



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

### WITNESS STATEMENT OF PROFESSOR PATRICK O'LEARY

I, Professor Patrick O'Leary of 68 University Drive, Meadowbrook, in the State of Queensland, co-Lead of the Disrupting Violence Beacon and Director of Violence Research and Prevention at the Griffith University Criminology Institute & School of Health Sciences and Social Work, 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.

#### Background

2 I have the following qualifications:

- (a) Bachelor of Social Work (First Class Honours) from the University of South Australia (1994); and
- (b) Doctor of Philosophy from Flinders University of South Australia (2003).

3 I currently hold the following positions:

- (a) Co-lead, Disrupting Violence Research Beacon at Griffith University;
- (b) Director of the Violence Research and Prevention Program at Griffith University;
- (c) Co-Chief Editor, International Social Work, SAGE Publications;
- (d) Member, Advisory Group for National Strategy to Prevent and Respond to Child Sexual Abuse for the Australian Government;
- (e) Chair, Clinical Advisory Committee, Survivors and Mates Support Network (**SAMSN**);
- (f) Academic Consultant, Terre des hommes Foundation, Lausanne, Switzerland;
- (g) Board Member (non-executive), DVConnect Ltd; and
- (h) Member of the Human Research Ethics Committee, Your Town.

4 I have significant experience researching domestic violence/gender-based violence (with a focus on perpetrator intervention, integrated, differential, and intersectional responses), child protection, long-term impact of child sexual abuse (especially for men), disclosure of sexual abuse, social work, hope, and socially excluded young people.

5 I currently serve on numerous boards and hold advisory positions in the government and non-government sectors, including being on the Advisory Group for the National Strategy to Prevent and Respond to Child Sexual Abuse for the Australian Government.

6 A copy of my curriculum vitae is annexed to this statement and marked **POL-1**.

### **The history of the concept of grooming**

7 It was only in the 1980s that the concept of grooming was written about in academic publications.

8 Before the term was popularly used, references to the grooming and recruitment of children were often framed around control, influence and coercion. One of the reasons for this that child sexual abuse was often seen as a rare event. For example, the 1975 Handbook for the American Psychiatric Association reported that child sexual abuse only occurred to one in a million children. Other research often highlighted problems with how child sexual abuse was defined and the low level of community awareness, leading to the assumption that occurrence was rare and claims might be questionable in any case.<sup>1</sup>

9 At that time, child sexual abuse was conceptualised as 'stranger danger'.

10 The concept of grooming in the 1980s was clouded by the lack of understanding of the prevalence of child sexual abuse and the view that the crime would only be perpetrated by strangers.

11 Broadly, in the 1970s and earlier, when complaints emerged about a child being abused by people well known to them, it was common for the child's credibility to be questioned. Often, the child might have been framed as manipulative.

12 It was only after the Royal Commission into Institutional Responses to Child Sexual Abuse (**Royal Commission**) that we have started to properly understand grooming in Australia.

13 Grooming is not only about the grooming of the child, but also about the grooming of the child's family and community, the institution the perpetrator works in, and sometimes also other children the perpetrator may be targeting.

14 The practice of grooming existed before we attached that language to it. This can be seen in the characterisation of people who we now know groomed and abused children in some of the historical records. For example, historical reports might show that someone was a likeable and credible person who served their school community, but also that the time they spent with a child (including behind closed doors) was out of the norm. Teachers who have good practice in child safety would generally not shut their door when alone with a student. That might seem like a minor point, but when an adult closes the door when it is only them and a child in the room, that takes away the absolute transparency you would expect in a child-safe environment.

15 Grooming makes a lot of sense retrospectively. At the time grooming occurs, it is obscured by the actions being presented as normal and/or helpful behaviour. Retrospectively, it is much

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<sup>1</sup> Finkelhor, D. (1987). The sexual abuse of children: Current research reviewed. *Psychiatric Annals*, 17(4), 233-241.

easier to see why an offender behaved in particular ways—to create a particular perception of their actions as well as to build trust and access to the child(ren). Prospectively, it is much harder to recognise grooming behaviours as they are occurring. This is because some grooming behaviours are in fact legitimate and even protective in intention. The importance is understanding the intent of the behaviour.

- 16 There is a recent movement to not permit good character references for sex offenders.<sup>2</sup> This goes to the heart of grooming—the good character reference is all about their grooming. Sex offenders want to present as credible people and have lots of areas of their lives where they demonstrate social likeability. This movement has come from victim-survivors who have seen perpetrators have their sentences reduced based on good character references provided to courts at sentencing.

