

TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into the handling of child abuse by religious and other organisations

Melbourne — 15 March 2013

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Professor P. Mullen.

The CHAIR — On behalf of the committee, I welcome Professor Paul Mullen. Thank you for your willingness to appear before this hearing.

Prof. MULLEN — Thank you very much.

The CHAIR — All evidence taken by this committee is taken under the provisions of the Parliamentary Committees Act, attracts parliamentary privilege and is protected from judicial review. Any comments made outside the precincts of the hearings are not protected by parliamentary privilege. This hearing today is being recorded, and you will be provided with a proof version of the transcript.

Prof. MULLEN — Thank you.

The CHAIR — Following your presentation committee members will ask questions relating to the evidence you have provided to us today and anything else that you have for us. Thank you again for being before us, Professor Mullen.

Prof. MULLEN — Thank you very much. How would you like me to start?

The CHAIR — Please commence when you are ready.

Prof. MULLEN — Just briefly, I suppose, my experience might help you. For nearly 40 years I have been involved in the assessment and management of child molesters. In the early 1980s, while I was a professor of psychiatry in New Zealand, I put together a research group to carry out epidemiological studies into the long-term effects of child sexual abuse. Quite simply, my view was that a lot of exaggerated claims were being made at that time, and if you subjected it to proper scientific examination, it might all disappear.

The first paper that came out of that research was published in the *Lancet*. It was regarded, I think, in the English-speaking world by most psychiatrists as the first solid evidence that there clearly was an association between child sexual abuse and long-term mental health problems, so I have the greatest pleasure a scientist has: demonstrating that their beliefs and their hypothesis were quite wrong.

We continued studying, using epidemiological methods, in New Zealand, child sexual abuse and its long-term effects and other aspects until I transferred to Australia 23 years ago, and that was to take over the forensic mental health services of the state. While in Australia, although the focus of my research has tended to be on stalking and on the relationship between serious mental illness and crime, I have continued to have a small group which has worked on child sexual abuse. We have carried out a number of studies, including over the last 10 years a study in which we have followed up nearly 3000 severely sexually abused children and looked at the effect, or at least looked at their function, in terms of their mental disorder, in terms of suicide and drug overdose, in terms of victimisation as adults, in terms of offending as adults, using data linkage. This is the biggest study to date in this area.

So it is from that background I have worked with victims. Predominantly my work with victims — other than early on, which was with the victims of child sexual abuse — has been with victims of stalking. So that is where I come from.

Very briefly I have set out a sort of brief for the committee. The main question I was asked to address can be disposed of very quickly: yes, there are long-term associations between child sexual abuse and a number of adverse adult outcomes. There are increased rates of depressive illness, there are increased rates of anxiety disorders and there are increased rates of stress disorders — the usual one referred to is post-traumatic stress disorder. There are increased rates of substance abuse, both alcohol and drugs. There are social problems. There are increased rates of educational failure. There are interpersonal problems. There are increased rates of marital breakdown. There are increased rates of early onset of sexual activity. There are increases in the frequency of teenage pregnancy. There are increases in the frequency with which people develop a variety of interpersonal problems. There are increased rates of victimisation, particularly violent and sexual victimisation, as adults. There is unfortunately also, for both men and women, an increased rate of offending. This is most marked for violent offending, but it really goes right across the board in terms of offending.

One of the reasons we carried out the study was that I had never accepted the rather poor evidence that there is an association between being sexually abused as a boy and becoming a sexual abuser as an adult. I am afraid we

demonstrated that I was quite wrong: there is an association, quite a strong association, for men between having been sexually abused as a child and becoming a sexual abuser as an adult. This is most marked for boys who are sexually abused in the immediate post-pubertal period, 12 to 16. In that group our figures suggest 10 per cent of them will go on to be convicted of a sexual offence, which is an enormous number. So the catalogue of potentially deleterious outcomes associated with child sexual abuse are many and various.

It is important, however, to realise, as I have said in here, that sexual abuse is not destiny. Most of those who have been sexually abused — even those who have been subjected to the most severe forms of sexual abuse involving penetration — do not as adults go on to develop significant mental health problems, obvious social problems. They do not offend. I think it is about 70-odd per cent of the 3000 kiddies we followed up never committed a criminal offence. It is very important to realise that, although the risk is increased, the risk is not, as it were, inevitably going to be realised in these potentially damaging — and some of them are really dreadful — outcomes, which is no comfort for those who do develop these problems, but I think it is important to look at overall.

The next thing is that physical abuse and emotional abuse, which we have also looked at over the years, has very similar associations in adult life to child sexual abuse. We do not know about it in terms of offending, although there are other people's studies that suggest that for physical abuse there may be at least as great an association with adult offending. So it is important to realise that both physical abuse and severe emotional abuse can have many of the same effects as child sexual abuse. This is a particular problem because there is a strong association between physical abuse, emotional deprivation and child sexual abuse. In other words, if you are a victim of child sexual abuse, you are much more likely to have also been a victim of emotional deprivation. You are also much more likely to have suffered significant physical abuse as a child.

This leads us into the very complex thing: that any child, from whatever background, however protective, caring and loving their home, may be sexually abused. But the risks for a child from a privileged, protective, caring background suffering significant child sexual abuse is very much lower than for a child from a disorganised, disadvantaged home — living, for example, in a chaotic neighbourhood et cetera. So there are many social factors which increase the frequency of child sexual abuse. Unfortunately many of these social factors also increase the very things that we see in victims of child sexual abuse during adult life. So there is a complex nexus between social, cultural and economic disadvantage, and child sexual abuse, physical abuse and emotional abuse. The long-term outcome, if you are abused, is going to be affected by all of those factors interacting. It is not simply one thing that leads to the effect; it is an interaction.

One thing I would like to say, and I think it is very important when you are looking at prevention, is to remember the frequency of child sexual abuse. You have probably been given a number of figures. The frequency with which children are subjected to abuse involving actual or attempted penetration in our community is 5 per cent, plus or minus 1 or 2 per cent — 1 per cent, really. So it is really between 4 and 6 per cent, best estimate. A further 10 per cent of children are going to be significantly abused, involving physical contact — in other words, gross, indecent assault, although not attempted or actual penetration. There are also, of course, children who are subjected to non-contact abuse. There is no evidence that non-contact abuse has any long-term effects whatsoever, although it may be distressing at the time.

So somewhere in the region of 15 per cent of our children are being sexually abused during their childhood. It would be nice to think that there are a small number of predatory child molesters out there who accounted for most of this abuse. That is not true. Most child molesters, certainly the ones who finish up being assessed by me and before the courts, have committed one, two, sometimes three acts of abuse against children. Many of them have only committed one, or at least have only abused one child. There is a very small number of men, and you will have heard about these, who have abused multiple victims, but they account for a very small part of the total number of child victims, even when you look at the grossest form of sexual abuse involving penetration and attempted penetration.

So — I am sorry; numbers are my thing — it seems to me that it is very difficult to come to the conclusion that less than 5 per cent of the male population of this state have abused a child. Fact: it is probably that between 5 and 10 per cent of the male population of this state have significantly sexually abused a child. When you start thinking of prevention and the methods of preventing, it seems to me that this has got to be in the forefront of your mind. You are not in the business, if you want to prevent child abuse, of hunting down — well, I don't mind hunting down the small number of predatory sexual molesters; by all means, hunt them down. But this is

not going to have a major impact on the total number of children who are abused. It is something that should be done, I approve of it and of course these people need to be dealt with and made harmless.

But if we are to do anything about the total burden of child sexual abuse in our community, we have got to start thinking of methods which really do address the appalling frequency with which men — sexually abuse children. Who are the men most likely to sexually abuse children? The same as any other sex offender: first of all, adolescents and the early 20s. Most studies that break up who abuses children tend to look at relationships: is it in the family? Is it out of the family? Is it someone they know? Is it someone in authority? Very few of them have broken down the age. The ones that have have all shown that a significant minority of child sexual abusers — probably the single biggest group of child molesters — are young men, adolescent boys. It is not a surprise if you think about it.

The next thing is that there are a number of things strongly associated with child sexual abuse. It is nothing to do with abnormal desire: substance abuse; disorganised, anomic, lawless lifestyle; social and interpersonal inadequacy, leading to an inability to obtain sexual partners; intellectual disability; total disregard for the interests of other people, so that you really do not care or do not even seem to realise what venting your sexuality and lust on a child does. There is a whole lot of psychological, social and mental health issues that come into the making of a child abuser. If you want to know my view of the biggest, it is called ignorance.

I asked my grandchildren — a fair sample to ask — about their sex education. I was quite impressed. I have not asked the 15-month-old and the five-year-old, but all the others I have asked. They obviously get really quite a vivid sex education compared to in my day. The best advice we got from the priest was, 'If you have that urge, I suggest you put boxing gloves on'. Anyway, there we are. They get a lot of detail. They get a lot of liberal sentiments about gay or straight lifestyles. They get nothing — absolutely nothing — about the sexual abuse of children and boys' and men's responsibility not to perpetrate that activity, that sexual abuse, on children. Nothing.

You think, 'Everyone knows it is wrong'. Well, do they? Self-deception is an extraordinary thing. Maybe education is not — it is not the whole solution, but at least we could try a bit of it. At least we could take our heads out of the sand and stop thinking that if we tell them about the sexual abuse of children when they are 12 or 13, they might try it. That used to be the argument against sex education of any kind. We really do have to make a strong effort with young men, really from an early age, to help them understand how appalling this behaviour is. Perhaps I will stop for questions.

The CHAIR — Thank you very much, Professor Mullen, and thank you for your insights in this area that you undertake. You have just raised a very interesting point. Obviously we are looking at public policy and some gaps in what we need to do as legislators and reform in this area, and you just cited the example of speaking to your grandchildren in relation to sexual education. Is that one area that you would encourage, that sexual education should incorporate sexual abuse, as you have just described to us?

Prof. MULLEN — Absolutely. I watch the television, and there are very good adverts, even from a boxer, I greatly admire, telling us not to bully. You do not see any telling us not to molest children. It is a very sensitive subject, and we want to hide from it, really. We want to think there is a criminal justice solution. There is not a criminal justice solution. For the last three years I have been working as a consultant to child protection, and I have to tell you that the impact of the sex offender register has been a disaster. I work in the courts giving evidence, usually for the Crown, in cases of child sexual abuse. Fifteen years ago most of the cases I am now asked to give an opinion on would never have been contested. The accused would have pleaded. They might have got a non-custodial or a short custodial sentence, but they would have pleaded. Now if they plead, they are going to get a long prison sentence, and any chance of future employment is likely to have gone. They fight it. They fight it with every penny they have, and the victims are dragged through the courts again and again, through the first trial and through the appeal. I am giving evidence next week in a trial; I think I have given evidence six times before in this trial and so indeed has the victim. There were unforeseen implications of the criminal justice attempt to deal with what is a very broadbased social and educational problem.

The CHAIR — We have seen campaigns on bullying and domestic violence. Do you think those campaigns should extend — on the televisions — to sexual assault as well?

Prof. MULLEN — Look at the money we spend trying to persuade people not to smoke. I do not think smoking is a very good idea; I am a doctor. It is not that difficult. Most people know that smoking is bad for them. But do they really need so much reinforcement? I do not know. How much do we spend on trying to protect our children through education? I do not know. Someone will give you the figure. It ain't much; I will tell you that. We have gone down the criminal justice solution way because I think politicians have been advised that child sex abuse is about something called paedophilia — an abnormality of desire, an illness. It isn't. Yes, there are a few of them, but that is a small part of it.

A number of years ago I was asked by the Catholic bishops to talk to them — because at that time I was seeing victims for the church — about child sexual abuse. They wanted to hear about paedophilia. I did not tell them about paedophilia. I told them much the same sort of thing I am telling you about the basis for it, and I told them that if they were really serious about reducing the sexual abuse of children by priests, first of all they should get rid of celibacy — which is only a discipline; there is nothing theological about it — and, secondly, they should make sure that the priests they turn out are well-educated, stable individuals. More and more, because of the lack of applicants, they are turning out people who are really in many ways quite marginal. They know that. And these people are a risk to children.

A colleague of mine spoke to them afterwards about this nasty illness, a sickness, called paedophilia, and they liked that. So he had a practice for a while trying to treat all these priests for their illness. It is not an illness. It is a sin. It is a disgraceful piece of behaviour which has many roots, and it is very, very rarely based on anything that has anything to do with illness, sickness or disorder — at least not a disorder of desire.

Mr McGUIRE — Thank you very much, Professor. It is important for us to get a scientifically based, informed view on the whole range of issues that you have provided today. We will come back to a number of them. What I think is really important for us to get across to the community is this ongoing issue that if this happened to you as a child, somehow you should have just gotten over it and moved on. Are you able to give us an enlightened view of how it shadows people or what impact it has? I think that is an important piece of communication that we need to deal with.

Prof. MULLEN — You cannot tell someone to get over something. They get over it, or they do not. It is true that when we look at our victims, the ones who have done best tend to give answers like, 'That shouldn't have happened to any child, but I don't think about it'. You know, 'It doesn't do me any good to dwell on the past', et cetera. In other words, they go into a certain amount of denial. I do not think most human beings can function without a certain amount of denial, and if you are reasonably stable and reasonably healthy, you can do that. Obviously if someone is vulnerable to start with or if they are overwhelmed by it, and some people are, you cannot tell them to take that approach to it.

If they could take it, they would have taken it, and they probably would have been better for it, but they cannot. It is not something you can choose. It is something that you do as a way of coping with the world or you do not do. It is quite wrong to suggest that people have these serious problems in adult life because they did not suck it up and get on with it. That is nonsense. But it is true that the people who can do that do better. It is not something that anyone can do voluntarily.

Mr McGUIRE — So far as our looking at findings and recommendations, we need to look at an individualised response to different people and look at how that impacts on them.

Prof. MULLEN — Absolutely. One of the things that our research has shown, which is a bit out of keeping with other research, largely because no-one else seems to have taken much interest in it, is that we have always assumed that early child sexual abuse, when they were very young, would have more impact than later, because it would disrupt development at a much earlier stage. It is a totally theoretical position. In fact we found the reverse: if you want the worst and the most disruptive time in all of these things that we can measure, it is to be sexually abused between 12 and 16. That kind of makes sense to me. It is an age when you are leaving home, looking for stability, establishing yourself as an individual, establishing yourself as the beginnings of a sexual being, and you know what is happening to you. It seems to be that abuse in that period — we are looking at severe abuse now; actual or attempted penetration — has a particularly damaging effect.

This is not irrelevant to what you are looking at, because at least in my experience of seeing victims and seeing clergyman and priests who have offended, they have most frequently, and particularly priests, targeted

children — boys and girls — in that post-pubertal and peri-pubertal 12 to 16 age group. That is my impression. I have not got any figures to prove it, but that is my impression. That is interesting, because it does not show any abnormality of sexual desire. It is normal for a man to find adolescent girls who are sexually mature attractive. Normal men realise that that is nice for them and it is not something that you respond to or act upon, for very good reasons. If you are really looking at the abuse by priests, a lot of it is people with a normal sexual drive targeting vulnerable, physically mature but emotionally immature children. Again that leads me to say that this is not going to be solved medically. It has to be solved by changing the contingencies which surround a man like a priest which allow him to vent his lust on a vulnerable child.

The other thing is that I had always thought that the damage was much worse when you were younger. I think if our data is right, it probably means that the sort of people who tend to be abusers — not just priests but a range of people in places of power and influence over adolescents — are doing more damage than almost any other type of abuser.

Mr McGUIRE — I have just one other follow-up question, and then I will let my colleagues take up the questioning. You also said, though, there is a cohort of predatory paedophiles and that they need to be made harmless. That is obviously what we are all attempting to do and have been for a long time. What is the best advice you can give us on that matter?

Prof. MULLEN — After 40 years of trying psychological treatments — I started off as a psychotherapist, and we used to talk intensely about these experiences, which did bugger-all good. Excuse the language. Then I was involved with psychological methods, and, yes, perhaps a little bit: good lives, bad lives, all this sort of stuff. In my view, if you have sexually abused a child and you have been charged and convicted and you get out or you are released and you do it again, then you have lost your right to a sexual drive. It is very straightforward: destroy their libido. I am a great believer in anti-libidinal drugs. I think anti-libidinal drugs — they now have some quite sophisticated ones — are the way to go.

We cannot — and I do not think we should be able to — force people. Our clinic — I am no longer responsible for it. The clinic at Forensicare treats people. We used to treat a lot more, when Dr Pathé and I were there, with anti-libidinals, but we still use them fairly often. It is cheap, it is cheerful and it works. But that may be the experience of someone frustrated by years of failure.

Mrs COOTE — Paul, thank you very much indeed. This is extremely interesting. I have some sympathy for your grandchildren, I think!

You spoke about the celibacy issue. This has come up frequently, as you can imagine, with people presenting to this committee. In this committee we have to be very careful about the separation between the church and the state, because we live in a functioning democracy. It is therefore very important that we put in place recommendations from this committee about the way we could regulate or suggest behavioural change. We cannot tell the Catholic Church, ‘You’ve got to continue to have celibacy as an issue’. That is not our role. Could you tell us how you feel we could set up recommendations that would change the church’s behaviour?

Prof. MULLEN — The first thing I would say is that I am not sure that I would necessarily agree with you. If celibacy were a theological issue, it would be quite improper to approach it. If it had some basis in theology, then that is the church’s business. It does not; it is discipline. I have heard Catholic bishops say that the reason that celibacy is retained is that they could not afford to pay priests: they could not afford to pay them pensions; they could not afford to pay them enough if they had a wife and children. It is actually a financial matter.

I think you have a perfect right to comment on a financial matter which is putting the children of citizens of this state at risk. I would have no problem if it were theological — well, I would have a problem if it were theological, but it would be a theological disagreement. This is not theology. This is entirely discipline, and its main motivation is money.

The second thing is: what can you do? It seems to me as long as the priests remains celibate and as long as there are increasing numbers of priests who are not intellectually, culturally, socially — let alone spiritually — of the highest calibre, you have just got to prevent them having access to children. It is as simple as that. How you do it, I have no idea.

Mrs COOTE — You work in child protection, with the working-with-children checks et cetera. With these priests, obviously if they are in schools, there are some issues, but we have some issues with canon law versus civil law and where the responsibility lies. With the working-with-children checks, as a recommendation for us about priests and with the work that you are doing with child protection, how much further do you think we should be taking the child protection checks or the working-with-children checks in relation to changing regulations within the Catholic Church particularly?

Prof. MULLEN — I suppose one of the things is that in a sense the priests are in a similar category to the predatory paedophiles. They are a small group, and they are responsible for a very small number. Trust me, never in the research or our epidemiological studies have we come up with someone reporting that their abuser was a priest. We know priests abuse children — of course we do. It is the physical abuse and emotional deprivation, particularly in the institutions, not just Catholic-run institutions but all institutions for children. So they are numerically a very small number. They obviously raise particularly strong feelings, because it is not only criminal and abusive; it is also probably the worst — not the worst but a particularly bad example of a breach of trust by someone whose whole existence is based around having moral authority.

In a sense I am not sure what will change the church. In my view, keep suing them, keep suing them, keep suing them. There will come a point when financially it is cheaper to have married priests than to keep on being sued, because not only is celibacy a problem for child sexual abuse; it is one of the reasons they are having so much difficulty getting priests. Two of my good male school friends went into the priesthood, one became a Jesuit — I cannot remember what the other one did — and while both completed, both left to marry. So not only did they absorb all of the costs of education, but they left the church to marry. That is a sample of two. It is not a particularly good study from an epidemiological point of view, but I wonder how often this happens. A friend of mine in Ireland told me that two years ago less than 10 priests entered training in the seminaries in Ireland; it used to be several hundred. They have got to do something. In a sense the more expensive we make it for them, the more sensible they may become.

Ms HALFPENNY — You have answered many of the questions I had. We are looking at non-government organisations and churches. A couple of ideas have been put to us to try to combat, prevent or contain the abuse of children, including mandatory reporting — there was a suggestion that perhaps it be mandatory for priests to report abuse — and also group laws around grooming. Do you see those sorts of policies and procedures working within the church?

Prof. MULLEN — There is real difficulty there; there you really do come up against a theological issue, not an issue of discipline. You cannot expect a Catholic priest to break the confessional; you cannot. I know that doctors are supposed to. Many of us do, but some of us do not and will not, because the ethics of one's profession, for some people, are more important than anything else. They are what sustains the possibility of doing your work. So I do not think that way would be particularly of much use.

There is a very simple way of reducing child sexual abuse in institutions, government agencies, et cetera: only employ women to deal with children. Now, there are downsides to that, because I think growing children need adult male role models as well as adult female role models. But you then have to ask, 'Okay, if we are going to employ men, what sort of men should we employ? What sort of men should be allowed?', because you do need men.

Often young adolescents respond best to people who are only a few years older than them. Unfortunately they may be the highest risk group. What man is safe? Someone who is over 25, in a stable relationship — gay or straight — is reasonably well put together, has good intelligence and has reasonable interpersonal sensitivities is low risk. That is not to say none of them will offend, but there is a very low risk. And no substance abuse — sorry.

Ms HALFPENNY — I have just one other question. Often we hear child abuse is not reported or disclosed until many years after it happened. Do you think that the government could implement some policies to encourage early reporting, and with early reporting is there any evidence to show that with the right support and treatment there might be a better future for those people?

Prof. MULLEN — There are two questions there, really. I suspect, but one would have to look at the figures — I would be very surprised if we are not already getting much more frequent reporting of child sexual

abuse; in fact I know we are. There is much more frequent reporting of child sexual abuse at or about the time of abuse. There is no question that it is happening more frequently, so society is doing the right thing in that way. In a sense it is one of the educational things that has worked — the awareness of and willingness to report. So I do not think there is probably much to be gained by pushing that further except to keep on doing the things that we are doing, which are reasonably effective. Sorry, there was a second part to your question, but I have forgotten what it was.

Ms HALFPENNY — It was just about whether if it is known earlier and there is treatment or support — —

Prof. MULLEN — It is a very difficult question. We did some studies with Professor King at Monash looking at children who had been sexually abused and providing behaviourally based treatment and family support to those children to see if it would improve the outcome. There are now a number of properly controlled studies. In a recent review our study was picked out as one of the three studies showing the positive effects of early intervention. It did, but I cannot say it was all that exciting; it was pretty marginal stuff. Yes, it was significant, but it was not exciting.

I am not sure that we have yet understood what really needs to be done. We have tended to focus on trauma therapy of one kind or another. Even our program was really a trauma-based notion of treatment, whereas I think with adult survivors who are in trouble, you have to look at the whole context; you have to look at their whole life and not be dazzled by the reason they came, which was the sexual abuse. It should just be part of the way you try to help and understand their problems.

So I think we may have overemphasised the importance of focusing on trauma — in fact I am sure we have — both for children at the time and for adults. We need a much wider and broader approach to their problems and their families' problem. Yes, of course the abuse will remain at the centre, but it should not be the sole concern.

The other thing is that we have tended to focus our interventions on younger children. If our research is borne out by other people reanalysing their data, which they will do in response, it is really adolescent abuse that is much more significant in terms of its effect. Then I think we really have to think about an approach to adult sexual abuse victims. After all, our most recent research is entirely on abuse that came to light at the time. There was an opportunity with all of those nearly 3000 children to have intervened. So it is not that the opportunity was not there; some of them did have interventions. We cannot tell the difference. It is not that there may not be a difference; we just do not have the data to do that study. But when you have 10 per cent of boys seriously sexually abused between the ages of 12 and 16, it screams out you should be doing something, not just talking about trauma but looking at their whole way of functioning, what is happening in their lives, to try to help these people from going down a road which will end in a disaster for another child and prison for them.

Mr O'BRIEN — Thank you, Professor Mullen. I just wanted to pick up some of the questioning. I do not want to cut across any of my colleagues, but I just want to assure you that we are not ruling anything in or out by our questions on the evidence in relation to our terms of reference and how we respond. It is very important in your evidence if you could refer to the data and the work you have received. I am particularly interested to know if you have done any work to correlate the prevalence of sexual abuse, abusers in particular, in religious and other non-government institutions as opposed to the general population?

Prof. MULLEN — There is no doubt — we have not done it, but there is very good — —

Mr O'BRIEN — Sorry, I need to hear you clearly. I am slightly deaf.

Prof. MULLEN — Sorry. We have not done that specifically, but there is no doubt in the literature that there is a very high risk of sexual abuse for children in institutional care for any length of time. This is not specific to any particular institution or to any particular religious group running an institution. Sexual abuse is a high risk for children institutionalised. That sexual abuse can be peer abuse or it can be carer abuse, but there are higher rates.

We also know that physical abuse — again peer abuse/carer abuse — in institutions is a major problem. The further back you go historically, the more gross that problem is, but it is a problem inherent, it seems, in the long-term institutional care of children. And the very fact that you are caring for children in institutions almost defines a level at least of emotional deprivation. So the answer, I am afraid, is that keeping children long term in

institutions is going to increase the frequency of all forms of abuse. Sometimes in the UK people say to me, 'Well, what about the English public school system?', and I just say, 'Well, there I rest my case really'.

Mr O'BRIEN — In terms of our reference, we are very focused on the responses. Can I go specifically back to religious organisations? You have touched on your thoughts about the issue of celibacy. We also had a suggestion from a witness this morning, Margaret Newman, who put to us that religious orders in particular need to disclose the rules of conduct that they operate by. She was citing an example — and I do not know whether it is true or not — of the Jesuit order and saying it did not have a proper relationship with women. By way of example — I do not want to misquote how she said that —

Prof. MULLEN — Sorry, I missed the last bit.

Mr O'BRIEN — She gave an example of a Jesuit order's relationship with women. I could not summarise precisely the nature of the concern, but the submission she made was that if religious orders in particular are operating under a specific set of beliefs — be it celibacy et cetera — if they have the care and control of children in our secular society in a sense and children are invited into the care of those orders, the internal rules that may or may not govern the orders ought to be made public and accessible. Is that something that you can comment on in relation to your expertise? And it may not be.

Prof. MULLEN — It is a little outside of my expertise.

Mr O'BRIEN — I just noted that you were commenting on issue of celibacy. Is there a relationship between, I suppose, non-regular or non-normal — whatever 'normal' be in a modern world — systems of practice that might increase risks? It may be that you were going off your own anecdotal evidence rather than any data, so please indicate.

Prof. MULLEN — It is very difficult to get that sort of data. All one can say is, having seen a large number of child molesters, that a significant proportion of them are socially and interpersonally inept and disabled. Part of turning towards children is their emotional immaturity but also their sexual frustration; there is no question in that group. Now, is it fair to compare priests to a socially inept and inadequate individual who cannot get partners? Probably not. It almost goes back to what I said earlier: if you want a safe man, choose a man who is older; choose a man who is in a stable relationship, gay or straight; choose a man who is a reasonably stable personality, et cetera.

The other thing about the whole training for the priesthood is that it starts, for many of these men, very young. And it is not just the absence of sexual activity; it is the absence of really a lot of the interactions which you would expect most of us to base our own maturity and development upon. It is a very interesting world that they occupy. So again it seems to me that if they had greater contact —

Does having one's own children make you less likely to sexually abuse other people's children? I would hope so. I have got no evidence for that.

Mr O'BRIEN — Thank you for those answers. I just want to put it in context, and it may be difficult and you might have to think about this. Obviously you have come before us with a professional expertise, but you are also entitled to express opinions, as you have from conversations with friends. I understand that you probably have not done a correlation looking at institutions, and if that is the case —

Prof. MULLEN — It has been done.

Mr O'BRIEN — It has been done by others? Have you reviewed that?

Prof. MULLEN — If you look at the reports of rates of sexual abuse in institutions, they are way out of line from what goes in the community.

Mr O'BRIEN — Do you have that data? We would be interested in receiving it.

Prof. MULLEN — I remember the Queensland inquiry. There was a Queensland inquiry into sexual abuse in the institutions that the government was responsible for, and the rates of sexual abuse were very high — completely out of line with those in the general community. I can certainly look for some others for you.

Mr O'BRIEN — I have no problem with you expressing your personal opinions. You would be aware of these sorts of questions when you give evidence in court: what is your professional opinion based on data, and what is your personal opinion — —

Prof. MULLEN — I have not kept a strict separation between those two today. If you want the strictly professional stuff, I have supplied a series of papers. I thought it might help, and I may be wrong, to try to use my experience, research and awareness of literature to perhaps move a little beyond that. In terms of the strict answer to what the data I have is, almost all of my research — apart from a brief foray into looking at the effectiveness of interventions in children — has been into the long-term effects of child sexual abuse, and I summarised that very briefly at the beginning. If you want the stuff that is purely based on my research, that is it.

The CHAIR — Is that data related to our terms of reference in relation to institutions?

Prof. MULLEN — No. It is related to child sexual abuse in general.

Mr O'BRIEN — Generally across the population.

The CHAIR — If the data were relevant to our terms of reference, I think that would be helpful, but maybe not if it is more general.

Mr O'BRIEN — It may be generally inclusive. Can I ask you to summarise, then, the strategies that you would recommend generally across the board, be it for religious or non-religious organisations, in a sense, if that is the way you have come at this issue, to prevent child sexual abuse occurring?

Prof. MULLEN — I have said it should start with education; I have already pushed that hard enough. It is also a matter of protecting children who are in vulnerable situations. You are in a vulnerable situation at school, you are in a vulnerable situation in a sports team if you have adult coaches and in a lot of situations. One really has to be aware that there are risks in all of these situations for children. How do you screen out high-risk males? It is not practical to have women entirely responsible for the care and supervision of children. You try to use the data that we have about who the high-risk males are. Youth is part of it, substance abuse is part of it, lack of any obvious stable partnerships, mental disorder et cetera.

We tend of course to try to screen out people with histories of child molesting — of course you screen those out — or we try to go for ways of seeing whether they have abnormal sexual desires. This has been tried. It is the wrong way to go. First of all, it is extremely difficult. We have tried it. We did a number of experiments trying to see whether we could separate out people's sexual preferences based on evoked potentials by showing them various kinds of stimuli. Yes, you can, but you could not justify a job decision on the basis of that kind of data. It is too fussy.

Really it is what we tend to know. Look at the sorts of people who get convicted of child molesting. There are messages there. It is not enough to do a criminal record check. You have to look at the sorts of people and in a sense ask the question: is this a man I would be happy for my children to be with? I know that sounds terribly unscientific and totally commonsensical, but it is the best I can offer.

The CHAIR — Thank you. Mr McGuire has a final question for you.

Mr McGuire — At the end of this evidence-gathering process, we will make recommendations and findings to the Parliament. The government will then respond. From a government perspective — it does not matter what flavour of government — we are always looking at what the best investment of taxpayers money is to deal with something. I would like it if you could give us an idea about what you think. You have talked about the punitive model, you have talked about the need for more education. What is the best advice in your expert opinion as to what we should be saying to the government, 'Here is a better way of doing it'? It may not be the old way or the perceived way from the past.

Prof. MULLEN — I would say that the most expensive and least effective is criminal justice. I know there are lots of drivers for that that have nothing to do with the issues that we are discussing. There are very strong political forces at work in that particular decision, but in my view that is the least effective and the most expensive. I think education is the cheapest. Whether it is effective, only time and careful observation will tell.

What you are dealing with particularly in this inquiry is abuse in institutions. It is glib, but children should not be in institutions. I think the best return for your money is in terms of trying to establish a temporary and sometimes long-term care pattern in our community that avoids institutions. We try to use foster care. Sometimes it is very good, sometimes it is not so good and sometimes it is quite appalling. How do we think our way through obtaining the right kind of foster care which is responsive at the time that it is needed and which can be properly supported emotionally, structurally and financially?

You cannot work in child protection for very long without beginning to wonder whether some people should ever be allowed to have children. You see terrible things, and kids need to be rescued. We want to rescue them, not shove them from the frying pan into the fire. Really it is about looking carefully and really trying to rethink how we respond to what are a large number of children in our community who need to be rescued temporarily and sometimes permanently from abusive, disorganised homes.

The CHAIR — Mrs Coote has a final question for you.

Mrs COOTE — Could I just clarify something with you? You are classifying foster homes as institutions?

Prof. MULLEN — No, I was separating them.

Mrs COOTE — Because I think we have to be very clear in this inquiry. When you are talking about institutions, we do not have institutions in this state. You would agree with that?

Prof. MULLEN — You do have short-term ones. You have secure care units, you have homes — —

Mrs COOTE — There are very few.

Prof. MULLEN — There are very few.

Mrs COOTE — There are very few children, but I think we have to be very clear with your very good advice that we are talking about institutions like orphanages et cetera, which are not here today. The care for children's own protection is for a very few children. Would you agree?

Prof. MULLEN — Yes, I have no problem about that.

Mrs COOTE — And foster care is not an institution.

Prof. MULLEN — I agree with that.

Mrs COOTE — Fine. I think we needed to clarify that, because I know, as you do, that a lot of work has been put into kinship care and a whole range of other things — —

Prof. MULLEN — I know.

Mrs COOTE — And there is a lot of money going into all of those areas. I think it is really important to understand that in this state we do not have institutions for children.

Prof. MULLEN — I will accept that.

Mrs COOTE — I think we have to get the timelines on that. Do you accept that?

Prof. MULLEN — I do accept that.

Mrs COOTE — Thank you so much.

Prof. MULLEN — But I think I will respond to that a little. I know a lot of work has gone into it, and I know a lot of money has gone into it, but when you are actually sitting trying to deal with the cases, there are a lot of gaps still, and there are — —

Mrs COOTE — I do not dispute that; it is the word 'institution' I have a problem with.

Prof. MULLEN — I have no problems that there are no institutions left here.

Mr O'BRIEN — The other thing I would just add is that we are also dealing with abuse that has occurred in schools. You cannot, surely, have a recommendation that kids do not go to school. Much of what you have said will still apply, and we are very grateful for the evidence as to the breadth of the problem in the general society. I just think in that regard that we have to look at what has been happening in schools as well.

Prof. MULLEN — Thanks very much.

The CHAIR — Professor Mullen, committee members, we are working within our defined terms of reference, so that clarification — —

Prof. MULLEN — I am sorry if I have gone way outside.

The CHAIR — No, your insights have been very helpful, and your evidence has been most helpful. On behalf of the committee, I thank you again for being before us. Thank you very much indeed.

Prof. MULLEN — Thanks a lot.

Witness withdrew.