from friends, having privileges taken away, and having visits with family members cancelled to secure their compliance. 'Honorina' told us that her house parent in out-of-home care threatened to cancel visits with her father if she did not let him sexually abuse her.¹⁹⁹

Recent research suggests that perpetrators within institutional contexts may be more strategic than other perpetrators in overcoming children's resistance and may be more likely to use non-violent, manipulative and elaborate strategies to avoid detection.²⁰⁰ This may be partly because they are aware that they are less likely to be detected when they do not use physical violence. In *Case Study 34: The response of Brisbane Grammar School and St Paul's School to allegations of child sexual abuse (Brisbane Grammar School and St Paul's School)* we heard how Kevin Lynch used a form of hypnosis on his victims to secure their compliance.²⁰¹

5.2 What influences a child to sexually abuse other children?

Some children behave in ways that sexually harm other children. We use the term 'children with harmful sexual behaviours' to refer to children under the age of 18 years who have harmed other children as a result of their sexual behaviours or who are at risk of doing so.

Through private sessions, public hearings and research, Commissioners learned that children with harmful sexual behaviours are influenced by a range of complex social and environmental factors. These include prior sexual, physical or emotional abuse, exposure to family violence, social difficulties, and exposure to and consumption of pornography. Most children with harmful sexual behaviours appear to act impulsively rather than in a premeditated manner.²⁰² They also seem to model their behaviour on how they regularly see adults or older children behave in institutions.²⁰³

This section reflects what we were told in private sessions and public hearings about the motivations and behaviours of children with harmful sexual behaviours. This includes factors that may influence a child to engage in harmful sexual behaviour towards another child.

5.2.1 Understanding the range of children with harmful sexual behaviours

Children who engage in harmful behaviours are diverse, displaying a range of characteristics, circumstances, behaviours and motivations.²⁰⁴ What we learned about the age and gender of children with harmful sexual behaviours, and the institutional contexts within which they harm other children, is discussed in Chapter 4. The types of behaviours considered developmentally normal and those considered problematic or harmful are described in Volume 10, *Children with harmful sexual behaviours*.

Despite this diversity, research has identified some common features among children who display harmful sexual behaviours. For example, research indicates that more than 90 per cent of children reported to have engaged in harmful sexual behaviours were male.²⁰⁵ This is consistent with what we heard in private sessions. Research has also found that most children with harmful sexual behaviours do not continue to sexually harm once they reach adulthood.²⁰⁶

As with adult perpetrators, researchers have developed typologies to better understand the motivations, behaviours and characteristics of children who engage in harmful sexual behaviours.²⁰⁷ These help us to identify risk factors and understand behaviours, while recognising that many children with identified risk factors will not go on to engage in harmful sexual behaviours.²⁰⁸

Compared to studies on adult perpetrators, there are relatively few studies on the types of children with harmful sexual behaviour (see Section 5.1.1). The studies that exist tend to focus on either young children or adolescents, recognising that children's ability to regulate behaviour, motivations and their legal culpability change as they age.²⁰⁹ For example, one typology of adolescents with harmful sexual behaviours noted a broad range of harmful behaviours including opportunistic behaviour, group-influenced behaviour and deviant sexual fantasies.²¹⁰ Another study of young children (aged between three and seven) with harmful sexual behaviours identified behaviours that were planned and coercive; behaviours that were self-focused; and behaviours that appeared to be non-coerced and unplanned.²¹¹

These typology studies are not supported by sufficient empirical evidence to place children displaying harmful sexual behaviours into diagnostic categories or to direct practice. More work needs to be done to determine whether these typologies are applicable in all settings. There is limited research on whether children with harmful sexual behaviours in institutions behave differently or are influenced by different risk factors to children in familial or community contexts.

5.2.2 Factors that may influence a child to engage in harmful sexual behaviours

Children with harmful sexual behaviours may be influenced by a range of familial, social, economic, psychological and developmental factors. Research suggests these factors may include exposure to family violence, physical abuse, sexual abuse, neglect, and consumption of pornography.²¹² However, these factors cannot be used to identify, screen or diagnose children at risk of engaging in harmful sexual behaviours, as they do not predict causality. Most children who have experienced abuse will not go on to engage in harmful sexual behaviours, and not all children who engage in harmful sexual behaviours have prior experiences of sexual abuse or other forms of maltreatment.²¹³

Prior experiences of abuse and neglect

Children who experience trauma related to abuse or neglect may be at greater risk of engaging in harmful sexual behaviours. In submissions to our issues paper on advocacy and support and therapeutic treatment services, we were told that children with harmful sexual behaviours often had prior contact with child protection agencies and other authorities, as victims of neglect, abuse, family violence and child sexual abuse, or for their harmful sexual behaviours.²¹⁴

Multiple studies have found children with harmful sexual behaviours have experienced high rates of past physical abuse, emotional abuse and neglect.²¹⁵ In one study, 50 per cent of children in treatment for harmful sexual behaviour had experienced at least one form of abuse or neglect.²¹⁶ Another study of children presenting to specialist services found 92 per cent had experienced some form of abuse (including sexual abuse) or had been exposed to neglect or family violence.²¹⁷ Male adolescents with harmful sexual behaviours were also more likely to have experienced higher rates of physical abuse, emotional abuse and neglect compared to comparison groups of other male adolescents.²¹⁸

Evidence provided by criminologist Dr Wendy O'Brien in *Case Study 45: Problematic and harmful sexual behaviours of children in schools (Harmful sexual behaviours of children in schools)* supports this. Dr O'Brien stated that children who exhibit harmful sexual behaviours are likely to have experienced childhood adversity, including, 'in no particular order, child sexual abuse, neglect, caregiver substance abuse, social isolation, cognitive delays and profound economic disadvantage'.²¹⁹

We also heard about children who engaged in harmful sexual behaviours after witnessing adults sexually abuse children in institutions. For example, in *Case Study 30: The response of Turana, Winlaton and Baltara, and the Victoria Police and the Department of Health and Human Services Victoria to allegations of child sexual abuse (Youth detention centres, Victoria)*, Mr William Clark gave evidence that at Baltara in the 1970s, when he was 12, he was forced by an officer to masturbate in front of other children. Mr Clark also gave evidence that a group of the same children then forced him to masturbate in front of them.²²⁰

Some research has examined how physical abuse, emotional abuse and neglect can influence children to engage in harmful sexual behaviours.²²¹ One study suggests that the experience of emotional and physical abuse affects the development of sexual self-image and fantasy, which in turn contributes to children engaging in harmful sexual behaviours.²²²

Trauma related to the experiences of abuse and neglect can also influence children to engage in harmful sexual behaviours by affecting brain development.²²³ Children who have experienced trauma can have developmental issues including difficulty forming relationships with family and peers, and difficulty regulating behaviour and controlling impulses.²²⁴ Difficulties with impulse control and behaviour regulation are discussed below.

Differences in how male and female children respond to trauma has also been put forward as a reason why the majority of children with harmful sexual behaviours are male. It has been suggested that males may be more likely to externalise their trauma through aggression directed at others, while females are more likely to internalise their feelings through self-harm.²²⁵ However, research is not conclusive on why the majority of children with harmful sexual behaviours are male.

Several submissions to our issues paper on advocacy and support and therapeutic treatment services expressed the need for responses to children with harmful sexual behaviours to take into account the trauma the children may have previously experienced.²²⁶ The Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse also considered that the sexual abuse offences committed by juveniles may be linked to prior trauma, stating that:

this situation exists due to the combination of inter-generational trauma, the breakdown of cultural restraints and the fact that many of these children (if not all) have themselves been directly abused or exposed to inappropriate sexual activity (through pornography or observing others).²²⁷

Prior experiences of sexual abuse

The majority of children who are sexually abused do not go on to perpetrate sexual abuse.²²⁸ Research suggests that prior experience of sexual abuse is not the only or most important factor influencing children to engage in harmful sexual behaviour.²²⁹ However, experts and service providers told us some children with harmful sexual behaviours who participate in treatment programs have experienced sexual abuse in the context of childhood trauma.²³⁰ Studies in Australia have found:

- About one-third of 152 children aged under 12 who engaged in problem sexual behaviours in Victoria and were referred to a therapeutic treatment program between 1999 and 2001 were themselves victims of sexual abuse.²³¹
- A 1999 study of the files of 70 children convicted of sexual offences in New South Wales found 20 per cent had been sexually abused.²³²

International research has consistently found that children with harmful sexual behaviours had experienced higher levels of sexual abuse than other children, although the rates of sexual abuse differ substantially across studies.²³³ These variances may be due to disparities in how sexual abuse is defined, variations in research methods, and the small numbers of children included in the studies.²³⁴ Girls with harmful sexual behaviours have higher rates of prior experiences of sexual abuse than boys and tend to have suffered sexual abuse at younger ages, abuse by more than one perpetrator, and more severe and enduring abuse.²³⁵

Some studies have attempted to understand why a small minority of children who have been sexually abused engage in harmful sexual behaviours.²³⁶ Research suggests some children may try to gain power over other children to stop feeling like a victim, other children may become conditioned to gain sexual arousal through 'assaultive fantasies', and for others it may be a learned or reactive response.²³⁷

Research also suggests that a small proportion of children who engage in harmful sexual behaviours may replicate the sexual abuse they experienced.²³⁸ One study of 74 adolescent males found that those who were abused under the age of five years were twice as likely to target victims who were younger than five. Those who were abused by men were also twice as likely to choose male victims. The adolescents in the study were also more likely to replicate the forms of abuse they had experienced. For example, those who were fondled were seven times more likely than others in the study to fondle their victims and those who had been anally penetrated by an adult were 15 times more likely to anally penetrate their victims.²³⁹

In some private sessions we heard about children with harmful sexual behaviours re-enacting sexual harm that they experienced in childhood.

‘Alan Geoffery’ told us about re-enactment of sexual abuse on a younger child

‘Alan Geoffery’ was a state ward in care at a children’s home in the 1970s. He told us he was 13 when ‘Glen’, the superintendent of the home, took him to a paddock and asked him many questions about sex and masturbation. ‘Glen’ asked ‘Alan Geoffery’ to expose his genitals and then fondled him. We heard that a short time after, ‘Alan Geoffery’ began to mimic the behaviour on a 10-year-old boy, ‘Terry’, who also resided at the home. ‘Alan Geoffery’ said he did exactly what the superintendent had done to him. He took the boy to a secluded spot, then pulled his trousers down to his feet. He then ‘proceeded to play with his genitals just the way ‘Glen’ had taught me’. ‘Alan Geoffery’ told us he did this to the boy on a few occasions and sometimes he invited other boys to join in: ‘We would laugh at ‘Terry’ as he stood there naked in the middle of the paddock with no idea what to do’. ‘Alan Geoffery’ stated that he was very remorseful about what he subjected ‘Terry’ to. ‘Alan Geoffery’ told us:

Even though I never sexually penetrated him, I feel now that I raped and humiliated that poor boy. I cannot imagine the pain that I must have caused for him and for the people that have been involved in his life since.²⁴⁰

This aspect of his life troubles ‘Alan Geoffery’ deeply.

This issue of re-enactment was also raised by treatment providers in submissions to the Royal Commission.²⁴¹ Dr Joe Tucci, Chief Executive Officer of the Australian Childhood Foundation, gave evidence in *Case Study 24: Preventing and responding to allegations of child sexual abuse occurring in out-of-home care* about the impact of past sexual abuse on children’s behaviour:

These are kids who are vulnerable, traumatised, and their trauma specifically has them either looking to resolve it through their own behaviour, or replicating it over and over again, because that’s part of the way the trauma has had an impact on them.²⁴²

Chaotic home environments and exposure to family violence

While adverse family experiences are not unique to children with harmful sexual behaviours, we have learned that family dysfunction and exposure to family violence may influence children to engage in harmful sexual behaviours.

Research suggests that large proportions of children in treatment for harmful sexual behaviours are at risk of family violence or live in chaotic family environments.²⁴³ For example, in a study of 127 children who engaged in ‘developmentally unexpected sexual behaviours’ in the United States, 52 per cent of the caregivers acknowledged they had ‘hit, slapped or shoved’ their partner.²⁴⁴ A much higher proportion of children in the study (87 per cent) reported that they had seen their caregiver behave violently towards a partner.²⁴⁵

In submissions to our *Issues paper 10: Advocacy and support and therapeutic treatment services*, Commissioners were told that violence was a common feature of families with children accessing therapeutic treatment for harmful sexual behaviours in Victoria.²⁴⁶ Information provided to the 2016 Victorian Royal Commission into Family Violence showed that family violence was identified by treatment providers as the most prevalent co-occurring issue for children referred to sexually abusive behaviours treatment services.²⁴⁷

Some practitioners have suggested that being exposed to family violence provides children with 'dominant and gendered scripts for how they are expected to be in the world'.²⁴⁸ Where the relationships modelled for children are characterised by manipulation, coercion and physical and sexual abuse, this can negatively affect how they learn to relate to, and interact with, others.²⁴⁹

Difficulty socialising with peers

Children who exhibit harmful sexual behaviours may also display multiple, serious social problems.²⁵⁰ They may have low social skills, low self-esteem and high levels of social anxiety.²⁵¹ One study found more than half of the children with harmful sexual behaviours in the sample were severely socially isolated.²⁵²

Research conducted for the Royal Commission found that, in comparison to male adolescents who committed non-sexual offences, male adolescents with harmful sexual behaviours:²⁵³

- had less extensive criminal histories and were less involved in gangs or delinquent peer groups
- were more likely to have anxiety and low self-esteem
- were generally less likely to have substance use issues
- had less academic achievement problems
- were more socially isolated.

Female adolescents who engage in harmful sexual behaviour tend to have unstable living situations, have experiences of physical abuse and neglect, be socially isolated and have mental health problems.²⁵⁴

Children who have difficulty developing social bonds may engage in harmful sexual behaviours to fulfil their need for intimacy. They may lack the social skills to develop age-appropriate and consensual relationships with peers.²⁵⁵

While some children with harmful sexual behaviours are socially isolated and have difficulty forming social relationships with their peers, we heard about children in institutions engaging in harmful sexual behaviours in groups. For example, in *Case Study 7: Child sexual abuse at the Parramatta Training School for Girls and the Institution for Girls in Hay*, Ms Robin Kitson described being sexually abused by groups of girls on multiple occasions.²⁵⁶

Difficulty with impulse control, behaviour regulation and understanding social norms

Research suggests children with harmful sexual behaviours tend to act impulsively rather than premeditatedly harming other children.²⁵⁷ Children's impulse control and decision-making functions are still developing.²⁵⁸ Some children have difficulty understanding that their behaviours are harmful. For these reasons, it is inappropriate to apply the same frameworks used to analyse the motivations of adult perpetrators (see Section 5.1.3).

Children who have not received appropriately tailored education on sexuality, personal relationships and personal safety may have difficulty understanding that their behaviours are harmful. International research has found that a considerable proportion of children with harmful sexual behaviours also had a learning disability (between 20 and 38 per cent).²⁵⁹ Children with learning disabilities who engage in harmful sexual behaviours have been found to experience high rates of maltreatment and have 'excessive behavioural problems', particularly in relation to social functioning, thought processing and attention.²⁶⁰ Children with learning disability may engage in harmful sexual behaviours because they are unaware of social norms around sexual behaviours,²⁶¹ lack appropriate sex education and may not have opportunities for appropriate sexual expression and sexual relationships.²⁶² For more information, see Volume 10, *Children with harmful sexual behaviours*.

In private sessions we heard about a number of incidents where a child's impulsive behaviour resulted in harm to another child. 'Jaime Allen' told us that, in the late 1990s, he was watching television in his group home when another boy, 'Craig', began sexually abusing him. 'Jaime Allen' said, 'It came to a surprise to myself because one minute we were watching TV, all of a sudden the abuse started happening'.²⁶³

However, we heard that some older male children who exhibit harmful sexual behaviours may act premeditatedly. In private sessions, we heard about several male adolescents who, like adult perpetrators, used gifts to overcome their victim's resistance. For example we heard that 'Rhonda Helen', who resided at an orphanage in the 1970s, was abused by the older son of a host family while on holidays with them in exchange for chocolate.²⁶⁴

Exposure to, and consumption of, pornography

Research suggests a significant proportion of children are exposed to, or access, pornography.²⁶⁵ Studies show 83 to 100 per cent of boys and young males, and 45 to 80 per cent of girls and young females have accessed pornography.²⁶⁶

Many children who are exposed to pornography will not react in sexually harmful ways, but there are indications that the proliferation of increasingly violent pornographic material is negatively affecting children's sexual attitudes, behaviours and development.²⁶⁷ Children who consume violent and sexually explicit material are up to six times more likely than those who do not to report sexually aggressive behaviour.²⁶⁸ Academic Dr Michael Flood gave supporting evidence to the Royal Commission into Family Violence that:

young men, for example, who consume pornography, particularly violent pornography, are more likely to be tolerant of and indeed to perpetrate sexual violence to try to coerce or force a girl or woman into sex, than other young men.²⁶⁹

In private sessions we were told of many instances where children exposed victims to pornography. We also heard about victims being forced to re-enact sexual acts with another child.

'Trent James' told us that he was forced to re-enact pornography

'Trent James' was raised in foster homes in Queensland. At the age of five, he was placed with a family who had an adopted son, 'Xavier', who was in his late teens. He told us that when the foster parents went out, they would leave 'Xavier' to look after 'Trent James'. 'Xavier' would put pornographic movies on the television and make 'Trent James' watch them with him. After a while, 'Xavier' made 'Trent James' copy the behaviours in the movies. These included performing oral sex on 'Xavier', which he also instructed 'Trent James' to practice: 'I had a big fluffy bunny rabbit, and he told me to practise on the bunny rabbit. It had a carrot.' 'Trent James' told the Royal Commission that he did not understand what he was doing at the time, and that 'Xavier' told him not to talk about it or he would get into trouble. Some time later he told us that his foster mother found him 'practising' on the bunny rabbit. She asked him why he was doing it, and 'Trent James' told her what 'Xavier' had made him do. 'Trent James' is not sure what action his foster mother took, but 'Xavier' never touched him again.²⁷⁰

Australian treatment providers and academics made submissions to the Royal Commission about the negative effects of pornography.²⁷¹ One practitioner who treats children with harmful sexual behaviours told us, 'I can't think of anything that is going to impact us or what is actually happening for our young kids as much as the easy access of quite hard-core pornography'.²⁷² Improvements to treatments for children with harmful sexual behaviours are discussed in Volume 10, *Children with harmful sexual behaviours*.

The influence of pornography on children with harmful sexual behaviours has been examined in previous inquiries. In 2007, the Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse was told about a 17-year-old boy who showed pornography to 10 younger children and made them act it out.²⁷³

5.3 How do institutions enable opportunities for child sexual abuse?

While there is no simple explanation for why child sexual abuse occurs in some institutions, we have identified a number of ways in which institutions may enable opportunities for abuse. Institutions may create these opportunities inadvertently but all institutions are responsible for removing them by preventing, identifying and mitigating risks and responding appropriately when abuse occurs.

Throughout our inquiry, we learned that:

- some institutions are more likely than others to enable adult perpetrators and children with harmful sexual behaviours to sexually abuse children, and to make it more difficult for the abuse to be detected and addressed²⁷⁴
- the level of risk within a particular institutional context is influenced by the type of activities and services provided, the physical environment, the characteristics of the children in the institution, and, to an extent, organisational management²⁷⁵
- some institutions, such as closed institutions, carry more risk of child sexual abuse than others and these institutions need to be alert to their heightened risk
- children are more likely to be abused in institutional contexts where the community has an unquestioning respect for the authority of an institution²⁷⁶
- many risk factors exist in contemporary institutional contexts.

This section examines the institutional factors that may enable opportunities for child sexual abuse to occur and continue undetected and undisclosed. It should be read together with the sections on adult perpetrators (section 5.1), children with harmful sexual behaviours (section 5.2) and children's vulnerabilities (section 5.4). This is because understanding the risk of child sexual abuse in institutional contexts requires understanding how all these factors interact.

5.3.1 Understanding institutional risk factors

Research has increasingly looked at situational influences in relation to child sexual abuse,²⁷⁷ identifying factors within the institutional context associated with the risk of child sexual abuse.²⁷⁸ Child sexual abuse can happen in organisations where no particular risk factor is identified, while the presence of a particular risk factor does not mean abuse will happen. It is the combination of factors that enables abuse.

The level of risk is different in each institutional context and can change over time, influenced by variations in staff and leadership, attitudes towards children, and regulatory and legal frameworks. Children are more vulnerable in institutions with multiple risk factors, as these factors are interrelated and can accumulate to increase the level of risk to children.²⁷⁹

‘Closed’ institutions typically have full control over the children in their care.²⁸⁰ In these institutions, children are subject to strict rules and procedures, are entirely dependent on the institution, and are isolated from the outside world. There is often little external oversight or support. Institutions that fit this type include youth detention centres, in-patient mental health treatment facilities, and some historical residential homes. They are generally higher risk environments for children.²⁸¹ Some boarding schools and religious institutions have been identified as having some characteristics of closed institutions.

Institutional risk factors are influenced by attitudes, values and knowledge held at the community level. These include general awareness and understanding of child sexual abuse, how institutions are perceived as a source of authority, norms (such as the belief that ‘children should be seen but not heard’), gendered stereotypes and discriminatory attitudes (such as homophobia).

Different children in an institutional context experience risk differently. For example, where a child with disability relies on the provision of intimate care or has an intellectual disability that presents additional barriers to disclosure, that child may be more vulnerable than others.

5.3.2 Factors that may enable child sexual abuse in institutions

Cultural, operational and environmental factors within institutions can all affect the likelihood of children being sexually abused and the prospect that abuse will be identified, reported and responded to appropriately.

- Institutional cultural factors include leadership and organisational culture, which shape assumptions, values, beliefs and norms. These influence, among other things, how individuals behave when interacting with children, what is understood to be appropriate and inappropriate behaviour, and how children’s wellbeing and safety is prioritised.²⁸²
- Operational factors include governance, internal structure, day-to-day practices, the approach to the implementation of child safe policies and the recruitment, screening and training of staff and volunteers.
- Environmental factors include the characteristics of physical and online spaces that enable potential adult perpetrators and children with harmful sexual behaviours to access victims.

Volume 6, *Making institutions child safe*, outlines our 10 Child Safe Standards for making institutions safer for children. These standards provide a framework for institutions to address the cultural, operational and environmental factors that may enable abuse.

Institutional cultural risk factors

We heard that institutional culture plays a significant role in explaining how institutions enable child sexual abuse, and why so many fail to respond appropriately.²⁸³ The culture of an institution is created primarily by those in leadership positions, through the way in which they model behaviour and communicate assumptions, values and beliefs.²⁸⁴

Institutions may increase the risk of child sexual abuse through cultures that:

- lack understanding or awareness of child sexual abuse
- fail to listen to children
- fail to educate children about healthy and appropriate sexual development
- prioritise the reputation of the institution over children
- cultivate secrecy and isolation
- fail to see prevention of child sexual abuse as a shared responsibility
- fail to address racism and prejudice
- normalise harmful practices.

Lack of understanding or awareness of child sexual abuse

When there is little awareness of child sexual abuse and staff do not know their obligations to protect children, the risk of children being sexually abused can increase. Some leaders may have little understanding of potential risks, of strategies employed by adult perpetrators and children with harmful sexual behaviours in accessing and abusing children (such as grooming), and how and where abuse tends to occur. In *Case Study 22: The response of Yeshiva Bondi and Yeshivah Melbourne to allegations of child sexual abuse made against people associated with those institutions (Yeshiva Bondi and Yeshivah Melbourne)*, Rabbi Yosef Feldman, then president of the Rabbinical Council of New South Wales, gave evidence that he had lacked an understanding of what behaviour constitutes child sexual abuse, how it amounts to a crime and the obligation to report to external authorities.²⁸⁵

In certain institutions, particularly those that existed prior to 1990, examined in public hearings, staff had little or no education or training on child safety. In *Case Study 10: The Salvation Army's handling of claims of child sexual abuse 1989 to 2014* we found that most officers began work in the homes with no child-specific training.²⁸⁶ Research suggests that leaders who do not ensure staff are aware of child protection policies may fail to set clear standards for appropriate adult – child interaction.²⁸⁷

Failure to listen to children

Children are exposed to a higher risk of sexual abuse in institutional contexts where they are not listened to as this can create an environment where it is unsafe for them to disclose abuse.²⁸⁸

During private sessions and public hearings, we heard about many institutions where the belief that ‘children should be seen and not heard’ prevailed. In *Case Study 7: Child sexual abuse at the Parramatta Training School for Girls and the Institution for Girls in Hay (Parramatta Training School for Girls)*, several witnesses gave evidence that residents were only allowed to speak to staff when they were spoken to, meaning that unless a staff member asked, the girls who had been sexually abused were unable to disclose.²⁸⁹

Survivors told us in public hearings about raising allegations against perpetrators but being ignored or punished. In *Case Study 23: The response of Knox Grammar School and the Uniting Church in Australia to child sexual abuse at Knox Grammar School in Wahroonga, New South Wales (Knox Grammar School)*, we heard evidence from a survivor that after he disclosed to the headmaster in 1989 that a teacher had sexually abused him, the headmaster told him that this was a serious allegation to make against a teacher and then sent him away to think about what he had said.²⁹⁰ In the *Geelong Grammar School* case study we heard how a victim was expelled from school after he discussed the abuse with another student against the direction of the school.²⁹¹

An imbalance in power between children and adults in institutional contexts means that perpetrators tend to be believed over children.²⁹² In our published report on the criminal justice system we note this view creates barriers for investigation, reporting and access to justice.²⁹³ Many survivors who reported abuse prior to 1970 told us in private sessions that adults thought children lied.²⁹⁴ A 2009 survey of Australian attitudes towards child abuse indicates this is not merely an historical view, with the study showing that a third of respondents (32 per cent) believed that children make up stories about being abused.²⁹⁵

The tendency to disbelieve children can be more pronounced for certain groups of children. For example, research we commissioned found there is a ‘persistent view that children with disability are unable to give credible and reliable accounts of their experiences’.²⁹⁶ Neglectful and abusive behaviours towards children with disability may also be reframed as ‘acceptable’ if children with disability are thought of as the ‘other’. The recent Senate Inquiry into Violence, Abuse and Neglect Against People with Disability in Institutional and Residential Settings found that this is an ongoing challenge in disability-specific settings.²⁹⁷

Institutions with extreme power disparities between adults and children, such as youth detention, immigration detention and some residential out-of-home care, can often silence children.²⁹⁸ ‘Justin David’, who told us in a private session he was abused by a staff member in a boys’ home, said he did not feel able to go to the police because he was a ward of the state and would not have been believed. He explained, ‘we were home kids and they aren’t going to listen to us’.²⁹⁹ In another private session, ‘Lewis John’ told us that he and other boys were sexually abused by a supervising officer of a government-run boys’ home in the 1970s. ‘Lewis John’

and another boy ran away but the police picked them up. He said that they reported the abuse to the police, who contacted a Department of Community Services officer. We heard that the police told 'Lewis John' that the Department wanted him to 'shut up about what was going on' or he was going to be charged with escape. The boys were sent back to the facility.³⁰⁰

The tendency for people to believe adults over children continues.³⁰¹ Research conducted for the Royal Commission found that children feel safe in institutions when adults listen to them, respond to their concerns and needs and communicate to the child what action has been taken, but that too often that is not the case.³⁰² Children participating in research on what makes them feel safe in institutions told us that:

If they [adults] have to choose between writing a report or asking us how we're going ... they'll always have to choose doing office work – because there'll be consequences for them if they don't ... They're not accountable to us so it doesn't matter if they don't do what we ask them to do.³⁰³

We also heard that some children may feel it would be unsafe to disclose. For instance, Aboriginal and Torres Strait Islander children may not disclose abuse due to a lack of cultural safety, a fear of authorities intruding into their family and community,³⁰⁴ and trauma resulting from the collective and intergenerational effects of colonisation, dispossession and forced removal.³⁰⁵

In a culture where children do not feel able to disclose, adult perpetrators and children with harmful sexual behaviours are able to continue abusing. In *Case Study 29: The response of the Jehovah's Witnesses and Watchtower Bible and Tract Society of Australia Ltd to allegations of child sexual abuse (Jehovah's Witnesses)*, we heard from a survivor who was required as a child to report the abuse to a group of male elders that included the man who abused her. She told us this resulted in her not disclosing the full extent of the abuse:³⁰⁶ 'I didn't feel comfortable talking while Bill [the alleged perpetrator] was in the room ... I felt like there was a lot of stuff I had been unable to say'.³⁰⁷

Failure to discuss matters related to sex, sexuality and child sexual abuse

Research commissioned by us suggests that institutions that fail to provide children with age and developmentally appropriate education on sex, sexuality and sexual abuse prevention may increase the vulnerability of children in their care.³⁰⁸ Perpetrators may target children they perceive to lack knowledge about sex and sexuality.³⁰⁹ Many survivors told us that they did not know how to identify abusive behaviour as children, or did not disclose because they did not know how to talk about what had happened to them.³¹⁰ In *Case Study 17: The response of the Australian Indigenous Ministries, the Australian and Northern Territory governments and the Northern Territory police force and prosecuting authorities to allegations of child sexual abuse which occurred at the Retta Dixon Home (Retta Dixon Home)*, former residents gave evidence that they did not report being sexually abused at the time because they did not realise it was wrong, or felt too ashamed or frightened.³¹¹ One survivor told us she thought the abuse was normal.³¹²

We heard that some children and young people with disability may not be given appropriate sex education and sexual abuse prevention information within schools or other institutions that provide services and support to them.³¹³ This may contribute to their vulnerability to abuse.³¹⁴

Many faith-based institutions have cultures of shame around sex that may leave children more vulnerable to abuse. Research proposes that in the Catholic Church, for example, the ‘tendency to eschew and even discourage the discussion of sex-related matters may have facilitated the child sexual abuse perpetrated by priests’.³¹⁵ We heard in many private sessions how some faith-based institutions limited children’s access to information about sex. For example, ‘Mikey’ grew up in a staunchly Catholic family. He was sent to a Catholic school where we heard he was sexually abused by a religious brother in his early teens. ‘Mikey’ said he did not tell anyone because it was the era when religious brothers and sisters and priests were ‘gods in our eyes’ and sex was never discussed. His mum had not explained anything to him either, just handed him a book but, ‘that was it ... I don’t think I even read it’.³¹⁶ Further discussion of how some faith-based institutions limited education on sex and sexuality is included in Volume 16, *Religious institutions*.

