



WITNESS STATEMENT OF MICHAEL ALAN SALTER

I, Michael Alan Salter of University of New South Wales, Sydney, NSW, 2052, in the State of New South Wales, Scientia Associate Professor, University of New South Wales, do solemnly and sincerely declare that:

- 1 I make this statement in my own capacity.
- 2 I make this statement based on 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

- 3 I am the Scientia Associate Professor of Criminology at the School of Social Sciences at the University of New South Wales. My expertise is in the following areas:
 - (a) child abuse;
 - (b) organised abuse;
 - (c) child sexual exploitation;
 - (d) violence against women;
 - (e) domestic violence;
 - (f) sexual assault;
 - (g) primary prevention;
 - (h) gender inequality;
 - (i) online abuse; and
 - (j) technologically-facilitated abuse.
- 4 The largest area of my work involves the experiences of adult survivors of child sexual abuse, including their narratives of childhood abuse, and their experiences with health, welfare and justice agencies in childhood and adulthood.
- 5 I am also the President-Elect of the International Society for the Study of Trauma and Dissociation, an advisor to the Australian Office of the eSafety

Commissioner, the Canadian Centre for Child Protection and White Ribbon Australia. I sit on the editorial boards of the 'Journal of Trauma and Dissociation' and 'Child Abuse Review'.

- 6 I am conferred with a Bachelor of Arts (Honours) and a Doctorate of Philosophy (Public Health), where I completed my thesis on the subject of organised child sexual abuse.
- 7 Annexed to this statement and marked '**MAS-1**' is a true copy of my Curriculum Vitae, which includes a list of academic works published by me, alone or in collaboration with other persons.
- 8 Annexed to this statement and marked '**MAS-2**' are true copies of the following relevant academic works published by me, alone or in collaboration with other persons:
 - (a) Betrayed by my body: Survivor experiences of physical arousal and psychological pleasure during sexual violence, *Journal of Gender-Based Violence* (February 2022);
 - (b) A comparative content analysis of pre-internet and contemporary child sexual abuse material, *Deviant Behavior* (August 2021);
 - (c) The Trichan takedown: Lessons in the mass removal of online child sexual abuse material, *Policy & Internet* (April, 2021);
 - (d) The transitional space of public inquiries: The case of the Australian Royal Commission into Institutional Responses to Child Sexual Abuse, *Australian and New Zealand Journal of Criminology* (November 2019);
 - (e) Understanding trauma as a system of psycho-social harm: Contributions from the Australian royal commission into child sex abuse, *Child Abuse & Neglect* 9 (November 2019);
 - (f) Abuse and cruelty in religious bureaucracy: The case of the Anglican Diocese of Newcastle, *Journal of Australian Studies* (June, 2018);
 - (g) Organized abuse in adulthood: Survivor and professional perspectives, *Journal of Trauma and Dissociation* (October 2017);

- (h) Cultures of abuse: 'Sex grooming', organised abuse and race in Rochdale, UK, *International Journal of Crime, Justice and Social Democracy*, (July 2015);
- (i) Women, trauma and substance abuse: Understanding the experiences of female survivors of childhood abuse in alcohol and drug treatment. *International Journal of Social Welfare* (May 2013);
- (j) Salter, M. (2013). Grace's story: Prolonged incestuous abuse from childhood into adulthood. *Violence Against Women*, (February 2013);
- (k) Organised abuse: A neglected category of sexual abuse with significant lifetime mental healthcare sequelae. *Journal of Mental Health* (September 2012); and
- (l) The role of ritual in the organised abuse of children. *Child Abuse Review*, (November 2012).

THE NATURE OF CHILD SEXUAL ABUSE

- 9 Child sexual abuse refers to sexual activity involving a child that they do not entirely understand, to which they cannot give their informed consent, for which they are not developmentally prepared, or that is otherwise in violation of social taboos.
- 10 Child sexual abuse is perpetrated in all environments. There are dedicated sex offenders across the socio-economic spectrum and across Australia who operate in all contexts. Often, child sex offenders will use their social or financial power to camouflage themselves while offending.
- 11 Child sexual abuse does not occur in a vacuum. It often involves accumulating forms of disadvantage. For example, an absent parent, an abusive household, or parental alcohol or drug dependency can contribute to a child's risk of being the victim-survivor of child sexual abuse.
- 12 For the victim-survivor, the perpetration of child sexual abuse against them is a general risk factor for developing several psychological and physical health conditions. After surviving child sexual abuse, victim-survivors can turn to substance abuse, develop harmful sexual behaviours, experience post-traumatic stress disorder, dissociative disorders, depression and anxiety,

eating disorders, chronic pain syndromes, chronic fatigue syndromes, fibromyalgia, and other psychiatric and medical conditions or commit suicide.

- 13 Child sexual abuse has broader impacts on society beyond the victim-survivors who directly experienced the abuse. Female adult survivors of child sexual abuse are more likely to be experience domestic violence, sexual assault and coercive control. Male adult survivors are over-represented in populations of domestic violence offenders and in prison. An intergenerational cycle of trauma can develop where survivors of child sexual abuse are not supported to recover from their trauma, so they experience or perpetrate violence and abuse in adulthood, which then exposes their children to trauma, and so on.
- 14 There has been a reduction in the prevalence of child sexual abuse over the last 30 years in most high-income countries, and it appears that the responses by those countries in the 1980s had a positive effect. Child sexual abuse remains at very high levels (approximately 11% of women and 4.6% of men report child sexual abuse in the ABS Personal Safety Survey). However, in self-report surveys, older Australians report higher levels of child sexual abuse than younger Australians, which suggests that child sexual abuse has been more common in previous generations.
- 15 The Australian community remains broadly undereducated about child sexual abuse, which means our institutions and services that are tasked to respond to child sexual abuse often reflect and reinforce these misunderstandings. For example, the ways in which perpetrators groom, target and control victim-survivors, the typical behaviours of victim-survivors who are being abused, and the common and long-term impacts of abuse, are frequently overlooked or misunderstood across the health, welfare and justice systems.
- 16 Child sexual abuse remains prevalent in Australia because offenders are unlikely to get caught, let alone be charged with a crime or successfully prosecuted. Australian social culture does not adequately appreciate the nature and extent of child sexual abuse. Perpetrators often appear to be 'good' and charismatic men (indeed, some attempt to psychologically compensate for their offending by striving to achieve or do good works in other areas of their lives) while victim-survivors may present as psychologically unwell, behaviourally difficult or lacking credibility in other ways. Social and legal attitudes to credibility typically protect perpetrators (who appear mentally

stable, reasonable and compelling in their denials) and disempower victim-survivors (who can disclose their abuse in unexpected ways, and may have a mental health history). This problem is compounded where the victim-survivor faces other forms of intersecting discrimination: for instance, children who are First Nations, living with a disability, living in poverty, or in an out of home care placement. The public as a whole is significantly less concerned about these groups of children, whose abuse is often overlooked or trivialised, or they may be held responsible for it.

- 17 This culture of underappreciation of the nature and extent of abuse appears in other contexts in Australia, like domestic violence. Using domestic violence as an example, the superficial position of the Australian population is that 'no real man will hit a woman'. However, a proper and detailed examination of Australian social norms on domestic violence reveals carve-outs, exceptions and ways by which domestic violence is normalised and accepted.
- 18 The same is valid for child sexual abuse. For example, I am part of a working group on child sexual exploitation and a member presented a case of child sexual abuse in Queensland involving a teenaged minor female in the out of home care system being exploited by an older adult male. The female and male were residing at the male's parents' house, since the minor had gone missing from her residential facility. The child was seen by welfare services as entering into a consensual relationship, reflecting a common view in the community and unfortunately amongst some professionals that teenaged girls approaching the age of consent are capable of consenting to a sexual relationship with a man. In this case, the male's parents were seeking to have the girl removed from their house, and police served the female child with a trespass notice. While Australian society and authorities agree, in principle, that child sexual abuse is wrong, we find that, in practice, there are substantial exceptions to this principle such that sexually abused children are seen to be 'making their own choices' rather than being groomed and manipulated.

