

## **Broken Rites - Submission to Case Study # 57.**

*Each of us must decide what we stand for, and then go and stand there.*

***Jason Berry.***

On behalf of the organisation, I present this document and other material as our response to matters that the Commission has identified. The submission is underwritten by more than twenty years of advocacy and research on the part of a few concerned individuals – Christina MacIsaac, Bernard Barrett, John McNally, myself and several others.

Throughout the years, we have always operated with financial independence and this has enabled us to advocate and to expose wrongs without fear of favour. The only operating monies available to us have come in the form of individual donations and at times we have had to use some personal spending.

Our advocacy has required thousands of phone calls, and emails and when possible, face to face meetings with victims of sexual abuse within Religious and Church institutions and communities. In the early years we conducted monthly support meetings for survivors and published and distributed a Newsletter. Later, the Newsletter was replaced with a substantial, informative and factual Web Site. This has required constant and dedicated attention in order to keep it as up to date as possible. There have been many meetings with survivors' family members, visits to prisons and community residential units, meetings and discussions with police and we have accompanied many survivors to assessments and mediations. Considerable time has been devoted to the prompt provision of information to media. Many letters have been written to church officials, government agencies, solicitors and parliamentary representatives. At times "Opinion" articles and "letters" have been sent to news editors; the organisation attempting to present its view and/or experience to readers or to challenge a prevailing view. Only some of these media initiatives were successful.

Detailed, written submissions were provided to a series of public inquiries relating to the treatment and the sexual abuse of children including the experiences of Child Migrants, State Wards and the thousands of Forgotten Australians. Members have given detailed testimony to the public hearings associated with some of these enquiries, including this Royal Commission. A reader might well ask why so many public inquiries needed to be conducted?

The inquiries are:

- The Forde Inquiry into the Abuse of Children in Queensland Institutions (1999). A report to the government of Queensland.
- “Lost Innocents: Righting the Record” A report of the Senate Community Affairs References Committee of Inquiry into the Child Migrants (2001). A report to the Parliament of Australia.
- “Forgotten Australians”. A report of the Senate Community Affairs References Committee of Inquiry into Children in Institutions (2004). A report to the Parliament of Australia.
- “Listen to the Children: Review of claims of abuse from adults in state care as children” (2006). A report to the Parliament of Tasmania.
- “Children in State Care” Commission of Inquiry by the Hon E.P. Mulligan QC (2008). A report to the government of South Australia.
- “Inquiry into the handling of Child Abuse by Religious and Other Organisations.” A Report of the Family and Community Development Committee of the Parliament of Victoria. (2013).
- The Royal Commission into Institutional Responses to Child Sexual Abuse (2012-2017)
- The Independent Inquiry into Child Sexual Abuse in the United Kingdom (2017-2018).

It is unlikely that many of these public inquiries would have taken place without the courage shown by survivors, coupled with an enduring involvement of the print and electronic media across Australia. Time after time, dedicated journalists conducted their relentless pursuit of the facts and often they confronted individuals, criminal offenders and persons in positions of authority. The media list includes Bruce Blythe (deceased), Tania Ewing, Barney Zwartz, Bill Burnbauer, Joanne McCarthy, Martin Daley, Andrew Thomson, Susanne Smith, Louise Milligan, Adam Harvey, Quentin McDermott, Paul Kennedy, Stephen Crittenden, Caroline Milburn, Tessa Ackerman, Samantha Donovan, Richard Yallop (deceased), Ian Monro, Derryn Hinch, Nick McKenzie, Dan Box, Andrew West and Rory Callinan.

Through its cross examination of witnesses the Royal Commission has established within the collected evidence, an overview of what has been taking place and what has been allowed and enabled to take place across our nation, for a considerable period of time. Now, the Australian community is understandably shocked and dismayed at the scale of the crimes committed against children.

*“I trust you will not follow the example of many others who divert the discussion from its main intent and fasten upon some statement which lacks a hair’s breath of the truth and, under this hair hides the fault of another which is as big as a ship’s cable.”*

*Galeleo Galilei*

In order to respond to the questions posed for Case Study #57, an examination of these “faith-based” institutions is warranted. We may ask, what they are now, what role they now play, what motivates them and whether they are in a position to change their culture and direction, if necessary. To varying degrees faith-based institutions can be considered to have three important components;

1. A religious/charity entity
2. A political/social entity
3. A corporate entity

Each entity is multi-faceted, is promoted, and operates to varying degrees within and beyond the particular institution. The sum of the three is embedded to varying degrees within the “Christian” section of Australian society. Many persons who belong to, or engage with these institutions, will often make their choice because the person shares or accepts a particular belief system that aligns with the **religious/charity entity**.

