

POSITION PAPER

The need for a Royal Commission of inquiry into the sexual assault of children in Australia



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About the Authors

Carol Ronken worked as a researcher and Associate Lecturer at Griffith University in the School of Criminology and Criminal Justice before joining Bravehearts in May 2003. With a BA(Psych) and Masters Applied Sociology(Social Research), Carol is the Director of Research for Bravehearts and is passionate about ensuring the organisation's active involvement in research, policy and legislative development that aims to prevent, respond to, and ultimately reduce the incidence of child sexual assault in the community. In 2011 she received an award from the Queensland Police Service Child Protection and Investigation Unit for her contribution to child protection. Carol has also co-authored The Bravehearts Toolbox for Practitioners working with Child Sexual Assault (Australian Academic Press, 2011).

Carol is a member of the Australian and New Zealand Society of Criminology, the International Society for the Prevention of Child Abuse and Neglect, and the Child Protection Practitioners Association of Queensland. She sits on the Federal e-Safety Commissioner's Online Safety Consultative Working Group, the Queensland Victim Services Interagency Organisation Network, the Queensland Child Protection Advocates Group and Twitter's Trust and Safety Council.

In January 2017, Carol accepted a three year position as a Visiting Fellow in the School of Justice, Faculty of Law, at Queensland University of Technology.

Hetty Johnston AM, GAICD is Founder and Executive Chair of Bravehearts Foundation Ltd, established in 1997, Australia's leading child protection advocate. A born lobbyist, Hetty is a woman of passion and determination who has succeeded in highlighting the crime of paedophilia and child sexual assault to media, families, schools and the general community both nationally and internationally.

Hetty's most recent accolades include: 2016 inducted into Australian Businesswomen's '*Hall of Fame*'; 2015 Queensland Australian of the Year; and 2014 Awarded Member of the Order of Australia (AM).

Hetty has been recognised for her outstanding contributions to child protection with numerous awards and nominations over her career since 1996. In 2013 Hetty was awarded Ernst & Young Northern Australia's *Social Entrepreneur of the year*, Westpac's 2013 '*100 Women of Influence*' and YWCA Queensland's '*125 Leading Women*'. She was awarded a *Paul Harris Fellowship* in 2010 and is a *Fellow of the Australian Institute of Community Practice and Governance* (March 2010). In early 2009, Hetty was recognised as one of approximately 70 outstanding leaders worldwide, receiving the prestigious annual *Toastmasters International Communication and Leadership Award*. Hetty is the recipient of two *Australian Lawyers Alliance Civil Justice Awards* (2003, 2004).

Hetty works with government and non-government agencies on legislative reform, submissions, lobbying and research to improve child protection and political accountability in Australia.

Bravehearts Foundation Limited
ABN: 41 496 913 890 ACN: 607 315 917
PO Box 575, Arundel BC, Qld 4214
Phone 07 5552 3000 Email research@bravehearts.org.au
Information & Support Line 1800 272 831
bravehearts.org.au

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About Bravehearts

Bravehearts has been actively contributing to the provision of child sexual assault services throughout Australia since 1997. As the first and largest registered charity specifically and holistically dedicated to addressing this issue in Australia, Bravehearts exists to protect Australian children against sexual harm.

Our Mission

To prevent child sexual assault in our society.

Our Vision

To make Australia the safest place in the world to raise a child.

Our Guiding Principles

To, at all times, tenaciously pursue our Mission without fear, favour or compromise and to continually ensure that the best interests, human rights and protection of the child are placed before all other considerations.

Our Guiding Values

To at all times, do all things to serve our Mission with uncompromising integrity, respect, energy and empathy ensuring fairness, justice, and hope for all children and those who protect them.

The 3 Piers to Prevention

The work of Bravehearts is based on *3 Piers to Prevention: Educate, Empower, Protect* - Solid Foundations to Make Australia the safest place in the world to raise a child. The 3 Piers are:

Educate Education for children and young people

Empower Specialist counselling and support

Training for adults, professionals, business and community

Risk Management 'ChildPlace Health & Safety' Services

Community engagement and awareness

Protect Lobbying & Legislative Reform

Research

Abstract

In 2009, the Coalition of Australian Government (COAG) endorsed the *National Framework for the Protection of Australia's Children*, which was hoped to bring a coordinated and informed shift in the way we respond to child sexual assault in this country. Lack of urgency and progress since the endorsement of the National Framework and a number of high profile incidences of systemic issues being flagged (most recently the Australian Defence Force and the Catholic Church) has reignited our long standing call in support of a Royal Commission into the sexual assault of children in Australia.

The following updated version of our 2005 paper explores the rationale for a Royal Commission of Inquiry which must be far reaching and include particular reference to:

- Investigate the nature, extent, social dynamics and prevalence of child sexual assault within the community at large including, but not limited to, government, non-government, religious and other institutions, organisations and clubs;
- Determine the psychological, social & economic effects of child sexual assault on the survivors, their families and society generally;
- Identify any and all bureaucratic, commercial, cultural and institutional barriers and/or inadequacies hindering the effective protection of Australian children and proper disclosures of child sexual assault;
- Investigate current government and community attitudes and responses (financial, therapeutic, and legal) to the survivors of child sexual assault ;
- Determine whether penalties and/or treatments for child sex offenders are adequate and/or consistent in terms of occurrence, deterrence and in reducing or eliminating recidivism rates and, make recommendations as to potential alternative models that may more comprehensively and effectively address how child sex offenders should be managed;
- Investigate allegations of organised and or networked paedophilia, child pornography, child prostitution, and any involvement of people in positions of high esteem, power, privilege or authority across the Nation including Indigenous and migrant communities;
- Investigate whether any systemic cover-up of paedophile activity has occurred within the community at large including but not limited to: police, government, non-government, religious and other institutions, organisations and clubs;
- Review all current research in relation to protecting children from sexual harm, including Indigenous communities, - victim, offender and systemic issues such that this will inform the public, politicians, clergy and judiciary of the crisis facing our children and their families;
- Review the extent to which previous recommendations for change have been carried out and what is preventing their execution; and
- Make recommendations in response to these issues.



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The history behind the call for a Royal Commission into the criminal sexual assault of children in Australia

Calls for a Royal Commission of Inquiry into the sexual assault of children in Australia have been growing for many years but have so far been denied by the Commonwealth Government.

However, the explosive nature of this issue is becoming increasingly apparent through the myriad of child sexual assault related Inquiries already undertaken and others still taking place throughout the States and Territories of Australia. Together with the increased willingness by the media to focus on this most insidious attack on our youngest and most vulnerable Australians and the community's desire to protect their children, the issue of child sexual assault now demands an urgent, meaningful and enduring response at the national level.