Studies have also identified a lack of appropriate sex education as a feature of older children who exhibit harmful sexual behaviours.³¹⁷

Prioritising the reputation of the institution over children

When the reputation of the institution is prioritised over the safety of children, it contributes to the risk of children being sexually abused.³¹⁸ It may lead to allegations being concealed, an approach of ‘damage control’ being adopted, or the abuse being seen as irregular behaviour by an individual member of staff, rather than the responsibility of the institution.³¹⁹ This may lead the institution to take inadequate action in response to the allegation.³²⁰

Research has identified instances where staff have responded to disclosures of child sexual abuse by protecting the organisation’s reputation over responding to victims.³²¹ We examined many instances where an institution’s leadership tried to prevent abuse allegations being made public to protect the institution’s reputation. For example, in *Case Study 39: The response of certain football (soccer), cricket and tennis organisations to allegations of child sexual abuse*, we heard evidence that Tennis NSW adopted legal advice to ‘close ranks’ behind the decision to take no further action against an alleged perpetrator. This was despite an internal investigation finding in favour of the version of events put forward by BXJ, the alleged victim.³²² Leaders may seek to ensure that institutions avoid potential legal action and negative publicity following disclosure of abuse.³²³

In private sessions and public hearings we heard that some institutions had policies deliberately designed to protect the institution’s reputation when abuse allegations arose. In the *Jehovah’s Witnesses* case study we heard from one witness that the Jehovah’s Witnesses destroyed notes because ‘we don’t want them to fall into the wrong hands’.³²⁴

Secrecy and isolation

Institutions that rely on internal processes or ‘closed systems’ to deal with breaches of conduct may create opportunities for abuse, hinder detection and weaken responses.³²⁵ Institutions with these systems may fail to report abuse to the police or other external authorities.³²⁶ Some research highlights that this is particularly the case when ‘the belief system or culture of the organisation is such that there is a very strong commitment to deal with the matter internally’.³²⁷ For example, in some instances instead of referring allegations to the police for investigation, the Catholic Church has carried out its own investigations and made decisions about the guilt and punishment of alleged perpetrators.

In a private session, a survivor described the Jehovah’s Witnesses as a closed environment, where members of the congregation were discouraged from outside friendships and relationships. She noted an overwhelming concern with not giving the institution a bad name, with members strongly discouraged from speaking externally about matters relating to the congregation. We heard the institution had its own methods of dealing internally with child sexual abuse. The survivor told us that because she did not have two independent witnesses to verify the abuse, elders dismissed her complaint.³²⁸ These issues are further discussed in Volume 16, *Religious institutions*.

An isolated institution

In the *Satyananda Yoga Ashram* case study we heard that the tradition of the ashram required separation from ‘many aspects of the modern world’. We heard evidence that essential services, such as secondary schooling and medical services, were largely undertaken by the ashram. The degree to which the children at the ashram were isolated from mainstream community services meant they were unlikely to be able to report abuse to outside authorities. The ashram’s practice of isolating children from their parents meant that children were unable to disclose abuse to their families.³²⁹

Where institutions are insular and closed off from the world, families, communities, governmental agencies and professional services are not able to play the crucial role of monitoring the safety and wellbeing of children, reporting allegations or scrutinising policies and practices.

Failure to understand prevention of child sexual abuse is a shared responsibility

When those within an institution do not see preventing child sexual abuse as a shared responsibility, institutional failures that make children vulnerable are not recognised and addressed, which can enable opportunities for abuse to occur. Leaders who do not see child sexual abuse as a shared responsibility are unlikely to encourage reporting by staff or listen to children who attempt to disclose. Institutional cultures where adults recognise signs of abuse but do not respond risk exposing children to ongoing sexual abuse. They may also facilitate ‘bystander’ culture, where inaction is an acceptable response to concerns about or allegations of child sexual abuse. Leaders can prioritise child safety by educating new staff that the institution is committed to a culture of child safety where staff and volunteers feel empowered to report any concerns.³³⁰

No culture of shared responsibility for child safety

In the *YMCA NSW* case study, senior management blamed junior staff for contributing to the circumstances in which Jonathon Lord was able to abuse children in their care and did not accept that there were systemic failures to protect children. Professor Stephen Smallbone gave expert evidence that staff in child-related organisations should have a culture of ‘extended guardianship’ or shared personal responsibility, where preventing abuse is seen as the ordinary responsibility of all adults. We found that *YMCA Caringbah* did not have a culture of vigilance or shared personal responsibility for the safety of children.³³¹

Research commissioned by us suggests the common interests and ‘in-group bias’ of close-knit groups enable them to discount external criticism, because they consider the motivations of outsiders to be self-interested rather than genuine.³³² The research suggests this may partly explain the Catholic Church’s immediate response to reports of abuse, which claimed that those who wanted to investigate abuse by Catholic priests were anti-Catholic.³³³ Two international studies involving Catholic and non-Catholic participants suggest that group loyalties may influence the extent to which people believe allegations of child sexual abuse.³³⁴

In an institution where staff are close or have known each other for a long time, it may be difficult for them to question a well-known co-worker.³³⁵ They may ignore or reinterpret abusive behaviours to reconcile uncomfortable information.³³⁶ This may lead staff and volunteers to view a colleague’s behaviour as innocuous, even when it indicates grooming or sexual abuse.³³⁷

Voicing concerns may be interpreted as divisive or destabilising in some institutional environments.³³⁸ One study noted that sports club administrators reported they were loath to deal with complaints of child sexual abuse because they would have to choose to side with either the accused perpetrator or alleged victim.³³⁹ In the *YMCA NSW* case study, one staff member gave evidence about the discomfort she experienced in questioning the behaviour of a co-worker:

I would feel uncomfortable making a complaint, because although it is really good that we have lots of friendships with the team, things always seem to get back to people even if they are not meant to.³⁴⁰

Research highlights the need for workers within an organisation to be able to trust senior management to keep confidential the name of an individual who reports, to encourage reporting.³⁴¹

Staff may be fearful of raising concerns when leaders have previously dismissed or ignored them. A whistleblower told us during a private session that shortly after being employed as a teacher, she noticed children behaving strangely around a particular teacher. Following a student's disclosure of sexual abuse by that teacher, she reported it to the school principal. She told us the principal dismissed the claim and threatened her job, saying: 'you will not go to the police. If you do, you will lose your job'.³⁴²

Failure to address racism and prejudice

When an institution does not respect diversity and promote equality, it can create additional risks. Failures to address racism or prejudice such as discrimination against sexual orientation create particular risks for some children.³⁴³

In research on children's views of safety, Aboriginal children identified that racism was dealt with ineffectively within institutions and that they were more likely to be targeted than non-Aboriginal children.³⁴⁴ Other research has identified that 'organisations such as youth detention and residential facilities mainly care for children from racial minorities', and that cultural stereotypes related to race may undermine belief in victims' attempts to disclose.³⁴⁵

Many Aboriginal and Torres Strait Islander survivors told us during private sessions about their experiences of institutionalised racism, which they felt contributed to their vulnerability to child sexual abuse. One survivor, 'Harvey Martin', told us that, while he was a ward of the state in a Catholic orphanage in the 1960s, he was targeted because of his race. He told us the religious brothers and other children would make fun of his skin: 'They mentally abuse you by doing stuff like that ... They try and take the black out of you to make you white'. He said he did not disclose the sexual abuse by the adult son of the dormitory manager because he was afraid of being beaten.³⁴⁶

Similar assumptions and beliefs about the trustworthiness and believability of people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+) may also create additional risks for children and young people, and promote the perception of LGBTIQ+ adults as 'untrustworthy reporters of sexual abuse'.³⁴⁷ Research suggests the way in which patriarchal and macho cultures value heterosexuality and reject homosexuality may increase the risk of child sexual abuse.³⁴⁸

In organisational cultures where males are encouraged to view homosexuality negatively, male victims may feel responsible for the abuse they experience and be less likely to disclose.³⁴⁹ Research suggests that in institutions with homophobic cultures, children are often bullied or penalised for their actual or perceived sexual orientation or gender identity.³⁵⁰ This resonates

with what we heard in public hearings and private sessions about homophobic cultures in many male-only institutions. We heard that the Navy had a ‘zero tolerance’ policy towards homosexuality in the 1960s and 1970s. Survivors told us that as junior recruits they experienced severe physical and sexual abuse by other recruits and in some cases adult staff. Some survivors told us they did not disclose because of a no ‘dobbing’ culture and because they feared being discharged or shamed.³⁵¹

Workplaces that do not value diversity and equality may also victimise staff. This can make children more vulnerable, as staff who are victimised may find it harder to raise or report concerns about a child’s safety.³⁵² Research looking at the role of organisational culture in child sexual abuse has identified that many child-focused organisations have hierarchies structured by race and sexual orientation, with heterosexual people from ‘Anglo cultural backgrounds’ holding positions of power.³⁵³

Other research has suggested the lack of women in leadership positions within religious institutions, meaning a lack of gender-appropriate role models, contributes to the risk of abuse and poor responses to disclosure in church contexts.³⁵⁴ Several studies identified patriarchal and authoritarian beliefs as contributing to an environment where children are less likely to question the authority of a perpetrator.³⁵⁵ Institutions with staff from backgrounds representative of the children they care for may assist children in feeling valued, understood and comfortable voicing concerns.³⁵⁶

Normalisation of harmful practices

We frequently heard about institutions that supported sexualised behaviours, other forms of abuse, and bullying and hazing practices. We also heard about institutions that dehumanised children. These practices can increase the risk of child sexual abuse as institutional cultures can affect members’ moral judgments and diminish their sense of responsibility for their actions.³⁵⁷

Research shows that sexualised cultures are a risk factor for child sexual abuse by adult perpetrators in institutional contexts.³⁵⁸ It also identifies that ‘in a sexualised environment professional boundaries between staff and children are eroded’, normalising grooming and sexual misconduct.³⁵⁹ Institutional cultures can implicitly endorse child sexual abuse by creating the impression that abusive practices are acceptable.³⁶⁰ In the *Youth detention centres, Victoria* case study, BDF gave evidence that sexual abuse was seen as ‘part of living’ in the institution.³⁶¹

We heard in private sessions and public hearings that many children experienced other forms of abuse, including physical and emotional abuse, and neglect, related to the sexual abuse. This is consistent with research suggesting that sexual abuse is often connected to other forms of maltreatment.³⁶² Research suggests some institution types, such as some residential care and youth detention facilities, tend to encourage staff to see children being in need of discipline, reform and punishment.³⁶³

We heard in private sessions and public hearings how physical violence was used against children in institutions, particularly prior to 1990.³⁶⁴ In one private session, a survivor told us that the use of corporal punishment at his school in the 1960s was ‘an enormously powerful, potent, coercive tool for paedophiles’.³⁶⁵ Another survivor gave evidence in the *Catholic Church authorities in Maitland-Newcastle* case study that physical violence undermined his ability to resist abuse:

[The Brother] was a sadistic and habitual caner. He would regularly cane students for many different reasons. As a result, I felt I was not going to be able to stop [the Brother] from putting his hands on me.³⁶⁶

In a private session, a whistleblower reflected on the connection between the violent behaviour of a school principal and his sexual abuse of children: ‘It didn’t start with paedophilia, it started with the physical abuse’.³⁶⁷

Research suggests the use of physical and emotional abuse may be part of a process of progressive boundary violations that increase the likelihood of sexual abuse occurring.³⁶⁸ Some evidence suggests children may be at greater risk of abuse in institutions where staff maltreat other staff. One study found that where the managers of group homes were psychologically and physically abusively to staff, the staff would use the same abusive behaviours with the children in their care, who in turn also demonstrated abusive practices.³⁶⁹

We also heard many instances of sexualised bullying.³⁷⁰ Where bullying and hazing practices are present, it may enable child sexual abuse by normalising sexually aggressive and dominating behaviours.³⁷¹ Many allegations of children exhibiting harmful sexual behaviours occurred in the context of bullying or hazing, and often involved male children. It may also make children more vulnerable to sexual abuse by adult perpetrators.³⁷²

Some institutional cultures, such as some sporting settings, normalise violence as part of initiation practices.³⁷³ In one private session, a survivor told us that because he was younger than most other boys in his sporting team, he was designated the ‘team bitch’. Initially, he thought it was in the spirit of fun. However, he told us that on an interstate sporting trip, the other boys tied him up with duct tape and told him, ‘you’re going to get raped’. Several of the boys filmed the abuse on their phones. The survivor told us that he did not resist to begin with because he thought it was just another case of ‘mucking around’.³⁷⁴

Research suggests that some institutional cultures tolerate and even value bullying as an appropriate expression of masculinity.³⁷⁵ In our case study on *Harmful sexual behaviours of children in schools*, one survivor gave evidence that ‘the internal discipline and the esprit de corps was driven entirely by the senior boys ... I don’t believe that any boy was ever suspended or expelled for bullying in my time at King’s’.³⁷⁶

Bullying and hazing seen as a ‘rite of passage’

In *Case Study 40: The response of the Australian Defence Force to allegations of child sexual abuse (Australian Defence Force)*, we learned of widespread abuse of younger recruits by older recruits in the Naval Junior Recruit Training Establishment at HMAS *Leeuwin*. The abuse took place within an informal hierarchy in which older recruits physically and sexually abused more junior recruits as part of the ritualised practices of bastardisation that were designed to break in and humiliate the new entrants to the Navy. Some survivors who tried to report abuse to staff were not believed or told that the abuse was a rite of passage into the Navy.³⁷⁷

Institutions that dehumanise children create environments in which they are more at risk of abuse. These environments occur particularly in ‘total’ institutions established to ‘reform’ children, such as historical residential institutions and contemporary youth detention facilities. These institutions tend to prioritise discipline, order and conformity over the wellbeing of individual children and are characterised by a high degree of control over inmates.³⁷⁸ Research has identified how ‘the sense of powerlessness, helplessness and betrayal can be as complete as the institutional control over their lives’.³⁷⁹

Victim isolation facilitated sexual abuse

In the *Parramatta Training School for Girls* case study we learned that the isolation of victims was central to their experience of abuse. We heard that girls were subjected to a ‘system of discipline and control’, including what was known as the ‘silence system’, which involved only being allowed to talk to each other for 10 minutes a day and being locked in isolation cells. The residents were completely isolated from the wider community. Former residents gave evidence that their personal items were removed from them when they were admitted, and that their hair was shorn. Staff often referred to girls as ‘sluts’, ‘black dogs’ and ‘prostitutes’.³⁸⁰

The dehumanisation of children can weaken the normal moral inhibitions of staff or volunteers, and reduce their concern for the children’s wellbeing.³⁸¹ Research suggests that when children are dehumanised, staff become desensitised to their needs and feel less ‘obliged to respect [their] rights and needs’.³⁸² It is then easier for adults to abuse children, or turn a blind eye to abuse.

Operational risk factors

Operational risk factors include an institution’s governance, internal structure and day-to-day practices. This includes the development and implementation of child safe policies, and recruitment, screening and training of staff and volunteers. The intersection of operational risk factors can increase risk experienced by children, and may create opportunities for perpetrators.

Factors related to how an institution operates can create opportunities for child sexual abuse. These include:

- an institutional hierarchy that enables abuse and inhibits the identification of, and responses to abuse
- inadequate recruitment and screening policies and practices
- ineffective and insufficient child protection policies and practices
- roles that enable opportunities for abuse
- children’s lack of access to a trusted adult
- lack of effective supervision and external oversight.

Institutional hierarchies that enable abuse and inhibit identification and response

An institution’s management structure can give potential perpetrators opportunity and motivation for abuse, and may deter victims from disclosing.³⁸³ It can also affect the ability of others to identify and respond appropriately to child sexual abuse.

The structures, group dynamics and administrative systems of an institution can shape the conduct and outlook of those within it.³⁸⁴ Although abuse is not restricted to any specific role or level within institutional settings, people with authority may have greater access to and power over children. The more power adults have over children in institutions, the easier it is for them to abuse those in their care.³⁸⁵ Research also suggests that formal power differentials between people can create motivation to abuse, based on perceived moral superiority resulting from the possession of power.³⁸⁶ Victims may also be reluctant to disclose abuse by those who hold power in an institution because they know they may not be believed, or that the perpetrator will seek retribution.³⁸⁷

We heard often in private sessions and public hearings that children did not disclose abuse or allegations were ignored due to the perpetrator’s power and influence. In *Case Study 15: Response of swimming institutions, the Queensland and NSW Offices of the DPP and the Queensland Commission for Children and Young People and Child Guardian to allegations of child sexual abuse by swimming coaches (Swimming Australia and the DPP)*, Ms Simone Boyce gave evidence that she believed she could not disclose that Scott Volkens had abused her if she were to have a future in competitive swimming, given how well regarded he was in the swimming community. She thought that no one would believe her.³⁸⁸

Research suggests that a hierarchical organisational structure in an institution can make it difficult for staff to challenge established norms and practices and report abusive behaviour.³⁸⁹ Where a perpetrator is in a senior role, it can be difficult for members of staff to report their behaviour because of fear of retribution.³⁹⁰ The reluctance to report a superior may be exacerbated in hierarchies where staff report to a single manager.³⁹¹ Thus, perpetrators may be unwittingly protected by the institutional hierarchy.

Lack of accountability through management structure

In *Case Study 1: The response of institutions to the conduct of Steven Larkins (Scouts and Hunter Aboriginal Children's Service)*, we heard that Steven Larkins restricted open communication between the management committee and staff, and controlled committee meetings at the Hunter Aboriginal Children's Services (HACS). Ms Henderson, a relative of Mr Larkins, was Chairperson of the Management Committee and said that she did not feel adequately equipped to do her job. Ms Barwick, another committee member, gave evidence that she was appalled that relatives of Mr Larkins were on the HACS Management Committee and described the power and 'clique' issues this gave rise to. We identified Ms Henderson being a relative of Mr Larkins and Mr Larkins's restriction of open communication as factors that helped him to wield influence over the HACS Management Committee.³⁹²

We heard in public hearings how a lack of management transparency could increase the risk to children's safety. In some institutions, the responses to allegations of abuse were dealt with only by those in senior positions in the institutional hierarchy. In the *Australian Christian Churches* case study, information regarding allegations of child sexual abuse carried out by Mr Kenneth Sandilands, a teacher, was provided to Senior Pastor Denis Smith, the Chair of the Church Board, and Mr Neil Rookes, the School Principal. However, Pastor Smith deliberately did not disclose the complaints to the board. Between 1986 and 1993, Pastor Smith, alone of those involved with the college, had knowledge of each complaint, their sexualised nature, the warnings given and conditions imposed and that they were breached, and had the power to remove Mr Sandilands from teaching.³⁹³ In other public hearings, we heard about perpetrators who remained in their position as a coach, music teacher, dance teacher, doctor, youth group leader or priest after allegations of abuse were made against them to those in leadership.

We heard that when perpetrators had family, personal or financial ties to those in leadership positions in institutions, it often gave rise to special treatment that enabled them to continue abusing children. In the *Yeshiva Bondi and Yeshivah Melbourne* case study, we heard about the friendship between Rabbi Feldman, then President of the Rabbinical Council of New South Wales, and David Cyprys, who was under investigation for child sexual abuse. During the hearing, we heard that Rabbi Feldman's views that allegations of abuse should be dealt with internally were in part motivated by his friendship with Cyprys.³⁹⁴ Research suggests that organisations with close-knit and established relationships, typical in religious communities, may lead to confirmation bias that obscures the significance of inappropriate behaviours.³⁹⁵

We also heard during private sessions and public hearings about perpetrators who continued to be held in high regard by leaders. We heard of examples of perpetrators receiving promotions, pay rises, praise and public recognition for their work after allegations against them had been made. In the *Brisbane Grammar School and St Paul's School* case study we examined documentary records showing that then headmaster Mr Howell wrote to Kevin Lynch congratulating him on his performance, and gave him a promotion and a pay rise, despite hearing direct complaints against him.³⁹⁶

Inadequate recruitment and screening policies and practices

Child safe policies include those related to recruitment and screening, designed to keep children safe from people who may present a risk to them.³⁹⁷ However, many institutions fail to screen employees and volunteers or to implement recruitment practices that protect children.³⁹⁸

During the *YMCA NSW* case study we heard how the institution failed to comply with the *YMCA Safeguarding Children Policy 2006* in its recruitment and screening of Jonathan Lord. The manager responsible for his recruitment did not discuss Lord's most recent employment with him or carry out background checking, including contacting three referees as the policy required.³⁹⁹ Had YMCA NSW followed the recruitment and screening procedure in the *YMCA Safeguarding Children Policy 2006*, it is likely that Jonathon Lord would not have been employed.⁴⁰⁰

Institutions may fail to appropriately screen staff and volunteers when candidates are relatives, friends or members of the same community as an institution's current staff.⁴⁰¹

Inadequate screening practices

In Case Study 42: The experiences of survivors of child sexual abuse perpetrated by clergy and lay people involved in or associated with the Anglican Diocese of Newcastle (Anglican Diocese of Newcastle), we heard evidence from the former principal of Morpeth College that:

There was a serious problem with screening of candidates at Morpeth College ... under the constitution for Morpeth College, it was clearly my responsibility to appoint staff, although the Bishop of Newcastle has the power to veto. In the 1970s it was not easy to recruit good staff, partly because of the meagre salaries we were paid, and accordingly recruitment usually took some time. I felt the Bishop took advantage of this and would try to use his weight as Bishop of Newcastle to persuade me to appoint people I didn't know and who hadn't even applied when the position had been advertised.⁴⁰²

Research suggests institutions may depart from screening and recruitment policies because of budget constraints and changes in the workforce, noting that 'on a practical level, high staff turnover may make it more difficult to screen staff adequately before work commences'.⁴⁰³ Many institutions working with children tend to have a high staff turnover as staff often work for low wages or as volunteers.⁴⁰⁴ In the *Harmful sexual behaviours of children in schools* case study, Mr Shirley gave evidence that Shalom Christian college had a high staff turnover. This meant that training was not able to be built on over time with the same personnel.⁴⁰⁵ Research also suggests that close-knit organisations may not perceive a need for screening processes and suitability checks as would be the case in organisations where relational ties are weak.⁴⁰⁶

While policies and practices for recruitment and screening are an essential safeguard against child sexual abuse, institutions that are overly reliant on these checks may still enable opportunities for abuse to occur. This is because many perpetrators do not have prior convictions and, as a result, may pass recruitment and screening assessments.⁴⁰⁷

Ineffective and insufficient child protection policies and practices

A lack of clearly defined, appropriate child safety policies and procedures can increase opportunities for perpetrators to sexually abuse children in institutional contexts.⁴⁰⁸

Key child protection policies should convey the institution's focus on the wellbeing of children. They should establish acceptable practices, clear professional boundaries, and mechanisms for identifying and reporting inappropriate behaviour putting children at risk.⁴⁰⁹

We heard in public hearings that many institutions had inadequate or no formal policies on child protection. In the *Swimming Australia and the DPP* case study we were satisfied that, during the period of alleged perpetrator Scott Volkner's employment, the academy did not have a child protection policy that dealt with sexual abuse of athletes sponsored by the academy or complaints by those athletes, or mitigated the risks of overnight travel. The operational framework to deal with 'at risk' athletes did not address athletes being abused by coaches.⁴¹⁰

We also heard of instances where efforts to prioritise the implementation of child protection policies were prevented by people within the institution. In the *Anglican Diocese of Newcastle* case study, we heard there was considerable backlash within the Diocese when steps were taken to make public disclosures of abuse and implement disciplinary measures. We found that these actions were designed at least in part to discourage the Diocese from dealing with allegations of child sexual abuse within the Diocese.⁴¹¹

Even where institutions had child protection policies, we heard many failed to follow them. In the *St Ann's Special School* case study we found that perpetrator Brian Perkins had unsupervised access as a volunteer to children, even though it was policy that a registered teacher was required to supervise volunteers at the school at all times. The school's failure to comply with this policy created opportunities for Perkins to sexually abuse children.⁴¹²

There are various reasons why institutions do not implement child protection policies or procedures. They may prioritise efficiency and cost cutting, for instance having only one staff member on duty when a policy requires two or more staff to supervise children.⁴¹³ Institutions may cite a lack of resources to train or supervise staff on their policies and procedures.⁴¹⁴ Research has also suggested that over time, institutions can relax organisational safeguards, allowing a 'drift into failure'.⁴¹⁵ When minor deviations from policies and procedures do not lead immediately to negative outcomes, they can become normal.⁴¹⁶

Staff, volunteers and others may not be given sufficient information about child protection policies to be able to follow them.⁴¹⁷ For instance, in the *YMCA NSW* case study we found that YMCA Caringbah's failure to ensure that parents knew of and understood YMCA NSW child protection policies contributed to Jonathan Lord not being reported for his conduct in babysitting children who attended YMCA programs.⁴¹⁸

In *Case Study 12: The response of an independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009*, we heard that before 2009 teachers and staff received little or no training from the school in child protection or about child sexual abuse.⁴¹⁹ Until 2004, the school did not have a dedicated child protection policy in place. Between 2004 and 2009, the policy was deficient when measured against current ‘best practice’ standards because it provided insufficient information on how child sexual abuse occurs, had no reference to grooming behaviours, and had no separate guidelines for handling reports of suspected child abuse or grooming or inappropriate behaviour of staff.⁴²⁰

Policies and procedures are also ineffective in protecting children when complaint processes do not prioritise the safety and wellbeing of children but instead serve to protect alleged perpetrators. In the *Australian Christian Churches* case study we heard evidence that the Australian Christian Churches’ grievance procedure emphasised protecting ministers and pastors from false accusations.⁴²¹ In *The Salvation Army boys’ homes, Australia Eastern Territory* case study we found that if complaints arose during an inspection by a senior member of The Salvation Army, the manager had the right to be notified and to respond, even if a complaint was about him.⁴²² In the *Youth detention centres, Victoria* hearing, we heard an internal process for dealing with grievances introduced in 1980 did not categorise incidents of ‘sexual assault’ as ‘major offences’ and there was no requirement to report them to senior staff or police.⁴²³

Research has suggested that religious doctrine can limit the effectiveness of policy changes to prevent abuse.⁴²⁴ In some instances, this is because of religious principles that direct an institution to use internal systems for dealing with misconduct without recourse to civil authorities. Research examining the Catholic Church has suggested that historically it has operated under the principle that ‘the proper place for judging clergy is within the structures established by Canon Law’.⁴²⁵ Canon law can also make it difficult to remove priests who have offended.⁴²⁶ For a detailed discussion of Canon Law, see Volume 16, *Religious institutions*.

Religious doctrines may also place pressure on people in religious ministry not to report allegations to child protection and law enforcement agencies, in order to protect the institution’s reputation.⁴²⁷ Research has also suggested that an emphasis on forgiveness and tolerance in some religious traditions may negate efforts to identify wrongdoing or punish perpetrators.⁴²⁸ Perpetrators in religious ministry may have felt that they could act with few consequences because of the ‘culture of impunity’ created by these internal systems of dealing with child sexual abuse.⁴²⁹ For example, we heard that consequences for perpetrators in the Catholic Church included that they were moved to other institutions or churches, where some had further contact with children, or they were sent to treatment programs instead of being reported to civil authorities.⁴³⁰ For more discussion on child protection policies and practice in religious institutions, see Volume 16, *Religious institutions*.