Organised abuse

- 19 Organised abuse is a form of child sexual abuse involving a network of people with a systemic approach to abusing children. The *Commission of Inquiry into Children in State Care and Children on APY Lands* presided over by Edward

Mulligan QC (**Mulligan Inquiry**) provided many examples where groups of men targeted children in institutional settings.

- 20 Broadly defined, organised abuse involves multiple persons conspiring to sexually abuse a child or children. Common examples of organised abuse include:
- (a) trafficking of children in institutional settings to homes where men are waiting to abuse them;
 - (b) the exchange of children between members of the network to perpetrate child sexual abuse; and
 - (c) the production and distribution of child sexual exploitation material.
- 21 Offenders in organised abuse settings know each other, and they use each other to perpetrate child sexual abuse. For example, a network may contain members with access to children, such as parents, teachers, volunteers or child-focused professionals, a doctor with access to drugs used to sedate or disorientate children and provide clandestine medical treatment when necessary and white collar professionals with influence and skills in law, information technology and other relevant areas.
- 22 Sedatives, alcohol and drugs are commonly used to perpetrate child sexual abuse. However, authorities are naive to how instrumental substances are in perpetrating child sexual abuse.
- 23 Offenders in organised settings become connected through family networks or because of similar values, attitudes and beliefs. They can detect similar traits in others. Coordinated networks may then develop where children are passed between offenders. This is particularly true for small communities, which is a concern for Tasmania, given its small population and size. For example, in 2018, I published an analysis of Case Study 42 of the Royal Commission into Institutional Responses to Child Sexual Abuse (**Royal Commission**) in the Journal of Australian Studies. In Case Study 42, the Anglican Diocese of Newcastle, which serves a population of a similar size to Tasmania, was found to have been a place where priests were trafficking an astonishing number of children around after child abusers in the community infiltrated all levels of its infrastructure, including reporting lines and helplines. The risk for smaller communities is that abuse networks can spread quicker and engrain

themselves much more efficiently. This comes from the smaller geographic location and population that offenders must comb through to connect with offenders and the fact that there is a strong reluctance in the community to take action against the offending. I discuss this in further detail, below.

- 24 I do not think organised abuse networks were taken seriously until the Royal Commission's final report revealed the nature and extent of institutional offending. Victims were previously cast-off as conspiracy theorists because the extent of some of these networks is borderline unbelievable.
- 25 Organised abuse involves complex patterns of victimisation and perpetration that are poorly recognised in policy and practice. For girls who are subject to organised abuse, there can often be ongoing abuse into adulthood by the same offender(s). Organised abuse groups that target boys tend to lose interest in the male victims by their mid-teens, although boys may be recruited in the culture of abuse, whereupon they may become active as perpetrators. Organised abuse typically involves offending against children of greater severity and frequency in comparison to solo offending. Research consistently finds that multi-perpetrator sexual violence tends to be more severe in comparison to cases involving a single offender. As a result, victims-survivors are severely impacted by organised abuse.
- 26 A dissociative condition is a common outcome of organised abuse, which then has impacts on the ability of victim-survivors to provide details about their abuse. Dissociation refers to a disconnection between mental processes that are normally associated, such as memory, emotion and identity. Dissociation is well recognised as a defence mechanism against abuse, trauma and overwhelming emotion from which there is no escape. Dissociation changes how child sexual abuse victims-survivors recall memories of abuse, and can lead to dissociative amnesia. Dissociative amnesia refers to autobiographical memory loss that can range from a single incident to extensive periods of time that cannot be explained by normal forgetting or other impediments, such as head injury or intoxication.
- 27 While trauma is often characterised by invasive and unwanted recollections of the traumatic event (which is reported by many child sexual abuse survivors), people with dissociative conditions instead have inhibited recall of the traumatic event. Psychobiological research into dissociation shows that people with

dissociative conditions have markedly different brain and physiological responses when they are reminded of their trauma histories, compared to traumatised people who are not dissociated. Their neurological responses inhibit traumatic recollections, such that trauma memories become unavailable to recall. People with dissociative amnesia may gradually recover the dissociated memories, and may lack a full understanding of the extent of their victimisation.

- 28 Dissociative identity disorder is the most severe form of dissociation, in which a child grows up in such an unpredictable and dangerous environment that they are unable to integrate psychological processes to develop a stable and singular sense of self. Instead, people with dissociative identity disorder experience the world through multiple self-states. These states are often amnesic for what has occurred to them in other states, producing discontinuities in their understanding of their life and history. An adult with dissociative identity disorder is typically amnesic for a significant proportion, if not all, of their trauma history, and recalling their history of trauma is only possible via establishing internal communication and agreement between dissociated states. This history may take several years to unravel.
- 29 Over the last thirty years, there has been a significant international backlash and activism mobilisation aiming to discredit the validity of the dissociative diagnoses and the testimony of abuse and trauma offered by people with dissociative conditions. This backlash has been driven by people accused of sexually abusing children and their allies, including sympathetic academics. These academics have developed the concepts of 'moral panic' and 'false memory syndrome' to provide sociological and psychological excuses for the dismissal of such testimony. These two concepts are used in rhetorically similar ways to propose that children and adults with no histories of abuse are being subject to social influence and manipulation by therapists in order to develop rich, vivid and false memories of child abuse that never took place.
- 30 There is no evidence that social contagion or therapeutic malpractice can have such a dramatic effect on autobiographical memory so as to generate rich false memories of a childhood of sexual abuse that did not take place. Academic research into memory of child sexual abuse consistently finds that it is normal for survivors to experience memory disturbances, including partial or full

amnesia, and that their recollections of abuse may return over time in a non-linear and fragmented way. Research also finds that such recollections are just as accurate as memories that are recalled continuously.

- 31 Many of the loudest and most definitive claims that adult survivors of child sexual abuse are suffering from ‘false memories’ or are otherwise susceptible to social contamination and influence have been advanced by expert defence witnesses who earn considerable sums of money testifying on behalf of people accused of child sexual abuse. Expert defence witnesses are responsible for a significant proportion, if not the majority, of scientific publications which assert that memories of childhood trauma are unreliable. Their dual role as researchers and paid defence experts constitutes a conflict of interest since they have a direct financial interest in the way in which they conduct and interpret their research findings.
- 32 Expert defence witnesses have also had a significant role to play in the development of a body of scholarship which alleges that children’s testimony of child sexual abuse is highly vulnerable to contamination. This scholarship has justified a reluctance to progress criminal investigations into the abuse of young children, where the primary evidence of abuse is the testimony of the children. This scholarship also reinforces social myths that children confabulate or fantasise about sexual interactions with adults.
- 33 There is a lack of coherent policy on organised abuse at the Commonwealth, state and territory levels. Child sexual exploitation continues to be framed in Australian policy discourse as solely an ‘online’ problem when it is far more complex than this, and includes the intersection of technology with face-to-face exploitation, as well as new and evolving forms of online exploitation. There is a need for a systematic, evidence-based approach to child sexual exploitation in Australia that draws on the insights of frontline services who report regular contact with sexually exploited children and young people as well as law enforcement. Child sexual exploitation in Australia needs to be addressed by policy-makers in its totality rather than solely via its ‘online’ dimensions.

