Board of Inquiry into historical child sexual abuse in Beaumaris Primary School and certain other government schools

WITNESS STATEMENT OF DR PETER ROB GORDON OAM

I, Dr Peter Rob Gordon OAM of [redacted]
Clinical Psychologist, say as follows:

1. I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

QUALIFICATIONS AND EXPERIENCE

2. I am a clinical psychologist, with a particular focus on, and education about, the treatment and recovery of persons affected by personal and large-scale traumatic events.

3. I have the following qualifications:

   (a) Bachelor of Arts (with Honours) from Adelaide University (1970);

   (b) A PhD from the University of Melbourne (2003) on the topic 'A Study of Group Psychotherapy'; and

   (c) Fellow of the College of Clinical Psychology, Australian Psychological Society.

4. I have worked as a clinical psychologist since 1976 and have over 35 years of experience in the areas of trauma, emergencies and disasters. Since 1983, I have worked with children and adults in relation to over 50 large scale natural disasters (including bushfires, floods, droughts, and windstorms) and community-level traumatic events (such as shootings and suicides), as well as large-scale sexual abuse, and traumatic events within youth detention, child protection and disability organisations. Part of my work has involved working with affected staff of such organisations, as well as supporting the organisation to recover.

5. I have been a member of the Australian Association of Group Psychotherapists for 30 years and president on 2 occasions. I have been director of training for 8 years.

6. Attached to this statement and marked '**PRG-1**' is a copy of my curriculum-vitae.

PROFESSIONAL BACKGROUND IN PSYCHOLOGICAL TREATMENT OF VICTIM-SURVIVORS OF CHILD ABUSE

7. From 1976 to 1989, I worked at the Royal Children's Hospital as a Clinical Psychologist. Of those 15 years, I spent 12 years working in the in-patient assessment unit. When I started working in the in-patient assessment unit, there was no State-run child protection unit to assess children's injuries and investigate the cause of such injuries. As such, children who were discovered to have been the subject of abuse, would present to the Royal Children's Hospital for assessment and treatment. Whilst working in the in-patient assessment unit, I would undertake psychometric and clinical assessments of the patients, observe them in the ward, discuss nursing staff's observations and participate in clinical meetings.

8. In my time working at the Royal Children's Hospital, I assessed and treated children of all ages who were subject to abuse, including sexual abuse.

9. Subsequent to my time at the Royal Children's Hospital, from 1989 to present have I worked in private practice as a Clinical Psychologist. During my years in private practice, I encountered, and treated, many children and adolescents who were the subject of child sexual abuse.

10. From 1998 to 2015, I spent time providing clinical psychology supervision in the Centres Against Sexual Assault ('**CASA**'). In particular, the Eastern CASA, South-Eastern CASA and Gippsland CASA. In my supervisory role, I participated in meetings with counselling staff in which they presented cases they were working with, and I commented on them with a view to providing greater understanding about the assessment of the patients' needs and treatment required.

11. In addition to my work with children and adolescents who have been subject to child sexual abuse, I have undertaken a lot of psychotherapy treatment with patients involved in other areas of trauma including disaster response, large scale criminal events and personal traumas.

12. In addition to my career in providing clinical services, I have been asked to provide training to various organisations. That training encompasses responding to trauma. The training has concerned the following topics:

    (a) Clinical treatment of trauma;

    (b) Early intervention and treatment of work related critical incidents;

(c) Psychological first aid and early intervention with disaster and trauma affected people; and

(d) Staff welfare and self-care, including vicarious trauma in health, welfare and judicial settings.

IMPACTS OF CHILD SEXUAL ABUSE

Psychological impacts of child sexual abuse

13. To understand the long-term impacts of child sexual abuse on a victim-survivor, it is important to contextualise the nature of the abuse. When sexual abuse occurs with a young child, it has a different character than that of sexual assault for adults. In the case of sexual assault in adults, violence is usually present along with a degree of one person's will being forced upon another.

14. In my professional experience, I would assume there is an element of grooming present in any instance of child sexual abuse where there is not a violent rape or a concerted forcing of the perpetrator's intentions on another. For a perpetrator to ensure a child's compliance, grooming will be required. By 'grooming', I refer to the process of a person eliciting a positive experience for a child in order to gain access sexually to the child and have the child comply with the perpetrator's requests. With children, grooming and seduction will occur by way of the perpetrator acting in a way that is offering positive emotional context for the child.

