WHAT WE ARE LEARNING ABOUT CHILD SEXUAL ABUSE
3. WHAT WE ARE LEARNING ABOUT CHILD SEXUAL ABUSE

Chapter 3 sets out what the Royal Commission has learnt about the scope, nature and impact of child sexual abuse in institutions. It is vital that we understand the problem if we are to assess institutional responses. We are considering various issues such as:

- What is child sexual abuse?
- How prevalent is it in institutions?
- What institutions and environments are particularly vulnerable to offending?
- What laws exist to regulate the problem and oversee institutions dealing with children?
- Who are the victims and who are the perpetrators?
KEY POINTS

Child sexual abuse covers many different behaviours. There is no single profile of a typical victim or perpetrator, nor can the impacts be easily defined or applied to all survivors. However, there are trends we can learn from, and systems that institutions can put in place to better identify risks and protect children in the future.

Nature and prevalence

- Legal definitions of child sexual abuse are inconsistent, but we know it involves a range of sexually abusive behaviours.
- There is no conclusive research on the prevalence of child sexual abuse in Australia, and even less is known about its prevalence in institutions. More work needs to be done.

Institutions

- Abuse happens in a variety of institutions but has occurred more frequently in some.
- We are learning why abuse happened in institutions as they changed over time, and what needs to be done to make today’s institutions child safe.

Legal framework

- State and territory governments address child sexual abuse through a combination of laws that include pre-employment screening, and child protection and criminal laws.
- The laws vary between jurisdictions.

Victims

- All children in institutions and out-of-home care are potentially at risk of sexual abuse.
- Some children are more vulnerable to abuse, based on various factors including age, gender, ethnicity, disability, and prior abuse or neglect.
- Some children may also be more vulnerable to abuse because of situational factors connected to where they are living or being cared for, such as extensive periods of unsupervised contact with adults.
- Everyone’s experiences of abuse and institutional responses will differ, and these experiences will affect people differently.

Perpetrators

- Institutions need to understand the types of perpetrators and their characteristics so they can identify, prevent and respond to abuse.
- Perpetrators can hold any position in an institution.
- Biological, psychological, environmental and interpersonal factors may influence whether abuse occurs.
- Perpetrators might use grooming behaviours and manipulate children, adults and processes to create opportunities to abuse.
3.1 NATURE AND PREVALENCE

Early in the Royal Commission’s work, it became clear that we needed to:

• define the behaviours that constitute child sexual abuse
• understand the prevalence of abuse in institutions in the past and today.

There is no standard definition of child sexual abuse and there are many differing statutory definitions used within Australia.¹

While there are a number of studies of child sexual abuse there has been no rigorous, methodological, comprehensive study of the prevalence and nature of child sexual abuse in Australian institutions today.²

Research about child sexual abuse faces large challenges:

• The significant delays in reporting abuse, on average 20 years or more, make it difficult to measure the prevalence of abuse in contemporary institutions.
• The high level of under-reporting undermines the ability of both past and present research to measure the prevalence of child sexual abuse in institutions.
• Current research is hindered by the lack of consistent data collections across Australia – particularly where police records fail to differentiate between familial and institutional abuse.

DEFINING CHILD SEXUAL ABUSE

Existing definitions of abuse vary

The term ‘child sexual abuse’ can describe many different sexual behaviours. It covers not only physical assaults involving touching or penetration, but also actions that groom children for sexual activity or expose them to pornography.³

For the Royal Commission’s work to date, ‘child sexual abuse’ has been defined as follows:

• 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.⁴

This has been our working definition for collecting data and evidence, but it is not intended to be final.
Other definitions vary depending on the context. They can be based on:

- relationship dynamics, including those defined by power differences and across gender
- experience or behaviour, including broad descriptions of sexual interaction or touching that makes a child uncomfortable, distressed or anxious
- a clinical or therapeutic context, including types of sexual behaviours that are developmentally inappropriate (in the case of children or young people) or deviant (for example, sexual sadism), which inform treatment eligibility and responses
- existing definitions used in policy or law, including criminal law.

Commonly, definitions look at:

<table>
<thead>
<tr>
<th>Behaviours</th>
<th>What actions, interactions and behaviours are considered to be abusive?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship dynamics</td>
<td>What relationships do abusive behaviours occur in? Did force, fear, threat, authority and isolation contribute to abuse?</td>
</tr>
<tr>
<td>Consequences</td>
<td>How were victims and others affected because of the abuse?</td>
</tr>
</tbody>
</table>

The main differences between definitions are:

<table>
<thead>
<tr>
<th>Scope of sexual activity</th>
<th>Whether the definition includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• non-contact activities, such as being exposed to pornography</td>
</tr>
<tr>
<td></td>
<td>• contact activities, such as sexual touching of genitals</td>
</tr>
<tr>
<td></td>
<td>• sexual penetration</td>
</tr>
<tr>
<td></td>
<td>• grooming for the purposes of sexual contact.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age difference between victim and perpetrator</th>
<th>This can include issues such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• the legal age of sexual consent</td>
</tr>
<tr>
<td></td>
<td>• whether the perpetrator is in a position of care, supervision or authority over a minor.</td>
</tr>
</tbody>
</table>

ASSESSING THE PREVALENCE OF ABUSE IN TODAY’S INSTITUTIONS

Our focus is on the prevalence and nature of child sexual abuse in institutional contexts. Given the challenges involved in this type of research, we will also be informed by research on abuse that occurs in all contexts.
Prevalence studies indicate the size of a social problem in a population

‘Prevalence’ refers to the proportion of people in a given population who have experienced a particular phenomenon – in this case, child sexual abuse. The number of victims does not always equate to the number of incidents. For example, one person might have experienced multiple incidents of the same type of harm.

Prevalence studies can obtain data directly by asking people about their experience of child sexual abuse in surveys or questionnaires. The populations sampled might be general or specific, such as university students or public mental health service users.

Overall, these studies give a more accurate picture of the size of a social problem in a population than administrative data or crime statistics do. This is because data and statistics are limited by:

- low rates of formal disclosure and reporting of child sexual abuse
- inconsistent counting and recording of child sexual abuse
- hidden incidents or non-recorded incidents
- attrition of child sexual abuse matters through the criminal justice system and other formal systems.