Institutional settings

- 34 Institutional child sexual abuse can be broadly defined as sexual abuse against a child that occurs in connection with a private or public body or organisation

that provides a service through which adults have contact with children and includes circumstances where they also have contact with the families of those children.

- 35 Perpetrators of child sexual abuse will target institutions they see as having weak child protection measures, or those in which they hold a position of power. Networks of abuse can form within institutions, and workers within institutions who belong to larger abuse networks can use their institution to access children for organised abuse. In addition, certain children in institutional settings are also more likely to be targeted by a perpetrator of child sexual abuse. Some common examples of higher risk children in institutional settings include those:
- (a) with an absent or compromised caregiver;
 - (b) with a disability;
 - (c) at a socio-economic disadvantage; or
 - (d) with a history of troubled or difficult behaviour.
- 36 These children are at higher risk because they have unmet needs and vulnerabilities that a perpetrator can manipulate. In the case of children living with a disability, they are highly dependent on adult care, and may have particular difficulties understanding and disclosing sexual abuse. Children from troubled backgrounds or those with a history of difficult behaviour are less likely to be believed when they disclose abuse, since they may not be considered credible compared to the adult they are accusing. Offenders will capitalise on the inherent unlikelihood that the child will be believed and that the offender will be pursued for their offending. This is especially true in smaller communities where adult perpetrators may be well known and have developed their reputation as an upstanding member.
- 37 Among institutions where child sexual abuse is perpetrated, three factors make certain institutions higher risk. They are institutions where there is:
- (a) a lack of oversight and accountability in the interactions between children and adults;
 - (b) opportunities for offenders to insinuate themselves into organisational structures; and/or

(c) a child abuser in a position of power or authority.

- 38 It is well recognised that child abusers will seek out positions within organisations in order to facilitate their offending. They may pursue a career in a child-focused profession or volunteer for a child-focused agency. Once they have secured such a position, they can be very effective in manipulating organisational structures and cultures to their advantage, winning over their colleagues and gaining the trust of children and parents. Their affiliation within an organisation (such as a school or church) or with a particular profession (such as teacher, lawyer or doctor) provides them with a position of authority which further amplifies the power of an adult over a child. Professional and institutional offenders further benefit from the tendencies of organisations towards damage control and reputational protection, such that, if an allegation of sexual abuse is made, the offender can leverage the support of their colleagues and the resources of their organisation in their defence.
- 39 Institutions perceived as weak and capable of infiltration often lack any child safety focus and children are deprived of any agency.
- 40 In institutions where there is an allegation of child sexual abuse, you often see persons rally around the offender. This is true for both institutions that involve disadvantaged children and those of prestige.
- 41 A private school is an example of an institution of prestige. In such a case, because parents spend significant money to enrol their child, they see the institution as an investment that will generate a return through reputation and business connections. In these scenarios, institutional communities may rally behind the offender to protect their investment.
- 42 When we look at institutions which are 'all-boys' institutions, there is often a hyper-masculine, misogynistic and intensely homophobic culture that creates an environment where child sexual abuse can be easily perpetrated. There is often a lot of sexualised humour, with adult men engaging with teenage boys on the topic of sex and sexuality. This can be used as an entry into abusing the boys in the institutions. Because of the hyper-masculine and homophobic culture, the boys cannot disclose any offending because they will be shunned and ostracised.

- 43 For children placed in out of home care, it is often the case that those children previously suffered abuse, whether sexual, physical or emotional, in their families, which were often made dysfunctional by drugs, alcoholism, violence, transience, mental illness or poverty. This previous exposure to trauma and instability makes children in out of home care prime targets for perpetrators of sexual abuse.
- 44 There are significant concerns about the safety of children in residential care. Reports of children 'going missing' from residential units often involve a minor who has been sexually exploited by a man or men outside the unit. This group of children have a variety of complex needs that are often unmet in the system, which increases their vulnerability to being manipulated by abusers. These children may be seen by professionals as 'making their own choices' and engaging in a consensual relationship with an adult man when, by law, they are a minor and incapable of consent to sexual interactions with an adult.

CURRENT BARRIERS TO THE PREVENTION OF CHILD SEXUAL ABUSE

Child agency and independence

- 45 There are unwritten rules in Australian social culture which opines that, the older the child, the greater their sexual agency and capacity to 'choose' to enter into a sexual relationship with an adult. It is, of course, true that teenagers are developing their understanding of sex and sexuality, however attributing them the capacity to meaningfully consent to sexual activity with adults creates significant blind spots in child safeguarding. This is particularly true in relation to teenage girls being abused by older men, where girls of fifteen, sixteen or seventeen who are targeted for abuse by adults are deemed to be in a more-or-less consensual relationship. The adults who attribute older children with increased agency fail to appreciate the prevalence of child sexual abuse and the ability for perpetrators to abuse the increased independence of older children.
- 46 Children in their teens who are being sexually abused by adults will often, and very vocally, express that they have made an informed decision and desire to remain in the relationship. This creates a barrier to providing appropriate therapeutic treatment and it may complicate a police investigation because these children may refuse assistance while they are being abused.

- 47 When these children are followed up in their early to mid-20s, however, it becomes clear that, on reflection, they recognise they were being sexually exploited in their childhood, and they are often able to identify the ways in which the adult abuser was able to manipulate their naiveté as a young person.
- 48 It is important that we take a graduated approach to young people's sexual development and autonomy, recognising that sexual agency and decision-making develops over time. The false attribution of sexual independence to a teenager who is being sexually abused or exploited has the effect of holding them responsible for the manipulations and grooming of the adult perpetrator.
- 49 A particular issue that is often raised by survivors of child sexual abuse is the cultural conflation of physiological arousal, psychological pleasure and consent in sexual interactions. Sexually abused children may experience an aroused bodily response during sexual abuse, as well as a positive regard for the perpetrator, whom they may view with affection. We live in a culture which tends to view bodily arousal or pleasant feelings as indicators of sexual consent. As a result, sexually abused children may be viewed by bystanders as consenting and desiring sexual abuse. Children may view their own pleasurable response to abuse as a form of consent. It is critically important that we normalise the fact that arousal is a common response to child sexual abuse and does not implicate the child in her own assault.
- 50 The premature attribution of sexual agency to sexually abused teenagers has a range of consequences: camouflaging and rationalising the abuse of that child, shaming the child for her natural responses to abuse, increased likelihood of early pregnancy, increased likelihood of domestic violence in adulthood, difficulties negotiating sexual boundaries and intimacy later in life.
- 51 It is therefore important to correctly name child sexual abuse and exploitation when it is taking place and to reaffirm the responsibility of the adult perpetrator. While teenaged victims may express loyalty to the offender and fail to comply with efforts to protect them, the relationship between victim-survivor and perpetrator can be disrupted via strategic law enforcement which signals to the perpetrator that he is under surveillance and makes ongoing contact between victim-survivor and perpetrator difficult.