15. It is not always the case, but often, perpetrators will detect children who are lonely or sad, or lacking in appropriate support in some aspect of their life. This creates a tremendous problem, because once the sexual abuse begins to happen, the child feels in conflict between the emotional significance of what they are getting from the perpetrator, and the fact that they do not like what is physically happening to them. If the child is particularly young and they have no clear understanding of the concept of sexuality, they can feel incredibly confused about what is happening to them. This then creates complicated problems like, for example, feelings of guilt and that they should be grateful for what is happening to them.

16. A particularly destructive element of child sexual abuse is that for some children, the physical abuse can be stimulating. Certain tissues of the body are designed to emit certain sensations, and this may lead to the child having an experience that would ordinarily be described as pleasurable, but those sensations are happening in unpleasurable circumstances. This creates a confusing relationship for the child in their emerging relationship with their body and their drives. This can have lifelong

consequences. Particularly, we can see emergence of poor self-worth, life-long self-loathing and hatred of the victim-survivor's body. We can also see avoidance and horror of sexuality, or on the other end of the spectrum we can see the person become precociously awakened sexually. In the latter instance, sexuality becomes a medium for dealing with other things and creates promiscuity. Ultimately, both scenarios can set the person up for a life of great unhappiness. The degree of unhappiness is worse when the victim-survivor feels that they are unable to disclose the abuse either because they are sworn to secrecy, or if they do disclose and no one believes them. The latter, in particular, can be a shattering experience for the victim-survivor.

17. There is no hard or fast rule with respect to when symptoms resulting from child sexual abuse will manifest. For some children, there will be immediate onset, but others may have onset occur much later in life. Symptom onset for a particular victim-survivor is generally related to the meaning the child gives to the actions of the abuse. When children are very young, they will tend to be frightened of being wrong, or being bad. So, if the child begins to feel that what is happening to them is wrong, and the perpetrator gets them to agree to keeping the sexual abuse a secret, they might feel that they are unable say anything as they will be betraying the perpetrator. Then they might feel that they are betraying a trusted person, or they do not know how to present themselves or the experience to themselves, so they are mystified.

18. For example, I worked with a woman who was abused during her late primary and early secondary school years by a family member, and she did not understand what was happening to her at the time. She knew she did not like it. Then one day, during a social studies class, she learned about the concept of incest and that it was against the law. This knowledge was electrifying to her; she realised there was a name for what she had experienced, and that it was wrong. From this knowledge, she went back to the perpetrator and told him that if he ever touched her again, she would tell the police, neighbours and teachers at school. This particular woman went on to have a successful career and life. In my professional opinion, her success in life, despite her experiences of abuse, was likely because the abuse started happening in late primary school. She had already established some knowledge and foundations to understand what had happened to her and that it was wrong.

19. In children who are very young and have not yet developed some foundational knowledge around sexuality and right and wrong, the child is incapable of understanding the abuse occurring to them, and often will disassociate as a result. I put it that the defence of last resort is disassociation. That is, where a person cannot do

anything to protect themselves, and they are in a state of helplessness (as a child will be with an adult), then all they can do is simply disown the experience.

20. The implications of child sexual abuse are particularly horrific because for children, the genitals are organs of elimination. Children are taught that their urine and faeces are disgusting, and they should not be involved with them. So, this means that often there is an element of violating basic hygiene and cleanliness for the child when child sexual abuse takes place. Children are not able to make sense of this violation and as a result, they feel disgusting and dirty and that feeling often develops into a sense of 'badness' about themselves, with poor self-esteem, self-loathing and disgust at their own bodies.

21. That self-loathing interferes with all the motivational elements—that is, if you loathe yourself, why would you try to work hard, go to university, and have a career. It is common when this happens for people to have a lot of difficulty doing much with their lives. In general terms, the moment they try to be motivated to do something; they tell themselves they are not worthy to achieve success. They often do not get the intellectual stimulation they deserve or could achieve. Added to this is often that they are constantly on guard against the trauma from their experience of child sexual abuse opening.

22. In my experience, victim-survivors of child sexual abuse may be reluctant to have intimate relationships, which results in only feeling safe when alone. I note that this does not mean they are not lonely, but they will often prefer feeling lonely than feeling in danger of people finding out what has happened to them in the past.

