TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

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

Melbourne — 12 April 2013

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Associate Professor J. Cashmore, Sydney Law School, University of Sydney.

The CHAIR — On behalf of the committee, I welcome Associate Professor Judith Cashmore from the Sydney Law School at the University of Sydney. Thank you very much for being before us this afternoon and for giving your expert opinion on issues relating to this inquiry. I will just explain a few things to you. 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. Witnesses may be asked to return at a later date to give further evidence. All evidence given today is being recorded and witnesses will be provided with proof versions of the transcript. Please note that these proceedings are not being broadcast.

I note that you have provided us with a detailed submission and you are going to speak to that, so thank you very much. Following your presentation, committee members will ask questions relating to both your submission and issues relating to the inquiry. Please commence when you are ready.

Assoc. Prof. CASHMORE — I am going to speak to the long-term consequences of child sexual abuse and the research paper that Rita Shackel and I produced for the Australian Institute of Family Studies. Copies of that should be available to you.

The CHAIR — We do have a copy of that report, thank you. My apologies; that was provided to us rather than your submission.

Assoc. Prof. CASHMORE — That paper was an update on an earlier paper by Mullen and Fleming from 1998, but quite a lot of research has occurred since that time so it is more than just an update.

I suppose the big issue here is: what do we mean by the long-term consequences of child sexual abuse? It is not a straightforward question, and it is influenced by a number of factors. There are a broad range of sexual activities that we are referring to when we are talking about the sexual abuse of children, particularly as I understand your interest is more in terms of institutional abuse and so on. But clearly most sexual abuse against children is perpetrated by someone who is known and trusted by them, and that is how they have access to be able to do that.

There are, however, a broad range of circumstances in which that abuse occurs outside the family, whereas most of the previous research had documented sexual abuse within the family. It does not necessarily separate it out. So when we are looking at the research it is not easy to find a lot of research around just the institutional abuse aspects. But if we look at the so-called relationship between the child and the perpetrator, it includes people who provide care and protection within churches and non-government agencies, old-type homes, schools, and sporting or social agencies like scouts and so on.

We also have a broad range of children who are vulnerable. Unfortunately the children who are most vulnerable are those with disabilities and those who have already been abused and neglected and removed from their homes. That is one of the factors — and I will come back to it a little later — that makes it difficult because being abused and neglected actually increases the likelihood of further victimisation.

To add to this broad range there is also the broad range of negative consequences. We focused mostly on the mental health aspects, but we also reviewed some of the literature in relation to the impact on physical health.

I guess one of the things I would like to emphasise, and particularly the sort of message that victim survivors might get, is that not everyone who is sexually abused is going to suffer irreparable harm; in fact a lot of people can recover from the consequences of sexual abuse. But we do know that the sorts of impacts on people as a result of sexual abuse are a range of things that are indicators of psychological distress. I think they are very well set out in the tables and so on in that document and in the literature we reviewed. They relate to anxiety and depression; feelings of helplessness and vulnerability; difficulties around use of substances like drugs and alcohol; sexual difficulties and particularly engaging in a range of risky sexual behaviours; suicide, and I understand that it was the suicide of a number of men that was part of the instigation for this particular inquiry; post-traumatic distress; and, on top of all that, relationship difficulties, which is not surprising given that sexual abuse is a betrayal of trust. It is a betrayal of trust by people who should be providing care, and the people who children should most be able to rely on are the people who are actually taking advantage of them. I can come back to some of that.

One of the issues is: how do you tease out that this is the effect of sexual abuse, over and above everything else in people's lives? We are talking about long-term consequences here. There is quite a lot of literature around the short-term consequences, too. It is in some ways easier to sort out a cause-effect relationship there because they are more closely related to each other in time; whereas if you are talking about the long-term consequences that occur over 20 or 30 years or more hence, then it is a question of what else has gone on in these people's lives that might have led to those sorts of outcomes.

Taking account of all of that we have gone through a number of different types of studies and populations they are based on. There are special populations. The first tranche of research in this area was really around special populations — those who have actually gone to seek psychological or psychiatric treatment of some form; then there was a whole tranche of research around child witnesses, and the research in that area is in relation to child sexual abuse; and then there are people of course who are in prisons. The way in which some psychological research has been done in the broader population included using university and college students, particularly in the US. But then a new generation of research followed which was more rigorous, and that is what we have relied upon more, particularly where you have longitudinal studies and where you can trace through and take some account of what the experiences, and in some cases, statistically control for those other factors as to what might be contributing to the long-term negative mental health outcomes for people who have suffered sexual abuse.