**When the representatives of an institution engage in processes of enquiry, their views and their dialogue can be formed by their belief system as much as from their experiences. Beliefs are not facts, experiences are often facts.**

The big change that has taken place during the past sixty or so years has been the emergence of the **corporate entity**. Often, this has allowed the institution to continue to pursue its “mission” eg, to work within and serve particular communities (schools, health consumers, disability consumers etc) and often to expand, diversify and improve its operations. It has also contributed to the establishment of greater financial stability of the institution overall. Invariably the **corporate entity** has become proactive and strategic. Examples of this emergence of the corporate entity would be the expansion of the Catholic school system following the establishment of State Aid for schools and the movement of the Salvation Army into the asylum/detention system.

The **political/social entity** has been enduring. For a long time the social facet was linked to the charity status and the culture of an earlier form of the institution. This will have commenced when the first emissaries were sent to colonial Australia - priests, pastors, missionaries, hospital workers etc. As our society has grown, diversified, become more multicultural, the political facet has grown, in its sophistication and its ability to influence and to lobby.

Probably up to around World War 2, the **religious/charity entity** was dominant with the attitude of “non-believers” being almost one of curiosity (and a lot of admiration). In the past sixty or so years this political facet became much stronger and then the **corporate entity** emerged. Many faith-based institutions are now very dependent upon the operations of their **corporate entity** as these account for the bulk of the institution’s revenue. In some institutions there is a constant tension between the three entities, both philosophically and actually.

*The elapse of time sifts the salient from the ephemeral.*

**Matthew Parris.**

We feel that in the series of Case Studies conducted thus far, the Commission has not sufficiently teased out these interrelationships between any institution’s three components. Nor has much questioning focused upon possible historical drivers. We believe that these are very important as they reveal tenets of the thinking and culture that evolved locally. The Catholic Church is a good example. Case Study # 51 was informed that English-born priests were first sent to Australia followed by Irish priests. Any priest would have entered a colonial society with large groups of protestant and Irish Catholic expatriates and with an administration that was linked to the English Crown and English institutions.

Across the Australian landscape there are thousands of signs of a past “competition for souls” which would have become frenetic once gold was discovered. Since colonial Australia was not influenced in any strong way by adoption of the English Poor Laws, its public/social policy went in a different direction. This is largely the genesis of the practise of child removal and institutional upbringing. It became formalised with the establishment of the Child Protection Society in 1900 and it was pursued by governments, in a variety of forms, until the 1970’s. Thus it is possible to identify four intervals when indigenous children and large proportions of Australian-born children were assigned to either institutional or another form “out of home care”. This history was detailed in Broken Rites’ response to the consultation paper, **Institutional responses to Child Sexual Abuse in Out of Home Care.**

Two episodes appear to be a consequence of economic factors and two a consequence of war. Each was the result of a response by government/administration, when faced with sudden social change and with mothers and children falling into extreme poverty. These episodes occurred during the course of the Australian gold rush, in the aftermath of the Great War, in the aftermath of the Great Depression and following World War 2. Christian, faith-based institutions first responded voluntarily with each one's **religious/charity entity** driving this response. Over time the arrangements changed because an economic opportunity arose in the form of high wealth individuals and a rising middle class that was willing to donate.

Later, there was the offer of payments by governments for the support of children who were separated from family and parental engagement. This second income stream was the child endowment payments. We believe that these were strong driving forces behind programs such as the Child Migration Schemes. These forces also created the right climate for the **political/social entity** to emerge so that governments and institutions were working "hand in glove".

Victoria stands out for the large number of very large residential facilities that took in children. This deserves further examination because other dynamics can be identified. World War 1 is a key development because it signals the beginning of thirty plus years of sectarian tension, division and political action in Victoria and to a lesser extent in NSW. This interval witnesses the Irish-Australians' opposition to two referenda on conscription, the establishment and operations of The Movement, the National Civic Council, the Democratic Labour Party and the Catholic, voter movement to achieve State Aid for Catholic Schools. During this time the **political/social entity** of the Catholic Church flourished and many parish priests were in the thick of it. Various societies and movements (Marion mysticism, The Legion of Mary, Sacred Heart Society etc) also took hold within the church itself and a strong movement of vocationally-inspired lay Catholics came forward to enter religious orders and the priesthood. This **political/social entity** was also alive and well within the trade union movement, with capture of the leadership of "middle class" unions like Shop Assistants, Liquor Trades and some Health Unions.