At various times over the years, in response to immediate crises in areas of child protection, the Commonwealth have called on the States and/or Territories to hold a Royal Commission into child sexual assault. At other times, the States and/or Territories have called on the Commonwealth to do the same. The political will for a combined effort is yet to materialise.

In terms of history and irony, it is interesting to note that former Queensland Premier Peter Beattie supported calls for a national Royal Commission into child sexual assault at the time of the debate surrounding the call for the resignation of then Governor-General Peter Hollingworth, as did the then Federal Opposition Minister Simon Crean (*Labour believes it is now in the best interests of the welfare of Australia's children that the Prime Minister hold a Royal Commission into child abuse - Joint statement Crean/Roxon -13 May 2003*). These calls were supported by every other State and Territory leader and in addition, by Anglican Archbishop of Brisbane Philip Aspinall, the Uniting Church and Anglican Bishop of Tasmania John Harrower. Interestingly, the calls were rejected by George Pell (Catholic Church).

Nevertheless, the then Prime Minister John Howard made a speech in Parliament where he refused to hold such an Inquiry citing many and varied reasons and specifically naming support from the head of child protection group ASCA, Liz Mullinar, as supporting his view. (*It is interesting to note that 'The ASCA board decided unanimously to ask Liz to step down as patron in November 2003.....In addition, a number of members raised concerns about several public statements that Liz had made, which expressed a personal view but were presented as though they were ASCA policy. One of those was in relation to the issue of a Royal Commission into child abuse, which you [ASCA members] on the other hand, as our recent poll showed, overwhelmingly support.'* Extract from ASCA Newsletter 2003/04).

But still, in terms of irony and in direct contradiction, on 20 August 2003 former Queensland Premier Beattie spoke against a motion put forward by Independent Liz Cunningham and supported by National, Liberal and minor parties as well as other Independents, which proposed a State Royal Commission to investigate the systematic failure of child protection systems in Queensland. Then Federal Liberal Senator Santo Santoro challenged former Premier Beattie (10.10.2003) to hold one. It didn't happen.

It appears that sadly, the debate around the merits of a Royal Commission has more fertile ground in political point scoring than in the best interests of the child.

What are the reasons put forward to deny a Royal Commission?

The objections often put forward in opposition to hold a Royal Commission into the criminal sexual assault of children have been numerous but include that:

- Royal Commissions are too expensive;
- Royal Commissions are largely ineffective;
- Child protection is largely an issue for the State and Territories;
- A Royal Commission may not provide clear and lasting benefits;
- Money should instead be spent on increased service provision, prevention and early intervention initiatives and supporting parents in their parenting role.
- A Royal Commission cannot deal just with child sexual assault but also must include child abuse and neglect.

Bravehearts respectfully disagrees.



Response to objections to a Royal Commission

Royal Commissions are too expensive

It will cost Australians much more if we don't urgently and thoroughly prioritise and respond to the crisis of child sexual assault in Australia.

- James (2000) in a report for the Australian Institute of Criminology found that it was estimated that 1 in 4 girls and between 1 in 7 and 1 in 12 boys are victims of sexual abuse and in 2006 the US Centre for Disease Control & Prevention reported that adult retrospective studies show that 1 in 4 women and 1 in 6 men were sexually abused before the age of 18).
- Price-Robertson, Bromfield and Vassallo's (2010) summary of Australian prevalence studies estimates that four to eight percent of males and seven to 12 percent of females experience penetrative child sexual abuse and 12 to 16 percent of males and 23 to 36 percent of females experience non-penetrative child sexual abuse.
- Girls and boys of all ages are sexually abused and victims are sometimes toddlers, young children and even babies (NSW Child Protection Council, 2000).
- It has been well-documented that the sexual abuse of children has a range of very serious consequences for victims. Zwi et al. (2007) list depression, post-traumatic stress disorder, antisocial behaviours, suicidality, eating disorders, alcohol and drug misuse, post-partum depression, parenting difficulties, sexual re-victimisation and sexual dysfunction as some of the manifestations of child sexual abuse among victims
- The cost-benefit to the community and society as a whole of preventing poor outcomes in terms of education, homelessness, substance abuse, unemployment, mental disorders, depression, anti-social behaviour and crime would be drastic

Bravehearts believe that no amount of money spent on protecting children from sexual assault is too much.

How can we not urgently respond to the increasing number of sexually assaulted children (and adult survivors) who are committing suicide in unprecedented numbers across our country?

- Young people who had experienced child sexual abuse had a suicide rate that was 10.7 to 13.0 times the national Australian rates. A recent study of child sexual abuse victims found 32% had attempted suicide and 43% had thought about suicide (Plunkett & Shrimpton, 2001).
- Rates of suicide was significantly higher for child sexual assault victims than comparison groups, with child sexual assault victims 18.09 times more likely to commit suicide (Cutajar, Mullen, Ogloff, Thomas, Wells, & Spataro, 2010).
- Rates of accidental fatal overdoses was significantly higher for child sexual assault victims than comparison groups, with child sexual assault victims 49.22 times more likely to commit suicide (Cutajar, Mullen, Ogloff, Thomas, Wells, & Spataro, 2010).

What is the price tag for preventing so many young Australians from being traumatised and then unnecessarily turning to drugs, alcohol and crime?

- 70% of prisoners were abused as children (Children's Commission of Queensland, 1997).

- 80 to 85 per cent of women in Australian prisons have been victims of incest or other forms of abuse (Murray, 2002).
- Although most (77%) child sexual assault victims did not have an official criminal record, child sexual assault victims were 4.97 times more likely than their peers from the general population to have been charged with an offence and this difference remained significant for both male and female victims (Ogloff, Citajar, Mann, & Mullen, 2012)

What is the value in so many families being torn apart and relationships breaking down? And what of the ever-increasing sexual dysfunction and promiscuity affecting our young.

- The effect of increased sexual risk-taking also makes victims of child sexual abuse more vulnerable to sexually transmitted diseases, HIV/AIDS, and teenage pregnancy (Ferguson, Horwood & Lynsky, 1997; Mullen, Martin, Anderson, Romans, & Herbison 1996; Thompson, Potter, Sanderson, & Maibach, 1997).

This is a national crisis facing our children and we need a national response. The costs of the resulting moral and societal dysfunction can be counted in the billions each and every year. We must address these issues from a national perspective and we must do it urgently.

- An Australian study funded by a Criminology Research Council Grant, conservatively estimates the (tangible) cost to society of child sexual assault to be in excess of \$180,000 per child (Briggs, 1999).
- Access Economics, Monash University and the Australian Childhood Foundation found that child abuse costs the Australian community between \$10 billion and \$30 billion each year (Australian Childhood Foundation media release, 3rd September 2009).