Most prevalence rates are likely to underestimate abuse

There are three main reasons why prevalence studies cannot give the complete or ‘true’ picture of a social harm like child sexual abuse.

| 1. Methodological issues | Prevalence rates will be affected by:
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>how sexual abuse is defined</td>
</tr>
<tr>
<td></td>
<td>how questions are worded, and the number of questions asked</td>
</tr>
<tr>
<td></td>
<td>how questions are delivered, such as in face-to-face meetings or by computer questionnaire</td>
</tr>
<tr>
<td></td>
<td>what the sample population is.</td>
</tr>
</tbody>
</table>

Also, when discussing abuse that may have occurred decades before, there can be memory lapses and difficulty recalling events accurately.

| 2. The hidden nature of sexual abuse | The dynamics of sexual abuse generally mean that it happens in private or closed settings with no witnesses other than the victim and perpetrator. Victims’ claims may therefore be denied or minimised and victim-blaming is common. These factors can lead to a social reluctance to discuss sexual abuse. |

| 3. Barriers to disclosure | There are many personal reasons – such as feelings of shame, fear or distrust – why individuals might not disclose an experience of child sexual abuse, even when asked as part of a study. |
Because of these reasons, compared with other social issues, we know relatively little about the nature and extent of child sexual abuse. Most prevalence rates cited are likely to be underestimations. This is particularly true for specific populations or forms of abuse, such as sexual abuse perpetrated in institutional contexts.

**Australian studies give us some insights**

There have been many Australian prevalence studies since the mid-1990s. For this report, we have limited our discussion to studies that provide information about both men and women’s experiences of child sexual abuse.

Although some studies estimate the extent of child sexual abuse, their usefulness for our work is limited. In particular, national estimates are not available and most do not indicate whether abuse took place in an institutional, familial or other setting.

The most useful estimates are those of the Australian Bureau of Statistics (ABS) from its *Personal Safety Survey*. This survey asked respondents if they had experienced sexual abuse before the age of 15. The strength of this survey is that it is national and representative, and samples men and women. However, its usefulness is limited because it only included people over 15 years, and excluded anyone living in remote areas or in non-private residences (such as residential, group or aged care, or custodial settings), meaning these figures are likely to be at the lower end of the spectrum.

Studies published between 2001 and 2010 using community samples give us prevalence rates for penetrative and non-penetrative sexual abuse. The ranges quoted for non-penetrative abuse are similar to the findings of a recent meta-analysis of 12 Australian and New Zealand studies (among 271 studies internationally). The table below sets out these rates.

<table>
<thead>
<tr>
<th>Source of data</th>
<th>Prevalence of sexual abuse experienced by girls</th>
<th>Prevalence of sexual abuse experienced by boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABS survey of national prevalence</td>
<td>12.0%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Community samples: penetrative abuse</td>
<td>4.0–12.0%</td>
<td>1.4–8.0%</td>
</tr>
<tr>
<td>Community samples: non-penetrative abuse</td>
<td>14.0–36.0%</td>
<td>5.7–16.0%</td>
</tr>
<tr>
<td>Meta-analysis of 12 Australian and NZ studies</td>
<td>15.3–29.3%</td>
<td>3.8–14.2%</td>
</tr>
</tbody>
</table>

*Note: Community samples had a sample base of 1,745–2,578 people.*
Data suggests girls face more abuse than boys, particularly by family members

Overall, the data suggests a higher prevalence rate among girls compared to boys. This is consistent across the international data and could be attributed to:

- an actual gender difference in this type of child maltreatment
- a reluctance on the part of men to identify with sexual victimisation
- a combination of both.

Based on this data, the best estimates are that one in three girls and one in seven boys in Australia have experienced some form of child sexual abuse in their lifetime.

Few studies provide information about whether sexual abuse occurred in an institutional setting or not. However, the national estimates from the ABS do provide data on the relationship between victim and perpetrator. Most victims are sexually abused by someone they know. But there is a significant gender difference as to whether that person is from within their family or not:

- Girls are more likely to be abused by a family member. More than 50 per cent of perpetrators were fathers, stepfathers and other male relatives (including siblings), compared to 21 per cent for boys.
- For boys, the largest category of perpetrators was ‘another known person’.
- Twice as many boys (18 per cent) have been sexually abused by a stranger compared with girls (9 per cent).12

Demand for private sessions is an indication of the extent of abuse

We have some sense of the scale of abuse from the number of people who have contacted us to tell their story. As discussed earlier in this report, by 31 May 2014, the Commissioners had already held 1,677 private sessions and received 1,632 written accounts from survivors or their family members and friends (to learn more, please see section 2.1). As at 31 May 2014, there were more than 1,000 people waiting for a private session and we receive about 40 more requests each week.

However, we are very aware that this group might only be a small part of the overall picture. Further, as the average age of survivors was 55 years, the information may not reflect the true nature of the contemporary situation.

To help us gather information, our research program includes an administrative data survey that is examining abuse reported over the last five years. It is using records from the police, child protection agencies, education departments and bodies administering Working with Children Checks.

We acknowledge that administrative data also has its limits because:

- it only covers reported abuse, and reporting rates are low overall
- victims might not come forward until 20 years or more after the abuse.

Of the cases that are reported, only a small percentage lead to a conviction. For example, in New South Wales, fewer
than 16 per cent of cases reported to the police resulted in proven charges of child sex offences between 1995 and 2004. The rate is lower if the complainant is an adult. This reflects the many challenges that can arise in child sex offence cases during the investigation and prosecution process.

We discuss this issue further in Chapter 5 of this volume.

As our work continues, the Royal Commission hopes to use a variety of sources to better understand the extent of institutional child sexual abuse in Australia.
3.2 INSTITUTIONS

To understand child sexual abuse in institutional contexts, the Royal Commission needs to understand more about the institutions in Australia.

We are learning about:

- the different organisations that have contact with children today
- what governments and institutions did to respond to children in need of care.

REVIEWING DIFFERENT TYPES OF INSTITUTIONS AND CARE

Many institutions fall within the scope of our inquiry

Our terms of reference acknowledge that public and private institutions both provide important services and support for children and their families that benefit children’s development.

An institution is defined in the Royal Commission’s terms of reference to mean any public or private body, agency, association, club, organisation or other entity that is, or was in the past, involved with children.

We have received allegations of abuse in more than 1,000 institutions.15

We are investigating many institutions to see how they have responded to allegations of child sexual abuse. The types of institutions are broad, as shown in the table below.