### **Gendered grooming strategies**

- 17 The tactics used to groom boys and girls can differ, and in that sense, grooming can be gendered.
- 18 The strategies perpetrators use to groom boys are often about dominant masculinity. They frame the boy in a way that gives them a special privilege, such as a special privilege in sport, or access to adult themes, like access to drugs or pornography.
- 19 With girls, the strategies are often geared around emotional manipulation, such as by the giving of gifts, rather than prestige or privilege.

### **There is much more to learn about grooming and its relationship to disclosure**

- 20 I have been working in this area for a long time and I am still often surprised and shocked by some of the strategies for grooming. We still have a lot to learn. That is particularly the case given that perpetrators now have access to electronic and technology-based avenues for grooming.
- 21 We often frame child sexual offenders as being 'out of control'. Grooming is actually an exercise of great control and great strategy to manipulate the situation to seemingly act with impunity. We do not yet fully understand all the planning a perpetrator may consciously do, or decisions they might consciously make, that relate to their grooming.
- 22 It is well established that many victim-survivors of child sexual abuse delay their disclosure well into adulthood. This is especially so for men who are much more likely to experience shame and guilt that silences their confidence to speak out about sexual abuse they were subjected to.<sup>3</sup>

<sup>2</sup> <https://www.abc.net.au/news/2023-09-13/character-witness-harrison-james-sex-violence-danny-masterson/102846370>.

<sup>3</sup> O'Leary, P. J., & Barber, J. (2008). Gender differences in silencing following childhood sexual abuse. *Journal of child sexual abuse*, 17(2), 133-143.

- 23 Often the grooming process they have been subjected to leaves men feeling silenced and unable to talk about their victimisation. The Royal Commission found that many of the victim-survivors coming forward had not disclosed until decades after the abuse had stopped. The triggers for coming forward are many and complicated. It is also possible that past attempts to disclose have been characterised by disbelief or minimisation. All of this makes disclosure a vexed issue for many victim-survivors.

#### **Features of the 1960s and 1970s that might have made a child vulnerable to grooming**

- 24 Case studies from the 1960s and 1970s reveal that perpetrators tended to target particularly vulnerable children.
- 25 This 'vulnerability' is not necessarily a structural vulnerability or about the family's socio-economic status. Children of all socio-economic backgrounds can be vulnerable to child sexual abuse and grooming. A child might also be vulnerable to grooming because they were from a single-parent family. In those cases, the perpetrator might have started by grooming the mother, who was concerned that her child did not have a male role model and was grateful for relief in parenting. Another 'vulnerability' might have been that the child was excelling in a particular area or was struggling in it. A perpetrator might have assisted the child in that area and used that as an excuse to spend more time with them. In all of these cases, the perpetrator encouraged people around them to think that their extra contact with the child was charitable and good.
- 26 Another vulnerability which exists in all younger children, and which we cannot overlook, is that all children want to be told nice things; they want to be told that they are liked; they want to be told that they are capable. Perpetrators often forge a positive relationship with children, cultivating the belief that it is special 'relationship', based on trust, secrecy, and a degree of dependence.
- 27 This strategy for grooming was stronger historically than it is now. Now, we are seeing new tactics for grooming that are in some ways more manipulative. There is now a degree of sophistication in setting up of situations to groom. The increasing attention paid to child-safe practices has meant that perpetrators now need to act in a different, more hidden, way. That was not necessarily required to groom a child for sexual abuse in the 1960s and 1970s because institutions were not so transparent.
- 28 From the 1960s to the 1990s, we lived in a very homophobic world. This allowed male perpetrators to tell boys they abused that they would expose the boy's sexuality if they told anyone about the abuse. That was a powerful tactic to silence male victims of abuse through the 1960s to 1980s. This still can be used today but often through social media and by creating a sense of shame that they won't be believed.