The awarding of State-Aid represents another turning point because it gave a number of the faith-based institutions a "place at the table" with elected governments. Now it was realized that activities did not have to be limited to running schools and a few large, public hospitals. This signals the emergence and dominance of the **corporate entity**, so that these institutions have moved beyond their "charity" status to become major service providers to governments.

*"Still there are any number of clerics who have been seduced into that club by delicious enticements and clerical rewards, and a subtle warranty against growing pains! They live in a theological climate characterised by an unspeakable lack of energy, profound prosaicism, offering a faded, dog-eared image of **ecclesia pro seipsa** -- **A church for its own sake.***

*Fr. Ted Kennedy*

### **The State of denial.**

Considerable discussion about child sexual abuse within the Catholic Church has focused upon the impact of celibacy upon the individual. While this has been an important discussion, it might also have been a convenient one. This is because a whole range of other matters have not been explored in any detail.

Before the development of chemical contraception for women, catholic families were large and often impoverished. The portrayal from the pulpit and in the schools of the supremacy of a “religious” life must have had a serious impact upon psychologically immature teenagers. The reader should imagine the impact of changed circumstances upon any fourteen year old boy or girl.

***Moving from a shared bedroom on a dairy farm out of Colac to a bricks and mortar convent or seminary – polished floor, timber panels, three meals each day, no sibling competition, authority figures replacing parents etc.***

This will have been overpowering. Furthermore the child would find out that it had crossed the family’s expectation threshold – no turning back. There has been little examination of the intake status of so many young persons. This would include examination of a range of psychological attributes and pre-existing psychiatric conditions including:

- Immaturity
- General anxiety.
- Anxiety driven by self-recognised sexual orientation.
- Anxiety driven by undesired sexual experience. During case study #51 a clinical psychologist involved with the “Encompass” program provided data about experience of rape in young women who entered convent life.
- Personality distortion and disorder
- etc.

These sorts of “pre-existing” conditions may have played out in the psychological processes associated with religious formation, education and training or they might have remained latent and even suppressed. People may accept all of the tenets of a belief system. They may also select particular parts and they may also distort what parts of belief they are prepared to accept.

Evidence given during Case Study #51 revealed that the Catholic bishops of Australia decided not to receive and consider reports being generated from independent analysis of the large body of clinical data that was accumulated during the several years of operations of the “Encompass” program. From the protocols shown as Exhibits to that case study, proper analysis would have disclosed sets of risk factors among religious and clergy who were directed to attend the program. We find this decision of the bishops to be astounding!

In organisations like the Salvation Army, clearly Salvationists were recruited, particularly soon after the Second World War, who were clearly damaged themselves and completely unsuited to be in charge of children

*“Nothing strengthens authority so much as silence.”*

**Charles de Gaulle.**

### **Reputation must be protected.**

The Commission has identified two key findings that relate to time delays. The delay between the child’s experience of sexual abuse and the person’s reporting of it and the past delays by institutions in responding to complaints and reports of abuse by members. Often no meaningful response occurred until the abuse was exposed by media.

In evidence given during Case Study #46 we attempted to explain the developmental basis for the first delay phenomenon. We believe that the Institutions’ decision to delay can also be explained. It is a consequence of the current primacy of the **corporate entity**. The good standing and reputation of the Institution’s “not-for-profit” businesses are now so important, because the contracts with governments are such a critical source of revenue. Maintaining the reputation is more important than eliminating the risk and responding to survivors. There is a debate to be had in Australia about the future provision of services on behalf of governments, by the not-for-profit sector.

## **Failure of the Catholic Church to drive out paedophile priests and religious, and the role of secrecy.**

There are two dimensions to this as it has affected the lives of innocent children across Australia.

1. The impact of the instruction to bishops in *Crimen sollicitationis*.
2. The Vatican's failure to support concerned Oceania Bishops.