Royal Commissions are largely ineffective

Royal Commissions of Inquiry have indeed been incredibly effective over the years. In fact, the Commonwealth Government has held 3 Royal Commissions of Inquiry during the period spanning 2001-2004. Surely the Commonwealth would not conduct so many inquiries if they were considered largely ineffective?

In particular, the Royal Commission into Aboriginal Deaths in Custody stands as a good example of how the collective involvement and co-operation of the Commonwealth and the States/Territories can effectively address complex social issues facing the entire Nation.

Of course there are also many examples of effective State based Royal Commissions including the Woods Royal Commission in NSW and the Fitzgerald Inquiry in Qld.

Child Protection is largely an issue for the States and Territories

There are many examples where the Commonwealth, in the national interest, has invested in areas that could have previously been seen as strictly in the province of the States and Territories. This includes the *National Drug Strategy*, the reform of *Gun Laws*, the *National Mental Health Strategy*, the *National Safe Schools Framework* and, of course, the *National Framework for Protecting Australia's Children*.

States have responsibility for children for a short time only – at the most a mere 18 years in an individual’s life. However, it is the Commonwealth Government that ultimately bears much of the long-term costs of negative outcomes for abused children.

The problem of child sexual assault in Australia is a national crisis. The flow on problems associated with child abuse, neglect and sexual assault represent financial costs that can be measured in the billions annually while the social costs remain un-quantifiable. These costs are shared by both State and Commonwealth governments but they are borne by the Australian taxpayers.

The most debilitating issue facing child protection reform in Australia is the lack of national leadership, national consistency and a national approach.

The States and Territories have primary responsibility for the investigation of suspected cases of child sexual assault, child abuse and neglect and are responsible for taking appropriate action in these cases. There are significant differences in legislation, terminology, procedures and processes among the States and Territories (Australian Law Reform Commission, 1997).

Australia requires Federal leadership in child protection through uniform child protection legislation with full auditing of its effectiveness (Tucci, Goddard, Saunders and Stanley, Agenda for Change Conference 1998).

This fact has been highlighted as the major concern among professionals, academics, and workers in the field. This most glaring deficiency has encumbered the fight to properly protect children despite being highlighted to governments ad-nauseam at every conference and in every report delivered over more than two decades. Still this most fundamental of problems has not been addressed.

Currently, whole-of-government responsibility for children is split between Commonwealth, State and Territory governments, among different departments according to ‘portfolios’ and among a myriad of agencies at different levels of government.

This complex web of responsibilities is fragmented and therefore delivers policy direction that is often crisis driven, ad-hoc and isolated in terms of overall National integration, consistency and co-ordination. This delivers serious harm to children and produces waste in allocation and targeting of resources and services across the Nation.

Too often children fall between the widening cracks that consistently appear between agencies, government departments and/or between States, Territories and Commonwealth jurisdictions and responsibilities.

By using the external affairs powers under article 51 of the Constitution, the Commonwealth ratified the United Nations Convention on the Rights of the Child and in doing so, delivered to itself far greater opportunities to participate in and direct a coordinated national approach to child protection matters. The Commonwealth now has a legitimate constitutional role in child protection.

The Commonwealth must provide leadership and assistance in developing nationally consistent best practice models, minimum and optimum service standards and sound research.

A Royal Commission may not provide clear and lasting benefits

The same argument might once have been said in relation to corporations law.

The value of overarching national co-ordination is exemplified by corporations law, where the Commonwealth’s assumption of responsibility through the *Australian Securities Commission Act 1989* has resulted in significant improvements in the operation of the system. The Australian

Securities Commission has wide regulatory, investigatory and information gathering powers and the power to initiate civil or criminal proceedings in certain circumstances. The Australian Securities Commission also performs an important educative function. It has become involved in law reform, makes submissions to inquiries and publishes reports and discussion papers. The formation of the Australian Securities Commission, with its regional offices in each State and Territory, illustrates how a body can achieve a level of striking uniformity and efficiency within the present constitutional arrangements by striking an acceptable balance between National and State interests.

Only the powers of a Royal Commission of Inquiry into the Criminal Sexual Assault of Children in Australia has the capacity to deliver clear and lasting benefits in the area of child protection. Any less would simply represent a tinkering at the edges of what is becoming an increasingly alarming crisis for all children in this nation.

A Royal Commission will provide the clear, indisputable evidence, disclosure, information, knowledge and understanding that our government, institutions and the greater community require in order to gain the necessary capacity to fully comprehend and respond to the catastrophic long-term social and economic costs of child sexual assault in our community.

Money should instead be spent on increased service provision, prevention and early intervention initiatives and supporting parents in their parenting role

The urgency for a Royal Commission should not delay the delivery by government of increased services to children who have been, or are at serious risk of being, harmed. Nor should it delay the delivery and implementation of existing reform agendas so as to better protect our children today.

Calling for a Royal Commission is not *instead* of spending on child protection services, it is *in addition*.

The child protection sector's response can only be improved through a Royal Commission. Services "need" to be informed in order to be effective. There is no good to be served by pumping monies into prevention, early intervention and support services unless we have a clear idea on the extent of the problem and best practice in child protection.

There should be neither an underestimation of the massive job at hand nor any apology for it - nor for the costs that it will entail.

This is a crisis. Our children deserve the best response we can muster.

The essence of good government lies in apportioning taxpayer's money according to the competing needs of the community. Priority must go to those whose needs are greatest.

A Royal Commission cannot deal just with child sexual assault but also must include child abuse and neglect

Bravehearts believe that the issue of child sexual assault and those of child abuse and neglect are discernibly different and require discernibly different responses. This view is borne out by the increasing number of reports, conferences and studies that deal exclusively with the issue child sexual assault in isolation of 'child abuse and neglect'.

We do recognise the equally damaging effects of child abuse and neglect but we believe that bundling 'child sexual assault' in the suite of matters referred to collectively as 'child abuse and neglect' is

actually harming efforts to prevent child sexual assault. We believe this occurs in many areas including that of 'child abuse' data collection. This in turn thwarts the development of clear understanding and therefore appropriate responses to the issue.