Lack of trained professionals

- 52 Australia has a lack of child-focused trauma therapists in the mental health services industry. It is not a common specialisation in Australia despite clear evidence that child trauma therapists provide an effective method of treatment for victim-survivors of child sexual abuse. Child-focused trauma therapy involves working with children who have recently been abused and display a range of adaptations and responses to the abuse. Such therapy may be delivered by specialist counsellors, psychologists or social workers.
- 53 Australia does not have enough expertise in this area, creating a supply and demand issue that sees sexually abused children on long waiting lists to access necessary clinical services and support.
- 54 Victim-survivors are forced to wait years for treatment, all while the effects of the trauma experienced compound as it goes untreated. For example, people can turn to self-medicating through drugs and alcohol to cope with the impact of the trauma.
- 55 The principles of trauma therapy are the same across all age groups, so trauma-oriented therapy can be effectively used to treat the effects of child sexual abuse throughout a victim-survivor's life. In trauma therapy, there is an initial period of stabilisation where the therapist ensures that the person is emotionally secure and externally safe. This presents a challenge for people who are attached to their abusers and who proactively go to their abuser for support. It requires supporting a victim-survivor of child sexual abuse to understand their relationship differently, which requires the person to trust the therapist and for the specialist to be trained in treating severe trauma.
- 56 There is a view that all that is required is to train up psychologists to treat victim-survivors of child sexual abuse. However, effective responses to victim-survivors of child sexual abuse require a recovery-oriented practice. Recovery-orientated practice aims to promote autonomy and self-determination, in which people are not only supported to restore and maintain their mental health, but they are empowered to define and pursue their own goals and aspirations to live a meaningful and contributing life. Recovery-orientated practice requires professionals, services and systems to develop capabilities to support people on this trajectory, which will typically require

coordination and cooperation cross multiple services and sectors. Survivors of child sexual abuse have complicated needs that do not fit wholly into any single service model currently. The effects of child sexual abuse cannot be siloed into any single health care service. Survivors then end up falling through the cracks because they do not satisfy entry-level criteria to access services. For instance, drug and alcohol problems are relatively common amongst sexual abuse survivors. However, many survivors will be declined from an alcohol and drug service because of their mental health needs, and will then be screened out from a mental health service because of their alcohol and drug problems.

- 57 We need leadership and innovative thinking about the recovery and wellbeing of victim-survivors. If we do not commit to this, child sexual abuse will continue intergenerationally. When children are sexually victimised, their abuse is not detected, and there is an insufficient response to the subsequent impacts of abuse on their health and wellbeing, then they have been robbed of the opportunity to identify risky or harmful behaviour. Their capacity to protect their own children from abuse can be compromised since the behaviours of perpetrators were normalised when they were children.

Mandatory reporting frameworks

- 58 The current response framework requires mandatory reporting to child protection services by therapists of any sexual abuse disclosed by a child who is a patient. The therapist is put in a difficult situation because a child cannot safely tell their therapist without causing mandatory reporting regimes to initiate. It means that a child is unable to develop a trusting relationship with the therapist who could otherwise provide a more comprehensive assessment of the extent and complexity of their abuse if they were able to build the necessary rapport with that child. Presently, a therapist would need to disregard their legal reporting obligations to build rapport with the child and develop a full picture of the extent of their abuse, since children typically take a significant period of time to disclose the entirety of their victimisation.
- 59 Mandatory reporting therefore needs to be reviewed. The current framework operates to make relevant professionals risk manage their legal liability concerning mandatory reporting instead of focusing on child safety. For example, if a child makes contact with a helpline, counsellor or social worker,

and is seeking to discuss their issues and concerns, then this process is immediately disrupted if they disclose that they are presently unsafe, since the professional is obliged to report following the child's disclosure. This may in fact inhibit the child's disclosure, since many children are fearful of the consequences if their abuse is detected, and may wish to protect the perpetrator. In Queensland, adults are criminally liable if they do not report sexually offending against a child to the police, and so professionals have no discretion in this matter and must for their own sake make an immediate report.

- 60 The current model denies children the opportunity to develop a close personal relationship with an adult, which is precisely what children who have been the subject of child sexual abuse need. When these children cannot develop relationships with adults capable of providing safe relationships, they can turn to unsafe individuals who do not adhere to child safety laws, including offenders and perpetrators of child sexual abuse who use emotional connections as a method of coercion and control.
- 61 Safe attachment is one of the primary overriding needs of children, but our child protection framework does not adequately cater for this basic need. In my opinion, safeguarding mechanisms need to be set at a level that does not prevent children from developing a healthy and safe attachment to adults without the adult risking legal repercussions for allowing that relationship to develop safely. I am not suggesting that professionals should not be obliged to report child safety concerns but rather that they should have some discretion on the timing of this report. For instance, a professional or volunteer who forms a safe, bounded and healthy relationship with a young person who trusts them is in a privileged position to support that young person to disclose their own sexual victimisation in a manner and timeframe that maintains the young person's attachment to that adult. We should avoid situations in which disclosure of child sexual abuse results in the disruption or termination of positive relationships in the life of the young person.
- 62 There are two interconnected issues here. The first is the opportunity for young people to develop trusting relationships with adults, which is a significant protective factor against negative outcomes for young people, and a facilitator for early intervention and disclosure of child sexual abuse. In many cases, a sexually abused child needs some guarantee of confidentiality if they are going

to trust an adult, particularly if they have previously been threatened by perpetrator(s), or if they see themselves as somehow complicit in their own abuse (which is fairly common).

- 63 The second issue is that, even in the context of a trusting relationship, a child may withhold disclosure of sexual victimisation if they know there will be reporting repercussions. The child needs to feel that they have some control over the disclosure process and how it unfolds. However such a sense of control cannot be assured within mandatory reporting regimes. Currently professionals need to inform children that there will be reporting repercussions if they disclose the offending against them. In many cases, a child will withhold disclosure once they are aware that the adult does not have a choice to report. They may instead seek to try to resolve the offending on their own.
- 64 For example, I know of a female child of a middle-class family who took a sexually explicit photo of herself. Someone used that photo to blackmail her. Over the course of five or six months, she withdrew from her social and familial circles and resorted to self-harm. In her attempts to gain back control over her victimisation, she repeatedly made and distributed further images of herself, which only further compounded the harms she was experiencing. The offending was only discovered after a parent took affirmative action and confronted their daughter about her change in mood over the six months. The incidence of child sexual abuse, in this case, was not voluntarily provided by the victim-survivor. This incident illustrates some of the common responses of victimised children including: their fear of disclosure, even in supportive and stable environments, their often maladaptive attempts to assert control over the abusive situation, and the importance of a close relationship with one or more adults who can interpret a young person's behaviour and act on their concerns.
- 65 Children lack the cognitive capabilities to attribute responsibility for child sexual abuse to the perpetrator(s). Instead, they internalise incidences of child sexual abuse, and develop traumatic shame, which is an overwhelming emotion that attacks self-confidence and self-esteem. It ultimately takes a trusted relationship to initiate a process of healing in which the young person can begin to disclose the offending and begin to address the traumatic shame that comes with it. Interruptions to that relationship will often trigger a recurrence of traumatic shame in which the young person blames themselves for the

disruption to the relationship and sees themselves (rather than the perpetrators) as the cause of the negative consequences to others as a result of the disclosure.

Disclosure and non-belief

- 66 In circumstances where children disclose that they are being sexually abused, it is not uncommon for no action to be taken or for the child not to be believed. As I have said earlier in this statement, there can be reasons why parents and institutions choose not to believe the disclosure. The child will often continue to be abused and, because they have previously disclosed the fact that they are being abused and are not believed, they will often not disclose the offending again, thus the offender can continue to abuse the child without the risk of being caught.
- 67 When children take steps to disclose offending, they often lack the communication skills to properly articulate the nature and severity of the offending. This, coupled with the fact that children are perceived as inherently unreliable and their disclosure approached with scepticism, often leads to children quickly withdrawing their disclosure because they do not receive a positive response from the adults to whom they disclose the offending. Disclosure of child sexual abuse should be understood as an ongoing process rather than a discrete event, characterised by diverse behavioural and psychological indicators of trauma, as well as delayed, conflicted and even unconvincing disclosures followed by retraction or recantation. During this process, children are hyper-sensitive to displays of scepticism or disbelief in the conduct and tone of the adults they are trying to connect with. They anticipate not being believed or being blamed for their abuse, and are likely to withhold further information or recant their disclosure entirely if they detect blame or scepticism.
- 68 Indicators of children being the victim-survivor of child sexual abuse are often mischaracterised and poorly understood. Trauma responses are often misdiagnosed as developmental delay or learning difficulties. For example, trauma interferes with concentration and memory, which impacts on children's academic performance. They may present as excessively shy and struggle to connect easily with peers. When the child accrues a diagnosis of a

developmental issue, this stigmatises them and negatively impacts their credibility, making it more unlikely for the child to be believed.