<table>
<thead>
<tr>
<th>Type of institution</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td>Church and other places of worship</td>
</tr>
<tr>
<td>Education</td>
<td>Government school or private school (secular or faith-based)</td>
</tr>
<tr>
<td>Arts and culture</td>
<td>Theatre or music group, tutoring provider or language school</td>
</tr>
<tr>
<td>Sports and clubs</td>
<td>Sports, scouts or hobby groups</td>
</tr>
<tr>
<td>Childcare</td>
<td>Pre-school, out-of-school-hours care or vacation care</td>
</tr>
<tr>
<td>Out-of-home care</td>
<td>Foster care, kinship care or voluntary care</td>
</tr>
<tr>
<td>Supported accommodation</td>
<td>Social housing or refuge</td>
</tr>
<tr>
<td>Juvenile justice and detention</td>
<td>Police, remand centre, refugee/immigration detention</td>
</tr>
<tr>
<td>Non-residential social support</td>
<td>Youth or family support service</td>
</tr>
</tbody>
</table>
These institutions might be operated by governments, private companies, faith-based groups, charities or community organisations.

**We are learning from history**

Under our terms of reference, we must consider past changes to laws, policies and practices that have helped institutions and governments better respond to child sexual abuse in institutional contexts.

To do this, we have reviewed the history of children in care. This history provides an important context for understanding why institutions responded to child sexual abuse in the ways they did.

Understanding the past can help us address what institutions and governments need to do in the future to prevent and respond to abuse.
LEARNING FROM A HISTORY OF CHILDREN IN CARE

Children charged with neglect were perceived as a danger to the state

Child protection laws in Australia began in the middle of the 19th century when the Australian states were still British colonies. The initial raft of legislation aimed mainly to protect the state, because children who were neglected by their parents or guardians were:

- believed to pose a danger to the state
- charged with neglect and committed to an institution where they could be controlled.16

At first, these children were sent to adult prisons or generic asylums that housed people who could not provide for themselves due to poverty, age or disability.17

However, as child protection policies developed over the century, the colonies and non-government organisations, like faith-based groups, began to set up large institutions just for children. These included industrial schools and reformatories.

**Industrial schools**

Industrial schools were a popular form of out-of-home care for children with living parents where parental responsibility had passed over to the state. School-aged children were taught basic education and industrial skills (domestic service for girls and farm labour for boys). Overcrowding, diseases and poor organisation led to many school closures before the end of the 19th century.

**Reformatories**

Reformatories were designed for young offenders who would otherwise have been sent to prison. While most were run by governments, some were established by faith-based bodies. The aim was to transform children into honest workers through prayer and hard work. Although meant as an alternative to prison, many prison routines were mimicked to maintain order among residents. There were issues of overcrowding and poor staffing, leading to some violence within these institutions.

Modelled on similar institutions in England, the focus of industrial schools and reformatories was teaching neglected children the values of work and self-sufficiency. Children were housed in large dormitories, separated by gender, until they were old enough to leave and obtain employment.
Neglected children were later seen as victims, not risks

Towards the end of the 19th century, child protection laws began to be redefined. ‘Child rescue’ ideals transformed the neglected child from a risk to a victim. Parental responsibilities for caring for children were scrutinised as governments and the community started to actively investigate cases of child abuse and neglect.18

Meanwhile, various government inquiries (including royal commissions) took place in the 1870s and found that industrial schools failed to meet their objectives of reforming neglected children. Plagued by disease, disorder and a sense that the children compared poorly with those growing up in families, many of these large institutions were dismantled and replaced by a system of ‘boarding out’.19

Boarding out was an early form of foster care. Although not all industrial schools were closed, governments preferred to board out children because:

• in theory, children were to be placed with respectable working-class families in the hope they would adopt their industrial habits
• it cost less than running industrial schools.

However, for the children, boarding out had mixed outcomes. Some undoubtedly experienced care within a family, but others felt isolated, exploited and deprived in a system that cut them off from their own families.20

Governments treated the Stolen Generations differently to other children

When the colonies set up their first child protection systems, a parallel system emerged for Aboriginal and Torres Strait Islander children. While parental abuse and neglect were the usual triggers for governments to intervene and rescue children, these children were treated differently and forcibly removed from their homes because of their race.

From the late 19th century to the early 1970s, children of the Stolen Generations were sent to institutions or adopted by non-Aboriginal or Torres Strait Islander families. A primary aim was to remove them from contact with their families, communities and ways of life, and assimilate them into white society. In fact, many were simply exploited for their labour. Many were abused and neglected.

In 1997, a national inquiry traced the history and implications of forcible removal in the report Bringing them Home.21 Although the inquiry’s terms of reference did not mention investigating cases of child sexual abuse, the report’s examination of children’s experiences in institutions shows the severity of the issue. Of the witnesses that were interviewed, 168 males and 234 females were sexually assaulted in an institution or foster family placement. An overwhelming majority of these assaults went unreported.22
The forced removal of children caused much psychological and emotional damage to victims and their families. The Royal Commission must take this history into account as the intergenerational effects have been inherited by today’s Aboriginal and Torres Strait Islander children. They remain highly vulnerable to sexual abuse.

Governments proactively removed children

Categories of what constituted neglect in child protection laws were expanded and governments began to actively remove children from parents. This led to more children requiring care. At the same time, fewer families were willing to foster children, in part due to major events like the Great Depression and two world wars.

These factors meant children in need of care were placed in various types of institutions.

| Children's homes | Children’s homes were one of the more prolific forms of care in the 1920s to 1970s. They were run by various organisations, including churches, charities, governments or private individuals. Some homes were meant to resemble family life with a cottage-style structure and supervisory adults to stand in place of parents. More boys than girls passed through this type of institutional care. |
| Training homes and farm training schools | Popularised during the late 19th to early 20th century, these smaller institutions took in older children from other institutions or foster care. Girls were trained in domestic services, boys as farm hands. They were meant to enter rural employment on leaving but most returned to cities when they reached adulthood. |

The 2004 Senate Standing Community Affairs References Committee’s report on Australians who experienced institutional or out-of-home care as children (referred to as the Forgotten Australians report) found that, between the 1920s and 1970s, more than 500,000 children were placed in care.

The majority of these children came from poor families or had experienced a family breakdown at a time when there was little support for families in crisis. Some children were put into these homes for short periods, over weekends or during holiday periods. Up to 50,000 Aboriginal and Torres Strait Islander children, known as the ‘Stolen Generations’ were placed into care over this time. At the same time, between 6,500 and 7,500 child migrants were sent to Australia from Great Britain, Ireland and Malta, known collectively as the ‘Lost Innocents’.