23. Some victim-survivors may have those intimate relationships and may also proceed with sexual relationships because they are looking for security. However, it is quite common that once the person is securely attached, their sexual desire dissipates and leaves sadness in their relationship.

24. One of the features of trauma is the constant state of heightened arousal which manifests as a series of cognitive consequences of inability to concentrate, irritability, being temperamental, and having poor social relationships. When victim-survivors do have personal relationships or obtain employment, it is often the case that they are perceived as being difficult. This has personal consequences socially and could result in the victim-survivor being unable to keep steady employment.

25. Ultimately, at the core of the consequence of child sexual abuse is the impact on a person's self-concept, self-esteem and their identity. Unfortunately, it takes a long time to change this impact.

Impacts of child sexual abuse due to lack of awareness of child abuse in the 1960s and 1970s

26. There was little social awareness of child sexual abuse in the 1960s and 1970s.

27. I commenced working at the Royal Children's Hospital in 1976. In the late 1970s, I recall sitting in medical meetings at the Royal Childrens' Hospital, where large groups of doctors would meet and speculate on the potential blood disorder of easily bruised children. The psychiatrists would comment that these children were being beaten by their parents. The physicians would respond by saying that they were unable to comprehend parents hurting their children.

28. I also recall that American experts, who had undertaken research on children who were found to have been harmed by their parents, travelled to Australia and presented to Australian physicians about their research findings. It was in this late 1970s and early 1980s period that physical abuse of children came to the fore in the hospital context. It was during this time that children began talking about being physically abused. Often, the clinicians working with these children would then discover they were also being sexually abused.

29. I recall that the general feeling in the medical profession at that time was that the physical and sexual abuse of children was difficult to comprehend. Practitioners simply did not know what to do with this information. As a result of this, it was often the case that a child who said something about being physically or sexually abused was not well received unless they were speaking to someone with good psychological training.

30. Further complicating the ability of children to feel safe disclosing abuse was the issue of authority being important and children being told not to be naughty and speak badly of adults.

Particular impacts associated with child sexual abuse perpetrated by teachers

31. One of the essences of trauma is that a person goes into a heightened state of arousal and reverts to a primitive mode of functioning where they learn by association. So, anything associated with the traumatic experience becomes a part of the experience.

32. In a teaching context, where a victim-survivor has experienced sexual abuse by a teacher, everything about school has the potential to trigger the impacts of the unwanted experiences again. It would be expected that where a child experiences

sexual abuse in a school, or by someone known to the child as a teacher outside the school, that child's education is at risk of being completely compromised. The classroom will not be a safe place, the child will feel that they need to be constantly on guard at school, and as a consequence will often not want to go to school either because of the associations of the school premises or that they may encounter the teacher. There will often be resultant conflict between the child and parents about going to school. Where such conflict occurred in the 1960s, it might have been that the child received a punitive response from parents, I am also aware of cases where parents have been either disbelieving or rejecting of their child's reports even up the present time. Ultimately, this would lead to the child having no place to rest—that is, they have conflict at home and feel unsafe at school.

33. For children who experience child sexual abuse by a teacher, the act of teaching, the availability of learning (which should be motivated by an interest in learning about the world) and experience of reward is overlayed by distrust of any person in a position of authority and fear that they could be the victim of further abuse.

Impact on communities

34. Knowledge of the occurrence of child sexual abuse will alter the ease with which people can move within their community. There will also be people who take a variety of different views. At one extreme, some feel completely disturbed by the occurrence of child sexual abuse in their community and will adopt a judgemental approach whereby they may blame the child involved for its occurrence (saying things like the child should have said something, tried to stop the abuse occurring, or not put themselves in a position to be abused). This view lacks knowledge of the position that a child is in when they are subject to sexual abuse by an adult, so it is very important to prepare primary and secondary victim-survivors for this reaction. Victim-survivors need to be counselled that this view should not be taken personally and understand that the critical person is trying to protect themselves.