### ***Crimen Sollicitationis.***

In 2001 Cardinal Josef Ratzinger (who became Pontiff) was at this time the Prefect of the Vatican's Congregation for the Doctrine of the Faith. He issued a letter to "Bishops of the entire Catholic Church and other Ordinaries and Hierarchs having an interest". The letter attempted to clarify some of the Canon Law Codes and constructs in a papal document *Crimen sollicitationis* (The Crime of Solicitation), which had been issued in 1962, following the conduct of a Papal Commission.

The letter authorised any bishop to respond to complaints of sexual abuse by first conducting an evaluation of the complaint, followed by a "**preliminary investigation**", in cases where the bishop judged the complaint to have merit. When a "**preliminary investigation**" was completed bishop was required to notify the Congregation for the Doctrine of the Faith (ie Cardinal Ratzinger). In cases where the victim was "**a minor below the age of 18 years**" further action against the accused under Canon Law was "**reserved to the Apostolic Tribunal of the Congregation for the Doctrine of the Faith**" ie Cardinal Ratzinger. Action by this Apostolic Tribunal had to be taken within 10 years and where the case involved a child this 10 year period did not commence until the victim reached 18 years of age. Furthermore it stated that "**cases of this kind are subject to the pontifical secret**".

**This process, constructed by Cardinal Ratzinger, has been a disaster for children in Australia. It is highly probable individual Catholic bishops did receive complaints about abuse and then responded by doing nothing of by moving the alleged offender to some other location. This resulted in the criminal activity going on for years and involving many children.**

### ***The plight of the bishops of Oceania.***

In November 1998, at a **Synod on Oceania** held in Rome, Australian bishops raised a number of issues with the then Pope John Paul II and senior Vatican officials including Cardinal Ratzinger. Bishop Geoffrey

Robinson appealed for more measures to be taken to prevent sexual abuse by priests. Robinson pointed out that “sexual, physical and psychological abuse by priests and religious has become a major obstacle to preaching of the Gospel in Oceania”. There was no response of any consequence to Bishop Robinson’s appeal. **Ratzinger wanted to be Pope.**

*“Imagine a society afflicted by a scourge which struck down a quarter of its daughters and up to one in eight of its sons. Imagine also that this plague, while not immediately fatal, lurked in the bodies and minds of these young children for decades, making them up to sixteen times more likely to experience its disastrous long-term effects. Finally, imagine the nature of these effects: life-threatening starvation, suicide, persistent nightmares, drug and alcohol abuse and a whole host of intractable psychiatric disorders requiring life-long treatment. What should that society’s response be?”*

*The scourge that we are speaking of is child sexual abuse. It has accounted for probably more misery and suffering than any of the great plagues of history, including the bubonic plague, tuberculosis and syphilis.*

***Bill Glasser – Professor of Forensic Psychiatry, 2000.***

### **Child sexual abuse and mental illness.**

Child sexual abuse is an extreme form of maltreatment. It should now be considered the “tobacco industry factor” in relation to mental health. Just as smoking in young (and older) persons, sets the smoker up with a high risk of developing cancers and a range of other lung and vascular diseases during adult life, so child sexual abuse can be linked to the later development of a wide range of psychiatric disorders. There is an extensive literature (listing of contemporary literature is provided) that describes the medical and social consequences of child sexual abuse. Survivors are seldom diagnosed and they are significantly over-represented in public hospitals, public mental health services, public housing, disability services, juvenile justice and the prisons. Many have difficulties with learning and developing trusting relationships and they experience a high risk of relationship breakdown and suicide.

*“What haunts us are not the dead, but the gaps left within us by the secrets of others.”*  
*Phillipe Sands*

During the past 15-20 years a small number of psychiatrists and neurobiologists, working mainly in the US, have deciphered this link between child sexual abuse and subsequent onset of mental illness. The medical evidence and understanding is now clear. When abuse is experienced in childhood and early teenage years, stress hormones that are produced within the body and the brain, impact upon sub-brain structures that are completing their

development at this very time in chronological age. The physical and functional development of these structures can be severely compromised and the effect is permanent in many subjects. All of these impacts are in the left hemisphere and they can be illustrated using Magnetic Resonance Imaging (MRI). The most recent studies indicate that individual MRIs can now be subjected to computational analysis, using algorithms, so that the extent of the deficits in brain development are quantified. With this analysis at hand, it will be possible for a neuro-psychologist to test individuals, using standardised clinical tests, and describe medically the degree to which a range of abilities have been lost as a direct consequence of the sexual abuse that was experienced. We believe that there is a group within any survivor population who, once tested, would be assessed to have a particular form of Acquired Brain Injury. The implications of this new understanding for survivors, their families, their communities, the law, the insurance industry and institutions will be profound.