The lack of coordinated responses

- 69 Currently, there is a lack of intelligence-based policing in preventing child sexual abuse. At present, reports of sexual abuse against a child are typically treated by police as an isolated incident without intelligence gathered through other investigations being used to connect an identified offender in one report to other reports of child sexual abuse through tendency and coincidence evidence, for example.
- 70 I have never seen an example of states and territories and the Commonwealth using a coordinated, intelligence-based policing model towards child sexual abuse in the same way such a model is used towards drug trafficking or bikie gangs, for instance. I have not seen police take steps in this direction. This is because we have not taken a broader step towards protecting children against child sexual exploitation. We have started to invest in coordinated investigations into online child abuse, but not towards in-person offending against children. This position is in contrast to the United Kingdom where the national government has placed child sexual exploitation on equal footing with terrorism as a policy priority.
- 71 This means that there may be offenders who have abused a number of children over several years, but there is no mechanism in place to detect the connection. In these circumstances, it may be difficult to secure a conviction for an isolated incident, but taking the offending together may secure a conviction.

Tasmanian context

- 72 My knowledge of Tasmania in the context of child sexual abuse comes from interviews with child sexual abuse survivors in Tasmania as well as my general knowledge of child sexual abuse investigations and prosecutions in Tasmania gleaned as part of my general academic research.
- 73 In addition to facing the above barriers to preventing child sexual abuse, Tasmania's geography and population size present challenges. Tasmania is small. Most people are connected to most other people on the island in one way or another.

- 74 The small environment creates pressure to ignore and pass over incidences of child sexual abuse. There is potential for collusion due to social pressures to turn a blind eye to offending. A Tasmanian will need to report the offender, that person will have mutual connections, those mutual connections may not believe that the offending is true or warrants reporting, and the reporting person is then shunned from the community. There is a real cost to reporting in Tasmania, which makes children more vulnerable to being abused.
- 75 Tasmania's isolation and smaller size also presents issues of ethical fade, where, in the face of evidence that someone you know has perpetrated child sexual abuse, you are more likely to take into account other information that you know about that person in order to dull the severity of the offending and internally justify a lack of response or action. It is a common dynamic in smaller communities, where there are significant ramifications for recognising abuse, so people choose not to recognise it.
- 76 For instance, my analysis of Case Study 42 of the Royal Commission examines how, over a period of decades, child sexual abusers obtained positions of influence within the Anglican Diocese of Newcastle. These offenders developed significant connections and networks of support within the local community such that their offending was overlooked for long periods of time, and they were able to evade multiple complaints against them. When they were finally faced with criminal and disciplinary action for their offences, some members of the local community took significant steps to protect and support them, including patterns of threat, intimidation and counter-allegations against those initiating and conducting the investigations.
- 77 No reasonable person sides with a perpetrator or does not side with a victim-survivor in an intentional attempt to cover up child sexual abuse. Such outcomes are often a result of internal psychological processes which result in that person falling on the side of the fence that does not side with the victim-survivor. It is common to see small communities split, with some falling on the side of the victim-survivor and others on the side of the perpetrator. For some people, it will not matter what evidence of child sexual abuse they are presented with; they act on instinctive psychological responses rather than a rational and reasoned approach when deciding which person to believe. A strong example of this is evident in Case Study 42 referred to above, where

even after the Dean of the Cathedral was defrocked after findings of child sexual abuse, members of the diocese continued to proclaim the Dean's innocence.

- 78 The Australian Bureau of Statistics (**ABS**) lists Tasmania as having the highest proportion of its population living in a socio-economically disadvantaged area out of any Australian state or territory (37%). The ABS also list it as the state with the least proportion of its population living in relative socio-economic advantage.¹
- 79 Socio-economic status has an impact on the likelihood of a child being exposed to child sexual abuse. That is not to say that child sexual abuse is not perpetrated across the socio-economic spectrum. However, socio-economic disadvantage creates certain kinds of vulnerability to child sexual abuse. The stressors and insecurities of poverty necessarily impact on family life and perpetrators can insinuate themselves into the good graces of parents by offering to relieve those stressors, befriending parents and children. Parents may be understandably relieved when another adult takes a particular interest in their child and appears to offer them assistance and support.
- 80 Child sexual abuse can also perpetuate poverty since it impacts on a child's health and wellbeing, and can lead to behavioural and psychosocial problems, which compromise their education and can lead to their involvement in juvenile offending or conduct that is harmful to themselves and others. In the absence of care and support, these impacts can then entrap the adult survivor in a cycle of ongoing disadvantage, which then has significant implications for the next generation.
- 81 There is an important link between child sexual abuse and intergenerational trauma. If a person has been subjected to trauma as a child, they are more vulnerable to abusive relationships in adulthood. This vulnerability is due to the normalisation of abusive and harmful behaviour in their childhood, where their boundaries have been repeatedly violated and they have not been supported to re-establish those boundaries. Dissociation is an important marker of

¹ Australian Bureau of Statistics, 2071.0 - *Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016: Socio-Economic Advantage and Disadvantage*
<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Socio-Economic%20Advantage%20and%20Disadvantage~123>.

intergenerational trauma. Dissociation occurs in childhood where a child is subject to overwhelming emotions (typically linked to abuse and neglect) and they cope by disconnecting or internally distancing from those feelings and experiences. Over time, they may live periodically or chronically in dissociative states, somewhat disconnected from their surroundings and unable to accurately detect threats to their own wellbeing. In the absence of appropriate care and support, some sexual abuse survivors are targeted for domestic violence and sexual assault in adulthood by men who are sensitised to their vulnerability. Their children may be raised in an abusive household, and those children are integrated into a systemically violent or abusive environment. This can then ultimately manifest as an intergenerational cycle of child sexual abuse, as dissociation and vulnerability to abuse are transmitted to each generation.

- 82 Trauma spreads. If it is left alone to transmit through a community, people can take advantage of that. Paedophiles, for example, take advantage of trauma to groom entire families, communities and institutions because these environments present opportunities where it is easier to offend. In this process, child sexual abuse corrodes the capabilities and potentials of communities over time, increasing mental illness, violence and suffering.

Shame

- 83 Shame is a key control mechanism that offenders will use to prevent a child from reporting incidences of sexual abuse. From a psychological point of view, we are only starting to understand the power of shame and how overwhelming, intolerable and toxic shame is for victim-survivors of child sexual abuse.
- 84 Shame is one of the primary ways that children cope with, and understand, child sexual abuse. In all respects, children are dependent upon adults and they protect those vital relationships by blaming themselves for the things that adults do to them. Shame therefore enables children to maintain their attachments with adults even when they are being mistreated by them. However, shame comes with significant psychological costs to children, since it is a profoundly traumatic emotion that corrodes self-confidence and self-esteem.