### Grooming of families and communities

- 29 At the community level, grooming is all about the establishment of credibility and service; the positioning of oneself so that the community feels they have a need, and the person has stepped in at the right time.
- 30 One thing we often hear is that perpetrators use tactics to 'fill a gap'—for example, by coaching or sharing part of the caring burden, the child's family might feel indebted to the perpetrator. It is not just that the perpetrator has provided the 'service'; they also create a sense of goodwill and a sense that the family owes them something. In schools this manipulation might occur through strong service to the school community through involvement in things such as sport and other extra-curriculum activities.
- 31 There are different types of perpetrators:
- (a) predatory perpetrators, who groom and perpetrate abuse very systematically;
  - (b) opportunistic perpetrators, who are less strategic; and
  - (c) situational perpetrators, who abuse when the situation presents itself.
- 32 Each of these perpetrator typologies may involve a level of grooming. Predatory perpetrators are purposeful in creating a perception of themselves as credible and trustworthy while simultaneously being motivated to gain stealth-like access to children and prepare the environment and the child so that can abuse without detection or suspicion.
- 33 Opportunistic perpetrators may groom to create a sense of safety but their actions are likely to be less controlled when they abuse, relying on a context where the child is vulnerable or they can manipulate the child through gifts.
- 34 Situational perpetrators may not groom the child but rather use a situation to justify their abuse, such as encountering the child in the bathroom or using a child's acts of affection to justify their abuse.
- 35 Perpetrators will often not sexually abuse a child while that child's family is still being groomed. That means that while the family is being groomed, there are a lot of positives in the time that the person is spending with the child. Sexual abuse may not happen for some way down the track, until the perpetrator feels that they have developed enough goodwill that an allegation of child sexual abuse would throw the child's credibility into question.
- 36 The status of the perpetrator may also mean that the child feels unable to question or report the abuse. In some cases, the perpetrator may tell the child that they won't be believed or in fact the child will be in trouble. There are also incidents where the perpetrator manipulates the situation so that the child feels responsible for the abuse and is tricked into silence for fear of the perpetrator getting charged and going to jail. The strategies of grooming are extensive and may change over time according to the child's development or other external factors.

- 37 Being a part of a trusted institution also helps perpetrators groom families. The credibility and power they bring from being part of the school or other institution, and the profile they have within the school or institution, is part of the tactic for grooming the family. Having authority and being seen as expert may also allow the perpetrator to directly influence the child to feel they have to comply while also normalising the behaviour as non-abusive. This often results in a high level of confusion for the child, and can lead to the child feeling unsure about how to recall the acts abuse.
- 38 An extension of this is that some perpetrators will choose to work in a school or an environment where that respect is almost automatically afforded, because that makes it easier to groom families and to have access to children. As perpetrators groom and abuse children without being questioned or caught the offender can act with a sense of impunity which may lead to them taking greater risks that could expose his behaviour.

### **Supporting healing for victim-survivors, secondary victims and affected communities**

- 39 In my view, there are some real gaps in the system for male victim-survivors to access support services. Many services for victim-survivors of sexual violence have been situated in specialist women services. Often these services have predominantly being responding to recent sexual assaults rather than historical sexual abuse. This has disadvantaged child sexual abuse victim-survivors, especially male victim-survivors.
- 40 Complex trauma has a lifelong effect. Healing is never fully complete. A victim-survivor might get to a place where they know how to recognise and manage the effects of their trauma, but then they might be triggered by something which takes their healing back a step. It is therefore important to situate complex trauma across the life course. Effects of sexual abuse may vary in their intensity during periods while there might be triggers that spark trauma response even after times when the survivor feels they have healed.
- 41 There can be gender specific effects of sexual abuse. Males are less likely disclose sexual abuse or seek help. Often shame and guilt can be part of the reasons for male difficulties in talking about abuse. Most sexual abuse is committed by other males and this can leave male victim-survivors questioning their identity as man as well as their sexuality.
- 42 I am disappointed that following the Royal Commission, we still do not have the public and community services that victim-survivors (particularly male victim-survivors and those who cannot afford a private practitioner) need. There is also a lot of variance in the quality of services.

### ***Most sexual violence services do not have a specialised child sexual abuse focus***

- 43 Most sexual violence services tend to focus on sexual violence against adults, and in particular, sexual violence against women. Sexual violence services also typically respond to sexual violence which needs an urgent health response. One of the challenges in the helpline

area, which is currently very generalist, is that there is a strong focus on triaging calls to manage risk.

- 44 That approach means that if a person presents with the effects of sexual abuse that happened a long time ago, or even a few years ago, that person slips down the priority list for the sexual assault service because of that service's competing priorities and the practice of triage which places emergency, current or recent victims before historical ones. This leads to some limitations in people engaging with services.
- 45 One of the challenges in the service sector is that responses to adult victim-survivors of child sexual abuse are generally serviced by organisations that broadly address sexual violence. There are different and competing state and commonwealth funding, but often funding is provided to services to broadly respond to victim-survivors of sexual violence that occurs across the life span. This has particular implications for how victim-survivors of child sexual abuse are prioritised through the services system.
- 46 Male victim-survivors can be further disadvantaged because primary services have for good reasons been primarily geared for women. I expand on this point later.
- 47 One of the uncompleted recommendations from the Royal Commission is the establishment of a helpline that specialises in child sexual abuse. I understand that a consultation process is currently being undertaken to determine whether to implement this recommendation.