Isolated from their families and any kind of support network, the children were at risk of emotional, physical and sexual abuse.
Child protection became a government responsibility

By the 1960s, child protection had re-emerged as a serious social concern in western countries, including Australia. However, where the impetus for the earlier ‘child rescue’ movement came from advocacy and welfare groups, its re-emergence was driven by international media coverage and increased awareness of child abuse issues. For example, researchers in the United States developed the concept of the ‘battered-child syndrome’, which describes medical evidence of untreated physical injuries caused by abuse by caregivers.28

In essence, child abuse was reframed as a social problem that governments and child protection agencies were responsible for addressing. All Australian states and territories apart from Victoria moved to government-based child protection approaches.29

There were several key developments through the 1970s, 1980s and 1990s. For example:

• laws forcing the removal of Aboriginal and Torres Strait Islander children were repealed
• mandatory reporting laws were introduced
• definitions of child abuse were broadened to include neglect and emotional, sexual and physical abuse
• the threshold for what constituted abuse and neglect decreased, from fractures and head injuries to bruising, developmental delay and emotional harm
• out-of-home care shifted from institutions to much smaller settings like foster care and smaller group care
• Australia ratified the United Nations Convention on the Rights of the Child in 1990, agreeing to protect and promote the rights of children30
• ‘permanency planning’ and stability for children in care became a major focus from the 1990s onwards
• the industry was professionalised, including through increased registration and training requirements for carers.
The focus has now moved to prevention

In the 1960s, child protection was focused on addressing a very narrow and extreme form of child abuse. By the 1990s, many jurisdictions expanded:

- the definition of child abuse and neglect
- mandatory reporting provisions.

The literature notes that the subsequent rise in child abuse notifications had several consequences, including:

- significant resources being used to assess notifications, to determine whether the abuse was serious enough to warrant protective intervention
- child protection systems becoming the sole point of contact for families at risk of abuse and neglect.

The early part of the 21st century saw new models develop, which linked statutory child protection with broader family support and child welfare service systems. However, statutory child protection services in each state and territory still struggle to meet demand.

It is now well recognised that responding to abuse and neglect after it has been detected is only one aspect of prevention. Numerous policies, research studies and expert commentaries have noted that statutory responses alone are not sufficient or sustainable, and often cannot prevent future harm. They advocate a shift in focus to a public health model.

This model places primary prevention and universal supports for all families as the central strategies out of which more intensive interventions flow. In other words, the focus is on preventing abuse and neglect before it happens.

3.3 LEGAL FRAMEWORK

In Australia, there are:

- laws to prevent and respond to child sexual abuse, and to punish offenders
- policies that set out the overarching framework of our child protection system.

Under the federal system, the state and territory governments are primarily responsible for enforcing these laws.

Policies then help ensure the laws are administered and enforced effectively and consistently. They also provide agreed objectives and encourage collaboration between jurisdictions and agencies.

PROTECTING CHILDREN WITH STATE AND TERRITORY LAWS

Pre-employment screening laws aim to prevent abuse

Each state and territory has its own laws to protect children from sexual abuse. The specific laws vary across each jurisdiction, although they fall into three broad areas. The first of these is pre-employment screening.
These require that adults working or volunteering in child-related organisations go through a pre-employment screening process. Screening usually involves police checks, but might also assess any relevant allegations, police investigations, charges or apprehended violence orders.

The states and territories address pre-employment screening differently. Some incorporate it in their principal child protection laws, while most have stand-alone legislation. For more about pre-employment screening and other measures to prevent child sexual abuse in institutions, please see Chapter 4.

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Principal Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Working with Vulnerable People (Background Checking) Act 2011</td>
</tr>
<tr>
<td>NSW</td>
<td>Child Protection (Working with Children) Act 2012</td>
</tr>
<tr>
<td>NT</td>
<td>Care and Protection of Children Act 2007</td>
</tr>
<tr>
<td>Qld</td>
<td>Commission for Children and Young People and Child Guardian Act 2000</td>
</tr>
<tr>
<td>SA</td>
<td>Children’s Protection Act 1993</td>
</tr>
<tr>
<td>Tas</td>
<td>Registration to Work with Vulnerable People Act 2013</td>
</tr>
<tr>
<td>Vic</td>
<td>Working with Children Act 2005</td>
</tr>
<tr>
<td>WA</td>
<td>Working with Children (Criminal Recording Checking) Act 2004</td>
</tr>
</tbody>
</table>

Child protection laws seek to prevent and respond to abuse

Like pre-employment screening laws, child protection laws aim to prevent abuse. They also:

• provide support services to alleviate, or remove children from, harmful situations
• punish those who break laws, including perpetrators as well as particular people who fail to properly respond to abuse.

Given the broad scope of child protection, there are multiple government agencies with different responsibilities in each jurisdiction. Usually the department responsible for community or family services will intervene when a child is at risk of harm. For example, the department might investigate an allegation of abuse and coordinate out-of-home care services from a non-government agency. It will also work with the police when reporting allegations.

Each jurisdiction, including the Commonwealth, also has a commissioner or guardian for children. This role advocates for children, promoting and protecting their rights and wellbeing. These powers include monitoring and reviewing the practices and procedures of other government agencies responsible for children services.
<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Principal Act</th>
<th>Government agencies</th>
</tr>
</thead>
</table>
| ACT          | Children and Young People Act 2008 | • Community Services Directorate - Office for Children, Youth and Family Support  
• Children & Young People Commissioner |
| NSW          | Children and Young Persons (Care and Protection) Act 1998 | • Office of the Children's Guardian  
• Department of Family and Community Services - Community Services  
• Department of Education and Communities - Commission for Children and Young People  
• NSW Ombudsman |
| NT           | Care and Protection of Children Act 2007 | • Department of Children and Families  
• Children’s Commissioner |
| Qld          | Child Protection Act 1999 | • Department of Communities, Child Safety and Disability Services - Child Safety Services  
• Queensland Family and Child Commission (commences on 1 July 2014) |
| SA           | Children’s Protection Act 1993 | • Department for Education and Child Development - Families SA  
• Office of the Guardian for Children and Young People  
• Council for the Care of Children |
| Tas          | Children, Young Persons and their Families Act 1997 | • Department of Health and Human Services - Child Protection Services  
• Commissioner for Children |
| Vic          | Children, Youth and Families Act 2005 | • Department of Human Services - Children, Youth and Families  
• Commission for Children and Young People |
| WA           | Children and Community Services Act 2004 | • Department for Child Protection  
• Commissioner for Children and Young People |
Each jurisdiction’s principal Act shares similar objectives and key provisions, including the principles outlined in the United Nations’ *Convention on the Rights of the Child.* For example:

- ‘the best interests of the child’ are the primary consideration in decision-making\(^{36}\)
- there are specific provisions to support culturally informed decisions when it comes to children from Aboriginal and Torres Strait Islander backgrounds\(^ {37}\)
- children in out-of-home care are expected to have the opportunity to participate in decisions affecting them.\(^ {38}\)

The definition of a ‘child in need of protection’ varies. However, in practice, the threshold for statutory intervention is broadly consistent. For example, the requirement that the child’s parent is not ‘able or willing’ to protect them.\(^ {39}\) The differences in the laws are in the detail. For example:

<table>
<thead>
<tr>
<th>Mandatory reporting</th>
<th>Anyone can report suspected child abuse, but laws impose a legal requirement on some groups like doctors and teachers. For more information about the differences in mandatory reporting between jurisdictions, please see Section 5.1.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penalties for offences</td>
<td>Laws impose different penalties for offences. For example, sentencing length and monetary fines can vary.(^ {40})</td>
</tr>
</tbody>
</table>

**Criminal laws set provisions for offences**

Child sexual abuse is a crime under the *Crimes Act* in each state and territory.

Like the child protection laws, the relevant offence provisions in each *Crimes Act* varies. We examine the criminal justice system’s response to child sexual abuse in section 5.3.

**COLLABORATING TO MANAGE THE CHILD PROTECTION SYSTEM**

**Child protection is a shared responsibility**

State and territory governments are each responsible for governing and enforcing their own statutory child protection system. In practice, however, the child protection system requires involvement from all levels of government and multiple agencies. The wellbeing and protection of children is a shared responsibility.

The *National Framework for Protecting Australia’s Children 2009–2020* outlines the roles of each level of government, and the non-government and private sectors.\(^ {41}\)
| **Australian Government** | • delivers universal support and services to help families raise their children (such as income and family support payments)  
• delivers targeted early intervention services to family and children, promoting child abuse prevention  
• initiates or coordinates inter-governmental cooperation and interaction. |
| **State and territory governments** | • manage statutory child protection systems that provide the interagency services to respond to cases of abuse  
• deliver universal services and early intervention initiatives to prevent child abuse and neglect (such as therapeutic and support services, healthcare and education)  
• coordinate and fund child protection services provided by the non-government sector  
• handle serious cases of abuse, including child sexual abuse, through the police and criminal justice system  
• set child safe standards. |
| **Local governments** | • deliver services to vulnerable families in the local area (such as youth and family centres). |
| **Non-government sector** | • delivers direct services and support in child protection, including out-of-home care  
• delivers programs that promote prevention on a policy level. |
| **Business and corporate sector** | • provides family-friendly working environments for parents  
• delivers training in child protection. |

**National framework aims to substantially and sustainably reduce child abuse**

The National Framework provides the overarching policy framework for the child protection system, with the goal of substantially and sustainably reducing child abuse and neglect in Australia over time. Collaboration between government and non-government agencies is a key part of the framework, which requires all governments to meet six child protection outcomes by 2020.

The sixth outcome that governments must meet states: ‘Child sexual abuse and exploitation is prevented and survivors receive adequate support.’ This acknowledges child sexual abuse as a serious issue in its own right:

The framework outlines four strategies to deliver this outcome:

1. Raise awareness of child sexual exploitation and abuse, including online exploitation.
2. Enhance prevention strategies for child sexual abuse.
4. Ensure survivors of sexual abuse have access to effective treatment and appropriate support.
The framework aims to address the problems that arise from having multiple systems, by setting out a shared commitment by all governments. It acts to better link the support services governments provide and to avoid duplication. Instead, there can be coordinated planning and implementation, and better sharing of information and innovation.\textsuperscript{44} We will be reviewing the efficacy of the National Framework.

### 3.4 VICTIMS

All children in institutions or out-of-home care may be at risk of sexual abuse. We are learning:

- who the most vulnerable groups of children are
- what situational factors increase vulnerability
- what the impacts of abuse are on direct and indirect victims.

Some children are vulnerable because of attributes like their age, ethnicity, disability or immigration status.\textsuperscript{45} Children with several of these attributes might be more vulnerable; for example, girls with disability are significantly more likely to be victims of abuse.\textsuperscript{46}

Children can also be vulnerable because they are in particular situations, such as out-of-home care or detention facilities.\textsuperscript{47} These can include situational risk factors arising from extensive periods of unsupervised contact with adults, or residential arrangements with other children who may cause harm or abuse.

When a child does experience abuse, the effects can be devastating and last for years. Children and adolescents may face emotional, physical and social impacts, which may extend into adulthood. Indirect victims – such as parents, families, partners and whistleblowers – may also be affected.

#### UNDERSTANDING VULNERABILITY

**Children with disability are vulnerable to abuse**

Disability advocates and others have told us that children with disability are more vulnerable to sexual abuse than children without disability.\textsuperscript{48} Significantly, children with disability are more likely to have experienced repeated incidents of sexual abuse by the time they are 18 years of age.\textsuperscript{49}

These children are often segregated, to varying degrees, from the mainstream community for long periods.\textsuperscript{50} Submissions have suggested that segregation increases the risk of abuse in the following ways.\textsuperscript{51}

- heavily scheduled days and restrictive environments can make it difficult to escape violating encounters.
- strict hierarchies are difficult to challenge, and internal cultures of obedience and silence make it risky for children to resist perpetrators.
- children have little or no control over how they spend their time and who they interact with.

Another factor that increases the risk of abuse is special communication
needs. Children with disability might receive inadequate education about sex, inappropriate touching and abuse, making them more vulnerable to abuse.  

Aboriginal and Torres Strait Islander children are at risk of abuse

We have been told that Aboriginal and Torres Strait Islander children are over-represented as victims of sexual abuse; however, very little statistical research is available. Almost 7 per cent of private session participants told us they identified as an Aboriginal or Torres Strait Islander person. This is significantly higher than the estimated 3 per cent of Aboriginal and Torres Strait Islander people in the Australian population. It is important to note that data from our private sessions indicates abuse that may have occurred some time ago and may not reflect current circumstances.

We have been told that Aboriginal and Torres Strait Islander children are vulnerable to abuse due to a lack of sex education for many generations. Submissions have emphasised the need for culturally designed, protective behaviour programs that teach children about inappropriate touching and abuse. For example, ‘yarning’ programs which encourage discussion about child sexual abuse and build on oral traditions of handing down information through storytelling.

Peak representative bodies have suggested that a lack of a strong cultural identity may place Aboriginal and Torres Strait Islander children at increased risk of abuse. Thus, government legislation and policy has recognised the importance of maintaining strong cultural connections. For example, the Aboriginal and Torres Strait Islander Child Placement Principle prioritises placing children in their own family or local community, or in the wider Indigenous community.

A joint submission from peak representative bodies also identified that Aboriginal and Torres Strait Islander children are often exposed to additional risk factors because of complex cultural, historical and intergenerational factors. These factors include poverty and social disadvantage.

Children who have problem sexualised behaviours are at risk

We have also learned that some children show problem sexualised behaviours that place them at risk of harm. These behaviours can include:

- engaging in excessive self-stimulation
- using sexual language
- making approaches towards adults
- having obsessive interests in pornography or sexual activities
- making overtures to other children that are outside the bounds of usual development.

Sexualised behaviours in children might indicate prior sexual abuse or maltreatment. They might also manifest as a response to dysfunctional family relationships or other situational factors.
We have been told that children with problem sexualised behaviours are vulnerable to further abuse, particularly in out-of-home care. These children can ‘behave in ways that give encouragement to people who seek to sexually exploit children’. Children who exhibit problem sexualised behaviours may also experience adverse factors like:

- compromised educational or developmental outcomes
- social isolation
- exposure to drug or alcohol misuse

They might also face additional challenges, including vulnerability to a range of psychiatric disorders, and ‘may struggle to trust or maintain relationships with others’.

Children with trauma from prior abuse and neglect are at risk of further abuse

Children who have been maltreated in the past have an increased vulnerability to further abuse. Significantly, most children who have been maltreated experience overlapping and multiple types of abuse and neglect. Maltreatment can include sexual abuse, physical abuse, psychological harm and neglect.

Research shows there are several reasons why maltreated children have a higher risk of being maltreated again. For example, they might:

- have attachment and interpersonal difficulties
- have developmental disorders resulting from prior trauma
- be starved for attention
- be inadequately supervised and thus vulnerable to perpetrators

IDENTIFYING SITUATIONAL FACTORS

Situational factors can increase a child’s vulnerability

Some children can be more vulnerable to sexual abuse because of where they are living or being cared for. This highlights the importance of implementing child safe policies and procedures in both institutions and out-of-home care.

Situational factors that increase vulnerability can include:

- a lack of trusted adults to approach about abuse
- geographical isolation and reduced access to services
- insufficient capacity or resources to implement child protection policies
- inadequate training and staff supervision
- the physical characteristics of the institution (such as classroom doors without windows).

Children in out-of-home care face additional risks

Children in out-of-home care face a range of additional factors that make them more vulnerable to abuse. A primary factor is that these children
are in residential or quasi-residential environments, often with extensive periods of unsupervised contact with adults. Further factors may include:

- limited access to trusted adults to advocate on their behalf
- a lack of supportive relationships, such as with siblings, friends and extended family members
- the impact of past abuse or neglect.

In April 2014, we held our first roundtable with experts and government and non-government representatives to discuss issues relating to out-of-home care. These representatives discussed the vulnerability of children to sexual abuse when entering out-of-home care. A podcast and summary of the roundtable are available on our website.

Children in immigration detention and juvenile justice facilities can be vulnerable to abuse

Children in immigration detention and juvenile justice facilities can be vulnerable to sexual abuse. Factors that increase this risk include:

- the limited ability of staff to protect children from opportunistic abuse
- intermingling of children and adults
- some children lacking a protective parent to supervise or influence their behaviour.

One issue that has emerged is the risk of harm that children face when placed in detention with adults. The Australian Federal Police has noted that, with immigration detention, a loophole in sex offender registration allows offenders to live with children. There is contention over whether state or territory reporting obligations apply to convicted offenders who are released from corrective services into immigration detention while they wait for their immigration status to be assessed or to be deported. This loophole means they are not registered as sex offenders and are sometimes living with children.

In Queensland, 17-year-old offenders are sentenced to adult correction facilities. As a result, they face additional risks of sexual abuse. Children who are 16 and are currently serving a sentence in a Queensland juvenile detention centre must also transfer to an adult correction facility when they turn 17 (unless their remaining detention period is less than six months from their birth date).

RECOGNISING THE IMPACTS OF ABUSE

There is no single set of symptoms

Our work to date has clearly shown us there is no single set of responses that victims and survivors experience because of their abuse. However, common themes are emerging from private sessions and public hearings, which are supported by the available literature.

The short-term and long-term effects of child sexual abuse can be seen in many areas of life, including:

- at the individual level, in terms of
A survivor reflects on the long-term impact of abuse

‘Some people make the mistake of assuming that it doesn’t hurt you still, that the hurt’s gone, it’s just that you deal – I deal with the hurt in a different way to what some of those other women that I know were victims.’

mental health and physical health
- at the interpersonal level, in terms of emotional, behavioural and interpersonal capacities
- at the societal level, in terms of quality of life and opportunity.

Children and adolescents might face emotional, physical and social impacts

Immediately after the abuse, victims can experience:

- symptoms associated with post-traumatic stress disorder, such as re-experiencing and intrusion (commonly called flashbacks), avoidance and numbing, and hyper-vigilance
- shame
- anxiety
- anger, fear and guilt
- depressive symptoms and disorders
- insecure attachments to others
- sexualised or developmentally inappropriate sexual behaviour
- disruptive or changed behaviour
- sleep disturbance or nightmares
- social withdrawal, including disengagement from school and school activities.

They might also suffer physical effects such as:

- bleeding
- physical injuries or bruising
- tearing of the hymen or anus
- sexually transmitted infections
- stress on the sympathetic nervous system, immune system and neuroendocrine system
- painful genitals
- painful urination and defecation.

In the short term, victims can experience social isolation and have contact with the child protection system. They commonly have poorer educational outcomes.

Impacts often extend into adulthood

Literature on the long-term effects of child sexual abuse into adulthood identifies similarly varied effects across the individual, interpersonal and societal levels. In particular, the effects on mental health have been well documented. Research also indicates that survivors are at increased risk of re-victimisation, future perpetration and intergenerational trauma because of factors including:

- dissociation, where people feel disconnected from themselves or their surroundings
- numbing
- substance abuse and risk-taking behaviours
- social isolation.
In the long term, survivors can experience problems with trust. They might engage in high-risk sexual behaviours, and in some cases, criminal offending. Their relationships might be characterised by:

- difficulties with sexuality and intimacy
- lack of confidence in parenting
- being overprotective of their children
- destruction of once held spiritual beliefs.