Roles that enable opportunities for abuse

While there is an inherent power imbalance between all adults and children, some institutional roles make it easier for adults to abuse children.⁴³¹ Positions that involve a high degree of unsupervised contact with, and control over, children may provide more opportunities for abuse, such as roles in out-of-home care, boarding schools, respite care, youth detention and other residential contexts. Today, many positions provide adults access to and control over children. Research highlights that in sporting contexts coaches may become heavily involved in children's everyday lives, exerting power over children's social networks, daily routine, weight, schoolwork and diet.⁴³² Religious ministry can bestow a high degree of spiritual and moral superiority over children. Commissioned research notes that 'in the Catholic Church, in particular, it is believed that Christ confers authority on priests'.⁴³³

In private sessions we heard from survivors who told us they were sexually abused by adults during music lessons, tutoring and dance classes. The position of specialised teacher may pose an elevated risk because of the combination of the child's commitment to the activity and the teacher's unsupervised access to the child.⁴³⁴ We also heard how the perception that these adults can influence the child's chance of success can give them more power to abuse. In *Case Study 37: The response of the Australian Institute of Music and RG Dance to allegations of child sexual abuse (Centres for performing arts)* we heard that Viktor Makarov sexually abused CAA during regular private piano lessons at the Australian Institute of Music and at his home. CAA gave evidence that 'music is everything to me and at that time I believed that having Makarov as my teacher was the only way I would be able to achieve my goals'.⁴³⁵

Other roles that may provide opportunity for abuse are those that involve a high degree of trust, privacy and a level of physical or emotional contact with children, such as providing medical, counselling or disability support services. A survivor told us in a private session that he spent much of his early childhood in hospital. After he turned eight years old, he attended appointments alone where he was sexually abused. He told us, 'my mother always used to say to me, "Whatever the doctor wanted to do to you, do not stop him. Let him do whatever he has to do"'.⁴³⁶

Some children with disability engage with many people outside of their families due to a need for assistance with education, communication, health and other support services.⁴³⁷ Other children may be cared for at home by respite carers who provide unsupervised help with daily care. These roles may involve adults who are not family members regularly 'handling' the children's bodies as part of daily intimate care.⁴³⁸

Lack of access to a trusted adult

Institutions where children do not have access to a trusted adult carry a higher risk of child sexual abuse. This is because children may be isolated, which enables abuse, or may have no one to disclose to when it occurs. Some institutions we examined, particularly residential homes before 1990, controlled children's interaction with people outside the institution.⁴³⁹ This meant children had few opportunities to talk to adults they could trust. In *Case Study 11: Congregation of Christian Brothers in Western Australia response to child sexual abuse at Castledare Junior Orphanage, St Vincent's Orphanage Clontarf, St Mary's Agricultural School Tardun and Bindoon Farm School (Christian Brothers)*, we found that many of the boys who were child migrants or orphans had little contact with people outside the homes.⁴⁴⁰ In the *Retta Dixon Home* case study, we heard how Aboriginal and Torres Strait Islander children who were removed from their families and sent to racially segregated institutions felt they had no trusted adults to help them.⁴⁴¹

Children in contemporary out-of-home care may also feel they do not have access to a trusted adult.⁴⁴² Children in these settings may also distrust authority figures and complaint systems.⁴⁴³ Reliance on casual and agency staff may exacerbate this experience for children because staff may not have the chance to develop knowledge of children's behavioural cues that something is wrong.⁴⁴⁴ The children may be reluctant to trust adults when they do not have the opportunity to get to know them. A study conducted for the Royal Commission on children's views of safety confirms this. The children said:

They felt most safe when they had adults and peers around them that they trusted and who would protect them from danger; that they had faith in these people because they knew they cared about children; that they knew them well enough to identify when they were unsafe; that they took time to be with children and took their worries and concerns seriously, acting on them when appropriate.⁴⁴⁵

Other institutional contexts, such as some religious communities, operate separately from the broader community. Their followers tend not to interact with others outside of the institutional setting. In the *Satyananda Yoga Ashram* case study, we learned that the teachings and practice of Satyananda yoga at the Mangrove ashram between 1978 and 1987 discouraged relationships between parents and children. This meant children had less access to their parents and made it more difficult for them to disclose sexual abuse by the spiritual leader.⁴⁴⁶

Lack of effective supervision and external oversight

A lack of effective supervision and external oversight is a key operational risk factor for child sexual abuse in institutional contexts. Research suggests that regulation of interactions between children and adults, supervision, limited access to unsupervised areas, and oversight and accountability systems are needed to decrease opportunities for child sexual abuse.⁴⁴⁷

We heard often in private sessions and public hearings that many institutions in which children were abused did not have adequate day-to-day supervision or effective external oversight. Residential institutions we examined lacked staffing and resources to adequately supervise interactions between adults and children. In the *Youth detention centres, Victoria* case study, we accepted that overcrowding was a serious problem at the Turana, Winlaton and Baltara detention centres and hindered the provision of adequate supervision.⁴⁴⁸ We were satisfied that the supervision of residents was inadequate to keep them safe, particularly at night.⁴⁴⁹ We heard in private sessions and several of our public hearings that poor supervision within out-of-home placements creates a risk of children being sexually abused by other children with harmful sexual behaviours.⁴⁵⁰

We heard in private sessions and public hearings that many external agencies did not carry out their oversight responsibilities effectively, enabling the abuse of children:

- In the *Parramatta Training School for Girls* case study we heard that when welfare officers visited, the girls were not allowed to talk about sexual or physical abuse, or the denial of food. One witness said girls were locked in isolation when welfare officers visited to stop officers receiving reports of abuse.⁴⁵¹
- In *The Salvation Army boys' homes, Australia Eastern Territory* case study we heard that senior officers of the Queensland Department of Children's Services were aware of sexual assaults of children at Riverview Boys' Home by other residents during the 1970s. No action was taken because the minister responsible was reluctant to move against an institution run by a religious organisation.⁴⁵² We also heard that in the 1980s, reports by officers of the Department of Child Welfare about visits to Bexley and Gill Boys' Home were cursory and displayed a high level of generality, reporting on the running of the homes, rather than care of children.⁴⁵³
- In the *Christian Brothers* case study we heard that children were sexually abused by both adults and older boys at Bindoon Farm School. Visitation reports of the oversight agency, the (then) Western Australia Child Welfare Department, focused on the finances and religious observance of each religious brother, rather than the welfare of the child residents.⁴⁵⁴

External agencies have sometimes appeared to have a 'motivated blindness' to child sexual abuse. This term describes the tendency of humans to overlook or minimise the significance of events that would have negative consequences for them if fully appreciated, and which would require them to take action that conflicts with their practical interests.⁴⁵⁵

Environmental risk factors

Certain characteristics of the physical or online space of an institutional setting can increase the risk of children being sexually abused. These include:

- access to children in isolated or unsupervised locations
- the inappropriate placement of children in residential institutions
- use of online environments to groom and abuse children.

Access to children in isolated or unsupervised locations

Institutions that have physical spaces where interactions with children cannot be observed by others create a risk of child sexual abuse. Further risk is created where interactions occur offsite from the institution.

During private sessions and public hearings, we heard about children being sexually abused by adults in a variety of locations, including toilets, changing rooms, classrooms, hallways, offices, buses, cars, private homes and outdoor locations. Research notes that locations used to perpetrate child sexual abuse are often isolated or difficult to supervise, or have limited means of entry and exit.⁴⁵⁶ In the *Swimming Australia and the DPP* case study, we heard from survivors who said they were abused by Scott Volkens at his home, in his car, in a massage room and in his caravan.⁴⁵⁷ In the *Knox Grammar School* case study, one survivor gave evidence that he was abused while at Camp Knox, a cadet camp in a remote location where there was little supervision.⁴⁵⁸

Sometimes adult perpetrators manipulate the environment to create private locations in which they can sexually abuse children. In the *Brisbane Grammar School and St Paul's School* case study, we heard how Kevin Lynch set up a 'traffic light' system outside his office for when people could or could not enter. This assured he would not be disturbed, enabling him to abuse students.⁴⁵⁹

While abuse usually occurs in hidden locations, it can sometimes occur in the presence of other children, for example, when an adult perpetrator perceives that children will not be believed if they disclose. In the *Catholic Church authorities in Maitland-Newcastle* case study, a witness gave evidence about a teacher's attempt to abuse him in the classroom. He told us:

I was sitting at my desk and [the Brother]... put his hands inside my clothing ... I could feel him trying to get his hand inside my pants, but because of previous warnings I had heard from other students about [the Brother], I had a belt on and it was done up tight. He was unable to get his hand inside my pants and moved on.⁴⁶⁰

We heard about children who exhibited harmful sexual behaviours in school locations with little adult supervision, such as changing rooms, toilets and outdoor locations. In the *Youth detention centres, Victoria* case study, we found the physical environment made effective supervision difficult. Some bedrooms could only be seen through a small observation slit and some rooms and passages were obscured from the view of staff. One survivor told us that supervision was limited: ‘there was an inspection around about 8 or 9 and, after that, nobody came. The distance of the staff quarters ... was fairly significant, so you could yell, shout, muck up and nobody could hear where they were’.⁴⁶¹ Some research suggests that when children with disability experience abuse by other children in school environments, it often happens in communal areas such as classrooms and cafeterias.⁴⁶²

We heard about institutions that conform to the definition of a ‘closed’ or ‘total’ institution, typically with full control over the children in their care, as they are established to ‘reform’ inmates, ‘protect’ broader society from them, or provide for children in need.⁴⁶³ Children are subject to strict rules and procedures, are dependent on the institution for their care and wellbeing, and there is little external oversight or support. Children are isolated from the ‘outside’ world. Institutions that fit this type include youth detention centres, in-patient mental health treatment facilities and some historical residential homes. Other institutions have been identified as having some characteristics of total institutions, such as some boarding schools and religious institutions. In these institutions, children may participate in other institutions in a temporary or partial fashion, for example attending a school or recreation activities, but live primarily within an otherwise ‘closed’ context. They are generally higher risk environments for children.⁴⁶⁴

Some institutions control almost every aspect of a child’s life.⁴⁶⁵ This is particularly the case in institutions such as historical out-of-home care and contemporary youth detention and immigration detention. In public hearings and private sessions, we heard that children were sexually abused in spaces designed to restrain children as punishment, for example the isolation cells we were told of in the *Parramatta Training School for Girls* case study.⁴⁶⁶

Many children with disability spend a significant amount of time in institutions such as special schools, residential homes or respite care, partly due to a need to access health services, education support, physical care and other support.⁴⁶⁷ Institutional practices which isolate children with disability from local communities and wider society can expose them to increased levels of risk.⁴⁶⁸ Specialised institutions for children with disability often have highly organised schedules, restrictive environments and isolation from people outside the institution.⁴⁶⁹

Inappropriate placement of children in residential institutions

The inappropriate placement of children with adults, and younger children with older children, in residential environments (for example residential out-of-home care, youth detention and immigration detention) puts children at risk of sexual abuse. Research suggests that all types of residential environments carry an increased situational risk.⁴⁷⁰

We heard in private sessions that some children placed with older children were subjected to harmful sexual behaviours. In her private session, one survivor told us she was sexually abused by older residents in a home when she was nine years old in the 1980s. She said there was no separation of girls and boys in the home.⁴⁷¹

Children who live with older children may be exposed to sexualised bullying in systems that give older children disciplinary authority over younger children without adequate adult supervision, such as in some boarding schools.⁴⁷² For example, in our case study on *Harmful sexual behaviours of children in schools*, we heard that at the King's School, older boys had power over younger boys. CLC, who was subjected to sexualised bullying at the school in 2013, gave evidence that he found the system in the boarding houses to be very hierarchical, describing it as a 'frat' system.⁴⁷³

We heard in some private sessions that children have been placed in adult prisons where they were sexually abused by adult inmates. In a private session, 'Darcy John' told us he was incarcerated in an adult correctional facility where he was sexually abused by other inmates. He said that when he told officers about the abuse, they 'more or less laughed it off'.⁴⁷⁴

In research conducted for the Royal Commission into children's views of safety in residential care, children said that the placement of children in care needed greater consideration so that more vulnerable children are not placed with older children who may harm them.⁴⁷⁵

Use of online environments to groom and abuse children

Technology creates challenges and opportunities for keeping children safe in institutions. With the development of new technologies, such as mobile phones and social media, institutions must now respond to the risk of children being groomed and sexually abused in online environments, beyond their physical environment and immediate oversight.⁴⁷⁶

Some perpetrators use the internet and social networking sites to contact, groom and exploit children. Perpetrators may use online interactions with children to build relationships that would enable the sexual abuse of the child in person. During the *Centres for performing arts* case study, we heard that Grant Davies regularly used MSN Chat to talk with students online after dance lessons and sent sexually explicit text messages to students.⁴⁷⁷ In the *YMCA NSW* case study, we heard that Jonathan Lord groomed a child by showing him pornography on his laptop.⁴⁷⁸

5.4 What influences a child's vulnerability to sexual abuse?

All children are vulnerable to sexual abuse when a potential perpetrator is present in an institution and the institutional context allows abuse to occur. As discussed in Chapter 4, we learned through the course of our inquiry that children with all kinds of attributes, family backgrounds and experiences have been sexually abused in institutional contexts in Australia.

We also learned that some children may be more at risk than other children at different times of their lives. 'Risk' factors for child sexual abuse are characteristics or circumstances that may increase the likelihood that a child may be sexually abused.⁴⁷⁹ 'Protective' factors are characteristics or circumstances that decrease the likelihood of such abuse occurring.⁴⁸⁰ It is a combination of both risk and protective factors in a child's life that determines their level of vulnerability.

By identifying factors that increase a child's vulnerability to sexual abuse we are better able to understand why the abuse occurs and why some children are more likely to be abused than others. This is useful for earlier prevention and detection of abuse.

Section 5.4 details our observations about what influences a child's vulnerability to sexual abuse. It considers the:

- vulnerability of all children to sexual abuse and the heightened vulnerability of some children
- factors that may increase the likelihood of a child being sexually abused in an institutional context
- factors that may decrease the likelihood of a child being sexually abused in an institutional context.

5.4.1 Understanding vulnerability to child sexual abuse

All children are vulnerable

Children from all backgrounds are vulnerable to sexual abuse.⁴⁸¹ They are vulnerable because of their dependence on adults.⁴⁸² For the most part, children are physically weaker than adults and lack social and legal power.⁴⁸³

These aspects of childhood have particular implications for children's vulnerability to sexual abuse in institutions, as they may be placed in situations where they are away from the supervision of parents, carers or others who may offer protection, and afforded little choice about who they associate with.⁴⁸⁴ The power imbalance between children and adults is enhanced in certain institutional contexts, particularly those that are highly controlled, are isolated and exhibit hierarchical and authoritarian features.⁴⁸⁵

Recognising this inherent vulnerability, the United Nations Convention on the Rights of the Child calls on states to implement special safeguards and care, including appropriate legal and other protections, against sexual exploitation and abuse of children.⁴⁸⁶ While all children have unique capacities and needs, they all require protection by virtue of their status as children.

In Case Study 57: Nature, cause and impact of child sexual abuse in institutional contexts (Nature, cause and impact of child sexual abuse), Professor David Finkelhor said:

When we talk about risk groups, we can sometimes create the impression that these are the only potential targets and victims, and while they are more likely to be victims, there are plenty of people who are victimised, children who are victimised, who are not in one of these groups. In the same way that smoking is a risk for lung cancer, there are an awful lot of people who get lung cancer without having been smokers or having had any other kind of risk and that is certainly true with sexual abuse, and sexual abuse in youth-serving organisations, that many of the children who get targeted have none of these risk factors, and that's another reason why we need broad-based primary prevention for all children around these issues.⁴⁸⁷

Some children are more vulnerable

While all children are vulnerable to sexual abuse, some children are more vulnerable to abuse because of their increased exposure to certain risk factors. The likelihood of a child being sexually abused may increase with the presence of each additional risk factor.⁴⁸⁸ For instance, if a child has experienced prior maltreatment, has inadequate supervision by parents or carers, and is highly involved in institutions, they may be more vulnerable than a child who is exposed to only one of these factors.

Moreover, certain factors overlap and interact, creating higher levels of risk for particular groups of children who more commonly experience combined risks. We heard that Aboriginal and Torres Strait Islander children, children with disability and children from culturally and linguistically diverse backgrounds can face particular challenges. These children are not inherently more vulnerable to sexual abuse. Rather, they more often encounter circumstances that:

- place them in institutions with high risk
- make it less likely they will be able to disclose or report abuse
- make it more likely they will receive an inadequate response to sexual abuse than other children.

Being vulnerable does not mean a child will be abused

The presence of one or more risk factors in a child's life does not mean that child sexual abuse is inevitable. While research suggests the presence of risk factors incrementally increases the risk of sexual abuse, they do not mean that a child will inevitably become a victim of sexual abuse.⁴⁸⁹

Like risk factors, the presence of one or more protective factors does not guarantee that a child will be safe. However, these factors may mean a child is less vulnerable to being sexually abused.⁴⁹⁰

5.4.2 Factors that increase a child's vulnerability

Research has identified a variety of related factors that may influence the vulnerability of a child to sexual abuse.⁴⁹¹ Here we focus on:

- the gender of the child
- the age and developmental stage of the child
- whether the child has experienced maltreatment previously
- whether the child has disability, and the nature of that disability
- the family characteristics and circumstances of the child
- the nature of the child's involvement in institutional settings
- other factors, including the child's physical characteristics, social isolation, high achievement, lack of understanding of sexual behaviour (including sexual abuse) and personal safety, sexual orientation, and lack of self-esteem.

As there is only limited research into these factors, we cannot be conclusive about the extent to which they might increase the vulnerability of a child to risk of sexual abuse. There may also be other factors related to the child that create a risk of abuse that have not been identified here.

Identifying these risk factors helps us understand why a child is at increased risk of sexual abuse in institutional contexts. These factors should be viewed as being associated with the occurrence of child sexual abuse, rather than being a direct cause of abuse as such. Some factors are more strongly associated with child sexual abuse than others.⁴⁹²

Vulnerability can change over time. Any child might, for example, go through a temporary period in which they feel different, isolated or in need, which may increase their risk of being sexually abused.⁴⁹³ An adverse or challenging event at a point in a child's life, such as family breakdown or entering a new school, may make them more vulnerable.⁴⁹⁴ We heard that perpetrators may exploit temporary vulnerabilities, for example by offering comfort, friendship or solace to the child at difficult times.

Gender

As discussed in Chapter 4, many more girls than boys overall are victims of child sexual abuse in Australia.⁴⁹⁵ Although in historical institutional contexts boys appear to have been more vulnerable to child sexual abuse, research suggests girls appear to comprise a greater proportion of victims of child sexual abuse in contemporary institutional contexts.⁴⁹⁶ Studies report that within the last few decades, girls have made up a greater proportion of victims in day care,⁴⁹⁷ sporting,⁴⁹⁸ and residential and foster care settings.⁴⁹⁹ While girls are more likely to be abused in contemporary institutional settings, for males who were abused, a higher proportion of cases were in an institutional location compared to other locations than for females.⁵⁰⁰

However, our understanding of the levels of risk experienced by boys and girls in different settings may be hampered by low rates of reporting of child sexual abuse (see Volume 4, *Identifying and disclosing child sexual abuse*). Research notes ‘concern that the rates of disclosure, while minimal for both genders, may be disproportionately low for boys’.⁵⁰¹ Male under-reporting of sexual abuse appears to be pronounced in youth sports, where gender stereotypes related to masculinity play a role.⁵⁰²

It is not yet clear from research why gendered patterns of child sexual abuse exist.⁵⁰³ Gender stereotypes and gender inequality may play a role in explaining the greater victimisation of girls by male adult perpetrators overall. As discussed in Section 5.1, dominant social norms supporting gender stereotypes about men and women and the sexualisation of women and girls may influence the behaviour of some adult male perpetrators.⁵⁰⁴

Research suggests that boys may be at more risk for sexual abuse in residential schools.⁵⁰⁵ Reflecting what we were told by survivors during private sessions, where 70.1 per cent of victims abused in institutions managed by religious organisations were male, research suggests that boys were the majority of victims in institutions with religious affiliations.⁵⁰⁶

Historically higher rates of abuse of boys may relate to their over-representation in historical institutional settings, including residential homes, boarding schools and religious institutions. While the majority of children’s homes catered for children of both genders, a higher proportion of single-sex children’s homes were exclusively for boys.⁵⁰⁷ Throughout the 20th century, many children’s homes operated under loose arrangements with inadequate supervision, meaning the children placed in them were more vulnerable.⁵⁰⁸ Research conducted for the Royal Commission suggests that potential parents preferred adopting girls, with the consequence that many boys remained in these institutions for longer.⁵⁰⁹ Similarly, research suggests that historically more boys than girls were sent to residential schools, increasing the numbers of boys exposed to risk in these contexts.⁵¹⁰

Some research suggests that adolescent boys may have been at greater risk of abuse by Catholic clergy because perpetrators were able to have unsupervised access to boys through activities related to the Church – for example, altar boys.⁵¹¹ Another study of child sexual abuse in the Anglican Church suggested that the high proportion of male victims is best explained by the fact that male perpetrators had more opportunities to be alone with boys than girls. This study proposed that parents and congregations supervise relationships between church leaders and adolescent boys less than they would similar relationships between church leaders and adolescent girls, which are more likely to cause suspicion.⁵¹² In *Case Study 52: Institutional review of Anglican Dioceses of Grafton, Tasmania, Adelaide, Sydney, Brisbane and Newcastle (Institutional review of Anglican Church authorities)* we heard from Professor Patrick Parkinson that single parents of troubled youth may welcome opportunities for a male relationship that could serve as a ‘constructive male role model’.⁵¹³ We heard from many survivors in private sessions who had been abused in Catholic or Anglican institutions while they were serving as altar boys, in situations where the priest could be alone with the child (see Volume 16, *Religious institutions*).

‘Lachie Ross’ told us altar boys were in close contact with perpetrators

‘Lachie Ross’ told us in a private session that in the 1970s he and his best friend were training to become altar boys in the parish and aspired to be priests. He said his job was to ‘light up candles, set up for mass and pack up’ after mass concluded. We heard that when ‘Lachie Ross’ was eight years old, ‘Friar David’ asked him to stay behind after a training session. He felt excited that ‘Friar David’ had noticed him and followed him to the sacristy, where he abused ‘Lachie Ross’ by touching him and forcing him to watch him masturbate. He said ‘Friar David’ told him that he would ‘go to hell’ if he told anyone about the incident. After the abuse occurred, the school’s teachers began to send ‘Lachie Ross’ over to the presbytery during school hours to deliver ‘Friar David’s’ mail. ‘Lachie Ross’ said ‘Friar David’ invited him into his room and again forced him to watch him masturbate. ‘Friar David’ also attempted to rape him, but ‘Lachie Ross’ left the room before ‘Friar David’ could go any further. ‘Lachie Ross’ said he didn’t tell anyone about the abuse.⁵¹⁴

Age and developmental stage

A child’s age and developmental stage and differing degrees of dependency on others for survival and wellbeing are factors that can influence their risk of sexual abuse.⁵¹⁵ Closely related to these factors is a child’s increasing interaction with different institutions as they grow older.⁵¹⁶

With the exception of children in out-of-home care, children under five are likely to have less contact with institutions than older children.⁵¹⁷ While this reduces the risk of child sexual abuse in institutional contexts that they are exposed to, it does not mean that there is no risk for children in this age range. It is possible the rate of abuse of victims in this age group may be higher than that identified, due in part to the more limited ability of very young children to understand, recall or disclose sexual abuse.⁵¹⁸ However, their high care and supervision needs mean that childcare and preschool providers often include supervision by multiple adults in open, secure settings, which reduces the situational risk they are exposed to.⁵¹⁹

Older children come into increased contact with a range of institutions, due to their involvement in school, sports and social activities, which may expose them to increased risk of child sexual abuse in these contexts.⁵²⁰ During primary school years, children spend more time in school and are increasingly involved in other activities, such as out-of-school care and recreational and other educational pursuits. As shown in Chapter 4, we most commonly heard about children who were first sexually abused when they were aged between 10 and 14 years. This reflects research into recent allegations made to police between 2008 and 2013 which suggests that the rate of reported child sexual abuse in institutional settings is most common for children in this age range.⁵²¹

Around the transition to secondary school, peer relationships may become more influential and children may exercise greater autonomy and independence. As they mature, many children are entrusted with responsibility for some aspects of their own safety, free of direct parental supervision. Some children attend residential schools where they live away from home. Puberty can lead to emotional and physical changes, which may lead to an increased interest in romantic relationships.⁵²² As children develop into teenagers, they may explore their sexuality and sexual identity. This may put them at increased risk of sexual abuse, if adult perpetrators seek to exploit these developmental changes, including their growing sexual awareness.⁵²³

‘Annabel Jane’ told us perpetrators can exploit developing sexual awareness

‘Annabel Jane’ told us in a private session she was 14 years old when the director of a drug rehabilitation centre, ‘Jason Robins’, sexually abused her. Claiming to have great insight into her sexual identity, ‘Jason Robins’ told ‘Annabel Jane’ she ‘was attracted to older men and liked to be sexually treated like their little girl’. ‘Annabel Jane’ explained that she ‘was easily manipulated during those teenage years and, yes, I did question my beliefs and began to adopt Mr Robins’ beliefs as my own’.⁵²⁴

In private sessions, Commissioners heard that some teenage children had limited understanding of appropriate sexual behaviours, which adult perpetrators took advantage of. ‘Alan John’ told us that when he was 13 years old the overseer of his scouting group would get the boys in his care to fondle each other. At the time, ‘Alan John’ had no idea of ‘the relationship between an adult and a child, what the boundaries are or should be, or any of that sort of thing’.⁵²⁵

Rates of reporting of child sexual abuse in institutional contexts decreases for 15 to 17 year-olds.⁵²⁶ This is consistent with what survivors told us in private sessions, although we heard that children in this age group still experienced sexual abuse in institutional contexts. Children in this age group are predominantly postpubescent. They are typically more independent and autonomous than younger children, engage with a wider range of institutions and often have more one-to-one interactions with adults. However, we heard from some survivors in private sessions that they lacked awareness of the age of consent, particularly when there was a duty of care between an adult and a child (discussed in Chapter 2). This lack of awareness may mean that the sexual abuse of children in this age range is not as well documented as the sexual abuse of children in other age ranges.⁵²⁷

Prior experience of maltreatment

A prior experience of maltreatment – including sexual abuse – is a risk factor for a child being sexually abused.⁵²⁸ Children who are sexually abused are likely to have previously experienced maltreatment.⁵²⁹ Research suggests that children previously maltreated by a family member are vulnerable to abuse by a perpetrator outside of the family, including in institutions.⁵³⁰ We heard in private sessions and public hearings about many victims who had experienced maltreatment prior to being sexually abused in an institution. In some cases, it was the maltreatment that led to their being placed in an institution – for example, reports of abuse in familial settings that led children to be placed in out-of-home care.

Previous experiences of abuse and neglect

We heard that most of the girls in the Parramatta Training School and the Hay Institution had suffered physical, emotional and sexual abuse at the hands of family members or foster parents, or in other institutions prior to sexual abuse in these institutions. We heard that the girls were committed to the institution under the *Child Welfare Act 1939* because they had been ‘neglected’, were ‘uncontrollable’ or were convicted juvenile offenders. Almost all the witnesses who participated in the hearing came from the welfare system.⁵³¹

Research suggests that the association between child maltreatment and subsequent sexual victimisation may stem from the emotional, cognitive and psychological effects of maltreatment, which may make a child vulnerable.⁵³³ These effects include:

- low self-esteem, a sense of powerlessness and distorted ways of thinking⁵³⁴
- poor relationships with, social isolation from, and ostracism by their peers⁵³⁵
- heightened need for affection and attention⁵³⁶
- poor interpersonal relationships with family or carers⁵³⁷
- developmental disorders or cognitive impairments resulting directly from a prior trauma.⁵³⁸

We heard in a private session from ‘Josh’, who grew up with a strict and violent father. ‘Josh’ told us his volatile home life left him feeling vulnerable and in need of affection. One day he felt so ‘broken’ by the abuse at home that he sought help from the school counsellor, ‘Mr McKinney’. He said that from then on ‘Mr McKinney’ took a special interest in ‘Josh’ and would regularly take him out of class for private meetings in his office. ‘Josh’ said that at the time he just thought ‘Mr McKinney’ was being caring. In hindsight, he said the counsellor was grooming him for abuse.⁵³²

It was common to learn in our private sessions and through written accounts that many children in out-of-home care or residential institutions prior to 1990 were regularly subjected to other forms of maltreatment, including physical abuse and neglect. For more information on children’s residential institutions pre-1990 and contemporary out-of-home care see Volume 11, *Historical residential institutions*, and Volume 12, *Contemporary out-of-home care*.

Child asylum seekers and refugees, and their families, can have past trauma from their experiences in their countries of origin or during the migration journey that make them more vulnerable to abuse.⁵³⁹ Past trauma together with a lack of support to communicate in the English language, social isolation and immigration detention may increase the vulnerability of child asylum seekers and refugees.⁵⁴⁰ During our *Nature, cause and impact of child sexual abuse* case study, Ms Jatinder Kaur described the ‘prior trauma’ experienced by migrant refugee communities:

Particularly for those who have come to Australia under the refugee humanitarian program, or asylum seekers, they will have experienced different levels of trauma related to the persecution of war, conflict, sexual violence, rape, as part of their refugee trauma experience.⁵⁴¹

This past trauma can be exacerbated by social isolation and mental health difficulties arising from held immigration detention, which can further increase vulnerability to abuse.⁵⁴² We also heard that migrant children with limited English language skills may be particularly vulnerable to targeting by perpetrators, because perpetrators know they may not have opportunities to disclose in their first language or via a translator.⁵⁴³ For a more detailed discussion on these issues, see Volume 15, *Contemporary detention environments*.

Disability

Children with disability are particularly vulnerable to maltreatment, including sexual abuse, across all settings.⁵⁴⁴ Some studies suggest children with disability have a heightened risk of sexual abuse by professionals compared to other children.⁵⁴⁵ In *Case Study 41: Institutional responses to allegations of the sexual abuse of children with disability (Disability service providers)*, we heard from CIC, the mother of CIB who has a moderate intellectual disability. CIC gave evidence that she believes the lack of voice makes children with disabilities more vulnerable. She believes that it is easier for a person in a position of trust to abuse a child with disability because they know the child may not be able to communicate and report the abuse as easily as others can.⁵⁴⁶

Research suggests the risk of abuse varies with the level and type of impairment.⁵⁴⁷ Children with intellectual disability, communication disorders or behavioural disorders are at particularly higher risk of all forms of abuse.⁵⁴⁸ For instance, it can be hard for children with communication difficulties to convey their experiences of abuse or name abusers.⁵⁴⁹ Moreover, children with intellectual disabilities or cognitive impairments may not be regarded as competent or believable witnesses.⁵⁵⁰ Perpetrators may deliberately target children they believe have reduced capacity to disclose abuse or may not be believed.⁵⁵¹ While further work is needed to understand how disability and risk interact,⁵⁵² overall it is likely that there are multiple, related factors – such as a child’s care arrangements and dependencies – that place children with disability at higher risk.⁵⁵³

'Audra' told us her physical disability made her a target of sexual abuse

In a private session we heard that 'Audra' was born with a spinal abnormality that left her paralysed from the waist down, so she uses a wheelchair. When she was 12, her mother passed away and her father gained custody of her and her siblings.

For most of her childhood and adolescence, 'Audra' lived in specialised facilities for children with disability. 'Audra' told us that from the first special school she attended, she was sexually abused by older male peers. The abuse occurred on a regular basis. We heard that when 'Audra' was in her early teens, the school's maintenance man would deliberately damage her wheelchair in order to gain access to her.

He used to do odd jobs around the place and he did the chair maintenance ...
He used to pierce my tyres, he let down my tubes in my chair, anything to make me go to him on a daily basis for six months. It was so wrong but I had no-one at the time I could speak to right from the word go. And it was just so hard.

Over a period of around six months, she said this abuse escalated to the point it occurred up to three times a day. 'Audra' told us the maintenance man would tie her hands down and remove the plates from her wheelchair so she was unable to escape. She said he also threatened to kill 'Audra' and her family if she tried to disclose the abuse.⁵⁵⁴

Some children with disability require help with personal hygiene, bodily functions or medical care. This intimate care may create a risk of sexual abuse within an institutional setting.⁵⁵⁵ Because this assistance is often provided in private, the likelihood of detection may be reduced. Being frequently physically assisted in this way may affect a child's understanding of what is appropriate. Children with some types of physical disability have described no longer perceiving their body as their own domain because they experience intimate care by multiple carers every day.⁵⁵⁶

We heard that high personal care needs may increase vulnerability in respite care

We heard from 'Sondra', the mother and primary carer of her teenage daughter 'Mackenzie', who has a developmental disability. 'Mackenzie' can communicate with a little sign language. 'Mackenzie' spends one or two weekends a month at a respite centre funded by the New South Wales Department of Ageing, Disability and Home Care. When 'Mackenzie' was in her mid-teens, 'Sondra' received a call from a coordinator at the centre to inform her that one of the workers at the respite centre, 'Andy Redmond', had sexually assaulted 'Mackenzie'. One of his duties was helping 'Mackenzie' wash when she stayed overnight. 'Sondra' said:

Two carers had witnessed it on separate occasions ... after showering her he was paying quite a lot of attention to her pubic area. Like drying her with the towel – but it was taking quite a while. So then they've reported him.⁵⁵⁷

Children with disability often engage with multiple strangers in segregated settings, due to a need for assistance with education, communication, health services and other supports related to their impairment. Research highlights the ways in which this interferes with their ‘trust-radar,’ so it is difficult for them to discern who or what is safe and not safe.⁵⁵⁸

Difficulties communicating abuse

The Case Study 9: The responses of the Catholic Archdiocese of Adelaide, and the South Australian Police, to allegations of child sexual abuse at St Ann’s Special School considered allegations that bus driver Brian Perkins abused children with communication and intellectual disabilities while taking them home from school, as well as during ‘volunteer work’ at school and ‘respite care’ in his home. Many of the students Perkins had contact with had limited or no verbal skills, which hindered their capacity to complain. LE suffers from an intellectual disability and attended St Ann’s from 1979 until 1989. His mother, LO, described the contact that LE had with Mr Perkins on the school bus, in woodworking class and while staying at Mr Perkins’ home on three weekends. She said that from 1986, LE started to behave differently by running away from the bus, stealing from her purse and having angry outbursts. LO removed LE from St Ann’s because of the significant deterioration in his behaviour.⁵⁵⁹

Many children with disability spend a significant amount of time in institutions such as special schools, residential homes or respite care, partly due to a need to access health services, education support, physical care and other support.⁵⁶⁰ Research undertaken for the Royal Commission suggests that the segregation of children (and adults) with disability in ‘closed’ institutional contexts leaves them at heightened risk of harm.⁵⁶¹ The ways in which institutional practices isolate them from local communities and wider society exposes children with disability to significant risk.⁵⁶² While specialised institutions vary and have changed over time, some common features include:⁵⁶³

- rigidly scheduled days
- restrictive environments that limit children’s and parents’ control
- isolation from people outside the institution.

Although Commissioners heard that the attitudes that underpin the exclusion of people with disability are slowly changing, the segregation of children with disability from mainstream society continues to create a risk of isolation and subsequent dependency on limited services.⁵⁶⁴

There are indications children with disability may also be over-represented in certain mainstream institutional contexts with heightened situational risk, such as out-of-home care and youth detention institutions.⁵⁶⁵ However, national data on the prevalence of children with disability in certain settings is poor.⁵⁶⁶

The experiences of survivors with disability are discussed in more detail in Volume 5, *Private sessions*.

Family characteristics and circumstances

Certain factors related to a child's family characteristics and circumstances can increase the likelihood they will be sexually abused in all settings. These include:

- family conflict, violence or breakdown
- a poor relationship with a primary carer
- a lack of parental supervision or availability
- family devotion or loyalty to an institution.

As discussed above, children who have been maltreated by a family member may be more vulnerable to further abuse by perpetrators outside of the family, including in institutional settings.⁵⁶⁷

Family conflict, violence or breakdown

Conflict or violence between family members and family breakdown have been associated in research with an increased risk of child sexual abuse across all settings.⁵⁶⁸ Research suggests that when there is conflict, violence or family breakdown, the quality and quantity of supervision provided by the family may decrease. Some survivors with these family circumstances told us they felt they had no one to turn to when they felt unsafe or experienced sexual abuse in an institution.

We heard that violence and abuse at home increased vulnerability to abuse in a state-run girls' home

During a private session, 'Gail Catherine' told us she grew up in a violent and abusive household with alcoholic parents. She told us she was first sexually abused when she was four by her nine-year-old brother, 'Frank', and that he continued to abuse her for many years. We heard their parents, other siblings and extended families all knew 'Frank' was abusing 'Gail Catherine' but nothing was done. At the age of 11, 'Gail Catherine' was made a ward of the state and sent to a state-run girls' home. She told us she was sexually abused by other girls and by the sports coach there, as well the abuse by her brother continuing during school holidays when she would be sent back home. She said to us, 'When you're a young kid and you're putting up with what you're putting up with, you become immune to it. It's just the way that things are'.⁵⁶⁹

Poor relationship with primary carers

A poor relationship with primary carers has been associated with the risk of child sexual abuse.⁵⁷⁰ Gender appears to play a role in how these relationships increase risk. Some research suggests that absent, emotionally distant and unaffectionate parents may mean girls are more vulnerable to the advances of male perpetrators.⁵⁷¹ Uninvolved fathers have been identified as a risk factor for boys, particularly in cases involving the Catholic Church, as boys may seek a replacement for their 'absent' father in a priest or other male church figure.⁵⁷²

‘Allan’ told us a perpetrator can exploit a poor relationship with a primary carer

‘Allan’ told us in a private session that his father was a distant, violent alcoholic, who worked away from home a lot. ‘Allan’ remembers trying to be ‘a good boy’ so as not to upset his dad, fearing his mum would bear the brunt of his father’s anger. There were no other male figures in ‘Allan’s’ life, and his mother thought he could do with some ‘masculine influence’. She enrolled him in the local Scout group. ‘Paul Spears’, the Scouts leader, was generally thought of as a ‘family man’. The group met weekly and ‘Paul Spears’ offered ‘Allan’ and some other boys extra tutoring.

We heard ‘Paul Spears’ first sexually abused ‘Allan’ during a tutoring session, and continued to abuse him over the next 18 months. ‘Allan’ didn’t want to tell his dad about the abuse for fear he might kill the perpetrator: ‘I don’t mean that in a theoretical sense, I mean he will dismember him’. He didn’t want to tell his mum: ‘If I let her know, because she was the one who suggested for me to go to the Scouts, she’ll take responsibility for this’.⁵⁷³

Lack of parental supervision and availability

Lack of supervision by parents or guardians has been associated with an increased risk of sexual abuse for children in all settings.⁵⁷⁴ Reasons for this lack of parental supervision and availability can include the death of a parent or a family member, family conflict, alcohol or other drug abuse, mental illness, and the need to work multiple jobs to support a family.

‘Damen’ told us a child can be vulnerable when their parents are unable to give them support

‘Damen’ told us in a private session how he was 11 when his brother ‘Patrick’ died as a consequence of sniffing aerosols. ‘Patrick’ was 17 and ‘Damen’ felt the loss terribly. He became quiet and sad and his parents were not around much as they struggled themselves to cope with their son’s death. ‘Damen’ told us that ‘Brother Kieran’ started comforting him, which led to touching. Damen said that over a period of 12 months this escalated to rape. Looking back, ‘Damen’ said he thought his family circumstances made him more vulnerable to the sexual abuse he was subjected to.⁵⁷⁵

Some children are vulnerable because they have no parents, families or other support networks, or because they are geographically isolated. For example, in the *Christian Brothers* case study, we heard that many of the children who were abused were migrants or orphans and did not have families to visit them. The boys living at Tardun and Bindoon in particular were geographically isolated.⁵⁷⁶

In institutional contexts, the lack of parental supervision and availability increases the risk of abuse because it can make it easier for a perpetrator to target a child without detection. It may also make a child reluctant or unable to disclose the abuse. For example, we heard from survivors who believed a perpetrator targeted them for abuse because they had divorced or sole parents.

‘Nathan James’ told us he was targeted because his mother was a sole parent

‘Nathan James’ told us in a private session he believed he was deliberately targeted for abuse because he did not have a father. After his parents divorced, ‘Nathan James’ lived with his mother and during school holidays he would go to different sport and recreation camps. In 1980, when he was 10, he went on a camp organised by the YMCA. ‘Nathan James’ told us that while he was at the camp, he was sexually abused by ‘Ed Bridges’, one of the camp supervisors. Early on in the camp, ‘Ed Bridges’ had asked the boys which of their parents were divorced.

‘I was the only one there that had divorced parents because in 1980 people got divorced, but not like they do now’, ‘Nathan James’ said. ‘And because I didn’t have a father I feel that maybe he targeted me more, ‘cause he knew that there was no bloke that would come and maybe clock him.’⁵⁷⁷

Family devotion or loyalty to the institution

We heard that family devotion or loyalty to an institution is a factor that may influence the vulnerability of children to sexual abuse in institutional contexts.⁵⁷⁸ For instance, we heard in private sessions and public hearings about parents who were very loyal to the school their children attended or families who had strong ties to religious institutions (see Volume 16, *Religious institutions*), and that this made victims more vulnerable. Some survivors told us that, despite close and supportive relationships with their families, the family held the institution in such high esteem that they felt unable to resist the perpetrator or disclose the abuse.⁵⁷⁹ A family’s trust and loyalty to the institution could also create opportunities for perpetrators to groom the child and the family (see Chapter 2).⁵⁸⁰ As one parent told us in a private session:

We trusted people that we should never have trusted ... you know, there were points in time that we could have done something, but we didn’t understand grooming and we didn’t understand the nature, and we trusted in the church and their employees.⁵⁸¹

A perpetrator may target a child when a family is highly invested in an institution

We heard during our *Nature, cause and impact of child sexual abuse* case study from the mother of a boy who was highly invested in the school he attended. Marija Radojevic said, ‘We did not know it was happening right under our nose. We truly believed that the Christian ethic with which our son was raised, and which the school espoused, was a nurturing and protective one’.⁵⁸²

Level of involvement in institutional settings

Children who spend more time in institutional settings may be at greater risk of abuse than other children.⁵⁸³ While children's involvement in institutions tends to increase as they get older, there are specific groups of children who are involved in institutions at higher rates throughout their childhood. Many children with disability spend large amounts of time involved with institutions.⁵⁸⁴ Other groups of children who can spend significant periods of time in institutional contexts include children with illness, children who are high achievers (for example, in sport, music or dance), and children in out-of-home care, youth detention and immigration detention facilities.

Some children are at greater risk of sexual abuse because they reside in or attend institutions that expose them to higher levels of risk. While all institution types can present risks, we have learned that some institutions present higher situational risk than others. This has been most notable in the highly controlled residential institutions of previous decades, such as orphanages, missions and training schools.⁵⁸⁵ However, contemporary residential institutions, such as boarding schools, out-of-home care, youth detention and immigration detention facilities may also present higher risks to children. In these settings, individuals have 'access to, privacy with, and authority over children', which may increase opportunities for sexual abuse.⁵⁸⁶

The legacy of racially discriminatory legislation, policies and practices combined with ongoing systemic racism means that Aboriginal and Torres Strait Islander children are more likely to be in out-of-home care⁵⁸⁷ and youth detention than non-Aboriginal children.⁵⁸⁸ Out-of-home care may present heightened risk for Aboriginal and Torres Strait Islander children if they:

- are in out-of-home care for extended periods⁵⁸⁹
- have little contact with their families when they are placed with non-Aboriginal families⁵⁹⁰
- do not receive culturally appropriate care.⁵⁹¹

Other factors

We were told in private sessions, public hearings and submissions to the Royal Commission about other factors that put children at risk of abuse. These include a child's:

- physical characteristics
- social isolation
- high achievement
- lack of understanding of sexual behaviour, including sexual abuse, and personal safety
- sexual orientation
- gender identity
- lack of self-esteem.

Physical characteristics

Some victims told us in private sessions that they believed their relative physical weakness or smaller stature were factors in why they were targeted for abuse. In a study of children's views of safety that we commissioned, some children described how they felt vulnerable when they were physically powerless compared to adults or peers.⁵⁹² Others said they felt they were vulnerable to bullying and intimidation by others, especially older children, because of their relative physical weakness.⁵⁹³

We heard in private sessions and public hearings that in contexts where a culture of bullying and violence exists, physical weakness could increase a child's vulnerability to abuse by other children.

'Samuel Louis' told us that physical weakness can make a child more vulnerable to abuse

In a private session, 'Samuel Louis' told us that from the age of 13 years he was in trouble and was placed in several boys' homes, where he was sexually abused. As a teenager, he was sent to the juvenile section of a notorious adult prison where the stronger inmates sexually abused the weaker ones. He said that when he complained to a guard about the violence and the sexual abuse, the guard's response was, 'that's what happens in ... jail, mate'. 'Samuel Louis' told us, 'The juvenile yard was like a butcher's shop. If you didn't survive you got cut up'.⁵⁹⁴

Social isolation

Several studies have identified social isolation as a risk factor for child sexual abuse across all settings.⁵⁹⁵ Perpetrators often target children experiencing such isolation.⁵⁹⁶ A number of survivors in private sessions and public hearings raised social isolation from peers as a factor in the sexual abuse they experienced in an institutional context. We heard that perpetrators can manipulate a child's lack of friends. Social isolation may also mean that a child is less likely to disclose the abuse, or that others may be less likely to believe them if they do disclose (see Volume 4, *Identifying and disclosing child sexual abuse*). A socially isolated victim of child sexual abuse may be further isolated or bullied because of the abuse, perpetuating a cycle of abuse and marginalisation. In *Case Study 12: The response of an independent school in Perth to concerns raised about the conduct of a teacher between 1999 and 2009*, victims were bullied by other students because they saw them as 'teachers' pets' due to the extra attention they received from the offending teacher. This increased their social isolation, and reduced their ability to tell someone.⁵⁹⁷

High achievement

We heard from many survivors in private sessions who were high achievers when they were sexually abused. High achieving children can have increased levels of involvement with institutions. This may make them be more visible and accessible to potential perpetrators. Some survivors who were socially well-connected 'high flyers' told us about recent sexual abuse in school or sports settings. The child's achievement provided the perpetrator with a reason to be alone with them without raising suspicion.⁵⁹⁸

We heard a high-achieving student may be targeted for special attention

In a private session 'Fenton' told us he was identified as a gifted student at his selective high school and selected for one-on-one tutoring by his teacher, 'Adam Hillman'. 'Fenton' said that over a period of years, 'Adam Hillman' took him out at night to theatre shows and to dinner and he'd often end up driving round Kings Cross pointing out 'bondage' places. After moving house and schools, 'Fenton' contacted 'Adam Hillman' and said he missed Sydney. 'Adam Hillman' invited the then-15-year-old to come to his place for the weekend. 'Fenton' told us that over dinner with 'Adam Hillman' and his partner, 'Fenton' was given numerous cocktails and he became progressively drunk. He said that he was sexually abused by 'Adam Hillman' and his partner'.⁵⁹⁹

Children who participate actively and regularly in the activities of an institution may not disclose abuse, so as to avoid the consequences of being excluded or removed from the institution or losing out on opportunities.⁶⁰⁰ This may especially be the case for elite athletes who do not want to jeopardise their career.⁶⁰¹ Research has identified contexts where the child is a gifted musician or athlete but this may apply to any situation where a child excels and is dependent on a particular coach or teacher.⁶⁰²

Parents of high-achieving children can also be highly invested in an institution, and as a consequence may not be alert to the signs of grooming, or may feel that they cannot raise concerns because their children may lose out. In the *Centres for performing arts* case study, we heard evidence from BZH, the mother of two girls sexually abused by Grant Davies, dance instructor and co-owner of the studio with his sister Rebecca Davies. BZH said she felt unable to raise concerns about his inappropriate behaviour or the rules of the studio:

I wanted more than anything for the girls to succeed in their dance careers, which was a dream I had previously had for myself. I was afraid of putting Grant off-side and the girls being punished as a consequence. I sought to please him ... It was commonly understood at RG Dance that kids would face consequences if their mothers stood up and disagreed with something Rebecca or Grant did.⁶⁰³

Lack of understanding about sexual behaviour, including sexual abuse, and personal safety

Some survivors told us in private sessions and public hearings that as children they lacked understanding about sexual behaviour and personal safety. As a result, they felt they did not know what abuse was.⁶⁰⁴ 'Mervyn' explained during a private session that when he was 12 years old, one of the teachers overseeing his dormitory during a school camp would stick his hand under the covers and fondle the children in bed. This was 'Mervyn's' first time away from home, and he and his classmates had not had any sex education at school. 'Mervyn' told us that at the time he didn't 'know it was abuse'.⁶⁰⁵

An inadequate understanding about sexual abuse may be more prevalent among some groups of children because of a lack of education on sexual behaviour and personal safety. Research also suggests that some perpetrators may target children who have a lack of knowledge about sex and sexuality.⁶⁰⁶

- We heard that children with disability often do not receive adequate education about sexuality and personal safety, including their rights, personal relationships, consent and acceptable sexual behaviour.⁶⁰⁷ This lack of education leaves children with disability without the language to describe abuse and a reluctance to believe they can provide reliable and credible accounts of the abuse.⁶⁰⁸ In the *Disability service providers* case study, Ms Jane Rosengrave gave evidence that she was raped by the bus driver who took her to church.⁶⁰⁹ Ms Rosengrave said she did not realise she was bleeding from the rape, and told the Royal Commission that she believed the perpetrator when he told her she had her period.⁶¹⁰
- We heard through submissions and consultations that awareness of child sexual abuse issues can be poor in some culturally and linguistically diverse communities.⁶¹¹ Stakeholders attending the Royal Commission's multicultural public forums spoke about how this can be linked to shame or taboos associated with talking about sex, both within families and communities and with people outside of communities, including authorities.⁶¹² We also heard how child protection concepts are not always directly translatable across cultural contexts or languages, and that awareness-raising campaigns need to be culturally tailored to be accessible in some communities.⁶¹³ Lack of access to child sexual abuse prevention or sex education programs in their country of origin (or culturally tailored and appropriate programs in Australia) was identified as a reason for low levels of understanding about child sexual abuse in some communities.⁶¹⁴
- The Victorian Aboriginal Child Care Agency noted in a submission to the Royal Commission that Aboriginal and Torres Strait Islander children are at risk of sexual abuse for a range of reasons, including a lack of sex education for children across many generations.⁶¹⁵ The New South Wales Aboriginal Child Sexual Assault Taskforce found that there was a lack of community-based education about the risk factors and dynamics of child sexual abuse, meaning that 'it often went undetected'.⁶¹⁶ The *Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (Little children are sacred)* also identified the problem of 'inconsistent or non-existent delivery of sex education' to Aboriginal children in the Northern Territory.⁶¹⁷
- Research has found that children and young people in out-of-home care are rarely given information about sex, sexuality and respectful relationships.⁶¹⁸ Furthermore, caregivers may avoid discussing sex and sexual abuse as it is viewed as inappropriate or out of concerns that it will encourage children to become sexually active.⁶¹⁹ Many children in out-of-home care are not exposed to positive adult role models and miss opportunities for sex education due to disruptions in schooling (see Volume 12, *Contemporary out-of-home care*).

Volume 6, *Making institutions child safe*, discusses in more detail child sexual abuse prevention education for children, parents, and staff in schools and other institutional settings.

Sexual orientation

Research indicates that lesbian, gay and bisexual people are significantly more likely to be bullied, discriminated against, physically and sexually assaulted, verbally and emotionally abused, and threatened than heterosexuals.⁶²⁰

In Australia, research suggests lesbian, gay and bisexual men and women experience significantly higher rates of sexual coercion over their lifetimes compared to heterosexual men and women.⁶²¹ Studies also indicate that homosexual men and women experience higher rates of childhood sexual abuse,⁶²² including online grooming,⁶²³ than heterosexual men and women.

Some survivors told us in private sessions they felt at risk because they were same-sex attracted, or were perceived as gay or lesbian by others. Perpetrators may target these children for abuse because they can manipulate their emotional vulnerabilities related to their sexual orientation. We heard in the *Nature, cause and impact of child sexual abuse* case study from Professor David Finkelhor that same-sex attracted children or those experiencing confusion about their sexual identity may be targeted for harassment or unwanted sexual contact:

These kids also become vulnerable to adults in these environments as well, because sometimes there are adults in the environment who sense that these are kids who are trying to figure out sexual issues, like what it's like to be a gay boy, and so there may be some man who says 'Well, I'm going to teach him what it's all about', and that involves having a sexual relationship with them. That youth is vulnerable to being drawn into that sexual relationship because of the things that they are trying to figure out about their own sexuality.⁶²⁴

Due to prevalent negative views of homosexuality in Australia over many decades, children and their families may consider a child's emerging self-identity a shameful secret to be kept from families and friends.⁶²⁵ Some same-sex attracted or gender-questioning young people have found the family home to be unsupportive. A national study on sexual health and wellbeing of same-sex attracted and gender-questioning young people conducted by the Australian Research Centre in Sex, Health and Society and La Trobe University found that the majority of these young people have experienced some form of physical and/or emotional abuse, and nearly one in four (24 per cent) have experienced homophobic abuse at home, mainly from parents.⁶²⁶ We heard in private sessions how perpetrators have exploited this disconnection from family, particularly among those who conceal their sexuality due to fear or shame.

‘Lyal’ told us his sexual orientation was exploited

‘Lyal’ told us in a private session that the priest who he was sent to for counselling over his sexuality used this to blackmail him. ‘Lyal’ grew up with Catholic parents and was an only child. His father came from a strong Irish-Catholic background and was ‘locked in the 50s’ while his mother, though strict, was more of an independent thinker. She’d always told ‘Lyal’ to tell the truth, so in 1968 he told her he was gay:

My mother when I told her said, ‘You can have [electric] shock therapy’ – I was about 16 or 17 – ‘or go to the church’. So I thought the church would be easier. And then he blackmailed me, you know, ‘If we sleep together I’ll go and tell your mother you’re straight’. That was the deal.⁶²⁷

Some survivors told us in private sessions they were targeted for bullying and abuse by other children because they were ‘labelled’ as homosexual, often because they had experienced sexual abuse previously.

‘Gerry’ told us that being ‘labelled’ increased his vulnerability

‘Gerry’ told us in a private session about the emotional abuse and neglect he experienced as a child in the 1960s, leading to him becoming a ward of the state at the age of 14. ‘Gerry’ said he was physically and sexually abused by one of the supervisors of a Methodist-run home. He ran away to live on the streets. He was later picked up by police for shoplifting and taken to a government-run facility, where he fought off attempted sexual abuse by another boy. ‘Gerry’ said that when he reported both this and the previous abuse to staff, he was told he was a homosexual and was sent for treatment to cure his sexuality at a hospital. This involved being shown images of naked men and women, and being given an electric shock when the naked men were shown. ‘Gerry’ said word got round the centre that he was homosexual and soon afterwards he was sexually abused by a group of older boys:

Pack rape, as they called it, where you would have four or five boys holding you down, taking turns – both oral and anal ... Of course, every time I went back to the hospital and they asked, you know, have I had any sex? ‘Yes, I have been abused’. ‘Oh well, we need to up your dosage of electricity’, all that sort of crap.⁶²⁸

We heard in private sessions from many survivors who feared disclosing the abuse because they thought they would be victimised or labelled homosexual as a result (see Volume 4, *Identifying and disclosing child sexual abuse*).

Gender identity

Researchers have speculated that children who do not fit societal expectations of appropriate gender expression (for example, behaviour, clothing and interests) may experience more maltreatment than other children or be at risk of being targeted by abusers. One study found that gender-questioning young people were at greater risk of homelessness and physical abuse.⁶²⁹ There is some evidence from international research that gender diversity is an important indicator of children at increased risk of physical, sexual and psychological abuse.⁶³⁰

In community consultations and gatherings with Aboriginal and Torres Strait Islander survivors, transgender survivors told us they were targeted by perpetrators because they were already marginalised and trying to deny their gender orientation to avoid shame. In addition, survivors talked about their fear of being accused of perpetrating child sexual abuse because their gender identity is not well understood and they are seen as 'deviant'.⁶³¹

'Laura' told us that she was vulnerable because of her gender identity

'Laura' was born a male and from the age of five identified as female, often stealing clothes so that she could dress as a girl. Her home life was unstable and she lived with various family members, was expelled from several schools and spent time at a children's mental health unit. At age 10 she was remanded at an institution for 20 days 'for being uncontrollable and stealing female clothes'. She was released into her mother's care but after being caught stealing clothes again she was returned to the institution and lived there for several years. She told us that during this time she was sexually abused by a doctor, a Catholic priest and one of the institution's officers.⁶³²

Lack of self-esteem

Low levels of self-esteem and lack of confidence can increase the risk of child sexual abuse.⁶³³ This may result from prior experiences of maltreatment or trauma, adverse family circumstances, bullying, social isolation from peers, childhood experiences that make children feel incapable, and having poor role models.⁶³⁴ Many survivors told us in private sessions that they believe the perpetrator exploited their low self-esteem. They also told us that their low levels of self-esteem and lack of confidence contributed to them feeling that they could not tell anyone about the abuse, or trust that they would be believed. 'Alicia Lily' told us in a private session about how the school counsellor, 'Mr Lester', befriended her when she had low self-esteem. She said that from the age of 13, 'Mr Lester' used lengthy conversations several times a week to groom 'Alicia Lily' before sexually abusing her.⁶³⁵

Survivors abused in residential homes, especially orphans or those in state care prior to 1970, have described how they were made to feel worthless, exacerbating their low self-esteem and fuelling their vulnerability.⁶³⁶

5.4.3 Factors that minimise the risk of a child being sexually abused

Just as there are factors that may increase a child's vulnerability to sexual abuse, there are also protective factors that may minimise their vulnerability. Although the presence of protective factors in a child's life does not guarantee that they will be protected against abuse, they may help to moderate the risk of, and act as safeguards against, abuse.⁶³⁷

The factors that may decrease the likelihood of a child being sexually abused include:

- supportive and trustworthy adults
- supportive peers
- a child's adequate understanding of appropriate and inappropriate sexual behaviour, including sexual abuse, and personal safety
- a child's ability to assert themselves verbally or physically
- strong community or cultural connections.

The culture and practices of institutions as well as community standards have pivotal roles in the prevention of child sexual abuse. The institutional factors that may increase the risk of child sexual abuse are discussed in Section 5.3 of this chapter. Volume 6, *Making institutions child safe*, Volume 7, *Improving institutional responding and reporting* and Volume 8, *Recordkeeping and information sharing* present a national approach to creating child safe organisations.

It is not possible to estimate the extent to which these factors play a role in preventing child sexual abuse. However, in private sessions and public hearings we heard from victims and their families who believed these factors contributed to making them less vulnerable to sexual abuse.

Supportive and trustworthy adults

Research suggests the presence of a supportive adult in a child's life can help to protect them against sexual abuse. Child – carer attachment in early childhood and enduring affectionate relationships sustained throughout childhood play an important role in keeping children safe.⁶³⁸ Children who cope in the face of adversity often do so because of the ongoing presence of a consistent, caring adult.⁶³⁹ Many survivors told us in private sessions that having a supportive relationship with an adult has been fundamental to their ability to end or disclose abuse.

Qualitative studies conducted for the Royal Commission explain the protective role that strong and trusting relationships with adults play in keeping children safe from abuse.⁶⁴⁰ In one of those studies, children with disability spoke about having a 'go-to' adult who is trustworthy and reliable. Almost all children nominated their mothers as a safe person.⁶⁴¹ In another qualitative study of children's views of safety, children and young people reported that they felt most safe when they were with people they trusted, such as parents, family members, friends, other children or adults they knew who they believed would protect them.⁶⁴²

A further study conducted for the Royal Commission, using a sample of our private sessions, suggests that children have become more willing over the decades to disclose abuse and carers have become more willing to believe them.⁶⁴³ This supports the view that children's attachment to parents and a strong parent – child relationship in some instances may decrease the risk of abuse.⁶⁴⁴

However, children do not always trust adults or have adults in their lives whom they can trust. This may be the case for certain groups of children, in particular those who have experienced repeated maltreatment by adults or carers. For example, in the qualitative study on children and young people's views of safety discussed earlier, some Aboriginal children and children in care said they were less likely to trust adults because they had experienced racism or had been let down by adults in the past.⁶⁴⁵ Similarly, young people in out-of-home care reported that children and young people who had been involved in the care and protection system were more likely than other children to have been hurt or let down by adults and systems, and as a result had little faith in adults.⁶⁴⁶

Supportive peers

Having supportive peer relationships can help protect a child against sexual abuse, because they can promote self-esteem and improve social skills.⁶⁴⁷ Children with strong peer support may also be seen by perpetrators as more likely to disclose grooming behaviours or abuse.

In research commissioned by us, almost 60 per cent of children participating in an online survey said they would turn to a friend if someone was making them feel uncomfortable.⁶⁴⁸ Accessing peer support was also mentioned by survivors in private sessions as a way of avoiding abuse. This was particularly so for those abused in residential homes prior to 1990, where sexual and other abuse was widespread and continued over a number of years. One survivor told us, 'all we had in there was ... our mates'.⁶⁴⁹ A number of survivors spoke of the support they received from peers, including warning each other about potential perpetrators and attempting to shield each other from further abuse.⁶⁵⁰ The same survivor told us that 'we never really used to talk about it other than, "Watch out for him and watch out for him"'.⁶⁵¹

An adequate understanding of sexual behaviour and personal safety

Having an adequate understanding of appropriate and inappropriate sexual behaviour, including sexual abuse, as well as personal safety may help to protect a child against abuse.⁶⁵² Such an understanding may enable a child to identify and resist abusive behaviour, although it is never the responsibility of the child to prevent or resist abuse. A submission from Bravehearts to the *Nature, cause and impact of child sexual abuse* case study said: 'It is unrealistic to think that a young child can take responsibility for keeping themselves safe. Adults are the ones who need to prevent, recognise and react responsibly to child sexual harm'.⁶⁵³

We learned that there is a lack of programs and resources to ensure that all children receive an adequate education about appropriate and inappropriate sexual behaviour, particularly sexual abuse, and personal safety (see Volume 6, *Making institutions child safe*). A study conducted into the views of children with disability about safety concluded that evidence-based educational resources and strategies are needed to increase their knowledge and skills to stay safe.⁶⁵⁴ Survivors also told us in private sessions and public hearings that they believed a better understanding of sexual behaviour and personal safety would have provided them with greater protection from sexual abuse.

Limited education on personal safety

In the *Perth independent school* case study, WP told us that if he had received education about ‘friendly danger’ or grooming behaviours, rather than ‘stranger danger’ only, it would have been easier for him to report the sexual abuse. Commissioners found that the school had provided teachers, staff and parents of students with limited or no education or training on detecting and reporting child sexual abuse or grooming behaviours.⁶⁵⁵

Physical and verbal assertiveness of a child

It is never the responsibility of a child to prevent abuse. Nor does resistance guarantee a child’s safety, especially when perpetrators may retaliate with physical force. However, some survivors described how they asserted themselves against adults and children who attempted to abuse them. This assertiveness took both verbal and physical forms, including running away or threatening to tell others.

‘Norman Keith’ told us he stood up to his teacher

‘Norman Keith’ told us he was reprimanded by his teacher ‘Roger Carlson’ for doodling and was told to come to his office after class. During his private session, he told us:

I remember him talking to me for a while ... Somehow it got around to him saying, ‘Okay, I want you to stand up and take your pants off’. [I thought] he wants to give me the stick ... If you got caned in the country you got it on the hand. But I knew that, you know, being on the bum was on the cards in private school. He said ... ‘I want you to take your pants off and I want you to take your underpants off’. I remember those words clear as a bell. I remember saying to him, ‘Look if you want to give me the cane, I’ll have it on the hand please’. And something about the way he looked at me ... I thought, ‘Hello. Something’s wrong here’. And I knew he’d locked the door. And I let fly at him. I said, ‘I’m not taking my effing pants off for anyone’. I abused him. I yelled at him and I took off out the door.⁶⁵⁶

While a child’s resistance can be overcome by physical force, threats and manipulation, some survivors were able to interrupt the grooming process or stop the abuse. In some cases, this also helped protect other children from abuse.

In one large study of child sex offenders in Queensland, some perpetrators reported that certain types of assertiveness on the part of the child were effective in deterring them.⁶⁵⁷ According to the offenders in this study, the most widely and apparently successful strategies employed by children who tried to prevent sexual contact involved showing the offender that the sexual contact was unwanted and distressing.⁶⁵⁸

Volume 5, *Private sessions*, outlines what we heard during private sessions about how children tried to avoid abuse.

Strong cultural identity and positive community connections

Commissioners were told that in contemporary settings, such as out-of-home care, strong cultural identity and connection to community is a protective factor for Aboriginal and Torres Strait Islander children, helping them to be confident and know how and where to disclose abuse.⁶⁵⁹

Research on Aboriginal and Torres Strait Islander child safety shows that Aboriginal and Torres Strait Islander cultures ‘act as a protective force for children and families’, given appropriate social conditions.⁶⁶⁰ While Aboriginal and Torres Strait Islander cultures are diverse, a common feature across cultures is that children are central to the life and purpose of the community.⁶⁶¹ In Aboriginal and Torres Strait Islander communities ‘parenting roles, nurturing and socialising responsibilities are widely shared’.⁶⁶² This collective approach to raising children may provide additional protection against abuse because there are ‘many eyes’ watching out for children and many adults who can provide support or help when children ‘need someone to turn to’.⁶⁶³ In the language of protective factors, Aboriginal and Torres Strait Islander child-rearing practices increase the number of secure attachment relationships children have in their extended kin network.⁶⁶⁴

Research supports the idea that connection to culture is associated with better emotional, social and physical health of Aboriginal and Torres Strait Islander peoples.⁶⁶⁵ It may be that positive cultural connection can increase the protective factors available to Aboriginal and Torres Strait Islander children by helping them to develop their identities, fostering high self-esteem, emotional strength and resilience.⁶⁶⁶ Positive cultural connection may also indirectly increase protective factors by supporting the social conditions necessary for adults to be available, responsive and protective of children in the community.⁶⁶⁷

Registered psychologist Dr Graham Gee explained in a submission to the Royal Commission that connection to culture is an important source of resilience for communities navigating the negative impacts of forced removal of children from communities over many generations:

With my mob of Stolen Generations members in particular, it has been the fact that, despite being institutionalised and experiencing abuse, they’ve somehow managed to maintain a connection to their cultural connections and to their family members and communities. That’s a massive source of resilience that sometimes differentiates between those who have been really damaged and are on really long journeys of recovery.⁶⁶⁸

The presence of social networks and a collectivist parenting culture have also been seen as protective factors for children from some culturally and linguistically diverse backgrounds, including children from migrant and refugee backgrounds.⁶⁶⁹

5.4.4 Understanding risk to protect children in institutions

Understanding the factors that may place children at increased risk of child sexual abuse in institutional contexts assists us in addressing this problem today and in the future. While it is important to consider the theories put forward by research, the unique experience of children in Australia must also be taken into account. Australian society changes over time, as do institutions. These changes can reduce risk for children, and guard against situations in which abuse occurred in the past. However, these changes can also act to create new risks or compound existing ones. It is important to be aware of these changing contexts in considering how to reduce the risk of child sexual abuse and make institutions safe for children.

This chapter has canvassed what we have learned about how and why child sexual abuse can occur in institutions. Child sexual abuse is never the fault of the victim. While acknowledging the responsibility that lies with the person carrying out the abuse and the institution with a duty of care towards the child, there is no single reason why child sexual abuse happens within an institution. It is a complex interaction of factors that relate to the adult perpetrator or child with harmful sexual behaviours, the institutional context, and the victim.

We have learned that there is no typical profile of a perpetrator. While there are some common characteristics and behaviours, our understanding, based on the experiences of many thousands of survivors, highlights the importance of avoiding stereotypes. Similarly, the risk that children are exposed to varies depending on the institutional context and there are many different factors that shape whether an institution is safe for children. The risk and protective factors of each institutional context must be examined on a case-by-case basis. In this ever-changing area of social policy, governments and institutions must be aware of the shifting vulnerabilities of all children – and particularly those most exposed to high-risk environments.

For more information on making institutions child safe, improving institutional responses and reporting, records and information sharing see Volume 6, *Making institutions child safe*, Volume 7, *Improving institutional responding and reporting* and Volume 8, *Recordkeeping and information sharing* respectively.

Endnotes

- 1 Name changed, private session, 'Candice'.
- 2 K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 8.
- 3 R Wortley & S Smallbone, 'Applying situational principles to sexual offenses against children' in R Wortley & S Smallbone (eds), *Situational prevention of child sexual abuse: Crime prevention studies (volume 19)*, Lynne Rienner Publishers, London, 2006, p 8.
- 4 K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 8, 33.
- 5 K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 8.
- 6 See D Finkelhor, 'Four preconditions: A model' in D Finkelhor (ed), *Child sexual abuse: New theory and research*, Free Press, New York, 1984, p 54.
- 7 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 6.
- 8 K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 46. Kaufman highlights that the use of a 'convenience sample' of incarcerated offenders may potentially bias research findings.
- 9 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 16.
- 10 K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 38; M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 18.
- 11 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 16.
- 12 K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 33.
- 13 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 16.
- 14 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 25.
- 15 LM Simon, B Sales, A Kaszniak & M Kahn, 'Characteristics of child molesters: Implications for the fixated-regressed dichotomy', *Journal of Interpersonal Violence*, vol 7, no 2, 1992, p 212.
- 16 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 5, 17.
- 17 'Situational offenders' are outlined in R Wortley & S Smallbone, 'Applying situational principles to sexual offenses against children' in R Wortley & S Smallbone (eds), *Situational prevention of child sexual abuse: Crime prevention studies (volume 19)*, Lynne Rienner Publishers, London, 2006, pp 8–18. 'Fixated', or 'preferential child sex offenders' (also termed paedophiles) 'are males who have a long-term sexual preference for children. See K Kaufman & M Erooga, *Risk profiles for institutional child sexual abuse: A literature review*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 35–6; P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 13–4.
- 18 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 24–5.
- 19 R Wortley & S Smallbone, 'Applying situational principles to sexual offenses against children' in R Wortley & S Smallbone (eds), *Situational prevention of child sexual abuse: Crime prevention studies (volume 19)*, Lynne Rienner Publishers, London, 2006, p 14; P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, p 13.

- 20 Paedophilia or paedophilic disorder is a psychiatric diagnosis which indicates a sustained sexual preference towards prepubescent children. This may be reflected by sexual fantasies, sexual urges and thoughts, arousal patterns or behaviour. The current edition of the Diagnostic and Statistical Manual (DSM-5), the psychiatric practitioners' guide to mental illness and mental disorders, uses the following diagnostic criteria for paedophilic disorder: 'a) over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger); b) the individual has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty; c) the individual is at least age 16 years and at least 5 years older than the child or children included in Criterion A.' See American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition*, 5th (DSM-5) edn, American Psychiatric Publishing, Washington, 2013, p 697, 302.2 (F65.4). The Royal Commission has adopted the DSM-5 definition of paedophilic disorder because it is the most widely used and understood definition of this condition in Australia. These individuals may or may not act on their attraction to children. See K Richards, 'Misperceptions about child sex offenders', *Trends and Issues in Crime and Criminal Justice*, vol 429, 2011, p 2. See also M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 17, 26–8.
- 21 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, pp 24–5.
- 22 R Wortley & S Smallbone, 'Applying situational principles to sexual offenses against children' in R Wortley & S Smallbone (eds), *Situational prevention of child sexual abuse: Crime prevention studies (volume 19)*, Lynne Rienner Publishers, London, 2006, p 14.
- 23 M Proeve, C Malvaso & P Delfabbro, *Evidence and frameworks for understanding perpetrators of institutional child sexual abuse*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2016, p 33; M Colton, S Roberts & M Vanstone, 'Sexual abuse by men who work with children', *Journal of Child Sexual Abuse*, vol 19, no 3, 2010, p 351. This study quotes a perpetrator: 'I planned the job to get close to young boys. When I got the job, it was like walking into a pet shop with a goldfish bowl and I could pick what I wanted. I was in a trusted position, and as time went on, I became more trusted. I got the job because I was sexually attracted to boys aged 8 to 12.'
- 24 P O'Leary, E Koh & A Dare, *Grooming and child sexual abuse in institutional contexts*, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, 2017, pp 13–4.
- 25 R Wortley & S Smallbone, 'Applying situational principles to sexual offenses against children' in R Wortley & S Smallbone (eds), *Situational prevention of child sexual abuse: Crime prevention studies (volume 19)*, Lynne Rienner Publishers, London, 2006, p 14. In a study by Smallbone and Wortley, 23 per cent of the sample were identified as persistent sexual offenders, including 5 per cent who had previous convictions for sexual offences only, and 18 per cent who had previous convictions for both sexual and non-sexual offences.
- 26 Transcript of G Furness, Case Study 28, 19 May 2015 at C8114:28–C8115:22.
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6 Historical developments for children in institutions

This chapter describes the historical settings in which institutional child sexual abuse occurred. This includes the developments leading to the current systems for prevention of and responding to child sexual abuse in institutions, as well as supporting victims and survivors. Analysing changes in child protection systems, relevant laws and broader social contexts assists our understanding of how abuse was able to occur and why institutions responded as they did. The legal obligations and responsibilities of institutions and governments at particular points in time highlight the differential treatment of specific groups of children throughout Australian history. Understanding what enabled child sexual abuse in institutions in the past assists us in avoiding the same mistakes in the future.

The systems for preventing, identifying and responding to child sexual abuse in institutions in Australia are complex and multilayered. Each state and territory has its own child welfare laws, child protection systems, and approaches to reporting and investigating child sexual abuse. Despite differences across states and territories, arrangements are broadly similar and sit within a national framework for child welfare and protection and international obligations on children's rights.¹

Section 6.1 provides an overview of the laws, policies and institutional structures operating in the period prior to 1950. Subsequent sections examine each decade since 1950 in more detail. This chapter also describes some of the broader social and political contexts in which legal and policy changes were made.

6.1 Pre-1950s

Prior to British colonisation in 1788, at least 250 languages were spoken across Australia.² Aboriginal and Torres Strait Islander people cared for their children within sophisticated kinship arrangements and adhered to strict social norms governing social relationships within and between communities.³ The arrival of the British severely disrupted the kinship structures, lore and customs that were a feature of Aboriginal and Torres Strait Islander societies for tens of thousands of years prior to colonisation. Research commissioned by us shows that Aboriginal and Torres Strait Islander peoples were subject to high levels of violence, including sexual violence and discriminatory laws.⁴ Policies and practices were based on racist beliefs that Aboriginal and Torres Strait Islander peoples were less than human.⁵

In the Australian Constitution from Federation in 1901 to the 1967 Referendum, Aboriginal and Torres Strait Islander peoples were not included in the census – the official count of the human population of Australia.⁶ Policies forcing the removal of Aboriginal and Torres Strait Islander children from their families adopted the language of 'protection' but were influenced by theories of eugenics, aimed at the 'eradication' of Aboriginal and Torres Strait Islander populations and the 'disappearance of the black race'.⁷ Later, the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families (Bringing them

home) would find the systematic removal of Aboriginal and Torres Strait Islander children from their families, 'for the purpose of raising them separately from and ignorant of their culture and people', was consistent with an act of 'genocide as defined by international law'.⁸

Dr Graham Gee discussed the impacts of colonisation on Aboriginal and Torres Strait Islander people and communities in a submission provided to the Royal Commission for *Case Study 57: Nature, cause and impact of child sexual abuse in institutional contexts (Nature, cause and impact of child sexual abuse)*:

The history of colonisation for Koori peoples encompassed the decimation of Koori populations through warfare and murder (up to 87 per cent within a 30 year time span) in addition to the spread of infectious diseases; the systematic dispossession of land and forced relocation of people to missions; the removal of Koori children from their natural families; and the implementation of discriminatory policies through bureaucratic control. The loss of human lives and human rights equates with an enormous loss of social and cultural resources that essentially provide the knowledge, safety and stability in which healing from sexual abuse can occur. Such large-scale trauma is often referred to as collective trauma – which encompasses the incidence and effects of individual traumatic events, but also encompasses far wider-reaching social and psychological trajectories in which the consequences of mass trauma are aligned with the fragmentation and deterioration of the social norms, morals and values of a community, and a fundamental breakdown in the traditional roles and social relations within families and community.⁹

During the *Nature, cause and impact of child sexual abuse* case study, Adjunct Professor Muriel Bamblett, CEO of the Victorian Aboriginal Child Care Agency, gave evidence on the continuing impacts of the history of colonisation on Aboriginal and Torres Strait Islander children:

For Aboriginal communities it's well known about the history of colonisation and the brutalization of Aboriginal people, but you can describe it as basically three waves of trauma that have been imposed upon Aboriginal people. The first was obviously the colonisation and the brutality that came with that and it can be evidenced by the number of skulls of Aboriginal people that are in Canberra that are stored there and so the brutality is there; but also the second wave for us was the herding up of Aboriginal people on to missions and reserves and so that again creates issues of trauma and grief and loss within our communities; and then we had the third wave, which is the removal of Aboriginal children and placed in dormitories and taken away from families. A lot of those impact on Aboriginal children today.¹⁰

The particular experiences of Aboriginal and Torres Strait Islander children within institutions should be understood within this historical context.

Adoption of English law

Early British colonisers brought with them the traditions of English law but adapted them to the needs of the emerging colony.¹¹ Awareness and understanding of child sexual abuse was limited, although a few English laws on child sexual abuse were adopted by the early colony.¹² These included laws against the ‘forced sodomy of boys and the forcible rape of girls under the age of ten years old’.¹³

Children had few rights under English law in the 18th century.¹⁴ Children were legally property – or ‘chattels’ – belonging to their father. Consequently, the rape of a female child was considered to be the theft of her virginity, which could be remedied by financially compensating the father.¹⁵ Corporal punishment was commonplace, with parents and teachers encouraged to ‘beat the evil’ out of children.¹⁶

Aboriginal and Torres Strait Islander people were not protected by English law, even though Aboriginal and Torres Strait Islander women and children experienced high rates of sexual abuse in the early, largely male convict colonies.¹⁷

Early systems of caring for children

The treatment of children in the 19th century depended on the status of their parents. Poor children could be charged with being neglected and placed in residential institutions for a number of reasons, including voluntary surrender and vagrancy.¹⁸ Following the English tradition, the poor were divided into the ‘deserving’ (including the very young, the elderly, the infirm, and families with occasional financial difficulties) and the ‘undeserving’ (who were involved in crime, begged or were migrant workers).¹⁹ By the 1870s, all colonies except Queensland distinguished between ‘neglected’ children who lived in poverty and ‘criminal’ children.²⁰

The children of the ‘deserving poor’ were accepted into orphanages from the 1810s onwards, typically if they had widowed mothers who could not financially provide for them and if they were school aged.²¹ Orphanages intended to ‘save’ children of the deserving poor from lower-status institutions and train them as ‘honest workers’.²² Parents and other guardians were expected to make a financial contribution towards the cost of care and could visit their children.²³

Poor children who could not access an orphanage were placed in industrial schools, many of which were established in the 1860s and 1870s.²⁴ Industrial schools were large, ‘barrack-like’ institutions designed to prevent ‘neglected’ children with living parents falling into criminality.²⁵ ‘Neglected’ children were often found begging, wandering, or residing in brothels, and were deemed to be uncontrollable or to come from families that were poor because of ‘indolence, moral degradation or even criminality’.²⁶ The colonial governments took responsibility for these children and in many cases they became wards of the state. Children in industrial schools received a very basic education and were less likely to be in contact with their families than children in orphanages.²⁷

Children who were considered ‘criminal’ were sent to reformatories, which were primarily punitive institutions designed to reform ‘criminal’ children through prayer and hard work.²⁸ Children could be placed in reformatories even if they had not committed a criminal offence.²⁹ ‘Uncontrollable’ children in other residential institutions could be placed in reformatories.³⁰ Reformatories mimicked adult prisons to maintain order in large, overcrowded and poorly staffed institutions.³¹

Although many institutions were state-run, religious organisations created separate institutions.³² Faith-based organisations delivered education, healthcare, accommodation and welfare services to children in part as a response to the Christian call for charity to the ‘poor’, rescuing children from the dangers of neglectful parents, and ‘saving’ them from evil. Catholic and Protestant staff saw it as their mission to save children and young people by subjecting them to ‘a diet of prayer and hard work’.³³ The charitable purpose behind the establishment of religious organisations is discussed further in Volume 16, *Religious institutions*.

Orphanages and industrial schools continued functioning until the mid-20th century.³⁴ Reformatories were gradually transformed into youth detention centres, many of which are still in operation.³⁵ Laws governing these residential institutions were refined over time to increase monitoring and oversight, but enforcement was often inadequate.³⁶ The basic safeguards available to non-Aboriginal wards of the state were not extended to the protection of Aboriginal and Torres Strait Islander children in institutions.³⁷ For more information on historical residential institutions, see Volume 11, *Historical residential institutions*.

Aboriginal and Torres Strait Islander ‘protection’ and assimilation

‘Protectionist’ laws, aimed at the eventual elimination of Aboriginal and Torres Strait Islander populations, created racially segregated institutions that existed from the 1800s until 1969 in some jurisdictions.³⁸ The dormitory system for Aboriginal and Torres Strait Islander children continued in some areas of Queensland until the late 1970s.

Aboriginal and Torres Strait Islander people were forced from their traditional lands into missions, stations and reserves.³⁹ Missionaries were often responsible for the children’s education.⁴⁰ While many of these institutions were under the control of a government official, the Chief Protector, responsibility for others was delegated to the church.⁴¹ The Chief Protector in each jurisdiction had complete control over the lives of Aboriginal and Torres Strait Islander people. Aboriginal people were required to have permits to enter or leave missions, and the superintendent in charge had the power to make decisions about work, family contact and marriage.⁴² Aboriginal and Torres Strait Islander parents did not have legal guardianship of their own children. Instead, the Chief Protector was the legal guardian of every Aboriginal or Torres Strait Islander and ‘half-caste’ child.⁴³ Despite this responsibility and the widespread abuse of Aboriginal and Torres Strait Islander children in residential institutions, there is no record of any Chief Protector prosecuting a ‘tortious action as legal guardian for and on behalf of his wards’.⁴⁴

Although separate jurisdictions adopted laws and practices at different times, the effect was broadly the same. Aborigines Protection Acts underpinned a system of complete government control over Aboriginal and Torres Strait Islander people, and in particular the lives of Aboriginal and Torres Strait Islander children.⁴⁵ Separate child protection systems were developed for Aboriginal and Torres Strait Islander children.⁴⁶ While evidence of neglect was required for non-Indigenous children to be removed from their parents, ‘protection’ laws automatically placed Aboriginal children under the control of the state. These policies led to the mass removal of paler-skinned Aboriginal and Torres Strait Islander children from their families across multiple generations, now known as the Stolen Generations.⁴⁷ Many children born on or removed to missions and reserves who were sent out to dormitories, foster homes, work placements and industrial schools experienced abuse, including sexual and other forms of abuse, by adults and other children.⁴⁸

Child migrant schemes and assimilationist migration policies

British child migrants came to Australia throughout the 19th century via schemes that aimed to populate the British colonies. These schemes aimed to increase linkages between Britain and Australia, and had strong racial overtones.⁴⁹ A key objective of these schemes was to populate the British Empire with white immigrants.⁵⁰

One of the first pieces of legislation passed after Federation was the *Immigration Restriction Act 1901* (Cth). This Act effectively formalised colonial immigration policies from pre-Federation that favoured British and white immigrants, and created the legal foundations for the White Australia Policy, which would remain in effect until 1966.⁵¹ Following the Second World War, a popular immigration slogan was ‘the child, the best immigrant’.⁵² Children – especially British children – were thought to be ideal migrants because they were seen to assimilate easily, were adaptable, had a long working life and could be housed in cheap, dormitory-style accommodation.⁵³

For further information on child migrants, see Volume 11, *Historical residential institutions*.

Institutional care and education for children with disability

At the turn of the 20th century, children with disability were generally cared for by their families outside of institutional contexts.⁵⁴ Parents of children with disability (except children who had polio or tuberculosis or were deaf or blind) had the choice of caring for their children at home or sending them to residential care facilities.⁵⁵ The choice to send children to residential care was usually made on the advice of doctors that it would be the best option for the child and the family.

Children with disability were housed in both disability-specific institutions and generic residential settings.⁵⁶ Disability-specific institutions mainly housed children with intellectual disability, who shared the facilities with adults with intellectual disability or mental illness.

These institutions were considered health facilities and funded by state departments of health, although there were also privately operated and charitable institutions.⁵⁷ Children in these large institutions often received basic care and little education.⁵⁸

Schools for children who were deaf or blind were established as early as the 1860s, and schools for children with tuberculosis and polio began in the late 1920s.⁵⁹ These schools also provided residential facilities.⁶⁰ Parents of children with intellectual and multiple disabilities started to set up their own schools in the late 1940s, in reaction to government resistance to educating children with intellectual disability.⁶¹ These schools were run as voluntary associations.⁶²

Segregation of children with disability in ‘closed institutional contexts away from public scrutiny’ created a heightened risk of harm, including sexual abuse.⁶³ In our *Nature, cause and impact of child sexual abuse* case study, we heard from Professor Gwynnyth Llewellyn, Director of the Centre for Disability Research and Policy at the University of Sydney, about the particular vulnerabilities faced by the segregation of children with disability within closed institutions:

Children with disability were put into institutional contexts in this country and some still are, but that was the primary policy response well into the ‘70s. In those closed institutions there is a greater vulnerability because they’re away from the public eye. Many of those institutions, if they were state-run institutions, were actually institutions for people with psychiatric illness often on one side of the road and on the other side of the road what was labelled as children and adults with mental retardation. There is an institutional history for children with disability in Australia and for the families ... The staff in those institutions, both previously, historically and now, are much less open to public scrutiny and the specialist nature of those institutions is one of the reasons why children were placed there, but children with disabilities even now are in many specialist services where they are again more isolated from the community.⁶⁴

Laws on child sexual abuse

Following legislative changes in England and the United States, many Australian colonies raised the legal age of consent for sexual acts with another person from 13 to 14 or 16 years old in the 1880s and 1890s.⁶⁵ Some of the colonies expanded existing sexual offence laws at this time, introducing offences such as ‘procuring a child for sexual purposes’.⁶⁶

By the early 20th century, all states and territories had laws that could be used to prosecute perpetrators of child sexual abuse, but legal definitions were narrow.⁶⁷ Laws were often gendered, only recognising female victims, with no provisions for male victims of child sexual abuse.⁶⁸ For example, in South Australia in 1935 the offence of ‘defilement of a female between 13 and 16’ required the offender to be male.⁶⁹ There were no equivalent laws to protect boys in that age group or prosecute female perpetrators.

If a case of child sexual abuse did get taken to court, the legal system made it difficult for victims to be believed. Children and sexual assault complainants were considered unreliable witnesses, and the common law required the trial judge to warn the jury about the dangers of relying

on their evidence.⁷⁰ This grew from a perception that children are inclined to make-believe, are highly impressionable and are prone to incorrect recollection.⁷¹

Our *Criminal justice* report presents major developments in laws on child sexual abuse, and makes recommendations to further improve the criminal justice system.

A shift towards child protection

The first colonial child welfare legislation was enacted in the 1860s to ‘protect the state from the danger believed to be posed by destitute children’.⁷² Reflecting this approach, children were sent to institutions as a way of controlling them, rather than caring for them.⁷³

However, from the late 1880s and continuing into the early 20th century, many colonies and states changed their approach to child welfare to focus on children’s need to be protected from parents or guardians who failed in their duty of care.⁷⁴ This new approach was influenced by the child rescue movement in Britain and associated with broader definitions of neglect, which focused on parental neglect such as soliciting and street trading.⁷⁵ These changes gave government representatives, including police and state children’s department officials, more power to seek out neglected children.⁷⁶ Laws governing the treatment of children in care favoured governments and managers of institutions, punished children, and did not set high standards for the care and protection of children.⁷⁷

Many laws passed during the early 20th century strengthened existing approaches to child protection. They also defined governments’ responsibilities to regulate residential institutions.⁷⁸ The inclusion of regulatory clauses demonstrates governments’ recognition of their responsibility to safeguard children in institutional care and to ensure that acceptable standards were provided by the private organisations that they funded. However, reluctance to adequately resource oversight meant that implementation was often weak.⁷⁹

Increased awareness, but little institutional change

Awareness that physical abuse and terrible conditions were widespread in residential institutions began to grow in the early 20th century. In New South Wales alone, at least five separate official inquiries were carried out between 1903 and 1954 into Catholic-managed institutions.⁸⁰ In 1934, a Royal Commission examined physical abuse in government reformatories, and in 1944 an inquiry investigated the government-managed Parramatta Industrial School for Girls.⁸¹

In the period between the 1940s and 1960s, awareness of child abuse and, to a lesser extent, child sexual abuse, began to develop in professional and academic communities.⁸² However, the extent and impact of child sexual abuse was generally minimised.⁸³ Children were expected to be ‘seen and not heard’, and physical discipline was believed to serve a moral and educative purpose.⁸⁴

Child maltreatment in children's homes

In *Case Study 11: Congregation of Christian Brothers in Western Australia response to child sexual abuse at Castledare Junior Orphanage, St Vincent's Orphanage Clontarf, St Mary's Agricultural School Tardun and Bindoon Farm School*, we heard that the Christian Brothers operated four children's homes from the late 1920s: Castledare Junior Orphanage, St Vincent's Orphanage Clontarf, St Mary's Agricultural School Tardun, and Bindoon Farm School. Residents at the institutions included child migrants, Australian-born wards of state, including Aboriginal children placed under 'protectionist' legislation provisions, and private admissions. These facilities were closed down between the 1960s and 1980s.

Conditions at the institutions were basic. Food was often of poor quality, and boys were given insufficient clothing and performed difficult physical labour. We found that the Christian Brothers did not provide proper care and education for the children living in these institutions.⁸⁵ State authorities played a limited role. A visitation report on Bindoon in November 1947 records an inspection by a Child Welfare Department inspector:

The conditions at Bindoon are not good. As a matter of fact, the educational facilities provided for the boys are most inadequate and I fail to see how they can receive proper schooling. Furthermore, the conditions generally do not conform to those at other Institutions, or for that matter the provisions of the Child Welfare Act.⁸⁶

During the case study, 11 men made allegations of child sexual abuse that occurred from the 1940s to the 1970s. They told of emotional and physical abuse by the staff, and abuse by other boys. We found that the institutions were isolated and that the boys had little access to adults to whom they could have disclosed. Most of the boys did not disclose the abuse, but one boy who did received a belting as punishment. A member of the Christian Brothers' Provincial Council would carry out annual visits to oversee the institutions. This member would make observations of the religious brothers and others in contact with the institution, which were written up into a 'visitation report'. We found that visitation reports focused on religious observance, finances and the community of religious brothers and not the welfare of the children.⁸⁷

Residential institutions often had limited mechanisms through which children could report sexual abuse and those in positions of authority often had impunity.⁸⁸ Consequently, children who were sexually abused in these institutions often did not disclose. If they did, they were often disbelieved, ignored or punished.⁸⁹ 'Merve' was five years old in the mid-1940s when he was sent to a boys' Catholic boarding school in Western Australia. During a private session, he told us that one priest began hugging and kissing him, and within a year or two, touching and masturbating him. 'Merve' told one of the religious sisters about what was happening. He said that in response, she called him a 'despicable boy' and told the other students they were not allowed to speak to him.⁹⁰

6.2 1950s

The Second World War had many direct and indirect effects on children's interactions with institutions. Children accounted for a larger share of the population as a result of the post-war baby boom,⁹¹ and there was an increase in the number of children in residential care and in educational settings throughout the 1950s.⁹² The majority of Australian citizens identified as Christian.⁹³

Institutions, particularly religious institutions, were held in high regard. Religious figures were seen as being credible and trustworthy and many schools and residential facilities were run by faith-based groups.⁹⁴ The authority of institutions was respected, and little emphasis was placed on institutional accountability and oversight.⁹⁵

Increasing numbers of children in residential care

The number of children housed in residential institutions increased in the early 1950s, due to the baby boom and post-war child migration schemes.⁹⁶ Limited support was available for unmarried mothers, often leading to financial hardship that resulted in children being placed in institutional care.⁹⁷ Residential institutions included boarding schools, children's homes, dormitories, reformatories, school farms, and mission homes, as well as work placements in domestic service and on pastoral stations.

Aboriginal and Torres Strait Islander children continued to be forcibly removed from their families and placed in institutions under the relevant Aborigines Protection Acts of each jurisdiction. British child migrant schemes expanded during this period – between 1947 and 1953, around 3,100 British children and approximately 100 Maltese children were brought to Australia.⁹⁸ These children were usually placed in the care of residential institutions, where many experienced physical and sexual abuse.⁹⁹

Unchanging child protection policies

Welfare laws and systems of care underwent limited change during this period. The language of 'care and protection' entered into legislation, but the reasons for removing a child remained largely unchanged from those that had prevailed in the 19th century. Poverty, moral danger and delinquency were considered signs of neglect and grounds for intervention.¹⁰⁰

Aboriginal and Torres Strait Islander children were still being removed from their families on the basis of racist assumptions of their inferiority – the Chief Protector or the Board could simply order the removal of an Aboriginal or Torres Strait Islander child without having to establish to a court's satisfaction that the child was neglected.¹⁰¹

The number of Aboriginal and Torres Strait Islander children placed in institutions increased and, while they were in institutions in high numbers, they were also likely to have faced heightened vulnerability to sexual abuse.¹⁰² During her private session, 'Jody' told us that she grew up on a government-run mission in Queensland in the 1960s and 1970s, where she was sexually abused. She said, 'the people involved felt that they had a sense of right or entitlement to do what they did ... that I was invisible, that I was worthless'.¹⁰³

Child maltreatment at the Parramatta Training School for Girls in the 1950s

In *Case Study 7: Child sexual abuse at the Parramatta Training School for Girls and the Institution for Girls in Hay*, we heard that the New South Wales Government opened the Parramatta Girls Industrial School in 1887 (later known as the Parramatta Training School for Girls) to provide out-of-home care for girls who were 'neglected', 'uncontrollable' or convicted juvenile offenders. A second institution, the Institution for Girls in Hay, was opened in 1961 to deal with the most 'difficult' girls. Both institutions closed in 1974.

Sixteen former inmates of Parramatta Girls – six of whom identified as Aboriginal and Torres Strait Islander – gave evidence that they were sexually abused at the institution between 1950 and 1974. Although the school was operating under the *Child Welfare Act 1939* (NSW), evidence from these women suggests that they were treated severely and received punishment beyond what the Act allowed. All were under 17 years of age at the time. Girls as young as 10 were placed in the institution in the 1950s.

Many of the former inmates we heard from described a harsh system of discipline and control. Rules included not speaking unless spoken to, not turning over in bed, and only going to the toilet at certain times. Inmates had no privacy: they were watched in the toilet and shower, and regularly had to undergo invasive medical examinations. Some were drugged. Girls often faced severe punishment for disobedience, such as being deprived of food. The worst punishment was being sent to an isolation cell, where they were sometimes physically and sexually abused.

We heard evidence about former superintendents or deputies who were said to have physically and sexually abused the inmates. These men were entrusted with the girls' care, but witnesses spoke of regular bashings, rapes and assaults. Sometimes, a pair of men would reportedly beat or rape a girl together. Most of the alleged perpetrators were never reported or investigated. Others resigned or were dismissed after internal inquiries. None of these men was ever charged with a criminal offence.

Most former inmates said they did not report the sexual abuse at the time because they felt nobody would believe them, they were too ashamed or they were frightened of being punished. Many inmates thought there was nobody to whom they could report the abuse. When welfare officers visited, girls were reportedly told to keep their mouths shut or were locked in isolation.¹⁰⁴

‘Damage control’ inquiries

A number of states and territories held inquiries into the treatment of children in particular institutions during the 1950s. These inquiries were often initiated after allegations of abuse and mistreatment, with a focus on particular staff members.¹⁰⁵ Public awareness of institutional abuse forced governments to respond, but inquiries rarely led to reform. Instead, authorities attempted to manage ‘damage control’ by closing down institutions and limiting investigations.¹⁰⁶

Criminal justice responses

By 1950, all jurisdictions had laws that criminalised the sexual abuse of children by adults. However, these laws did not criminalise all sexually abusive behaviours.¹⁰⁷ School masters were singled out as a particular class of offender.¹⁰⁸

Legislation used gendered terminology and typically focused on the sexual abuse of girls by male perpetrators.¹⁰⁹ For example, New South Wales criminalised ‘carnal knowledge’ of a girl under the age of 16 years by a male perpetrator. In Tasmania, sexual offences related to ‘defilement of girls under 18’ by men.¹¹⁰ Sexual abuse of boys could be captured by indecency laws, which covered non-penetrative sexual contact such as masturbation.

Sexual offences against children were considered serious. In South Australia, the sentence for this crime was life imprisonment.¹¹¹ In the Australian Capital Territory, it was the death penalty, although this sentence was never handed down.¹¹² Despite the potential for hefty sentences for sexual offences against children, research suggests that the judiciary was reluctant to believe children and police had a tendency not to follow up allegations to avoid damaging institutions’ reputations.¹¹³

6.3 1960s

Changes in child welfare policy during the 1960s signalled what is often seen as the beginning of the modern approach to child protection and welfare.¹¹⁴ Yet the day-to-day reality for many children in institutions across the country remained unchanged. We heard that institutions continued to ignore policies and child welfare legislation, more often punishing a child who reported abuse than believing them.

The emergence of ‘best interests’ in the modern child welfare system

In this decade, many experts and officials expressed concern over the treatment of children within the child protection system, leading to more consideration of the appropriate circumstances for non-Aboriginal children to be removed.¹¹⁵ The notion that the child’s best interests should guide policymaking provided the basis for reform across the country.

The *Victorian Social Welfare Act 1960* (Vic) marked the beginning of the modern child welfare system, in that the first objective of the Act was ‘to promote family welfare in the community, to prevent its disruption and to mitigate the effects thereof’.¹¹⁶ Tasmania, Queensland and South Australia similarly revised child welfare laws during the 1960s.¹¹⁷ In 1961, the Northern Territory introduced a provision that courts could only separate a child from their family if the child was certain to receive better care elsewhere.¹¹⁸

The welfare of children living with their families was also gaining greater attention. In 1962, Dr Henry Kempe and colleagues in the US published research on the ‘battered child syndrome’, which led to greater awareness of the physical abuse of children by their caregivers.¹¹⁹ In Australia, studies published in the mid-1960s similarly documented physical abuse.¹²⁰ Professor David Finkelhor, Director of the Crime Against Children Research Center in the United States, described the growing societal awareness of child welfare in the *Nature, cause and impact of child sexual abuse* case study:

... the current mobilisation about child maltreatment as a social phenomena is generally dated to about 1962, 1963, Henry Kempe, and the mobilisation of paediatricians around the possibility that large numbers of children might be abused by their caregivers, so there was beginning at that time to be much more interest in child welfare and child protection and many more people in society who saw that as one of their major roles.¹²¹

Gradual repeal of Aboriginal ‘protectionist’ policies

Despite growing awareness of abuse in the child protection system, the removal of Aboriginal and Torres Strait Islander children from their families and communities continued under a separate legislative regime.¹²²

In the 1950s and 1960s, Aboriginal and Torres Strait Islander peoples’ resistance to assimilation grew stronger.¹²³ Australia also faced international pressure over its racially discriminatory practices.¹²⁴ In 1967, following the constitutional referendum, ‘the Commonwealth obtained concurrent legislative power on Aboriginal affairs with the states,’ which aided in dismantling state-based systems of ‘protection’ and control that authorised the forced institutionalisation of Aboriginal and Torres Strait Islander children.¹²⁵ By 1969, the policy of forced removal and its legislative provisions had been repealed by all states and territories in central child welfare Acts.¹²⁶ By the early 1970s, there was a major shift from assimilation to self-determination.¹²⁷

However, many Aboriginal and Torres Strait Islander children remained in institutions during this time, and some institutions, such as the home at Bomaderry in New South Wales, operated until 1980.¹²⁸

Introduction of mandatory reporting to child protection authorities

In 1969, South Australia became the first Australian jurisdiction to introduce laws concerning mandatory reporting of child abuse to child protection authorities. Reporting requirements were limited to medical professionals and dentists.¹²⁹ The report initially had to be made to a police officer; however, in 1972, new legislation was enacted that allowed for reporting to the child protection authority.¹³⁰

An unchanged approach to criminal justice

Criminal definitions of child sexual abuse and sex offence legislation remained largely unchanged between the 1950s and 1960s.¹³¹

6.4 1970s

Social movements during the 1960s led to changes in responses to child abuse in the 1970s.¹³² The feminist movement influenced the development of public policy and law reform during this period, challenging dominant male power structures. Public debate opened up discussion around sexuality, leading to the development of support services for women as victims of sexual violence,¹³³ and the introduction of Australian Government payments for unmarried mothers to care for their children.¹³⁴ Child sexual abuse was included in analyses of sexual violence and survivors started to publicly speak about their experiences.¹³⁵

During the 1970s, professionals working in child health and welfare attempted to increase public awareness of child sexual abuse. In 1975, the Victorian Children's Protection Society presented data for the first time on child sexual abuse. A conference was held on child abuse in 1976, which was attended by Dr Kempe, who advocated for mandatory reporting.¹³⁶

In the early 1970s, activists in the women's movement established a number of independent rape crisis centres to respond to rape victims who were inadequately supported by existing medical and legal services.¹³⁷ While rape crisis centres were intended for recent victims, it became clear that historical experiences of child sexual abuse were significant.¹³⁸

Family support and de-institutionalisation

In the 1970s, governments increasingly focused on supporting families to care for children rather than removing children.¹³⁹ The Australian Government introduced financial support for unmarried mothers and other single women who were not eligible for the widow's pension in 1973,¹⁴⁰ and childcare was subsidised so it was more affordable for low-income families.¹⁴¹

Child welfare laws also began to reflect the shift towards supporting families, rather than removing children and placing them in care.¹⁴² New approaches to child welfare emphasised preventative and therapeutic care rather than custodial treatments and removal.¹⁴³ These approaches explicitly recognised children's rights.¹⁴⁴ Internationally, a rights-based approach had been gaining momentum since the agreement of the United Nations Declaration of the Rights of the Child in 1959.¹⁴⁵

Influenced by changes in the United Kingdom, models of care that more closely equated to family settings were increasingly favoured over large-scale institutions of the 1960s and 1970s.¹⁴⁶ Small residential units or family group homes were established, creating environments that supposedly reflected the family unit.¹⁴⁷ In spite of these changes, concerns about the quality of institutional care continued.¹⁴⁸ In a private session, 'Arnie' told us he was seven or eight years old when he was sent to a family group home in Victoria.¹⁴⁹ He told us he was sexually abused there and also when he visited the home to which his brothers had been sent. 'Arnie' said he told his social worker what his brothers' foster father was doing: 'I told her that 'Gavin' had touched me; that he'd done things to me in the swimming pool ... I don't think she believed me. She said she'd look into it – that's all she said'. 'Arnie' said nothing was done and the abuse continued until he moved out at aged 14.

During the 1960s and 1970s, the state became increasingly involved in supporting families to provide care for children with disability. Governments believed it was cheaper to support families to care for children at home rather than sending them to residential facilities.¹⁵⁰ The Handicapped Child's Allowance was introduced in 1974 to assist families to care for children with disability at home.¹⁵¹ However, children with disability already housed in large-scale institutional settings remained there into the 1980s and early 1990s.¹⁵² Disability-specific residential institutions continued to be considered medical institutions and children in these institutions were not seen as the responsibility of child welfare and protection agencies.

It was increasingly recognised that Aboriginal and Torres Strait Islander children should remain connected to their families, communities and culture, although it was not until the 1980s that policy began to reflect this shift.¹⁵³ This idea was driven by a grassroots community movement initiated by Aboriginal and Torres Strait Islander childcare agencies during the 1970s.¹⁵⁴ It was part of a broader movement for equal citizenship and self-determination which included Aboriginal and Torres Strait Islander control of certain children's agencies.¹⁵⁵

Changing ideas about the education of children with disability

Governments became more involved in the education of children with disability during the 1970s. An Australian Government inquiry found that one of the major weaknesses of the Australian school system was the lack of public education for children with disability.¹⁵⁶ In response to this inquiry, the New South Wales Government started taking responsibility for the operation of voluntary association schools in that state for children with disability in 1974.¹⁵⁷ Similar developments occurred in other states and territories.¹⁵⁸

The belief that children with disability should not be segregated in educational settings started to gain traction in the late 1970s. It was generally accepted that people with disability should be assisted to live in the same way as, or as close as possible to, the rest of society (referred to as 'normalisation').¹⁵⁹ Landmark legislation in the United States requiring all public schools to provide equal access to children with disability was also influential in Australia.¹⁶⁰

Public schools were required to work with families to develop education plans that would ensure children with disability received a similar educational experience to their non-disabled peers.¹⁶¹ Reforms to improve the inclusiveness of the education system continued into the 1980s, although reforms in other areas, such as for children with disability in residential institutions, took longer.

Early reform of criminal justice

In 1975, South Australia became the first jurisdiction to remove all gendered language from laws on sexual offences, enabling the abusers of male victims to be charged under the same provisions as those whose victims were female.¹⁶² This trend continued throughout the following decades and by the early 2000s all states and territories had removed the majority of gendered language from sexual offence laws.¹⁶³

A number of states began introducing laws that defined and outlawed the production and distribution of child sexual exploitation materials (often referred to in legislation as 'child pornography'). By the 1990s, all jurisdictions had legislation prohibiting the possession of child sexual exploitation materials.¹⁶⁴

Sexual assault complainants continued to be considered unreliable witnesses and judges directed juries to exercise caution when considering their evidence in a trial. Then Chief Justice Garfield Barwick noted in a High Court case in 1974 that the jury 'may act on the word of the woman alone but should exercise considerable caution before doing so, because of the ease with which the charge is made and the difficulty which may attend its rebuttal'.¹⁶⁵

6.5 1980s

Despite a growing understanding of child sexual abuse among child welfare professionals and academics, public awareness remained limited at the turn of the decade. This began to change following a number of high-profile cases, such as the trial and subsequent conviction of Melbourne priest Father Michael Glennon in 1984 for the sexual abuse of children in Victoria.¹⁶⁶ It was during the 1980s that the first wave of revelations about abuse by people in religious ministry emerged in the United States and Canada (see Volume 16, *Religious institutions*).¹⁶⁷

Development of the Aboriginal and Torres Strait Islander Child Placement Principle

A grassroots movement initiated by Aboriginal and Torres Strait Islander Child Care Agencies in the 1970s pushed for the end of forced removals of Aboriginal and Torres Strait Islander children. In response to these movements, the 1984 Council of Social Welfare Ministers endorsed a number of recommendations to break the cycle of devastation caused by the removal of the Stolen Generations.¹⁶⁸

A key development was the Aboriginal and Torres Strait Islander Child Placement Principle. The principle sets out five elements for the care and protection of Aboriginal and Torres Strait Islander children who come to the attention of the child protection system. These are prevention, partnership, placement, participation and connection.¹⁶⁹

While the principle has now been adopted in all jurisdictions, there is no effective mechanism to monitor compliance¹⁷⁰ and some research suggests low practical compliance with the principle.¹⁷¹ The principle, and its application, are discussed in more detail in Volume 12, *Contemporary out-of-home care*.

Inquiries into institutional care

There were a number of inquiries and reviews across different states and territories into the provision of institutional care during the 1970s and 1980s.¹⁷² Nationally, the Senate Standing Committee on Social Welfare conducted an inquiry into children and youth under institutional care, from 1982 to 1985.¹⁷³ These inquiries revealed the poor conditions and abuse children experienced in many institutions. They also acknowledged the lifelong impacts and poor outcomes many of these children faced, particularly Aboriginal and Torres Strait Islander children and children with disability housed in residential care institutions.¹⁷⁴

Specific inquiries into child sexual abuse offences were also held. The New South Wales Child Sexual Abuse Taskforce was established in 1985 to make recommendations for services supporting, investigating and responding to victims of child sexual abuse and review the state's child sexual assault laws.¹⁷⁵ In 1985, Victoria commissioned an inquiry into sexual offences against children.¹⁷⁶

Expansion of mandatory reporting to child protection authorities

Most states and territories had developed laws concerning mandatory reporting to child protection authorities by the mid-1980s. Victoria and the Australian Capital Territory introduced mandatory reporting in the 1990s, with Western Australia being the final Australian jurisdiction to introduce mandatory reporting laws in 2009.¹⁷⁷

Mandatory reporting laws were initially limited to obligations for medical practitioners to report child physical abuse and neglect.¹⁷⁸ In the 1980s, South Australia, New South Wales and Tasmania expanded mandatory reporting laws. This included broadening mandatory reporter groups to include teachers and child carers, removing age limits on children covered, and requiring abuse by any person (not just a parent or guardian) to be reported.¹⁷⁹ From the mid-1980s, mandatory reporting laws began to explicitly identify child sexual abuse.

The specifics of current mandatory reporting laws vary considerably across jurisdictions, including who must report abuse or neglect and the definitions of the kinds of abuse and neglect that must be reported.¹⁸⁰ Volume 7, *Improving institutional reporting and responding*, considers laws concerning mandatory reporting to child protection authorities in detail and includes an appendix which outlines legislative developments between 1969 and 2013 by jurisdiction.

Creation of specialist investigation teams

During the 1980s, some states established specialist child abuse investigation teams. For example, the Queensland Police established specialist multidisciplinary child abuse investigation teams.¹⁸¹ Reported allegations of child sexual abuse to police increased, which may be attributed to increased awareness rather than occurrence.¹⁸²

However, police responses to children making allegations of child sexual abuse in institutions did not universally improve. The Royal Commission heard of examples where police responses were inadequate and failed to comply with procedures in place at the time. These failures included not recording or investigating allegations of abuse made by victims; interviewing witnesses in the presence of institutional managers; or not interviewing witnesses at all.¹⁸³

Investigations of child sexual abuse at Bethcar Children's Home

In *Case Study 19: The response of the State of New South Wales to child sexual abuse at Bethcar Children's Home in Brewarrina, New South Wales*, we heard that Bethcar Children's Home for Aboriginal children started operating informally in 1969 at the Old Mission in Brewarrina. In 1976, the State of New South Wales granted a permit for Bethcar to operate as a children's home. In 1984 it moved to Orange, where it operated until its closure in 1989. Between 1974 and 1984, Mr Burt Gordon and Mrs Edith Gordon ran the home, with their adopted daughter AIT and her husband Mr Colin Gibson.

Six former residents gave evidence of their experiences of sexual, physical and emotional abuse at Bethcar. In 1980, a number of residents complained to the Brewarrina police about Mr Gibson's behaviour. About a week later, residents attended the Brewarrina Police Station and reported the alleged abuse to police, in the presence of a Community Services Officer and Mr Gordon, the institutional manager. After the interview, the residents returned to Bethcar with Mr Gordon. The Community Services Officer noted that the residents 'answered their questions truthfully ... and appeared to be genuine'. But when the police subsequently contacted the residents, they withdrew their complaints. There is no evidence that further action was taken.

In 1983, various employees of Community Services became aware that residents at Bethcar had made allegations of sexual abuse. Community Services concluded that 'not to investigate these allegations fully – even if there is no substance to them – is to leave children at Bethcar in an unacceptable "at risk" situation'. They gave the evidence to the police. On 10 April 1984, the police responded that in the absence of a complaint that 'would substantiate court action', any further action would be unsuccessful and 'would only result in undermining the relationship that currently exists between Police and the Aboriginal community in this area'. There is no evidence that Community Services or the police took further action.¹⁸⁴

Criminal law reform

Between the 1970s and 1980s all states and territories made substantial amendments to their sexual offence and child sexual abuse legislation.¹⁸⁵ Most jurisdictions expanded laws to define sexual offences more broadly.¹⁸⁶ For example, in 1980 in Victoria the term 'carnal knowledge', which referred to penile penetration of a vagina, was replaced with 'sexual penetration', which referred to the insertion of a penis or object into a vagina or anus, or penile penetration into a mouth.¹⁸⁷

Many jurisdictions expanded offences where the perpetrator was in a position of responsibility, care or authority in the 1980s. In 1984, the *Crimes Act 1900* (NSW) was expanded to criminalise sexual contact between a male schoolteacher and male students.¹⁸⁸ Laws across all jurisdictions increasingly recognised the power and authority conferred on potential perpetrators through involvement with an institution. In 1987, a new offence in New South Wales explicitly criminalised sexual contact between people with intellectual disability and people in a position of authority through provision of services.¹⁸⁹

Increasingly, jurisdictions developed laws that recognised boys could be victims of sexual abuse. From the 1980s onwards, most jurisdictions removed gendered language from laws to recognise that there were male victims, female perpetrators and same-sex offences.¹⁹⁰

Children as unreliable witnesses

Courts continued to treat children as a class of unreliable witness into the 1980s. A legal text from 1984 outlined why it was believed the evidence of children should be viewed with caution:

First, a child's powers of observation and memory are less reliable than an adult's. Secondly, children are prone to live in a make-believe world, so that they magnify incidents which happen to them or invent them completely. Thirdly, they are also very egocentric, so that details seemingly unrelated to their own world are quickly forgotten by them ... Finally, children sometimes behave in a way evil beyond their years. They may consent to sexual offences against themselves and then deny consent. They may completely invent sexual offences. Some children know that the adult world regards such matters in a serious and peculiar way, and they enjoy investigating this mystery or revenging themselves by making false accusations.¹⁹¹

This view demonstrates why many victims found it difficult to disclose or report child sexual abuse, or found that they were disbelieved, ignored or punished when they did.

6.6 1990s

By the 1990s, awareness of child sexual abuse was more widespread, although public understanding was marred by many myths and misconceptions.¹⁹² The media reported on high-profile alleged offenders, organised paedophile networks and ritualised abuse in Australia and overseas.¹⁹³ As awareness grew, so did knowledge of related behaviours, such as grooming.

Children's rights

There were major developments in children's welfare and child protection legislation during the 1990s. In December 1990, Australia ratified the United Nations Convention on the Rights of the Child, which the United Nations General Assembly adopted in 1989.¹⁹⁴ The Convention includes an explicit obligation for states to implement measures to protect children against sexual abuse.¹⁹⁵ It sets out principles for, among other things, prioritising the child's best interests; protecting children from violence, abuse, neglect and exploitation; and protecting children from all forms of sexual exploitation and sexual abuse.

Australia's implementation of the Convention has been criticised as partial and fragmented.¹⁹⁶ Article 37(c) concerns a child's right to separation from adults when detained and to keep in contact with their family. The Australian Government has maintained a reservation against Article 37(c), which means it does not consider itself bound by it.¹⁹⁷ In practical terms this means that Australian governments can hold children in adult facilities. The Australian Government has argued this is necessary due to geographic and demographic constraints.¹⁹⁸

Changes in child protection and welfare services

Throughout the 1980s and 1990s, child protection services became more focused on risk management and there was a focus on greater external oversight.¹⁹⁹ Professional guides and checklists were increasingly used to help people in the field determine whether a child had been abused or neglected and should be removed from their family.²⁰⁰

A greater range of factors were seen as placing a child at risk, leading to more referrals for out-of-home care and an increase in notifications, including for child sexual abuse.²⁰¹ This coincided with a falling number of foster carers in the community and more children assessed as having complex needs.²⁰² Although practice standards and accreditation programs were developed, they were often voluntary and their legal and regulatory standing was unclear.²⁰³

The 1990s also saw a significant shift in how child welfare services were provided as part of a movement to outsource state services to non-government organisations. During this period, governments reduced spending on welfare and child protection, and focused on efficiency and standardisation of these services.²⁰⁴ As a result of the decrease in funding and governments' push to increase efficiency, some services closed or amalgamated.²⁰⁵ Outsourcing also led to increasingly complex reporting and accountability lines.²⁰⁶

A number of services started providing treatment and programs for young people with harmful sexual behaviours in the 1990s, and in 2000, 'sexually abusive behaviour by a child under 14' was included as grounds for care and protection in New South Wales.²⁰⁷ Although research suggested children carried out a significant proportion of child sexual abuse, service providers and the public were reluctant to acknowledge sexual abuse by young people.²⁰⁸

Change in government policies for children with disability

By the 1990s, governments attempted to reduce the number of children with disability in institutional care.²⁰⁹ This marked a break from the past, as children with disability in large residential care institutions were generally unaffected by de-institutionalisation in the 1960s and 1970s.²¹⁰

State and territory governments encouraged community care, where families were provided with more support to care for children with disability at home.²¹¹ This involved increasing the availability of respite care and improving incentives for mainstream services to include children with disability. However, institutional care was still considered the ‘norm’ for parents, who did not receive sufficient support to care for their children at home.²¹²

Educational opportunities for children with disability increased in the late 1980s and 1990s.²¹³ Children with disability had opportunities to be placed in mainstream classes with a modified curriculum or additional teaching support, small support classes in mainstream schools, and special schools for children who needed more intensive support.²¹⁴

These changes were driven by international developments. The United Nations World Conference on Special Needs Education: Access and Quality adopted the Salamanca statement in 1994, which argued that schools ‘should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions’.²¹⁵

Reform of criminal justice and law

Within the criminal justice system, there was a growing recognition of the complexity of sexual offence investigations, particularly in cases of historical abuse.²¹⁶ Reviews of court treatment of sexual assault led to reforms to sexual offence legislation and criminal justice practice. These included better investigation techniques, improved police responses to victims and changes to the evidence that could be used to discredit complainants.²¹⁷

Criminal laws were amended in many jurisdictions in the 1990s. Definitions of sexual penetration were further broadened, following changes implemented in the 1980s.²¹⁸ In 1991, the *Crimes (Sexual Offences) Act (Vic)* was amended to include the ‘digital penetration of another person’s vagina or anus’.²¹⁹ In New South Wales, Victoria and the Northern Territory, definitions were expanded to include surgically constructed genitalia.²²⁰ Offences where the accused is in a position of authority or trust were introduced or expanded, as were offences related to child sexual exploitation material.²²¹

Research in the 1990s suggested that children’s faculties for recall had been underestimated.²²² This led to recommendations that all children should be presumed prima facie competent to give sworn evidence, and that courts should take a flexible approach to competency testing children.²²³ From the 1990s, Australian evidence law began to recognise explicitly the competence of all people, including children, to give evidence.²²⁴

Joint investigation response teams

Many jurisdictions developed joint police investigation units, such as New South Wales’ Joint Investigation Response Team, which was established in 1997.²²⁵ The Royal Commission into the New South Wales Police Service (Wood Commission) made recommendations to improve responses by police, child protection workers and health professionals to allegations of child sexual abuse.²²⁶ Joint investigation response teams are discussed in more detail in our *Criminal justice* report.

Inquiries influence national understanding

A series of high-profile inquiries in the 1990s examined different aspects of child abuse, including child sexual abuse, in institutional contexts. They made recommendations to change policy and practice in child safety, welfare and protection.²²⁷

Royal Commission into Aboriginal Deaths in Custody (1987–1991)

The Royal Commission into Aboriginal Deaths in Custody examined the causes of deaths of Aboriginal people while held in state and territory prisons, after concern that such deaths were too common and poorly explained. The death of an Aboriginal juvenile who died in a fire in her cell was examined.²²⁸ The Royal Commission’s report, produced in 1991, recommended that governments and Aboriginal organisations should devise strategies together to reduce the rate at which Aboriginal children are separated from their families and communities through welfare policies and imprisonment.²²⁹

National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families (1995–1997)

The landmark report *Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, was the result of an inquiry conducted by the Human Rights and Equal Opportunity Commission into the separation of Aboriginal and Torres Strait Islander children from their families. It also examined the services needed to support people affected by separation.²³⁰ The report shed light on the practices, policies and attitudes that had underpinned the forced removal of Aboriginal and Torres Strait Islander children from their families. It documented extensive abuse, including sexual abuse, of Aboriginal and Torres Strait Islander children forcibly removed under assimilation policies.²³¹

Royal Commission into the New South Wales Police Service (Wood Commission) (1995–1997)

This Royal Commission investigated organised paedophile networks, corruption in the NSW Police Force, procedures to protect vulnerable children, and responses to alleged sex offences against minors. The inquiry made recommendations to improve the responses of police, child protection workers and health professionals to allegations of child sexual abuse, including joint responses.²³²

Commission of Inquiry into Abuse of Children in Queensland Institutions (Forde Inquiry) (1998–1999)

The inquiry considered the abuse, mistreatment and neglect of children in government and non-government institutions and detention centres in Queensland that provided residential care for children from 1911 to 1999. The inquiry examined more than 150 orphanages and detention centres, and made recommendations to improve legislation, policy and practice for children in care or detention.²³³

Queensland Children’s Commission

In 1996, the Queensland Commission for Children and Young People and Child Guardian was established. This independent statutory body, the first of its kind in Australia, had a mandate to monitor and review the quality and effectiveness of children’s services, as well as to work with the police and other authorities to eradicate child sexual abuse.²³⁴

Introduction of New South Wales reportable conduct scheme

In Australia, reportable conduct schemes are the only model for independent oversight of institutional responses to complaints of child abuse and neglect. Under such schemes, heads of certain institutions must notify an oversight body of any reportable allegation, conduct or conviction involving any of the institution’s employees. Reportable allegations, conduct or convictions include sexual abuse, physical abuse, emotional abuse or neglect of a child. The oversight body is obliged to monitor the institution’s investigation and handling of allegations. For more information on reportable conduct schemes see *Volume 7, Improving institutional responding and reporting*.

New South Wales was the first jurisdiction to implement a reportable conduct scheme in 1999 in response to a recommendation of the Wood Commission.²³⁵ The scheme is administered by the New South Wales Ombudsman under Part 3A of the *Ombudsman Act 1974 (NSW)*.²³⁶

6.7 2000 onwards

Throughout the 2000s, children were increasingly encouraged to speak up about their treatment. Society recognised that children's voices should be heard.²³⁷ These ideas motivated the creation of children's commissioners and guardians in many jurisdictions in the 2000s, to advocate for children's rights and, in some cases, consult with children on policy issues.²³⁸ However, some children still faced difficulties in speaking up about maltreatment.

Public awareness of child sexual abuse also continued to increase. The media continued to report on high-profile cases of child maltreatment and, as evidenced by survey responses, a large majority of parents were concerned about the need to protect their children from potential sexual abuse by an adult,²³⁹ commonly understood as 'stranger danger'.²⁴⁰ Increased awareness generated support for protective measures, such as mandatory reporting and Working With Children Checks.²⁴¹

Research in the 2000s attempted to debunk myths about child sexual abuse, victims and perpetrators. However, some misconceptions persisted, including that:

- children are likely to fabricate allegations²⁴²
- delayed disclosure is evidence of lying²⁴³
- grooming only targets the victim²⁴⁴
- perpetrators are typically unknown to victims²⁴⁵
- all perpetrators of child sexual abuse have pre-existing sexual attraction to children²⁴⁶
- perpetrators and potential perpetrators are easily identifiable and can be screened out of organisations²⁴⁷
- perpetrators cannot be rehabilitated and are always at high risk of re-offending.²⁴⁸

Chapter 5 of this volume addresses some of these myths by discussing the factors that affect the risk of child sexual abuse in institutional contexts. Grooming of victims, their families and institutions is covered in Chapter 2.

Inquiries and apologies

Since 2000, a number of inquiries have been held into the historical and contemporary mistreatment and abuse of children in institutions. The Australian Government formally apologised to Australians who suffered abuse in out-of-home care, including child migrants and also the Stolen Generations.

Senate Inquiry into Child Migration (2000–2001)

The inquiry into child migration by the Senate Standing Committee on Community Affairs produced the *Lost innocents: Righting the record – Report on child migration*. The inquiry examined abuse and neglect in Australian residential institutions of children who were brought to Australia under approved child migration schemes, from the United Kingdom and Malta. Its findings emphasised that many child migrants experienced physical and sexual abuse, neglect and a loss of connection to their families. The report made a number of recommendations, including funding to assist travel for overseas family reunions and improved access to records (see Volume 11, *Historical residential institutions*, for more detail).²⁴⁹

Western Australian Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities (2001–2002)

This Western Australian inquiry and its report, *Putting the picture together: Inquiry into response by government agencies to complaints of family violence and child abuse in Aboriginal communities* resulted from a coronial inquest into the death of a 15-year-old Aboriginal girl in an Aboriginal community. The inquiry examined how government agencies dealt with the issues of violence and child sexual abuse at the Swan Valley Nyoongar community, and how state government agencies responded to evidence of family violence and child sexual abuse that may have occurred in Aboriginal communities generally.

Senate Inquiry into Children in Institutional Care (2003–2005)

The *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children* resulted from the Inquiry into Children in Institutional Care, conducted by the Senate Standing Committee on Community Affairs. The inquiry examined the experiences and treatment of children in care in government and non-government institutions or outside a home setting in Australia during the 20th century. The inquiry made a number of recommendations, including the creation of a Royal Commission into the extent of abuse and concealment of criminal practices in residential institutions.²⁵⁰

A 2008 review of how recommendations from this inquiry had been implemented found that ‘despite progress made, there remains much work to be done ... The reasons for this are various, and include refusal to implement, failure to implement, partial implementation and changing circumstances’.²⁵¹ In 2009, the then Prime Minister formally apologised on behalf of the Australian Government to Australians who suffered abuse and neglect in out-of-home care in the preceding century, including child migrants.

Human Rights and Equal Opportunity Commission National Inquiry into Children in Immigration Detention (2004)

The Human Rights and Equal Opportunity Commission inquiry examined the treatment and safety of children in mandatory immigration detention between 1999 and 2002, including the alleged sexual assault of children by detainees and the risks of detaining children with adults in compounds with no effective supervision.²⁵² The inquiry found that Australia's immigration detention laws at the time were fundamentally inconsistent with the United Nations Convention on the Rights of the Child, particularly for children with disability and unaccompanied minors. The inquiry also bore witness to the impact of immigration detention on mental and physical health, as well on as children's connection to religion, language and culture. The report, *A last resort? National Inquiry into Children in Immigration Detention*, recommended the immediate release of children and their parents from immigration detention centres,²⁵³ the creation of a legal presumption against the detention of children,²⁵⁴ legal codification of the minimum standards of treatment of children in detention centres,²⁵⁵ and the appointment of an independent guardian for unaccompanied children.²⁵⁶

South Australian Children in State Care Commission of Inquiry (2004–2008)

The inquiry considered the sexual abuse of children while in state care in South Australia, including the abuse of children placed in non-state institutions, and allegations of criminal conduct resulting in the death of children in state care.²⁵⁷

Protecting Victoria's Vulnerable Children inquiry (2011–2012)

The inquiry investigated systemic problems in Victoria's child protection system and made recommendations to improve the protection and support of vulnerable children. It found organisational barriers prevented departments from adequately dealing with at-risk children. As a result of the inquiry, the Victorian Government launched a 10-year strategy to reduce the incidence of vulnerability – *Victoria's Vulnerable Children: Our Shared Responsibility Strategy 2013–22*.²⁵⁸

Victorian Inquiry into the Handling of Child Abuse by Religious and other Non-Government Organisations (2012–2013)

The inquiry examined how religious and other non-government organisations in Victoria had responded to allegations of child abuse. The report, *Betrayal of trust: Inquiry into the handling of child abuse by religious and other non-government organisations*, made 15 recommendations to reform and improve criminal law, organisational safety and civil law. The inquiry led to the creation of offences for grooming, failure to disclose child abuse and failure to protect children. It also established minimum standards for 'child safe' organisations.²⁵⁹

Queensland Child Protection Commission of Inquiry (2012–2013)

The Queensland Child Protection Commission of Inquiry investigated Queensland's child protection system, in particular the adequacy and appropriateness of responses by government to allegations of child sexual abuse in youth detention centres between 1988 and 1990.²⁶⁰

Special Commission of Inquiry into Matters Relating to the Police Investigation of Certain Child Sexual Abuse Allegations in the Catholic Diocese of Maitland–Newcastle (2012–2014)

The inquiry considered matters relating to the police investigation of allegations of child sexual abuse in the Catholic Diocese of Maitland–Newcastle in the Hunter region of New South Wales. The Royal Commission examined allegations of misconduct by the NSW Police Force and the Catholic Church, including allegations that a police officer was prevented from investigating a Church cover-up of child sexual assaults, and the extent to which Catholic Church officials facilitated, assisted or cooperated with police investigations.²⁶¹

Second National Inquiry into Children in Immigration Detention (2014)

This inquiry of the Australian Human Rights Commission (formerly the Human Rights and Equal Opportunity Commission) produced *The Forgotten Children: National Inquiry into Children in Immigration Detention* report. The inquiry assessed the impact of prolonged immigration detention on children's health, wellbeing and development. It found that children in detention experience significantly higher rates of mental health disorders compared with children in the Australian community.²⁶² The inquiry also found mandatory and prolonged detention of children to be in violation of Australia's obligations under international human rights law.²⁶³

Child Protection Systems Royal Commission (South Australia) (2014–2016)

This inquiry looked at South Australia's laws, policies, practices and structures in place for children at risk of harm, abuse or neglect, including those children under the guardianship of the minister. The Royal Commission's findings and recommendations were published in a report in 2016, *The life they deserve: Child Protection Systems Royal Commission report*.²⁶⁴

Child Protection Panel into the wellbeing and protection of children in immigration detention and regional processing centres (2015–2016)

In 2015, the Secretary of the Department of Immigration appointed a Child Protection Panel (CPP) to advise on issues regarding the wellbeing and protection of children in immigration detention in Australia and at the Nauru Processing Centre. The CPP was directed to review incidents of abuse (including sexual abuse), neglect and exploitation of children within the immigration detention system, and make recommendations to improve the department's related policies and procedures.²⁶⁵ The report, *Making children safer: The wellbeing and protection of children in immigration detention and regional processing centres*, was published in December 2016.²⁶⁶

Royal Commission into the Protection and Detention of Children in the Northern Territory (commenced in 2016)

This inquiry was asked to examine failures in the child protection and youth detention systems of the Government of the Northern Territory; the effectiveness of any oversight mechanisms and safeguards to ensure the treatment of detainees was appropriate; cultural and management issues that may exist within the Northern Territory youth detention system; whether treatment of detainees breached laws or the detainees' human rights; and whether more should have been done by the Northern Territory Government to take appropriate measures to prevent the reoccurrence of inappropriate treatment.

National framework for protecting children

In response to increasing awareness of child sexual abuse, the Council of Australian Governments developed a national agenda for child protection to harmonise responses across states and territories. *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020* attempts to improve coordination and cooperation:

A National Framework provides an opportunity to drive improvements across all systems and all jurisdictions. National leadership will provide the momentum for key national projects – such as data, research, information sharing and national consistency in critical areas. A National Framework also provides a mechanism for engaging the non-government sector and the broader community on a national level.²⁶⁷

The National Framework is implemented through three-year rolling action plans. The most recent includes strategies to improve parenting and support for vulnerable parents, support young people transitioning from out-of-home care to adulthood, and improve organisational responses to children and young people.²⁶⁸ Under the framework, *The National Standards of Out-of-home care* recognise the growing awareness of the importance of culture in the safety of Aboriginal and Torres Strait Islander children in out-of-home care.²⁶⁹

Volume 6, *Making institutions child safe*, discusses the need to incorporate national child safe standards into a new National Framework.

Criminal justice responses

Reforms to child sexual abuse laws were prompted by legal reviews in several jurisdictions.²⁷⁰ Criminal laws were amended to reflect reforms that had already taken place in other jurisdictions, or to introduce new laws to reflect a contemporary understanding of child sexual abuse.

By the early 2000s all jurisdictions had removed most gendered language from criminal sexual offences.²⁷¹ Most jurisdictions expanded the definition of sexual penetration or sexual intercourse to include surgically constructed genitalia. To date, Western Australia is the only state not to include surgically constructed genitalia in the legislative definition of sexual penetration.²⁷²

The Australian Capital Territory and the Northern Territory introduced specific offences for child sexual abuse where the accused is in a position of authority or trust, or entrusted with the ‘special care’ of a child, such as a teacher or health professional.²⁷³ The Australian Government and Western Australian Government introduced laws specifically referring to child sexual exploitation materials (referred to in legislation as ‘child pornography’).²⁷⁴ Grooming offences were introduced in New South Wales in 2007 and in Queensland in 2013.²⁷⁵

Our *Criminal justice* report considers recent reforms to the criminal justice system and makes recommendations to improve the effectiveness of responses to child sexual abuse.

Police specialisation

Building on developments in the 1990s, police investigations and prosecutions of sexual offences were further specialised in the 2000s.²⁷⁶ In addition, agencies increasingly collaborated to respond to the complex and often intergenerational needs of families and children.²⁷⁷ Responses to child sexual abuse by child protection services and police became increasingly integrated, and included online abuse.²⁷⁸

Introduction of Working With Children Checks

Australia’s first pre-employment screening scheme, Working With Children Checks, originated in Queensland in 2000.²⁷⁹ All states and territories soon followed with their own schemes, with Tasmania the final state to implement a scheme, in 2014.²⁸⁰

These schemes require people applying for child-related work to undergo an assessment to determine whether they pose a risk to children.²⁸¹ Applicants found to have no history of posing a risk to children are cleared for a specified period, while those found to have a criminal history cannot be employed. However, as *Case Study 1: The response of institutions to the conduct of Steven Larkins (Scouts and Hunter Aboriginal Children’s Service)* demonstrates, these schemes are often fallible and inconsistent across jurisdictions.²⁸²

Fallibility of Working With Children Checks

In our *Scouts and Hunter Aboriginal Children's Service* case study, we heard that in May 2000, Steven Larkins began working for the Hunter Aboriginal Children's Services (HACS), a designated agency helping young people who had been removed from their homes. Larkins became the principal officer. Between 2000 and 2001, in response to an application by the New South Wales Department of Community Services (DOCS), the New South Wales Children's Court granted Larkins parental responsibility for six children in the care of HACS.

In early 2003, Larkins applied to DOCS for a Working With Children Check assessment. The screening process found a 1999 court date on CrimTrac for a charge of aggravated indecent assault. However, the matter had never been before the court. Larkins brought this to the attention of DOCS, but did not respond to a request for clarification. DOCS assessed Larkins as 'medium level' risk and sent its report directly to Larkins but not to anyone else at HACS. This enabled Larkins to conceal his Working With Children Check assessment from HACS Management Committee and employees, and continue his employment.

The following year, Larkins applied for a review of his Working With Children Check assessment and provided false documents stating that his role did not have direct and unsupervised contact with children. As a result, the Commission for Children and Young People withdrew his medium-risk Working With Children Check assessment in June 2004. A lack of clarity and uncertainty about responsibilities meant that important communication did not take place between the agencies and relevant people at HACS. This allowed Larkins to deceive DOCS, the Commission for Children and Young People, and HACS.²⁸³

Our report on Working With Children Checks includes recommendations to improve the effectiveness of pre-employment screening schemes.²⁸⁴

Children's commissioners and guardians

There are now children's commissioners or guardians in every jurisdiction, as well as a National Children's Commissioner. While these roles differ, they commonly serve as an advocate for the rights of children, encourage children to participate in decision-making and recommend improvements to laws, policies and practices relating to children.²⁸⁵ This includes protecting children from child sexual abuse in institutional contexts. Many of these commissioners have oversight of out-of-home care and the broader provision of services to children, and an important role in monitoring and influencing institutional practices.²⁸⁶ Some commissions have child rights mandates and consider child sexual abuse and the institutional responses to such abuse to be important children's rights issues.

Development of reportable conduct schemes

As discussed in the previous section, New South Wales was the first state to introduce a reportable conduct scheme in 1999. Victoria and the Australian Capital Territory enacted reportable conduct schemes in 2017 based on the New South Wales model.

In 2016, the Council of Australian Governments welcomed a proposal for ‘nationally harmonised reportable conduct schemes to improve oversight of responses to allegations of child abuse and neglect’. It agreed, in principle, to harmonise reportable conduct schemes similar to the model in operation in New South Wales.²⁸⁷

Other states and territories have expressed varying degrees of interest in, and commitment towards, developing reportable conduct schemes.²⁸⁸ Western Australia has convened a working group to examine the issue.²⁸⁹ Queensland has confirmed its commitment to establish a reportable conduct scheme.²⁹⁰

The National Disability Reform Agenda

Australia has entered an era of large-scale changes to the way governments support people with disability. The Australian Government adopted the United Nations Convention on the Rights of Persons with Disability in 2008 and subsequently commissioned a report on the shortcomings in the treatment of people with disability across education, health, community and social settings, *Shut out: The experience of people with disabilities and their families in Australia*.²⁹¹ The National Disability Reform Agenda and the National Disability Strategy (2010–2020) provide a coordinated approach across governments and aim to ‘achieve full inclusion of people with disability in everyday Australian life’.²⁹² The strategy has three imperatives:²⁹³

- a human rights imperative, which recognises and includes people with disability as full and equal citizens
- a social imperative, which seeks to overcome the widespread historical exclusion of people with disability from society
- an economic imperative, which acknowledges the benefits to society of improving the employment opportunities for people with disability.

The National Disability Insurance Scheme (NDIS), which is intended to promote individual choice and provide tailored support for people with disability, is also a key feature of the reform agenda.

It is too early to assess how the National Disability Reform Agenda will affect children with disability.²⁹⁴ However, the NDIS Quality and Safeguarding Framework, which is to be implemented in 2019, will require serious incidents including allegations of child sexual abuse to be reported to the NDIS Complaints Commissioner.²⁹⁵

Laws and policies for the protection of children continue to evolve

The development of systems and processes to prevent child sexual abuse and protect children in institutions has been an important part of Australia's history. Changes in the broader social and political contexts often prompted inquiries, policy responses and legal reform.

Some groups of children have experienced differential treatment under the laws, policies and practices implemented by governments and institutions in Australia. For Aboriginal and Torres Strait Islander children, systems of 'protection' and assimilation resulted in generations of children being forcibly removed from their families and placed into institutions, where many experienced abuse. Today in Australia, many children are left exposed to the risk of abuse in institutional contexts where insufficient or ineffective laws, policies and practices prevail.

In recent decades, the movement to recognise and respect the rights of children has gained acceptance. Along with many other countries, Australia now formally recognises children's rights as outlined in the United Nations Convention on the Rights of the Child, although challenges remain to ensuring their implementation.

Subsequent volumes in this report make recommendations to better protect children in Australia from child sexual abuse in institutional contexts and to adequately support those who have been affected. For more information on making institutions child safe, improving institutional responses and reporting, and supporting institutions to make improvements see Volume 6, *Making institutions child safe*, Volume 7, *Improving institutional responding and reporting*, and Volume 8, *Recordkeeping and information sharing* respectively. The criminal justice system is examined in our *Criminal justice* report. For more information on institution-specific issues see Volume 11, *Historical residential institutions*, Volume 12, *Contemporary out-of-home care*, Volume 13, *Schools*, Volume 14, *Sport, recreation, arts, culture, community and hobby groups*, Volume 15, *Contemporary detention environments* and Volume 16, *Religious institutions*.

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APPENDICES

Appendix A Institution tables

The following tables present the number of institutions we heard about in private sessions between May 2013 and May 2017. The information represents what we were told by survivors. Where possible, we have checked the location and management type of the institutions. We also checked the services and activities provided by the institution. Where institutions provided services and activities that spanned more than one category (for example a religious school), we categorised the institution by its primary service or activity. Institutions are not counted in more than one category.

Information in the following tables cannot be directly compared to information from private sessions presented elsewhere in Volume 2, *Nature and cause*. The figures in this attachment are the number of institutions we heard about in private sessions. In contrast, the rest of Volume 2 presents information on the number of survivors we heard from who told us about the institution where they were sexually abused. In the tables below, a dash (-) indicates that we were not told of abuse in institutions of that category in the jurisdiction.

The information in Table A.1 presents the number of institutions we heard about in terms of the main service or activity provided. We also show the states and territories where we heard these institutions were located. The subsequent tables provide more detailed information about the types of institutions that sit within each broad service category. More information about how we classified the institutions is presented after Table A.1.

Table A.1 – Number of institutions named in private sessions by type and jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Schools	18	389	12	166	68	41	307	65	2	-	1,068
Religious Activities	13	257	3	109	53	28	206	60	-	6	735
Out-of-home Care (Historical and Contemporary)	5	153	5	88	37	20	114	68	2	1	493
Recreation, Sports and Clubs	2	143	3	43	30	17	88	13	-	5	344
Health and Allied	1	52	-	15	8	4	36	14	-	2	132
Youth Detention	1	24	6	14	8	6	17	6	1	-	83
Supported Accommodation	2	21	-	12	4	-	10	5	-	-	54
Family and Youth Support Services	4	20	1	8	2	1	8	2	-	-	46
Armed Forces	-	13	1	6	1	1	6	1	-	6	35
Childcare	1	13	-	5	2	-	5	2	-	-	28
Youth Employment	-	7	-	-	2	-	5	2	1	1	18
Other / Unknown	2	25	1	10	6	3	5	7	2	3	64
Total	49	1,117	32	476	221	121	807	245	8	24	3,100

Description of services and activities provided by institution type

Schools

This category covers day and boarding schools. It includes government and non-government schools. Non-government schools include those managed by religious organisations and other independent schools.

Religious Activities

This category covers places of worship such as churches, as well as clergy training facilities and religious education centres.

Out-of-home Care

Historical out-of-home care refers to historical residential institutions such as orphanages, children's homes, reception centres and missions, and historical home-based care. Contemporary out-of-home care includes residential care and home-based care, including foster and kinship care.

Recreation, Sports and Clubs

This category includes institutions providing a wide range of organised activities for children including sport, recreation, exercise groups, dance, martial arts, outdoor adventure groups, hobby, arts and craft groups, cultural and musical pursuits, community groups and tuition.

Health and Allied

This category includes hospitals, rehabilitation facilities, medical centres and community health centres.

Youth Detention

This category covers detention facilities including youth detention and juvenile justice centres and immigration detention facilities. Interactions with police – for example while in police detention facilities – are also included in this category.

Supported Accommodation

This category includes refuges, semi-supported youth housing, youth hostels, shelters and respite care facilities.

Family and Youth Support Services

This category includes family and youth support and housing services, disability services, respite care, social services and resource centres.

Armed Forces

This category includes bases and cadet programs associated with all three parts of the Australian Defence Forces. It also includes Navy ships and Army barracks.

Childcare

This category includes centre-based and family-based care, as well as preschool and out-of-school-hours care.

Youth Employment

This category includes organisations that employed young people. These were predominantly private businesses.

Other/Unknown

This category includes institutions which did not fit within one of the categories above. In a small number of instances, we received insufficient information to categorise the institution type. These institutions have been classified as Unknown.

Table A.2 – Number of Schools named in private sessions by provider and jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Schools	18	389	12	166	68	41	307	65	2	-	1,068
Boarding school	3	45	4	37	11	5	33	11	1	-	150
Government	2	3	-	2	-	-	2	1	-	-	10
Non-government – Non-religious	-	5	-	4	-	-	3	-	-	-	12
Non-government – Religious	1	37	4	31	11	5	28	10	1	-	128
Anglican	1	7	-	8	1	1	9	2	-	-	29
<i>Anglican Schools Australia</i>	1	6	-	5	1	1	7	2	-	-	23
<i>Diocese of Brisbane</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Diocese of Melbourne</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Diocese of North Queensland</i>	-	-	-	2	-	-	-	-	-	-	2
<i>Diocese of Sydney</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Diocese of Wangaratta</i>	-	-	-	-	-	-	1	-	-	-	1
Catholic	-	21	2	16	4	3	12	5	-	-	63
<i>Diocese of Ballarat</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Archdiocese of Hobart</i>	-	-	-	-	-	1	-	-	-	-	1
<i>Archdiocese of Melbourne</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Archdiocese of Perth</i>	-	-	-	-	-	-	-	1	-	-	1
<i>Benedictine Community of New Norcia</i>	-	-	-	-	-	-	-	1	-	-	1
<i>Christian Brothers</i>	-	3	-	5	1	1	2	3	-	-	15
<i>Congregation of the Mission Vincentians</i>	-	1	-	-	-	-	1	-	-	-	2
<i>Congregation of the Most Holy Redeemer (Redemptorists)</i>	-	1	-	-	-	-	-	-	-	-	1
<i>De La Salle Brothers</i>	-	2	-	1	-	-	-	-	-	-	3
<i>Diocese of Rockhampton</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Diocese of Sale</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Diocese of Toowoomba</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Diocese of Townsville</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Diocese of Wilcannia-Forbes</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Good Samaritan Education</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Hospitaller Order of St John of God</i>	-	1	-	-	-	-	1	-	-	-	2

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Schools	18	389	12	166	68	41	307	65	2	-	1,068
<i>Institute of Sisters of Mercy Australia & Papua New Guinea</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Loreto Sisters</i>	-	1	-	-	1	-	-	-	-	-	2
<i>Marist Brothers</i>	-	4	-	3	1	-	2	-	-	-	10
<i>Missionaries of the Sacred Heart</i>	-	1	2	1	-	-	1	-	-	-	5
<i>Salesians of Don Bosco</i>	-	-	-	-	1	1	1	-	-	-	3
<i>Sisters of Charity of Australia</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Sisters of St Joseph</i>	-	1	-	1	-	-	-	-	-	-	2
<i>Sisters of the Good Samaritan</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Society of Jesus</i>	-	1	-	-	-	-	1	-	-	-	2
<i>Society of the Sacred Heart</i>	-	-	-	1	-	-	-	-	-	-	1
Churches of Christ	-	1	-	-	-	-	-	-	-	-	1
Lutheran	-	-	1	2	-	-	-	-	-	-	3
Other Christian	-	-	-	1	1	-	-	-	-	-	2
<i>Other Christian</i>	-	-	-	1	1	-	-	-	-	-	2
Presbyterian and Reformed	-	2	-	3	1	-	3	1	-	-	10
<i>Presbyterian</i>	-	2	-	3	1	-	3	1	-	-	10
Protestant	-	3	-	-	2	1	1	1	-	-	8
<i>Methodist</i>	-	3	-	-	2	1	-	1	-	-	7
<i>Wesleyan Methodist Church</i>	-	-	-	-	-	-	1	-	-	-	1
Seventh-day Adventist	-	1	-	-	-	-	1	-	-	-	2
Uniting Church	-	2	1	1	2	-	2	1	-	-	9
<i>Northern Synod</i>	-	-	1	-	-	-	-	-	-	-	1
<i>Synod of New South Wales and the ACT</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Synod of South Australia</i>	-	-	-	-	2	-	-	-	-	-	2
<i>Synod of Victoria and Tasmania</i>	-	-	-	-	-	-	2	-	-	-	2
<i>Synod of Western Australia</i>	-	-	-	-	-	-	-	1	-	-	1
<i>Uniting Aboriginal and Islander Christian Congress</i>	-	-	-	1	-	-	-	-	-	-	1
Unknown religious	-	-	-	-	-	-	-	-	1	-	1
Day school	15	344	8	129	57	36	274	54	1	-	918

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Schools	18	389	12	166	68	41	307	65	2	-	1,068
Government	9	160	8	58	42	25	130	30	-	-	462
Non-government – Non-religious	-	4	-	-	-	1	8	-	-	-	13
Non-government – Religious	6	180	-	71	15	10	136	24	1	-	443
Anglican	-	8	-	2	1	1	8	1	-	-	21
<i>Anglican Schools Australia</i>	-	7	-	1	1	1	5	1	-	-	16
<i>Diocese of Grafton</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Diocese of Melbourne</i>	-	-	-	-	-	-	3	-	-	-	3
<i>Diocese of North Queensland</i>	-	-	-	1	-	-	-	-	-	-	1
Baptist	-	1	-	-	-	-	1	-	-	-	2
Catholic	6	161	-	66	12	7	116	22	-	-	390
<i>Archdiocese of Adelaide</i>	-	-	-	-	2	-	-	-	-	-	2
<i>Diocese of Armidale</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Diocese of Ballarat</i>	-	-	-	-	-	-	13	-	-	-	13
<i>Archdiocese of Bathurst</i>	-	3	-	-	-	-	-	-	-	-	3
<i>Archdiocese of Brisbane</i>	-	-	-	19	-	-	-	-	-	-	19
<i>Diocese of Broken Bay</i>	-	6	-	-	-	-	-	-	-	-	6
<i>Archdiocese of Canberra – Goulburn</i>	3	2	-	-	-	-	-	-	-	-	5
<i>Archdiocese of Hobart</i>	-	-	-	-	-	1	-	-	-	-	1
<i>Archdiocese of Melbourne</i>	-	-	-	-	-	-	46	-	-	-	46
<i>Archdiocese of Perth</i>	-	-	-	-	-	-	-	10	-	-	10
<i>Archdiocese of Sydney</i>	-	27	-	-	-	-	-	-	-	-	27
<i>Brigidine Sisters</i>	-	-	-	1	1	-	2	-	-	-	4
<i>Canons Regular of Premontre (Norbertines)</i>	-	-	-	-	-	-	-	1	-	-	1
<i>Christian Brothers</i>	1	19	-	12	3	2	19	3	-	-	59
<i>Congregation of the Most Holy Redeemer (Redemptorists)</i>	-	-	-	-	-	1	-	-	-	-	1
<i>De La Salle Brothers</i>	-	9	-	-	-	-	4	-	-	-	13
<i>Diocese of Bunbury</i>	-	-	-	-	-	-	-	2	-	-	2
<i>Diocese of Cairns</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Diocese of Geraldton</i>	-	-	-	-	-	-	-	1	-	-	1

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Schools	18	389	12	166	68	41	307	65	2	-	1,068
<i>Diocese of Lismore</i>	-	5	-	-	-	-	-	-	-	-	5
<i>Diocese of Maitland – Newcastle</i>	-	13	-	-	-	-	-	-	-	-	13
<i>Diocese of Parramatta</i>	-	4	-	-	-	-	-	-	-	-	4
<i>Diocese of Rockhampton</i>	-	-	-	8	-	-	-	-	-	-	8
<i>Diocese of Sale</i>	-	-	-	-	-	-	4	-	-	-	4
<i>Diocese of Sandhurst</i>	-	-	-	-	-	-	4	-	-	-	4
<i>Diocese of Toowoomba</i>	-	-	-	3	-	-	-	-	-	-	3
<i>Diocese of Townsville</i>	-	-	-	6	-	-	-	-	-	-	6
<i>Diocese of Wagga Wagga</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Diocese of Wollongong</i>	-	8	-	-	-	-	-	-	-	-	8
<i>Discalced Carmelite Friars</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Dominican Friars</i>	-	-	-	-	1	-	-	-	-	-	1
<i>Dominican Sisters of Eastern Australia & The Solomons</i>	-	5	-	-	-	-	-	-	-	-	5
<i>Franciscan Friars</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Franciscan Missionaries of the Divine Motherhood</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Good Samaritan Education</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Institute of Sisters of Mercy Australia & Papua New Guinea</i>	-	5	-	-	1	-	2	-	-	-	8
<i>Marist Brothers</i>	1	24	-	3	2	-	6	3	-	-	39
<i>Marist Fathers Australian Province</i>	-	1	-	-	-	1	1	-	-	-	3
<i>Marist Sisters Congregation of Mary</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Missionaries of the Sacred Heart</i>	1	-	-	-	-	-	-	-	-	-	1
<i>Missionary Franciscan Sisters of the Immaculate Conception</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Oblates of Mary Immaculate</i>	-	-	-	1	-	-	2	-	-	-	3
<i>Order of Brothers of the Most Blessed Virgin Mary of Mount Carmel (Carmelites)</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Order of Friars Minor Conventual</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Order of Saint Augustine</i>	-	1	-	1	-	-	-	-	-	-	2

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Schools	18	389	12	166	68	41	307	65	2	-	1,068
<i>Patrician Brothers</i>	-	7	-	-	-	-	-	-	-	-	7
<i>Presentation Sisters Lismore</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Presentation Sisters Tasmania</i>	-	-	-	-	-	1	-	-	-	-	1
<i>Presentation Sisters Victoria</i>	-	-	-	-	-	-	3	-	-	-	3
<i>Salesians of Don Bosco</i>	-	-	-	-	1	-	2	-	-	-	3
<i>Sion Sisters Our Lady of Sion Sisters (NDS)</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Sisters of Charity of Australia</i>	-	-	-	1	-	-	1	-	-	-	2
<i>Sisters of Mercy Brisbane</i>	-	-	-	7	-	-	-	-	-	-	7
<i>Sisters of Mercy North Sydney</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Sisters of St Joseph</i>	-	3	-	1	-	1	1	1	-	-	7
<i>Sisters of St Joseph of the Sacred Heart</i>	-	4	-	-	-	-	1	-	-	-	5
<i>Sisters of the Good Samaritan</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Society of Jesus</i>	-	1	-	-	1	-	1	1	-	-	4
<i>Trustees of Mary Aikenhead Ministries</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Unknown Catholic</i>	-	1	-	-	-	-	-	-	-	-	1
Islam	-	-	-	-	-	-	1	-	-	-	1
Judaism	-	3	-	-	-	-	3	-	-	-	6
Lutheran	-	-	-	1	2	-	-	-	-	-	3
Other Christian	-	2	-	-	-	1	1	-	-	-	4
<i>Other Christian</i>	-	2	-	-	-	1	1	-	-	-	4
Pentecostal	-	1	-	1	-	-	1	-	-	-	3
<i>Assemblies of God</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Christian Outreach Centres</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Foursquare Gospel Church</i>	-	1	-	-	-	-	-	-	-	-	1
Presbyterian and Reformed	-	2	-	-	-	-	1	-	-	-	3
<i>Presbyterian</i>	-	2	-	-	-	-	1	-	-	-	3
Seventh-day Adventist	-	2	-	1	-	1	1	1	-	-	6
Uniting Church	-	-	-	-	-	-	3	-	-	-	3
<i>Synod of Victoria and Tasmania</i>	-	-	-	-	-	-	3	-	-	-	3
Unknown religious	-	-	-	-	-	-	-	-	1	-	1

Table A.3 – Number of institutions relating to Religious Activities named in private sessions by provider and jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Religious Activities	13	257	3	109	53	28	206	60	-	6	735
Clergy-training facility	-	11	-	1	3	1	8	1	-	-	25
Non-government – Religious	-	11	-	1	3	1	8	1	-	-	25
Anglican	-	1	-	-	-	-	-	-	-	-	1
<i>Diocese of Newcastle</i>	-	1	-	-	-	-	-	-	-	-	1
Catholic	-	9	-	-	2	-	7	1	-	-	19
<i>Archdiocese of Adelaide</i>	-	-	-	-	1	-	-	-	-	-	1
<i>Archdiocese of Melbourne</i>	-	-	-	-	-	-	3	-	-	-	3
<i>Christian Brothers</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Congregation of the Most Holy Redeemer (Redemptorists)</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Congregation of the Passion (Passionists)</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Diocese of Parramatta</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Franciscan Friars</i>	-	-	-	-	1	-	1	-	-	-	2
<i>Marist Brothers</i>	-	3	-	-	-	-	-	-	-	-	3
<i>Oblates of Mary Immaculate</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Redemptorists Congregation of the Most Holy Redeemer (CSsR)</i>	-	-	-	-	-	-	-	1	-	-	1
<i>Society of St Gerard Majella</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Society of the Divine Word Australian Province</i>	-	-	-	-	-	-	1	-	-	-	1
Lutheran	-	-	-	-	1	-	-	-	-	-	1
Other Christian	-	1	-	-	-	-	-	-	-	-	1
<i>Other Christian</i>	-	1	-	-	-	-	-	-	-	-	1
Protestant	-	-	-	1	-	1	-	-	-	-	2
<i>Methodist</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Wesleyan Methodist Church</i>	-	-	-	-	-	1	-	-	-	-	1
Salvation Army	-	-	-	-	-	-	1	-	-	-	1
<i>Melbourne Central Division (Australian Southern Territory)</i>	-	-	-	-	-	-	1	-	-	-	1

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Religious Activities	13	257	3	109	53	28	206	60	-	6	735
Places of worship	13	237	3	105	48	27	193	58	-	4	688
Non-government – Religious	13	237	3	105	48	27	193	58	-	4	688
Anglican	1	40	-	15	7	10	19	11	-	-	103
<i>Anglican Board of Mission – Australia Limited</i>	-	-	-	-	1	-	-	-	-	-	1
<i>Diocese of Adelaide</i>	-	-	-	-	4	-	-	-	-	-	4
<i>Diocese of Ballarat</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Diocese of Bathurst</i>	-	5	-	-	-	-	-	-	-	-	5
<i>Diocese of Bendigo</i>	-	-	-	-	-	-	2	-	-	-	2
<i>Diocese of Brisbane</i>	-	-	-	11	-	-	-	-	-	-	11
<i>Diocese of Bunbury</i>	-	-	-	-	-	-	-	2	-	-	2
<i>Diocese of Gippsland</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Diocese of Goulburn & Canberra</i>	1	2	-	-	-	-	-	-	-	-	3
<i>Diocese of Grafton</i>	-	5	-	-	-	-	-	-	-	-	5
<i>Diocese of Melbourne</i>	-	-	-	-	-	-	14	-	-	-	14
<i>Diocese of Newcastle</i>	-	5	-	-	-	-	-	-	-	-	5
<i>Diocese of North Queensland</i>	-	-	-	3	-	-	-	-	-	-	3
<i>Diocese of Perth</i>	-	-	-	-	-	-	-	9	-	-	9
<i>Diocese of Riverina</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Diocese of Rockhampton</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Diocese of Sydney</i>	-	21	-	-	-	-	-	-	-	-	21
<i>Diocese of Tasmania</i>	-	-	-	-	-	9	-	-	-	-	9
<i>Diocese of Wangaratta</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Diocese of Willochra</i>	-	-	-	-	2	-	-	-	-	-	2
<i>The Australian Council for the Mission to Seafarers</i>	-	-	-	-	-	1	-	-	-	-	1
Baha'i	-	-	-	-	-	-	1	-	-	-	1
Baptist	1	6	-	3	1	-	5	2	-	-	18
Brethren	-	2	-	3	1	-	2	-	-	-	8

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Religious Activities	13	257	3	109	53	28	206	60	-	6	735
Catholic	6	130	2	41	17	7	127	26	-	1	357
<i>Archdiocese of Adelaide</i>	-	-	-	-	10	-	-	-	-	-	10
<i>Diocese of Armidale</i>	-	5	-	-	-	-	-	-	-	-	5
<i>Diocese of Ballarat</i>	-	-	-	-	-	-	28	-	-	-	28
<i>Archdiocese of Bathurst</i>	-	3	-	-	-	-	-	-	-	-	3
<i>Archdiocese of Brisbane</i>	-	-	-	20	-	-	-	-	-	-	20
<i>Diocese of Broken Bay</i>	-	4	-	-	-	-	-	-	-	-	4
<i>Archdiocese of Canberra – Goulburn</i>	5	5	-	-	-	-	-	-	-	-	10
<i>Archdiocese of Hobart</i>	-	-	-	-	-	5	-	-	-	-	5
<i>Archdiocese of Melbourne</i>	-	-	-	-	-	-	72	-	-	-	72
<i>Archdiocese of Perth</i>	-	-	-	-	-	-	-	13	-	-	13
<i>Archdiocese of Sydney</i>	-	42	-	-	-	-	-	-	-	-	42
<i>Benedictine Community of New Norcia</i>	-	-	-	-	-	-	-	1	-	-	1
<i>Canons Regular of Premontre (Norbertines)</i>	-	-	-	-	-	-	-	1	-	-	1
<i>Capuchin Friars</i>	-	-	-	1	1	-	-	-	-	-	2
<i>Carmelite Missionaries (CM)</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Christian Brothers</i>	-	4	-	-	-	-	5	-	-	-	9
<i>Columban Fathers St Columbans Mission Society (SSC)</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Congregation of the Mission Vincentians</i>	-	1	-	-	1	-	-	2	-	-	4
<i>Congregation of the Most Holy Redeemer (Redemptorists)</i>	-	-	-	-	-	1	-	-	-	-	1
<i>De La Salle Brothers</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Diocese of Bunbury</i>	-	-	-	-	-	-	-	6	-	-	6
<i>Diocese of Cairns</i>	-	-	-	2	-	-	-	-	-	-	2
<i>Diocese of Darwin</i>	-	-	1	-	-	-	-	-	-	-	1
<i>Diocese of Geraldton</i>	-	-	-	-	-	-	-	2	-	-	2
<i>Diocese of Lismore</i>	-	9	-	-	-	-	-	-	-	-	9
<i>Diocese of Maitland – Newcastle</i>	-	22	-	-	-	-	-	-	-	-	22
<i>Diocese of Parramatta</i>	-	10	-	-	-	-	-	-	-	-	10

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Religious Activities	13	257	3	109	53	28	206	60	-	6	735
<i>Diocese of Port Pirie</i>	-	-	-	-	4	-	-	-	-	-	4
<i>Diocese of Rockhampton</i>	-	-	-	6	-	-	-	-	-	-	6
<i>Diocese of Sale</i>	-	-	-	-	-	-	6	-	-	-	6
<i>Diocese of Sandhurst</i>	-	-	-	-	-	-	10	-	-	-	10
<i>Diocese of Toowoomba</i>	-	-	-	3	-	-	-	-	-	-	3
<i>Diocese of Townsville</i>	-	-	-	4	-	-	-	-	-	-	4
<i>Diocese of Wagga Wagga</i>	-	3	-	-	-	-	-	-	-	-	3
<i>Diocese of Wilcannia – Forbes</i>	-	3	-	-	-	-	-	-	-	-	3
<i>Diocese of Wollongong</i>	-	6	-	-	-	-	-	-	-	-	6
<i>Discalced Nuns of the Order of the Blessed Virgin Mary of Mt Carmel (OCD)</i>	-	-	-	-	-	-	-	1	-	-	1
<i>Dominican Friars</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Franciscan Friars</i>	-	1	-	1	-	-	-	-	-	-	2
<i>Marist Brothers</i>	-	4	1	-	-	-	-	-	-	-	5
<i>Marist Fathers Australian Province</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Missionaries of the Sacred Heart</i>	1	-	-	-	-	-	1	-	-	-	2
<i>Order of Friars Minor Conventual</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Order of Saint Augustine</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Salesians of Don Bosco</i>	-	-	-	-	-	1	-	-	-	-	1
<i>Sisters of Mercy Brisbane</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Sisters of St Joseph of the Sacred Heart</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Society of Jesus</i>	-	1	-	1	1	-	-	-	-	1	4
<i>Society of St Gerard Majella</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Unknown Catholic</i>	-	2	-	-	-	-	1	-	-	-	3
Churches of Christ	-	2	-	3	3	-	4	-	-	-	12
Eastern Orthodox	-	1	-	-	-	-	-	1	-	-	2
<i>Greek Orthodox</i>	-	1	-	-	-	-	-	1	-	-	2
Hinduism	-	-	-	-	1	-	-	-	-	-	1
Islam	-	-	-	-	-	-	1	-	-	-	1

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Religious Activities	13	257	3	109	53	28	206	60	-	6	735
Jehovah's Witnesses	1	15	-	17	4	2	10	8	-	-	57
Judaism	-	-	-	-	-	-	1	-	-	-	1
Latter-day Saints, Church of Jesus Christ of LDS (Mormons)	-	1	-	-	-	1	3	1	-	-	6
Lutheran	-	-	1	1	1	-	-	-	-	-	3
Miscellaneous Religions	-	-	-	1	-	-	1	-	-	1	3
<i>Religious Groups</i>	-	-	-	1	-	-	1	-	-	-	2
<i>Satanism</i>	-	-	-	-	-	-	-	-	-	1	1
Oriental Orthodox	-	1	-	-	-	-	-	-	-	-	1
<i>Coptic Orthodox Church</i>	-	1	-	-	-	-	-	-	-	-	1
Other Christian	1	3	-	2	2	1	1	2	-	-	12
<i>Christadelphians</i>	-	-	-	-	1	1	-	-	-	-	2
<i>Other Christian</i>	1	3	-	1	-	-	1	2	-	-	8
<i>Religious Society of Friends (Quakers)</i>	-	-	-	1	1	-	-	-	-	-	2
Pentecostal	1	7	-	8	3	1	3	2	-	-	25
<i>Apostolic Church (Australia)</i>	-	-	-	1	-	-	1	-	-	-	2
<i>Assemblies of God</i>	-	6	-	4	3	1	2	2	-	-	18
<i>Christian Outreach Centres</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Pentecostal</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Revival Centres</i>	1	-	-	1	-	-	-	-	-	-	2
<i>Unknown Pentecostal</i>	-	1	-	-	-	-	-	-	-	-	1
Presbyterian and Reformed	-	5	-	2	-	1	2	-	-	-	10
<i>Presbyterian</i>	-	5	-	1	-	-	2	-	-	-	8
<i>Reformed</i>	-	-	-	1	-	1	-	-	-	-	2
Protestant	-	9	-	2	2	-	2	-	-	-	15
<i>Congregational</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Independent Evangelical Churches</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Methodist</i>	-	6	-	2	2	-	2	-	-	-	12
<i>Other Protestant</i>	-	1	-	-	-	-	-	-	-	-	1

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Religious Activities	13	257	3	109	53	28	206	60	-	6	735
Salvation Army	1	6	-	3	5	1	4	1	-	2	23
<i>Australian Capital Territory and South NSW Division (Australian Eastern Territory)</i>	1	1	-	-	-	-	-	-	-	1	3
<i>Central and North Queensland Division (Australian Eastern Territory)</i>	-	-	-	2	-	-	-	-	-	-	2
<i>Eastern Victoria Division (Australian Southern Territory)</i>	-	-	-	-	-	-	3	-	-	-	3
<i>Newcastle and Central Division (Australian Eastern Territory)</i>	-	-	-	-	-	-	-	-	-	1	1
<i>Northern Victoria Division (Australian Southern Territory)</i>	-	-	-	-	-	-	1	-	-	-	1
<i>South Australia Division (Australian Southern Territory)</i>	-	-	-	-	5	-	-	-	-	-	5
<i>South Queensland Division (Australian Eastern Territory)</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Sydney East and Illawarra Division (Australian Eastern Territory)</i>	-	4	-	-	-	-	-	-	-	-	4
<i>Tasmania Division (Australian Southern Territory)</i>	-	-	-	-	-	1	-	-	-	-	1
<i>The Greater West Division (NSW) (Australian Eastern Territory)</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Western Australia Division (Australian Southern Territory)</i>	-	-	-	-	-	-	-	1	-	-	1
Seventh-day Adventist	-	3	-	-	-	2	3	2	-	-	10
Uniting Church	1	5	-	4	1	-	1	-	-	-	12
<i>Synod of New South Wales and the ACT</i>	1	4	-	-	-	-	-	-	-	-	5
<i>Synod of Queensland</i>	-	-	-	4	-	-	-	-	-	-	4
<i>Synod of South Australia</i>	-	-	-	-	1	-	-	-	-	-	1
<i>Synod of Victoria and Tasmania</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Wesley Mission</i>	-	1	-	-	-	-	-	-	-	-	1
Unknown religious	-	1	-	-	-	1	3	2	-	-	7

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Religious Activities	13	257	3	109	53	28	206	60	-	6	735
Other	-	9	-	3	2	-	5	1	-	2	22
Non-government – Religious	-	9	-	3	2	-	5	1	-	2	22
Anglican	-	-	-	-	-	-	1	-	-	-	1
<i>Diocese of Melbourne</i>	-	-	-	-	-	-	1	-	-	-	1
Baptist	-	1	-	-	-	-	-	-	-	1	2
Catholic	-	5	-	3	1	-	2	-	-	-	11
<i>Archdiocese of Adelaide</i>	-	-	-	-	1	-	-	-	-	-	1
<i>Diocese of Ballarat</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Archdiocese of Brisbane</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Archdiocese of Sydney</i>	-	2	-	-	-	-	-	-	-	-	2
<i>Christian Brothers</i>	-	1	-	1	-	-	-	-	-	-	2
<i>Diocese of Maitland – Newcastle</i>	-	1	-	-	-	-	-	-	-	-	1
<i>Diocese of Sandhurst</i>	-	-	-	-	-	-	1	-	-	-	1
<i>Diocese of Toowoomba</i>	-	-	-	1	-	-	-	-	-	-	1
<i>Unknown Catholic</i>	-	1	-	-	-	-	-	-	-	-	1
Hinduism	-	1	-	-	-	-	-	-	-	-	1
Miscellaneous Religions	-	1	-	-	-	-	-	-	-	-	1
<i>Church of Scientology</i>	-	1	-	-	-	-	-	-	-	-	1
Other Christian	-	-	-	-	-	-	-	-	-	1	1
<i>Other Christian</i>	-	-	-	-	-	-	-	-	-	1	1
Pentecostal	-	1	-	-	-	-	-	-	-	-	1
<i>Assemblies of God</i>	-	1	-	-	-	-	-	-	-	-	1
Salvation Army	-	-	-	-	1	-	2	1	-	-	4
<i>Eastern Victoria Division (Australian Southern Territory)</i>	-	-	-	-	-	-	2	-	-	-	2
<i>South Australia Division (Australian Southern Territory)</i>	-	-	-	-	1	-	-	-	-	-	1
<i>Western Australia Division (Australian Southern Territory)</i>	-	-	-	-	-	-	-	1	-	-	1

Table A.4 – Number of Out-of-home Care institutions named in private sessions by provider and jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Out-of-home Care (Historical and Contemporary)	5	153	5	88	37	20	114	68	2	1	493
Home-based care	3	7	2	7	1	2	11	3	1	-	37
Government	-	-	-	1	-	-	-	-	-	-	1
Non-government – Non-religious	2	3	-	-	-	-	4	-	1	-	10
Non-government – Religious	-	3	-	5	-	-	6	2	-	-	16
Anglican	-	1	-	-	-	-	4	-	-	-	5
Baptist	-	-	-	1	-	-	-	-	-	-	1
Catholic	-	-	-	1	-	-	1	1	-	-	3
Churches of Christ	-	-	-	1	-	-	-	-	-	-	1
Other Christian	-	1	-	-	-	-	-	-	-	-	1
Presbyterian and Reformed	-	-	-	-	-	-	-	1	-	-	1
Protestant	-	-	-	1	-	-	-	-	-	-	1
Seventh-day Adventist	-	-	-	1	-	-	-	-	-	-	1
Uniting Church	-	1	-	-	-	-	1	-	-	-	2
Unknown ¹	1	1	2	1	1	2	1	1	-	-	10
Residential	2	146	3	81	36	18	103	65	1	1	456
Government	-	39	-	21	17	9	27	24	-	-	137
Non-government – Non-religious	-	16	-	10	1	2	14	4	-	-	47
Non-government – Religious	2	91	3	50	18	7	62	37	1	1	272
Anglican	-	24	1	5	4	1	11	4	-	-	50
Baptist	-	-	-	4	-	-	-	1	-	-	5
Brethren	-	1	-	2	1	-	-	-	-	-	4
Catholic	1	30	-	11	6	1	26	15	1	1	92
Churches of Christ	-	1	-	1	-	1	-	3	-	-	6
Judaism	-	-	-	-	-	-	1	-	-	-	1
Lutheran	-	-	-	-	1	-	1	-	-	-	2
Other Christian	-	7	-	1	1	2	3	-	-	-	14
Presbyterian and Reformed	-	2	-	4	-	-	6	2	-	-	14
Protestant	-	10	2	9	2	-	3	4	-	-	30
Salvation Army	1	8	-	6	2	2	7	4	-	-	30
Seventh-day Adventist	-	-	-	1	-	-	1	-	-	-	2
Uniting Church	-	5	-	6	1	-	3	3	-	-	18
Unknown religious	-	3	-	-	-	-	-	1	-	-	4

¹ Includes institutions where victims reported that they were abused in a generic foster care placement but could not specify the placement provider. We recognise that these are likely to be government placements but in the absence of specific information they have been categorised as unknown.

Table A.5 – Number of Recreation, Sports and Clubs institutions named in private sessions by provider and jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Recreation, Sports and Clubs	2	143	3	43	30	17	88	13	-	5	344
Drama / Music / Dance	1	12	-	-	1	2	3	1	-	-	20
Government	-	1	-	-	-	-	-	-	-	-	1
Non-government – Non-religious	1	11	-	-	1	2	3	1	-	-	19
Hobby Groups / Recreation Group / Cultural Groups / Camps	-	49	1	12	9	5	33	3	-	2	114
Government	-	6	-	4	1	1	1	-	-	-	13
Non-government – Non-religious	-	25	1	-	6	1	16	1	-	2	52
Non-government – Religious	-	18	-	8	2	3	16	2	-	-	49
Anglican (including CEBS)	-	11	-	6	1	3	7	-	-	-	28
Baptist	-	-	-	-	-	-	1	-	-	-	1
Catholic	-	2	-	-	-	-	4	1	-	-	7
Judaism	-	-	-	-	-	-	2	-	-	-	2
Other Christian	-	2	-	1	-	-	2	-	-	-	5
Presbyterian and Reformed	-	1	-	-	-	-	-	1	-	-	2
Salvation Army	-	-	-	1	-	-	-	-	-	-	1
Uniting Church	-	1	-	-	-	-	-	-	-	-	1
Unknown religious	-	1	-	-	1	-	-	-	-	-	2
Scouting	1	44	2	15	14	6	31	4	-	-	117
Government	-	1	-	-	-	-	-	-	-	-	1
Non-government – Non-religious	1	43	2	14	14	6	31	4	-	-	115
Non-government – Religious	-	-	-	1	-	-	-	-	-	-	1
Catholic	-	-	-	1	-	-	-	-	-	-	1
Sporting	-	34	-	13	3	4	18	3	-	3	78
Government	-	5	-	1	-	-	3	-	-	-	9
Non-government – Non-religious	-	29	-	12	3	4	15	3	-	3	69
Theatre/Television	-	3	-	1	-	-	2	-	-	-	6
Government	-	1	-	1	-	-	-	-	-	-	2

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Recreation, Sports and Clubs	2	143	3	43	30	17	88	13	-	5	344
Non-government – Non-religious	-	2	-	-	-	-	2	-	-	-	4
Tutoring	-	1	-	-	-	-	-	-	-	-	1
Non-government – Non-religious	-	1	-	-	-	-	-	-	-	-	1
Other	-	-	-	2	3	-	1	2	-	-	8
Government	-	-	-	1	1	-	-	-	-	-	2
Non-government – Non-religious	-	-	-	1	2	-	1	2	-	-	6

Table A.6 – Number of Health and Allied institutions named in private sessions by provider and jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Health and Allied	1	52	-	15	8	4	36	14	-	2	132
Allied Health	1	10	-	-	2	-	1	2	-	-	16
Government	-	2	-	-	-	-	-	1	-	-	3
Non-government – Non-religious	1	8	-	-	2	-	1	1	-	-	13
Hospital	-	24	-	11	4	3	26	8	-	-	76
Government	-	23	-	11	3	3	18	5	-	-	63
Non-government – Non-religious	-	-	-	-	1	-	1	2	-	-	4
Non-government – Religious	-	1	-	-	-	-	7	1	-	-	9
Catholic	-	1	-	-	-	-	6	1	-	-	8
Unknown religious	-	-	-	-	-	-	1	-	-	-	1
Medical Practitioners	-	11	-	2	2	-	7	3	-	1	26
Government	-	2	-	-	-	-	3	-	-	-	5
Non-government – Non-religious	-	9	-	2	2	-	4	3	-	1	21
Rehabilitation	-	4	-	1	-	1	1	1	-	-	8
Government	-	1	-	-	-	1	-	-	-	-	2
Non-government – Non-religious	-	2	-	1	-	-	1	1	-	-	5
Non-government – Religious	-	1	-	-	-	-	-	-	-	-	1
Salvation Army	-	1	-	-	-	-	-	-	-	-	1
Other	-	3	-	1	-	-	1	-	-	1	6
Government	-	-	-	1	-	-	-	-	-	-	1
Non-government – Non-religious	-	3	-	-	-	-	1	-	-	1	5

Table A.7 – Number of Youth Detention institutions named in private sessions by provider and jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Youth Detention	1	24	6	14	8	6	17	6	1	-	83
Immigration Detention	-	1	1	-	-	-	4	-	1	-	7
Government	-	1	1	-	-	-	4	-	1	-	7
Youth Detention/Corrective institution	1	22	4	13	7	6	12	5	-	-	70
Government	1	22	4	11	7	6	12	5	-	-	68
Non-government – Non-religious	-	-	-	1	-	-	-	-	-	-	1
Non-government – Religious	-	-	-	1	-	-	-	-	-	-	1
Catholic	-	-	-	1	-	-	-	-	-	-	1
Police	-	1	1	1	1	-	1	1	-	-	6
Government	-	1	1	1	1	-	1	1	-	-	6

Table A.8 – Number of Supported Accommodation institutions named in private sessions by provider and jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Supported Accommodation	2	21	-	12	4	-	10	5	-	-	54
Refuge (24/7)	2	12	-	7	3	-	2	-	-	-	26
Government	2	3	-	-	1	-	-	-	-	-	6
Non-government – Non-religious	-	4	-	3	-	-	2	-	-	-	9
Non-government – Religious	-	5	-	4	2	-	-	-	-	-	11
Anglican	-	1	-	1	1	-	-	-	-	-	3
Baptist	-	-	-	1	-	-	-	-	-	-	1
Catholic	-	4	-	-	-	-	-	-	-	-	4
Churches of Christ	-	-	-	1	-	-	-	-	-	-	1
Pentecostal	-	-	-	1	-	-	-	-	-	-	1
Uniting Church	-	-	-	-	1	-	-	-	-	-	1
Semi-supported Youth Housing	-	4	-	4	1	-	7	4	-	-	20
Government	-	1	-	1	-	-	3	3	-	-	8
Non-government – Non-religious	-	1	-	2	-	-	1	-	-	-	4
Non-government – Religious	-	2	-	1	1	-	3	1	-	-	8
Anglican	-	-	-	-	-	-	1	-	-	-	1
Catholic	-	1	-	1	1	-	-	-	-	-	3
Salvation Army	-	-	-	-	-	-	2	-	-	-	2
Uniting Church	-	1	-	-	-	-	-	1	-	-	2
Other	-	5	-	1	-	-	1	1	-	-	8
Government	-	3	-	1	-	-	1	-	-	-	5
Non-government – Non-religious	-	-	-	-	-	-	-	1	-	-	1
Non-government – Religious	-	2	-	-	-	-	-	-	-	-	2
Protestant	-	1	-	-	-	-	-	-	-	-	1
Salvation Army	-	1	-	-	-	-	-	-	-	-	1

Table A.9 – Number of Family and Youth Support Services institutions named in private sessions by provider and jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	
Family and Youth Support Services	4	20	1	8	2	1	8	2	-	-	46
Family Support Services	1	7	-	6	-	-	2	-	-	-	16
Government	-	1	-	1	-	-	1	-	-	-	3
Non-government – Non-religious	1	3	-	5	-	-	-	-	-	-	9
Non-government – Religious	-	3	-	-	-	-	1	-	-	-	4
Anglican	-	1	-	-	-	-	-	-	-	-	1
Catholic	-	1	-	-	-	-	1	-	-	-	2
Other Christian	-	1	-	-	-	-	-	-	-	-	1
Youth Support Services	3	10	1	2	2	1	6	1	-	-	26
Government	1	2	-	-	-	-	-	-	-	-	3
Non-government – Non-religious	2	8	1	1	2	1	5	-	-	-	20
Non-government – Religious	-	-	-	1	-	-	1	1	-	-	3
Catholic	-	-	-	1	-	-	1	-	-	-	2
Unknown religious	-	-	-	-	-	-	-	1	-	-	1
Other	-	3	-	-	-	-	-	1	-	-	4
Non-government – Non-religious	-	2	-	-	-	-	-	1	-	-	3
Non-government – Religious	-	1	-	-	-	-	-	-	-	-	1
Uniting Church	-	1	-	-	-	-	-	-	-	-	1

Table A.10 – Number of Armed Forces institutions (including Cadets) named in private sessions by jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Armed Forces	-	13	1	6	1	1	6	1	-	6	35
Air Force	-	2	1	3	-	-	1	-	-	1	8
Army	-	4	-	-	-	1	3	-	-	2	10
Navy	-	7	-	3	1	-	2	1	-	3	17

Table A.11 – Number of Childcare institutions named in private sessions by provider and jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Childcare	1	13	-	5	2	-	5	2	-	-	28
Centre-based Care	1	7	-	5	1	-	1	1	-	-	16
Government	-	-	-	-	-	-	1	-	-	-	1
Non-government – Non-religious	-	6	-	5	1	-	-	1	-	-	13
Non-government – Religious	1	1	-	-	-	-	-	-	-	-	2
Anglican	-	1	-	-	-	-	-	-	-	-	1
Salvation Army	1	-	-	-	-	-	-	-	-	-	1
Family-based Care	-	6	-	-	1	-	4	1	-	-	12
Government	-	1	-	-	-	-	3	-	-	-	4
Non-government – Non-religious	-	3	-	-	1	-	1	1	-	-	6
Non-government – Religious	-	2	-	-	-	-	-	-	-	-	2
Islam	-	1	-	-	-	-	-	-	-	-	1
Other Christian	-	1	-	-	-	-	-	-	-	-	1

Table A.12 – Number of Youth Employment institutions named in private sessions by provider and jurisdiction May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Youth Employment	-	7	-	-	2	-	5	2	1	1	18
Employee	-	7	-	-	2	-	5	2	1	1	18
Government	-	1	-	-	-	-	-	-	-	-	1
Non-government – Non-religious	-	6	-	-	2	-	5	2	1	1	17

Table A.13 – Information relating to institutions with Other and Unknown categories named in private sessions May 2013 – May 2017

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Other/OS	Unknown	Total
Other	2	23	1	9	4	3	5	6	2	1	56
Not Elsewhere Specified	2	23	1	9	4	3	5	6	2	1	56
Government	2	13	1	8	3	2	3	5	2	-	39
Non-government – Non-religious	-	10	-	1	1	-	-	1	-	1	14
Non-government – Religious	-	-	-	-	-	1	2	-	-	-	3
Catholic	-	-	-	-	-	1	-	-	-	-	1
Uniting Church	-	-	-	-	-	-	1	-	-	-	1
Unknown religious	-	-	-	-	-	-	1	-	-	-	1
Unknown	-	2	-	1	2	-	-	1	-	2	8



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