



Dr Gary Foster
Manager: Anglicare Southern Queensland Sexual
Assault Services
Living Well www.livingwell.org.au
9/1220 Sandgate Road, Nundah Q. 4012
Email: gfooster@anglicare.org.au
Tel: +61 (0) 73028 4648



Professor Patrick O'Leary
Head of School of Human Services and Social Work
Griffith University
University Drive, Meadowbrook, Q. 4131
Email: p.oleary@griffith.edu.au
Tel: +61 (0) 73382 1547

26th November 2012

Secretariat
Royal Commission into Child Sexual Abuse
PO Box 6555
Canberra ACT 2600
Royalcommissionsecretariat@pmc.gov.au

Dear Royal Commission Secretariat

We wish to commend the Prime Minister and the Commonwealth Government on the establishment of the Royal Commission into Institutional Responses to Child Sexual Abuse.

We welcome the opportunity to provide feedback on the scope of the Terms of Reference as to the form of the Royal Commission, the number and qualifications of Royal Commissioner/s, the reporting timetable and other key issues for the Royal Commission.

We are particularly pleased that the Royal Commission will be focussed on identifying *both* what can be done to ensure that child sexual abuse is prevented in the future *and*, where it does occur, that organisational responses are just and supportive of survivors. It is to the latter question of ensuring that institutional responses, including the procedures and processes of the Royal Commission, support healing and enhanced well being of survivors of child sexual abuse that we are particularly concerned in this current submission.

In our submission we focus particularly on developing Terms of Reference, processes and procedures, with reference to male survivors of child sexual abuse. In so doing, we recognise that females are more likely to be sexually abused as children and as adults and advocate for improved support to women survivors (Dunne, Purdie et al., 2003; Dube, Anda et al., 2005). However, sexual abuse occurring within institutions involves a large number of male victims, and this requires some consideration of the specific needs of male survivors. Our focus on supporting the Royal Commission to respond appropriately to male survivors reflects our research and practice knowledge and experience, not a suggestion that the needs of male survivors should be prioritised over the needs of

females. It is also pertinent, given that current research evidence indicates that males are more likely than females to be sexually abused as children by clergy (John Jay College of Criminal Justice, 2004, Parkinson Oates, & Jayakody, 2009) and abused within institutional settings (Crome 2006). In responding to the Consultation Paper, we draw on evidence from the research paper ‘Improving policy and practice responses for men sexually abused in childhood’, that will be published by the Australian Centre for the Study of Sexual Assault on Tuesday the 27th of November 2012 (included as an attachment here: Foster, Boyd & O’Leary 2012). The creditability of our joint submission is based on our extensive experience as researchers, educators, and counsellors with specialist expertise on male victims of child sexual abuse spanning the last twenty years.

Scope of the Terms of Reference

We congratulate and support the Government’s commitment to ensuring that “The Royal Commission should provide an opportunity for those affected by child sexual abuse to share their experiences, if that is their wish. The Government believes it is important that these experiences feed into the Commission’s deliberations to influence the shaping of its recommendations.

The Commission’s findings and recommendations may extend to:

- ensuring that there are no obstacles to the making of claims and that there is sufficient support for victims of abuse in pursuing those claims,
- identifying impediments within institutions and organisations to the proper notification, investigation and prevention of child sexual abuse,
- the need for changes to any laws, policies or practices within institutions, organisations and government agencies to better prevent and respond to child sexual abuse,
- the impact and effectiveness of changes to any laws, policies or practices over time either generally or within institutions, organisations and government agencies, and
- the counselling and support needs of victims and their families.”

In supporting this commitment, we wish to draw to the Secretariat’s attention the need to develop comprehensive strategies to manage the process of disclosure, collection of evidence and personal testimony. Whilst, welcoming the ‘opportunity for those affected by child sexual abuse to share their experiences, if that is their wish’, it is important to recognise how the process of disclosure is handled will significantly influence a person’s subsequent coping and well being (O’Leary, Coohey, & Easton, 2010; O’Leary & Gould, 2009). Although, we might hypothesise that the ‘opportunity to share their experiences’ is more likely to be associated with a better outcome, we know that if the response does not meet expectations, is experienced as inappropriate or inadequate this can impact significantly on survivor’s mental health and well being (O’Leary et al., 2010). An additional challenge faced by the Commission is that considerable efforts will be required to reach out and engage survivors of child sexual abuse and to support them throughout the process of the Commission. As the Secretariat will be aware, survivors of child sexual abuse are particularly reluctant to come forward and talk about their experiences: the Commission will need therefore to develop and implement initiatives that will address contextual, personal and societal barriers to disclosure. In relation to men sexually abused in childhood, research indicates that:

- a majority of men who have experienced childhood sexual abuse have not told anyone (Holmes & Slap, 1998);
- boys are less likely to disclose at the time sexual abuse occurs than girls (O’Leary & Barber, 2008; Paine & Hansen, 2002);
- men typically disclose being sexually abused in childhood 10 years later than women—on average 22 years after the assault (Holmes & Slap, 1998; O’Leary & Barber, 2008; O’Leary & Gould, 2009);
- men are one-and-a-half times less likely than women to report adult sexual assault to police (Pino & Meier, 1999); and
- men make fewer and more selective disclosures than women (Hunter, 2011).