Differences in Offending

- 1 (a) Acts of child abuse and neglect are generally unplanned, re-active and are generally aligned with socio-economic and family dysfunction issues and are comparatively predominant in areas of social disadvantage.
- (b) Sexual assaults against children are almost always pre-meditated, involving predatory acts of grooming, manipulation, self-gratification and exploitation, and occur widely across the various socio-economic areas.
- 2 (a) Child abuse and neglect more commonly involve the infliction of pain, violence and aggressive force.
- (b) Child sexual assault more commonly involves manipulation, intimidation and unwanted sexual contact.
- 3 (a) Child abuse and neglect are generally always perpetrated by a parent, more commonly the female, (parent is the offender in an estimated 90% of cases).
- (b) Child sexual assault is generally:
 - Perpetrated by a male (in excess of 95% of cases).
 - More likely to be perpetrated by someone known to the child or their family (research varies but commonly finds between 80 and 85% of the time) BUT
 - Of those offenders known to the child, most commonly the offender is NOT living with the child (between 70 and 75%).
- 4 (a) Child abuse and neglect offences are almost always intra-familial.
- (b) Child sex assault offences are commonly extra familial as well as intra-familial.
- 5 (a) Child abuse and neglect is a domestic issue that can involve criminality.
- (b) Child sexual assault always involves criminality and further, involves potential for networking, official corruption and monetary motivations (as per drugs).

Bravehearts submit that the offences of child abuse and neglect are different in nature, motivation and victimisation than offences of child sexual assault and that while both are incredibly traumatic for children, their differences dictate they should be addressed separately.



Why there is a need to change current responses to child sexual assault

Over the past decades we have seen numerous State level inquiries, as well as organisational-level reviews. It is our position that Australia needs a national approach to the national crisis of child sexual assault facing our nation's children.

It is clear from past Inquiries and from the continual exposure of system failures to respond to child sexual assault (exemplified by recent reports of the failures, both historically and currently, in religious groups and the Australian Defence Force), that the fractured attempts to address systemic issues is not working. Fundamental National leadership is urgently required in even some of the most basic of issues relating to child protection such as:

- To agree on a National definition of 'child' and to adopt a National standard in relation to the 'age of consent';
- To provide National consistency in terms of age in relation to the legal definition of 'child', 'minor', 'adolescent' and an 'adult';
- To agree on National definitions for the terms 'child abuse', 'neglect', 'rape', 'child sexual assault', 'indecent dealing', etc;
- To agree on a National definition of the term 'harm' to a child as it relates to both legislation and regulations including those applying to the media;
- To implement a Nationally consistent statistical reporting model so as to properly gauge the occurrence, response and outcomes for children in need of protection;
- To implement a National Code for Child Protection that ensures all organisations who deal with governments, have adequate and consistent protocols in place in relation to the prevention of sexual assault and in handling allegations and complaints;
- To investigate minimum standards of care and consistent policies and procedures in service provision across all State/Territory jurisdictions;
- The introduction of consistent Mandatory Reporting requirements;
- To agree on a National hearing, sentencing and treatment regime to properly and consistently deal with child protection matters, specifically paedophilia, within the often over-arching State and Federal legal systems;
- To agree on a Nationally adopted minimum age of criminal responsibility and 'Age of Majority';
- To introduce national standards for the sentencing, treatment, incarceration, release and on-going monitoring and reporting of child sex offenders, including juvenile sex offenders;
- To introduce a National 'Charter of Rights' for children who are subject to, or at serious risk of harm that would provide a legally enforceable obligation on all relevant authorities, States and Territories to provide predefined minimum standards of child protection services; and
- To ensure the next Census is focused on gathering key information in relation to child abuse prevalence by type and severity, age, gender, sexuality, offender characteristics, patterns of abuse, effects of abuse, official and non-official disclosure patterns.

Bravehearts believes that we need to radically re-think our entire approach to the issue of child sexual assault rather than continuing to tinker around the edges of a system that is fundamentally flawed. Too, we should consider a shift of focus to public health rather than an exclusive focus on criminality. This may better serve society, survivors and perpetrators.

Paedophilia: The health problem of the decade

By Dr Bill Glaser

Imagine a society afflicted by a scourge which struck down a quarter of its daughters and up to one in eight of its sons.

Imagine also that this plague, while not immediately fatal, lurked in the bodies and minds of these young children for decades, making them up to sixteen times more likely to experience its disastrous long-term effects.

Finally, imagine the nature of these effects: life-threatening starvation, suicide, persistent nightmares, drug and alcohol abuse and a whole host of intractable psychiatric disorders requiring life-long treatment. What would the society's response be?

The scourge that we are speaking of is child sexual abuse. It has accounted for probably more misery and suffering than any of the great plagues of history, including the bubonic plague, tuberculosis and syphilis. Its effects are certainly more devastating and widespread than those of the modern-day epidemics which currently take up so much community attention and resources: motor vehicle accidents, heart disease and, now, AIDS. Yet the public response to child sexual abuse, even now, is fragmented, poorly coordinated and generally ill-informed.

Its victims have no National AIDS Council to advise governments on policy and research issues; They have no National Heart Foundation to promote public education as to the risks of smoking and unhealthy lifestyles; They do not have a Transport Accident Commission to provide comprehensive treatment and rehabilitation services for them.

A massive public health problem like child sexual abuse demands a massive societal response. But firstly, we need to acknowledge and understand the problem itself, and this is, sadly enough, a task which both professionals and the community have been reluctant to undertake despite glaringly obvious evidence in front of us.

Source: *Excerpt from "Paedophilia: The Public Health Problem of the Decade" – Australian Institute of Criminology Conference on Paedophilia, Sydney April 1997.*

The comparison of child sexual assault to a plague is more than just a vivid metaphor. It suggests that lessons can be learned from other great scourges and pestilences of human history. In particular, there have always been three major components to public health problems of this magnitude:

1. **Definition of the problem:** There is still no good national child sexual assault data-base. Different sources – the police, courts, correctional services, protective services, health care providers, victim services and community agencies – provide incomplete, inconsistent and conflicting accounts of what is actually happening both within jurisdictions and nationally. There are still enormous gaps in our knowledge about the nature and prevalence of child sexual assault and the needs for services.
2. **Perception of risk:** There are some who say that we are becoming unnecessarily panicky about child sexual assault. The evidence is that we have not panicked enough. Even though we can see the damage being done to the vulnerable and needy members of our society, we remain reluctant to act.

Various State Inquiries involving church and government on the systemic abuse of children have been conducted over the past ten years that have clearly exposed just how dysfunctional and damaging the current system of child protection is, *and still the Commonwealth remains reluctant to act.*

3. **The social response:** As with most public health problems of this magnitude, the response needs to be at the community level. The identification, assessment and treatment of individual survivors (and offenders) is not enough. Indeed, as has been shown with the modern plagues of heart disease, AIDS and road accidents, the response needs to be institutionalised. There must be a well-planned, highly coordinated and effective bureaucracy that can provide national surveillance and monitoring of the problem, a useful analysis of the data received and prompt communication of the results.



Why do we need a Royal Commission?

We believe that calls for a Royal Commission are easily supported by widely accepted and well known facts including that child sexual assault is the extenuating cause of death for thousands of Australians, young and old, and is the cause of untold injury and pain for many thousands more. Alarming, child sexual assault is responsible for more pain, suffering, trauma, hardship, death and injury than any other epidemic ever faced by Australian families. Child sexual assault costs taxpayers tens of billions of dollars annually and is the primary cause for the increasing societal breakdown of faith in our political, spiritual and community leaders.