35. The other extreme, is for parents in the community to become completely distrustful, anxious and cautious. This would result in parents not trusting any teachers, being cautious and not letting their children attend camps or go out in scenarios where other adults will be in charge of their child's safety. The effect of anxious parents who do not want to have their children fall into harm become extra cautious and anxiety-driven in their decision-making. This surrounds the child with an aura of anxiety, although they do not understand where it is coming from, it makes the world seem dangerous to them, and it may be that it is not managed appropriately, with no open communication about

it, that it is just not talked about. Children who develop in such circumstances can be expected to feel distrustful of others, and anxious about interaction with adults.

SUPPORT SERVICES AND VICTIM-SURVIVORS OF HISTORICAL CHILD SEXUAL ABUSE

36. It is not uncommon for victim-survivors of historical child sexual abuse to require support from multiple different services. This is because anything that removes their focus from their childhood experiences (which have been suppressed for a very long time), will ultimately become habits. Instances of substance abuse, gambling, a habit of doing dangerous things that put their personal safety in danger (like driving fast cars or seeking friendships with dangerous people) are often much higher in victim-survivors of childhood trauma. In my experience, it is often when addressing the secondary issues of addiction that the occurrence of child sexual abuse comes to light.

37. In order to increase the chances of a victim-survivor surviving the trauma associated with child sexual abuse without life changing effects, the key is early treatment and engagement with professionals to help the victim-survivor process and address the impacts resulting from the traumatic events. The ideal scenario is that the child comes home, tells their parents about the abuse as soon as it occurs and the parents listen to the child, make them feel safe and supported, and begin the process of actioning the allegation against the perpetrator and helping the chid process what happened. However, the reality is that often children will not disclose the abuse for many different reasons.

38. The earlier that instances of child sexual abuse are disclosed, and it is explained to the child that they did nothing wrong and that something has been done to them (and not the other way around), the better. The sooner this is explained to the child, the sooner any negative consequences arising from the abuse can be intercepted and possibly stopped from developing. The optimal scenario will then be that once a child has disclosed the abuse, they are afforded opportunities to discuss it with a trusted person with the necessary skills to enable the child to make sense of the occurrence, and repair and heal from any negative consequences arising from the abuse.

39. It is my observation that there are certain factors that assist a child who experiences sexual abuse to protect against the harmful psychological effects of that abuse. Having good friends and peers in their life that treat them as a normal healthy person is an enormously protective factor that will counteract the on-set of self-hatred which is a common result of child sexual abuse. In children who experience child sexual abuse in a school, it is particularly important that the child has peers or friends who enjoy them and their company at school; although, I note that their self-loathing and sense of

shame can easily make them isolated and avoid peers. Additionally, having good trusting relationships with family is important.

40. Another protective factor is achievement. If you have an academically skilled child, or they are good at, or have a passion for, sport or music (for example), and the child's attention can be channelled into this, it will bring them achievement and they will experience positivity. If a child does not have any interest or passion, and they are unable to make friends, we often find the child experiences difficulties psychologically that can manifest throughout their childhood and into adulthood (as explained above).

Best practice in offering support services for victim-survivors of historical child sexual abuse

41. When dealing with adults who are victim-survivors of historical child sexual abuse, in the first instance, best practice for support services when providing support to victim-survivors is to have a sound education in trauma. The victim-survivor will often not have a clear understanding about how the trauma is affecting their life, and it will be important for them to engage with someone who can draw those points out for the victim-survivor. I note that it is ideal that victim-survivors of trauma can communicate their story to someone who can then analyse it, make sense of the trauma and relate it back to their own physical or emotional symptoms. However, for some victim-survivors, this is not possible. Some victim-survivors shut down and do not want to discuss traumatic events that occurred in their life. With victim-survivors who do not want to discuss their trauma, symptom management becomes priority, along with helping them stabilise their life by giving attention to things like housing, career and income.

42. Put another way, effective support of victim-survivors of a childhood trauma requires the provision of a whole psychosocial package. This means victim-survivors need support from agencies who have access to a variety of services and professionals, and interface with other systems that provide services like case management and advocacy. It is also ideal for people to be able to speak about their trauma in a counselling or psychotherapeutic context to reinterpret the actual memories of their abuse, so they can then make sense of their bodily symptoms. The latter might be something that only comes to light after a considerable amount of time in working through the traumatic events and understanding what occurred. Unfortunately, this process takes a long time and is expensive. What we need to understand is that a victim-survivor of child sexual abuse has probably lived with this trauma (and its effects) for a long time, in some instances, for many decades. As a result, it takes a long time to unravel the damage that ensues from that long-term trauma.