In seeking to better understand and address men’s limited disclosure and help seeking we are required to look beyond the stigma associated with sexual abuse itself and the power exercised through threats,

coercion, blame etc., and the “silencing” effects of fear, confusion and shame (Dorahi & Clearwater 2012). Interviews with men identify a reluctance to disclose sexual abuse out of concern that they will be treated differently, and will receive limited or inadequate responses (O’Leary & Barber, 2008). Men report that their disclosure of abuse is impacted negatively upon by dominant masculine stereotypes, questions related to sexuality, and uncritical acceptance of the idea that male victims will become perpetrators of abuse (Sorsoli, Kia-Keating, & Grossman, 2008; Washington, 1999). Men may (often correctly) assume that to disclose sexual abuse would be to open him to ridicule or stigmatisation (Yarrow & Churchill, 2009).

As suggested above, the Royal Commission will be challenged to develop targeted strategies that fully support those who have been sexually abused in childhood to come forward and give evidence. This may include a need to review the level of confidentiality available to survivors seeking to contribute to the Royal Commission. Whilst facilities like, Queensland’s online Alternative Reporting Options (ARO) have demonstrated the value of creating opportunities for survivors to provide information confidentially, the opportunity for people to submit evidence anonymously might also be examined.

It is recognized that sexual abuse, whether committed within or outside institutional settings, can have a profound impact on people’s lives. People’s mental and physical health may be overwhelmingly compromised and hence the degree of support required may be significant. In comparison with men in general, men who have experienced childhood sexual abuse disproportionately report:

- depression/anxiety;
- intense emotions/anger;
- flashbacks/nightmares;
- overwhelming shame/guilt;
- decreased appetite and weight loss;
- suicidality/self harm;
- sexual difficulties;
- relationship difficulties;
- sleep difficulties; and
- mental health problems (Banyard, Williams, & Siegel, 2004; Tewkesburg, 2007).

A recent Australian study has identified that men who have been sexually abused are:

- 4 x more likely to qualify for clinical diagnosis.
- 10 x more likely to qualify for a diagnosis of PTSD.
- 5 x more likely to engage in alcohol and drug abuse
- 10 x more likely to report suicidal ideation
- 46% of CSA men had attempted suicide at sometime. (O’Leary & Gould 2009)

With respect to the very high risk of suicide, recent publicity (McKenzie, Baker, & Lee, 2012) detailing the death by suicide of 34 men sexually abused as schoolboys by two school chaplains in Victoria, graphically highlights the impact of sexual abuse on men’s lives and the need to ensure that there are appropriate strategies of care and support in place at the time of the Royal Commission (these deaths occurred in a state that has the most comprehensive and well funded sexual assault services in Australia).

Given the known deleterious effects of sexual child abuse, it will be important to ensure that all survivors are properly supported to engage with the commission and have access to gender appropriate assistance from qualified service providers. The *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, recently developed by Australian Survivors of Child Abuse (ASCA) provide an excellent reference point for the Royal Commission to ensure survivor’s receive appropriate care and support. In relation to responding to survivors it will also be important to recognise that “many of the experiences of re-traumatization which adult survivors encounter with services are the result of misrecognition of their experience or needs, and both denial of the relevance of gender and exaggeration (through reliance on stereotypes)” (Hooper &

Warwick, 2006: 473). In Australia, the Commonwealth Government recent Male Health policy initiative highlighted the importance of developing properly targeted, gender appropriate responses that attends to the particular needs of different groups of men (Foster, Boyd & O'Leary; Briere & Scott 2006: 78). It will be important therefore that the Royal Commission develops and refines strategies of engagement and support to produce gender appropriate protocols and procedures that assist female and male survivors to provide evidence in ways that do not further compromise their mental health and well being.

The Royal Commission will be challenged in ensuring adequate support for men sexually abused in childhood, as service provision throughout Australia for men subjected to childhood sexual abuse is limited (Foster, Boyd & O'Leary 2012). Evidence suggests that currently when men who have been sexually abused or sexually assaulted do come forward they 'may be treated poorly, creating 'secondary victimisation'' (KPMG 2009:37). Ensuring delivery of appropriate support and care for those providing evidence to the Commission or triggered by reporting of the hearings, will require more than publication of details of current, established mental health services or telephone help-lines. Enquiries with many of these services and general crisis help-lines, has found that they feel ill prepared and have had limited to no training in how to respond to male survivors of child sexual abuse (Foster 2010). Both, identified sexual assault services and mainstream organisations will benefit from additional training to be able to respond to the particular and specific needs of male survivors of child sexual abuse (Foster, Boyd & O'Leary 2012).