- 85 The use of shame as a control mechanism is particularly true in organised abuse. In organised abuse settings, it is very common for children to be forced into engaging in morally compromising behaviour. This includes recruiting other children to be sexually abused by the controlling adults or being forced to perpetrate sexually harmful behaviour on other children. Moral injury also arises where children are victimised through child sexual abuse material, in which their abuse is recorded by the perpetrators. Abuse images and videos create a record of the worst moments of a child's life and victims typically feel profoundly compromised by this.
- 86 In the context of abuse, morally compromising acts engender a sense of complicity, and the child feels that they will be exposed to some form of liability or repercussion if they disclose to authorities or another trusted person the offending in which they are involved.
- 87 While most children in organised abuse will be forced to commit child sexual abuse or otherwise engage in offending, some groups of abusers will purposely keep the children separate from one another. This is a contingency measure to ensure that the children do not come to identify other victims, develop a relationship or connection with each other, and risk exposing the offending.
- 88 Shame is used as a mechanism of control. We see offenders who instil terrifying, humiliating and shameful memories, facilitating the integration of the memory through drugs, alcohol and torture. Children who are subject to this psychological torment then spend significant time and energy avoiding the memory itself.
- 89 Offenders will weaponise memories as a tool and as a method of punishment. Often the child will submit to the offender's demands to avoid being forced to recall the memory.
- 90 The way that our established justice and child protection systems approach child sexual exploitation requires a child to relive old trauma and experience new trauma simply to escape abuse and exploitation. Sometimes, for these children, it is easier to continue to be abused rather than assert their own safety.

APPROACHES TO PREVENTING CHILD SEXUAL ABUSE

- 91 There are three levels of prevention against child sexual abuse in the public health model. They are:
- (a) **Primary prevention**, which refers to population-level prevention measures, including, for example, seeking to implement cultural and attitudinal changes towards child sexual abuse with an aim to reduce prevalence at the population level;
 - (b) **Secondary prevention**, which refers to institutional level responses to child sexual abuse, including, for example, identifying high-risk contexts and cohorts at a higher risk of perpetrating or being the victim-survivor of child sexual abuse; and
 - (c) **Tertiary prevention**, which refers to situational responses to child sexual abuse, including, for example, the treatment of victim-survivors and the management of offenders.
- 92 The distinction between these three levels of prevention is not readily understood in Australia or globally.

Primary prevention

- 93 Australia has launched the 'Fourth Action Plan for the National Plan to Reduce Violence against Women and their Children 2010 – 2022' (**National Plan**) and more recently the National Strategy to Prevent and Respond to Child Sexual Abuse (**National Strategy**). The National Plan and the National Strategy include preventative elements targeted at child maltreatment and child sexual abuse respectively.
- 94 Australia does not currently have the evidence base to understand at a high level how primary prevention can be used to reduce the prevalence of child sexual abuse.
- 95 There is insufficient research and evidence gathering about the kinds of social beliefs, attitudes, and behaviours that affect Australians' attitudes towards child sexual abuse and what social policies can be implemented at a primary prevention level to reduce child sexual abuse over time. The evidence base is underdeveloped internationally and there is a clear need for investment into

research into social norms and attitudes that increase or decrease the risk of child sexual abuse.

- 96 Australia has taken a far too lax approach to developing a societal culture that holistically rejects the perpetration of child sexual abuse, whether directly or through facilitation. It needs to become an object of social policy. Because of this, child sexual abuse has been able to unfold and evolve over generations, to the point where there is a superficial rejection of it, but no genuine or effective resourcing to prevent and treat child sexual abuse.
- 97 In order to achieve effective prevention and treatment, there needs to be careful research into Australian societal norms and attitudes and the development and dissemination of sensitive social messaging, in the same way that we have seen large scale public campaigns towards the prevention of domestic violence.
- 98 The campaigns towards domestic violence have seen improved community literacy about respectful behaviours, consent and forms of domestic abuse. It is not naive to say that we could expect a similar improvement toward societal responses to child sexual abuse if the same level of resources was invested in social campaigns about preventing child sexual abuse. There are extremely simple subject matters that could be covered by such a campaign:
- (a) what grooming looks like;
 - (b) what you can do if you suspect child sexual abuse;
 - (c) how you should react to a child reporting child sexual abuse; and
 - (d) what are the red flags.
- 99 Resistance to such broad-scale public campaigns should not be underestimated. There is substantial resistance. The Australian Childhood Foundation has periodically measured the attitudes of the Australian public to child maltreatment over the last twenty years, and their recent 2021 report found no improvement across key measures. One third of Australians believe that children make up stories about abuse, one third believe that child abuse is not a problem they should be worried about, and one in five had no confidence that they could identify that a child was being abused. We should expect a significant bulwark of ignorance and backlash against prevention campaigns.

- 100 Humans are moral actors who are capable of judging what is right and wrong. However, we tend to base our assessments on personal views and experiences. People who lack information about child sexual abuse, could not recognise an abused child despite evident signs, and have no knowledge of the abuse histories of the people around them, are unlikely to take child sexual abuse as seriously as those members of the community with a more direct connection with the topic. The cultural milieu of silence around child sexual abuse enables this dynamic to continue, in which the absence of public discussion and recognition of child sexual abuse enables abuse to remain invisible on an interpersonal level. If an individual lives in a social context that does not understand the prevalence, impact and signs of child sexual abuse, then they are unlikely to support preventative action and they may be inhibited from taking up preventative behaviours and attitudes.
- 101 I accept that Tasmania's geographic circumstances present issues with responding to child sexual abuse effectively. What I do not accept is that those issues cannot be transformed. With proper social campaigning, there is no reason why the fact that Tasmania is a smaller community cannot be used to create an environment where children are safe from child sexual abuse, and the community network is transformed into a mechanism of prevention. Close personal relationships in a community are not an inherent deficit to the perpetration of child sexual abuse. It is a resource that should be capitalised on.
- 102 For instance, one of the better evaluated prevention strategies involves bystander intervention, in which members of an institution or community receive education and training so that they can detect the signs of abuse and violence and intervene effectively. Bystander intervention is most effective within discrete groups rather than larger populations. Community mobilisation and development is another prevention approach which focuses on building community capacity to respond to a social problem, and focuses on connecting the community with relevant services and agencies. This approach is also well suited to bounded or discrete communities and capitalises on the density of relationships within smaller towns and cities.

Secondary prevention

- 103 Secondary prevention has several approaches. These are:
- (a) identifying persons who are at risk of offending and perpetrating child sexual abuse;
 - (b) identifying the environments within which children are at risk of sexual abuse; and
 - (c) identifying cohorts of children that are at risk of child sexual abuse.

Identifying persons who are at risk of offending and perpetrating child sexual abuse

- 104 Australia has neglected the need to address persons who are at risk of offending. However, the National Strategy has committed to piloting a support service for people who have sexual feelings towards children.
- 105 There is some evidence that detecting offending behaviours and early treatment and intervention prevents children and teens who display harmful sexual behaviour from offending as adults. While there is a need for more rigorous evaluation, programs for children with harmful sexual behaviours show promise in promoting healthy sexual behaviour and attitudes. There is still progress to be made with respect to managing the behaviours and impulses of adults with sexual feelings towards children. Evaluations of secondary prevention programs which recruit adults concerned about their sexual feelings towards children are mixed and it is unclear as to whether they prevent contact or non-contact offending, however these are important initiatives and further research is necessary.

Identifying the environments within which children are at risk of sexual assault

- 106 At a secondary prevention level, there is evidence that in institutional settings, child safeguarding models of operation are an effective method for preventing child sexual abuse. Child safeguarding models involve the active implementation of policies and mechanisms to ensure institutions are free from abuse, neglect and exploitation, including:
- (a) actively protecting children from abuse and neglect and preventing harm to children's health and wellbeing;

- (b) actively screening adults who are entering the institution to ensure that they are capable of working with children safely;
- (c) building a child-safe culture in institutional environments and developing a culture within institutions that perpetuates child safe cultures;
- (d) providing children with the capacity to meaningfully contribute to the decisions that affect them in institutional settings;
- (e) empowering and actively involving children in decision-making processes that affect them in institutional settings and recognising that children have the capacity to be actively involved in their own welfare;
- (f) recognising that children have agency and are entitled to a level of control over their lives in an institutional setting; and
- (g) fostering a safe and secure environment in institutional settings, where children are capable of developing a positive and trusting relationship with the adults around them.