Challenges faced by support service providers today in Victoria

43. I see two main challenges faced by support service providers in Victoria:

    (a) consistency of treatment and effective collaboration/case management of treatment across multiple service providers; and

    (b) cost of therapy services.

44. Often it is hard to get consistent treatment. One example where we are seeing difficulty in achieving consistent treatment is the mental health system. Mental health service providers will usually provide case management service around mental health issues specifically, but they may not be able to get access to the broader psychosocial case management services that are often required to provide a person with the holistic management required for successful treatment. The victim-survivor will often be referred to a number of different service providers for different aspects of the impacts, (eg. educational, emotional, social) and it is then challenging to achieve coordination of services to effectively provide the required treatment.

45. Support providers like CASAs and mental health services may be restricted in the amount of time and help they have the capacity to give. As a result of the strain on the public system of support services, we see a lot of victim-survivors approach private practitioners and it is a heavy financial burden for most victim-survivors. Medicare provides for ten partially subsidised mental health sessions per year. In my experience in private practice working with patients, you can work with and manage quite severe mental health concerns on a consistent fortnightly basis, but definitely not on a monthly basis. When there were twenty sessions subsidised by Medicare during the COVID-19 pandemic, this would provide patients with the ability to attend fortnightly sessions consistently throughout a year. Now that the subsidisation is restricted to ten sessions, it can be financially prohibitive to obtain the continuity of service that is ideal to effectively treat a patient.

46. As discussed above at paragraph 44, often a victim-survivor will need support from multiple service providers across different areas of focus (for example, psychology, and substance addiction). It would be ideal to have agencies that could provide a broader case management approach (across multiple services) and have relationships with appropriately skilled practitioners, if not via direct employment, then by establishing a network of practitioners to work together, and possibly agree to provide financial assistance or relief for patients needing support services. I am aware that some CASAs

are able to do this and have valuable experience in providing these services beyond direct counselling.

47. Seeking assistance from support services is an expensive process on people's lives. Even quite short-term periods of child sexual abuse can have long-term impacts. In my view, it would be a positive step for the government to consider providing access to subsidised support services for victim-survivors for a long period (multiple years) to acknowledge the extent of the impact of child sexual abuse on victim-survivors and the corresponding time required to reverse the impacts associated with the trauma of such abuse. With children and such a sensitive and vital area as sexuality, the impact assumes different meanings at different stages of development. Consequently, it is important that the child can have a trusted therapeutic relationship to revisit the experience at different stages of their development. The cost-benefit analysis of such a large social service package should encompass looking at the potential for victim-survivors to get qualifications, obtain steady employment, and contribute back to society via tax for 40 or more years, which could be achieved with the appropriate level of support being provided to them. Whilst I acknowledge that it is an expensive and time-consuming proposition, this would be a very strong investment for the future.

48. Additionally, case management services should be available to a victim-survivor throughout their life. It is not uncommon for victim-survivors to only come out of the woodwork in later life with their experience of historical abuse. People often come into retirement and then have an identity crisis because the life of distraction they have built over the years, which allowed them to continue through life without identifying their experience of child sexual abuse, comes to an end. There should be no limitation period of when a person can access case management services to help them address the impacts of historical child sexual abuse. There should be flexibility to allow victim-survivors to access support services when they feel that they need it.

Best practice – provision of support services in regional and rural areas

49. Looking specifically at country towns and smaller communities, we like to think that the people who live there are closer and well-networked. However, these smaller and more isolated communities can be lonely. Often members of those communities do not feel comfortable or safe to talk to each other; especially about traumatic events. Because of this, the provision of trauma and other support services is particularly important. It is a massive step forward that we are now learning about and actively engaging in 'telehealth'. I think the ability for practitioners and patients to physically attend

appointments and then follow-up via telehealth is a new dimension that can be activated to provide these services to people who may not ordinarily have had access.