Finally, at the societal level, survivors might experience:

- lower levels of community participation
- social isolation and homelessness
- lower earnings and socio-economic status, and difficulty maintaining employment
- imprisonment.

While suicidal thoughts, suicide attempts and actual suicides are not the most common long-term effects of child sexual abuse, they are among the most serious. A number of studies indicate that experiencing sexual abuse as a child can be a significant risk factor for suicidal behaviours later in life. During private sessions, many survivors have told us of attempts to take their own lives. Some partners, siblings and parents have attended a private hearing on behalf of a survivor who has committed suicide. The nature and severity of impacts vary between survivors.

It is important to note that while some impact appears inevitable, not all impacts – both short-term and long term – are experienced by all survivors, nor are they experienced in the same way. Numerous factors are at play, such as the characteristics of the abuse and the victim’s broader family context. It is also important to acknowledge that individual, interpersonal and societal effects are all interconnected.

Many survivors have reflected on the impact of child sexual abuse. Some have told us that particular life events, such as the birth of a child, could trigger memories or impacts. Some have also been affected by an institution’s failure to respond appropriately. The impact of abuse extends beyond the immediate victim. It is wide-ranging, affecting parents, colleagues, friends, partners and the community.
Survivors reflect on the impacts of child sexual abuse they have experienced

‘Sexual abuse is like a bullet’s hit you. You don’t know what it’s hit or when it’s going to come out, but it will.’

‘I was in a lot of pain for days after and bled a lot anally, but I couldn’t see a doctor because I knew if I told anyone they wouldn’t believe me, that’s how it was in the early 1960s. I’ve had ongoing issues with my bowel ever since.’

‘I fell to pieces. I couldn’t sleep. My blood pressure was up. I was taking sleeping pills, Valium and anti-anxiety medication. I was a wreck.’

‘For a decade after the rape I couldn’t sleep through the night and now I can. But my life has been ruined. I ended up in a physically abusive relationship for 20 years because I felt I didn’t deserve better. I’ve tried to kill myself, I’ve abused alcohol, I’ve starved myself, I’ve done everything to punish myself for what happened.’

‘The rape, abuse and abortions destroyed my ability to have children. My husband and I were married for 14 years during which time I managed to fall pregnant a few times, but always miscarried my babies.’

‘That school’s responsible for a lot of suicides and has really led to deaths through other means. I always feel very guilty about a friend because we confided in each other about our abusive pasts, but he’d gotten into drugs and drinking. A few years ago he died of blood poisoning and he was only 40-something. He never made a life for himself and now it’s too late for him, but maybe others can be saved.’

‘It’s affected my relationships. I’ve never had self-respect. Like my morals, my – I never knew what the boundaries were, because it’s really had a profound impact on my life.’

‘Over my life, I’ve attempted suicide four times.’

‘I was fortunate to meet a nice girl and marry her because her and our two boys have kept me going, and my wife has put up with my mood swings over the years. It really hit me when the boys grew up and moved out of home, that’s when the nasties crept in, which were the memories of abuse I’d managed to suppress for over 30 years.’
Parents describe trauma to victims and families caused by child sexual abuse

‘She went to sleep and woke up a different person the day after she was abused, and will never be the same again. She’s suffered depression, she’s been suicidal.’

‘There are no Christmases, no birthday celebrations anymore, our family’s been absolutely destroyed by the actions of one man.’

‘It’s taken away her childhood and ability to form normal, intimate relationships. She’s not been able to join the workforce, has post-traumatic stress disorder and bipolar. She’s quite obese because she’s eaten herself into oblivion, doesn’t like social situations, like she was just a total disaster.’

‘I’ve been on workers’ compensation since October 2013 because I’m suffering post-traumatic stress disorder. My income has been halved, so my family is struggling financially because I chose to stand up for what’s right.’
3.5 PERPETRATORS

A significant body of research focuses on the perpetrators of child sexual abuse. We have gained insights into:

- common characteristics
- environments where abuse can occur.

There are a number of theories of why perpetrators abuse children. Recent theories describe how various biological, psychological, environmental and interpersonal factors may lead to a person sexually abusing a child.

Our early work suggests that to prevent child sexual abuse, it may be more effective to address risk factors rather than profile likely offenders. For example, in many instances, pre-employment screening and child safe procedures could have prevented abuse.

IDENTIFYING COMMON CHARACTERISTICS

Literature looks at biological, psychological and interpersonal factors

A number of recently developed theories describe how various biological, psychological and interpersonal factors may lead to a person sexually abusing a child. The literature suggests that particular factors seem to be associated with perpetrators of child sexual abuse, including:

- prior abuse and neglect
- experiencing harsh discipline as a child from parents and carers
- poor attachment and dysfunction in their own family
- poor social connections with others (such as loneliness or poor social skills)
- higher sex drive and preoccupation with sex
- more deviant sexual interests
- using sexual activities or behaviours to relieve anxiety or stress
- more tolerant attitudes to adult–child sex
- attitudes that minimise perpetrator culpability.

There may be three broad types of perpetrators

To identify risk factors and develop recommendations on child sexual abuse, we must understand the types and characteristics of perpetrators. Awareness will also help the community to identify and respond to concerning behaviour or abuse.
Theories suggest there are three types of perpetrators who sexually abuse children.

<table>
<thead>
<tr>
<th>Serial, predatory perpetrators</th>
<th>Serial perpetrators are high-frequency chronic offenders. They choose victims based on situational factors and are likely to actively manipulate environments to create opportunities to abuse. They are the most difficult perpetrators to deter but the frequency of abuse can be reduced through situational prevention.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opportunistic, occasional perpetrators</td>
<td>Opportunistic perpetrators usually commit occasional, low-level criminal acts. They have a greater stake in conformity and their behaviours are strongly influenced by personal and social constraints. They are more likely to commit abuse where situational factors weaken these constraints. For example, they might abuse when a lack of appropriate controls, such as a code of conduct or reporting procedures, obscures personal responsibility for the abuse. Increasing personal and social constraints reduces the likelihood of abuse.</td>
</tr>
<tr>
<td>Situational perpetrators</td>
<td>Situational perpetrators will commit abuse in reaction to environmental factors. They often behave impulsively, when overcome by temptation or a temporary failure of self-control. For example, they might commit abuse if they are alone with a child who is bathing. Situational prevention strategies can prevent abuse.</td>
</tr>
</tbody>
</table>

While the traditional view has been that most abusers are serial, predatory perpetrators, research now suggests that most abusers are usually opportunistic or situational perpetrators.

**Most perpetrators are male**

Research has shown that men are far more likely to sexually abuse a child than women. However, some women might act as a co-abuser with a male partner. This is reflected in what we are being told at private sessions, where 86.6 per cent of perpetrators were male.

Some experts question whether lower rates of reporting against female perpetrators truly reflect the rarity of female abusers. They ask whether there could be other reasons for its under-reporting. One possible reason is societal attitudes that discourage male victims from disclosing abuse by female perpetrators. For example, these victims might feel that they would not be believed or taken as seriously. Experts suggest such attitudes are illustrated by lesser criminal penalties applied to female perpetrators compared with men who committed similar abuse.
Perpetrators can hold any position in the institution

A perpetrator may hold any position in any institution. However, during private sessions, we have heard that one in four perpetrators were members of the clergy or religious orders. Many participants also reported teachers and foster carers as perpetrators.

We recognise there is a lack of comprehensive and definitive research on the prevalence of perpetrators within institutions and how this may have changed over time.

Some perpetrators are peers

Some child sexual abuse occurs between peers. We are aware there is a range of complex factors that will influence whether a child shows abusive behaviours, including whether they have experienced prior abuse or maltreatment. We have heard – through submissions and discussions at our first roundtable, held in April 2014 – that this is an area of concern and could have significant implications in institutions and out-of-home care.

Australian police statistics from 2003 – 04 show that children under 17 committed 9 to 16 per cent of all the child sexual abuse offences recorded.

ACKNOWLEDGING WAYS THAT CHILD SEXUAL ABUSE CAN OCCUR

Environmental factors can influence whether child sexual abuse occurs

Awareness of the way abuse occurs can help institutions identify behaviours, prevent risks and report incidents of abuse. In particular:

• situational and opportunistic offenders are more likely to commit abuse when certain environmental factors are present
• perpetrators may follow steps or patterns of behaviours, including targeting, grooming behaviours and maintaining secrecy.

For both opportunistic and situational perpetrators, the surrounding environment is crucial to their decisions to offend or not. Serial, predatory perpetrators, on the other hand, will actively create environments to abuse. Reducing cues and opportunities for abuse by adjusting the environment can be effective in preventing abuse.
There are two key theories about environmental factors.\textsuperscript{112}

**Situations allow criminal behaviour**

Situations can provide the opportunity that allows a criminal response to occur. For example, a lack of supervision could provide this opportunity. Opportunistic perpetrators are unlikely to actively create opportunities but are likely to recognise and take any that arise. Situational perpetrators are unlikely to create or identify opportunities.

**Situations influence criminal behaviour**

Situations present behavioural cues, social pressures and environmental stressors that trigger a criminal response. For example, a sense of emotional congruence with a child might turn into a sexual incident. Situational perpetrators are most likely to be influenced by these triggers to commit abuse.

These theories support the need to focus on creating safe institutional environments rather than focusing on the perpetrators or victims. This approach has a promising track record: it has been successful in reducing assaults on adults (physical and sexual), car thefts, robbery and shoplifting.\textsuperscript{113}

Opportunistic perpetrators are less likely to commit abuse where organisational controls are in place to prevent and deter abuse. For example, rules may state that a staff member should not be alone with a single child.

Situational perpetrators commit relatively isolated incidents of abuse that are often a reaction to cues. Reducing these cues or environmental triggers can significantly prevent abusive motivations arising. For example, codes of conduct should clearly identify types of unacceptable behaviour and be effectively enforced.

For more on situational prevention strategies to deter these perpetrators, please see section 4.2.

**There are higher numbers of perpetrators within some institutions**

The Royal Commission wants to find out why there have been a significant number of perpetrators in certain institutions. In particular, we will examine:

- the circumstances that lead to abuse occurring in these institutions
- the selection processes and training of staff members
- the formation and structure of these institutions.

This will increase our understanding of systemic issues and inform our future work and recommendations.
Perpetrators also manipulate people, processes and situations

Perpetrators often manipulate people, processes and situations to create opportunities to abuse. In particular, they try to gain and maintain access to children. They also establish trusting or controlling relationships with children and adults so the abuse is not disclosed or reported.

A survivor reflects on their experiences of grooming

‘There was at least one other incident where there had been questions about what type of person this man was. But a real trust had been built up at the adult level. I think that was one of the reasons I couldn’t come forward and say anything – would I have been believed?’

Institutions have a key responsibility to recognise when perpetrators are using manipulation to commit abuse, and to prevent them from doing so. By being aware and open, and having proper oversight, institutions can prevent perpetrators from grooming children and manipulating others.

Institutions must understand and recognise grooming behaviours

Grooming describes behaviours that are used to prepare a child with the intention of sexually abusing them. Grooming comprises of two main elements of:

• building a trusting relationship with the child and carer
• isolating the child to abuse him or her.

It is important to understand what grooming behaviours are and how to identify them. Perpetrators ‘take advantage of ambiguities over boundaries and behaviour to groom children through touch, inappropriate conversations, and a lack of supervision’.

A survivor reflects on the impact of grooming

‘The impact of grooming is [as] profound as the physical assault. It is as damaging and lifelong in its effect, in my case, as most of the others. I just don’t think that’s emphasised as much.’

Grooming behaviours can also be used to avoid detection once abuse occurs. This can include creating a relationship that will discourage the child from disclosing the abuse to others.
A survivor explains how a perpetrator exercised power over children

‘He had a finely honed process that he had down pat – ways to groom children and creating a whole situation where he was the king. Everybody wanted to be with him, everybody wanted to be like him. He could make you do anything he wanted and you’d just do it.’

Grooming behaviours can be difficult to recognise or distinguish from seemingly innocent actions. However, as perpetrators and victims often know each other for a year or more before the first incident takes place, there is an opportunity to prevent abuse if visible signs of grooming are identified and reported.\textsuperscript{120}

Observable signs include:

- a graduation from attention-giving and non-sexual touching to increasingly more intimate and intrusive behaviours
- creating ‘special’ relationships with particular children
- seeking to spend time with children alone or outside the work role.\textsuperscript{121}

In Case Study No 1, Steven Larkins manipulated processes

Evidence during this public hearing described how Larkins often manipulated processes and people. For example, he evaded a state-run vetting process and manipulated Working with Children Check procedures to gain and maintain access to children.

In Case Study No 2, Jonathan Lord took advantage of situations

Evidence described how Lord took advantage of situations and environments. For example, he used a bus trip where a child sat on his lap, and babysitting, as opportunities to abuse.