107 The primary characteristics of institutions where offending occurs are those institutions where children have no voice or involvement in the function of the institution. Institutions like this formalise the power adults have over children and create an environment that has an immediate two-fold effect:

- (a) it makes it easy for offenders to abuse; and
- (b) it makes it less likely for children to report the perpetration of abuse,

both of which are a result of a power imbalance between the children and adults within the institution. Readjusting the power dynamic between children and adults in institutional settings has been seen to be an effective safeguard against the perpetration of child sexual abuse in institutional settings.

108 Children who have appropriate adult relationships are protected from child sexual abuse. Such children are generally not a good target for abuse because they are operating from a higher base, with a network of trusted adults and the confidence that they will be believed, which operates as a general deterrent.

- 109 Child safeguarding models are effective because they ameliorate the imbalance of power between the children in an institution and the adults to create safe and secure institutional environments within which the children are based. That reduces the number of opportunities for offenders to abuse.

Identifying cohorts of children that are at risk of child sexual abuse

- 110 Australia does not currently invest enough money into the wellbeing of children and working towards preventing children from being neglected. Child neglect is closely correlated with child poverty. If you reduce child poverty, you reduce neglect. If you reduce neglect, you reduce the capacity for children to be sexually abused or exploited. Neglected children necessarily have unmet needs that can be identified and manipulated by perpetrators within or outside the family.
- 111 Currently, there are insufficient resources directed to the wellbeing of children and the reduction of child poverty. It is often the case that by the time a child that needed support in their youth moves into their pre-teens and teenage years, they have a juvenile history, and they are unlikely to obtain the support and care they need. These children are then at a higher risk of being sexually exploited and assaulted in out of home care situations because children at a disadvantage are less likely to be believed when they report an incident of child sexual abuse.
- 112 A lot of children that fall into this situation are Aboriginal and Torres Strait Islander children. First Nations children experience disproportionate levels of intergenerational poverty and trauma due to the impacts of invasion, colonisation and dispossession, and they are over-represented in out of home care. There is a lack of funding for community owned and community controlled child protection solutions that provide healing and support to First Nations families in order to prevent escalation to the point of child removal. Policies and practices that address child poverty, reduce child removal and protect children in out of home care will disproportionately benefit First Nations children and families however, there is clear need for Aboriginal community controlled and culturally safe responses.
- 113 The issue of familial sexual abuse is a major policy gap in Australia and internationally. Families in which sexual abuse takes place can be apparently

functional and orderly, with children attending school and otherwise well cared for. These families, on the whole, do not come to the attention of child protection services. However, children sexually abused within the family are disproportionately likely to disclose the early initiation of abuse, often in early childhood, severe and frequent abuse, and abuse of long duration. Parental perpetrators of sexual abuse are disproportionately likely to know other offenders and engage in the sexual exploitation of their own and other children. However, there is a distinct lack of interest in developing a specialist response to this perpetrator type.

- 114 There is pressure on law enforcement as the only mechanism of response to child sexual abuse. But responding to child sexual abuse through police and law enforcement is a response that occurs after the offending has happened. There needs to be a preventative mechanism.
- 115 There is a movement toward reportable conduct schemes as an alternative or in addition to current traditional police reporting, such as the NSW *Commission for Children and Young People's Reportable Conduct Scheme* that involves an independent body overseeing and monitoring allegations of child sexual abuse. The scheme does not replace or interfere with police investigations, but functions in tandem with police involvement to ensure allegations are investigated and dealt with properly.
- 116 There are also mechanisms for victims-survivors to feed information into a database in an informal way to help generate information about offending. For example, NSW Police offer the Sexual Assault Reporting Option (**SARO**) for victims who have decided not to make a formal report to police. But from my observation, the way in which this data is used is currently unsettled and unclear. We do not have certainty about how the data is being interrogated and used and which institutions and bodies have access to it. This lack of clarity about the use and protection of the data being fed into such a database presents problems of potential misuse, for example, an ex-partner reporting an allegation of child sexual abuse for the purpose of revenge.
- 117 Other methods for responding to children who are at risk of sexual exploitation include disruption strategies, which work to intervene in the development of harmful relationships and break the link between offenders and the children they are targeting. In the United Kingdom, where the sexual exploitation of

children in care has been a recognised problem for over a decade, law enforcement have developed methods of focusing on perpetrators who are targeting children in care so as to increase the risk of detection and to make children in care less vulnerable. A strength of this approach is that it does not rely on the compliance or disclosure of the child. This has a two-fold effect. First, it serves to minimise the chances of offending and second, it sends a message to associated networks of sex offenders that law enforcement is aware of the possibility of offending.

Tertiary prevention

- 118 Tertiary prevention refers to efforts to address and reduce harm after the fact. We need to understand the impact of child sexual abuse within a multi-factorial model that takes into account the severity of the abuse; the characteristics of the child, including their coping styles and any underlying vulnerabilities; the context of the child's life; whether the child receives a supportive or unsupportive response during or following the abuse, and any pre- or post-abuse experiences that may ameliorate or compound the harms of sexual abuse.

Supporting victims of child sexual abuse

- 119 While child sexual abuse has a number of psychological, physical and mental health impacts for victims-survivors, there are distinct pathways for male and female survivors.
- 120 In the absence of appropriate support and care, male victims may 'act out' in various ways, such as via criminal offending. They may turn to alcohol and drugs in order to self-soothe and to help them regulate their emotions. Childhood trauma is implicated in domestic violence perpetration amongst men. Sexually abused boys may also engage in sexual abuse as men. We have seen examples of this in Australia, such as Case Study 42 of the Royal Commission, where sexually abused boys were encouraged to become clergy or take up institutional roles as adults, whereupon some became active within the culture of sexual abuse.
- 121 Sexually abused girls are at elevated risk for victimisation, including subsequent sexual abuse and sexual assault in adolescence and adulthood, as well as domestic violence. Adult women with sexual abuse histories may

exhibit problems with self-harm and substance abuse, with 'internalising' responses as distinct from the 'externalising' coping of male survivors. However this observation is a broad generalisation.

- 122 Support for victims of child sexual abuse is not readily accessible in Australia. There is clear evidence that trauma therapy works and assists in effectively restoring victim-survivor wellbeing. Proper and effective trauma therapy can require several years of intense and frequent therapy. There is a cohort of victims who require a number of years of therapy with sessions once or twice each week.
- 123 Such a model is not appropriately catered for by Medicare, which currently provides a maximum of 10 subsidised sessions with a psychologist or psychiatrist per calendar year. This means that only those who can afford private health insurance have access to the required level of trauma therapy, which adds a socio-economic element to accessing treatment.
- 124 Additionally, the Australian health care workforce is poorly prepared to assist in trauma therapy for persons who are the victims of child sexual abuse. It lacks a sufficient number of psychologists and psychiatrists with trauma competency. We have a huge demand for trauma therapy, with little supply, which creates a bottleneck in our ability to provide services to individuals who need it.
- 125 I see a benefit in starting conversations about amending curricula with relevant accrediting bodies to incorporate trauma therapy into core training models for mental health practitioners. Currently, trauma therapy is a voluntary specialisation, and because it is not adequately funded, mental health professionals are often under pressure to reduce their fees when trauma therapy services.
- 126 There is certainly a lack of workforce development in the mental health sector, which is compounded by a lack of preparedness by the federal, state and territory governments to prioritise trauma specialist care and fund trauma services. The government has funded trauma therapy for veterans and persons in car accidents for years, but relegates trauma for children, including those who are the victim-survivor of child sexual abuse, to the woman's sector and non-government agencies.