#### ***Grassroots and volunteer services***

- 48 There are a lot of under-developed services for responding to child sexual abuse in Australia, including several grassroots and volunteer services run by victim-survivors.
- 49 While I firmly consider that victim-survivors and people with lived experiences of child sexual abuse have a role in helping others to heal, that needs to be in tandem and partnership with professionals.
- 50 There is an immense power in having connection between individuals who have experienced child sexual abuse. However, a victim-survivor does not necessarily have the skills to therapeutically intervene. They can relate, empathise and show solidarity, but are unlikely to be able to meet another victim-survivor's therapeutic needs.

#### ***Association between certain trauma-related services and institutions of interest to the Royal Commission***

- 51 There has been a tendency for trauma-related services to be based in non-government organisations that were also organisations of interest to the Royal Commission, such as the Catholic and Anglican Churches.
- 52 In some cases, this can cause real dilemmas for people attending the service. Even though the organisation or service may have separated from its organisation of origin, the very fact

of that association can still be a barrier for the development of a helpful support service for victim-survivors of child sexual abuse.

***The need for a national support service to incorporate a gendered approach***

- 53 My view is that Australia needs a national support service for victim-survivors of child sexual abuse which incorporates a gendered approach. The service also needs to promote consistency of trauma-informed responses across the life course.
- 54 That view is partly informed by my experience at SAMSN, which is an organisation supporting male victim-survivors of child sexual abuse. At SAMSN, most first-time callers are not the male victim-survivor themselves. Instead, it is the mothers, sisters, brothers, friends or partners who often first ring on behalf of the male victim-survivor. SAMSN is also funded to provide support to 'supporters' of victim-survivors of child sexual abuse, and it runs workshops for both victim-survivors and supporters. Sometimes, it is only the supporters (rather than the male victim-survivors) that come to those workshops.
- 55 Child sexual abuse is a gendered issue not only because many victims are girls but because regardless of the gender of the victim, the large majority of the perpetrators are male. The recent Australian Child Maltreatment Study highlights this. It shows that around 1 in 5 males are victims of child sexual abuse. There are many similarities in the impact of child sexual abuse amongst male and female victim-survivors. However, gender does influence how these effects manifest and how they can best be addressed. I have done extensive research on this issue.
- 56 The influence of silencing and shame can be linked to dominant ideas of masculinity as well as stereotypes of victims. Male victim-survivors often present with complex intersectional needs requiring consideration of gender identity as well as ways to address trauma while also taking responsibility for problematic behaviour.<sup>4</sup> This sometimes includes behaviour such as perpetrating domestic violence or significant drug and alcohol use.
- 57 We often also see men who have experienced child sexual abuse engage in suicidal or risk-taking behaviours, or domestic violence. I have been involved in research which showed that male victim-survivors of child sexual abuse have greater than 10 times the rate of suicidality of the rest of the population.<sup>5</sup> That is not a statistic about deaths by suicide. It needs to be viewed within a complex trauma frame—victim-survivors are constantly having to combat suicidal thoughts. They might survive those suicidal or self-harm thoughts, but they are still dealing with them every day. That load on health and mental health is really significant.

<sup>4</sup> O'Leary, P., Easton, S. D., & Gould, N. (2017). The effect of child sexual abuse on men: Toward a male sensitive measure. *Journal of interpersonal violence*, 32(3), 423-445.

<sup>5</sup> O'Leary, P. J. (2009). Men who were sexually abused in childhood: Coping strategies and comparisons in psychological functioning. *Child abuse & neglect*, 33(7), 471-479.



- 58 My research has also shown that male victim-survivors who often displayed a lot of externalising behaviours and adherence to masculine stereotypes had more severe mental health concerns.<sup>6</sup> There are also numerous reports of male victim-survivors dying from suicide because of the burden the effects of child sexual abuse. For example, it was reported in late 2021 that two men died by suicide in the wake of sexual abuse committed by a Queensland swimming coach when they were children.<sup>7</sup> In Maitland, New South Wales, at least 71 deaths by suicide have been linked to child sexual abuse that occurred within Catholic institutions in that region.<sup>8</sup> Similarly, in Victoria more than 40 deaths by suicide of male victim-survivors have been linked to child sexual abuse that occurred in Catholic institutions in Ballarat.<sup>9</sup>
- 59 There is a lack of specialised suicide prevention for men in this area. What often happens is that people who are suicidal and have experienced child sexual abuse have not made the direct link that their suicidality is connected to that trauma. The immediate response is often an emergency response, but underlying that is trauma.
- 60 There is also a separate group of victim-survivors that do not have a psychiatric diagnosis but have suicidal behaviour.
- 61 It is very easy for those groups to be treated acutely by services like Lifeline, 1800 Respect, general practitioners and hospital emergency departments, without anyone ever really understanding or having enough time to unpack this history. When you unpack that history from complex trauma perspective, you unpack patterns of behaviour that lead you to understand that it is a trauma response.