Historically, the deeply entrenched 'Iron Curtain' around the issue of child sexual assault has been almost impenetrable - solidly constructed by religious, cultural and systemic values, ideology, beliefs, ignorance and behaviours over many centuries and still fiercely defended and/or ignored by adults and institutions whose moral and/or commercial response it is to protect their respective power, monetary interests, and reputation rather than the 'best interests of the child'.

Child sexual assault raises issues of complex urgency for Australia.

Bravehearts understands that the first step to solving any problem is to fully understand it. A Royal Commission will deliver this outcome not only for our political, judicial and spiritual leaders, but also for the Australian population generally. Only with this level of understanding and awareness can we ever hope to stem the tragedy of child sexual assault in this nation.

Australian children deserve to be protected by all means necessary. A Royal Commission is of paramount importance in beginning this process.

Bravehearts believe that the best prevention/early intervention strategy is education and that a Royal Commission would deliver a well overdue and much needed exposé and educated insight into the issue both for the general public, the judiciary, politicians and religious leaders. It is the failure to fully comprehend this issue that lies as the foundation upon which predators rely to gain access to unsuspecting children and vulnerable families. It is our view that a Royal Commission could change that.

Australian children deserve national minimum standards of care and protection regardless of where they reside. Child sex offenders must be treated equally, adequately and responsibly no matter where they reside.

Facts and Stats

Prevalence

- 45% of females and 19% of males have been the victim of 'non-contact inclusive' child sexual abuse and 39% of females and 13% of males have been the victim of 'non-contact exclusive' child sexual abuse (Goldman & Padayachi 1997).



- It is estimated that 1 in 4 girls and between 1 in 7 and 1 in 12 boys are victims of sexual abuse (James, 2000).
- Girls and boys of all ages are sexually abused and victims are sometimes toddlers, young children and even babies (NSW Child Protection Council, 2000).
- 13% of calls to the New South Wales Rape Crisis Centre were related to child sexual assault (Sun Herald, 8th January 2006. p.7).
- Research shows a staggering 45% of women aged 18-41 were sexually abused as children by family members (30%), friends or family friends (50%) or strangers (14%). 75% of the abuse involved some contact, most of which was shockingly severe (Watson, 2007).
- A University of Queensland study found that 10.5% of males and 20.6% of females reported non-penetrative child sexual assault before the age of 16 and 7.5% of males and 7.9% of females reported penetrative child sexual assault before the age of 16. (Mamun, Lawlor, O'Calloghan, Bor, Williams. & Najman, 2007)
- Australian Bureau of Statistics report that 25% of victims of 'all' sexual assaults reported are aged between 10 and 14 (Australian Bureau of Statistics, 2009).

Disclosure and Reporting

- In 98% of all child abuse cases reported to officials, children's statements were found to be true (Dympna House 1998).
- A 1998 study involving 400 clients of Family Planning Qld, found 55% of all the women in the sample had experienced childhood sexual assault before the age of 16. Only 36% of those who had experienced assault had ever told anyone of those events prior to their disclosure during the study interview. Only 8 victims (3.5%) had taken legal action against their offenders and only five were aware of the outcome of those actions (two offenders were convicted, two had no further action taken and one resulted in a criminal record only) (Queensland Criminal Justice Commission, 1999).
- About half of the victims of child sexual assault never report the assault to another person and many do not disclose until they reach adulthood (Queensland Crime Commission, 2000).
- Project Axis sought information from 66 non-government schools about their policies for dealing with suspected child sexual assault - only six had a specific policy in place. Of the 51 community groups contacted only three had established any policy for handling suspicions or disclosures of child sexual assault (Queensland Crime Commission, 2000).
- 169 child sex offenders who admitted having committed at least one sexual offence against a child later disclosed offences concerning 1010 children (748 boys and 262 girls) of which only 393 (38.9%) were reported to have been associated with official convictions (Smallbone & Wortley, 2000).
- One in five parents who were aware that their child had been sexually assaulted did not report the assault (Smallbone & Wortley, 2000).
- One in three people in NSW suspect a child they know has been sexually assaulted but 43% of those did not report the abuse to authorities (Department of Community Services, 2006).
- One third of people surveyed felt they only had a minor role to play in protecting children (Department of Community Services, 2006).
- 78% of people surveyed had some hesitation about whether they would be able to identify abuse of neglect if they came across it (Department of Community Services, 2006).

Offenders

- The age profile of offenders in sexual assault varied with the nature of the crime. Overall 23% of sexual assault offenders were under age 18 and 77% were adults. Juveniles were a substantially smaller proportion of the offenders in forcible rape (17%) than in sexual assaults with an object (23%), forcible fondling (27%) and incidents of forced sodomy (36%) (Bureau of Justice Statistics, 2000).
- In the United States, 2,000 Catholic priests have been disgraced because of their abusive behaviour, with many facing prosecution in the criminal courts (Hansard, 2002).
- International research suggests that sex offenders are generally older than most other types of offenders. The mean age of over 9,000 sex offenders was found to be 36 years (Hanson, Gordon, Harris, Marques, Murphy, Quinsey & Seto, 2002).
- Most children know the perpetrator with studies estimating between 10-30% of offenders were strangers (National Child Protection Clearinghouse, 2005).
- Non-biological family members (stepfather or mother's defacto) are disproportionately represented as child sex offenders. For example, Russell (1989) reported that girls living with stepfathers were at a markedly increased risk: 17% had been sexually assaulted compared with 2.3% of girls living with biological fathers (National Child Protection Clearinghouse, 2005).
- European researchers found that 78% of offenders charged with downloading or possessing abusive images had sexually assaulted children prior to, or soon after viewing images. On average, each offender had assaulted up to 30 different children (Personal correspondence with Professor Freda Briggs 5th January 2006).
- Female sex offenders are responsible for 6% of all reported cases of sexual assault against children (ChildWise study, cited in The Australian, 7th March 2006)
- Men were by far the greatest perpetrators of sexual assault, responsible for 663 cases compared to only 63 (8.7%) by women (Department of Child Safety, 2007).
- For the offence of sexual assault 34% of defendants were aged 45 and over (Australian Bureau of Statistics, 2007).

Criminal Justice Responses

- Evidence to the Inquiry indicated that, whatever the jurisdiction, the structures, procedures and attitudes to child witnesses within all these legal processes frequently discount, inhibit and silence children as witnesses. In cases where the child is very young or has or had a close relationship with one of the parties or where the subject of the evidence is particularly sensitive, children often become so intimidated or distressed by the process that they are unable to give evidence satisfactorily or at all (Australian Law Reform Commission, 1997).
- "Courts are required to enforce law rather than dispense justice. We hide such fundamental truths by sometimes describing the legal system as the justice system.....as though law necessarily has some intrinsic relationships to the qualities of fairness and justice - it does not. It is the marginalised and the underprivileged members of the community who are in most need of an untouchable guarantee of protection against misuse of power (Justice Tony Fitzgerald – former Qld corruption Commissioner and NSW Court of Appeal judge. Courier Mail 2001).
- According to Weatherburn (2001):
 - Only 1 in 100 (1%) sex offenders in a given year ends up convicted of sexual assault;
 - Each year in NSW, about 40,000 women will be sexually assaulted;
 - About 1000 men will be brought to court for sexual assault and about 400 of those men will either plead guilty or be found guilty.

- A Queensland Barrister is quoted as saying – “If I’m defending a bloke I want to make life difficult for their witnesses...I’m not there to find the truth – no one’s there to find the truth” (Eastwood, 2002).
- A Case Study - In 1988 Katie, then aged 14, makes an official complaint of sexual assault to Qld police against her father. On 29th September 2001, after 13 years unsuccessfully fighting for her day in court and justice, she gave up. In February 2002, Katie, now mother of five, hung herself in despair. Five months after her death, her father pleaded guilty to offences against Katie and 4 others stretching between the mid 1950’s to the early 1980’s. He was sentenced to a total of 54 years – BUT to be served concurrently, making him eligible for parole in 18 months (Margaret Wenham, Courier Mail Sat July 6, 2002).
- Only about 17% of reported sexual offences result in a conviction, a figure consistent with data from other States and overseas (Queensland Crime and Misconduct Commission, 2003).
- Results from 69 different studies found that treated sex offenders reoffended sexually 37% less than untreated offenders (Losel & Schmucker, 2005).
- Less than 2% of cases reported to police, where the offender is a female, result in a jail term, compared with 16.5% of cases involving men (ChildWise study, cited in The Australian, 7th March 2006).
- 90% of reported sex assaults do not end up in convictions (Fitzgerald, 2006).
- Only 17% of reported sex assaults proceed to court (Fitzgerald, 2006).
- 8.5% of sex offenders who were treated at the CUBIT programs committed a further sexual offence in the follow-up period (3.75 years) compared with the predicted sexual recidivism rate of 26% (Hoy & Bright, 2008).

Impact and Effects

- Adults abused during childhood are:
 - more than twice as likely to have at least one lifetime psychiatric diagnosis
 - almost three times as likely to have an affective disorder
 - almost three times as likely to have an anxiety disorder
 - almost 2 ½ times as likely to have phobias
 - over ten times as likely to have a panic disorder
 - almost four times as likely to have an antisocial personality disorder (Stein, Golding, Siegel, Burnam & Sorenson, 1988)
- The effect of increased sexual risk-taking also makes victims of child sexual abuse more vulnerable to sexually transmitted diseases, HIV/AIDS, and teenage pregnancy (Ferguson, Horwood & Lynsky, 1997; Mullen, Martin, Anderson, Romans, & Herbison 1996; Thompson, Potter, Sanderson, & Maibach, 1997).
- Young people who had experienced child sexual abuse had a suicide rate that was 10.7 to 13.0 times the national Australian Rates. A recent study of child sexual abuse victims found 32% had attempted suicide and 43% had thought about suicide. (Plunkett, Shrimpton & Parkinson, 2001)
- It has been well-documented that the sexual abuse of children has a range of very serious consequences for victims. Zwi et al. (2007) list depression, post-traumatic stress disorder, antisocial behaviours, suicidality, eating disorders, alcohol and drug misuse, post-partum depression, parenting difficulties, sexual re-victimisation and sexual dysfunction as some of the manifestations of child sexual abuse among victims.
- Young people who had experienced child sexual abuse had a suicide rate that was 10.7 to 13.0 times the national Australian rates. A recent study of child sexual abuse victims found 32% had attempted suicide and 43% had thought about suicide (Plunkett & Shrimpton, 2001).

- Young girls who are sexually abused are 3 times more likely to develop psychiatric disorders or alcohol and drug abuse in adulthood, than girls who are not sexually assaulted. (Day, Thurlow, & Woolliscroft, 2003; Kendler, Bulik, Silberg, Hettema, Myers, & Prescott, 2000)
- Among male survivors, more than 70% seek psychological treatment for issues such as substance abuse, suicidal thoughts and attempted suicide. (Walrath, Ybarra, Holden, Liao, Santiago, & Leaf, 2003).
- A University of Queensland study found that women who experienced penetrative child sexual assault had on average, a significantly higher body mass index (Mamun, Lawlor, O'Calloghan, Bor, Williams. & Najman, 2007).
- Compared to those with no history of abuse, annual health care costs were 16% higher for women who reported childhood sexual assault. (Bonomi, 2008)
- Women with a history of sexual abuse were more likely to use mental health services, pharmacy services, primary care services and speciality care. (Bonomi, 2008)
- Access Economics, Monash University and the Australian Childhood Foundation found that child abuse costs the Australian community between \$10 billion and \$30 billion each year (Australian Childhood Foundation media release, 3rd September 2009).
- Rates of suicide was significantly higher for child sexual assault victims than comparison groups, with child sexual assault victims 18.09 times more likely to commit suicide (Cutajar, Mullen, Ogloff, Thomas, Wells, & Spataro, 2010).
- Rates of accidental fatal overdoses was significantly higher for child sexual assault victims than comparison groups, with child sexual assault victims 49.22 times more likely to commit suicide (Cutajar, Mullen, Ogloff, Thomas, Wells, & Spataro, 2010).
- Although most (77%) child sexual assault victims did not have an official criminal record, child sexual assault victims were 4.97 times more likely than their peers from the general population to have been charged with an offence and this difference remained significant for both male and female victims (Ogloff, Citajar, Mann, & Mullen, 2012).



Terms of Reference

The terms of reference for a National Royal Commission into the Criminal Sexual Assault of Children must be far reaching and include particular reference to:

- Investigate the nature, extent, social dynamics and prevalence of child sexual assault within the community at large including, but not limited to, government, non-government, religious and other institutions, organisations and clubs;
- Determine the psychological, social & economic effects of child sexual assault on the survivors, their families and society generally;
- Identify any and all bureaucratic, commercial, cultural and institutional barriers and/or inadequacies hindering the effective protection of Australian children and proper disclosures of child sexual assault;
- Investigate current government and community attitudes and responses (financial, therapeutic, and legal) to the survivors of child sexual assault;
- Determine whether penalties and/or treatments for child sex offenders are adequate and/or consistent in terms of occurrence, deterrence and in reducing or eliminating recidivism rates and, make recommendations as to potential alternative models that may more comprehensively and effectively address how child sex offenders should be managed;
- Investigate allegations of organised and or networked paedophilia, child pornography, child prostitution, and any involvement of people in positions of high esteem, power, privilege or authority across the Nation including Indigenous and migrant communities;
- Investigate whether any systemic cover-up of paedophile activity has occurred within the community at large including but not limited to: police, government, non-government, religious and other institutions, organisations and clubs;
- Review all current research in relation to protecting children from sexual harm, including Indigenous communities, - victim, offender and systemic issues such that this will inform the public, politicians, clergy and judiciary of the crisis facing our children and their families;
- Review the extent to which previous recommendations for change have been carried out and what is preventing their execution; and
- Make recommendations in response to these issues.



References

- Australian Bureau of Statistics (2009). *Reported Crime Victims*. Canberra [ACT]: Australian Bureau of Statistics.
- Australian Bureau of Statistics (2007). *Criminal Courts 2005-2006*. Canberra [ACT]: Australian Bureau of Statistics.
- Australian Institute of Criminology (1993). *Second Conference on Violence*: June 1993.
- Australian Law Reform Commission (1997). *Seen and Heard: Priority for children in the legal process*. Canberra: ALRC.
- Bagley, C. (1995). *Child Sexual Abuse and Mental Health in Adolescents and Adults*. Aldershot [UK]: Avebury.
- Beitchman, J., Zucker, K., Hood, J., DaCosta, G., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse and Neglect*, 16, 101-118.
- Bonomi, A (2008). Health care utilisation and costs associated with childhood abuse. *Journal of General Internal Medicine*, 23(3): 294-299.
- Briggs, F. (1999). *A cost-benefit analysis of child sex-offender treatment programs for male offenders in correctional services*. Adelaide: Child Protection Research Group, University of South Australia.
- Browne, A., & Finkelhor, D. (1986). Initial and long-term effects: A review of the research. In D. Finkelhor (Ed.), *A sourcebook on child sexual abuse* (pp. 180-198). California: Sage Publications.
- Brown, T, Frederico, M, Hewitt, Sheehan, R. (1998). *Violence in Families: Report No 1 – The Management of Child Abuse Allegations in Custody and Access Disputes Before the Family Court of Australia*.
- Burdekin, B (1993). *Report of the National Inquiry into Mental Health*. Canberra: AGPS.
- Bureau of Justice Statistics (2000). *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, incident, and offender characteristics*. Washington [DC]: Us Department of Justice.
- Calvert, G. (1993). *Preventing Child Abuse and Neglect: The National Strategy*. Canberra: National Child Protection Council.
- Centre for Disease Control and Prevention (2006). *Adverse Childhood Experiences Study: Major Findings*. Atlanta, GA: U.S. Department of Health and Human Services, Centre for Disease Control and Prevention. Available from www.cdc.gov/nccdphp/ace/findings.htm.
- Chandy, J., Blum, R., & Resnick, M. (1996). Gender-specific outcomes for sexually abused adolescents. *Child Abuse and Neglect*, 20, 1219-1231.

Children's Commission of Queensland (1997). *Paedophilia in Queensland Report*. Brisbane: Children's Commission.

Coffey, P., Leitenberg, H., Henning, K., Turner, T., & Bennett, R. (1996). Mediators of the long-term impact of child sexual abuse: Perceived stigma, betrayal, powerlessness and self-blame. *Child Abuse and Neglect*, 20, 447-455.

Conte, J., & Schuerman, J. (1987). Factors associated with an increased impact of child sexual abuse. *Child Abuse and Neglect*, 11, 201-211.

Crime and Misconduct Commission (2003). *Seeking Justice: An inquiry into the handling of sexual offences by the criminal justice system*. Brisbane: Crime and Misconduct Commission.

Cutajar, M., Mullen, P., Ogloff, J., Thomas, S., Wells, D. & Spataro, J. (2010). Suicide and fatal drug overdose in child sexual abuse victims: A historical cohort study. *The Medical Journal of Australia*, 192(4): 184-187.

Day, A., Thurlow, K., & Woolliscroft, J. (2003). Working with childhood sexual abuse: A survey of mental health professionals. *Child Abuse & Neglect*, 27: 191-198.

Department of Child Safety (2007). *Child Protection Queensland 2005-2006 Performance Report*. Brisbane [Qld]: Department of Child Safety.

Department of Community Services (2006). *Spotlight on Safety: Community attitudes to child protection, foster care and parenting*. Sydney [NSW]: Department of Community Services.

Eastwood, C. (2002). *Study of Children in Court*. Brisbane: Queensland University of Technology.

Eros Foundation (2000). *Hypocrites: Evidence and statistics on child sexual assault amongst church clergy, 1990-2000*. Canberra: Eros Foundation.

Ferguson, D., Horwood, L., & Lynskey, M. (1997). Childhood sexual abuse, adolescent sexual behaviours and sexual revictimisation. *Child Abuse and Neglect*, 21, 789-803.

Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse and Neglect*, 18: 409-417.

Finkelhor, D. (1994b). Current Information on the Scope and Nature of Child Sexual Abuse. *The Future of Children*, 4(2): 31, 46-48.

Finkelhor, D. (1993). Epidemiological factors in the clinical identification of child sexual abuse. *Child Abuse and Neglect*, 17:67-70.

Finkelhor, D. (1991). The scope of the problem. In K. Murray, & D. Gough (Eds.), *Intervening in child sexual abuse* (pp. 9-17). Edinburgh: Scottish Academic Press

Fitzgerald, J. (2006). *The Attrition of Sexual Offences from the New South Wales Criminal Justice System*. Sydney [NSW]: NSW Bureau of Crime Statistics & Research, 2006.