We are astounded that the Catholic Church, with all of the resources available to it, world wide, has not maintained a close watch on medical developments. Instead we are given “authoritative” Vatican statements such as the paper “Is the Mentally Ill Patient a deformed Image of God?” delivered by the President of the Pontifical Council for Health and Pastoral Care.

The paper was delivered in Adelaide in 2006, on the occasion of **The World Day of the Sick**. It presents a wide-ranging discourse about mental health services, the various types of illnesses, the state of medical knowledge and understanding, and risk factors. This post-Freudian construct makes no mention of the life-long impacts of child sexual abuse upon mental wellbeing and it should be regarded as an insult to every clinician’s knowledge, training and experience.

Dr Wayne Chamley

**Exhibits.**

1.

*Policy and Research Section  
Child Abuse Royal Commission  
GPO Box 5283  
Sydney  
NSW 2001.*

*26th April, 2016.*

**Re. Consultation Paper: Institutional responses to child sexual abuse in Out-of Home Care.**

*This response has been prepared on behalf of the organisation. Broken Rites welcomes the opportunity to respond to this Consultation Paper.*

*During the course of its work, the Commission has no doubt become aware of the widespread practices of the past, where children were removed from parents and placed into institutional care. Much of this was state-sponsored with no consideration of risks to the children apart from the deprivation that they would experience.*

*As a voluntary organisation supporting many of these people, we have been able to gain insights into some of the circumstances and some of the organisational failures that led to these people falling victim to sexual predators. We consider that the provision and operations of Out-of-Home Care services into the future is extremely important because sadly, the need is not going to disappear. At the present time more than 40,000 Australian children are in this situation and unfortunately, we expect that this number will increase unless there are radical changes in public policies relating to how governments support families and respond to the needs of families when they encounter temporary crisis situations.*

*Yours sincerely,*

*Wayne Chamley.*

**Broken Rites**

**(Australia) Collective Inc.**

*PO BOX 163 Rosanna 3084.*

*Telephone (03) 9457 4999*

## ARTICLE

*There are four “visible” aspects to the Royal Commission’s investigation. Commissioners are moving around the country and holding private meetings with individual persons and/or small groups, at their request; a series of public hearings has begun; commission staff have commenced the preparation and release of a series of Issues Papers, and from time to time the Commission will request specific research projects to be conducted and reported to it. Each Issues Paper is posted with a request for persons and organisation to respond in writing. In this way the Commission is becoming informed. Issues Paper #3 is about “Preventing Sexual Abuse of children in Out of Home Care”.*

*Over the past twenty years I have met with hundreds of men and women who experienced OOHC during childhood. Every one of has been deeply effected by a critical assault – being separated from parent(s) and/or family. Many of them endured other critical assaults – neglect, exploitation, physical and sexual abuse, being denied a basic education, the experience of extreme fear and even slavery.*

*I now believe that we need to have a serious, community-wide discussion and debate about the use of OOHC as a response mechanism to families that might come into crisis. What must be considered here is the question of relative risk to the child as well as consideration of other appropriate programs and response mechanisms.*

**I am not suggesting that there will never be circumstances where placement of a child in OOHC is the appropriate response, being carried out with the welfare and protection of the child foremost.**

### **Separating children from family and Out of Home Care (OOHC).**

*Whilst comparative data about the practice of directed and/or state-sanctioned separation is not easy to find, there are some partially-researched instances, involving very significant numbers of children:*

- *The sending of a several hundred English-born children to the new settlement of Virginia in response to a decision of the court of Queen Elizabeth 1.*
- *The experiences of hundreds of German-born, “Schwarbian” children around the middle of the last century.*
- *The several thousand “stolen children” placed with rural families (over a period of 200 years) within Switzerland.*

- *The thousands of children across Europe who, along with parents and other family members, experienced the Holocaust.*
- *In Ireland, the placement of about 150,000 boys into Catholic industrial schools and 17,000 girls into the “Magdalene” laundries during the last century.*
- *The experiences in Canada of more than 100,000 “First Nation” children who were placed into Residential Schools.*
- *The participation of Britain and Malta in Child Migrant Schemes with about 100,000 children to Canada; 80,000 to Rhodesia and about 7000 sent to Australia during the last century.*