### **Minimum Practice Standards: Specialist and Community Support Services Responding to Child Sexual Abuse**

- 62 I have been involved in developing the *Minimum Practice Standards: Specialist and Community Support Services Responding to Child Sexual Abuse (Standards)*,<sup>10</sup> which is a key measure under the Federal Government's *National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030*.
- 63 There are six Standards:

<sup>6</sup> Easton, S. D., Renner, L. M., & O'Leary, P. (2013). Suicide attempts among men with histories of child sexual abuse: Examining abuse severity, mental health, and masculine norms. *Child Abuse & Neglect*, 37(6), 380-387.

<sup>7</sup> ABC, 7:30 (2021), *Swimming's Dark Secret*, accessed 25th January 2022.

<sup>8</sup> McPhillips, K. (2020). The Alter Boys: new questions about suicides of clergy abuse survivors should spark another inquiry, *The Conversation*, accessed 25th January 2022.

<sup>9</sup> The Age, (2015). Suicide common among clergy sex abuse victims in Ballarat, accessed 25th January 2022, <https://www.theage.com.au/national/victoria/suicide-common-among-clergy-sex-abuse-victims-in-ballarat-20150519-gh535a.html>.

<sup>10</sup> <https://www.childsafety.gov.au/system/files/2023-08/minimum-practice-standards-specialist-community-support%20Services-responding-child-sexual-abuse.PDF>.

- (a) *Standard 1: Promotion of safety and self-determination*—services develop and implement systems and processes that support victims, survivors, and their support system to experience safety, choice, and self-determination;
- (b) *Standard 2: Accessible and inclusive services*—service design and delivery are accessible, respectful, and inclusive of the diversity of victims, survivors, and their support system;
- (c) *Standard 3: Holistic and integrated responses*—services provide holistic, integrated supports that are inclusive of victims, survivors, and their support system, provide connection to community, and the broader service system;
- (d) *Standard 4: experience, research and practice informed way of working*—service models and ways of working are consistently shared, and informed by best available practice knowledge, research, lived experience and cultural knowledge;
- (e) *Standard 5: Skilled and supported workforce*—services provide a workforce that is knowledgeable, skilled, and supported to ensure victim and survivor centred care is consistently provided in a culturally safe and trauma-informed way; and
- (f) *Standard 6: Effective organisational governance*—organisations have ethical, trauma-informed, and culturally safe governance frameworks and practices throughout.

64 In consultation with support services, we heard that while the Standards were great, some services were concerned they would not be able to meet them. Meanwhile, we were hearing from the victim-survivor community that the standards were a toothless tiger, in that there are no punitive consequences for a service that does not meet those standards.

65 The Standards were specifically designed not to have a punitive approach. Rather, they are aspirational and focused on getting services to achieve them.

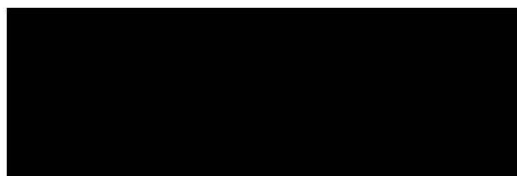
66 In the next steps of this development process, we will consider what the system looks like in terms of referral pathways and helplines. In particular, we will look at long-term engagement and educating health professionals in the wider health system. There is much work to do in this space in the future to ensure quality of service.

67 As I mentioned above, healing from child sexual abuse is a lifelong process. Victim-survivors need to be able to check in with a support services throughout their lifetime. They might not need the service for any number of years, but as soon as a triggering event occurs (such as the news and media coverage of child sexual abuse, birth of a child, a child starting school or death of a relative), they need to be able to quickly and easily re-engage. The system must have the dexterity to be able to do that in a high-quality way.

68 We also need to consider how we educate the broader health system about these specialist issues—for example, how does a general practitioner seeing a patient for chronic anxiety ask

questions about the patient's history in a way that doesn't retraumatise them? We need to be particularly conscious of not retraumatising victim-survivors.

Signed:



Name: Professor Patrick O'Leary

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