50. I do emphasise however that, in my experience, continuity of care is important. Professionals working in support services and the health industry more broadly view working in rural area as an important commitment over time. However, to make it sustainable for those professionals who chose to work in rural or remote communities, the provision of good supervision and, if necessary, debriefing is important. Providing support services for victim-survivors of abuse is a very hard area to work in. During my career, I have worked with the CASAs and various other agencies to provide debriefing and reflective practice for support workers and clinicians. By debriefing and reflective practice, I mean providing workers with the opportunity to discuss their cases, and think about the effect they have had on them. This can be through hearing detailed accounts of horrible events, exposure to cruel and indifferent treatment by adults, or the years of unhappiness and needless suffering which results for the child. It is the price of empathy that the worker is affected, and facilitated sessions in which they can think and talk about their work and what impact it might be having on them helps them take stock of the effects they may be carrying. Where these effects cannot be worked through in such sessions, providing additional treatment (usually short term) where needed can assist. This work belongs to the area of Vicarious Trauma which is the term used to denote the traumatic impact on hearing about other people's traumatic experiences. It is the inevitable price of empathy that a degree of vicarious trauma is associated with this work. Debriefing and reflective practice help the workers not only alleviate their own reactions but importantly help them to learn from their experiences and so gain more skills.

51. If the opportunity for debriefing is not provided, the support workers are ultimately in danger of burning out. Or they may leave the industry before burnout occurs. The consequence of support workers leaving the industry for victim-survivors is that continuity of care is lost. For the health and wellbeing of practitioners working in rural and remote workers, and victim-survivors relying on those practitioners for care, it is important that we build in support systems for workers too to help them remain in their roles and ensure they mature and develop skills.

Best practice—provision of support services for diverse communities

52. There is very good work often done by peer support networks, advocacy groups and support groups in communities. Getting together a group of people who have shared a similar experience and providing a safe environment to speak to each other, whilst in

my experience, does not always meet the therapeutic needs of the individual, it provides that acceptance which helps people positively change their damaged sense of identity. Some people will never be comfortable talking to professionals. Victim-survivors from diverse communities, for example, for victim-survivors in the LGBTIQ+ community, in my experience have often experienced a lot of trauma over the course of their lives. Victim-survivors in the LGBTIQ+ community have often experienced a life filled with judgement, rejection, and criticism—including at times from health professionals. Because of this, it is difficult for these victim-survivors to seek out and accept support from health professionals. Therefore, having access to peer support and people with similar experiences becomes important.

53. I note that the area of sexuality is such a sensitive core component of a person's identity and in culturally diverse communities that have less experience openly discussing sexuality, this is a massive disadvantage and disincentive to disclosing child sexual abuse. So, for victim-survivors with culturally diverse backgrounds, it is even more important for them to have access to persons from their own cultural background available to provide those support services. It is also important that as a society we encourage training of people from all diverse backgrounds and communities in the provision of support services for victim-survivors of child sexual abuse.

54. Various studies have been completed analysing support groups and their impacts. One finding from these studies is the importance of support groups maintaining connections with health professionals. It has been found that if support groups do not retain some professional linkage to help them reflect on, and hold, the ethical and professional priorities that professionals working in the health industry are trained in, (for example, providing service with non-judgment, allowing patients to make their own decisions, and ensuring decisions are made for the benefit of the patient and not the practitioner), what often happens is that the groups can become the fiefdom of a dominant participant. That means the group only assists persons who have the same needs as the dominant participant.

55. So it is important to encourage support groups to keep connections with health professionals, not to supervise their activities, but to consult to their operation, provide education and opportunities to reflect so that the groups can hold their focus.

Support services available for secondary victim-survivors

56. In my experience, I can say that in many areas of trauma (for example car accidents, and victims of crime), secondary victim-survivors often miss out on receiving support. I think the provision of services made available to secondary victim-survivors is an area

that needs to be reviewed to ensure that criteria for qualifying for help are assessed on the basis of the actual day-to-day relationship or importance to a victim-survivor and not just the traditional hierarchy of familial relations.

57. It is very important to include secondary victim-survivors when considering who is impacted when a child experiences sexual abuse. Parents whose child experiences child sexual abuse are liable to feel a complete failure and this will not do any good for their relationship with their child. The parent will deal with that feeling of failure in various ways. They may project it onto the child and tell them it is the child's fault they feel the way they do; or they may feel terrible and become overprotective and anxious during the remainder of the child's development and not want the child to become independent.

58. With siblings of victim-survivors, we see that because one child is given lots of attention and taken to appointments, it can be a threat to the identity of the other siblings. The sibling of a victim-survivor can feel like they are not important, leading to conflict. In effect, where a child experiences child sexual abuse, the whole family needs help because the trauma happens to the whole family. Best practice is for every person in the family to be given the ability to discuss impacts flowing from the sexual abuse as they emerge. But it may be that, depending on the circumstances, other children, even close friends, might carry some burden of self-blame and/or guilt. So, it is important that they also have the opportunity to discuss their experiences of the trauma too. In this situation, it becomes important for the adults to have appropriate education to encourage them to have informed and meaningful conversations with those children about the abuse and its effects on them.

59. The same applies to partners and children of victim-survivors of child sexual abuse. Particularly as the sexual lives of victim-survivors can be enormously compromised, leading to unhappiness in relationships and emotional conflict in the couple. When victim-survivors have their own children, the trauma response associated with child sexual abuse may appear (or reappear), and this may be a time where the victim-survivor needs particular advice and/or support in separating their lived experience from their child's.

INFLUENCE OF PREVIOUS INQUIRIES ON SUPPORT SERVICES PROVIDED

60. Whilst I am not able to provide an opinion on the tangible impacts that previous inquiries into historical child sexual abuse have had on the delivery of support services to victim-survivors of child sexual abuse in Australia, I can confidently say that inquiries like this one are very important. Inquiries keep exposing the occurrence of child sexual

abuse to the community at large. The more that the occurrence of child sexual abuse is brought up and actively spoken about, the more we can strip away the denial, incomprehension and unwillingness to talk about it as a community, and ultimately make the community safer for children.

61. The very fact that child sexual abuse is considered important enough to have these types of inquiries presents a strong message to society at large and this is of enormous importance to victim-survivors.

62. In my experience, victim-survivors of child sexual abuse are often bitter and cynical by the time they become adults, and feel like not enough is done for them, or that not enough is done to stop child sexual abuse from occurring, and perpetrators are not punished hard enough. However, if you take that component away, the fact that victim-survivors are recognised and acknowledged in a public way, helps to reduce or eliminate the deeper existential effects of 'I'm a bad person because something bad has been done to me' that is often experienced by victim-survivors. Inquiries achieve this through the public recognition of the fact that victim-survivors have done nothing wrong, and that they are not a bad person but rather they have been the victim of an act perpetrated by someone else against them, and society is standing up for them.

APPROACHES TO HEALING

63. From my extensive work in providing psychological services as part of disaster response, I have noted that in the early phase of a big disruption or traumatic event, it strips away the conventional structure of a community. Everyone involved goes into a state of heightened arousal and comes together with a strong focus on what needs to be done to respond to the disruption. Lots of co-operative and constructive activity takes place. As time passes though, if that co-operative activity cannot be channelled into assisting the various and different needs of the community members as individuals, that initial cohesive structure starts to fall apart, and community members have disagreements and enter into conflict. This is where different interests then begin to collide and there is no longer a comprehensive framework present for each of the individuals to take a place. These splits can be incredibly damaging—we saw this during the pandemic, for example where families and friends were split over vaccination policies and allegations of being conspiracy theorists, and people lost their relationships as a result.

64. Focussing on how these principles can be applied to the care of a school community, and broader affected communities—some principles from responses to disasters could assist those communities to heal from the occurrences of historical child sexual abuse.

Best practice would be for a comprehensive plan or framework to be agreed that includes a memorialisation or recognition of what occurred, in a sensitive way. I would consider that the relevant schools, the Department of Education and local government would have roles to play to assisting the community to heal. The school community is central if it is where the abuse happened or the agency employing the perpetrator or responsible for bringing them into contact. The school may host meetings of concerned people such as those involved in the historical incidents, their friends and relatives, the contemporary community. Meetings provide information to clarify what happened, deal with rumours and enable people to talk to others who are involved. They can also present the policies and processes they are implementing to ensure the school is safer as a result of this knowledge. Key people in the Department of Education and the corresponding body responsible for private schools in Victoria, can gather experience and ensure that schools learn from each other. Local government can help with providing auspice of events for people who have left school and are no longer directly involved to provide information and education and coordinate commemorative rituals or objects. Artistic expressions can be uniquely valuable here.

65. It is important that both schools and local governments establish some form of representative body which can represent the views and opinions of those affected in various ways and act as a link to the agencies responsible. If this is carefully established it can create trust and counter the conflicts, splits and emotionalism discussed mentioned in paragraph 63 above. School management, local government and service providers in the area can work together to provide the education and understanding of these events and their social consequences so that people are encouraged to use formal services and they can provide opportunities for informal social gatherings where people can support each other.

66. Work in disaster recovery provides many examples of communities which with leadership have formed groups that enabled people to work through the experience together and others where this did not occur causing conflicts and distress. The establishment of a defined Recovery Program with various structures, activities and events can be of great help. These have been established after the Bourke Street event in the Melbourne CBD as well as where other events have occurred. They provide a model which can be adapted to the need of a community which has experienced historical abuse.

67. I think that when it comes to publicly memorialising the experience of victim-survivors, community involvement in the discussion, planning, and design of memorials allows the issue of child sexual abuse to be discussed as a positive social phenomenon brining

communities together on the basis of values of care and respect, rather than the sole focus being on the harm that was done to victim-survivors. What I mean by this is that the community can take a positive opportunity to come together to remember what occurred and what was learned, but at the same time focus on healing.

68. In providing a physical memorial, from a psychological perspective, victim-survivors know that they have been recognised and the community can participate in a discussion about healing from their experiences. There is a dimension of our life that is in reflection to our community (our social self), which complements and compensates for a dimension within ourselves, an internal sense of being ostracised from the community often felt by a victim-survivor. What happened to them as a child can continue to be a very painful to experience. But community acknowledgement goes a long way to soften this effect.

69. Victim-survivors being able to tell their story is very important to healing from trauma. I should emphasise that in terms of supports for victim-survivors, written materials providing anecdotes and stories of other victim-survivor's experiences and how they were able to move forward successfully from their trauma is also enormously valuable. Assistance to victim-survivors to tell and write their stories of they wish to, can be one of the activities of the Recovery Program.

Why it is important to support the healing of primary and secondary victim-survivors and communities

70. Supporting the healing of victim-survivors of child sexual abuse is important because not doing so will otherwise derail victim-survivors' lives. Victim-survivors spend their life trying to deal with their symptoms, rather than positively living their life. It is important to note that victim-survivors (both primary and secondary) and communities can recover from the trauma associated with child sexual abuse, but in order to achieve this, they require a lot of care and focus when the child abuse comes to light.

71. The essence of trauma is that the event does not go into the past. Every time a victim-survivor thinks about a traumatic event, they tend to feel distressed. The event is not a memory, it is an experience each and every time that it is revisited. The same can be said for a community. The way we convert it to memory is to actively put the traumatic event into the past. One of the best ways to do this is to talk about it as being in the past, and this is what is done in the therapeutic process. When memorials are being discussed or designed, it is important that whatever is done memorialises the occurrence of child sexual abuse as being in the past. A way to do this is to ensure that

the events are recognised as occurring at a particular place, at a particular time in the past and now the perpetrator is gone.

Best practice to support healing in government schools

72. My experience of working with government schools is that resourcing is very limited for the effort that needs to be made to unravel the effects of child sexual abuse trauma. So realistically, the scope of what government schools can offer to help is limited. Support to victim-survivors will need to be provided by counsellors and other professionals outside of the government school. What is important is for the school community, in conjunction with professionals and victim-survivor communities (including parents), to have opportunities to open up and actively talk about how to practically make schools safe again. This may involve a cultural change in the school environment. In order to undertake this process, teachers will benefit from training on how to talk about child sexual abuse to children, parents and their colleagues. Many teachers, in my experience working with bushfire affected schools, do not understand how to talk to distressed children and I advocate that psychological first aid needs to be more prevalent in teacher training and professional development sessions.

73. What is helpful for a child, is when they feel that all the adults around them have a common set of values. With respect to teachers, it is important that a child feels that all their teachers are nice and they can talk to them openly without fear of judgement. When a child does experience child sexual abuse and it is reported to a teacher, it is important that all the teachers involved respond in the same way and their response is reflective of their view that the child is a good person, someone who was bad did something bad to them and the school community is mad about it and will support that child through their healing. I should emphasis here that there should be a focus on interfacing pastoral care officers in schools with support service providers, so any children who have experienced child sexual abuse can be referred to appropriate psychosocial services.

Signed: ____

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