*A majority of these children were not orphans. These were children living in families with their parent(s) who happened to be poor. For many the mother was a sole-parent without social or community support.*

### **Australia’s story.**

*In Australia, towards the end of last century, six reports documented how large numbers of children were separated from families and then raised in institutional “care” and in other arrangements that were more akin to what today is defined as OOHC (foster parenting, hostels etc). The reports that now document this history are:*

*Bringing them Home: A Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. (1997). Australian Human rights Commission.*

*The Forde Inquiry into the Abuse of Children in Queensland Institutions (1999). A report to the government of Queensland.*

*“Lost Innocents: Righting the Record” A report of the Senate Community Affairs References Committee of Inquiry into the Child Migrants (2001). A report to the Parliament of Australia.*

*“Forgotten Australians”. A report of the Senate Community Affairs References Committee of Inquiry into Children in Institutions (2004). A report to the Parliament of Australia.*

*“Listen to the Children: Review of claims of abuse from adults in state care as children” (2006). A report to the Parliament of Tasmania.*

*“Children in State Care” Commission of Inquiry by the Hon E.P. Mulligan QC (2008). A report to the government of South Australia.*

*The children in these reports were either indigenous, Australian-born and non-indigenous or child migrants. While most of the child migrants were English-*

*born, some were Irish-born and about 400 were Maltese-born. In the case of the "Forgotten Australians" report, the children included some orphans and many state wards or persons who were just placed into the care arrangement by a reluctant parent or some other (interfering) person. There is a theme that runs through this potted history and the separation of the child from the parent is at the centre of it.*

### **Starting with the First Fleet.**

*Robert Holden's book "Orphans of History" <sup>1</sup> records that thirty four children under fourteen years of age left England with first fleet. Another twenty six babies were born during passage with twenty surviving the journey. Amongst the convicts there were thirteen children with convict mothers and three children who were sentenced convicts themselves! These child convicts might be regarded as the first unaccompanied minors who became a responsibility of the Crown, as represented by the colonial administration. In the new colony a (policy) matter arose about marines wishing to marry convict women. Governor Macquarie agreed to permit such marriages even though it was known that some likely applicants would already be married. There was a caveat. If the marine returned to England, the family would be required to return with him. Macquarie's decision was direction that breaking up families was to be avoided and that the colony would not become a repository for abandoned mothers and children.*

### **Four episodes of separation.**

*From this point it is possible to trace four episodes when very large proportions of indigenous and Australian-born children were assigned to either institutional or OOHC. Two appear to be driven by economic factors and two were a consequence of war. Each was the consequence of a response of government when faced with sudden social change and with mothers and children falling into extreme poverty. These episodes occurred during the course of the Australian gold rush, in the aftermath of the Great War, in the aftermath of the Great Depression and following World War 2.*

*All episodes were driven by prejudices and societal attitudes about the alleviation of poverty; that it should come about through the provision of charity in the form of gifts, charitable works and over time, some services. The first two episodes were also driven by the fact that progressive ideas about social safety nets, welfare programs and transfer payments etc had either not evolved or were just beginning to evolve.*

*During the gold rush, wealthy citizens and charities provided money for the construction of large facilities to house children “so as to prevent them from joining the criminal classes”. By the time of Federation, these individuals had moved on. The charities continued with their work, new organisations formed (eg The Child Protection Society) and they were joined by various churches and other religious organisations. In the report “Forgotten Australians” it is estimated that during the last century alone, more than 500,000 non-indigenous children were raised in OOHC. I now believe that the real figure is close to 640,000. This is the greatest number of children being placed into care by any sovereign nation in recorded history and it occurred at such an early time in our nationhood. The inter-generational consequences of these experiences must have had a significant effect upon how Australian society has developed and evolved and the placement of children in OOHC continues today. However the practice of effecting an early separation of the child from the parent/family seems to have become entrenched and there are questions to be asked about the persistence of this mindset in modern Australia and for how long it is going to continue? There is a need for a community wide discussion here against the background of how existing government support and services to families are configured and the level of this family support during early childhood years.*

## **2. Literature on the links between sexual abuse and subsequent mental illnesses.**

This is a brief summary of the more contemporary data linking child abuse and subsequent mental illness. Child sexual assault has long been recognised as a major risk factor for later mental illness. Our mental health and prison systems have large numbers of survivors of prolonged, repeated childhood trauma. I suspect that the prison situation is not as well recognised (nor documented) as are published findings for psychiatric patients. Strangely the linkage does not appear to have influenced the development of relevant public policy and services for adults in respect of interventions and treatments.

- 50 to 70% of all women and a substantial number of men treated in psychiatric settings have histories of sexual or physical abuse, or both. (Carmen et al, 1984; Bryer et al., 1987; Craine et al., 1988)
- As high as 81% of men and women in psychiatric hospitals with a variety of major mental illness diagnoses, have experienced physical and/or sexual abuse. 67% of these men and women were abused as children. (Jacobson & Richardson, 1987)
- The majority of adults diagnosed with Borderline Personality Disorder (81%) or Dissociative Identity Disorder (90%) were sexually and/or physically abused as children. (Herman et al, 1989; Ross et al, 1990)
- Women molested as children are four times more at risk for Major Depression as those with no such history. They are significantly more likely to develop bulimia and chronic PTSD. (Stein et al, 1988; Root & Fallon, 1988; Sloane, 1986; Craine, 1990)
- Childhood abuse can result in adult experience of shame, flashbacks, nightmares, severe anxiety, depression, alcohol and drug use, feelings of humiliation and unworthiness, ugliness and profound terror. (Harris, 1997; Rieker&Carmen, 1986; Herman, 1992; Janoff-Bulman & Frieze, 1983; van der Kolk, 1987; Brown & Finkelhor, 1986; Rimsza, 1988)
- Adults abused during childhood are:
  - more than twice as likely to have at least one lifetime psychiatric diagnosis
  - almost three times as likely to have an affective disorder
  - almost three times as likely to have an anxiety disorder
  - almost 2 ½ times as likely to have phobias
  - over ten times as likely to have a panic disorder
  - almost four times as likely to have an antisocial personality disorder
 (Stein et al, 1988)

- 97% of mentally ill homeless women have experienced severe physical and/or sexual abuse. 87% experienced this abuse both as children and as adults. (Goodman, Johnson, Dutton & Harris. (1997)
- There is a highly significant relationship between childhood sexual abuse and various forms of self-harm later in life, i.e. drug use, suicide attempts, cutting, and self-starving particularly (van der Kolk, et al, 1991).
- For adults and adolescents with childhood abuse histories, the risk of suicide is increased 4 to 12-fold. (Felitti, 1998)

**NOTE.**

**I provided supplementary evidence to the Senate Inquiry into Children in Institutions, where I estimated that the suicide rate in men who had come out of three institutions in Victoria that were operated by the St John of God brothers was nearly 19 percent!**

- Most self-injurers have childhood histories of physical or sexual abuse. 40% of persons who self-injure are men. (Graff, 1967; Pattison, 1983; Briere, 1988)
- Nearly 90% of alcoholic women were sexually abused as children or suffered severe violence at the hands of a parent. (Miller, Downs, 1993)
- Teenagers with alcohol problems are 21 times more likely to have been sexually abused than those without such problems. (Clark, 1997)
- 71% to 90% of adolescent and teenage girls and 23% to 42% of adolescent and teenage boys in a Maine inpatient substance-abuse treatment program reported histories of childhood-sexual abuse. (Rohsenow, 1988)
- Adults abused during childhood are more than twice as likely than those not abused during childhood to have serious substance abuse problems. (Stein et al, 1988).

***References***

Brown A, Finkeihor D. (1986). Impact of Child Sexual Abuse: A Review of the Literature. *Psychological Bulletin*, 99: 66-77.

Briere J, & Runtz M. (1988). Post Sexual Abuse Trauma. In Wyatt GE, Powell GJ (Eds) *Lasting Effects of Child Sexual Abuse*. CA: Sage Publications.

- Bryer JB, Nelson B, Miller JB, & Krol P. (1987). Childhood Sexual and Physical Abuse as Factors in Adult Psychiatric Illness. *Am J Psychiatry*, 144: 1426-1430.
- Carmen E , Rieker P. & Mills T. (1984). Victims of Violence and Psychiatric Illness. *Am J Psychiatry* 141: 3.
- Clark HW, McClanahan TM, & Sees KL. (1997). Cultural Aspects of Adolescent Addiction and Treatment. *Valparaaiso University Law Review*, 31(2).
- Craine LS, Henson CE, & Colliver JA (1988). Prevalence of a History of Sexual Abuse Among Female Psychiatric Patients in a State Hospital System, *Hospital and Community Psychiatry*, 39: 300-304.
- Craine P. Cited by: Gondolf EW. (1990) *Psychiatric Responses to Family Violence: Identifying and Confronting Neglected Danger*. Lexington, Mass: Lexington Books.
- Felitti, VJ, Anda, RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, & Marks JS. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*, 14:245-258.
- Goodman L, Johnson M, Dutton MA & Harris M. (1997). Prevalence and Impact of Sexual and Physical Abuse. In Harris M & Landis CL (Eds) *Sexual Abuse in the Lives of Women Diagnosed With Serious Mental Illness* (pp.277-299). Netherlands, Harwood Academic Publishers.
- Graff H, & Mallin R. (1967). The Syndrome of the Wrist Cutter. *American Journal of Psychiatry*. 12(1): 36-42.
- Harris M & Landis (Eds) (1997). *Sexual Abuse in the Lives of Women Diagnosed With Serious Mental Illness*. Netherlands: Harwood Academic Publishers.
- Herman J. (1992). *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*. New York: Basic Books.
- Herman, J, Perry C, & van der Kolk, B. (1989) Childhood Trauma in Borderline Personality Disorder. *Am J Psychiatry* 164:4, 490-495.
- Jacobson A, & Richardson B. (1987). Assault Experiences of 100 Psychiatric Inpatients: Evidence of the Need for Routine Inquiry. *American Journal of Psychiatry*, 144: 908-913.1987

- Janoff-Bulman R, & Frieze IH. (1983). A Theoretical Perspective for Understanding Reactions to Victimization. *Journal of Social Issues*, 39(2): 1—17.
- Pattison EM, & Kahan J. (1983). The Deliberate Self-Harm Syndrome. *Am J of Psychiatry*, 140(7): 867-872.
- Rieker PP & Carmen EH (1986). The Victim-to-Patient Process: The Disconfirmation and Transformation of Abuse. *American Journal of Orthopsychiatry*, 56(3).
- Rimsza ME, Berg RA, & Locke C (1988). Sexual Abuse: Somatic and Emotional Reactions. *Child Abuse and Neglect*, 12 (2):201-8.
- Rohsenow DJ, Corbett R, & Devine D. (1988). Chemical Dependency Treatment Program, Mid-Maine Medical Center, Waterville, Maine. Molested As Children: A Hidden Contribution to Substance Abuse? *Journal of Substance Abuse Treatment*. 5: 13-18.
- Root M & Fallon (1989) The Incidence of Victimization Experiences in a Bulimic Sample. *Journal of Interpersonal Violence*, 4: 90-100.
- Ross, C, Miller S, Reagor P, Bjornson L, Fraser G, & Anderson G. (1990). Structured Interview Data on 102 Cases of Multiple Personality Disorder From Four Centers. *Journal of Psychiatry*, 147: 596-601.
- Sloane G & Leichner P. (1986). Is There a Relationship Between Sexual Abuse or Incest and Eating Disorders? *Canadian Journal of Psychiatry*, 31: 656-660.
- Stein, JA, Golding, JM, Siegel, JM, Burnam, MA, & Sorenson, SB. (1988). Long-term Psychological Sequelae of Child Sexual Abuse: The Los Angeles Epidemiologic Catchment Area Study. In Wyatt, GE & Powell, GJ (Eds) *Lasting Effects of Child Sexual Abuse* (pp.135-154). Newbury Park, CA; Sage Publications.
- van der Kolk, BA, (Ed.) (1987). *Psychological Trauma*. Washington, DC: American Psychiatric Press.
- van der Kolk BA, Perry JC, & Herman JL (1991). Childhood Origins of Self-destructive Behaviour. *American Journal of Psychiatry*, 148:1665-1671.

3. Cardinal Lorenzo Barragan, President of the Pontifical Council for Health and Pastoral "Care". "Is the Mentally Ill Patient a Deformed Image of God?" Paper delivered to the conference on The World Day of the Sick, Adelaide, Australia, 9<sup>th</sup> February, 2006.