- Fleming, J. (1997). Prevalence of childhood sexual abuse in a community sample of Australian women. *Medical Journal of Australia*, 166: 65-68.
- Fromuth, E. (1986). The relationships of child sexual abuse with later psychological and sexual adjustment in a sample of college women. *Child Abuse and Neglect*, 10: 5-15.
- Glaser, B. (1997). *The Health Problem of the Decade* Presented at the Australian Institute of Criminology Conference on Paedophilia: Sydney, April 1997.
- Goldman, J. & Padayachi (1997). The prevalence and nature of child sexual abuse in Queensland, Australia. *Child Abuse Neglect*, 21: 489-498.
- Hansard (2002). *Commonwealth Senator Andrew Murray*. 19th June.
- Hanson, R.K., Gordon, A., Harris, A.J.R., Marques, J.K., Murphy, W., Quinsey, V.L. & Seto, M.C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14(2), 169-194
- Harrison, P., Fulkerson, J., & Beebe, T. (1997). Multiple substance abuse among adolescent physical and sexual abuse victims. *Child Abuse and Neglect*, 21: 529-539.
- Hoy, A. & Bright, D.A. (in press). *Effectiveness of a Sex Offender Treatment Programme: A risk band analysis*. Sydney.
- James, M. (2000). Child abuse and neglect: Part one – redefining the issues. Canberra: Australian Institute of Criminology. *Trends and Issues Series*, no.146.
- Jokovich, E. (undated). *Breaking the Silence on Abuse* [On-line]. Available at: <http://www.amedia.net.au/content/edit06/edit06.html>.
- Kendler, K., Bulik, C., Silberg, J., Hettema, J., Myers, J., & Prescott, C. (2000). Childhood sexual abuse and adult psychiatric and substance use disorders in women: An epidemiological and Cotwin Control Analysis. *Archives of General Psychiatry*, 57: 953-959.
- Kosky, R. (1987). Is suicidal behaviour increasing among Australian youth?. *The Medical Journal of Australia*, 147
- Losel, F. & Schmucker, M. (2005). The effectiveness of treatment for sexual offenders. A comprehensive analysis. *Journal of Experimental Criminology*, 1; 117-146.
- Mamun, A., Lawlor, D., O'Calloghan, M., Bor. W., Williams, G. & Najman, J. (2007). Does childhood sexual abuse predict young adult's BMI? A birth cohort study. *Obesity*, 15(8): 2103-2110.
- McLeer, S., Deblinger, E., Henry, D., & Orvaschel, H. (1992). Sexually abused children at high risk for PTSD. *Journal of the American Academy of Child and Adolescent Psychiatry*, 31: 875-879.
- Mullen, P., Martin, J., Anderson, J., Romans, S., & Herbison, G. (1996). The long term impact of the physical, emotional and sexual abuse of children: A community study. *Child Abuse and Neglect*, 20: 7-21.

Murray, A (2002). *Senate Hansard*. 12 June.

National Child Protection Clearinghouse (2005). *Child Abuse Prevention Resource Sheet* (no.7)

New South Wales Child Protection Council (2000). *Fact Sheet 6: Child Sexual Assault: How to talk to children*.

Oates, R.K. (1990). *Understanding and Managing Child Sexual Abuse*. Philadelphia: Grune and Stratton.

Oates, R. K. & Tong, L. (1987). Sexual abuse of children: An area with room for professional reforms. *The Medical Journal of Australia*, 147.

O'Donnell, C. & Craney, J. (eds) (1982). *Family Violence in Australia*. Melbourne: Longman Cheshire.

Ogloff, J., Citajar, M., Mann, E., & Mullen, P. (2012). Child sexual abuse and subsequent offending and victimisation: A 45 year follow-up study. *Trends and Issues in Crime and Criminal Justice* (no. 440). Canberra [ACT]: Australian Institute of Criminology

Peters, S. (1988). Child sexual abuse and later psychological problems. In G. Wyatt, & G. Powell (Eds.), *Lasting effects of child sexual abuse* (pp. 101-118). Newbury Park: Sage

Peters, S.D., Wyatt, G.E. & Finkelhor, D. (1986). Prevalence. In D. Finkelhor (Ed.). *Sourcebook on Child Sexual Abuse*. Newbury Park [CA]: Sage Publications.

Price-Robertson R, Bromfield L & Vassallo S 2010. *The prevalence of child abuse and neglect*. Melbourne: Australian Institute of Family Studies

Plunkett, A., Shrimpton, S. & Parkinson, P. (2001). A study of suicide risk following child sexual abuse, *Ambulatory Pediatrics*, 1(5): 262-266.

Queensland Crime and Misconduct Commission (2003). *Seeking Justice: An inquiry into the handling of sexual offences by the criminal justice system*. Brisbane: Crime and Misconduct Commission.

Queensland Crime Commission & Queensland Police Service (2000). *Project Axis, Volume 1: Child sexual abuse in Queensland: The nature and extent*. Brisbane: Queensland Crime Commission.

Queensland Criminal Justice Commission (1999). *Reported Sexual Offences in Queensland*. Brisbane: Queensland Criminal Justice Commission.

Romans, S., Martin, J., and Mullen, P. (1996). Women's self-esteem: a community study of women who report and do not report childhood sexual abuse. *British Journal of Psychiatry*, 169(6): 696-704

Smallbone, S. & Wortley, R. (2000). *Child sexual abuse in Queensland: Offender characteristics and modus operandi*. Brisbane: Queensland Crime Commission.

Smith, M and Chapman, C (1999). *An Investigation into Paedophilia*. Brisbane: Smith and Chapman.

Summit, R. (1983). The child sexual abuse accommodation syndrome. *Child Abuse and Neglect*, 7: 177-193

Tebbutt, J., Swanston, H., Dates, R. K., & D'Toole, B.I. (1997). Five years after child sexual abuse: Persisting dysfunction and problems of prediction. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36: 330-339.

Thompson, N., Potter, J., Sanderson, C., & Maibach, E. (1997). The relationship of sexual abuse and HIV risk behaviours among heterosexual adult female STD patients. *Child Abuse and Neglect*, 21: 149-156.

UNICEF (1991). *Australia's Promises to Children, the Alternative Report – Defense for Children International*. UNICEF.

Walrath, C., Ybarra, M., Holden, W., Liao, Q., Santiago, R., & Leaf, R. (2003). Children with reported histories of sexual abuse: Utilizing multiple perspectives to understand clinical and psychological profiles. *Child Abuse & Neglect*, 27: 509-524.

Waters B. & Kelk N. (1991) Does Being an Incest Victim Influence the Capacity to Parent? In P. Hetherington (ed), *Incest and the Community: Australian Perspectives*. Perth: Penelope Hetherington.

Watson, B. (2007). *Sexual Abuse of Girls and Adult Couple Relationships: Risk and protective factors*. Thesis submitted for degree of Doctor of Philosophy, School of Psychology, Griffith University, Mount Gravatt [Qld].

Welch, S., & Fairburn, C. (1996). Childhood sexual and physical abuse as risk factors for the development of bulimia nervosa: A community-based case control study. *Child Abuse and Neglect*, 20: 633-642.

Wood, The Hon Justice JRT. (1997a). *Royal Commission into the New South Wales Police Service. Final Report. Volume V: The paedophile inquiry*. Sydney: NSW Government.

Wood, The Hon Justice JRT. (1997b). *Royal Commission into the New South Wales Police Service. Final Report. Volume IV: The paedophile inquiry*. Sydney: NSW Government.

Zwi et al. 2007. *School-based education programmes for the prevention of child sexual abuse*. Oslo: Campbell Collaboration