We have also got, fortunately, a couple of twin studies in which — unfortunately for the people involved of course — one twin was sexually abused and the other was not. So in fact you have a very close relationship with people who have been brought up in the same sort of family environment, and one was subjected to sexual abuse and the other was not. Those studies and the meta-analyses, which are sorts of studies that pull all of those together in systematic reviews, I think are painting a fairly consistent picture now of the sorts of difficulties that I outlined around the indicators of psychological distress.

There are of course children who do not seem to show any negative effects or have not shown them, but the issues there that we also need to take account of are that sometimes there are sleeper effects: that children who look as though they are doing fine in adolescence sometimes have great difficulties when they reach parenthood themselves. It might be that their own stage of life, their own life events and the birth of the child, for example, might trigger a whole lot of memories and concerns about how they are going to parent this child and this can bring back a whole lot of difficult memories and behaviours.

The other thing that can trigger it for some people is the publicity in the media that is associated with inquiries like this and of course the Royal Commission. One of the concerns of a number of people is how that is going to be managed for people in the community who have never told anyone and whose behaviours start to fall apart and seem inexplicable to those around them. What we do know is that the people, as we know with other forms of child abuse and neglect, who recover and do best and fare better in adolescence and adulthood are those where family functioning has been more positive and where they have forms of both personal and professional support.

Unfortunately for some people who have been subjected to sexual abuse, that is not their lot in life; that is not their circumstances. It is also one of those mediating factors that sometimes their experiences and their lack of trust also means that they then get into circumstances where their own choices of partners in terms of their riskiness of behaviours and so on means that they are on a track that is more difficult.

There are two further aspects that I would like to pull out from the research. We did not go a lot into the secondary victimisation aspects in that paper, because there is a lot of research around that. But there are many papers, and there is another one produced by the Australian Institute of Family Studies and written by Haley Clerk, *What is the Justice System Willing to Offer? — Understanding Sexual Assault Victim Survivors' Criminal Justice Needs.*

I have done quite a lot of research in looking at the circumstances and experiences of children who are victim witnesses or complainant witnesses in child sexual assault matters. What we know of adult women's experiences as sexual assault complainants is that that can add to the difficulties, so that it can be one of the barriers and the disincentives to telling anyone, because the whole process of going through a criminal justice prosecution can be re-traumatising, and there are a number of reasons for that.

One of the difficulties in terms of what is labelled historical child sexual abuse — and I take Jane Wangmann's comment from her transcript that it may not be historical for the people themselves — is in terms of the delay. The court system or the criminal justice system finds it difficult when people delay reporting when these cases may be 20 to 30 years old. What we know about, particularly men reporting is that if it is clergy-related buse, then they may delay, if they ever report, and the average time is up to 20 or 25 years. You have got people who may have been sexually abused at the age of 11 or 12 through to 15 and so on who are not reporting until they are in their late thirties, early forties or later.

That makes it very difficult. The evidentiary rules can make it very difficult to prosecute those cases. Rita Shackel and I have actually planned some research and have applied for funding — not yet funded — in relation to what is the prospect for someone getting a prosecution and a conviction if they were to proceed. We are currently asking these people to go into a black hole. They do not know what the likelihood is — if they did report to the police and the police do then refer it on and the DPP decides to prosecute — that having gone through all of that process they will feel to some extent justified by the likelihood of a reasonable chance of a conviction. At this stage there is nothing that we can tell them, because we do not know; there are no figures, and I am pretty sure that is the case in Victoria.

I am a member of the Judicial Commission of New South Wales. We have looked through those figures, and we cannot separate them out. The only way you can separate them out is by looking at whether or not they were charged under various sections of the Act, because following the 1980s a number of Acts have changed. If you can locate them that way, that is one way of locating these offences that occurred in the 1950s, 1960s and 1970s even. Really it is a bit of a 'black hole' in terms of giving information to those who might be witnesses before you and before the Royal Commission if they were referred on; they have no idea what to expect in terms of a prosecution process. They will probably have received some negative comments about how difficult it is, and that would be reasonably accurate in a number of cases. The experiences of a number of people who have gone through that, again not systematically brought together at this stage, has been fairly difficult and would not encourage a lot of people to come forward.

The last thing I would like to talk about, and something that is very pertinent to the sorts of cases you are dealing with, is our lack of information about the differences between males and females - so boys and girls - in terms of what are the negative effects and long-term effects on boys and girls of being sexually abused. Again, the great difficulty, as you will have heard time and time again with child sexual abuse, is that it is an offence that is committed in private. It is silenced. The aim is to keep the victim silent as far as possible, and the grooming process and so on is often very successful in doing that and in transferring responsibility to the victim from the offender.

We do know that the incidence from the figures that we have is that girls are more likely to be sexually abused than boys, but that is from the official figures. There is also some relevance that that is backed up by some of the victim surveys. But we also know from a number of studies now that males are much less likely to report, to disclose, to tell anyone about sexual abuse than girls are. And if they do tell anyone, then they are likely to delay it for much longer than girls — women — are. That makes it difficult, then. Of course looking at the history of sexual assault services and the way in which sexual assault has been prosecuted, there was a great deal of activity right across Australia — in fact, right across many western countries: the US, the UK and so on — through the 1980s and beyond in terms of recognising sexual assault and child sexual assault and legislative reform and providing services. Of course a lot of those services that were provided were focusing on women. We do not have many services now that really provide good specialist assistance for men.

Why are boys less likely to disclose? First of all we know that they are more likely to be abused in institutional settings — and in particular clergy-related settings. The figures we have got from John Jay college, which did quite a large study in the US, Patrick Parkinson's study with Swanston and Kim Oates on the Anglican Church, and a number of other studies, indicate that if it is clergy-related institutional abuse, then about three quarters to 80 per cent of the victims are males. They are also likely to be somewhat older. They are likely to be 11 to 14, and during that adolescent period, and that has real implications for boys because it confuses their sexual identity. It really has a dramatic impact on their sexual identity.

Males are socialised in our society to be self-reliant and independent and to have some pride around sexual prowess. In terms of sexual abuse by a male — and that is what we are talking about here — then you are bringing in an overlay of homosexuality and a real confusion for these young boys as to 'What does this mean?

Does this mean I am gay? Does it mean I am going to become homosexual?'. There is also, in terms of the problems around disclosing it, the issue of the fear of being labelled as a possible perpetrator in the future, and unfortunately there are some of the myths and misconceptions around that. Although males who have been sexually abused are more likely than those who have not to become sexual abusers, most who have been sexually abused do not go on to abuse. Sometimes those messages get a bit confused in the general public discussion of the issue.

And of course the very nature of the abuse that males tend to suffer in these sorts of circumstances — institutional abuse — is often with more physical violence accompanying it and also more physical harm, and it is more likely to be by multiple perpetrators. And of course that whole issue around trust, if it is faith-related, clergy-related, is very difficult for both girls and boys to deal with. One of the quotes that we used was one by Brady, where he drew parallels with the features of abuse within the family that are deemed to be particularly damaging — that is, that these people, these children, are closely related with the life of the church; it tends to extend over a period of time, similar to many cases that are intrafamilial; adults frequently did not believe it when children tried to report it or to alert someone else to it; and they were often silenced if they did. So many actually did not. If they did ever make an attempt and it was unsuccessful, many of them never made that attempt again for many years, sometimes as the means of reclaiming their lives after they have had a series of difficulties in their life of drug and alcohol abuse, sexual difficulties, relationship break-ups and so on.

So I guess the issue around that is: where do boys and young men and older men go for help in these processes? They often feel that they may not be believed and they do not know what sort of services they can get. There are some good services around. In Victoria you have got the South Eastern Centre Against Sexual Assault. In Queensland there is the Living Well service. I am not saying that they do not exist; I am just saying that it is probably one of the issues that I think both your inquiry and the Royal Commission are going to have to take a closer look at.

The way in which men often tend to cope with these issues, their method of coping, is by using drugs and alcohol. That is a very common method, and it is a sort of self-medication, a means of dampening the hyperarousal of anxiety that goes with the consequences of abuse. It means that maybe some of the answer is around not just having specialist services but having the right door for the general services — primary health care, so Medicare Locals, GPs — and it is about proper awareness of those services. Because a lot of these men might come in with these sorts of problems, but if nobody ever asks in a gentle way the question, 'So what is it that is causing you to indulge in this sort of behaviour?', then it may never be uncovered.

I guess they are the main sorts of issues. We need to leave the opportunity for hope, that there is recovery — it is not irreparable — but we also need to be very well aware that the people who have been subjected to this type of abuse may well have some very significant difficulties in life and need supports in order to get over them but that there is hope and a means of recovery in doing so.

The CHAIR — Thank you very much, Professor Cashmore, for your presentation. We have heard from many, many victims from different circumstances, from institutional care to very strong and loving families, so it is widespread. We are very well aware of that.

I would like to go to your report, of which we have a copy, and in the report it talks about child abuse being related to health via a complex matrix of behavioural, emotional, social and cognitive factors. You also talk about the overall developmental outcomes. I am interested in exploring a little further about those physiological impacts of abuse on a child, either male or female, and whether there is a point of development per se that is more vulnerable or more significant in children. From your research, have you found that to be the case or not?

Assoc. Prof. CASHMORE — Do you want me to focus more on the institutional or all forms?

The CHAIR — All forms. Clearly we are looking at abuse in all forms, but I am specifically wanting to know about those physiological effects. Is there a point in a child's development when abuse occurs that is a trigger point? As you say, there are sleeper effects and some people are able to manage differently, and I am trying to work out if there is a physiological impact of abuse as well as all those other areas that we described.

Assoc. Prof. CASHMORE — There is research that is indicating that abuse in early adolescence can be particularly problematic because that is the time of developing sexual identity, those trusting relationships, and so on. What sexual abuse does is disrupt the trusting relationships and disrupt that early developing sexual

identity. It is interesting that some people say that they actually did not see it as abuse at the time it was occurring and that it was not until later when they looked back on it that they realised that what they might have thought was sexual exploration they then reframed as abuse, and in fact that the general community would reframe it as abuse too. But they may not have seen it in that way at that time. That does not necessarily mean that they do not suffer any problems as a result of that, but it might be that the stage when they see it as reframing is when they say, 'I want to do something about this'.

What we do know is that there is a lot of research and an increasing amount of research now about the impact of stress on the developmental capacities of children, and that is why there is a great deal of emphasis on early intervention and prevention, starting from the very early years, around child abuse and neglect in general. We are not talking about just sexual abuse here. That stress response is in terms of what is called the HPA stress response — the hypothalamic pituitary adrenal system. What this research seems to be suggesting is that, if you overstress the system, you actually set it at a level that it becomes hyper-alert. It is triggered and responds much more quickly in the future to other forms of stress. That occurs for very young children who have been physically abused, and it occurs for children who are older.

If they are older and have some idea that what is happening is something that has to be kept silent and secret — and there may be some element of it not being right and that that is why it is being kept secret — that is probably also very damaging because it increases what they would see as their own culpability, blame, shame and guilt about why it happened to them. That is actually what a lot of victim survivors come back to later and say, 'There were other kids at school. Why was it me that was picked on? Why did he come to me and not the others?', and that can be very difficult to deal with. Of course we know that perpetrators are very good at selecting their targets.

The CHAIR — Does that research say — and I understand what you are saying in relation to the HPA component — that greater stress or greater release of those chemicals or hormones at that time has a greater effect on the individual's ability to manage the abuse?

Assoc. Prof. CASHMORE — And to manage stress of other forms. I do not think it is an accident, if you look at some of the physical symptoms, that people who have been sexually abused — and there are a number of studies now that show this — get sick more often, that they have more chronic back pain, chronic pain syndrome, heart disease, irritable bowel syndrome, and so on. We do not know exactly what the impact of sexual abuse is, because a lot of this research is related more in terms of stress responses rather than sexual abuse, and teasing out the exact impact of sexual abuse is not an easy thing to do.

Mr McGUIRE — Thank you very much. It is important for us to get this evidence on the record. One of the things I want to raise with you is that obviously it will be incredibly important how we communicate to the public, and there are a lot of different messages that we would need to send to various audiences so that people can understand what has happened, why it has happened and what the remedy should be. I am quite interested whether there is any advice you can give now, or if you want to take it on notice, as to what you would think if we did, say, an education campaign and/or a media campaign as part of our findings or recommendations. From your in-depth knowledge, what would you think would be appropriate messages for us to be sending to the public, and how might we frame that?

Assoc. Prof. CASHMORE — The issue about the damage that might be caused by sexual abuse is a tricky one because at one level you want to say to people, 'It's not your fault', but the other point is that the issue of harm is not an excuse for things being difficult forever — that there are ways that people can recover from it. I think there needs to be a message of hope — that there are possibilities of getting support — and we know that people who have good family support, who have been believed can recover.

Maybe that is one of the positives that might come out of this whole process too — that the community as a whole is acknowledging this as a problem, that it is not being tucked away and that it is okay to say that this happened to you. But a lot of people will not be in that place and it will take some time. If they can get some help without necessarily disclosing. That is why I say that some of the GP services and primary health care services and getting awareness out through those processes is important, I think.

But I am worried about males and the lack of services, because we know that men are less likely to be health seekers than women are, and they are also less likely to have confidants in the same way that women do.

Women are more likely to tell their friends what is really going on in their heads, whereas men find that is a difficult thing to do, and particularly if you are feeling vulnerable and possibly to blame for what happened, then that is really exposing yourself to do something like that. I am happy to take it on notice and give you a more considered response.

Mr McGUIRE — Thank you for your response so far, and it would be good if you could come back with that as well.

Assoc. Prof. CASHMORE — There is just one other thing too. In terms of the media, ACSSA has done some work around the use of language, and the sort of language that the media uses in particular, and that you might think about. I think there are some good pointers in there about things that as a general message — and people in this sort of discussion may not think that they mean a lot or we might be careful about our language and hope that we are being sensitive, but people who have been sexually abused might be ultra-sensitive to particular terms — we need to be aware of what those might be.

Mr McGUIRE — Thank you for that. There is just one other audience that I think it is important for us to get the message right to as well and that is that part of the community that might say, 'Well, that happened when you were young. Just get over it'. While they may not be wanting to be derisory, nevertheless that becomes hurtful. Have you got any thoughts at this stage, or would you like to take on notice that question on how we might address it, just so that people have a more informed view. I guess that is what we are trying to do, so we can understand the depth of this issue and the complexity, as your research shows.

Assoc. Prof. CASHMORE — I am happy to come back to you on that, but I think you are absolutely right. I think we do that as a society in all sorts of things: in terms of trauma, grief, the loss of a close family member, for example. It is okay for people to be upset for a while, but eventually people say, 'It's time you got over it', and sometimes people are not ready. It really has to be on their own terms. If they have not dealt with it, the other message is that for those who are coming forward for the first time and telling someone for the first time, the response that they get to their first disclosure can be very influential in terms of how they deal with it from then on. So it is really important that the education gets out there, that you actually listen and you take note. We know that children, for example, are less likely to tell teachers and parents than they are to tell their friends when it is happening when they are young, so it is about learning that message, I think, and believing.

Mr McGUIRE — I will let other colleagues go on in a minute, but just one other point on that: has there been historically an issue that children and women have not been believed by the judicial system? Has that been a systemic or a cultural problem within the law as well?

Assoc. Prof. CASHMORE — Absolutely. If you go back and look at the literature in terms of child sexual abuse there are some lovely quotes — I will send them to you — about how the legal system saw the evidence of children. In fact it was not until the mid-1980s that it there was even any point in trying to prosecute a case of child sexual assault for a child who could not take an oath and did not have corroboration. How often do you have corroborative evidence in child sexual assault? Not very often. If you did not have a child who could be sworn and had corroboration, there was virtually no likelihood of a conviction.

That is why the statistics look so good at that time, that the percentage of cases that were prosecuted were much more likely to result in a conviction, because you actually had to have such a solid case in order to be able to get past the first bar, whereas now we have younger children and the laws have been relaxed so that we do not put children on the mark in the same way about judging their competence as witnesses. Quite often children's competence to give us reliable evidence is not so much a function of their competence, but of ours, as the adults who are eliciting that evidence and the circumstances and the way in which we do it.

Mrs COOTE — Professor Cashmore, thanks very much indeed. It has been extremely interesting. We have had many people at this inquiry say to us, 'We wondered what was wrong with us. We wondered why it was that they chose us'. You suggested that in the comment that you made to Ms Crozier before, and you said how the perpetrators are very good at selection. But is there a profile of children who are attractive to these paedophiles, who have a certain characteristic that therefore places them in a more vulnerable position than perhaps other children in the very classroom that you gave an example of before?

Assoc. Prof. CASHMORE — We know, for example, that children who have a disability, who are less likely to be able to tell anyone about it afterwards, are more likely to be abused; children who are already

vulnerable, because if a child is vulnerable and seeking adult support of some sort, for example, if they are in a family where there are very difficult circumstances and they do not have a father figure, then those children are more vulnerable in the sense that the perpetrator is likely to be aware of that and use that as a means of access. We know, for example, that there are studies where they have actually asked offenders, 'How did you go about it?', and they have given answers. I can provide you with the literature on that. Actually it is part of the course that Rita Shackel and I teach on child sexual abuse as a Masters course at Sydney. They are actually very strategic. They look for children where they are less likely to be believed and where they are less likely to have supportive people around them who will be monitoring who is around.

It is no accident that the sorts of circumstances in which children are abused are those that are similar, where people are standing in place of parents, because they have unsupervised access. We are now getting better about not allowing people to be alone with children in some of the circumstances, like where people used to take children off on school camps and sleep in tents with them by themselves, for example. Those sorts of things now people are more suspicious of.

Mrs COOTE — Certainly a number of the witnesses we have had have been in the category you have explained, but not all of them are. The question they raise is, once again, as I say, 'What is wrong with me?'. What is it? Is it a weakness in the child? Is it a vulnerability in the child? Is it something else? Are there any indicators of what that could be?

Assoc. Prof. CASHMORE — There is one study that actually indicates that being physically attractive; it may not be a vulnerability in that sense. It is actually an attractiveness that makes children more vulnerable.

Mrs COOTE — Could you give us — —

Assoc. Prof. CASHMORE — I will provide you with the reference.

The CHAIR — Thank you very much; that would be very helpful.

Assoc. Prof. CASHMORE — I am not sure what that does in terms of prevention.

Mrs COOTE — It is interesting in some of the issues we were speaking about before about education and programs going on forward. It is to be cognisant of all of these issues. The other area there is are those children that you explained before you would fit into that vulnerable category, if they were not abused, would they be more likely to go ahead and take up drug and alcohol issues, mental health issues or those types of scenarios you spoke of concerning children who had been abused? Had there been studies done of those children — the ones who had not been abused but would be fitting into a similar sort of category?

Assoc. Prof. CASHMORE — Yes, and I think that is what some of those better longitudinal studies have shown, for example, the Christchurch study, because they actually follow through children and they have some contemporaneous records of whether or not they have been abused. Sometimes they have to work backwards, and that is difficult because it is a matter of, 'Are you using the official records in order to say whether or not children have been abused, and in what way?', and because we know those official records have a dark figure. There are a lot of people who are abused who never appear on official records of any sort.

The Christchurch study looked at physical abuse versus sexual abuse, and we cannot always say that these come in nice, neat packages, in a horrible use of language, or that it is just one form of abuse. Sexual abuse often goes along with physical abuse or emotional; in fact a lot of people say emotional abuse is inherent in sexual abuse. The Christchurch study did separate out [the effects of sexual and physical abuse] and found that the impact of sexual abuse was more damaging and longer term than it was for physical abuse. You are saying, 'What about the children who were not abused all?'. That is based on looking at and comparing it with children who were not abused at all.

Mrs COOTE — So they were the control?

Assoc. Prof. CASHMORE — Yes, they were the control group.

Mrs COOTE — On a slightly different tack, in relation to the children who had been abused, in this instance by the Catholic Church, there were some very visual instances of church support of those priests. For example, they paid for their legal costs. In one case one of the priests supported another priest at a court case. In

others they have burials which are full requiem mass et cetera, and a lot of publicity about all of this. Is this the sort of thing that can be damaging particularly to people who have been abused who may have sublimated these issues?

Assoc. Prof. CASHMORE — Yes, I would expect so, because what it shows is that those people who have clearly crossed the boundaries in terms of any acceptable behaviour are still being seen as supported members of that community. The message, I think, and what you hear afterwards when you see programs such as *Four Corners* and the talkback after is that these people are questioning, 'How can the church continue to support these people once they know they have done this?', or send them off to Rome, for example, where they are untouched and do not have to answer questions about their behaviour and are not called to justice as the victims would see it.

Ms HALFPENNY — I just want to ask a few questions about the support for children who have been abused in terms of trying to reduce the long-term effects of that abuse. I think you were saying that a strong family network and friends can do that. Do you think also that early intervention in terms of professional counselling, if the abuse is disclosed early, can also reduce the long-term effects?

Assoc. Prof. CASHMORE — What we know is that children being believed by a close family member is probably their best protection. In terms of child witnesses — for example, Gail Goodman's studies in the US, where she followed up child witnesses in child sexual assault matters — the best predictor of how those children were doing 5 and 10 years later was whether or not they had a supportive mother who believed them. Beyond that, you are asking about the counselling issue. I think the evidence there is a little bit more mixed, and it depends on the type of counselling. We are moving more to trauma-informed counselling. I think, as we said in our paper and as Gary Foster has also talked about, we probably need some more rigorous studies of those forms of counselling and what really works, because we also know that in some areas counselling may not necessarily be helpful.

Ms HALFPENNY — That was my next question in terms of support for people. Perhaps I should ask you in what cases does it look like there may be a situation where it is not helpful? I guess the second part is this: there is always need for more research and there is always need for more services, but in terms of child abuse, is this an area that really is falling behind others? For example, we have heard comparisons with war veterans and post-traumatic stress. While it might be different there is a whole lot of research and health services to support and assist people in that circumstance. Have you got any suggestions or thoughts about how the government can put in resources or create a situation for better health care?

Assoc. Prof. CASHMORE — I guess my general comment would come back to that issue about primary health care and no wrong door; the same sort of message we have around child protection that people should be able to go through any door to get the sort of service they need. That means that people who are GPs, for example, need to be alert that if there is a fair incidence of depression or a fair proportion of those people who are sexually abused who are depressed, then maybe one of the things they need to be alert to is the possibility of sexual abuse. But I am not also suggesting that GPs go on to try to do counselling in an area where they are not skilled; I think that could be very dangerous. Again I can take it on notice and send you some literature on that.

One of the difficulties is that when we rely on things like the Cochrane and Campbell collaboration reports, which are the so-called gold standard of randomised, controlled trials, it is not always easy to do it in these sorts of areas and there are often questions about the ethics of doing that. One response to that is that there is also a question of the ethics of providing services and paying for services that we do not know necessarily are helpful rather than damaging. I will provide you with some follow-up literature on that.

Ms HALFPENNY — That literature is about where counselling could be damaging?

Assoc. Prof. CASHMORE — Yes. Well, it is about whether or not it is helpful. Sometimes it is not helpful at all or there is no difference between having counselling or not.

Ms HALFPENNY — I understand what you are saying about coming through any door and then being — —

Assoc. Prof. CASHMORE — Being referred on when you are ready, I guess is the point.

Ms HALFPENNY — Once you get through that door and access services, do they need to be more centralised or organised? Are things happening in different places that should be brought together in some way? Do you think, in terms of the research and services, that once you get through the door and move on, they are adequate?

Assoc. Prof. CASHMORE — That is a tricky one because some of the places where we probably need really good services are in country areas. We do not know what the incidence of sexual abuse is for some of these people living in country areas, but we do know that the suicide rate in some country areas is quite high. Then there is also the stigma. People in an area like that are not going to want to walk through the door of something that is labelled a sexual assault service. It would be too difficult to do that.

But we do know that a combination of individual counselling plus group work can be very helpful; the group work in the sense that what it says is, 'It is not just me. I am not the only one who feels like this. I am not the only one who experienced that sort of abuse and is still wondering why it happened to me and not to somebody else'.

Ms HALFPENNY — Just to expand on that, many people who have come to us to tell their story of abuse have been in a situation where they have gone back to the institution or the organisation and have never been told that there is anybody else. There has never been any explanation given to them about what happened, how many people were involved: what the situation was. Is that something you think — —

Assoc. Prof. CASHMORE — I think that could be very useful, and that comes back to your question too. I think the fact of knowing that you were one of a number, that these were the circumstances in which it happened and you were not the only person — and you were not the only person who was silenced either — should be very helpful. But I think that again is something that you would want to talk to some of those groups about. But if that is what they were saying, I would certainly support it.

Mr O'BRIEN — Thank you, Professor for your work. Just following up on that I think there is valuable research, particularly in the country areas, about that stigma aspect you identified; misaligned stigma if you like. It is not the victim's fault that they feel shame, particularly males, in coming forward. My anecdotal evidence and evidence we have received is particularly acute in country areas where everyone knows your business and you do not have anywhere else to go; there isn't a perception of anonymity. I will enjoy your further research on that.

I was going to ask you about the alcohol issue that you have identified on page 13 where you identify greater substance abuse. Again, some of the evidence we have received is that the modus operandi of abusers — and in our evidence the majority have been clergy abusers — has been to engage in a process of inducting young kids into nefarious activities like cigarette smoking or having alcohol either as part of the grooming or specifically part of the actions; and of course there are problems later on for many of these children as they grow up. Have you done any work to identify how much addiction could be directly associated with the actual abuse itself — not just a consequence of not being able to deal with the abuse, but the actual act of abuse?

Assoc. Prof. CASHMORE — I do not know of any studies that have done that, but I can see that if you paired the abuse with alcohol or drugs and so on, then that would be very difficult because it makes them complicit in some sense in having done that, but it also disrupts the whole responsibility and the whole thinking about what is going on. People do things when they are drunk that they would not do under other circumstances, so it is about breaking down some of the constraints, probably both for the offender and for the child.

Mr O'BRIEN — It is also at a critical time of their sexual discovery.

Assoc. Prof. CASHMORE — Absolutely.

Mr O'BRIEN — You have been told about the taboos — 'Don't take alcohol and drugs'. I do not want to get too personal about things like cigarettes, but you then break a taboo, have a cigarette and it is fun, and if that has been introduced at the same time as taboos about sexual activity, there may be a correlation there. I do not know. You certainly have the anecdotal — we have the case studies that have been provided to us. For example, Father Ryan — he was called Father Ryan but his name was Paul David Ryan — and Pickering engaged in those practices and there are many others on the Broken Rites website. Without assigning you activity, if you come across some research on that particular aspect we would be most grateful to receive it, or I would be.

Assoc. Prof. CASHMORE — I do not know of anything at all, but I do not think it is any accident that young women who are involved in prostitution against their will and so on are often drug addicted and so on, and drugs are used as part of the mechanism for keeping them under control.

Mr O'BRIEN — You have also identified in your conclusions very helpfully a section called 'A complex interplay' of the various issues associated with child abuse. Could you perhaps summarise that and perhaps go to your conclusion about what we need to do as recommenders to law-makers, if you like, to deal with this issue?

Assoc. Prof. CASHMORE — Right. That is the difficulty, and it is the difficulty for you in terms of working out some of these things. It is what all the interrelationships are and what the conclusions are. Again, I am happy to take that on notice and get a more considered response, if that is okay.

Mr O'BRIEN — We would be grateful for that too. This is a considered response, and it is helpful to us initially, but a further response would be fantastic as well. Thank you.

Mr WAKELING — Professor Cashmore, thank you very much for your attendance today. We have had evidence presented to us by numerous victims, particularly those who are senior in years, who stem their life events back to abuse that occurred when they were very young — nine years of age. The abuse may not have been regular. It might have only been on a couple of occasions. Noting that you did your PhD in developmental psychology, I am just interested if you could unpack that for us so we can understand how the impact of that on a nine-year-old can actually have ongoing repercussions for someone throughout their entire life. Many in the community would think that they could not remember what they did as a nine-year-old, let alone think that an event will affect them for such a long period of their life.

Assoc. Prof. CASHMORE — In terms of our memory, we reconstruct memory all the time through our lives, so the impact of something like that depends on whether it is associated with something very painful or whether it occurred at a time where other things were going on that made them feel very vulnerable, and as I said, perpetrators are very good at picking kids at those times of vulnerability. But it is a matter of how people think about this event — are they feeling that they were complicit and that they have a real sense of shame and guilt associated with it? There is that one we have talked about several times, which is, 'Why me, and why not my brother or sister? Why not one of my friends? Why was it me?'. So it is those sorts of things, particularly if it occurs at a time around early adolescence. With nine-year-olds, we do not know, but it may be that other things happened around that time for that particular person. It is about that whole stress response and people's own image of their own development and complicity in a process and what it meant to them, particularly the issues later when they look back on it and see it as a real betrayal of trust. That is one of the reasons that people who have been sexually abused often have difficulties around sexual behaviours. They act it out through that and through relationships. How do you choose to trust people again if the people who you should have been able to rely on were those who so severely abused that trust?

Mr WAKELING — In addition, if I may, many who have presented have indicated that throughout their lives there have been events such as their perpetrators being jailed, and they have sought the assistance of psychologists — interventions that a layperson would think may actually provide some assistance, particularly psychologically to a victim — but many are still severely traumatised, and rightly so, despite those events occurring. Can you perhaps provide some explanation as to whether or not they can actually get to a point where they overcome these issues, or is it really just dealing with the same problems but it is more of a management issue?

Assoc. Prof. CASHMORE — This is an issue if somebody has been imprisoned?

Mr WAKELING — No, for the victim.

Assoc. Prof. CASHMORE — If the victim has been imprisoned?

Mr WAKELING — No, if the offender has been imprisoned.

Assoc. Prof. CASHMORE — If the offender has been imprisoned, then clearly they will have gone through some sort of prosecution process in order for that to happen.

Mr WAKELING — Sorry, I am talking about the victim having seen their offender imprisoned. You would assume that that may, psychologically, provide some assistance for that person.

Assoc. Prof. CASHMORE — It would make them feel better?

Mr WAKELING — Yes.

Assoc. Prof. CASHMORE — In some ways it might, but I think there are two things going on here. One of them is that quite often there are very confused relationships here. People may have been abused by someone who was known and trusted by them, so they may be incredibly ambivalent about what has happened to that person and feel that they are again to blame for them going into prison. If it is a family member or someone close, they may feel that they are to blame as a result. Coming back to that issue, if someone is imprisoned as a result of your evidence, then you would actually had to have gone through a prosecution process. As I said, even if the offender is found guilty, that prosecution process does not necessarily leave people feeling okay at the end of it. It is a very difficult process. People are constantly having their credibility challenged, and the whole process of giving evidence around something like that, even if it is a closed court, involves talking about things that we do not normally talk about — those details of sexual behaviours — in great detail and minute questioning and challenging: 'Yes, but you did it because so-and-so' or 'You're only saying it because' and so on. That challenging of your own role in the process can be a secondary victimisation, even if the person is imprisoned.

Mr WAKELING — Finally, I would just like your comments on the idea that there may be a need to find a reason, even if there has been complicity rather than just being exposed to a random, uncontrollable act that the person had no control over. What are your thoughts on that?

Assoc. Prof. CASHMORE — I think we all search for meaning as to why things happen to us. If we cannot come to something that makes sense to us, then it means it is very difficult to see the way the world works. We tend to like to have a view of the world as being a fair and just place. When those beliefs are severely challenged by things that happen to you, then it makes life more difficult.

On that note I think the other group of people that we should really be looking at are people in prison. If you look at the figures of people in prison, there is a large number of people in prison, particularly juvenile justice — young people — who are there and who have been sexually abused. There is an extremely good New South Wales Justice Health study by Indig et al. — I can get you that one as well — which shows that women are less likely than men to offend in ways that will get them into jail, particularly young women. But if they are there, the likelihood is that they have been sexually abused, or abused in some way, and a lot of that is sexual abuse. The people who you will not hear from will probably be some of the victims who are currently in prison and in juvenile justice centres.

Mr WAKELING — Thank you. We have had people present who have been through the justice system.

Assoc. Prof. CASHMORE — Okay. Thank you.

The CHAIR — I do not believe there are any further questions, so on behalf of the committee I thank you very much indeed for your time and participation this afternoon, Professor Cashmore; your evidence has been most helpful. Thank you again. We appreciate it.

Assoc. Prof. CASHMORE — You are welcome.

The CHAIR — The hearing is now adjourned.

Committee adjourned.