Survivors of child sexual abuse within institutional settings are not a homogenous group. Some groups of men are more likely to have been sexually abused in childhood and to require additional support in order to contribute, for example men with a disability (French 2007; Mitra et al., 2011; Murray & Powell 2008; Sobsey, 1994); men experiencing a mental illness (O'Leary & Gould, 2009); Indigenous men (Office for Status of Women, 2004; Aboriginal Child Sexual Assault Taskforce, 2006; KPMG 2009). It is also a reality that men sexually abused in childhood are over represented amongst those committing criminal offences and in custodial facilities: the Commission will therefore benefit from developing strategies to received testimony (Ogloff, Cutajar, Mann and Mullen 2012).

Support for partners and families of survivors

In relation to receiving evidence from men subjected to child sexual abuse, it will be particularly important that there is appropriate care and support available to partners, family and friends. Not only do we know that supportive, caring partner relationships are positively correlated with men's mental health and wellbeing (Breckenridge, Cunningham & Jennings, 2008; Courtenay, 2003), but research has identified that men and women subjected to child sexual abuse are 40–50% more likely to report relationship difficulties (Dube et al., 2005). The current scarcity of information and services that specifically address men's experiences of child sexual abuse has an unfortunate flow-on effect on partners. Partners, female and male, are typically the first person a man will tell about the sexual abuse and often struggle to know how best to respond. An added difficulty and pressure that female partner's experience, different from male partner's of women who have been sexually abused, is that men typically have smaller social support networks than women and are less likely to have a close confidant other than their spouse (Flood, 2005). Unfortunately, this has the effect of further amplifying the distress and pressure experienced by men and their partners, hence the importance of ensuring adequate support and assistance is provided by qualified health care professionals to partners, family and friends throughout the Royal Commission.

Number of Qualifications of Commissioner/s - Duration and reporting arrangements

In relation to the question of the number and qualifications of the Commissioners, we suggest that the appointment of three Commissioners be considered. As the Consultation paper outlines, the Commission will benefit from a careful balance of skills, qualifications and perspectives so that stakeholders and the community can have confidence that all the relevant issues can be adequately handled and considered. We believe that this will likely require three Commissioners to ensure access to knowledge of legislative and legal matters, of appropriate child welfare, health, social and therapeutic responses. The presence of more than one Commissioner will also facilitate the running of

concurrent sessions. The ability to hold hearings and gather evidence simultaneously at a number of locations is particularly pertinent, given the known size of the problem and that the scale of hurt caused to individuals and families will take time to examine. It is hoped that the presence of a number of commissioners will act to reduce the length of time the Commission is running and allow for earlier reporting of findings and recommendations. This will be important for survivors of child sexual abuse, in that until the Royal Commission is concluded there will be considerable uncertainty and sense of unfinished business, which will impact on individual's mental health and well being and ability to get on with life.

Evaluation and Documentation of the Commission

This important initiative by the Commonwealth Government represents a substantial financial and social investment to improve the lives of survivors of child sexual abuse, improve institutional responses to sexual abuse, and prevent any future occurrences of this heinous crime. The Commission for many survivors will mark a very public acknowledgement of their experience and offer the potential to be part of their healing. As researchers and practitioners we believe it will be important to have some rigorous and independent mechanisms to interrogate the process and understand the impact of the Commission on survivors, families and communities. A relatively modest investment in evaluation and research would assist in assessing the long term impact of the Commission, while also providing accountability and guidance for the dissemination of its findings. In addition, the process of the Commission provides an opportunity to identify and refine best practice in supporting survivors in providing testimony, in ways that foreground survivors healing and well being and contribute to future initiatives.

Additional Key Issues

The announcement of the Royal Commission has produced a heightened community focus on the issue of child sexual abuse and the need to provide appropriate support to survivors. Whilst this is welcomed, it is also accepted that extensive public discussion and reporting of the facts of Royal Commission will be triggering and produce considerable distress to survivors of sexual abuse, irrespective of whether they were abused within or external to an particular institution. In light of this reality, we would like to raise concern that there be clear directions provided to media to help minimise sensationalist, excessively detailed or sexualised reporting. An excellent document that might be referred to or revised to help media outlets engage in responsible reporting throughout the time of the Royal Commission is '*Reporting on Sexual Assault*'. *Reporting on Sexual Assault* was developed as a "backgrounder" for journalists and other media professionals, including bloggers and other producers of online forms of media, by the Australian Centre for the Study of Sexual Assault and is available online at <http://www.aifs.gov.au/acssa/media/index.html>

Concluding comments.

Once again, we welcome the creation of a Royal Commission to fully examine, report and make recommendations in relation to institutional responses to child sexual abuse. We also very much appreciate the opportunity to contribute to the Terms of Reference, the development of processes and procedures that support survivors of child sexual abuse and in due course the Royal Commission. Should we be able to assist in any way or clarify points raised in this submission please do not hesitate to contact us.

Your Sincerely

Gary Foster

Dr. Gary Foster

Patrick O'Leary

Professor Patrick O'leary