- 127 Services are provided in a siloed model funded to deal with single issues. They are not funded to deal with the multiple issues that often attach to victims of child sexual abuse. There are very few services that are equipped to deal with all a person's presenting issues. Counter-intuitively, those who present with multiple issues are often unable to access any services, because they never fall into the strict eligibility criterion ascribed to access those services.
- 128 I have worked with a holistic health service provider in Western Sydney in the past that focused on providing broad long term care as opposed to traditional episodic services that are the main focus of funding. We need to reconsider and reframe the way in which we provide services. Child sexual abuse survivors have complicated needs, and all of these needs must be catered for if we are to assist them in recovery.
- 129 There is a need for government leadership and promotion of trauma-informed and specialist support services for survivors of child sexual abuse. Governments at the federal, state and territory level should fund and support pilot programs that promote holistic health care, evaluate them and improve them. There needs to be some ambitious investment based on a long term vision. The current approach by the government to fund and subsidise episodic care needs revision because it does not align with the needs of the victim-survivors who access the services.
- 130 Victims of child sexual abuse in the many rural and regional areas of Australia are at a particular disadvantage in accessing required levels of care and therapy, and a focus needs to be had on delivering effective telehealth to people who are traumatised.

Minimising online child sexual exploitation

- 131 Today, most children have access to a webcam and the internet in a private area. The self-production of child sexual exploitation material is becoming increasingly prevalent.
- 132 Social media has made it increasingly simple to engage in a soft entry into self-producing child sexual exploitation material. Children and young people are routinely creating social media content by taking photos of themselves, and there is an obvious progression for some young people to nude photos, including in their intimate relationships with boyfriends or girlfriends.

- 133 Communication of these self-produced exploitation materials is not confined to child-child communications. There are men online who catfish² hundreds of children a week to obtain child sexual exploitation material. We have traditionally spoken about grooming as a drawn-out process involving friendship and building trust. However, online grooming can happen substantially faster online. There are scenarios in which it has only taken an offender a minute or two in order to progress a victim-survivor into exposing themselves or engaging in other sexualised behaviour through the internet.
- 134 We expect child-focused institutions to implement child safeguarding mechanisms, but we do not hold websites and other services hosted on the internet to the same standard. This is another reason why child sexual abuse can happen online so easily. The online environment is not regulated to the same extent as physical institutions that engage with children.
- 135 Websites do not have meaningful age or identity verification. For example, websites that display pornography ask for a person to simply tick a box declaring they are over the age of 18. There is also little content moderation that filters out child sexual exploitation material.
- 136 The lack of content moderation and filtering of child sexual abuse material, alongside a lack of regulation, means that nude and sexual images of children are widely distributed on a range of platforms and services. These organisations should be required to implement the simple and available technologies that make the online environment harder to use to exploit children. These include:
- (a) proactive screening of known child sexual abuse material;
 - (b) age and identity verification;
 - (c) proactive screening of language that may be considered grooming language;
 - (d) having regulations on the use of end to end encryption; and
 - (e) involving humans in the moderation of content rather than artificial intelligence.

² To lure someone by means of a fictional online persona.

- 137 The private sector online currently has few obligations in Australia or internationally to ensure that they are not being used as a host for child sexual exploitation material.
- 138 The Australian internet, in effect, currently operates according to United States law. This is evident in the fact that content that is illegal in Australia is delivered to Australia through the internet because that content is not illegal in the United States. For example, computer generated or drawn child sexual abuse material is illegal in Australia but quasi-illegal in the United States. Such material is widely available on US-based social media platforms who are complying with US law but delivering a service into Australia that includes the circulation of content that is illegal under Australian law.
- 139 There are current legislative developments involving the *Online Safety Act 2021* (Cth) and the creation of the position of eSafety Commissioner that put Australia at the forefront of countries in terms of moving in the right direction. Similar changes are also emerging in the United States. These changes should only be considered interim changes, and broader and stricter regulations and laws must be implemented domestically and internationally. Australia should have stricter control of its internet borders. We can see this with video streaming services, where once an IP address is confirmed to be Australian, certain materials are unable to be accessed in Australia.
- 140 The Tasmanian and broader Australian public have clear expectations that children should not be abused on the internet but are similarly opposed to any internet regulation. This, coupled with stakeholder opposition, makes it very difficult to implement a cultural change toward the public expectation of how the internet should be regulated.

CURRENT RESPONSES

- 141 The Royal Commission began a cultural shift towards a public health model of trauma. Prior to the Royal Commission, governments at the state and territory level had held dozens of public inquiries into child abuse. However, the perpetration of child sexual abuse and its impacts were understood primarily in psychiatric terms. In contrast, the Royal Commission focused on the historical, social and political determinants of child sexual abuse, with particular

prominence to survivor voices and the ways in which they were failed by public policy and social responses.

- 142 The new National Strategy departs from the focus of the Royal Commission on the needs and outcomes of victims-survivors of child sexual abuse. There remains a significant lack of investment in the health and wellbeing of survivors. Despite the Royal Commission making very clear that victim-survivors have a right to recover, and that perpetration of child sexual abuse is driven by social and cultural factors, the federal government funnelled a significant amount of financial support to the prevention of child sexual abuse into policing. It has not articulated an integrated public health approach to the prevention of child sexual abuse that can be implemented at the level of the states and territories. If states such as Tasmania are seeking to reduce the prevalence of child sexual abuse, then they will need to develop their own prevention plan.
- 143 The Royal Commission provided a number of people with a renewed sense of faith that all levels of government were committed to addressing the effects of child sexual abuse in Australia. The Royal Commission's legitimacy as a public organ of change remains uncertain as the governments fail to follow through with the recommendations made in the Royal Commission's final report.
- 144 There is a general lack of leadership towards the health and wellbeing of survivors. Recovery after experiencing child sexual abuse is seen as a consolation prize rather than a minimum expected level of health service provided by the state and territory governments.

OTHER MATTERS

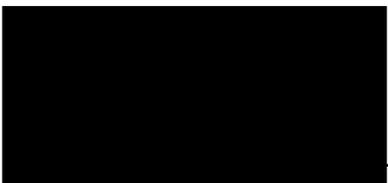
- 145 The response of authorities and services to child sexual abuse is too often determined by professional, legislative or legal prerogatives rather than the needs, rights and experiences of children. We need to listen closely to the experiences of child victims and adult survivors and design responses that adapt to the diversity of circumstances of victimisation and its impacts.
- 146 For instance, technology is increasingly implicated in many or most cases of child sexual abuse due to the ubiquity of smart phones, computers and networked devices in everyday life. However, law enforcement often makes a

distinction between 'online' and 'offline' offending, to the point where these issues are addressed by different units. However, in a world where technology and the internet permeates everyday life, the boundaries between 'online' and 'offline' offending are very blurred and often irrelevant. Online policing of course requires specialist skills that are distinct from 'offline' police work but these professional distinctions do not map directly onto distinct crime types.

147 To effectively address child sexual abuse, we need to be smarter, more adaptive and more innovative than offenders. We need to be willing to recognise when existing approaches are not working and develop and test new responses as appropriate. There is a tendency to bind our responses to child sexual abuse in bureaucracy and proceduralism which reduces risk for workers, services and systems rather than reducing risk for children. Our focus must be on the experiences, needs and rights of children and ensuring that our responses to child sexual abuse are driven by the prerogatives of child protection and safeguarding.

I make this solemn declaration under the *Oaths Act 2001* (Tas).

Declared at  _____
on 7 April _____ 2022

..... 

Dr Michael Salter

Before me:

