

Family relationships and the disclosure of institutional child sexual abuse

Report for the Royal Commission into
Institutional Responses to Child Sexual Abuse

Antonia Quadara, Mary Stathopoulos
and Rachel Carson

Australian Institute of Family Studies

July 2016



Australian Government

Australian Institute of Family Studies

CONTENT WARNING:

This report contains extensive discussion of child sexual abuse which victim/survivors and others may find distressing.

Project team

The Royal Commission into Institutional Responses to Child Sexual Abuse commissioned and funded this research project. It was carried out by the following researchers: Antonia Quadara, Mary Stathopoulos and Rachel Carson.

Disclaimer

The views and findings expressed in this report are those of the authors and do not necessarily reflect those of the Royal Commission.

Copyright information

Quadara, A, Stathopoulos, M and Carson, R, 2016, Family relationships and the disclosure of institutional child sexual abuse, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.

ISBN 978-1-925289-70-1

© Commonwealth of Australia 2016

All material in this report is provided under a Creative Commons Attribution 4.0 Australia licence.



Please see www.creativecommons.org/licenses for conditions and the full legal code relating to this licence.

Published date

July 2016



Royal Commission
into Institutional Responses
to Child Sexual Abuse

Preface

On Friday 11 January 2013, the Governor-General appointed a six-member Royal Commission to inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse.

The Royal Commission is tasked with investigating where systems have failed to protect children, and making recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions.

The Royal Commission has developed a comprehensive research program to support its work and to inform its findings and recommendations. The program focuses on eight themes:

1. Why does child sexual abuse occur in institutions?
2. How can child sexual abuse in institutions be prevented?
3. How can child sexual abuse be better identified?
4. How should institutions respond where child sexual abuse has occurred?
5. How should government and statutory authorities respond?
6. What are the treatment and support needs of victims/survivors and their families?
7. What is the history of particular institutions of interest?
8. How do we ensure the Royal Commission has a positive impact?

This research report falls within theme 6.

The research program means the Royal Commission can:

- obtain relevant background information
- fill key evidence gaps
- explore what is known and what works
- develop recommendations that are informed by evidence, can be implemented and respond to contemporary issues.

For more on this program, please visit www.childabuseroyalcommission.gov.au/research

Executive summary	9
<i>Project overview</i>	9
<i>Project findings</i>	9
Overall findings.....	9
Findings relating to the research questions.....	11
The support needs of families of survivors that disclose in childhood and families of survivors that disclose in adulthood.....	12
<i>Implications</i>	13
1	Introduction
	15
1.1 <i>Project overview</i>	15
Project rationale.....	15
Participants.....	16
1.2 <i>Research background</i>	16
1.3 <i>Report structure</i>	17
2	Research methodology
	18
2.1 <i>Research questions and aims</i>	18
2.2 <i>Research design</i>	18
Conceptual factors.....	18
Methodological factors.....	19
2.3 <i>Research components</i>	20
Literature review.....	20
Qualitative interviews.....	20
Synthesis.....	22
2.4 <i>Ethical consideration</i>	22
Building ethical practice into the research process.....	22
Advisory group.....	24
3	Ways of telling, ways of hearing: contexts, processes and reactions to disclosures of institutional child sexual abuse
	25
3.1 <i>Overview</i>	25
3.2 <i>How did disclosures occur?</i>	26
Indirect disclosures.....	27
Responses to direct questioning.....	28
Discovery.....	28
‘Triggered’ disclosures: crisis and pressure-cooker contexts.....	30
3.3 <i>Barriers to disclosure</i>	31
Family dynamics.....	31
Fear.....	31
Reasons for delayed disclosures.....	33
3.4 <i>What victim/survivors hoped for in disclosing to family members</i>	34
3.5 <i>Initial responses to disclosure</i>	35
Shock.....	35
Disclosure as a relief, explanation or confirmation.....	36
Belief and validation.....	37
Disbelief, minimisation and victim-blaming.....	37
3.6 <i>Summary</i>	39

4	Impacts of disclosure of institutional child sexual abuse on families	40
4.1	Overview	40
4.2	Family relationships prior to disclosing sexual abuse	41
4.3	Impacts on family members as a secondary stress response	43
	Unsafety	44
	Uncertainty	44
	Vigilance and watchfulness	46
4.4	Changes to family and partner relationships	48
	Parents and children	48
	Siblings	51
	Partners	53
	Extended family	54
	Positive impacts on family dynamics	55
4.5	Impacts on social connectedness and trust	56
	Social institutions	56
	Social relationships	56
4.6	The role of family dynamics on the impact of disclosure	57
4.7	Summary	58
	Impacts related to disclosures in adulthood	59
5	Post-disclosure support: the role of family members	61
5.1	Overview	61
5.2	Negotiating new roles and needs and impacts on intrafamilial dynamics	62
	Changes to family roles	62
	Taking on the role of protector	62
	Intensification and extension of parenting roles	63
	Disagreements about and denials of support	64
5.3	Summary	66
6	Relationship with institutions	67
6.1	Overview	67
6.2	Relationship with institution before disclosure	67
	The significance of religious institutions	67
	Educational institutions: reputation, prestige and duty of care	71
	Other institutions	72
6.3	After disclosure	73
	Disillusionment	73
	Rejection and abandonment	74
	Repulsion, hatred towards the institution	74
	Anger and betrayal	75
	Conflicted relationships	77
6.4	Summary	78
7	Help-seeking experiences and support needs of families of survivors	80
7.1	Overview	80
7.2	Experiences with seeking help	81
	No formal support or counselling sought or offered	81
	Difficulty obtaining the right support or delays in receiving support	82
	Financial issues	83
	Support service/paradigm not meeting needs	84
7.3	What would make a difference	85

Accountability and acknowledgement	85
Accessible support services	87
Specialised support and skilled practitioners	88
Replacing silence and secrecy with open discussion	88
Customised approach to service delivery	89
Compensation	90
Accountability and service delivery that treats victim/survivors with dignity and respect.	91
7.4 <i>Service issues for family members</i>	92
Ameliorating isolation.....	92
Advice, support and advocacy.....	92
Structures to facilitate openness and conversation.....	94
7.5 <i>Key findings</i>	95
8 Key findings and implications for enhancing support responses to victim/survivors and their families	96
8.1 <i>Key findings</i>	96
Overall findings	96
Findings in relation to the research questions.....	98
8.2 <i>Implications of findings for service system responses</i>	105
8.3 <i>Conclusion</i>	106
Appendix 1 – participant characteristics	108
References.....	114

Acknowledgements

We would like to thank every participant who shared their story with us as part of this project. You very generously let us into your and your family's lives. It was a privilege to listen to your experiences.

We would also like to thank the Royal Commission for appointing us to undertake this project and for supporting this research from beginning to end. Thanks particularly to the Research and Policy Team.

Finally, thanks to staff and colleagues at the Australian Institute of Family Studies, including Rachel Carson, Sarah Tayton, Monica Campo, Rae Kaspiew and Daryl Higgins for your support.

Antonia Quadara

Mary Stathopoulos

Rachel Carson

Executive summary

Project overview

The Royal Commission into Institutional Responses to Child Sexual Abuse was established in January 2013 to investigate how institutions and organisations have responded to allegations and instances of child sexual abuse. Through private sessions, written submissions and public hearings, the Royal Commission has received the accounts of several thousand victim/survivors and their family members. A key issue highlighted by these accounts was the impact on family relationships of disclosing sexual abuse – both in the short and long term. Disclosures of child sexual abuse have in some cases resulted in family breakdown, estrangement and social isolation.

This project was developed to explore the effect that disclosure of institutional child sexual abuse had on survivors and their families, focusing on understanding:

- the long-term effect of disclosure on families
- the different effects of disclosures made in adulthood compared to those made in childhood
- implications of our findings for enhancing service responses.

The Royal Commission was particularly interested in:

- the decision of survivors of institutional child sexual abuse to disclose to family members
- initial responses to the disclosure (including failure to recognise a disclosure)
- long-term impact of the disclosure on survivors and family members
- survivor recovery.

The Royal Commission appointed the Australian Institute of Family Studies (AIFS) to undertake the project. We conducted 50 in-depth interviews with victim/survivors of institutional child sexual abuse and family members who received such disclosures (parents, children, siblings and partners). Thirty-three unique family units participated, nine of which involved multiple family members. This is a relatively large dataset for an in-depth narrative study, and is enriched by having multiple perspectives from members of the same family on the impacts of disclosure on family relationships.

Project findings

We identified four overall findings that are first-order findings that inform and have repercussions for the findings to those original research questions. The overall findings and those relating to the research questions are synthesised below.

Overall findings

- 1. Disclosure of institutional child sexual abuse, recipients' responses, and the impact of the information on the family are deeply influenced by the social, institutional and cultural context in which the family operates.**

How survivors disclosed or tried to disclose institutional child sexual abuse was influenced by a range of factors, including:

- at an *individual level* – age (disclosures by younger children are more likely to be indirect, non-verbal or the result of direct questioning or discovery by primary carers), gender and gender

expectations (male survivors often describe expectations around masculinity as a barrier to disclosure)

- at the *familial level* – family conflict, violence and physical abuse, which could act as a barrier to disclosure
- at the *interpersonal and situational levels* – additional stressors – such as anxiety; depression; problems with alcohol and other drug use; study pressures, such as Year 12 or transitioning to university; work pressures, including job loss or job hunting; and parenting or relationship difficulties – often acted as a trigger for survivors who could no longer maintain their secret.

While social attitudes and the role of the institution in which the child sexual abuse took place were sometimes identified as barriers to disclosure, they did not appear to strongly affect *how* disclosures occurred.

Indeed, participants' accounts suggest that the factors listed above – including family relationships and family dynamics – were not necessarily the most influential in shaping how recipients responded to a disclosure of institutional child sexual abuse and its ripple effect on families. The historical time period in which the disclosure occurred and the role and meaning of the institution were equally – if not more – influential in shaping how families responded to disclosures and how they supported victims. Indeed, the *interplay* between both the historical time period and the role of the institution in families' lives was very relevant in shaping the ability of family members to respond by validating the victims' experience and providing emotional support.

2. The dynamics and impacts of adult disclosures suggest that disclosure is a complex process that is rarely a deliberate, willed or thought through decision; and that b) the support needs of adult survivors and their families change over the life course.

As noted in the broader research literature, the circumstances of adult disclosures are under-researched compared with research on the ways in which children and young people disclose. Adult disclosure has tended to be viewed as a deliberate 'decision to tell', which contrasts with the disclosures of children and young people (Tener & Murphy, 2015). However, this did not appear to be the case for the participants in our sample. Many adult disclosures were precipitated by crises and feeling overwhelmed or out of control. A key theme that emerged in the narratives of survivors and recipients of adult disclosures was that their stage of life was relevant both in how they disclosed, and in the support needs of victim/survivors and their families.

Different factors precipitated disclosures in young compared to mature adults. Disclosures by young adults (18-23 years) occurred in the context of key life transitions, such as finishing high school, beginning university study, leaving home, starting full-time work or entering into an intimate relationship. Parents of survivors described the impacts and the financial, mental and emotional support their son or daughter needed.

Disclosures that occurred in later adulthood (40–60 years) were mostly made to partners, particularly male survivors to their female partners. Factors that triggered disclosures included:

- increased conflict and tension in parenting roles
- added pressure at work; for example, a changed role or increased responsibility
- increased alcohol consumption.

3. The impacts of disclosure and the ways in which family members supported victims were mainly influenced by the nature of the relationship between victim/survivors and individual family members rather than family dynamics per se.

Arguably, the most influential aspect of how disclosures impacted family members and family relationships in the long term was the nature of the relationship between the victim/survivor and the family member. In particular, the parent/child relationship and the partners' relationship were key to shaping:

- the effect of disclosure on victim/survivors and family members
- responses to disclosure
- the support provided in the family
- the identification of the support needed.

4. Family members' positive responses and support for victims/survivors did not do *more harm* to victim/survivors, but neither did it ameliorate or mitigate the myriad negative effects of sexual abuse or the impact of negative institutional, service or social responses to victims generally.

Even when family members responded to disclosures by children in ways that provided validation, emotional support and protection, victim/survivors still experienced poor mental health, poor physical health, social and emotional withdrawal, difficulty engaging in study, and, in the longer term, difficulty with interpersonal relationships. Families with adult disclosures have similar experiences.

Findings relating to the research questions

The impact of institutional child sexual abuse on families of survivors

All participants described the ways in which the sexual abuse had negatively impacted on:

- mental and physical health
- levels of tension, anxiety and conflict in the family
- long-term relationships with family members, including with extended family such as in-laws and cousins
- marriage and partnerships
- victim/survivors' education and employment opportunities as a result of traumatic stress
- social connectedness.

The impacts of disclosure in childhood compared with adulthood differed in several ways. A key difference was the importance of understanding and meeting the developmental milestones and needs of children who disclose.

The main issues for parents whose children disclosed in childhood were anxiety about the parental role and changing their parenting practices in light of their child's experience of sexual abuse. In contrast, the major theme for family members of victims who disclosed in adulthood was concern for the victim's wellbeing and supporting their needs.

Victims who disclosed in childhood described long-term resentment and conflicted feelings towards family members who responded poorly to the disclosure.

Adult victim/survivors sometimes described feeling responsible for shattering the world of the parents or partner by revealing previously unknown information.

The role of family members and intra-family dynamics in supporting child and adult survivors

Differences between adult and child disclosures relate to whether the disclosure was intentional. Although in many instances, adult disclosures were triggered by a crisis rather than being a deliberate

decision to disclose, they were more direct and explicit about the fact sexual abuse had occurred. In contrast, children were more likely to make partial disclosures, or the sexual abuse might be discovered by another party or revealed during direct questioning. These differences suggest that parents can be supportive by recognising that something significant is being disclosed. Many victims who disclosed in childhood described feeling that they hadn't been heard or supported by those they disclosed to.

In the longer term, many of the issues relating to the role of family members who are supporting child or adult survivors of child sexual abuse are the same. This may be because of the significant influence of the relationship between victim/survivors and recipients of disclosure. For example, the quality of the caregiving and the support role of parents appear to be more influential than the age of disclosure per se.

The support needs of families of survivors that disclose in childhood and families of survivors that disclose in adulthood

There was considerable overlap between the experiences of getting support for victim/survivors and family members, no matter whether the disclosure took place in childhood or adulthood. Although a number of victim/survivors and their families had positive experiences getting help and accessing support services, this was not easy to achieve and resulted either from good luck or persistence.

Parents with mature minors and young adults who were victim/survivors sometimes felt 'cut out' of the service response due to confidentiality and privacy issues. Parents of children who disclosed wondered about the magnitude of support – was it too much or too little – and what would be the long-term effect of acting (or not acting).

The overlap between the needs of victim/survivors and their family members was considerable, no matter whether disclosure occurred in childhood or adulthood, and included:

- the many types of therapeutic (e.g. trauma counselling, mental health support) and non-therapeutic support (e.g. financial counselling)
- support that is customised for the victim/survivor and their family and is mapped out over the long term.

Parents of children who disclosed talked about the importance of support during developmental milestones. Parents of young people were concerned about support during transition milestones, such as forming healthy relationships, leaving home, finding work and studying. Adult victim/survivors wanted support with long-term employment opportunities and managing their health, and their families wanted help supporting the victim/survivor while they decided if and how to communicate their experience to others (for example, their children).

Role of the relationship with the institution

The key elements of the relationship between the victim and the institution linked to the sexual abuse (which may have mediated after its disclosure) include trust; whether the institution is a form of family and/or community; the response of the institution to the disclosure of child sexual abuse; its institutional or collective power versus the individual family; and the betrayal or abdication of the authority people invested in the institution.

Participants' trust took a few forms; it could centre on religion, faith, prestige or reputation, and what they could expect from that institution. Trust was also linked with the reciprocal nature of having close bonds with an institution. Families and victim/survivors recalled experiences with institutions minimising the sexual abuse or denying it took place, vilifying the victim, shutting down

communication, and/or rejecting requests for support. These experiences added to the trauma that victim/survivors and their families experienced.

Participants who grew up in families where the institution, usually religious, was an overarching presence were often overwhelmed by the need to prioritise that presence. They experienced a sense of powerlessness and worthlessness in the face of what was often represented as an unambiguously moral authority, and positioned not only as victims of institutional child sexual abuse, but without an alternative understanding, as also somehow responsible for that abuse in the absence of any alternative understanding.

Some participants experienced a 'David and Goliath' dynamic with the often powerful and well-funded institution that left them feeling powerless and small. The institution they had invested in and trusted had overwhelmed them with the scale of its response, trying to silence, intimidate or threaten them.

Implications

We identified actions that support services and systems can take to improve responses to victim/survivors and their families.

Conceptualise disclosures and their impact within relationship, institutional, community and cultural contexts

Disclosure as a relational process between people involves not only the relationship and interactions between a victim/survivor and a recipient of the disclosure but interplays between:

- family dynamics and family structure
- the role and meaning of the institution
- the social and cultural context
- these elements, which change over time, both in terms of developmental stages and transition points for the family and in terms of the broader socio-cultural attitudes and responses to child sexual abuse.

Understanding the implications helps with understanding the important role support services, such as those that assist with information and advocacy for negotiating legal redress, peer support networks and community education campaigns, can play in assisting families in the long term.

Work within a family systems framework

Many participants in our sample had multiple family roles or identities; they were often parents, partners and sons or daughters. This means that the effect of disclosure on family relationships cannot be categorised according to being a 'victim/survivor' or a 'family member', but are equally informed by, for example, being a parent. This is important for:

- understanding the relevance of support services at different times within families' life cycles
- how family members will prioritise or make decisions about their support needs, which often takes place through the lens of their family role
- the needs of specific family members when engaging support services on behalf of or together with the victim/survivor. Thus, parents may need to be kept informed about how things are progressing with a son or daughter who is a victim/survivor or to have joint counselling or support sessions.

Take a developmental life course perspective and tailor comprehensive services

The support needs of all family members change over time. Participants made a key point that they need support to be targeted at their current life stage; for example, year 12 study and transition to university, dealing with aging parents, health and disability issues, or retirement. They also said access to the support should be flexible and ongoing.

Work within a trauma-informed framework

The experiences of family members and victim/survivors suggest a ‘patchy’ understanding across service systems about the nature and impact of child sexual abuse. As noted in recent reviews, Australia is increasingly exploring the ways in which an understanding of trauma can be used to redesign the responses of service systems to ensure they are not re-traumatising victim/survivors and their families (Quadara, 2015; Wall, Higgins & Hunter, 2016).

1 Introduction

1.1 Project overview

In 2013, the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) engaged the Australian Institute of Family Studies (AIFS) to undertake a qualitative study exploring the effect of disclosing institutional child sexual abuse on survivors and their families. The Royal Commission was particularly interested in exploring the different trajectories and outcomes of disclosure of institutional child sexual abuse made in childhood compared with those made in adulthood. It also wanted exploration of the characteristics of each type of disclosure to enhance responses and services for survivors and families following disclosure. The Royal Commission was particularly interested in the:

- decision of survivors of child sexual abuse to disclose to family members
- initial response to the disclosure (including failure to recognise the disclosure)
- longer-term impact of the disclosure on survivors and family members
- recovery of the victim/survivor.

The research team undertook 50 in-depth interviews with survivors and family members to explore the above issues. Four different groups were interviewed to provide different perspectives, including:

- survivors of institutional child sexual abuse who disclosed in childhood (aged under 18)
- survivors of institutional child sexual abuse who disclosed in adulthood (aged over 18)
- individuals who had an adult or child family member disclose institutional child sexual abuse to them.

Participants were asked about:

- the context or circumstances in which survivors told family members about the institutional child sexual abuse or how family members were told about the abuse
- the family environment and relationships before and after disclosure
- the role and/or meaning of the institution for the family before and after disclosure
- what happened after disclosure – to the survivor and to family relationships, including assistance received
- what support was/is available and what would make a difference
- what is happening for the survivor and for family members now.

Project rationale

As the Royal Commission noted, dynamics between survivors and their family members can be critical to the decision to disclose. The response of family members to disclosure can have a lasting impact on the survivor and family members. In addition, family members themselves can experience a range of negative emotions, including distress for the victim, uncertainty about how to best support the victim, guilt about not preventing the abuse from occurring, as well as coming to terms with the long-term effects of sexual abuse as a family. However, as the Royal Commission noted, the impacts for families are relatively under-researched, specifically:

- much of the research has focused on the family dynamics when sexual abuse is disclosed during childhood rather by adult survivors
- limited research is available on the role of family dynamics in childhood and adulthood disclosure of sexual abuse that occurs specifically within an institutional context; and
- the nature of the pre-abuse relationship between the institution and the survivor's family (for example, institution as service provider versus the institution as a form of community) and the role that relationship plays in family responses to disclosure of child sexual abuse.

This project was conceived as an exploratory investigation of these research gaps.

Participants

Fifty people participated in the research, representing 33 unique family groups. Of the interviews:

- 18 involved a single participant
- 10 involved multiple family members. The largest family group with whom an interview was conducted involved five participants.

Overall, more males participated as victim/survivors (n=15) compared to females (n=4):

- of the six participants who talked about childhood disclosure only one was female
- three female victim/survivors discussed adult disclosures compared to males (n=10).

Conversely, more females participated as family members who were recipients of a disclosure (n=21) compared to 10 male participants. This difference was particularly notable regarding disclosures in adulthood, with only four men participating as family members receiving an adult disclosure compared to 12 females.

Thirty-three disclosures were explored in the interviews:

- 14 involved child disclosures
- 19 involved adult disclosures.

Appendix 1 provides more detail about the participants and the circumstances of their disclosure.

1.2 Research background

The notion of 'barriers to disclosure' – that is, factors that inhibit victim/survivors of sexual abuse from telling personal and professional others about unwanted, distressing or frightening experiences, particularly at or near the time it is occurring, is generally well accepted in both professional and lay communities. A significant body of research has explored victim/survivors' experiences of telling someone about their sexual victimisation, the positive and negative reactions involved, and the impact of social reactions.

This research has yielded important insights into factors survivors identify as barriers, as well as identifying consistent characteristics of positive social reactions from others, such as believing the survivor, being non-judgmental and validating the person's experience. However, the focus on barriers and reactions to disclosure tends to imagine disclosure firstly as an event and secondly as a purposeful, deliberate revelation. Other research, particularly research with children and young people who have been sexually abused, finds that disclosure is less an event than a process and the disclosure itself (what is expressed) may be fragmented, partial or oblique. The recipient of the disclosure may not hear what is said as a disclosure of sexual abuse or be aware that they are in fact hearing or seeing a disclosure.

Thus, this research suggests that disclosure is fundamentally relational and is also firmly located within specific interpersonal, community and social contexts.

However, there are gaps in this literature. Intrafamilial dynamics and their role in the process of disclosure and its outcomes – particularly for adults – is under-researched relative to knowledge about how *children* disclose sexual abuse and the role of non-offending caregivers (particularly mothers) in that process and its outcomes. In addition, disclosure of institutional child sexual abuse is also under-researched. People can have deep ties with and expectations of particular institutions, such that they are part of someone's identity and community life. In these contexts, the impacts of disclosure are likely to be wrapped up with that relationship. Finally, the long-term ripple effect of the abuse and of telling or hearing about sexual abuse on relationships – familial and intimate – is also under-researched. There is limited research examining how families – couples, children, siblings – make sense of, and move into, an altered reality following disclosure of institutional child sexual abuse.

The key focus of this research project is to explore the experiences and impacts of disclosure of institutional child sexual for survivors and families of survivors. This means understanding family contexts prior to the disclosure, how telling or learning about the abuse took place, and exploring its effect on family relationships in both the short and the longer term.

1.3 Report structure

There are six chapters:

- Chapter 2 explores how disclosures of child sexual abuse occurred.
- Chapter 3 examines how disclosures of sexual abuse impacted the families of survivors.
- Chapter 4 explores how families were – or were not – supportive of victim/survivors in responding to disclosures and in the longer term.
- Chapter 5 explores relationships between families and institutions and their significance to the impact of institutional child sexual abuse.
- Chapter 6 considers the support needs of families of survivors.
- Chapter 7 synthesises these findings to consider what they suggest about how to enhance service responses for victim/survivors and their families.
- Appendix 1 provides information about participants and the context of disclosure.
- Appendix 2 provides information about the project's methodology.

2 Research methodology

2.1 Research questions and aims

This project explored four key research questions:

1. What is the impact of institutional child sexual abuse on families of survivors who disclose in childhood and families of survivors who disclose in adulthood respectively? How is this impact mediated by intra-family dynamics?
2. What role do family members and intra-family dynamics play in supporting child survivors and adult survivors respectively?
3. What are the support needs of families of survivors who disclose in childhood and families of survivors who disclose in adulthood respectively?
4. What are the different types of relationships that families have with institutions in which children have experienced institutional child sexual abuse? How is the impact of child sexual abuse on family members and family dynamics mediated by the familial relationship with the institution?

The key aims of the research were to:

- understand the different trajectories and outcomes of disclosure of institutional child sexual abuse made in childhood and those made in adulthood
- consider, in light of the research findings, how support, service and other responses could be enhanced following disclosures in these different time periods.

2.2 Research design

Conceptual factors

The overall research design is informed by our understanding of:

- disclosure as a relational, ongoing process
- the importance of ensuring that any therapeutic or service interventions provided for adult survivors include underlying principles that research has identified as fundamental needs for victim/survivors, such as respect, a sense of safety and being believed (Quadara, Higgins, Lykhina & Wall, 2013).
- trauma, healing and recovery for survivors of sexual victimisation, particularly the importance of being able to reconnect with self, family and community, and being able to integrate the experiences of victimisation
- the importance of varying dynamics in families, such as:
 - functioning in the survivor's family of origin and own family
 - the impact of parents' own histories of trauma on their parenting capacity and reactions to a survivor's disclosure of institutional child sexual abuse
 - characteristics in the family of origin that support or discourage disclosure and appropriate or inappropriate responses to disclosure
 - characteristics in the survivor's own family that support or discourage disclosure and appropriate or inappropriate responses to disclosure
 - connections between the survivor's family and the institution in which the abuse occurred that may support or discourage disclosure and appropriate or inappropriate responses to disclosure

- the ethics of undertaking research with survivors, particularly in terms of maximising a sense of control and choice, the importance to a victim/survivor of being an active participant in telling their story, and the balance between recognising the potential for re-traumatisation through participation in research and the desire many survivors have to share their experiences for their own healing or for improving outcomes for others (Clark & Quadara, 2010).

Methodological factors

After considering the identified research gaps, the aims of the research and the exploratory nature of the research questions, an inductive qualitative research design was selected. Inductive research designs build an understanding of social phenomena on the basis of patterns, themes and concepts as they emerge. Deductive designs usually seek to empirically test already determined concepts.¹ Inductive designs are particularly well suited to small-scale exploratory studies in which the aim is to develop rich, detailed understandings of under-researched areas and to consider the implications of these detailed understandings for the issue more broadly.

In terms of the type of data to be collected, in-depth qualitative interviews were selected as the best way of exploring the four research questions. Given the interest in understanding the familial relationships in which disclosure occurred and the trajectories for survivors and families following a disclosure, we selected a narrative interview structure.

A narrative approach to the interviews involves structuring the questions in a way that captures:

- personal and human dimensions of experience over time
- the relationship between individual experience and cultural context
- the kinds of stories told in response to the questions.

Three key features of a narrative approach are:

- chronology or temporality, that is, the temporal sequencing of events
- understanding the meaning of these events for individuals, such as which of the events were the most significant and how they affected other events
- the social implications of these narratives, that is, what do they tell others about the issue and what is important (Elliott, 2005).

These three features are very useful for exploring how disclosure and consequences unfold and subsequent trajectories and outcomes. A narrative approach is also well suited to exploring the complex dynamics of disclosure, which, as noted, is a non-linear process involving both a teller and listener, and where the interaction between telling and listening or hearing can affect subsequent events and decision-making (for example, survivors' attempts to seek more help).

Loosely structured, narrative approaches are also highly appropriate when asking people to recount difficult, distressing experiences such as sexual abuse, as it gives them autonomy to tell about their experiences in their own ways – using their own words and at their own pace.

¹ In practice, there are no 'pure forms' of inductive or deductive research. Inductive research still requires some degree of *a priori* ideas to assist in shaping research questions or informing analysis; deductive research is still responsive to issues as they arise in the field.

2.3 Research components

There are three components for the project:

1. a literature review
2. in-depth narrative interviews with survivors of institutional child sexual abuse who had disclosed to family members and family members who were recipients of such disclosures
3. synthesis of findings within the broader research context.

These are briefly described below.

Literature review

We reviewed the research literature in two stages. First, we undertook a preliminary review to synthesise the research literature in relation to:

- barriers for children, young people and adults disclosing sexual victimisation
- patterns, processes and factors influencing how people disclose their experiences and the reaction of others
- dynamics of institutional child sexual abuse particularly factors affecting disclosure and responses to disclosure
- help-seeking pathways
- gender differences following disclosure
- family dynamics and relationships following child sexual abuse.

An initial search was undertaken in the largest online social science databases using the following selection of keywords:

- ‘child sexual abuse + disclosure’
- ‘institutional child sexual abuse + disclosure’
- ‘family dynamics + child sexual abuse’
- ‘family dynamics + disclosure’
- ‘adult survivors + disclosure’
- ‘adult survivors + child sexual abuse + disclosure’.

Emerging themes included barriers to disclosure in children and young people, family dynamics following disclosure, patterns of disclosure, institutional child sexual abuse factors affecting disclosure, and subsequent help-seeking.

A more targeted review of the literature occurred following data analysis to better understand the emerging issues and salient themes in the interviews. Discussion of this research occurs where relevant within the analysis and synthesis chapters. We also reviewed case studies and transcripts that have been published by the Royal Commission with the aim of understanding more about the underlying concepts.

Qualitative interviews

The second component was qualitative interviews with two participant groups (each with two subgroups):

- Group A: Adult survivors of ISCA who disclosed in childhood and those who disclosed in adulthood
- Group B: Adult family members (including family of origin and partners/spouses) of survivors who disclosed institutional child sexual abuse in childhood and those who disclosed in adulthood.

Across both Group A and Group B, we aimed to include a diverse sample with characteristics such as:

- a range of ages (trajectories following disclosure may be at different stages and different experiences depending on the survivor's age)
- rural/regional communities (to consider the impact of community on the experience of disclosure)
- diverse institutional settings.

Approach to interview structure

Using a narrative approach, the interviews explored topics such as:

- the context or circumstances in which survivors told family members about institutional child sexual abuse or how family members were told about the abuse
- the family environment and relationships before and after disclosure
- the role and meaning of the institution for the family before and after disclosure
- what happened after disclosure – for family relationships, for the survivor, for help-seeking pathways
- what support was/is available and what would make a difference
- what is happening now for the survivor and their family members.

The aims of the interviews were to:

- understand the experiences and impacts of disclosing institutional child sexual abuse for survivors and their families, and the factors that mediate this
- explore the different trajectories, outcomes and impacts of disclosures that occurred in childhood compared to those that occurred in adulthood
- consider the factors that may mediate the trajectories and outcomes, such as the relationship between families and social institutions.

Recruitment strategy

Participants were recruited through national and state networks focusing on Victoria, New South Wales, Queensland, Western Australia and the Australian Capital Territory. Consideration was given to the possibility of more people wanting to participate than the required number. To manage this, recruitment happened in two stages. First, participants were recruited by targeting a select number of services that provide support for survivors of sexual violence in each of the above jurisdictions. Selection of these services was done in consultation with the Royal Commission's Community Engagement team and with the services themselves to determine what would be the most appropriate strategy. In most cases, support services directly referred people to the Australian Institute of Family Studies (AIFS) by providing their email addresses, facilitating an introduction (for example, via email) or arranging a time to undertake the interview. While concerns are sometimes raised about the ethics of services facilitating research introductions, the other perspective is that such services are best placed to introduce the research to people who are at a safe stage in their recovery process. They can also provide follow-up support to participants. If sufficient numbers were not reached we had considered using broader distribution channels such as AIFS e-alerts to advertise the project. This second stage was not necessary.

Plain language and accessible communication material about the project, its purpose, who we would wish to speak to and researchers' contact information was developed with the input of the research advisory group. This included flyers and a plain language statement.

Approach to data analysis

We used thematic analysis both vertically (within transcripts) and horizontally (across transcripts) with a view to developing a narrative about the impact of disclosure and subsequent trajectories. We analysed the data, focusing on exploring the chronology of events, what this meant for participants, the outcomes and other key themes relevant to answering the research questions. The analysis involved mapping key trajectories (regarding relationships and outcomes) for:

- survivors who disclosed in childhood compared to those in adulthood
- family members as recipients of child compared with adult disclosures
- different types of family relationships (for example, where the survivor is a parent, spouse/partner or child).

Considerations in the analysis include the time frames (including when the abuse occurred and when the disclosure occurred), the type of institution in which the abuse occurred and the relationship between the family and the institution, and the range of support services available.

Synthesis

This component brings together the findings from the literature review and from the qualitative interviews with all participants. The data analysis explores the chronology of events, what this meant for participants and the outcomes and other key themes relevant to answering the research questions.

2.4 Ethical consideration

Reflecting on the experience of sexual assault creates potential for victim/survivors and their families to experience shame, embarrassment, fear and humiliation in the course of discussing their abuse and this may distress them. Feelings and thoughts of self-blame can be particularly powerful for victim/survivors. With this in mind, the open-ended interview format allows participants to control the information they share and the manner in which it is discussed. Conversely, victim/survivors may also feel empowered by sharing their experiences if the research process is built on safety, respect and sensitivity. The project methodology was reviewed by the AIFS Human Research Ethics Committee, which is constituted under the National Health and Medical Research Council's National Statement.

Building ethical practice into the research process

We built procedures and protocols throughout each of the research stages.

Recruitment

Research with survivors of sexual abuse and affected family members must be informed by awareness of the highly sensitive nature of the issues and the potential to do harm through the research. This awareness informed all stages of the research. As such, the recruitment strategy was underpinned by the following principles:

1. **Maximise sense of agency, choice and control** – Sexual abuse is inherently disempowering. The often hidden nature of the abuse and the reactions of others can further silence and disempower victims. Thus, maximising participants' sense of agency is key. We did this in the following ways:
 - We made recruitment 'opt in'. This enabled people to decide on their own terms whether they would like to participate. Where information came through survivor support and service

networks, workers may have provided the information about the research and subsequently discussed the implications or risks with clients. A key part of this was the development of accessible, clear recruitment flyers, which was done in consultation with the research advisory committee.

- We offered a variety of formats for participation. While face-to-face interviews can be easier for some, others prefer less intimate or direct forms of communication, such as using the telephone or a platform such as Skype. Multiple formats also provided avenues for participants with speech difficulties or those who live in remote locations.

2. Build in referral to other sources of support as an inherent part of recruitment. We did this in the following ways:

- We facilitated access to services for those not already linked. Not all participants were linked to support services. As part of the initial contact with people interested in participating, researchers discussed whether they had established connections with support services or whether they required such connections. The team were familiar with the range of services available in Australia and have direct relationships with many providers to enable a ‘warm referral’, either by directly connecting with the person, or by providing detailed information about who to call and the nature of the services available. Where such a referral was made, AIFS researchers sought the potential participants’ consent to recontact them within a week to see whether they had made contact with the service or required further information.
- We used research staff who were experienced in responding to enquiries from male and female survivors of sexual abuse and had protocols in place for managing particularly distressed enquirers. AIFS researchers are experienced in responding to a range of enquiries and have developed a manual for responding to distressed or agitated callers, and to email enquiries that suggest distress. There are also protocols for alerting research supervisors. A number of AIFS researchers are trained clinicians, providing an additional emotional safety.

During field work

Given the sensitive and potentially upsetting nature of the material, strategies were in place to ensure that participants had access to appropriate support during and following the interview (such as their counsellor from a support agency. If a participant couldn’t access their own counsellor, referral details for other appropriate services were provided). Participants were also able to request the presence of their counsellor or other support person in the interview. With the consent of the participant, we provided a follow-up email or phone call a few days after the interview.

Fieldwork materials contained a consent script so that interviewees knew what they would be asked about (which was also on the recruitment flyer), and clear statements about taking breaks throughout the interview.

Participants were offered the option of a female or male interviewer.

AIFS also has internal practices to support staff through the research process to ensure their emotional wellbeing and encourage self-care practices. These supervisors also provide support and supervision to the researchers.

In addition, AIFS staff included three psychologists with clinical expertise who were informed when interviews were scheduled to occur, to ensure at least one of them was available as an immediate support channel if required.

Data security

Interview data was collected electronically on encrypted, password-protected voice recorders and transferred to MP3 storage devices. All voice recordings were deleted and only electronic text copies were kept. Transcriptions were stored electronically and in compliance with the Commonwealth Government Guidelines and AIFS policy. Electronic files were held in a password-secure folder and stored indefinitely as the data may be used to inform future research projects, publications and/or presentations. Physical copies of the transcripts were destroyed in a secure destruction bin provided at AIFS.

All transcripts of interviews were de-identified. Lists of participants and the pseudonyms created for them were kept separately and were only accessible by the research team.

Advisory group

We also suggested convening an expert advisory group for the duration of the project comprised of professionals working in sexual assault, child safety and family support services. The role of this group was to:

- assist with refining the concepts of ‘trajectory’ and ‘outcomes of disclosure’, which can be influenced by age, gender and other characteristics
- provide guidance on the ethical requirements and protocols to enhance participant autonomy and safety
- provide a therapeutically-informed perspective on implications about survivors’ and families’ support needs.

3 Ways of telling, ways of hearing: contexts, processes and reactions to disclosures of institutional child sexual abuse

3.1 Overview

The Royal Commission was particularly interested in the trajectories and outcomes relating to the decisions of survivors of child sexual abuse to disclose to family members, and family members' initial responses to the disclosure (including failing to recognise the disclosure). This chapter focuses on these areas.

As noted in the introductory chapter, a significant body of literature has explored how children and young people disclose sexual abuse and the barriers to disclosure for both child and adult survivors. Although the literature exploring the disclosure processes of children and young people shows some differences, common stages are:

- **pre-disclosure** – recognising the incident as wrong; seeking validation from significant others about this perception; confusing and ambivalent feelings about the offender or the incident; behavioural changes
- **overcoming barriers** – including fear of disbelief; fear for one's safety; shame; lack of safe, confidential spaces to disclose; lack of interpersonal or institutional support
- **initial disclosure** – may be partial or indirect
- **reactions to disclosure** – the responses of significant others may determine whether the victim reveals more information or withdraws and may also influence the victim's strategies for seeking support
- **support-seeking behaviours** – can include seeking validation or confirmation of the nature of the events, feelings or experiences they have revealed; seeking emotional support; wanting to be removed from the abusive environment; wanting adults or authority figures to do something about the abuse
- **post-disclosure responses** – involves support for victims, caregivers and significant others both in the aftermath of the disclosure and in the long term (Alaggia, 2004; Astbury, 2006, 2013; Quadara, 2008; Staller & Nelson-Gardell, 2005).

Although research examining how adult survivors disclose sexual abuse is more limited, it does show that disclosure is less of an event and more of a process (Tener & Murphy, 2015), as does research on adult sexual assault victims (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Lievore, 2005).

Researchers caution that disclosure is not a linear process; victim/survivors do not move through the stages sequentially. Instead, the process can be fragmented, with disclosure occurring over days, weeks or months. The reactions of others can derail further attempts at disclosure in the short term, but it may arise again several years later. A sense of crisis or being out of control can trigger a full disclosure. Indeed, the qualitative literature on survivors points to disclosure as highly fraught, characterised by ambivalence and tension between 'wanting to tell' and 'not wanting to tell', and the creation of a 'pressure-cooker effect' for victims as they attempt to 'contain the secret' (McElvaney, Greene, & Hogan, 2012).

A second element emphasised in the research is the interactional nature of disclosure:

When the term disclosure is understood as the act of a child telling someone, it is conceptualized as a one-way process, as individually generated transmissions of information ... Such a unidirectional view does not recognize the relational and social-interactive context of disclosure ... disclosure develops through an interplay between children's signs and expressions and the reactions of the adults around them. Children receive information on how adults respond to them, they process and evaluate this information, and they base their reactions on this. Disclosure can therefore better be seen as imbedded in dialogue, as an interpersonal and interactive process between children and adults. (Reitsema et al., 2015, p 2)

Thus, disclosure is a complex *relational* process that involves a victim 'telling about' and a recipient 'hearing about' or 'listening to', which is influenced by the nature of the relationship between victim and recipient, the relationship to the perpetrator and the broader family context.

In our sample, relationships varied between victim/survivors and family members to whom they disclosed. Given the relational nature of disclosure, it is important to note that:

- participants who were recipients of disclosure were mostly parents (particularly mothers), with smaller numbers of partners, siblings or children
- participants who were victim/survivors had disclosed to a more mixed composition of family members that included parents, partners and siblings.

This shows that our sample represents a variety of different family relationships and dynamics. In addition, victim/survivors who disclosed in childhood, shared accounts of disclosing to family members between the 1960s and the 1980s. These accounts can be contrasted with those from family members who talked about receiving a child disclosure between the 1980s and the 2010s. These characteristics influenced how disclosures occurred and the responses of family members. The following sections explore:

- how disclosures occurred
- the barriers to disclosure
- what victim/survivors were hoping for when they disclosed
- the initial reactions and responses of family members who received a disclosure.

3.2 How did disclosures occur?

Disclosures occurred in many ways. Participants described disclosures occurring as:

- **indirect disclosures and 'trying to tell'** – for example, by refusing to spend time near the perpetrator; indicating dislike of the perpetrator; or indicating that something had happened with the perpetrator (for example, the perpetrator had touched them inappropriately)
- **responses to direct questioning** – which occurred when the victim's behaviour, demeanor or temperament changed, prompting family members to question the reasons for this change
- **discovery** – which occurred when family members witnessed the perpetrator's suspicious behaviour or saw injuries suggesting some kind of assault. This also occurred when victims themselves were told by family members that they had been abused (but had suppressed the memory) or when family members revealed that they had known the abuse had occurred
- **triggered by a crisis or 'pressure-cooker' context** – in which the victim could no longer contain the secret of the sexual abuse
- **an explicit, deliberate statement** – by the victim/survivor that they had been sexually abused.

Disclosures made in childhood tended to be indirect disclosures, responses to direct questioning or through discovery. Disclosures made in adulthood tended to be triggered by a crisis or pressure-cooker context or were an explicit, deliberate statement. However, the modes by which disclosures occurred were not mutually exclusive. For example, an indirect disclosure could trigger direct questioning, particularly by parents, which would elicit a more direct disclosure. In addition, in childhood a victim/survivor may have made indirect disclosures to a parent or parents and years later made an explicit deliberate statement. Participants' experiences are described in the following sections.

Indirect disclosures

A number of victim/survivors described how they had tried to tell a family member about the abuse that was occurring by indicating dislike for activities and settings associated with the perpetrator:

There might be some discrepancy in terms of what I think I said at what time and what my parents think I said at what time. I felt like I had raised it about a year and a half [after the abuse]. I kinda bottled it up. I did – I had expressed that I didn't want to attend the school anymore. But I was afraid to give the reason at the time. So like not too far after what had actually happened I said "I don't want to return". (Mitchell, 40s, victim/survivor, childhood disclosure)²

I had earlier than that mentioned things that had happened. Like particularly I had said things like "I don't want to go there anymore" you know. "Why do we have to be babysat by them?". "I'd prefer not to go" and then she'd ask me and I said, you know. "He just does stuff I don't like". My sister actually mentioned to my mum as well. But when I look back at the conversations I had I don't know that I deliberately said, "This is what he did". But I just – I felt that I'd made it clear that I didn't want to go there anymore. It wasn't someone I wanted to be around. (Sonya, 40s, victim/survivor, childhood disclosure)

Mitchell and Sonya are both describing their attempts to tell their parents that something was happening without being explicit about what it was. Mitchell's attempts exemplify the fear that children may experience when trying to disclose directly. Sonya's uncertainty stemmed from her mother's very close involvement with the institution in which the abuse took place. These accounts show interplay between telling and listening and how in this context there was a disconnect between what they were trying to tell their parents and what parents heard.

Family members were also able to see, in retrospect, that the victim/survivor was telling them about sexual abuse. Here, Kelly shares her initial response to Jaspar's attempts to disclose:

We'd had a conversation about Facebook and I'd said, you know, "There are men out there Jaspar who you know, do terrible things to children and you've got to be really careful 'cause this is how they access children". And he said, "Mum, women can be paedophiles too", and I remember instantly saying, "Oh don't be ridiculous Jaspar, a woman would never do anything like that, it's men you have to worry about". Like that happened twice and he said when he was telling me, "I tried to tell you Mum", he said, "I tried to tell you twice, I tried to tell you and you just wouldn't listen to me". (Kelly, 60s, mother of a victim/survivor who made a childhood disclosure)

Other family members noted how their child no longer wanted to participate in activities they loved, such as competitive sport, and they now understood it was an effort to stop the abuse.

Victim/survivors of sexual abuse demonstrate that the process of disclosure can take several attempts, which may be facilitated by direct questions, but may also be discovered without disclosure or take the form of disclosures in which the victim/survivor thinks they have disclosed yet the recipient does not

² All participants in this research are referred to by pseudonyms.

hear this as a disclosure. These diverse ways of telling can impact the degree to which the recipient is aware that a disclosure has occurred, which affects their ability to support the victim/survivor.

Responses to direct questioning

Direct questioning was a strategy parents often used with their child after noticing a concerning change in behaviour. Kelly had noticed that Jasper was not as excited about his boarding school as he had been. He had begun to express a desire to spend weekends at home:

So I think the next weekend Jasper was home and it just felt really hard talking about this but anyway he was at home and we were sitting down having dinner and he was sitting across the table from me and I said, "Oh Jasper I haven't heard you talk about [perpetrator] lately", I said, "you know", and he went oh, just grunted, and he's a very articulate little boy, he doesn't grunt. And I kept asking him and I said, "Well you know, is she there at the school" and he said, "I don't know, dunno". "Well you must know, is she there or isn't she there", like and he sort of looked up at me and he said, "She's gone, she's been sacked" and I went, "Oh my goodness, like what happened?" And then he just – he said, "Do you want me to tell you what happened?" (Kelly, 60s, mother of victim/survivor, childhood disclosure)

Kelly's direct questioning led to a disclosure by Jasper. Similarly, Olivia and Alex had seen a change in their son Damian, who was also attending a boarding school:

It got to the point where we actually decided to give him an ultimatum that he had to tell us what was wrong or that he could come home so (indistinct) school. He came home sick from school, we picked him up, he came home sick and Alex was out and I just – I guess I had him cornered and I wasn't going to let him off with all of the (indistinct) that he'd been (indistinct) me away, I actually forced him to tell me what had happened and I heard and I was violently ill after he told me what had been going on. (Olivia, 40s, mother of victim/survivor, teenage disclosure)

Direct questioning may be a function of the parental role rather than a factor in the process of disclosure. A number of parents described the interaction between what could be seen as an indirect disclosure and subsequent direct questioning, which resulted in an explicit statement (as indicated by Kelly and Olivia) or, in the case of younger children or children with cognitive disabilities, responses that suggested abuse. For example, Ruben noticed changed behaviour and a scratch on one of his daughters who was a toddler. Through questioning, Ruben learnt that Sophie had been attacked by an older girl. The full extent of what had occurred emerged in pieces over the following days. Another parent, Nancy, described how her son Paul came home from school using words she did not use to describe his bottom and penis. Nancy queried who was using these words and in what context. Paul told her it was a teacher at the centre, leading Nancy to suspect sexual abuse.

Discovery

Discovery is another way that family members find out about abuse. Discovery of abuse challenges the notion that abuse is always disclosed by the victim/survivor and demonstrates the complex factors at play in disclosure.

In the case of Amy, the decision to disclose was taken out of her hands by her perpetrator exposing the abuse to her family. Amy had been the victim of ongoing abuse from the age of 10 to 17:

And there was a knock on the door at about, I don't know – probably 8 o'clock at night and it was this priest with my sister. And he pushed her through the doorway and he said to me, "um, she's pregnant, she's your sister, you have to look after her"; and I guess that that's the disclosure? Yep, yes, it was very, very shocking. She was in a really bad state. I didn't know what to do, and you

know, in a, in a, in a moment like that, it's kind of like, well all these suspicions come together.
(Louisa, 50s, sister of victim/survivor, teenage and adult disclosure)

Tammy witnessed the abuse of her daughters through her kitchen window. Her daughters played in a park at the back of their property, and a brother from the local parish often walked there in the afternoons:

But this one particular afternoon, I looked out and he was sitting on a seat [with his] back to us and I could see that Tiffany was on his lap and he was tilting her backwards and I – something just told me that it was all wrong. It shouldn't happen. And um I called Lenny [her husband] straight away. We asked Tiffany, because Rebecca was too little, what was happening and she told us briefly that he was putting his hand in her pants and then he would give her lollies. (Tammy, 70s, mother of victim/survivor, childhood disclosure)

As noted earlier, discovery was not limited to family members finding out that a relative had been abused. Some adult survivors were made aware later that they had been abused, such as Ada, whose sister revealed during a phone call that they had both been abused when they were younger. This was a discovery for Ada:

Yep um, she just rang me up one Christmas like she does sometimes, and said – we were talking and all of a sudden she said – we must have been talking about it then for some strange reason um, “Do you remember he used to come in to our room and what he did?” And well that opened up the floodgates didn't it, yeah, 'cause I'd think I'd just buried it all yeah. And but that didn't make us any closer or anything and I just didn't discuss it again 'cause I was dealing with other stuff yeah. (Ada, 70s, victim/survivor, adult disclosure)

Discovery exposes the complex nature of disclosure and demonstrates the non-linear nature of telling and ways of trying to tell. The next section explores the contested and sometimes ambiguous nature of disclosure.

The process of disclosure can include complicating factors and for some victim/survivors a contested disclosure can mean not remembering the act of telling or being conflicted about how family members came to know about the abuse. Simon was abused at his place of worship and does not remember the process of disclosure that made his parents aware of the abuse:

I don't remember – I certainly didn't discuss it. My parents found out about it and I think shortly after the events happened, there were a number of other boys involved in the grooming and their parents got concerned, I don't know how they found out. I remember we had a meeting at the house of one of my friend's parents with everyone. They – and I said to them I didn't want my parents to know, but like they may have ignored that. (Simon, 40s, victim/survivor, childhood disclosure)

Simon's narrative of his disclosure remains a matter of contention and confusion for him and exemplifies the lack of control he feels in relation to his parents. Similarly, Derek does not remember disclosing abuse to his wife, but he has evidence that he did. This has caused Derek a great deal of anxiety, and he still engages in self-harm:

And I didn't know because what happened – see my wife died about 40 years ago and she had a diary. And I got hold of my wife's diary and it said – it had in it that I told – I said to her one day that I've been abused by [perpetrator]. And I was really cheesed off with myself. No, I don't remember, no. I can't remember. But I must've done because she wrote in the diary and she wouldn't write down – that down in the diary if she didn't know. But I was so mad with meself, I just went and burnt the diary straight away. I don't know why I did that. (Derek, 60s, victim/survivor)

'Triggered' disclosures: crisis and pressure-cooker contexts

A number of participants described disclosures occurring during times of increasing stress or conflict, leading to extreme or challenging behaviours. Family members – partners particularly – described behaviours and emotional reactions such as anger, impatience and aggression. Victims/survivors often said, particularly in hindsight, that they had felt out of control, unable to cope and had a sense of crisis. Family members described victim/survivors as showing abrupt and confusing behavioural changes that caused uncertainty, but which made more sense once a disclosure had been made.

James explains his behaviour, which had confused and alienated his partner. Their marriage was in jeopardy and James's eventual awareness of how his behaviour was affecting his family was a factor in his decision to disclose:

I was very aggressive and angry and virtually uncontrollable. Um, in particular in raising the kids. I would demand that they be (indistinct), that they do what I say, all that sort of thing. So we've had a lot of internal family difficulties because of my behaviour, which over those years wasn't fully understood by me and Naomi [his wife] was pulling her hair out to work out where this marriage was going. And, um, I think that she got to the point where she just had enough and she was going to leave because my behaviour didn't make too much sense. (James, 60s, victim/survivor, adult disclosure)

Nicholas also describes increasing, uncontainable pressure prior to disclosing to his parents:

Well, when I first told them, it was more just like I thought it would be a good chance just simply because – I mean there was a couple of things going wrong and then um, it was getting to the point where I was probably just literally a psychopath unless there was a reason for this. It was just very isolated um, bit of aggression, couldn't work. Um, uh, sort of anti-social behaviour. It was just kind of I think a time where it just kept building and building so I just thought probably – they should probably know why I'm – more, the way I am. (Nicholas, 20s, victim/survivor, adult disclosure)

Marlene similarly described how her husband's transfer to a new school and events related to sexual abuse at that school made him increasingly distressed and angry until, during questioning from her, he disclosed. They had been married for 30 years. External triggers combined with pressures from events such as a change of job, unemployment or illness frequently precipitate a disclosure in adulthood.

This sense of crisis and 'triggered' disclosures is somewhat different to the way adult disclosures have been framed in the literature, where adult decision-making is described as thoughtful, well processed and purposeful, (Tener & Murphy, 2014). Tener and Murphy note that it is not clear whether 'other forms of disclosure, such as disclosing the story unintentionally to a recipient after being triggered or overwhelmed, can also occur in adulthood, (2014, p 395). Our findings suggest that this is the case for many adult disclosures. Some victims did not make the connection between their distress, anxiety, anger or feeling of pressure building until something pushed them to do so. This can lead to questions, uncertainty or regret following disclosure. Mark expresses his uncertainty at the external pressures that led to his disclosure and his subsequent doubts at telling his current partner, Debbie:

And I felt so um, alone in uh, you know, I've been battling with an insurance company and they've been assholes and that's just the way things have panned out last couple of years. It's just – and I'm sometimes wondering whether that was a catalyst too for me to you know to report it, you know? (Mark, 50s, victim/survivor, adult disclosure)

Mark has not told his first wife or his children about his abuse and because of his uncertainty, he is unsure if he ever will.

3.3 Barriers to disclosure

Although all the victim/survivor participants have disclosed, at times they had faced quite significant barriers to disclosure, such as family dynamics, fear and the role of gender.

Family dynamics

For some victim/survivors, the barriers to disclosure related to their family of origin and difficult family dynamics, including poor conflict resolution, violence, poverty and disrupted bonding.

In order to disclose institutional child sexual abuse children and young people look for an empathetic and caring response. Young children, if they are to disclose, will often do so to a parent, however if the parental relationship is characterised by violence and neglect, the child may withhold that disclosure until later in life:

Um, I'd been bashed really bad by me father. Um, and then – and then I – I managed to get away and I waited – it was dark and I had to wait outside in the dark and later on that night, it was about eight or nine o'clock, I managed to get in me sister's window. And now long story short, all I wanted to hear from my mother was, "I love ya, and you'll be okay." Never ever heard it. Never ever heard it. So I hated her. Now that sounds terrible, I know. But I hated her for that. (Daniel, 60s, victim/survivor, adult disclosure)

Children can often confidently assess what the response to their disclosure will be. Rick explains why he never felt confident about disclosing in childhood:

With my mother and the stepfather, couldn't have. I don't believe I could've. I can remember coming home one day with blood on my shirt and my stepfather broke my nose because I couldn't stick up for myself. That was enough for me to not. I didn't feel safe. If you're not in a safe place, you won't talk about anything. Consequently, I didn't feel it was a safe place. (Rick, 50s, victim/survivor, adult disclosure)

Eric felt reluctant to disclose as a young man because of the strong narrative and long tradition of sporting prowess and toughness that was associated with the boarding school he attended:

Dad had been the school captain. Yeah and captain of football and my grandfather had gone there and rowed for the school, and my great-grandfather had gone there. I was reasonably academically gifted. Not particularly good with sport. But I ended up becoming a reasonable cricketer. But um yeah I didn't have much option [in going] and once he said, "You've just got to tough it out" well I never for a long time after that I really never confided in my parents ever again. (Eric, 50s, victim/survivor, adult disclosure)

Shame can be a strong emotional factor for male victim/survivors whose sense of self and masculinity is challenged by the abuse. Rick explains why, although he eventually disclosed as an adult, he was never able to tell his father about the institutional child sexual abuse.

So I didn't disclose to him and to be honest, I don't think – I think I would've found it even more difficult to disclose to him because he was – I would've been concerned that he would've seen it as being a weakness. (Rick, 50s, victim/survivor, adult disclosure)

Gender plays a role in how abuse is experienced and several male victim/survivors who did not disclose in childhood expressed feeling shame or that they were not living up to a masculine ideal.

Fear

Numerous victim/survivors said fear made it difficult for them to disclose. They feared disappointing their parents, not being believed and disrupting family life. The fear of institutions and the influence they exercised over family members created a sense of trepidation for victim/survivors, many of whom

were children. Familial hierarchies are replicated in institutions, with children sitting at the bottom of both orders (Gardner, 2011; Trothem, 2015). Family members' sense of identity and community in relation to the institution often silences children who have experienced institutional child sexual abuse.

Louisa reflects on how her mother's relationship with the church may have acted as a barrier to her sister's disclosure:

The overall sort of feeling was, that if you had any um sort of trouble or criticism at school I would go home and I'd say to my mum, oh this, this and this happened with Sister so and so today, and I didn't think it was very fair; and my mother would say, well you must have done something wrong. So I learnt not to tell Mum, but I would tell Dad and he would be much more um ah open to you know discussing the right or wrong of an issue. You could talk to her about other things but when it came to religion, she had very strong um views about that. (Louisa, 50s, sister of victim/survivor, teenage and adult disclosure)

Phillip could not disclose in childhood because of his parents' faith. His father confirmed this attitude years later when he disclosed as an adult:

Because I think they just wouldn't have believed me. And Dad has said to me if I'd gone home and said, "This is what's happening with Father [perpetrator]", he'd have booted me up the arse, and he would've because he was that sort of a disciplinarian, and then would've dragged me down there by the ear and made me apologise. (Phillip, 60s, victim/survivor, adult disclosure)

Sonya experienced sexual abuse by multiple perpetrators at different times as a young girl in the religious institution where her mother was also an active member and employee. When Sonya discovered another girl had also been sexually abused by one of the same perpetrators, Sonya suggested they should speak up:

But I sort of spoke to her and got very much "I don't want to talk about that". She made it really clear to me that if we spoke out or if we said anything within the context of the institution that our lives would not be worth living. (Sonya, 40s, victim/survivor, childhood disclosure)

Dean also expressed fear of an institution that silenced children in the face of physical and sexual abuse:

But the control was so – you know this fear of breaching the prohibitions. The anxieties associated with that. I mean they kept us in a state of fear. You know fear of mortal sin. Of hell. Damnation. Purgatory. Whatever. But on top of that as little children we were also subjected to this harsh regime of corporal punishment. (Dean, 60s, victim/survivor, childhood disclosure)

Trish relates how her daughter Maddy, who was abused by a swim coach, feared disclosure due to the social relationship between the perpetrator and her parents:

So Maddy told Hannah [her older sister], so Hannah – she said to Hannah – she said, "But I don't want you to tell Mum and Dad because they're friendly with him". (Trish, 50s, mother of victim/survivor, childhood disclosure)

You should be able to tell your story to anyone and be able to go, it's part of me. It's what happened but it's not my fault. (Sonya, 40s, victim/survivor, childhood disclosure)

The following is an example of a disclosure that is included because it demonstrates the fear that young children in particular face when considering a disclosure, and the overwhelming concepts they must navigate in order to tell. Kelly had worked hard to get her son into a prestigious boarding school and he was aware of the sacrifices she had made. Kelly recalls her young son's disclosure:

For three hours he talked to me about terrible things that had been happening, like you know, the last six months, and it was like oh my God, like I just was – didn't know what to do. I was – and he kept stopping every time he was talking to me and he'd say, "Do you still love me, will you make me get out of the home, will I get expelled from school", like he'd say something and then he'd say,

“You hate me don’t you Mum, you hate me”, and I thought oh God, like it sort of happened so quickly that I um, I didn’t really know what to do and all I could do was I was cuddling him ’cause he was little, he was 10 years old. (Kelly, 60s, mother of victim/survivor, childhood disclosure)

Due to the hidden nature of institutional child sexual abuse, responsibility to end the abuse often falls on the child via self-disclosure (Paine & Hanson, 2002). This is a huge responsibility for a child and fear of the consequences of disclosure often silences children. The average period between abuse and disclosure for Australian men and women is 22 years (*Royal Commission Interim Report*, 2014). The fear can relate to a number of factors, particularly fear of the institution where the sexual abuse took place, and fear of the parent’s relationship with the institution or with the perpetrator. The following section examines some of the motivations for disclosure that victim/survivors have expressed, as well as family members’ reactions to disclosure.

Reasons for delayed disclosures

Almost all the disclosures in our sample were delayed disclosures, even where those disclosing were children. This reflects the empirical evidence generally, which finds that at least half of victim/survivors wait more than a year to disclose, with greater proportions evident in adult samples (Kogan, 2004; McElvaney, 2015).³

Victim/survivors are often very aware of the potential impact of any disclosure on their relationships and broader family dynamics, and many choose to not disclose or delay disclosure out of concern about such implications:

Shame. Guilt. If I’d had told Michael, would he have loved me the same way? You know would he have thought that I wanted it to happen. Fear of losing relationships even with friends. (Joan, 50s, victim/survivor, adult disclosure)

As described above, providing an explanation for behaviour to family members can motivate victims to disclose abuse, but this decision is not always straightforward. In the quote below, Debbie describes her partner Mark’s ambivalence about telling his children. He is torn between the impact of the information on the kids versus helping them understand their dad:

But in some ways I think that it would take a lot, I know, for him. I could almost speak for him in saying he wouldn’t wanna burden his kids with that. Then it would – you know, like I’ve just said to you it’s in the back of my mind, you know, how many people do you wanna put it in the back of their minds? And so, are you kind of spreading a little cancer about, you know? (Debbie, 40s, partner of victim/survivor, adult disclosure)

Derek describes his parents’ reaction to his disclosure of physical abuse, and how their inappropriate victim-blaming influenced his decision to not disclose his experience of sexual abuse:

And I didn’t tell – and then Mum went up to the school to complain about it. Dad didn’t because Dad said: “You must’ve done something wrong, you deserved it”, blah, blah. And lo and behold, I ended up back in hospital two weeks later, same thing, belted me again in the same [place]. So that’s why I – I didn’t say nothing about the sexual abuse. No, never. Mum never ever found out. (Derek, 60s, victim/survivor)

³ A number of studies show higher rates of immediate or recent disclosure by child victims. However, many of these studies draw from populations that have reported the sexual abuse to the police (for example, Goodman-Brown et al., 2003). As with the research on adult sexual assault, recent disclosures are over-represented in criminal justice samples compared with community samples, and it is not clear whether the sexual offences reported to police are representative of sexual offences more generally (A. Quadara, Fileborn, & Parkinson, 2013):

For some male victim/survivors, disclosing raises questions about their masculinity and concerns about being vulnerable. Their role in the family may also inhibit them from disclosing their experience. Rick describes his reaction to being advised that he should disclose to his wife:

Within the family unit, I also had to save face as well. I couldn't appear weak. I couldn't appear anything at all. I wasn't prepared to be vulnerable. I had to look after the family unit. One provider – one income provider, three kids, wife that doesn't work, has no skills. I've got to do what I've got to do. So when [Lana] said to me in 2010, "You need to speak to your wife", I didn't know what to do. (Rick, 50s, victim/survivor, adult disclosure)

Other reasons victim/survivors' delay disclosure relates to the perpetrator themselves and fear of not being believed, as described by a victim/survivor's mother:

When he was in Year 11 this teacher – there was talk. As soon as I heard that I thought, I know that Aaron is one of the victims and I had then said, "Aaron, this is what I'm hearing about [particular teacher]. This is what they're saying". And he didn't say anything but didn't reassure me. He denied it. Later, he said he didn't think anyone would believe him. This teacher was such a popular teacher. Everybody loved him. (Beth, 60s, mother of victim/survivor, adult disclosure)

3.4 What victim/survivors hoped for in disclosing to family members

Most victim/survivors who disclose during childhood articulate memories of wanting to be able to feel safe, either by being removed from the situation or by the perpetrator being removed.

Brian, who was abused as a child when he was living in an orphanage where his mother had placed him because she could not cope, recalls what he'd hoped for by disclosing to his brother, who was 10 years older than him:

Well, I was hoping he'd be taking me home that day. But yeah, that didn't work. (Brian, 50s, victim/survivor, childhood disclosure)

The reasons victim/survivors disclose during adulthood may be more varied than the reasons for disclosure in childhood. These include wanting help, wanting justice, the need to unburden themselves of a secret, or the need to explain their behaviour to family members:

I wanted help. And she's the greatest source of help I've ever had. I knew I'd get help. I knew I wouldn't be rejected and I knew she would understand. (James and Naomi – quote from James, 60s, victim/survivor, adult disclosure)

Simon provides an example of being motivated to disclose abuse to give family members insight into some aspects of his behaviour:

That was my way of explanation because the last couple of years had been diabolical for me and our family unit and I felt that I owed them an explanation as to why things have been pretty shit. (Simon, 40s, victim/survivor, child disclosure)

And the only reason I did was in effect I was forced to because another victim of [perpetrator's] had gone to the police and there was then headlines all over the media when he was charged and people had known how close I was to [the perpetrator] so the questions started to come. (Phillip, 60s, victim/survivor, adult disclosure)

Phillip was well known for having spent a lot of time with this perpetrator. He disclosed because of an external threat to his privacy, and to regain control of his narrative, but it caused a heavy rift in his family.

Confusing behaviour can be understood after a disclosure as a manifestation of trauma. A family member might seek to put the behaviour in context as part of understanding what had happened.

Another contextual factor of disclosure of institutional child sexual abuse relates to real or perceived external threats and crises. This can be experienced as pressure from an outside source that drives disclosure or emotional turmoil. An external crisis can also be a catalyst for feelings of powerlessness and a loss of agency and control that might directly relate to the abuse or it might reproduce the dynamics of the abuse:

Maybe I'm just crazy. But at the same time it fixed things. You know like I – it's like – you know I kind of explain having an eating disorder like being a sober alcoholic. Like you know you're always an alcoholic. So it is like that but on the other hand it got better overnight as soon as I knew what it was from you know. I understood immediately that I'd had this self-loathing that was – you know I call it the lie. I was told a lie that I was nothing and I believed it and it was kind of like a light switch going on. (Bridget, 40s, victim/survivor, adult disclosure)

3.5 Initial responses to disclosure

There were a multitude of responses to the process of disclosing abuse for victim/survivors and their families. Here we discuss the common recurrent themes of shock, relief, belief and validation, and disbelief.

Shock

'Shock', 'feeling my blood drain', 'inability to make sense of what was being said' and 'feeling confused' were common phrases in the interviews:

I came home from work, ah I walked in the kitchen. Nicholas was standing at the kitchen sink, my wife was standing near him. I could tell from the look on her face – we've been married for 30 years – and the look on her face, I could tell – I have never seen the look on her face. I knew something. So I asked what was up and then he just blurted [it] out. I was completely flabbergasted. I mean it just took me a few seconds to process it. (Terry, father of victim/survivor, adult disclosure)

I guess I would say shock and disbelief and just reeling I suppose. Like mentally reeling. Like what's going on. I don't – you know it's hard to process it. Like even more than a year later, I'm still finding it really hard to process ... when your child tells you something like that or you find out something like that you just feel like you're going to throw up. That's the other thing. You know the bodily function that I remember is just I feel sick, you know. (Evelyn, 40s, mother of two victim/survivors, childhood disclosure)

Some family members experienced a sense of dislocation and confusion when they learned of something so significant about someone they thought they knew:

Um, it came as a real jolt. And only because I think – I thought I knew everything about him. He disclosed so much to me. You know, really put his – we both put our hearts on the line when we met. And so when, you know, we were in the bedroom of our friend's house in [major city] and it was in the dark and it was so – I really just lay there, stunned. I didn't know what to say. Like because I felt in a – at that moment, betrayed by him. Because um, you know, we came into this relationship saying, you know, we're gonna bare everything, bare our souls and you know, the first few weeks I met him he said to me, "If you're gonna be with me, you need to know a few things about me", and one of those things was reading about the shooting. Which, you know, gave me an insight into his thinking. (Debbie, 40s, partner of victim/survivor, adult disclosure)

I think what – what happened was, I – I really felt like foundations have been torn away, that this was a fellow I thought I knew, that I've been living with for so many years and I felt I – you know, I didn't know him at all. (Helen, 50s, wife of victim/survivor, adult disclosure)

The feeling of shock didn't necessarily subside over time. For example, Evelyn and Ruben described feeling numb for months after discovering their daughters had been sexually abused by an older child:

It was some months later that I was like hang on a second, I'm actually getting my emotions back. I've actually been quite emotionless for the last three months. And so that was a big problem for me and a big source of conflict. I did not know what to do. I really didn't. I'd never been in a situation before, you know ... Nothing prepares you for it. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

You know it's hard to process it. Like even more than a year later, I'm still finding it really hard to process. (Evelyn, 40s, mother of two victim/survivors, childhood disclosure)

Disclosure as a relief, explanation or confirmation

Either immediately after or in the period following the disclosure of sexual abuse, some family members describe a sense of relief, or of shock giving way to a sense of understanding of the victim/survivor's behaviour. For instance, Naomi describes James's disclosure as providing insight for their children:

They were terribly, terribly shocked but I think the aftermath is that they're um, they've been able to see their father's behaviour over the years as this is to why it was. So, that was probably an 'aha' moment for them. (Naomi, 60s, wife of victim/survivor, adult disclosure)

In the following quote, Nicholas describes disclosing his abuse to his parents, Beverly and Terry, and how his disclosure explained a lot of his behaviour and distress:

Um, so it was a big deal obviously. Um, and they always suspected something happened. So it's just kind of – not that it made it any better, but it doesn't surprise them or – it does surprise them, no one expects that to happen. But they said, "Okay" – well, it just sort of fit the blocks. Like if I had just come out and said that and I was – never had any signs of self-abuse, never had any signs of any anti-social behaviour, and then said I was raped. They would be like, "Mmm". You know? Um, so it sort of connected the dots. (Nicholas, 20s, victim/survivor, adult disclosure)

Prior to his disclosure, Nicholas's behaviour had been erratic and he had also been self-harming. His disclosure was shocking, but it also helped Beverly and Terry understand his behaviour and focus on how to help him. Beverly also describes the complexity surrounding feeling relieved to some degree:

... and it just came out like that. It was just like part of the conversation, "Oh, you know I was raped at school". And I think I said to him, "Well we knew that there was something wrong" or – it was sort of like it went in here but the brain didn't know what to do with it. I heard it ... But I can tell you my husband and I looked at each other and thought, "Thank God" – isn't it terrible? "Thank God it wasn't us." That was one of my first thoughts. "Thank God it wasn't us." It's a terrible thing to think. (Beverly, mother of victim/survivor, adult disclosure)

In some families, members experienced the disclosure as confirmation of long-held suspicions. This reaction was common among parents who had wondered about the changed behaviour of their child or children or had heard about suspicious behaviours by institutional staff:

I sat down on the couch next to my son and he said, "Something happened to me at school" and I knew. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

[When] Aaron disclosed to me, I said, "Aaron, I'm really glad you've told me. I had always suspected". (Beth, 60s, mother of victim/survivor, adult disclosure)

Belief and validation

Many survivors in our sample felt that their initial disclosure to a family member was not met with a supportive response, particularly those victims who had disclosed in childhood. However, several victims, such as Bridget, talked about warm, positive responses from family members. Once the pieces had fallen into place regarding her memories of sexual abuse by the priest, Bridget told her mother:

I rang my mum [overseas] and said to her this is what's happened to me. She came over and stayed with me for two weeks (Bridget, 40s, victim/survivor, adult disclosure)

Following this initial disclosure, Bridget talked to her father, sister and stepfather, and there is an ongoing environment of open communication within the family, which Bridget attributed to her parents' communication style:

I think there's always been an awareness that despite this happening to me as a kid that I was lucky to have the parents that I have and the family that I have and definitely the process of communication in our family. Despite the fact that you know I had tried to tell my mother as a kid and I remember trying to do that and I couldn't. My mum was had brought us up to kind of not go to bed cranky with each other and you know we had to apologise and be peaceful at night. You know make peace before bedtime. I s'pose [we've] just gone on from there in a way and we have talked about it a lot. (Bridget, 40s, victim/survivor, adult disclosure)

Other family members who were recipients of disclosure and who responded with belief and validation, partly attributed this to their own experiences of sexual abuse:

So I said to him, "Aaron, I'd suspected it for a very long time". And he said, "I know, Mum. You asked me when I was in Year 11". And I said, "Yes. I did". And I said, "Look, I'm really glad you've told us". I said, "It makes so much sense about a lot of things". And I said, "If it helps you in any way I was sexually abused as a child too. So I have some sense of what's going on for you". And I said, "I think you're being really, really strong and if you're strong enough to go through and follow this through, we'll be right there with you". So that was what happened. (Beth, 60s, mother of victim/survivor, adult disclosure)

Nancy's son Paul was sexually abused at a childcare centre. She describes her reaction to his disclosure:

I asked him, "So who's calling your" – I call it willy – "who's calling your willy Mr Winkie?". And he said, "[Mr A]". I said, "Has [Mr A] seen Mr Winkie?" He said, "Yes, in the bathroom". – A lot of stuff came back for me – it threw me for a loop for a little bit. I thought okay, I'm not going to doubt what my son is saying to me. I was beside myself, I was just I must believe my child, I must validate what he's saying because I was never believed, I told several people when I was younger and never believed. (Nancy, 40s, mother of victim/survivor, childhood disclosure)

Both Beth and Nancy expanded on this in interviews, pointing out that it was not simply that they had experienced sexual abuse, but also that they had a framework in which to understand the disclosure and had proactively sought out information about dealing with the consequences:

I think we have lived in such a mish mash of sexual abuse over all our lives and we've all learned so much that they all had a lot of knowledge. I do think that all the knowledge we gained through everything that had happened helped us. (Beth, 60s, mother of victim/survivor, adult disclosure)

These stories show that knowledge and open communication within families can be important resources for facilitating supportive responses to disclosures.

Disbelief, minimisation and victim-blaming

Perhaps one of the most common themes in interviews is the victim/survivor describing reactions from family members that involve disbelief, minimisation of their experience of abuse, and focusing blame

on the victim's behaviour rather than on the perpetrator. Negative responses to disclosure increased feelings of isolation and victimhood, as described by Rick:

That's what hurts. The, "Oh you probably encouraged it" or "You should go and say – go to confession and beg forgiveness from God". That's what hurts. Or the parents that say, "No, that priest wouldn't have done that to you". I was there. You know, that's what hurts. (Rick, 50s, victim/survivor, adult disclosure)

Dean describes the off-hand minimisation of his disclosure of the abuse of himself and his brother Wilson:

I remember that it was dinner time and I remember my father was also present and I remember my father's response, which was to my – you know he said to my mother, referring to Brother [A], "I think he must be going homo in his old age". That's all I remember. (Dean, 60s, victim/survivor, childhood disclosure)

Dean and Wilson's parents seemed primarily concerned with the physical violence their sons were subjected to at school. The following quote reflects their mother's ambivalence about the sexual abuse. She acknowledges that it was dangerous but minimises its significance:

And eh well from the start, y'know we heard a few complaints of the brutality, this is what I'm, we – what concerned me the most ... the corporal punishment was horrible. And then we heard about y'know, um, they were touching them inappropriately, but it seemed to me to be all the boys, not just the one ... and they used to always just try not to go with him into the laundry, because we knew of course, it would be dangerous there ... I don't think anything terribly bad happened to them except that they were touched occasionally inappropriate – inappropriately and they were uncomfortable. (Mrs Carter, early 90s, mother of victim/survivor, childhood disclosure)

Wilson also describes the ongoing minimisation of their abuse by his siblings. Wilson reports one of his brothers as saying:

"[Dean] reckons he was molested." You know and it was still even by my siblings not taken seriously and at that particular lunch I said, "Well you know he was molested you know. Let's get that straight." But they seemed to think – they weren't there. That's the thing. They weren't there and so it's easy for other people to say, "Oh it was nothing." But yeah, so yeah, I don't think they take it very seriously and I don't think there's very much sort of perhaps compassion for say perhaps like you know [Dean] acting and you know like I think he is a bit of a hypochondriac. You know there's no compassion for that and no understanding, well maybe it is because of something like that. But you know, I mean I don't know if it is or not. So yes. The other members of the family really don't know much about it and so don't take it very seriously. (Wilson, victim/survivor and brother of victim/survivor, childhood disclosure)

As children, Dean and Wilson used to say they were sick to avoid going to school. Dean's current health concerns are dismissed as hypochondria, and there is no understanding that they may be an ongoing aspect of his coping strategy.

Mitchell, who had previously told his parents that he did not want to return to school but without detailing why, describes his disclosure some time later and his parents' reaction:

And then I kinda went back like feeling (indistinct) and then another – probably another year or so goes past and I continue to get into trouble and – and they – that's when they asked, "Why are you always in trouble?". And that's when I expressed why I thought [so] and um – well my mother – my mother didn't believe me and my father told me not to worry about it ... I mean at the time I was angry and upset and confused as to why they weren't engaging with it. And even now, even now there's still consequences now as a result of the lack of – a lack of participation in a process which required immediate action. (Mitchell, 40s, victim/survivor, childhood disclosure)

Similar to disbelief and minimisation, a lack of reaction and withholding of support can be devastating for victim/survivors who disclose, as described by Rick:

Um, day I disclosed to the Catholic Church was the day I disclosed to my ex-wife and she left that afternoon. (Rick, 50s, victim/survivor, adult disclosure)

Not only did Rick's relationship end as a consequence of his disclosure, Rick's relationship with his children remains strained, except for with his eldest daughter, who has since found out and disapproves of how her mother handled the disclosure and no longer has much contact with her.

A lack of an appropriate response or support may cause victim/survivors to cease seeking help. Daniel describes his family's response to his disclosure:

Ah, then when I come home I started things off, you know? 'Cause I got to a stage where I felt confident enough about it to start telling people. Like, so I told me sister. Um, and she just sort of sat there, blank-faced. Um, I told other people and I got the same response. Ah, and then I just sort of got to a stage – well, shit, what's the point? I – I was going through a period, 'cause I told a few people at this stage, I was going through a period where I was looking for that – that thing that I never got from the mother. (Daniel, 60s, victim/survivor, adult disclosure)

Daniel did not seek support from his family again.

3.6 Summary

Participants' narratives highlight the complex nature of disclosure, which is consistent with the existing literature on how children and young people disclose sexual abuse. Accounts of disclosures in adulthood also suggest that they are less an intentional 'choice' or 'decision', as sometimes characterised by the literature (Tener & Murphy, 2015), but are often triggered or precipitated by a sense of crisis, feeling out of control, or feeling unable to contain 'the secret' of sexual abuse. This is an important contribution to the research base.

Differences between adult and child disclosures related to how willed or intentional the disclosure was. Although in many instances, adult disclosures were triggered or driven by a crisis rather than a deliberate decision to disclose, they were more direct and explicit about the fact sexual abuse had occurred. In contrast, disclosures from children were more likely to be:

- partial or oblique disclosures in the form of disengagement from or refusal to engage in previously enjoyed activities and sports
- expressions of distress or discomfort relating to particular individuals or contexts
- discoveries on the part of parents
- responses to direct and persistent questioning by parents.

Victims who disclosed in childhood described a lack of being heard or supported by those they disclosed to. They described:

- *feeling unheard* – this arose when they had disclosed and were disbelieved, dismissed by a parent, or the abuse was minimised
- *feeling powerless* – a number of participants who disclosed or tried to extricate themselves from the abusive situation (such as not returning to boarding school) described feeling powerless to change their circumstances. Another dimension of powerlessness relates to the limited capacity of children to walk away from a situation they find unsupportive. Thus, even though their parents were dismissive, the victim was not able to disengage or end contact with them.

A second important finding is that, as Alaggia has observed, ‘disclosure is multiply determined by a complex interplay of factors related to child characteristics, family environment, community influences, and cultural and societal attitudes’ (2006, p. 32). In our sample, the interplay that was particularly important was that between family and community, and social and cultural attitudes about institutions and sexual abuse. This differs somewhat from the research on disclosures and family context more generally, much of which includes intrafamilial sexual abuse and, therefore, finds that closed socially isolated family systems, chaotic family environments, and high levels of conflict and control were associated with non-disclosure (as well as with increased risk of sexual abuse).

Finally, the responses to disclosure – from family members and victim/survivors – were often ambivalent. That is, participants described conflicting and contradictory feelings in the wake of disclosures. For victims these included regretting the disclosure, while also acknowledging the need to disclose. Some victims who had disclosed in childhood now saw their disclosures as ambiguous or unclear. Family members described simultaneous feelings of incredulity, shock and, in some cases, betrayal that something so significant about someone they loved had been kept from them.

3.7

4 Impacts of disclosure of institutional child sexual abuse on families

4.1 Overview

The previous chapter examined the circumstances in which disclosures occurred, how victim/survivors disclosed and how family members responded. This chapter explores how these disclosures of institutional child sexual abuse affected relationships and family dynamics and the influence of family dynamics on these impacts.

Compared to research on contexts and processes of disclosure, the relationship between family dynamics and disclosure is under-researched (Alaggia & Kirshenbaum, 2005). Gaps or limitations in the available evidence include:

- limited research on the effect of adult disclosures on family relationships and the role of family dynamics in these impacts
- research on family-level impacts following disclosure has focused on the reactions and effect on non-offending caregivers (often mothers), often in the context of intrafamilial sexual abuse
- research showing that disclosure is a fragmented and non-linear process, in contrast with research on family responses and impacts that appears to conceive of disclosure as a discrete statement or event
- limited research into the long-term outcomes for families following disclosure.

In light of these limitations and the aims of the research, we asked participants about:

- the family environment and relationships before their family member disclosed to them
- what happened to family relationships and dynamics post-disclosure.

These two areas of interest enabled an exploration of participants’ interpersonal and familial contexts prior to the abuse and the disclosure, how family dynamics and relationships changed following disclosure, and the impact of these changes on both victim/survivors and family members.

A key theme across the majority of participants' accounts was that there was no clear 'before and after' disclosure. The impacts of the sexual abuse itself were generally felt by families long before victim/survivors made a disclosure. These impacts took the form of survivors' increased aggression and hostility towards others, emotional and social withdrawal, mental health issues, or risk taking and impulsive behaviour – impacts that are consistent with the research on the impacts of child sexual abuse.⁴ Such changes were often affecting family relationships and dynamics before disclosures occurred, sometimes for several years. Thus, impacts of disclosure commonly include the effect of both the sexual abuse and the disclosure.

A second consistent theme related to the pervasive effect of institutional child sexual abuse. Participants' accounts revealed the negative effect on personal and family wellbeing, including:

- affecting mental and physical health
- causing family tension, anxiety and conflict
- affecting long-term relationships with family members, including with extended family such as in-laws and cousins
- straining marriages and partnerships
- traumatic stress undermining victim/survivor's education and employment opportunities
- affecting social connectedness.

Both victim/survivors and family members described how the impacts of disclosure rippled beyond the family, affecting their 'public' life, such as social relationships, friendships and employment and professional lives, leaving many feeling socially isolated.

The long-term impacts associated with disclosures in childhood compared to disclosures in adulthood showed key differences. Parents whose children had disclosed in childhood were often concerned with their ability to protect their child, their parenting skills and capacities, and how the future would unfold for their child. It is worth noting that parents whose children had disclosed in young adulthood also raised these concerns.

Adult survivors who had disclosed to family members felt burdened or responsible for revealing previously unknown information or for allowing something from the past to 'taint' the future.

The following sections consider:

- family context and relationships prior to disclosure
- impacts on family members as a secondary stress response
- changes to family and partner relationships
- impacts on social trust and social connectedness.

4.2 Family relationships prior to disclosing sexual abuse

As noted in Chapter 2, in most cases, sexual abuse was not disclosed at the time of the abuse, even when the disclosure was made in childhood. This reflects the existing research that finds the majority of victim/survivors delay disclosing sexual abuse, and that childhood disclosures are often partial and

⁴ For recent reviews on the impacts of child sexual abuse, see (Cashmore & Shackel, 2013; Hillberg, Hamilton-Giachritsis, & Dixon, 2011; Kezelman, Stavropoulos, & Abuse, 2012; Maniglio, 2009; Antonia Quadara, Stathopoulos, & Jenkinson, 2015)

indirect to 'test' recipients' reactions. Negative, dismissive or non-reactions can mean victims defer making more elaborate disclosures.

However, when asked about the nature of family life prior to learning about the abuse, many participants described an already changed environment and an already changed relationship with the victim/survivor. This was particularly the case for parents of victim/survivors.

For example, Lorraine noticed the following changes in her son when he was about 10:

I started to notice that my son getting a bit more – not feisty – but not being a good little boy as the year's progressing. Then I noticed that he started to get bullied by some of the other kids, especially kids who'd been in the school quite a long time. Where as he'd had no trouble in his previous school mixing with the in crowd ... You couldn't go up to him. He was a very cuddly, warm child and it was like flinch if you'd come anywhere near him. He became very secretive, locked his door, locked the bathroom door. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

Nina, who had sent her son Matthew to boarding school, recalls the first time she picked him up at the end of term:

When I picked up my son up he was like a shadow. He'd lost 16 pound in weight and nobody had noticed. He's 10. He was so lost during those holidays. He – when we went to the beach, he'd walk off into the sand dunes and, you know, you just turn around and he wasn't there. Also he was very vigilant, very tense. (Nina, 60s, mother of victim/survivor, adult disclosure)

Nina further described how Matthew became agitated at home, describing him as a child that loved being at home 'but he was just in a state of acute anxiety the whole weekend' – "If I do this, if I do this I'll get in trouble with someone", he would say, which bewildered Nina. For Beverley, the change in her son Nicholas was more gradual:

He was quite outgoing, quite extroverted, very sort of happy, contented and then he did become quite quiet, a little more withdrawn and quiet in year 7. We noticed the change from him halfway through [the year]. Then [over a few years], he became increasingly anorexic. Probably a little more anxious behaviour. He threw himself into [his sport] but became very obsessive about that and skinnier and skinnier. (Beverly, mother of victim/survivor, adult disclosure)

Anorexia and self-harming behaviours were also described by Kim and Neil, whose daughter was sexually abused by a sports coach from the age of 14:

We noticed she wasn't eating the same way she was. She was picking and choosing what she'd have but then the weight was dropping off and of course, she's training hard so the weight would drop off. (Kim, 60s, mother of victim/survivor, adult disclosure)

Kelly, whose son disclosed to her when he was 10, described a similar pattern of loss of interest in friends and activities he'd previously enjoyed very much. At the time, she didn't understand what had changed:

He used to love it [cricket and friends], like I'd want him to come home and then that changed and I didn't know why, I just didn't get why. Towards the end of the sexual abuse he was starting to want to come home and I wouldn't let him. I was working two jobs to pay the school fees and it sort of really – you know. I'd see him every weekend, I'd go and watch him play sport, but I didn't want him to come home and stay. He reminds me of that. (Kelly, 60s, mother of victim/survivor, childhood disclosure)

In many ways, these behavioural changes are coping strategies victim/survivors use to manage the distress associated with the sexual abuse, as well as to minimise their exposure to the perpetrator. Even though survivors had not yet disclosed, parents felt the impacts of the abuse, including:

- worry and anxiety about their child's health and safety. In some cases, parents sought mental health and other therapeutic services for their children
- anger at their child's behaviour, sometimes resulting in harsh discipline
- guilt and stress about whether they were responsible for their child's behaviour
- conflict with each other about the best ways to support their child.

Kim and Neil succinctly capture these issues:

We both thought we could fix it in different ways and that caused a lot of grief within the family too because I was the softly, softly approach, "Please Jenny, come on, eat this" and Neil was like, "You'll bloody well eat it", and you know that's just the difference in people. We'd both try to get to the same end but it did cause us a lot of grief, a lot of arguments in our family. (Kim, 60s, mother of victim/survivor, adult disclosure)

Other parents whose children were truanting, behaving aggressively, acting out, or not working hard at school, were angry and frustrated with what they perceived as misbehaviour. Their attempts to discipline or talk to their child about the misbehaviour were a source of conflict. The effect on parents was that although they were attempting to support their child, or to address the problem, they lacked knowledge about the underlying causes of the behaviour.

For a number of family members, the victim/survivor's difficult behaviour was disrupting family relationships that had previously been close and loving:

As time went on, that just got worse and worse and worse. OCD, gym, his gym habits. In fact, when we used to go away to the coast, he used to have absolute fits if he couldn't go to the gym. Like, everyday we'd have to go to a gym somewhere, and obviously that impacted on my enjoyment and Beverly's enjoyment. (Terry, father of victim/survivor, adult disclosure)

4.3 Impacts on family members as a secondary stress response

Research shows that family members, such as parents but also partners and children of survivors, who are recipients of a disclosure may themselves be traumatised (Anderson Jacob & McCarthy Veach, 2005). (It is described variously as vicarious traumatisation, co-victimisation, indirect victimisation, traumatic counter-transfer, contact victimisation, secondary victimisation, vicarious trauma or trauma contagion.) Both mothers and fathers of children sexually abused by an extra-familial perpetrator have reported increased emotional and psychological distress and poorer family functioning, though mothers reported greater levels of distress (Manion et al., 1996). 'Secondary traumatic stress' is used in the trauma literature to describe the emotional effects when an individual hears about the firsthand trauma experiences of another. The literature suggests that secondary traumatic stress can 'mimic [the symptoms] of post-traumatic stress disorder (PTSD)' (NCTSN, para 2, 2016) such as:

- hypervigilance
- sense of hopelessness
- inability to embrace complexity
- feeling anger and cynicism
- sleeplessness
- feeling fearful
- chronic exhaustion

- suffering physical ailments
- feelings of guilt.

Many of the impacts that recipients of disclosure described reflect these states, particularly feeling unsafe, fearful, uncertain and hypervigilant.

Unsafety

As stated earlier, parents' initial reactions to disclosure can be to become over-protective. This feeling can become long term, and may have been a major feature of the parent-child relationship even before the disclosure. Michelle, whose mum is a victim/survivor, is meant to call her after being out to ensure her mum doesn't worry about her safety:

I'm in my early 30s. I don't live at home. If I'm going out to the club or pub or something on a Saturday night, you know, the weekends that I don't have my daughter, [like] there was one night where I got home and completely forgot about it and went to bed and got up the next morning and Mum's ringing me at 7 o'clock in the morning going, "Are you okay?" because I have to when I get home. (Michelle, 30s, daughter of victim/survivor, adult disclosure)

Similarly, Olivia, whose son Damian disclosed at the age of 15, talks about being in a constant state of anxiety about how he is managing:

With Damian, I'm worried about him constantly and I fret and sometimes it's probably not rational. I'm just making sure that he's okay in situations where once upon a time, I know that he would've been okay, whereas now I'm always checking in on him, like, to the point where I'm sure he's sick to death of it. (Olivia, 40s, mother of victim/survivor, teenage disclosure)

This anxiety partly stems from seeing ordinary situations differently as a result of learning about her son's abuse. Ruben and Evelyn, whose two young daughters were abused by an older child, noticed their older son, Alec, become more vigilant towards his sisters:

Alec's very, very vigilant for the girls, you know. So he thinks about it too. I don't think he articulates it very much, but I observe the way he looks after them. He's a fantastic big brother. He's very, very vigilant. Ruben, 40s, father of two victim/survivors, childhood disclosure)

Parents of older children, such as those at university-age, worried about the life choices their child might make as a result of the abuse. As shown in the following quotes, this could involve dropping out of university, relationship choices, and reckless and risky behaviours. Because their children were older, many parents sensed that while they watched vigilantly from the sidelines, they had limited capacity to influence their children's behaviour or to head off a negative outcome. For example, Lorraine, whose son Marcus was 19 when he disclosed, remembered that:

He was still going through uni. We were scared that he'd drop out, but we paid his uni fees because we were too scared you know that that would be – at least he'd get his degree and get through. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

Uncertainty

Expressions of feeling uncertainty, fear and distrust were common in participants' narratives. For parents of victim/survivors, the uncertainty and fear often related to their child's psychosocial development and how they would make their way in the world.

Parents of children who disclosed at younger ages felt fear and uncertainty about how their child would navigate key developmental milestones, such as puberty and first sexual relationships. Ruben and Evelyn were concerned about their youngest daughter's developmental progress against milestones 3–4 year olds are expected to reach:

Our youngest daughter, it's more than affected her development. As I said, she was still in nappies at the time, but we were getting into the toilet training. That put a stop to that. In just the last few weeks, she's come out of nappies, which is not normal. It's not hugely rare, but it's not normal. Bedwetting. Wetting during the day. (Evelyn, 40s, mother of two victim/survivors, childhood disclosure)

Uncertainty about progression was not limited to victim/survivors, but extended to other children in the house:

[Alec] is also highly intelligent and our teachers have all said he could easily get a 99 on [his end of year exam]. He could get into Cambridge on a scholarship. Like he's that clever and yet he's probably going to get a score in the mid-80s because he doesn't study, he doesn't hand in work. He goes to class but he doesn't get involved. He's closed off and there is a serious problem with him and we're concerned as to how much of it is what's happening. So, even if he's not worrying about what's happening with his sister he's affected by the level of stress in the household. (Evelyn, 40s, mother of two victim/survivors, childhood disclosure)

The parents of older children who were victim/survivors expressed fear and uncertainty about how their son or daughter would progress in adult life:

They've had an arrest of circulation or an arrest of development. That's a huge one and I've felt it much more in their adult lives than I have in their adolescence. There were health problems in the adolescence. Lots of health problems but you know our health, our career lives and our relationships have all been affected big time ... the adult years have been the toughest. (Nina, 60s, mother of victim/survivor, adult disclosure)

Parents also expressed uncertainty and fear about what could happen in the future. Alex reflected on long-term impacts of learning about his son's sexual abuse:

I guess we don't take anything for granted anymore. Not that we ever did, but there's just always that lurking in the background that, you know, at any moment, you know, something could go wrong and I guess there's always that – you're a little bit guarded with what's going on around the place. We've been shown several times now that when you think you're going along okay, you know, things fall over and fall over dramatically. So, for me personally, there's always just that little bit of insecurity, maybe? (Alex, 40s, father of victim/survivor, teenage disclosure)

Similarly, Lorraine describes her feelings of vulnerability:

... and I don't know if that's an age thing as you get to feel more vulnerable and vulnerable because you start to see the flaws in the systems that you thought were there to protect you are not perfect ... Maybe it's a reality check too. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

Compared to these more general feelings of vulnerability and insecurity, parents such as Ruben and Evelyn had particular fears about the future:

But even then you know, I worry about that [it happening a second time] too because we can't keep our eyes on the girls 24/7. Evelyn tries and she fails and that is a major source of contention and frustration. But it could happen a second time, you know, and I just don't know how we'd cope about – I have no idea what would happen to us if anything happened to the girls a second time. We don't know there's a possibility of that. We've even spoken about it. How would we cope? What would we do? (Ruben, 40s, father of two victim/survivors, childhood disclosure)

Parents with children who are victim/survivors sometimes described feeling over-protective. Kelly describes her reactions following her son's disclosure at the age of 10:

When it happened it was halfway through Year 6 and I didn't want him to go to school. I kept him at home. I just – I actually felt like I wanted to wrap him in cotton wool and just keep him close to me. So I kept him at home for quite a few days, we went to movies, we just spent the time together

and I think it was a counsellor that we'd seen who said this isn't good, like you've got to let him go back to school and you can't keep him at home forever and keep him – like I just didn't want him out of my sight. (Kelly, 60s, mother of victim/survivor, childhood disclosure)

Partners also described feeling anxious and worried. Partners of victim/survivors who had disclosed to them described feeling anxious about their partner's mental health, about the trauma and crisis reactions their partner may be experiencing, and about their own capacity to support their partner and respond appropriately. Marlene, whose husband, Graeme, had disclosed to her in his 40s, describes feeling very concerned. Graeme was experiencing acute post-traumatic stress responses following the disclosure, and was also applying for a new job to avoid being stationed in a remote area:

There was just so much going on ... He was still coping enough to be applying for these jobs, because it was still the primary thing that he had to manage because he didn't want to be working in [regional town]. So he was somehow or another keeping head above water, to keep doing, keep applying, but um, then it, it didn't come, he didn't get it, and come [the beginning of the year] he said I've got to go and I was very concerned about him going ... He started drinking very heavily because of symptoms, 'cause the whole post-trauma had hit and um so I was really, really concerned. (Marlene, 60s, wife of victim/survivor, adult disclosure)

The ongoing post-traumatic stress response Graeme was experiencing meant that Marlene was often on high alert:

My response was just severe anxiety and stress and, it became very manifest when he came back ... The whole trauma started really surfacing here; you know the flashbacks, the anger outbursts, drinking excessively and the revelations. I can remember one [flashback], he was crouched in the corner here and he was just beside himself, I didn't know what to do. I think, I had my hand on the phone a number of times, red alert, to call the psychiatrist because I thought he was just in such a state – to the point where I really thought he needed probably hospitalisation. I had probably had had a lot of that anxiety and supporting Graeme and being red alert. I was constantly kind of heightened. (Marlene, 60s, wife of victim/survivor, adult disclosure)

Other participants described trying to 'just survive' the knock-on effects of the disclosure, such as their post-traumatic stress responses, seeking redress through the criminal and civil justice system, and, in the case of non-victim family members, wanting to support the victim/survivor:

He's in trauma and shock – shock and anger and I don't know, we just kept functioning, just doing our normal functioning to the best we could at that time. Um, both just surviving this process. and we kept doing it even though we were, you know, falling apart underneath. (Marlene, 60s, wife of victim/survivor, adult disclosure)

Vigilance and watchfulness

A number of family members described ongoing feelings of being on high alert. Nina, whose son was 19 at the time of disclosing, talks about her fear for her son's mental health and the impact on her of being watchful:

He went through four months of really major depression and oh, I was really scared for him. He was doing uni at the time. Um, but I was vigilant with him and because we always have worked through things. He used to sleep a lot in the day and then he'd go to uni at night and come out through it but he – he didn't sort of interact much. I thought, "Well, I'll keep vigilant, just keep there for him, just be there." But I did get exhausted after, for a month. Um, and I wanted to um, well, in a way I was, you know, "I don't know how much longer I can – I can take this." (Nina, 60s, mother of victim/survivor, adult disclosure)

Even where children have grown up and are establishing their own lives and relationships, vigilance and watchfulness was ongoing:

[I worry about how] Marcus's going to take [something] – I've seen it before. He seems to be doing okay and he's back boxing again. I know there's something wrong if he's back boxing again. He came in and he's broken his thumb the other day. But as everybody else says, these are adults. They have to make their own decisions and – but I do know that Marcus's boxing again. So I'm just reading things – and it might be fine. Might not be. I don't know. Whatever happens in their relationship might be nothing to do with this. But as the protective mother – *INTERVIEWER: Looking for kind of signs or...?* – Yeah. And I don't get to see those signs because he doesn't live at home the same. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

One participant described how she is watchful and protective about events in the external environment that may act as a trigger:

Mark's had it in the back of his mind for all those years and now it sits in my mind. Mark just mentioned you know, that actor that came on the TV. Well, it came on and I just didn't wanna, I didn't want him to see it. He was actually – you know, and I'm thinking, "Oh, get off the screen, you know, this could be another trigger for him". (Debbie, 40s, partner of victim/survivor, adult disclosure)

However, the victim/survivor could experience this watchfulness differently. For example, Mark, Debbie's partner, expressed anxiety about whether disclosing to his partner was a positive thing:

You know, does she really need to know? Did she need to know? Well, you know, it explains my behaviour, but I've said to her I don't wanna use it as an excuse the next time I get pissed and I wanna get pissed and I get angry at someone, my kids or whoever you know, I don't want [Debbie] sitting in the background saying, "I know why [Mark] is doing this". I don't wanna use it as an excuse. I'm man enough to know that I don't need to use things as an excuse. (Mark, 50s, victim/survivor, adult disclosure)

Mark's reflections suggest that he doesn't want his behaviour to be viewed through the prism of his victimisation experiences, which may also go against his sense of his masculine self.

As suggested by Mark's comments, the secondary stress or secondary trauma family members experience could create a feedback loop for victim/survivors, who continue to feel anxiety and guilt about the ongoing reverberations of their disclosure on family life:

I can't think of anything in my life that I've done that was more horrendous in terms of its effect on people than the day I sat down and told them what had happened to me ... Dad – he's very quiet, he doesn't say much ... But the day that I finally opened up, he just went to pieces. It makes me emotional just thinking about it but he really went to pieces. (Phillip, 60s, victim/survivor, adult disclosure)

Nicholas, who was 21 when he disclosed his experience of sexual abuse to his mother and father, describes how hearing about the abuse would have challenged his parents' sense of meaning:

I think it was kind of against – well not against, [but] hard for their faith 'cause it's kind of they believe in – being good and, helping people and um, everything happens for a reason, there's a bigger plan. (Nicholas, 20s, victim/survivor, adult disclosure)

Other victim/survivors worried that this new knowledge and its attendant distress for family members would affect their health or trigger an underlying health condition. This meant that some victim/survivors were careful to create 'protective boundaries' for family members by not talking too much about sexual abuse, or not allowing family members to see them angry or distressed.

4.4 Changes to family and partner relationships

We asked participants to describe how knowledge about the sexual abuse had affected:

- relationships, roles and interactions with family members
- relationships with the broader family.

We now describe the impacts and changed dynamics for relationships between:

- parents and children
- siblings
- partners
- extended family.

Parents and children

For a number of participants, the disclosure negatively affected the relationship between parents and children. In some cases, this came down to parents' negative or unhelpful responses to disclosure. For example, Sonya describes how several times she tried to tell her mother about what had been happening:

I remember a couple of conversations trying to probably say a bit more as I got older and say, this has happened and this is what it's about. I remember very quickly being shut down. Very quickly sort of being, "Yeah, yeah okay. I do – I understand that but we'll go and do something else". Or very quickly changing the subject. And I guess I sort of started to go, okay. Well I just need to bury this and leave it alone – she still can't say "yes, it did happen and I'm here to support my child".
(Sonya, 40s, victim/survivor, childhood disclosure)

Sonya's mother was so strongly attached to the religious organisation she was embedded in that she was profoundly unable to acknowledge the significance of what Sonya was telling her. In some cases, this inability to acknowledge the sexual abuse resulted in children, such as Simon, having strained or non-existent relationships with parents:

When she got contacted by police to give evidence, she would send me a message like, "I'm not going there, I'm not having it". I ignore her, I don't respond. But she – and I kept them and she's sent me a lot of messages about how she's sorry and she's apologising and I need to call her and then she'll send me the next day about what's happening in her life, how she's gone downhill since then. (Simon, 40s, victim/survivor, childhood disclosure)

Lorraine recalls that straight after her son's disclosure, her husband said:

"Sure. I got molested by a priest and it did nothing to me. Just get over it", and he went to work and left me. [Afterwards] we had to go to all these functions and things and put on this happy face and [I] just wanted to stab people and cry and be with my son. Marcus hated his father at this stage.
(Lorraine, 50s, mother of a victim/survivor who made a childhood disclosure)

Helen, whose husband disclosed child sexual abuse to her, found that it compromised her relationship with her own mother:

Um, look, my mother – just um, kind of – well, we were never very close but I haven't seen her now in 10 years. She didn't like the idea of all our, what you call "dirty linens" being out in public, in the courts sort of thing. She – she couldn't understand at all why we would talk about this terrible stuff that shouldn't be exposed. And she hadn't spoken to me since. I was completely disappointed. You know, I just felt abandoned, really. But that's how she is. (Helen, 50s, wife of victim/survivor, adult disclosure)

Some participants with older parents have moved on to a kind of acceptance of the inadequate response they received when they disclosed. In some cases, this related to their parents' ill health and feeling responsible for caring for their parents. Sonya's mother had a degenerative cognitive condition, and she had a support role for her mother. Sonya reflects on the contradictory feelings this elicited:

I said to my husband this morning as we were driving down. I said to him, "I feel a bit funny. I'm going to talk to someone about what Mum failed so badly at with me as a child and then I'm gonna drive out to Mum's". I'm going to talk on one hand about all the stuff that she never did and then I'm going out to do – to support her in a way that no one wants me to do. I find it really hard to want to support Mum because no one else can do it – there's no one else that will do it. (Sonya, 40s, victim/survivor, childhood disclosure)

Eric describes how his father's initially negative reaction to learning about his son's abuse shifted over time but remained limited:

My father has come around since then. After my mum died he got a girlfriend who's a lovely lady whose daughter I went to high school with, and who said "What happened to [Eric]?" So my dad actually a few years ago said, "We did the wrong thing of sending you to that place as far as it's gone." I certainly haven't told any of them that I've done this [gone to the Commission]. Yeah and I wouldn't bother. Dad, to be fair to him has said, "Look I understand that that was a bad time." He can't go much further than that. He's a Second World War bloke. He's 94. That's about as far as he's gonna go. (Eric, 50s, victim/survivor, adult disclosure)

Other participants described a more generalised undercurrent of tension in the family environment that affected everyone:

There is more tension in my family now. Sadly, there is. There's more tension, just non-specific generally underlying tension. [Alec] doesn't cope, you know. So there's that underlying level of tension. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

Compromised parenting capacity

A number of participants acknowledged that their experience of sexual abuse had affected their ability to parent effectively. Simon describes how parenting 'doesn't come easily' to him, which affects his son:

My son goes to – he has OT [occupational therapy] at school and he has – he also has occasional psychotherapy himself because I've got extreme limitations in my ability to cope with some of the parenting issues. It doesn't come easily to me and I don't know how to deal with a lot of it. (Simon, 40s, victim/survivor, childhood disclosure)

Ada describes how her experience of institutionalisation, sexual abuse and a hasty marriage combined to affect her ability to parent her children and subsequently her relationships with them:

I think it's had a big impact on the way I interacted with and still do interact with my kids. We had four kids and he [her husband] was a person who didn't like responsibility. The kids, well I'd say I dragged them up. I've got two that are doing okay, Sammy is borderline intellectually disabled but he's smarter than he thinks. Jenny has got a partner and a little girl and she's working. The other two, well they weren't very nice. They did – well they still do – drugs and alcohol and the youngest one I had to sort of take to court. (Ada, 70s, victim/survivor, adult disclosure)

Ada's experience of parenting is one of powerlessness, conflict and violence from her children:

They all live in [local regional town]. Too close. And I have – I've worked on it and there's an issue with me not being able to say no because of the way they used to stand over me, the other two. And get money for things and I used to just give it to them for peace, you do anything for peace. If anything happens it's my fault, "you haven't brought us up right, you didn't show us how to do this, you didn't show us how to do that". (Ada, 70s, victim/survivor, adult disclosure)

Some parents experience doubts about their parenting skills and judgment after learning about their child's sexual abuse.

Crises of confidence and judgment in parenting

Parents' confidence was undermined by having to negotiate their authority and set out their expectations for their children. For example, Kelly felt that after the disclosure, her relationship with her son changed significantly, which she sees as the result of feeling guilty and 'giving in':

My whole relationship with Jasper changed after that. And I think it's probably guilt really. Because I started giving in to him much more than I ever had before. And letting him sort of you know negotiate and win often. (Kelly, 60s, mother of a victim/survivor, childhood disclosure)

As her son matured, Kelly felt that his respect started to erode:

And then I started to think yeah, as much as I don't want to admit it 'cause it's like my God, my son and women, like he does – he's – you know he doesn't have as much respect for me as he used to years ago and I think it's all related to this, you know, what she's [the perpetrator] done to him. (Kelly, 60s, mother of a victim/survivor made a childhood disclosure)

Mitchell, a victim/survivor with a 16-year-old son, describes seeing his son take on risky behaviours and being unsure how to negotiate this given he himself had engaged in such behaviours as a young person:

But it isn't without consequence there, especially with the 16-year-old. Not in terms of – I don't think he's copped anything from anybody about me, but in terms of his own internalisation and some of the difficulties the two of us have had. And um you know, like some of my poor behaviours being things that he has, you know, decided that he would try himself. Ah in terms of, you know, drug and alcohol use or whatever and like pushing it pretty hard at a pretty young age. (Mitchell, 40s, victim/survivor, childhood disclosure)

For some families, this uncertainty about how to balance their child's needs as a consequence of the sexual abuse against their own parenting values caused conflict between parents:

Once we knew what had gone on – I grew up in a household where – an era where you never brought your boyfriend home to your house. So once they became teenagers and they wanted to have girls stay over there was that conflict of – especially with the younger brother next door. But when we knew what he'd been through and that's when we started to let him have girls home, it – there was a huge conflict there. Because I knew how important it was to him to be attractive to women. So I allowed him to have women or girls who he didn't know that well sometimes stay over. So much stuff that we allowed him to do that we wouldn't have ordinarily. Wouldn't – we had huge fights my husband and I, because of behaviours that my son may have exhibited where I could understand where these behaviours came from and he couldn't accept it. (Lorraine, 50s, mother of a victim/survivor, adult disclosure)

Another aspect relates to parents questioning the quality of their relationship with their children:

The other thing that really, really upsets me and other mothers will say this too is that you think you have such a good rapport with your kids that they would tell you and that – I think what it is is how good you – you start judging your ability as a parent that you failed to have those communications open. What kind of parent are you if your child couldn't tell you that this man was abusing every day, even in front of the other kids. (Lorraine, 50s, mother of a victim/survivor, adult disclosure)

They also questioned their own judgment and capacity to protect their children, as Terry describes:

Like obviously you feel you failed as a parent. 'Cause the signs were there. I keep asking myself, "How didn't I recognise the signs?" I mean I've never been sexually molested myself. I've never

had any friend or family member that's been sexually molested. So I mean I guess the signs are telltale once you know them. (Terry, father of victim/survivor, adult disclosure)

Lost moments and opportunities

A final element parents raised was a sense of grief and loss as a result of the effects of the sexual abuse. Ruben describes how he sees an altered future for his daughter, whose confidence and overall wellbeing have been affected:

I look at Sophie now. You know, she's what – we're on – we're getting on to what 15, 16 months on from when she was assaulted. You know when I did economics I used to think of paths. You know, you always think of everything in terms of a path and I look at [Sophie]. She's now on a different pathway. She was heading on a particular pathway before the injury and now she's heading on a different pathway. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

Other parents with older children feel that their child's rightful future has been denied or taken away. Nina provides a powerful summary of this sentiment:

Matthew's has been very compromised. That's why he's in the kind of job that he does. It's just an ordinary job. He was in university. The effects of this meant - if Matthew had gone to that school and had an accident and lost a leg right they would've compensated him. But Matthew went to that school and lost his life. I don't mean died but lost the life that he was born to have and they won't even recognise him as a victim. I won't accept that. (Nina, 60s, mother of victim/survivor, adult disclosure)

Other parents, such as Lorraine, described a sense of loss over time that should have been spent being a family but was instead funnelled into seeking redress from the school, compensation and prosecution:

I miss him and I can't help feel that this whole thing since the disclosure has taken up – it has taken up a lot of energy and a lot of the enjoyment that we would have had as a family and I miss the things that we didn't do but I couldn't not do this. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

Siblings

Four siblings of a victim/survivor participated in this research as family members. Of the 33 cases of disclosure to family members, four were made to siblings. Thus, there are fewer direct narratives to draw on to inform our analysis. However, many participants reflected on how sexual abuse and its disclosure affected sibling relationships. As with many relationships between siblings, the dynamics described were complex. Key impacts on the relationship between siblings involved:

- taking on a support role or protective role, particularly where the victim/survivor is the younger sibling
- perceptions of resentment or jealousy between victim and non-victim siblings
- parental concern about the impact of disclosure on other siblings
- parental efforts to balance support of the victim/survivor with support for other siblings
- breakdown in sibling relationships, particularly in adulthood.

Several participants described tension, disagreement and estrangement between siblings. Lorraine described how, after her son Marcus was sexually abused, he withdrew both from her and from his younger brother:

He started distancing himself from his younger brother, especially when his younger brother went to the school. That really surprised me because I thought that he would have a lot more to do with his younger brother ... That rift has continued right up until probably only in the last year or so

because he had this big black secret ... He avoided him and so I think that put a huge rift between the two of them. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

The rift here is related to the abuse itself and to the secret Marcus had kept for the next decade until disclosing at 19. Rifts sometimes arose due to a combination of family structure and the impact of the abuse. For example, Max describes how, as the youngest of four children, he did not know about his sister Tiffany's sexual abuse until he was in high school. However, his parents, Tammy and Lenny, had known about the abuse since it had occurred:

I had absolutely no idea what had happened or that anything had happened um, until I had finished high school ... I was literally standing in the kitchen with my mum and we were talking about something about how Tiffany was being difficult or having troubles or struggling with something and Mum sort of just flippantly said something like, "Well, you know how she's had that issue with that thing that happened when she was a kid." And I was like, "I have no idea what you're talking about." And whether Mum didn't know how to talk to me about it or – or whether she um, genuinely thought I had some insight into it already, I don't know. But I was just like, "I have no idea what you're talking about. Like, no I didn't know my sister was sexually abused as a child." So. (Max, 30s, brother of victim/survivor, childhood disclosure)

In this recollection, Max observed tensions associated with Tiffany's behaviour and 'underlying angst' within the family environment. The family structure meant that Tiffany avoided taking out her anger on her younger siblings and aimed it at her elder brother instead. There are ongoing rifts between the siblings as a result:

Since I've found out, she's said that she would never take – she had this, as she's explained it to me, she had this inner angst that she didn't really know how to get it out and she wouldn't take it out on Rebecca and I 'cause she felt that she could hurt us. But Jason, being older and bigger, she couldn't actually hurt him. So she would take out her everything on him. It was just a really difficult relationship, which has still impacts her today. Like, if you interviewed Jason versus interviewing me, it would be a very different feeling. (Max, 30s, brother of victim/survivor, childhood disclosure)

Tensions such as these between siblings often distress parents, regardless of whether they were the victim/survivor, as in the case of Joan, who comments on the impact of the relationship between the sisters:

Michelle: definitely with my sisters. I think if both of them if they had have been able to have more of an understanding of what had actually happened and stuff like that I think they would have dealt with it a lot better.

Joan [mother]: It tears at my soul to see the family the way it is. (Michelle, 30s, daughter of victim/survivor, adult disclosure)

Kim and Neil's daughter Jenny had an eating disorder and was self-harming before disclosing in her early 20s, and tensions between the siblings has meant that one son and his children are no longer in contact with the family, making Christmas an often difficult time. Some parents wondered whether their other children resented the amount of support and attention they paid to the victim/survivor:

She might've felt a bit of a loss I think um, I think there might be some sub-conscious jealousy. (Nina, 60s, mother of victim/survivor, adult disclosure)

Rifts also extended to the parents of survivors and their siblings. Kelly's sister became strained after Kelly revealed that her son had been sexually abused and their relationship continues to be strained:

My older sister, who I used to get on quite well with then, she lives in [major city] but we had quite a good relationship. I didn't tell her for like three, four years. In fact, I didn't tell her until he started going off the rails and using drugs and then she was like blamed me, it's all my fault so I haven't spoken to her since. She wasn't at all empathetic, it was just like you know, "I knew this would

happen, you should never have been a mother” and all of this sort of rubbish, you know. (Kelly, 60s, mother of victim/survivor, childhood disclosure)

In other situations, participants saw the rifts as being linked to the disclosure itself. Phillip describes how his siblings saw his disclosure and how they thought that by speaking out about the abuse he was exposing something which might best be kept a secret:

Two brothers, three sisters. Only one of my five siblings has anything to do with me as a direct result of this. Well, in hindsight it was fairly immediate in the sense that the way they reacted to me changed straightaway. But over time, it's got more and more hostile. Yeah and I think a lot of that is because of ... I've been very public the last eight or nine years and they somehow resent that. It's like – my brother, the eldest – sorry, the eldest of the two brothers, he's about four years younger than me. He told me the last time I spoke to him that I should've kept my grubby little secret to myself. I've sat down with one of my sisters a couple of times and she's just hostile, like it's almost like this hatred on her face. (Phillip, 60s, victim/survivor, adult disclosure)

Prior to disclosure, Phillip had been close to all his five siblings and this situation bewilders him:

Look, it's the mystery of my existence. Like, I just don't know how I could have these siblings that I thought I was close to, that I did so much with, you know, as part of a bigger family group that – 'cause I helped them build their houses, you know, I did so much stuff for their kids. (Phillip, 60s, victim/survivor, adult disclosure)

For other participants, their family members minimise the sexual abuse and its impacts, and view disclosure as a way of getting attention, sympathy or compensation. Brothers Wilson and Dean were sexually abused at school. In each interview, they described how their siblings did not take the abuse very seriously:

[At a family lunch] my youngest sister was visiting from [town] – [state] and I had spoken to her husband, my brother-in-law and told him that I'd given evidence and he had said to my sister, “Oh [Dean's] got issues”. You know, and my brother was – [Wilson] was quite upset at their minimisation of it and even their attitude to [Wilson] that he's only given evidence because you know he hopes to get compensation through the Royal Commission, you know, which is just such an insult you know. (Dean, 60s, victim/survivor, childhood disclosure)

I don't think they take it very seriously, and I don't think there's very much, sort of, perhaps compassion for say, perhaps, like you know [Dean] acting, and you know like “I think he is a bit of a hypochondriac”. You know there's no compassion for that and no understanding, well maybe it is because of something like that. The other members of the family really don't know much about it and so don't take it very seriously. (Wilson, victim/survivor and brother of victim/survivor, cannot recall age of disclosure)

Partners

The impact on relationships between partners varied. Participants who were recipients of a partner's disclosure described impacts such as:

- feeling betrayed because the expectation within the relationship was to be honest with each other
- increased empathy and understanding around issues and behaviours that had previously caused frustration, confusion or embarrassment
- increased awareness of and sensitivity to factors in the external environment that may act as triggers for their partner, including unsupportive reactions from other family members (such as in-laws)

- challenges balancing this increased awareness and empathy against maintaining their own boundaries, and resisting the temptation to become involved in issues that the victim/survivor needed to resolve on their own (for example, rifts in the victim/survivor's friendship group).

Participants had described many negative impacts associated with the sexual abuse disclosure. Despite this, many identified ways in which family dynamics and relationships had been strengthened by:

- developing an improved understanding of the victim/survivor
- having greater insight into themselves and other people.

As described in the chapter on disclosure, participants talked about how knowledge of the sexual abuse helped them understand the victim/survivor better. Michael describes how learning about the sexual abuse helped him to understand why his wife hated peeling potatoes:

It's made it easier. I know why I've got to peel the spuds now. Yeah, well I never realised how hard it was for her peeling potatoes after the millions of spuds she'd peeled at the orphanage as punishment. You know all the rotten smelly potatoes. And I know that's a little thing but it's a big thing. We understand each other a lot better now I think. (Michael, husband victim/survivor, adult disclosure)

For Marlene, learning about Graeme's victimisation led to a profound understanding and empathy for her husband, which she found powerful:

The good points of this was that it put so much understanding around, um, Graeme and our life prior to this. I think that was an important, a very important point. Because even when it first, Graeme first revealed it to me, I remember thinking, oh of course all those things flashback instances, when Graeme had these over-the-top responses to family members or somebody said nothing, or a situation with anything to do with paedophilia or, over the top and I never linked; and then all of a sudden these over-the-top responses that caused trauma in relationships and family, that, that I never understood, um, and all of a sudden the pieces just went, it was, it was amazing those flashbacks of those incidents just went plop, plop, plop, plop; and I could put sense around the response. My empathy for Graeme when I found out was absolutely mind-blowing. I dropped from – to a deeper level of understanding and that helped our relationship too. (Marlene, 60s, wife of victim/survivor, adult disclosure)

Similarly, Debbie finds the increased understanding has been important for her relationship:

I guess what it does though, it might explain some of that anger that he has. Which I – I've been embarrassed about it at times and he knows that. (Debbie, 40s, partner of victim/survivor, adult disclosure)

In general, partners described these impacts as occurring at different times in their relationships.

Extended family

A final issue relates to the difficulty some parents faced talking to their own families about their child's experience of sexual abuse. This often stemmed from the age or ill health of their parents:

Like my parents are in their 70s, but they're both ill and my mother has multiple sclerosis. My father has advanced heart disease and I honestly think this would kill him. (Evelyn, 40s, mother of two victim/survivors, childhood disclosure)

And you know I wanted – I couldn't talk to my parents because they're 83. They were in Europe during World War II. They were occupied by the Germans. They were 15 and 13 years old. I can't tell them. They're 83, it would kill them. It would break their hearts. It was very difficult for me because I couldn't talk. I didn't know who to talk to. I couldn't tell me parents 'cause it would kill

them and I didn't want to put them through – you know, my heart, the light went out. The light went out. (Beverly, mother of victim/survivor, adult disclosure)

Beverly's observations point to several interrelated issues that acted as barriers to being able to talk to her parents: their age, their own trauma histories and the impact that Nicholas's disclosure had had on her, which was something she wanted to protect them from.

In Marlene's case, she could not talk to her broader family, who she was close to, because of the constant tension that arose both at their lack of understanding about child sexual abuse generally and the way this impacted on her husband Graeme:

I'm very close to my family and when Graeme is always been included but, then just the constant tension, you know, because a couple of them, the things they've said, have just been, they didn't know, but they were just so inappropriate. This was before. And, and, and Graeme's reaction and yeah just, there's just been so many constant relationship breakdowns with friends, neighbours, constant. It's just one crisis after another. (Marlene, 60s, wife of victim/survivor, adult disclosure)

Positive impacts on family dynamics

While the majority of participants described a range of ways in which relationships between family members had altered, one participant did not feel there had been a change:

Not at all, actually. I get along with me brother and me sister really well. And I get on with the kids really well. But we're not very close as far as communication. Like, I wouldn't be sitting down telling – like, if you were [my sister] I wouldn't be saying to you, you know, telling her what was going on in me mind. (Derek, late 60s, victim/survivor)

Other victim/survivors reflected on the increased self-insight and resilience they had developed in surviving the sexual abuse:

We've just got something that we deal with and we survive and we're probably actually – a lot of us are more competent because we've been able to survive what we have. (Sonya, 40s, victim/survivor, childhood disclosure)

Sonya finds that she has a positive message to give her daughter about being resilient because of her own capacity to survive. Bridget also describes the positive messages, empathy and insight her story has created for her daughters. Here, she reflects on the trajectory of her daughters after they read the letter she wrote to them:

It was sad. It was really sad – but you know this is just something that exists in the world that we have isn't it. So it makes them kind of you know, like, I then would watch them kind of choose to do their assignment at school on you know the sex trade and stuff like that because they were – they had opinions about those things and they, you know. They were articulate about living, in a way. It wasn't something vague to them anymore that happens to other people. (Bridget, 40s, victim/survivor, adult disclosure)

Ada has found that the experience of sexual abuse and subsequently learning about herself is a positive aspect:

I know it sounds dippy, but it's, in a way it's been a blessing 'cause it's made me the person I am. I think I'm an all right person. I mean I'm still – I'm still lacking confidence and stuff around some things and certain things like church. Yeah, and – and I've worked really hard on these issues to be the person I am today. (Ada, 70s, victim/survivor, adult disclosure)

4.5 Impacts on social connectedness and trust

This section explores participants' reflections on their sense of social connectedness. Overall, the aftermath of the sexual abuse and the disclosure profoundly disrupted people's sense of connection to and trust in social institutions (including the world of work) and their trust and connection with social networks.

Social institutions

Participants described how distrust and cynicism coloured their relationships with social institutions generally (beyond the particular institution where the abuse occurred). For example, Olivia describes herself as 'jaded':

... from my nature, I probably don't even recognise (indistinct) myself anymore. I'm really jaded about institutions, I guess. I ask a lot more questions. (Olivia, 40s, mother of victim/survivor, teenage disclosure)

Lorraine also describes not trusting that systems will provide what they are meant to, which makes her feel unsafe:

It'll never, ever be the same. I don't trust. I don't trust systems that they do what they say they're going to do, legal systems. I don't feel safe – and I don't feel safe for my sons. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

Another dimension of this jaded relationship with institutions relates to an unwillingness to respect authority:

You know, so, um – and then actively going against authority, I suppose, as well. Just in terms of, you know – I'm still doing it now, you know. I'm disgusted by these people – the party that my father's associated with. I just can't believe what we continue to face. (Mitchell, 40s, victim/survivor, childhood disclosure)

For some participants, this affected their professional lives because many work places are based on hierarchical authority, as was the case with Graeme:

He wasn't really functioning at work, he wasn't really coping. He was having all the issues of course with the authority, you know, the authority figures, even his, um, heads of department and that, because it's a huge issue. Anyone in authority you just don't trust them again. (Marlene, 60s, wife of victim/survivor, adult disclosure)

Social relationships

Participants also described distrusting and closing themselves off from social and community connections. Sometimes participants disconnected socially as a protective mechanism. They may close off or withdraw from others to create a safe space within the family, as described by Olivia:

I just believed the good in everybody, whereas now I don't, really ... I'm very different. I keep my close friends close and I really don't outreach to anyone else, which isn't like the old me. I was always very welcoming and – whereas now I just like the people I know around me and my family is my number one priority. (Olivia, 40s, mother of victim/survivor, teenage disclosure)

Lorraine isolated friends because of their reactions while she was pursuing her son's perpetrator through the criminal justice system and seeking compensation:

Your friends, you isolate them because some of them tell you things like, "Oh for goodness sake, can't you just get over it?" Or some people say, "Oh, think about the school. Think about the rest of us if you take the school on." And they're nice and – don't get me wrong, they're nice people, but –

I feel I can't – I'm no longer confident that I can judge who's good. Who's good company? Who's safe company? What friends I can trust? (Lorraine, 50s, mother of victim/survivor, adult disclosure)

Many participants said they chose social isolation because of the reactions of others, many of whom had a poor understanding of the impact of sexual abuse. Olivia, who had also lost a son, reflects on the difference in responses to Damian's disclosure:

I know I can't compare the grief, losing [Kieran] to what's going on with [Damian]. But when we lost [Kieran], it was like we were being held up by a community. Whereas now with this abuse, they just don't wanna hear it. I just can feel from other people that as soon as they hear of sexual abuse, they just don't wanna know. They don't want it to happen to them. Oh my goodness me, it's like leprosy – "I'm really, really sorry, but I don't want it to happen to me, that would be too much for me to handle" – that seems to be the standard response that I get. And that's really hard. (Olivia, 40s, mother of victim/survivor, teenage disclosure)

As stated clearly here, child sexual abuse is not acknowledged socially and many people simply do not want to know about such 'unpleasantness'. However, as Lorraine describes, finding supporters or support systems does not necessarily address the feeling of isolation:

It is really lonely because you cling onto – and you're looking out for champions. You're looking for champions of the cause. The champions of the cause are not your friends. You know, the [child sexual abuse advocates] and everybody else. And you have this intense ... And it's almost like a marriage at that time and they know everything about you in the documents. Your deepest thoughts, your everything. You don't know anything about them. So there's all these relationships that, by their very (indistinct), have to be so intense. But they're cut off like that. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

The impact of the social isolation sometimes caused conflict within families:

He still to this day says, like when I went to the Commission, he said, "Oh my god", he said, "Do you not think about the enemies you're making for us?" His big thing about that is you have to stay connected, family connections and everything else. So he would blame me for our isolation because I spent so much time and energy on – which I had to, to fight through all the trials and fight to get the compensation and the Royal Commission and everything else. I couldn't spend my time with people who didn't get it. He sees it as "You're ruining it for everyone else, the rest of us".
INTERVIEWER: Ruining what? Ruining social life. Friendships. But what I've come to terms with is for my own protection and my sons' protection I have been – I have quite isolated myself in many ways. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

4.6 The role of family dynamics on the impact of disclosure

The breadth of impacts arising from the sexual abuse makes it difficult to identify clear patterns about how family dynamics may have mediated the impact of sexual abuse. However, interviews do suggest some aspects of family relationships may influence the impact of disclosure on families. These included interpersonal aspects about the family's value systems, structure and mode of communication:

- **Conservative families** – A number of participants described how conservative family beliefs, including conservative religious values, created an environment that minimised the impact of sexual abuse and amplified a sense of shame associated with sexual abuse. For other participants, reaction was conflicted by, on the one hand having conservative values, while on the other hand acknowledging that the sexual abuse altered the importance of some of those values. For example, a conservative value may include the belief that virginity should be maintained until marriage. However, the sexual abuse of a child can undermine this as a value.

- **Family structure** – Different family structures appeared to play a role in how the disclosure of abuse impacted family relationships. One element of this relates to parents’ relationships with each other and how this informs parenting roles. Several single mothers were interviewed. The impact of the abuse disclosure raised fears about their ex-partners and others claiming that they were unfit to care for their child; fear that their child would be removed; fear that if they removed their child from school, the school would pursue them for unpaid fees. Some single mothers also wondered whether not having a father-figure around had placed their child at risk in some way and felt guilty for this. Other aspects of family structure that negatively influenced the impact of disclosure were having a larger number of siblings. This may be related to the generally complex dynamics between siblings.
- **Modes of communication and value placed on communication** – The effect of these dynamics in families was complex. On the one hand, it would appear that families and relationships that place a high value on open communication and honesty are better able to negotiate the long-term impacts of the abuse and its disclosure. On the other, participants also described feeling ‘betrayed’ by the disclosure precisely because of the high value placed on communication. The question for both partners and parents was often ‘why didn’t they tell me? I thought we talked about everything’.

In addition to these interpersonal dynamics, socio-structural aspects influenced how families dealt with the impacts of disclosure:

- **The historical time period** – For both victim/survivors and family members receiving a disclosure, disclosures in earlier time periods (between the 1960s and 1990s) often lead to a quite negative impact. Victim/survivors described the difficulty of disclosing because of attitudes towards acknowledging child sexual abuse and the reactions of family members who characterised the abuse as a ‘grubby little secret’ and ‘dirty linen’ that should not be aired. In some families, these attitudes continued over the long term, with recipients of disclosure resenting the victim/survivor speaking out about their experience. Attitudes in other families involved beliefs about the relative ‘triviality’ of the sexual abuse compared to physical abuse and punishment. It should be noted that these attitudes and therefore their role in affecting the impact of disclosure are not static. In some families, attitudes changed over time to better acknowledge the effect of the abuse on the victim/survivor.
- **Gender** – Victim/survivors (and some family members) described how social expectations about masculinity were associated with negative impacts of disclosure. In some cases, these social expectations related to the need for male survivors, as family breadwinners and fathers, to not be seen as ‘weak’, making them reluctant to disclose. Other participants described how it was difficult for people to reconcile the victim/survivor’s size and strength as an adult man with the vulnerability and limited strength of a 10 or 11 year old.

4.7 Summary

The impacts of disclosures in childhood compared with those in adulthood differed in several ways. A key difference relates to the developmental needs and pathways associated with childhood compared with adulthood. For parents whose children disclosed in childhood, the impacts could be characterised as primarily involving:

- **anxiety about the parental role** – Interviewees whose children had disclosed in childhood were deeply concerned about their ability to protect their child in the future. Anxiety about this role related to:
 - lack of control or influence in being able to ensure safe spaces for their child beyond home

- intense feelings of guilt (particularly for mothers as primary carers) related to feelings of failing to be a protective parent or failing to notice behavioural and other signs of abuse
- the impact of knowing about sexual abuse on survivors' siblings and in light of their life stages
- **an altered view of their child's future:** Some parents described how the abuse had created a new 'pathway'. Knowledge about the sexual abuse became a key lens through which parents viewed their children's future, such as:
 - concern about how their child would experience and negotiate psycho-social developmental milestones such as puberty, sex, first relationships and relationships with the opposite sex
 - lost 'normal' experiences because of how it impacted the victim (for example, not wanting to sleep over at someone's house)
 - risk of compromised schooling and education outcomes.
- **changes to relationship with a partner:** The tasks, responsibilities and roles associated with parenting can affect relationships between partners. Participants talked about how the anxiety about parenting and a changed view of their child's future became sources of conflict and tension within the family. For example, increased monitoring and concern about a child's safety or wellbeing led to disagreements between partners
- **an altered view of their own future:** A key task of parenting is to prepare children to become well-adjusted adults. Child sexual abuse often disrupts this trajectory and parents expressed uncertainty about what the future held for them, as it was often wrapped up with the future trajectory of their child.

Victims who disclosed in childhood described long-term resentment and conflicted feelings towards family members stemming from poor responses to disclosure (which are described in the next chapter).

Impacts related to disclosures in adulthood

Victim/survivors had a sense of burden or responsibility for bringing knowledge about previous child sexual abuse into the present. They described it as 'shattering' for parents, destroying a range of assumptions and belief parents held about their child and the institution. In their relationships with partners, some victim/survivors felt that the knowledge had 'tainted' how their partner might see them and that all their behaviours would be viewed through the prism of 'victim of sexual abuse'. Compared to disclosures in childhood, following disclosure there was a sense of a more abrupt or decisive family and relationship breakdown, such as divorce or separation or cutting off family ties.

The sense of burden also extended to their own children. Participants who had disclosed to children expressed concern about how this knowledge had impacted them and whether it was the right time to provide this knowledge. In other cases, victim/survivors expressed guilt about how their behaviour (for example, being emotionally unavailable or drinking) had negatively affected their children. However, it is unclear whether this concern about how knowledge of the abuse impacts their child specifically relates to disclosing in adulthood. Individuals who had disclosed in childhood also expressed this concern.

All but one of the parents who participated as a family members had received a disclosure from a child aged between the ages of 19 and 23. The other disclosure occurred when the victim was in his late 20s. Thus, it is not clear from participants in the current study how those parents who had received disclosures from older children (for example, older than 30 and onwards) have experienced the impacts. Thus the parents in this study also experienced a range of impacts, including: anxiety about the parental role; an altered view of their child's future; changes into relationships with a partner; and an altered view of their own future. There were differences for parents whose children are slightly older, those parents felt they:

- had less influence and control over ensuring their child's safety. Parents had no authority in or ability to obtain information about their child's therapeutic support, educational attendance and progress, relationships and so on
- perceived a disruption to their child's psychosocial development and to the future they had anticipated. Where many parents would have been stepping back from an active parenting role, these parents were intensifying their role. Difficulty maintaining employment, mental health issues, anger and hostility, hospitalisation, trouble with police, and drug and alcohol abuse were issues that made life very unpredictable for parents of survivors. Some described it as 'walking on eggshells'. Others described how a good day to them meant seeing their child get up early in the morning.

Another key theme was that the impacts of disclosure on victim/survivors and their families were strongly influenced by the relationship between the victim/survivor and the family member, rather than whether the participant was a victim/survivor or a family member. Thus, being a parent of a recipient of disclosure was often as salient as being a victim/survivor.

5 Post-disclosure support: the role of family members

5.1 Overview

The second key research question related to the role of family members and family dynamics in supporting child and adult survivors. That is, what role does family dynamics play in creating a supportive or non-supportive environment for disclosing institutional child sexual abuse? What support roles do family members take up following disclosure and with what consequences?

As shown by participants' accounts, the role of families and family dynamics in supporting victim/survivors is complex. For example, family dynamics characterised by conflict and disharmony impacted on survivors' ability to disclose to family members and the type of support they could draw on. However, supportive family environments or being a close family could also make it difficult for victim/survivors to disclose, especially to parents. Survivors were concerned about distressing family members or about shattering their beliefs about religious institutions or other social authorities.

Family structures, relationships and gender dynamics influenced the ways in which family members provided support. In this sample, it was mothers and female partners who often took on active support and advocacy roles.

This chapter examines how families moved into supporting victim/survivors. Few studies take a long view of the impact of sexual abuse disclosures on families and how they go on to interact with and support survivors over time. How families do this is partly influenced by family members' responses to a disclosure, which we have described in the previous section. It is also influenced by the impact of becoming aware of the abuse on recipients and the family more generally, which was described in Chapter 3. A third aspect relates to family members' desire to care about and care for the survivor/s (Morrison, 2007).

These dynamics can work at cross-purposes to each other (for example, wanting to care for the survivor, but being overwhelmed by the impact of becoming aware of sexual abuse) and at cross-purposes to what is supportive for victims (for example, wanting to protect the survivor by discouraging them from making a formal report). Some researchers have also suggested there is a process of 'trauma processing' that moves from becoming aware of the trauma, to crisis and disruption, through to apparent adjustment, and finally new forms of relating and integrating the trauma into a familial narrative (Remer & Ferguson, 1995).

Family members had to take on different roles within the family and beyond and negotiate the impact of this on family life. Key areas where victim/survivors needed support were with:

- mental health issues
- drug and alcohol issues
- disruptions to developmental processes such as speech and social skills
- engaging the institution
- engaging criminal and civil justice mechanisms
- education and school engagement
- employment
- childcare.

Not all family members were able or willing to take on these longer-term support roles, which created tension, anger and disappointment between family members. The support roles and their impacts are explored in the sections below.

5.2 Negotiating new roles and needs and impacts on intrafamilial dynamics

Changes to family roles

One issue participants raised was the impact illness, whether mental or physical, had on family functioning. Sonya required hospitalisation, which impacted her husband's capacity to support her as well as their children:

It probably got to a point a year after I was in hospital where it got really difficult and I remember he [her husband] came to me and he said, "I don't think I can do this. I can't". He was pretty much just caring for me consistently. He was running the household. He was working full time. He just said, "I need you to meet me halfway 'cause I can't do this anymore". (Sonya, 40s, victim/survivor, childhood disclosure)

Sonya and Oliver had to find ways of negotiating the multiple roles parenting and partnering require, which involved Oliver identifying his own limits and barriers and seeking a meeting point. At other times, Oliver set boundaries about the types of conversations that were had at home. Sonya's work, which involved engaging with vulnerable youths, sometimes raised concerns for Oliver:

He will question sometimes when I've gone away and I've done things or I've worked with girls that are – he'll say, "I think you need to let that one go". "It's not – the conversation you're having with me I don't think is very healthy." Um, sometimes we'll fight and I'll disagree with him but then as much as it angsts me usually he's right, which annoys the shit out of me, but I'll go, "Okay yep, I get that that's a bit much". (Sonya, 40s, victim/survivor, childhood disclosure)

Situations in which this negotiation occurred may be the consequence of pre-existing positive communication styles:

[Alex] and I, our relationship has always been good and we've got a great extended family on both sides that the kids were very involved in. It was happy. (Olivia, 40s, mother of victim/survivor, teenage disclosure)

Taking on the role of protector

In other family contexts, support functions involve parents or partners taking a very active role in engaging services and legal processes. This was most often the case with relatively recent disclosures (whether adult or child). Parents' accounts revealed the development of a very active and protective role for their children in situations where some form of redress or prosecution was being sought:

Marcus's very glad that I did all the work. He told me he wouldn't have been capable of doing it. He [didn't] want the details, just give me the gist of it. So I've protected him from a lot of – it's not taking control of it. It's just protecting – but [also] we couldn't give – there was so much information we couldn't give the kids. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

I was happy to be the, what you might call the administrator and, and the adviser; because firstly, I wanted him to feel safe and I wanted him to feel confident and wanted him to know that nothing would be done without his knowledge and consent. (Nina, 60s, mother of victim/survivor, adult disclosure)

As suggested by the comments of both Lorraine and Nina, the motivation for taking on an 'administrator' role stemmed from a desire to protect their child from having too much information

while also providing enough information to enable them to make informed decisions about next steps in complicated legal processes. In Nina's case, she also wanted to protect her son's identity, and so she became the key point of contact. Lorraine also took on this role to ensure that her son would not be 'triggered' (that is, re-traumatised) by information coming out, for example, notification of the offender's parole hearing or release. This protective function may partly relate to the victim/survivors' younger ages. While both were technically adults, they were only just so, having disclosed at 19:

At least he came out when he was 19. Thank goodness. Not when he was 50 because the way he was going he may not have made 50. I couldn't have done what I did to support him to go through all these trials if he was an adult and I was gone – or incapacitated or whatever. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

From the perspective of victim/survivors, how they seek support from the family can be influenced by wanting to protect family members from the burden of knowing too much or seeing them distressed:

I'd sat through every court hearing, every utterance in the court, done all the writing to everybody and my son wouldn't let me be in there when he gave evidence. So Geoff and I had to stay outside in the first thing ... I get why he said, "Mum, I can't be what I need to be if I see you there and I and I'm hurting for how this is going to hurt you". (Lorraine, 50s, mother of victim/survivor, adult disclosure)

Partners also took on a protective role for victim/survivors who were engaging with various legal and bureaucratic systems:

[When asked about doing the coordination], yes a lot of it because it was just overwhelming for him. It was just beyond him 'cause he was still in severe trauma and just not being able to manage, but he did have to, you know, do all the, you know all the practical work that he had to do, you know to fill in forms and that, but I'd say you know this is what you need to do and I've gotta ring for this and this is the step we have to do now they've sent out this paperwork. (Marlene, 60s, wife of victim/survivor, adult disclosure)

The motivation here is somewhat different because it is based on her husband's high degree of trauma once he had disclosed, and she recognised that he was not in a position to deal with bureaucracy. Family members taking on this form of support found it extremely challenging and sometimes frightening because they needed to become familiar with and confident enough to challenge powerful legal, institutional and bureaucratic systems.

Intensification and extension of parenting roles

A number of parents of victim/survivors who had disclosed as children or young adults appeared to have an intensified parenting role that extended well into the child's adulthood.

In reflecting on the impact of the disclosure on parenting, Evelyn points to an increased parenting role and prioritising time with her children to the exclusion of other things such as work:

I just don't know. I think – I think what it means is that the parental role becomes you know a million times more important than it was to begin with. I think that you know you've got to spend a lot more time – okay. This would be my dream world – I didn't have to work anymore and I could spend more time at home with my daughters. (Evelyn, 40s, mother of two victim/survivors, childhood disclosure)

In the adolescent years before Nicholas disclosed to his parents, Beverly and Terry were dealing with increasingly reckless or self-harming behaviour, which put them on high alert:

My husband and I would talk together and would obviously talk about those things. You know, I couldn't sleep very – there were times where we couldn't sleep well because he might've gone to bed, you know, been bad – with bad depression. We'd be checking to make sure that the knives were

still, you know, hidden where we had hidden them and yeah, things like that that we would talk about it as any family would but you'd be worried or you would both be there with one eye open in the middle of the night in case you heard something. But we didn't really understand. (Beverly, mother of victim/survivor, adult disclosure)

This intensification and heightened concern affected day-to-day home life and priorities as expressed first by Terry and then Beverly:

One day at a time. I've learnt, just one day at a time. I guess over the time you just come to – it's attuned to the fact that these things are just – they weren't, um – whether you get a call at one o'clock in the morning with your son said he's gonna wrap his car around a pole and he just rung to say goodbye. This happened a few months ago. Or we'd get a call from the police that he's been tasered by the capsicum spray. Of course he'd been to the police station here, or [there] or the next suburb [...] and then asked them to shoot him in the skull and I guess you just take one day at a time. Um, and if you get to the end of the day with your son alive and no major repercussions, it's been a good day. (Terry, father of victim/survivor, adult disclosure)

It gets you up in the morning because if your son's okay, you're okay. That gets you up. And the other thing that gets me up in the morning is that I know he can't see me like that. He can't see me do that, he can't see me wake up with nightmares. (Beverly, mother of victim/survivor, adult disclosure)

Other parents, such as Kim and Neil, described taking on the care and parenting of their grandchildren as a result of victim/survivors' mental health issues.

Disagreements about and denials of support

Taking on proactive advocacy and support roles was a problem in families where individuals were not able or prepared to acknowledge the abuse openly:

We don't communicate at all like I would imagine we would have. We didn't work really together on this because I was so scared that I couldn't. My husband kept telling me, "You can't be talking about this in front of your kids. You're making it worse". So many people told me I was making it worse for them. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

The impact for Lorraine was not only a lack of support from her husband, but he also placed obstacles in the way of what she felt she needed to do:

My husband was not capable of doing any of what needed to be done to get us through this, but what was really difficult was fighting him from stopping me from doing what I needed to do. So that was the biggest struggle. He just tried so hard to stop me from doing what I needed to do because he wanted us to be this happy little family and just move on and have barbeques and me go on holiday. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

In other situations, family members could not cope with the challenging behaviour of the victim/survivor. Kelly describes how her ex-husband found their son 'too much trouble':

I think Jaspar told him. I don't know. Jaspar went down – last year. I – I go away usually to conferences at that time and Jaspar always comes with me, usually. But last year he didn't because he had been off the rails. And I called his Dad and I said, you know, "[Paul], you know, could Jaspar come down and stay. I'm going away. You know, he's just turned 16. It'd be great, teach him to drive, you know. Try and re-establish the relationship with him". He put him on the next plane, sent him home. He rang me after he arrived in the city and said, "I'm sending him back. He's too much trouble". And I said to Jaspar, "What happened?" And he said, "Oh, I don't know. I was just telling him about what's been happening in you know my life and he said, "You have to go back to your mother". So he sent him back. (Kelly, 60s, mother of victim/survivor, childhood disclosure)

Even when family members expressed support or interest in the victim/survivor's wellbeing, this was sometimes tempered by those family members' relationship with the institution and/or their fear of the consequences of other people knowing about the sexual abuse. For example, Sonya described how although her mother was able to more openly acknowledge Sonya's sexual abuse (which may have been brought about by the establishment and work of the Royal Commission) her motivations for this interest troubled Sonya:

Leading up to the Royal Commission she would ring me and say, "Hey when is it on? What are they gonna ask you?" But very quickly I got a feeling or got an understanding that it was more about her wanting to know who would know, you know, so at first it sort of felt like oh yeah, she's supportive. She wants to know what's going on. Oh, hang on, no, it's about, "Now when's the appointment? Is this to do with you? Have you had something to – is this – what's going on?" Like very almost fearful of this is about to come out and I need to contain it. (Sonya, 40s, victim/survivor, childhood disclosure)

For Sonya, this replicated the dynamic of trying to tell her mother in childhood and not being listened to:

That real sort of fear, which I guess for me was – I'm not interested in doing this again. I felt like it was, you know, the child that had tried to speak up and she didn't listen then and now I was an adult and she didn't really listen. That was okay with me because I had a lot of people around me who were listening, so I was happy to just dismiss it, almost. (Sonya, 40s, victim/survivor, childhood disclosure)

Relationship challenges

Taking on new support roles, disagreements about how extensive and proactive that support should be, and inability to express support, led to tensions in relationships between partners and in some cases the end of those relationships.

As Lorraine has described, her husband appeared unable or unwilling to participate in seeking institutional redress for Marcus's sexual abuse. This created significant conflict for Lorraine, who considered leaving him but would not have been able to provide the support Marcus needed if she was a single mother:

My husband didn't go to hardly any of the trial. He played golf the day the teacher gave his evidence. He couldn't deal with it. It was really awful and I don't know how we stayed together. I think I was too scared not to stay together because I didn't – I didn't know how I could support my sons if I was a single mum and we split, and that my kids would blame the abuse and the disclosure for us breaking up. So as shit as the relationship was for a long time, and it's – I don't think it will ever – I don't think it will ever, from my perspective, it will ever heal because he didn't support me. I was the one with the balls in the situation. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

This schism has led Lorraine to question her assumptions about the underlying values and shared beliefs of their marriage:

You'd think that as a couple that you have very similar views. When something like this happens, you start to realise that just because I'm married to you, I don't have the same view of you. All relationships have cracks in them ... The cracks were chasms most of the time. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

Individuals in this situation sometimes sought marriage counselling, but it's unclear from their experiences whether the counselling helped.

In a number of cases, the poor response of a partner resulted in relationship breakdown:

Mmm, because she was fairly dismissive I think, and I think she sort of gave me the impression that, you know, I should just – you know, that was back then and – but it was like being hit with a shovel.

I mean I couldn't – at the time I couldn't just pretend that this wasn't out in the media and it wasn't the same man that abused me. And so yeah, I think that was – that was really hurtful. I think it was the start of the end of our relationship. (Phillip, 60s, victim/survivor, adult disclosure)

Here, Brian describes how his former wife's interest in compensation and what money may be available to her was the 'beginning of the end' for their relationship:

Yeah, well I mean even my last wife was okay to a stage until the stage come where she was talking about money all the time and she wanted this and she wanted that, you know, that was basically the end of it for me. (Brian, 50s, victim/survivor, childhood disclosure)

5.3 Summary

The support role of family members and the significance of family dynamics in supporting victim/survivors are complex. Families are changing, dynamic systems and the experiences of both victim/survivors and family members show how support roles and needs can change over time.

In the longer term, post-disclosure, there are many common issues around the role of family members supporting both child and adult survivors of child sexual abuse. This may be due to the significant influence of the nature of the family relationship between victim/survivor and the recipient of the disclosure. For example, the nature of the caregiving and support role of parents appears to be more influential than the age of disclosure per se. In contemporary society, the support function of parents extends beyond the age of 18 into the early 20s. As a number of participants described in the previous sections, parents of children who disclosed around the ages of 19 to 23 did not necessarily regard them as adults. At the time of disclosure, their children lived at home, were not in full-time employment, and were often at a key transition point to independent living. Parents still had a very 'hands on' care and support role for their child. Thus, parents of children who had disclosed generally focused on dealing with the impact of the sexual abuse on key developmental, social and life-stage transitions. Parents of younger children were more likely to focus on developmental issues, while parents of older children were more likely to focus on setting their children up to be able to achieve the key milestones of adulthood.

6 Relationship with institutions

6.1 Overview

The third research question investigated how families' relationships with the institution in which abuse occurred influenced the impact of institutional child sexual abuse on family members and family dynamics. Key areas explored in the interviews were:

- the relationship before and after disclosure
- the role of the institution in family life
- expectations about the institution
- the extent of engagement with the institution
- institutional authority and credibility.

How survivors of institutional child sexual abuse and their families respond to the institutions and the individuals within them following disclosure of abuse can partly be traced back to the concepts of 'social capital' and 'social trust'. Social capital was originally defined by LJ Hanifan (1916) as a 'tangible substance' that is important in the daily lives of people, affecting the smooth operation of their families, who make up their social unit, and including traits such as goodwill, fellowship and sympathy. Social capital, and from it social trust, rely on mutual obligations that foster norms of reciprocity (Putnam, 2000, p 20). Membership to institutions can also confer status, reputational goodwill and elevate people's socio-economic standard through education and association.

Where the institution has played a central role in a family's life, the sexual abuse and its disclosure can have long-lasting effects on the survivor and on family members. Participants described how the institution often held significant meaning for families in terms of the educative, religious, spiritual, reputational, moral and guardianship authority they held (and hold). Key elements of relationships with institutions that influenced the impact of sexual abuse and disclosure included trust; institution as a form of family and/or community; the institution's response to the disclosure; institutional/collective power versus individual families; and betrayal/abdication of the authority people invested in the institution.

The type of institution in which the abuse occurred influenced how participants described and experienced these elements. In our sample, 19 of 33 disclosures were of sexual abuse that took place in religious institutions, such as Catholic schools, boys' homes or churches. Nine disclosures referred to sexual abuse in schools, including boarding schools. The remaining disclosures referred to sexual abuse in a range of institutional settings, such as sporting organisations, day care and supported residential care. Given that more than half of the disclosures referred to abuse in religious settings, families' relationships with religious institutions were a significant theme.

This chapter explores relationships with institutions before and after disclosure.

6.2 Relationship with institution before disclosure

This section covers participants' descriptions of their relationship with the institution in which the sexual abuse occurred. We specifically consider the significance of religious and educational institutions.

The significance of religious institutions

The significance of religious institutions in the lives of families had three key dimensions:

- moral and spiritual authority

- a form of family and community
- powerlessness.

A number of categories define these relationships, such as growing up in a religious family, which several people articulated but did not always elaborate on. Having familial and social ties with an institution expands on this theme as the relationship takes on other social and cultural dimensions and describes the roles of trust and reciprocity in social life. However, negative and destructive experiences can also underpin relationships with institutions, particularly when power differences are mishandled or abused.

Growing up in a religious family: the moral and spiritual authority of religious institutions

Participants who grew up in a religious family articulated the importance of their family's relationship with the institution, but more importantly faith itself was the central concept. It featured as a self-described personal attribute, as well as part of their broader engagement with religious institutions. For others, growing up religious was a feature of life but something that parents and grandparents practiced:

Very Catholic, so it was up until then and they were very, very, very Catholic. (Phillip, 60s, victim/survivor, adult disclosure)

And um, I came from a fairly strong Catholic background. Also, keep in mind that I was a bit different in the sense that I was acknowledged as having a vocation for the priesthood and my mum in particular thought that was fantastic. Absolutely. Catholic family having a priest in the family. (James, 60s, victim/survivor, adult disclosure)

But it was very much part of my mother's identity as a young adult when she chose to be a Catholic and then subsequently chose to be a nun – and growing up in a family of five girls where um, it was very precious and important to our mother that we all, um, understood the faith and understood the meaning, rather than the rules and regulations but the – the – let's say the spirituality of the church, you know? (Linda, 40s, sister of victim/survivor, teenage and adult disclosure)

Some participants offered cynical descriptions of the relationship:

My mum – my grandmother and my grandfather were – my grandmother was a very devout Catholic. My mum thought the Catholic schools were going to be better and this is the programming that used to happen from the Catholic Church, that the state schools let students run riot and the Catholic schools had some degree of discipline. (Rick, 50s, victim/survivor, adult disclosure)

There were both – my father was very devout, but I think my mother was much more ideological driver in that respect ... But, look I've often joked that if a priest told my mother she had to wear red underwear she's be out there at K-Mart getting a pair that day. (Dean, 60s, victim/survivor, childhood disclosure)

The experience of growing up in a religious family featured in several participants' narratives and was an important aspect of their early lives, particularly when one or both parents strongly identified with their faith.

Institution as a form of family and community

Linda and Louisa grew up Catholic and for them religion was a natural part of family life and of the way the community saw them. Their family was well known in the community because their mother had been a nun and she also taught music locally. Linda explained the difference between how she and her sisters experienced the Catholic Church as part of their upbringing compared with how their mother came to it:

We grew up in a culturally very Catholic family. My mother was a nun and my father was also a practicing Catholic as were both sets of our grandparents, apart from my maternal grandfather. My mother was a convert to the Catholic faith at the age of 20 and understood the Catholic faith through adult eyes rather than what we sometimes call a cradle Catholic. I think it's generally acknowledged that cradle Catholics and converts are somewhat different and that converts can be, let's say, more earnest and for want of a better word, umm, more connected, more with perhaps, um, the deeper aspects of the faith rather than it being – you know – just given. (Linda, 40s, sister of victim/survivor, teenage and adult disclosure)

Familial connections to religious institutions create strong community bonds where major milestones, such as births and weddings, involve the entire community. Participants described this type of relationship with religious institutions as being akin to having a big family, often not making a distinction between where their biological family ends and the broader church community begins. Establishing such strong bonds can be an important aspect of social connection for families that lack family support. The relationship with the institution becomes deeply embedded in every aspect of life and mediates the risk of social isolation:

Particularly in our church, we were a strong community. People would turn up – if someone went to hospital to have a baby or something and other families would hear about it, come down and clean the house up and provide meals for the next couple of weeks. (Tammy, 70s, mother of victim/survivor, abused aged 4 at local church, disclosed aged 4)

Sonya's family also saw the religious institution as an extension of family. Her parents both worked within the structure and were heavily involved in the organisation. Sonya and her siblings grew up in shared accommodation with other members and Sonya was involved in church social activities until she was in her late teens. When her father died her mother allied herself more heavily to the institution as a source of work, familial support and identity:

From the family point of view, Mum's family is the [religious institution]. Your related family – [they're] usually the ones who know you forever – and then you have a few on the outskirts that are sort of connected. Whereas, we had very [few relations]. So the investment in that [institutional] family for Mum is everything. (Sonya, 40s, victim/survivor, childhood disclosure)

When Ruben and Evelyn moved to another state, taking them away from all family and friends, they sought a connection with a church that could accommodate a growing family. Spending time involved in activities and services provided a sense of continuity and familiarity for their family:

We've always been attached to the church. We've been married for over 20 years, and we started being in the [religious institution] at the start of our relationship. We've always been attached to the church. We've been to various [events] over the years in various capacities over the years ... demonstrated a commitment to the church as (indistinct) the studies and apparently just trying to help other people. And then sort of coming here we looked around at a couple of the [churches] but there's a much older population here. We kind of landed on the [current church] ... [and] while again it's an aging mix, there were a couple of younger families there and one younger family about our age as well, so we thought "okay we'll give this a go". (Ruben, 40s, father of two victim/survivors, childhood disclosure)

A familial connection with an institution can give meaning and a sense of strong purpose to family life. A heightened sense of moral responsibility that members feel to each other works to support entire communities and decreases the risk of social isolation.

For some, the institution played more of a social role in their family lives. There is a sense of maintaining a connection through social interaction and attendance without suggesting a more strongly embedded dimension. Simon describes the institution in which he was abused as part of the social landscape of his family's life that was not strictly adhered to but was a constant presence nonetheless:

So it was sort a – there was a family lineage going through it, not – like we weren't a hugely religious family, but I was just you know you talk about the [place of worship]. It was the one we went to and it was part of the fabric of the family. And then after that I you know, so I guess we had proof of acceptance, there was a bit more trust, I think. (Simon, 40s, victim/survivor, childhood disclosure)

Max describes his family's relationship with the religious institution he attended as featuring a very social dimension:

We were, and all our friends were, in the church. We'd have priests coming, visit us for barbeques and it was a big part of our life you know? (Max, 30s, brother of victim/survivor, childhood disclosure)

A social relationship with an institution, although not central to family life, provides a sense of belonging in one's community. Positive interactions and sharing family life with others underpin a sense of security and reciprocity that result in a better quality of life.

Being religious and having strong familial ties to a religious institution are common. The church is considered to be either 'family' or an extension of the central family unit, and a survivor of sexual abuse and the family members they disclose to can feel a keen sense of betrayal. As Trothen (2012) notes, for family members 'the possibility of child sexual abuse by trusted religious leaders can be shattering'.

Destructive institutions/socially destructive institutions

A number of victim/survivors who participated in this research had little choice about establishing a relationship with the institution where their abuse took place. Orphanages or boys' and girls' homes provided care for young children whose parents were, at one time or another, unable to meet their needs. Other children lived in poverty and neglect at home and their school was the site of institutional child sexual abuse. Most of these stories relate to the 1950s and 1960s and adult disclosures.

Joan was living with members of her extended family, because her parents were unable to care for her, when she was involuntarily taken to an orphanage:

I came home from school. I was living with my uncle, came home from school. My father and a priest were on the back veranda with my uncle and aunt. A suitcase was packed. I changed my clothes, got into this black car, got driven to the orphanage, literally got out of the car, got swarmed by so many kids I've never seen in my entire life and they all had blue pinnies on. The car left, I was taken to a room. My beautiful rainbow dress, which was my good dress, and my doll and my other clothes were taken from me. I had to put on a blue pinnie and that was the end of my doll and that was the end of my rainbow dress. (Joan, 50s, victim/survivor, adult disclosure)

Joan describes an alienating and frightening experience where she lost her sense of security and familiarity and felt powerless. Her relationship with the institution continued in this vein for Joan's entire stay there. Ada also spent several years in a girls' home before being returned to her family:

It was a girls' home. And then, um, our aunty put us in there and then our mother came to get us late – years later and that was another situation. Anyway, I call it jumping from one frying pan into another. And, um, in order to escape that situation I got married and as I said had four kids. (Ada, 70s, victim/survivor, adult disclosure)

Derek describes his relationship with the institution where he was abused. As with Ada above, institutional child sexual abuse is sometimes just one facet of a troubled life:

And I was always getting into trouble, you know? I was always in trouble. I wasn't a really bad child, like I didn't – you know, I didn't try to stab anybody at school. But it was things like I used to – We were very poor when we got here (indistinct), we were very poor. And we had a little kitchen at the school and I used to go pinch a bread roll every now and then because I was so hungry. Like, we had no breakfast, no lunch. And I got caught and I got caught that many times you reckon I'd

wake up to meself, that I'm not getting away with this. But I got caught. And I copped it. (Derek, 60s, victim/survivor)

Educational institutions: reputation, prestige and duty of care

Several participants in this research articulated clear goals about their children's education, including their decision to enrol them in prestigious schools. Some wanted to give their children an opportunity they had not had the freedom or resources to pursue:

I went to a very bad school and so I had a chip on my shoulder about my school. So it was really important to me personally, um, all the things about going to this school. So I held the school up here. Yes and to be so involved and to be seen as supporting the school and being part of this amazing establishment. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

Lorraine chose an elite school for her sons. She wanted her sons to fit in and do well and this included giving them a cultural education that related to a better way of life:

It was an elite school – extremely high fee paying and we'd moved him from a state school system. So I insisted the boys were as well behaved and as compliant and as everything as possible, so they were well liked and achieved well in the school. (Lorraine, 50s, mother of victim/survivor, adult disclosure)

A number of single parents chose a boarding school to give their children stability while they worked long hours. Kelly, a single mother, sent her son, Jaspar, to a prestigious boarding school because of the opportunities it provided:

The school was at a boarding school, a private boarding school in the country ... You know, very prestigious elite private school where, this school is a feeder school ... Because I was working two jobs to pay the school fees and it sort of, you know, I'd see him every weekend, I'd go and watch him play sport or whatever. (Kelly, 60s, mother of victim/survivor, childhood disclosure)

Several parents discussed the financial sacrifice they made to send their children to prestigious institutions, and in return they expected a duty of care and relationship of trust:

At school, when you're paying \$14,000 \$15,000 a year and particularly that will – always been parents – I mean we never dropped our kids at school or at school sporting events and left, we all stayed there. (Terry, father of victim/survivor, adult disclosure)

A duty of care and an expectation of support and safety underpinned families' relationships with prestigious educational institutions. This expectation was sometimes a matter of trust for families whose relationship with the institution sometimes left them feeling like cultural outsiders.

Nina was starting a new business and decided to send her son Marcus to a boarding school for a short time, allowing her to focus on establishing the business that would ultimately support her family:

And when I came back, the plan was to start a clinic. And that meant I would need to be available for night and day. So, um, I made it a decision, um, with the father of – of my son who didn't participate in his – in the raising of him, uh, that he would go to a boarding school for one semester. In which time I would have got started. When the first weekend of home leave came for the kids, I rang up to see what time I could pick him up. And the girl in the office said "Oh, oh no, he won't be going home for the weekend". And, so I, um, not knowing much about these kind of schools, these private schools, I sort of accepted it for five minutes. (Nina, 60s, mother of victim/survivor, adult disclosure)

Nina's lack of cultural knowledge of private schools and her feeling of powerlessness in the face of unknown social rules is echoed by Dean, whose parents were both immigrants and on uncertain terrain in relation to educational customs and practices:

For both my parents corporal punishment at school was not something they had any experience of in their own countries. This was a very sort of Anglo-Saxon, Irish kind of tradition of controlling children and that did trouble them. They thought, no, this is an Australian school. You've come to Australia. This is what Australian schools are. (Dean, 60s, victim/survivor, childhood disclosure)

Dean's mother, Mrs Carter, describes negotiating an unknown cultural space:

Cause we thought well – the system – I thought it was the Australian system, where the kids got the strap in the, in the, in the primary, you know really the small you know young children ... But what do you do, y'know and I didn't dare say, "Ah these kids are going to go in a state school". I didn't dare, I didn't think it would be any better there, so. (Mrs Carter, early 90s, mother of victim/survivor, disclosed in childhood but cannot recall precise age)

This section explored the relationship that families experienced with prestigious, sometimes religious, educational institutions. Families made a commitment based on trust, believing that an institution with a good reputation had a moral obligation to provide care that met appropriate cultural standards.

Other institutions

It should be noted that the trust accorded to institutions and the sense of community and connection were not limited to religious or educational settings. A number of other organisations, such as sporting clubs, were also seen as part of family life and social activities, as described by Trish:

Well, my husband and I used to take our children down to the local pool to be in the swimming club, and on Friday nights the kids used to race and I was the timekeeper and my husband was a timekeeper as well with the races, and our youngest daughter was very close with the coach's daughter. So that was happening and we were friendly with the coach and his wife and on a Saturday we'd often go down and have a barbeque at the pool with them. The kids would all play and swim and then we'd go home. (Trish, 50s, mother of victim/survivor, childhood disclosure)

Victim/survivors and their families described their relationships with institutions in a number of ways.

6.3 After disclosure

Most participants had contacted the institution to obtain some kind of acknowledgement or redress. Following such contact and engagement with the institution, their feelings were largely negative and included:

- disillusionment
- rejection and abandonment
- repulsion and hatred
- anger and betrayal.

Some participants also described conflicted relationships, particularly with religious institutions, in which they tried to maintain a connection to their spirituality and faith despite their disillusionment with the institution itself.

Disillusionment

Disillusionment with an institution that was previously an important part of their lives affects numerous families who have experienced institutional child sexual abuse. They feel the institution has let them down and that their strong faith and commitment to the institution prior to the abuse has not been reciprocated with an appropriate response. The fact of institutional child sexual abuse occurring within a once trusted and closely held institution can often cause individuals and families to lose their sense of place in the world. Many people described suffering a loss of identity, of the ground shifting under them and losing their way. Evelyn and Ruben are strongly disillusioned with the institution and wonder how they will reframe their lives:

It was all the church and I guess I just, one thing I want to get across in this, is when something like that happens it's more than just what happens. It's – we have to change our whole lives now because we can't go back to that church anymore. So it's more interwoven. It's not just that simple. (Evelyn, 40s, mother of two victim/survivors, childhood disclosure)

I have left the [church]. I'm no longer a [church representative] ... What we see is a corporate culture of well, organisational protection, you know? And for me, you know, the fact that we're talking about child sexual abuse, it's just a catalyst for this issue within the church. It is no – I no longer view it as a church. I view it as just another organisation, just another welfare organisation. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

Like Ruben, Beverly now sees the institution in a different light:

You know, we went to the school, he went straight to the headmaster ... to the ladies at the desk, he said. "I want to report a sexual assault". So they heard it. And so we go there, we get this number, we go to this man and I don't even know if he's – it took two or three times before even – he doesn't answer his phone. The person with the number doesn't answer the phone. We had to ring [the service] to complain and suddenly we get the phone call back from the man, and then it's very, very political. It's extremely political. (Beverly, mother of victim/survivor, adult disclosure)

Marlene comments on the absence of an appropriate acknowledgement from the institution:

The lack of response and, um, kind of, disinterest of the church representatives was just, you know, appalling. (Marlene, 60s, wife of victim/survivor, adult disclosure)

Disillusioned participants did not receive the warm and caring response they expected and this forced them to see the institution they once shared familial and social relationships with as 'just another organisation'.

Rejection and abandonment

Several people turned away from institutions and a number of participants questioned their faith, rejecting aspects of the relationship they once cherished as an intrinsic part of their lives. Beverly talks about negotiating the painful fact of her long-held belief in light of her son's experience of institutional child sexual abuse:

And you know, like he stopped believing in God, and I mean, I've been a Christian for a long time, since I was 15 and for your son to tell you that, "No, I don't believe anymore, Mum, because when you're there crying out for God to help you and to take it away and it doesn't happen, that's it". You know, and you wake up in the middle of the night and you have visions of your 12-year-old son crying and praying to God to take these people away. So you know having to deal with those personal things ... (Beverly, mother of victim/survivor, adult disclosure)

Louisa describes her mother's sense of abandonment by the church in the face of the sexual abuse of Louisa's sister Amy:

She kind of cleaved more to the church in some ways, but in other ways she was against the hierarchy of the church; and the um eh, um patriarchy of the church 'cause she's received no understanding or acknowledgment or acceptance of the gravity of what had happened from the men in the church. Even though there were some good people, no one was interested in exposing the abuse or dealing with it in any sort of professional way. (Louisa, 50s, sister of victim/survivor, teenage and adult disclosure)

Evelyn feels abandoned by multiple social institutions. Her sense of loss is evident as she describes alienation from social contracts that were once a vital part of her own and her family's sense of security:

I guess, you know, this is another way our faith has been destroyed. You sort of have your faith. Well we had faith in the church. You know you have faith in your police. You have faith in your hospital and we were let down by all of them. Sorry, I'm going to cry again. (Evelyn, 40s, mother of two victim/survivors, childhood disclosure)

Ruben echoes Evelyn's concern, particularly over the institution's absence of support immediately after the disclosure:

I am deeply dissatisfied with the way in which the [church] has looked after Evelyn and I and my family ... very little care towards people. Evelyn has been damaged from this. I think had she had more counselling initially, it's what she – she needed someone from the church to sit down with her, hold her hand, talk her through it. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

Ruben suggested that had Evelyn received an appropriate institutional response in the immediate aftermath of the abuse against their daughters, she might not be 'damaged', but he fears that window has now closed.

Repulsion, hatred towards the institution

As a result of institutional child sexual abuse, many family members and victim/survivors expressed strong disgust and hatred of the institution that had previously been a source of social and familial relationships. Although the relationship remains complex for some participants, who maintain a conflicted engagement with the institution, they still feel a sense of repulsion.

Louisa is the family member of a victim/survivor, however her relationship with the institution is also complex. Her husband was a teacher who perpetrated sexual assault after befriending the priest who abused Louisa's sister:

I was really, really angry for years because my former husband, I think because of the encouragement he got from this priest, he abused girls at his school and was um ah charged with various sexual assaults on young girls. Sometime later and when he [Louisa's husband] got into trouble, we went to see this priest, the same priest, and he wanted advice from him, so [for] me it was, it was almost like living in a dream for about 15 years and I ended up getting very sick. I hate the Catholic Church, that's the bottom line. (Louisa, 50s, sister of victim/survivor, teenage and adult disclosure)

Simon's relationship with the religious institution where he experienced institutional child sexual abuse is complex because, at the request of his wife, he often attends religious services, which he remains ambivalent about at best:

For me the institution itself is, I'm quite repulsed by it and the concept of the institution of religions is also something which I am completely lost on now as well. (Simon, 40s, victim/survivor, childhood disclosure)

Anger and betrayal

Anger and betrayal were major themes for victim/survivors and family members when describing their relationship with institutions where child sexual abuse had occurred. Participants expressed feelings of shattered trust and anger at institutional responses, particularly at the power imbalance between resources available to families as opposed to institutions, describing it as an 'unfair fight', 'a war' and 'an ambush':

Dad really struggled with it probably. Like it's hard to say more than Mum, but for him in particular it wasn't just that someone had hurt his daughter, it was a betrayal of the church I think. He grew up in the Catholic Church. It was a very important part of his life. (Max, 30s, brother of victim/survivor, childhood disclosure)

Derek's anger stems from his abuse but also from his continued vulnerability and forced helplessness in the face of institutional power:

I really wanted to hurt the church. I actually – when I was at [religious boys' school] they used to have this little kitchen, (indistinct). And I even thought about buying some [rat poison] and put it in their stew or something at school. Like I really thought about this and I'm thinking now, I was 12 years old and I was thinking about murdering somebody. But the only reason that stopped me was there was this one good brother there and I didn't wanna hurt him. And I didn't wanna hurt the lady who used to do the cooking there because she would've eaten the same thing. Why I went to the Commission? I wanted to – I really wanted to hurt the church the way they hurt me. But I'll never do it because they're too powerful and they got too much money, too much power. (Derek, 60s, victim/survivor)

Others also expressed a desire for revenge and punishment that acknowledged the power of the organisation. James and Naomi dedicated several years trying to get the institution to acknowledge James's abuse:

I mean we've seen enough now to know that the key players in the church have consciously and unconsciously lied their way through all sorts of court cases and things like that. And denial. And denial. (James, 60s, victim/survivor, adult disclosure)

And use big money to fight big battles against little people who can't support themselves and that's actually the contemptuous. I want those bastards to bleed money. Bleed money. Until it hurts. Because I don't know whether you're sensing or not but we're angry and we're coping, we're living, we're fine but we would love to have the money to not only do nice things that would – you know – overseas trip and all that but to consolidate our grandkids' future. And to leave this world knowing that we've made a serious contribution to re-establishing the church and we can leave a legacy or a

fund of some sort for the people in need – or whatever. (Naomi, 60s, wife of victim/survivor, adult disclosure)

Ruben feels anger towards the church that betrayed the trust he had invested in it. Ruben and Evelyn's relationship with the institution filled the gap that had been created by their alienation from their own families and their geographical distance from them:

So no, I have not told – my mother's still living but I haven't told her. Nor have I told my siblings. Evelyn hasn't told her parents. Both of them are living. Nor has she told her sisters. It would not be helpful. And also (indistinct), again you know I made the comment that you know – we told the church. You know it was kind of important that we had a good relationship with them because we were kind of by ourselves and they knew that. They knew that we were estranged largely from our families and then they know the difficulties we've had with our families and you know, it just didn't change their response and that's hurtful too. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

Institutional responses that did not meet the expectations of a duty of care engendered strong expressions of anger and betrayal:

I would've expected more from the actual school itself. [The headmaster] ... He says I survived. You know, you can just tell by his wording and expression he was just worried about have I told anybody from the school? "Has it come out? You have to keep it quiet, hopefully this doesn't come back and bite my" – you know? (Nicholas, 20s, victim/survivor, adult disclosure)

Kelly and other parents whose children had been sexually abused at her son's boarding school received what she described as a very self-protective response:

Unbelievably pissed off and angry and disappointed. They kept – all – they kept trying to keep us [the other parents] apart all the time. They didn't want the parents to talk. They organised one meeting, which was really the DPP, that (indistinct) a sexual abuse guy who came to talk to us about what was happening and they organised it off the school campus. They didn't want us to be seen on the school campus in case people wondered why we were all there. So at one meeting, the headmaster kept reiterating over and over again that we were to keep it quiet to protect the boys. Like that was his – our boys, our boys, our boys. And I remember one of the dads, who's a really well-known dad, at that meeting said, "Fuck the boys, Bill. It's not the boys you want to protect. It's your school because you know if word got out about this your school would close overnight". (Kelly, 60s, mother of victim/survivor, childhood disclosure)

Kelly goes on to talk about the betrayal of the social and financial contract that had, in her eyes, conferred a duty of care on the institution:

What exactly happened to Jasper and where did it happen and how could the school have prevented it, and it was like I was paying \$40,000 a year, and for you to have a duty of care to look after my son. (Kelly, 60s, mother of victim/survivor, childhood disclosure)

Nicholas explores his parents' feelings toward the school where he was abused and echoes Kelly's sentiment:

"Well, look, you know, we trusted you with our kids during 9am–3pm. Um, you know we protected our kids when we were at school or at home and we always looked after them, the one place you can't look after them's at school". Um, uh, and then in the – even in the book – the guidebook it said, you know, "Your children deserve to be in a safe environment", "no assaults, no bullying" etc, you know? So I mean they've set what the expectation is. They just want just a simple, "Okay, well we are responsible. That yes, this did happen on our own fault". (Nicholas, 20s, victim/survivor, adult disclosure)

Nicholas's father Terry says:

It's I guess an extreme anger, yeah. Anger at the school, anger at the church. Angry about something happening when you make sure (indistinct) you put your kids in a protective situation where you think they're protected and you don't expect this to happen ... (Terry, father of victim/survivor, adult disclosure)

Several parents similarly felt they had fulfilled their duty of care to their children, paid high fees to provide a good education, kept them safe, ferried them to events, didn't leave them unattended, sought to avert risk, and the institution had let them down.

Betrayal and anger also extended to what amounted to institutions' deliberate attempts to derail parents' efforts to win acknowledgment and justice. Ruben describes what he and Evelyn had been told would be an informal chat with the institution after they had reported the institutional child sexual abuse:

And they just wanted to hear how we were going, that sort of thing. We walked in and it was a complete ambush. Now Evelyn and I are used to being in meetings and used to dealing with public servants and that sort of thing so we were fine. But honestly to anybody else, less educated, less well equipped, less experienced, they would have been absolutely sideswiped. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

The betrayal participants described was multifaceted, relating to expectations such as trust, care and reciprocity inherent in a relationship with a social institution. Beyond this, there was also a great deal of anger at how institutions abused their power in what constituted a deliberate denial of liability for institutional child sexual abuse and used strategies to intimidate families from pursuing justice. Their sense of betrayal was compounded for families that had originally had strong faith and certainty in their relationship with the institution.

Conflicted relationships

Participants who expressed ambivalence in their relationship with the institution where child sexual abuse occurred also expressed other responses such as anger, hate and a sense of having to make their own way. A complex range of emotional responses can be attributed to victim/survivors and their family members having multiple roles in relation to other family members and their experiences. Some people, such as Linda, attempted to distinguish between the various facets of the institution and individuals within the institution:

Working in a Catholic school and having a vocation, so to speak, as a Catholic school teacher, ah – I couldn't teach the social justice course, of course, I just – because I didn't believe there was a sense of social justice in the church at the time, and um so I resigned from that job. Other aspects of the church – the – the history um, of doing good, the stories of good people in the church, you know? I – I probably arrived at a – more of a midpoint. At one point I was so angry I didn't wanna know about the church and when I ultimately decided to go to therapy I – I went to work with a therapist who was a Buddhist. And um, yes. So I still believe in God, let's say. I still have a sense of faith. It's still a process. (Linda, 40s, sister of victim/survivor, teenage and adult disclosure)

Rick describes the distinction he makes between the institution and the people who perpetrated abuse:

I don't think I ever rejected the church. I reject individuals within the church. I don't go to church but I didn't make a conscious decision to not go to church if that makes sense. (Rick, 50s, victim/survivor, adult disclosure)

Simon describes a quite complex engagement he has with the institution where his abuse took place as his wife, children and parents-in-law remain firmly embedded in the religious community:

Yeah well once or twice a year when I've already – I'm not going to say I'm not going to go. I don't enjoy it anyway, like I don't get anything spiritual out of it. I don't get any (indistinct), I don't even

know why I go other than really it's part of the history, it's tradition and I disagree with most of the principles. I think that a lot of them – well the fact that (indistinct) used to justify not reporting this to the police, so I've got a huge problem with institutionalised religion, huge problem and – but I see it really is a waste of time for me. (Simon, 40s, victim/survivor, childhood disclosure)

Sonya was drawn back into interacting with the institution due to her mother's ill health. She had previously tried to cut ties with the institution:

I do like that idea that um yes, there might be something more than just what we are, but I am probably one of the most vehement anti-religious – yeah. I just can't – I don't want to hear about God. I don't want you to talk to me about it. I don't want you to use it as an excuse. Now I'm finding myself having to step back into it because I'm in the middle of – that's what I'm [doing] here today actually – for – is, we're doing an aged-care assessment on Mum 'cause she's got early stages of dementia. So I'm having to now ring the [religious institution] direct to ask them about details to do with Mum. (Sonya, 40s, victim/survivor, childhood disclosure)

Wilson and his brother Dean were abused at a religious school. Wilson elaborated on his reasoning for sending his young daughter to a religious school:

I have sent my daughter there but I had terrible misgivings about it. I really thought to myself, "Why?" Like you know what this is what I shouldn't be doing. Because I know what I got. But I did have big problems and I did actually say and talk to the principal and a couple of the teachers about it saying well you know I feel very uneasy about this. (Wilson, victim/survivor and brother of victim/survivor, cannot recall age of disclosure)

I still have a link to it. I do go to church occasionally and I sometimes – you know the philosophy that can get from a good sermon or something – I still find it can be good sometimes (Wilson, victim/survivor and brother of victim/survivor, cannot recall age of disclosure)

It was common for participants to have a conflicted relationship with the institution where the sexual abuse took place because of their multiple roles within their families and their communities. Most people face negotiations over familial obligations and responsibility to community. These narratives contain a sense of compromise and pragmatism.

This section has delved into what family and individual relationships with institutions looked like prior to abuse or the knowledge of abuse, and how they have been reconfigured after abuse or a disclosure of abuse. The narratives revealed that families feel betrayed and angry because the effort, commitment and trust they granted to institutions was betrayed not only by the abuse, but by the inadequate and unsuitable response. Several people talked about feeling abandoned and others abandoned the institution by creating their own path.

Hatred and repulsion were expressed and families experienced conflicted relationships because of the often multiple positions members held in their families and their communities that compelled them to compromise and negotiate new ways of relating to institutions where child sexual abuse had taken place. The next section explores the trajectory of victim/survivors and their family members and examines appropriate service and support options.

6.4 Summary

The key elements of relationships with institutions that mediated the impact of institutional child sexual abuse and disclosure included:

- **Trust** – Participants placed a huge emphasis on trust. This took forms such as trust around religion and faith, and trust because of prestige, reputation and what they could expect from that institution. Trust was also linked to the reciprocal nature of having close bonds with an institution. Participants'

trust was betrayed via the lack of reciprocity over the abuse as well as the response, which families and victims/survivors sometimes experienced as a deliberate strategy of abandonment.

- **Institution as ‘more important’ than the family** – Participants who grew up in families where the institution, usually religious, was an overarching presence were often overwhelmed by the need to prioritise that presence. They experienced a sense of powerlessness and worthlessness in the face of what was often represented as an unambiguously moral authority, positioning themselves not only as victims of institutional child sexual abuse, but as somehow responsible for that abuse in the absence of any alternative understanding. This was a common refrain from adults who felt they could not disclose in childhood, but was also a theme for parents who had sent their children to prestige educational institutions, albeit to a lesser extent.
- **Institution as community** – Familial and social bonds with institutions tie families to communities. But they also expose families to possible scrutiny and judgment. Social connections such as communities based on institutional engagement can often be closed systems and the sense of identity and status that individual family members experience can represent an extremely high investment. This can lead to non-supportive responses from family members to a victim/survivor and can result in periods of devastating trauma due to annihilation of a sense of identity for the victim who finds no support. This was mostly a feature of religious institutions.
- **Institutional responses to the abuse** – Institutions failing to acknowledge child sexual abuse has been a major theme explored in this research. Families and victim/survivors alike recalled minimisation, denial, abuse of the victim, shutting down of communication and rejection of disclosures and requests for support. This becomes another facet of the trauma families and victim/survivors experience as they are subjected to a type of inertia where they are awaiting a response and cannot move on with their lives until they receive it.
- **Powerlessness** – Participants were overwhelmed by the scale of the silencing, intimidation and sometimes threats made by an institution they had invested in and trusted. Families often felt angry, betrayed and disillusioned, and grappled with hatred and repulsion.

For participants in this research, the institutions had initially held a lot of meaning and value at both a practical, day-to-day level and at a symbolic level. Intense feelings of anger, betrayal and disappointment were key sources of distress for both family members and victim/survivors.

7 Help-seeking experiences and support needs of families of survivors

7.1 Overview

The final research question related to the support needs of families of survivors that disclosed in childhood and those that disclosed in adulthood. Areas of enquiry were:

- help-seeking efforts and experiences
- types of support needs families of survivors would have/did find useful or helpful.

Participants shared their experiences about what support they had accessed following disclosure, what support services had been helpful, their views about what they would have found helpful, and what they would say to victim/survivors and family members in the same situation.

The response of family members about what would have helped them often focused on the needs of the victim/survivor. In light of the practical, day-to-day challenges family members faced this makes sense. Family members were dealing with:

- taking primary care responsibility for grandchildren unexpectedly
- negotiating mental health service pathways over several years to get support for their family member's conditions
- having their family member hospitalised under mental health legislation
- the impacts of alcohol and drug abuse
- risk-taking behaviours
- attempted suicides
- conflict between siblings, parenting problems, anger and hostility.

Dealing with these issues heightened levels of anxiety, physical illnesses, unemployment, feelings of social isolation and financial pressure. Difficulties in getting the right support for the victim/survivor meant these issues were ongoing. In terms of financial strain, it could also mean putting the victim/survivor's access to therapeutic support ahead of their own.

There was considerable overlap of experiences linked to child and adult disclosures and to being a victim/survivor or family member. Given the overlap in what victim/survivors and family members identified as being helpful to them, the first section discusses the general themes raised across the groups. Next, the report discusses the support needs that were frequently identified as helping the family.

Much is already known about the support needs of survivors of child sexual abuse and one of the objectives of this project was to learn more about the additional needs of family members around victims. As mentioned above, the findings of this study make it clear that the needs of survivors and their families are intrinsically intertwined. Family members need survivors to be supported in addition to having their own needs met. Reflecting the primacy of participants' identification of survivor needs, these needs are discussed first in this section before exploring the additional unique needs of family members.

7.2 Experiences with help-seeking

Although a number of victim/survivors and families had positive experiences of getting in help seeking and accessing relevant support services, this was not easy to achieve and was the result of either of good luck or persistence. Overall, the experiences were that:

- it was difficult to know where to go to access support
- once a service pathway was visible, it was
 - difficult to access
 - not helpful or relevant
 - experienced negatively
 - difficult to stay engaged.

These experiences are discussed below.

No formal support or counselling sought or offered

Several victim/survivors and their family members had never sought therapeutic support for the trauma and symptoms related to institutional child sexual abuse. Due to the period in which the sexual abuse occurred, as well as the nature of some families' deep ties with the broader religious community, value was placed on not airing the issue beyond the family. For Linda and Louisa, this was the case for the victim/survivor and family members. Linda explains that seeking support for her sister Amy was restricted to acknowledging her physical health but not her mental health:

No. Not to my knowledge – nothing. I know they went to see a doctor. I know that one – when Mum found out that this had happened and that there'd been this abortion clinic that they went to see our local doctor who knew the perpetrator and um – oh look I know that Amy and – and Mum um – that it was not a very positive (indistinct), y'know and he – he – he spoke about what an extraordinary child it would be – if it were to – had have been born you know the – the [family name] and this – this amazingly talented priest – I mean it was just crap. There was – there was – no no – I can tell you that with quite a degree of certainty there was no counselling or psychotherapy at all. (Linda, 40s, sister of victim/survivor, teenage and adult disclosure)

Louisa was more concerned for her sister and did not seek, nor know how to seek support for her own secondary trauma related to her sister's abuse:

No I didn't get any help. And I didn't seek any help because I didn't know what was available and I sort of, I don't know, I always thought that I, I'd be okay. I was much more worried about her. (Louisa, 50s, sister of victim/survivor, teenage and adult disclosure)

Stan disclosed in adulthood and had, up until then, used various strategies to manage his trauma and memories of institutional child sexual abuse. Being labelled brought issues for Stan's sense of efficacy and identity:

So he didn't have counselling, he didn't have any medication. He – he honestly thought until he was sent by the courts for psychiatric reports, he honestly thought he was fine. He was doing well. He was shocked, actually. He came home and said to me, "Well, this is it. I'm officially a nutcase." He was disgusted. (Helen, 50s, wife of victim/survivor, adult disclosure)

Kelly was not offered support by the boarding school where her son was abused:

I organised for him to have counselling because the school did nothing, nothing at all, they didn't ever say they were sorry, they've never followed us up, they've never organised counselling, nothing, nothing at all. (Kelly, 60s, mother of victim/survivor, childhood disclosure)

Many participants had expected that the institution where the abuse took place would arrange for support services. Kelly thought this was a reasonable expectation as her son was abused while in the care of the institution.

Difficulty obtaining the right support or delays in receiving support

A number of issues underpin the experiences of victim/survivors and family members who described the support they received as inappropriate, delayed or not helpful. Some felt that accepting support services provided by the institution in which the abuse took place represented a conflict of interest. Others didn't like the structure of the counselling and services. James's trajectory for seeking support revealed what he considered a serious conflict of interest:

And we even had to fight to get um, psychiatric support paid by um, CareLink because in the early days of my disclosure when I was absolutely rock bottom, I finished up at me GPs and I said, look, I told him. He – he was staggered. And he said, “Right, we’ve gotta get something going here”. And he used his contacts to get hold of a psychiatrist and I turned up there and I said to her, “Look, I gotta talk to you about sexual abuse”. And she said, “Oh, yes. Where?” I say to her, “Well, it was at when I was at school. It was like 40 years ago.” She said, “Oh”. She said, “Before you go any further, I’ve got to tell you that I’m part of the compensation panel for the Catholic Church”. (James, 60s, victim/survivor, adult disclosure)

Rick experienced extensive delays in receiving counselling at a time when he was communicating a great need for support and high levels of anxiety and crisis in his life. The care that was eventually offered to him did not nearly meet his needs and he ultimately sought out a private practitioner. Rick believes the institution was delaying providing support services in the belief that he would suicide:

Okay. So in my instance there's this person that's disclosed to [religious institution's support arm], disclosed to his wife and wife has bailed on him. Two weeks later, he goes along to the Catholic Church and goes through the ins and outs of a brass razoo with a person that was basically a scribe. Six weeks later, still no support. So they acknowledged receipt of it, but did nothing with it. I spoke to a lady who was a mover and shaker as far as these types of things are concerned and someone from [religious advocacy group]. They jumped up and down and said if they don't – they went back to the Catholic – towards [support group] in [major city] and said, “Here's this guy falling apart. What are you going to do about it? If not, the media is involved”. I was then approved for 10 sessions that day. *INTERVIEWER: Was that sufficient for you?* I did 40 sessions with a clinical psychologist. (Rick, 50s, victim/survivor, adult disclosure)

Simon had a similar experience and believes that so few sessions did not constitute an appropriate support for him. He believes that government policy should dictate the adequate provision of support services:

Um, yeah, I think policy wise we need to have a much better approach dealing with um, funding and care. I think we unfortunately have a one-size-fits-all approach with a lot of policies in this country. We all love to think we are all individuals and all different but when you've got a policy that says you get 10 days to grieve a year as an employee and you've got to be at work at nine o'clock in the morning on the dot. I struggle getting onto public transport 'cause I have to share my space with other people and it sickens me every day. I wake up in a panic most days. It's only with I think it's the strong medication that I'm actually taking not to have my heart racing when I wake up in the morning and that will affect my trip, my fear of emails that are going to arrive, phone calls that have to be made, disappointing people at work, fear about what's going to be fucked up next. All of this stuff, most people don't care about, they don't think about it, they go to their jobs and they think it's all fun and games and for me it's an insurmountable obstacle course every day, every single day. And the weekends bring no relief because I'm just thinking about what I have to do again come the next week. The amount of verity I need to deal with that is frightening, actually quite frightening,

any amount of contribution I get from the government is even more frightening. Commonwealth governments are prepared to fund up to 10 psych sessions a year, I need 10 a month. There are people that need 10 a week. It's woefully inadequate. (Simon, 40s, victim/survivor, childhood disclosure)

Mitchell echoes these concerns:

Or you know, that kind – there's kind of limitations. Like you're suddenly cured. It's like kinda saying so you can have cancer treatment, but we'll only give you three sessions. (Mitchell, 40s, victim/survivor, childhood disclosure)

Phillip's experience is another example of delayed or inappropriate support provided by the institution:

So they've got – there's a social worker there. One in particular, they've got a few. But I've got a really good relationship with. So I see quite a bit of her but on an ad hoc basis. But over and above that they – when I first went to them, went to the church and said, "I want some support, I want some help", I think they funded – they paid for me to do a few counselling sessions and that went around in circles and I didn't get much out of it. Then I spoke to my general practitioner, he put me onto this psychiatrist that I'm seeing now. I met with him first but then I told the church, "This is who I'm seeing and I get this much rebate from Medicare and you're gonna pay the rest." (Phillip, 60s, victim/survivor, adult disclosure)

Overall, many participants expressed concern at the lack of appropriate support and the delay in the response of institutions in arranging support for victim/survivors. Research into male pathways to seeking help demonstrates that male victims in particular will often only seek support services when they reach crisis point and this seems to be reflected in the narratives of some of the male participants (Foster, Boyd & O'Leary, 2012).

Financial issues

Some family members found that providing support services was a financial burden, which created more stress. This usually occurred when a constellation of social, emotional and other support services were needed. Beverly explains how support for her son Nicholas added to other financial burdens:

So it's actually been a huge, huge – if you include doctors' fees, if you include fees we paid to the school, there's been a huge – apart from living for nine years with one eye open and all the rest of it, the financial burden has been huge. (Beverly, mother of victim/survivor, adult disclosure)

Kelly was forced to cease her own counselling in favour of her son's because she couldn't afford to pay for both:

So I think people need – and you know, counselling's expensive. I couldn't afford – I mean my counsellor was charging me \$160 a week and I got some back on Medicare I know, and I used the 10-week plan but I mean, after that I couldn't – you know, it was expensive. I couldn't afford to maintain the counselling for me and for Jaspar and you know his needs came before mine. (Kelly, 60s, mother of victim/survivor, childhood disclosure)

Mitchell reiterates that the cost of counselling can be punitive:

... Other counsellors were \$200 a time was just – just too much. Yeah, well financially too ... you know, whatever number of sessions you can get under a mental health plan. Or you know, that kind – there's kind of limitations. Like, you're suddenly cured. It's like kinda saying so you can have cancer treatment but we'll only give your three sessions. After that they give up. So things that can be on – I mean I don't want it to be ongoing but it can be. (Mitchell, 40s, victim/survivor, childhood disclosure)

Support services and approaches not meeting needs

Families and victim/survivors often used several and varied therapeutic interventions involving counsellors, psychologists and psychiatrists. The institution where the abuse took place often referred participants to services, and at other times victims or their families sought out private practitioners. This section briefly explores the ways in which support services failed to meet participants' needs fully. Mitchell describes some of the practitioners he has seen over several years:

You know and you really don't have much of a clue and you've got no life experience, and then you know, you're going to tell me how I should live funnily and you know, I get some whacky shit, like you know you've got to follow this Hawaiian humming routine or something. And I'm looking at them going um, yeah I'm not sure that's going to work for me right now thanks. You know? (Mitchell, 40s, victim/survivor, childhood disclosure)

Derek went to a sexual assault service to help him identify the best support for him:

When I first went into [sexual assault service] Dana was, she ran it in [large regional town] and she said to me, "This is not about coming in and telling your story and getting upset, this is about you men getting together as males, having a pizza, having a cup of coffee". Of course as soon as I went in there, everybody started telling their story, they started – everybody's starting to cry and I'm thinking, "This is upsetting me". So I went back a couple of times and [then stopped]. (Derek, 60s, victim/survivor)

Derek then tried one-on-one counselling:

They sent me to a psychologist for 10 visits. So I went. But I hated going there and I didn't get nothing out of it. Yeah. Well, it was an (indistinct). And he was bored. And I was bored. And he was yawning and I was yawning. And we started – we ran out of things to say so we started talking about other things. Nothing to do with the church. You know, and then I think it went every – I think it went for 10 executive weeks, successive weeks. So I got to the stage where I thought, "Oh, I gotta go here again, what are we gonna talk about this time?" You know, it's like that? (Derek, 60s, victim/survivor)

Few options were available that suited Derek's personality and needs, and could help him understand the process of healing. Derek eventually stopped seeking help. Linda, describing her sister Amy's efforts to get support, says her abuse affected her development as a young girl, and she now has difficulty forming a therapeutic relationship:

Amy now does. And ah, finds it very difficult to stay in a therapeutic kind of process. And starts and finishes um, finds the talk therapy very hard. Finds the talk therapy very hard and the thing is, that it's because – and I know this, it's because her capacity to relate has been damaged and talk therapy hinges on a capacity to do – to have a relationship although – albeit therapeutically. (Linda, 40s, sister of victim/survivor, teenage and adult disclosure)

Ruben and Evelyn describe counselling provided by the institution where the abuse took place as inadequate. They note that the institution sees the counselling as a panacea for the victim/survivor, and that it is all the institution is offering, seeing it as an appropriate and caring response that fulfils its duty of care to families:

So I reiterated again and again the injury incurred to my daughters, the fact that they are – you know, they had been really emotionally damaged through this and the bit of counselling – and I think rather the view the church has is you have a bit of counselling and you're fine. Have counselling you're fine. And they don't really understand or want to understand perhaps that counselling doesn't take back what's happened. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

Evelyn believes ongoing support is required and this is not acknowledged, and she feels her daughters needs have not been met:

Sophie has had repeated counselling. We went to [a sexual assault service] for as long as they would see us with the girls. Not that they said you can't come any more, but they just sort of got to the point where they said, "Look. All we can do with the girls is go through this personal safety program. We've done that. There's really not much else we can do." So they did say, "Look if there's anything new that you want to talk about you know by all means bring them back." But they basically said, "Look, there's not a lot else that we can do for them." So they stopped going there. (Evelyn, 40s, mother of two victim/survivors, childhood disclosure)

Participants in this research have attempted various types of support, which do not meet all the needs of a very diverse range of individuals with different needs. The next section covers the support services that victim/survivors and family members nominated as having greatest potential to meet their needs.

7.3 What would make a difference

Accountability and acknowledgement

Participants (both victim/survivors and family members) said making institutions accountable was an important aspect of an appropriate response to institutional child sexual abuse. For some participants, the first step in holding institutions to account involved the preparedness of family members to step forward and notify the relevant institution of instances of child sexual abuse:

I would want to say to the parent you need to hold these people accountable. You need to say to whoever – you need to tell whoever that is and if you say it once and someone doesn't listen, you need to say it 25 times ... It's important that your daughter or your son sees that it's important to you. (Sonya, 40s, victim/survivor, childhood disclosure)

Sonya, a victim/survivor, described the importance of the parent's role in advocating for their child, outlining the effect of showing solidarity with the victim/survivor by trying to make the institution accountable and by providing emotional support:

I know that you feel bad and that you've got guilt and you've got shame and doubt and all that. You need to remove that a little bit and look after your child and part of looking after your child is to step up and go, "This isn't okay". (Sonya, 40s, victim/survivor, childhood disclosure)

Participants said a key factor in an appropriate response should be the organisation acknowledging the disclosure:

First response by any organisation to a disclosure by a child should be formal. Forms filled out – the story recorded and everybody gets a copy. This way it can't be minimised or ignored; it becomes official. (Nancy, 40s, mother of victim/survivor, childhood disclosure)

The significance to victim/survivors of being heard and accorded legitimacy were factors emphasised by participants such as Beverly, Rick and Dean, who said children's voices should be valued and accorded respect:

... hear his voice and to listen to [it;] validate that it's not right [this] is very important to him too. Acceptance and validation. So for the institution, for them to accept and validate. Not to put off like, "Yep, fob off". (Beverly, mother of victim/survivor, adult disclosure)

Most survivors just want to be listened to because when they were a child and they tried to tell, they didn't have a voice. I'm a firm believer that the physical event of the molestation, rape, sexual assault, is actually easy to deal with. The physical part of it is easy to deal with. It's the mind rape after that hurts when you speak about it and you don't get listened to. (Rick, 50s, victim/survivor, adult disclosure)

For some participants, giving legitimacy to the voice of the child and holding institutions to account were interrelated requirements:

... paedophilia does not flourish in environments in which children are respected as human beings and where violence is just regarded as unacceptable. Obviously parents have to be able to feel that they can go and discuss concerns with the principal or with a teacher. Those clergy in [the 60s]. They certainly set themselves apart from the lay populace. They weren't really ... approachable. ... I think in our case the word of children – children were regarded with – just dismissed. You know our reports. Our complaints were just dismissed. They were just not considered worthy of examination and that a female lay teacher should raise them was just dismissed. There was also the notion of closing ranks and you know the notion of a religious order, somehow the clerical religious law being above the civil law. To me that's totally unacceptable and that's something the church has to accept. That they are not above the law. (Dean, 60s, victim/survivor, childhood disclosure)

Numerous participants reflected on the significance of institutions acknowledging instances of child sexual abuse that occurred on their watch, instead of denials by institutional representatives or a 'closing of ranks':

... just even some acknowledgement from the school that this has happened ... yes, it's in the media and – where there's been some case where, you know, there's been charges laid and stuck and guys, you know, sentenced to gaol. But I think what it needs to do is there needs to be accountability from the top, acknowledgment from the top. (Alex, 40s, father of victim/survivor, teenage disclosure)

One of the things I think is most dangerous is the conspiracy of silence and cop-out. (Helen, 50s, wife of victim/survivor, adult disclosure)

I think a clear policy from the school that such behaviour is unacceptable. That if you become aware of anything like that that you know the principal's door is always open ... A teacher in the school becomes aware of it and when she goes to the principal and gets fobbed off and then asks to see the principal of the college who's you know the superior of the principal at the primary school and still gets fobbed off. Even gets told to look for another job. Well it doesn't give you the sense that she would've gotten very far ... there was a culture of closing ranks and but I think there was also a sense of powerlessness. (Dean, 60s, victim/survivor, childhood disclosure)

Some participants identified the concept of acknowledgment as underpinning improved institutional and system responses. They said a process should be established that guides victim/survivors and family members to appropriate services and supports. They said parents should get help supporting their child and shouldn't be left alone to work their way through the system:

I think from an institutional point of view we – we have to – we have to make people accountable. ... When you're confronted with the person in front of you, how do you actually react? You actually have to step up and show us [what] those processes are – and not just from a written bit of paper. (Sonya, 40s, victim/survivor, childhood disclosure)

... We needed to get all of those strategies and all of that, um, the outside help, when we were dealing with the bombshell that was [Damian], that needed to be there. We didn't need to, to learn it and to clean up the mess after it and now we feel like that door was shut and that was badly handled and we're left with an 18-year-old boy that's devastated because that system failed him. (Olivia, 40s, mother of victim/survivor, teenage disclosure)

Alex, the father of a victim/survivor, envisaged the establishment of an independent response process that commences upon notification and which is characterised by impartial and open discussion that focuses on the victim/survivor rather than on protecting the relevant institution:

I'd like to see some system in place where – that when these matters are raised, there's access somehow that – yeah, this procedure happened automatically. It was autonomous, it was completely unbiased, there was no, you know, no closed (indistinct) thing that you know, "We'll try and protect ourselves in here". There needs to be independence out there, warts and all of what you have to say

and it's dealt with somehow through that system. (Alex, 40s, father of victim/survivor, teenage disclosure)

For some victim/survivors, an important aspect of acknowledgment involved a genuine apology:

He's been waiting 50 years ... to hear an apology and he said all I want is the apology written. I want it written and signed ... Until that pawn moves I don't think he's going to move. (Marlene, 60s, wife of victim/survivor, adult disclosure)

I think there's one thing and it's they need to be believed. (Brian, 50s, victim/survivor, childhood disclosure)

Overwhelming legal barriers to open and honest discussion was a factor also identified by victim/survivors and their families. For example, Olivia, the mother of Damian, a victim/survivor who disclosed in childhood, described the challenges at the outset of facing an institution that has legal representation and their own difficulty with securing legal representation:

... what we came across, came against ... was David and Goliath. They straight away went to their solicitor and they started um putting all these um legal um blockages in our way and um we actually approached eh actually a solicitor and they didn't want to touch it because it was the ... church. We just felt like overwhelmed, like we just felt like such a small (indistinct) and against this huge institution that it stems from the ... church was just devastating ... (Olivia, 40s, mother of victim/survivor, teenage disclosure)

Victim/survivors and their family members also nominated broader social acknowledgment of the occurrence of institutional child sexual abuse and its longer-term implications as crucial:

I know families whose – and even our family – other families, other Catholic families in the community, treated us like hell with the disbelief and the, you know the, um, vilification of us as people and a family, that was incredibly confronting for my mother in particular, that other [church] families in the community were treating her with such, you know, vitriol. (Louisa, 50s, sister of victim/survivor, teenage and adult disclosure)

Accessible support services

Timely access to therapeutic services, including counselling, was identified by many participants as a critical element of support:

It's having access. Having – you know, here's your free number. Here's your reverse number. Here's whatever it is so that you can just go to a phone and press 222. And it'll go straight through to a hotline ... Whether it be [government community] workers or social workers. I mean immediate attention. (Mitchell, 40s, victim/survivor, childhood disclosure)

But, you know, you need to have that support then and there, like it needs to be there. It shouldn't be hard for the victims or, you know, parents of victims to get support, like the immediate support that's needed. It should be a fairly easy thing. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

Lack of access to services was a factor numerous participants identified:

We haven't had support structures. We haven't had a legal system. We haven't had a police system. We haven't had any supportive systems to bring people to justice ... (Nina, 60s, mother of victim/survivor, adult disclosure)

... because the time involved and the money involved with what little you get back from the government is woefully inadequate, woefully inadequate, and it's actually insulting what support the government offers. (Rick, 50s, victim/survivor, adult disclosure)

Some participants identified provision of gendered support services for victim/survivors as important. For example, Rick described how it was harder for male victims to find therapeutic support because most services see victims of sexual abuse as women.

While many participants acknowledged the importance of accessible therapeutic services, some, such as Olivia, the mother of a victim/survivor, described negative experiences of counselling that made ‘things worse’ or failed to prioritise the victim in the provision of services. Alex, the father of a victim/survivor, described his difficulties getting counselling services for his son from a service provider of the same faith background as the institution in whose care his son was abused.

Specialised support and skilled practitioners

Specialised support provided by skilled practitioners was more effective in helping victims of institutional child sexual abuse, several participants said. They emphasised that expertise in specific areas of child sexual abuse was required, calling for service providers to have the necessary specialist skills, qualifications and experience:

I think part of the answer needs to be specially trained counsellors because, you know, I’ve looked at the credentials of some of the counsellors that we’ve been speaking to and they look fantastic. It doesn’t mean they have a clue that they know what to do with this sort of thing ... Now we’ve spoken to a number of counsellors and I’ve got to tell you, including counsellors through [child sexual assault advocate service] and they’re quite honest and they say to me, “Look, I really don’t know what to say to you. Nothing has prepared me for this. This is a unique area of counselling. We’re not aware of – I’ve never had to deal with this before”. And that’s what they say. I mean, I’m pleased that they’re honest about it, but that’s the issue, that we have not come across a single effective counsellor. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

I’m afraid I think it’ll be a once-off in that the supports that have been put in place are so inept that you know men are sceptics and you only have to fail them once and you never see them again. (Eric, 50s, victim/survivor, adult disclosure)

As Eric foreshadowed, some participants identified a need for gender-specific services tailored for male victim/survivors:

A 24-hour service for male survivors so the counsellors are focused on the needs of the male [victim/survivors] ... people who do sexual assault training should have to have training in sexual assault. Not in general degrees in psychology or social work and ... let loose on the market and then they come across a few survivors, wing it through and then promote themselves, “Oh yes we deal with sexual assault”. (Nathan, 60s, victim/survivor, adult disclosure)

Replacing silence and secrecy with open discussion

Numerous victim/survivors described difficulties associated with keeping silent and with the secrecy imposed by the institution and their community. Specialised interventions were identified as vital, enabling victim/survivors and their family members to talk openly in a supportive environment (as distinct from counselling), and enabling a meaningful discussion:

You know I want a clear narrative and it’s troubling not being able to remember everything or understand everything and I didn’t understand – I mean it’s really only in the wake of the Royal Commission I think that I’ve started to get a clearer idea of the impact on me of those years. (Dean, 60s, victim/survivor, childhood disclosure)

Some participants described the process of speaking out in public forums, including contributing to the Royal Commission, as a positive and meaningful experience:

I gave evidence. I found that very, very helpful. Um, I walked a – I walked away from there feeling cleansed. (Daniel, 60s, victim/survivor, adult disclosure)

It's about having your voice recognised ... The Justice was unbelievable. She was, you know, she was like this mother figure that was just amazing. She was encouraging. She let me speak. (Sonya, 40s, victim/survivor, childhood disclosure)

They've got to listen to me now and I'll tell everyone ... That works for me. It won't work for everyone. But it works for me. It helps me channel what I'm feeling instead of internalising it. Now I can externalise it. So I don't do myself so much damage. (Joan, 50s, victim/survivor, adult disclosure)

Having avenues available for less formal discussions also emerged as important for victim/survivors:

We [need] ... softer places where they're not kind of sexual crisis centres, you know like they're more community centres ... a safe place to go and have a chat. (Mitchell, 40s, victim/survivor, childhood disclosure)

Customised approach to service delivery

Many participants emphasised the importance of an individualised approach to providing services and support, identifying a one-size-fits-all approach as inadequate. For example, Simon and Phillip described the difficulties of having their needs met within the confines of the 10 funded counselling sessions available under a standard Mental Health Treatment Plan:

I think policy-wise we need to have a much better approach dealing with um, funding and care. I think we unfortunately have a one-size-fits-all approach with a lot of policies in this country ... Commonwealth governments are prepared to fund up to 10 psych sessions a year. I need 10 a month. (Simon, 40s, victim/survivor, childhood disclosure)

Participants, including Phillip, described the need to tailor support services to meet the individual needs of victim/survivors as they changed over time:

So I think it could be that someone wants a heap of support right now and then they don't need anything for two years, but then they might need stuff again. So the prospect of saying to people, "Well look we'll pay for 10 sessions or 20 sessions or for two years but then you're on your own". I think that's a nonsense. (Phillip, 60s, victim/survivor, adult disclosure)

Sexually abused children, they're the most wounded of people and it's a life-long journey to recover themselves ... (Nina, 60s, mother of victim/survivor, adult disclosure)

Indeed, customised support provided over the victim/survivor's lifetime and at key life stages was identified as a critical feature of an effective and appropriate system response:

... we want a commitment to ongoing counselling for the girls, including what happens when they get married, when you know, if they get at that point where they get married and they have children. What if this affects them at different stages in their life. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

"Oh we'll pay for counselling right now. For now." Like they made it clear that it was for now and I said, "Well how long is for now?" ... This could affect her the rest of her life and they wouldn't – they would not make a commitment to providing counselling down the track. (Evelyn, 40s, mother of two victim/survivors, childhood disclosure)

Assistance with relationship and communication skills were also nominated as areas needing individual attention for victim/survivors. For example, Simon, Wilson and Mitchell spoke of the difficulties they experienced interacting with authority figures. Simon described the interpersonal issues he faced in his corporate workplace and the feelings of 'imminent fear' he felt every day:

I'm barely functioning at the moment and I'm in an environment where I have very little control over it, a large corporate environment which I struggle with dealing with interpersonal problems all the time, problems with authority figures, people in set positions. I have a sense of imminent fear that something is going to happen that I've [expletive] majorly. And I've got to manage all of that around my own time to go to various things I need to go to. (Simon, 40s, victim/survivor, childhood disclosure)

I have had some issues with accepting authority and I suppose because some of my authority figures in the past weren't you know really fit to be in a position of authority. (Wilson, victim/survivor and brother of victim/survivor, cannot recall age of disclosure)

... you know, your confidence at work collapses. And [I'm] fighting with my bosses and all that kind of stuff. (Mitchell, 40s, victim/survivor, childhood disclosure)

More generally, some victim/survivors described difficulties they experienced with daily social interactions and relationships:

... It is hard to trust people. Um, relationships aren't as straightforward. You know, um, I don't wanna go out with my mates clubbing for a specific reason, I'm probably gonna knock someone in the head. (Nicholas, 20s, victim/survivor, adult disclosure)

... learning relationship skills, which I'm hoping that Matthew will be going in to do ... Learning adult relationship skills etc., I think is one of the most important parts of the recovery. (Nina, 60s, mother of victim/survivor, adult disclosure)

Compensation

Participants provided insight into what types of compensation would be meaningful. Some victim/survivors linked compensation to lost educational and career opportunities, and Simon, Phillip and Mark suggest that victims would benefit from not only therapeutic support but practical assistance aimed at job and career progression:

Instead of me sort of suing the [institution], which I probably could yeah, give me a job. Give me a job. (Mark, 50s, victim/survivor, adult disclosure)

... I should be running a company by now but I'm at the bottom of the food chain and yep, do I feel any resentment about that, absolutely. Why do I put myself through it, because the government won't contribute to my ongoing care and therapy. (Simon, 40s, victim/survivor, childhood disclosure)

Up until six or seven years ago, I worked my way up in sort of middle management jobs in local government. Probably by now I would've been a general manager somewhere. Then all of this stuff came along and became quite public, so that knocked me around something severe. (Phillip, 60s, victim/survivor, adult disclosure)

I look at other people and I look at successful people – and I wonder how they've got on and I'll look at them and I go, "Well, I'm as good as him." You know, I could do their job easily. And I wonder if this sort of thing hadn't have happened, how far I would've gone. How successful I would've been. And I think I've been reasonably successful. I was in [management] for 15 years so you know, I'm no mug ... I've been robbed. I've been, you know, something's been taken away and you know. I just wanna – I'd love to know how far I would've gone without this um, sort of hanging over me head. (Mark, 50s, victim/survivor, adult disclosure)

Participants identified compensation as a means of providing victim/survivors with long-term financial security:

I think compensation would help some of these young people, who have been victims, even if it's only to put a deposit on a house. They need some sort of stability and what they've done they've lost all those years at school they – they don't – she didn't concentrate and she wasn't naughty at school, but the teachers said she wasn't concentrating on what she was supposed to do ... That's a big one, they definitely need some financial support, because they lose so much of their lives and if they lose their education that's a huge loss in compensation, you can never make up for that. (Trish, 50s, mother of victim/survivor, childhood disclosure)

I can only speak for myself, but I'm pretty sure there's a lot of guys out there, probably women too, in the same boat. Um, you know, we – we missed out on the opportunity – well, I can say, "Me." I missed out on the opportunity of work. But it comes down to, you know, one day I'm gonna die, I haven't got the money to – to bury myself. Ah, so what I – what I'm looking at – is that maybe the government's ah, not give us the money but put some money away for things like ... if a medical thing comes along and they need that money and they need the operation, the money's there, we can go to ... a trustee or someone and say, "Yes, we've got x amount for this guy". (Daniel, 60s, victim/survivor, adult disclosure)

Daniel suggested that placements in supportive work environments would help victim/survivors to get 'back on track'. Mark suggested government and work-related agencies give practical support to those interacting with the Royal Commission.

In addition to compensation for the victim/survivor, some family members said they would also like to be compensated for their losses or be helped with devoting time and effort to healing their family:

I would like to see my son compensated. You know the fact that I've had to really sacrifice my whole career in a way in order to attend to his health and you know guiding him through doing research. Finding out. He's got a lot ahead of him ... He's got you know a mortgage up to here and he's got two children he wants to raise and educate. I would definitely like to see him willingly compensated by them and compensated adequately 'cause you know he's had very severe psychiatric injuries. He's had a struggle and he's still kept you know a good spirit. (Nina, 60s, mother of victim/survivor, adult disclosure)

This would be my dream world. I could stay – I didn't have to work any more and I could spend more time at home with my daughters and with [Evelyn]. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

Accountability and service delivery that treats victim/survivors with dignity and respect

A number of participants said the treatment of victim/survivors needed to improve. For example, Nina talked about the potential damage arising from the court process and cross-examination in particular. More generally, genuine acknowledgement of victim/survivors and sincere, respectful and dignified treatment by professionals they come into contact with were nominated as important:

.... my son has had no respect. He's never been recognised as a victim. (Nina, 60s, mother of victim/survivor, adult disclosure)

... from our point of view – the sincerity, the reverence, the um, dignity and the professionalism with the people we met along this journey has been extraordinary. That's the only thing that's really given us any, any hope, well for me, any hope of, of things being righted in the future. (Alex, 40s, father of victim/survivor, teenage disclosure)

7.4 Service issues for family members

Ameliorating isolation

A consistent theme family members of victim/survivors described was feeling isolated following the disclosure. They called for services and support to alleviate isolation and encourage open discussion:

There was no help at all. I was completely isolated and alone and didn't even have a way of speaking about it and that's partly why this whole process now, this Royal Commission and this – even this interview – is giving a structure and a context and a capacity to speak about these things. (Linda, 40s, sister of victim/survivor, teenage and adult disclosure)

Some participants discussed the importance of family members also receiving the support while they were trying to look after the victim/survivor:

... support them [the victim/survivor] but support yourself and set boundaries when you have to get – get all the support structures that you're eligible to get and make sure that you have advocacy. (Nina, 60s, mother of victim/survivor, adult disclosure)

I realised way back I should have gone for counselling myself ... I couldn't have fitted it [counselling] in. And I just didn't ... I was too busy doing and being here and supporting, realising I was falling apart and realising, but thought look I'll just have to plod through this. (Marlene, 60s, wife of victim/survivor, adult disclosure)

Advice, support and advocacy

Family members in a support role said they wanted easy access to advice, support and advocacy on behalf of victim/survivors, taking the pressure off parents to research how best to respond while trying to deal with the fallout for the family arising from the abuse. A number of participants described the dearth of support services or guidance available to enable them to forge an appropriate response:

And we were saying, "Where's the support for the family members who've had this bomb dropped on them?" (Naomi, 60s, wife of victim/survivor, adult disclosure)

Some participating family members suggested the current 'fractured' sources of advice and information should be replaced with timely and centralised access to advice and information to enable parents to support their children:

A parent has a crisis. But that phone number has to be answerable. 24 hours a day, 365 days a year. And you have to be able to get the right information. But the information is so fractured, every little group has their own information sources and it's just a – from a parental perspective, it's unknown. (Terry, father of victim/survivor, adult disclosure)

Timeliness was a particularly pertinent factor identified by Ruben, a father of two abused children, who said sometimes a window of opportunity was only open for a while to receive meaningful assistance, and he thought the window had partly closed for his wife.

Consistent with the criticism of the 'one-size-fits-all' approach to service provision reflected in the experiences of victim/survivors, family members also identified the need for ongoing and tailored support for family members, as and when the need arises:

I don't think it's one-size-fits-all. I think it has to be looked at case by case and looked at as what is appropriate for the context of what's happened. The – the culture of the family. What level of practical support is needed. Um, and that will be different for different people. Sexual abuse and um – and have had to help them disclose it, you know? By asking those very direct questions ... (Linda, 40s, sister of victim/survivor, teenage and adult disclosure)

And so that [counselling] time ran out, you only get a certain period of time with those organisations, you can't stay with them forever. So those times ran out so I had – it's all going around in my head. So I use Lifeline a lot and they're a bit frustrating because they can't give advice really. (Nancy, 40s, mother of victim/survivor, childhood disclosure)

I think it's more immediately recognised that women need counselling and support. It is not really recognised that I need it and I don't even know what shape or form that would take. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

Family members said it was important to obtain sound legal advice and representation from the outset and while engaging with the relevant institution or legal system. Alex described the difficulties experienced in the absence of legal representation:

I so wish we had some form of legal representation with us or some means of recording that because as we went along, the doors closed at every turn when we tried – when we were trying to make contact with the school, when we were trying to engage, you know, their reaction or get some answers on what their movements were ... Doors were closed. (Alex, 40s, father of victim/survivor, teenage disclosure)

I suppose the only thing in hindsight that it'd be good to get hold of, is professional legal advice. That's something we struggled with I guess ... [I] rang around the big law firms and Beverly did too. And they either don't believe you, they either don't want to acknowledge your case or – there's reasons why they're just not interested. (Terry, father of victim/survivor, adult disclosure)

Assistance for family members, including the children or spouses of victim/survivors, was also identified by participants including Nancy and Trish. Nancy, who described being on antidepressants and suffering from panic attacks, spoke about the need to 'keep it together' for her son:

... I didn't want him to be exposed to me having a meltdown. I had to try and keep it together for him, for the sake of him. And I needed what he said to be validated and heard; I didn't want him being dismissed. (Nancy, 40s, mother of victim/survivor, childhood disclosure)

... but [Hannah] stuck with her all the way through. So it was very important for [Hannah] to have counselling. She still has great trouble she said sleeping and particularly when she hears a case come on that has anything to do with sexual abuse. So it is important for the people who are supporting the victim definitely, and I only went that once because it was tied into the compensation, you had to go. (Trish, 50s, mother of victim/survivor, childhood disclosure)

Some participants indicated that measures other than counselling were more suited to their personality and circumstances and identified the need for the system to respond to such needs:

... for me (indistinct), it's more of a thing that it's a very private matter. And I know counsellors are anonymous [but], it's still a small community. I don't feel completely comfortable talking with someone like that. Maybe that's a male thing, I'm not sure. (Alex, 40s, father of victim/survivor, teenage disclosure)

Wayne and Ruben, both fathers of victim/survivors, cautioned against seeing counselling as a panacea:

I think rather the view the church has is you have a bit of counselling and you're fine. Have counselling and you're fine. And they don't really understand or want to understand perhaps that counselling doesn't take back what's happened. (Ruben, 40s, father of two victim/survivors, childhood disclosure)

I just don't think that you necessarily heal from outrage. I actually think that outrage has to be resolved ... So I would just caution everybody though that no amount of counselling can actually erase gross injustice and criminality. (Wayne, 60s, father of victim/survivor, childhood disclosure)

Structures to facilitate openness and conversation

Some participants, such as Nancy, identified peer support groups as playing an important role for family members. Benefits arose not only from talking with others going through similar experiences, but also from supporting others. Evelyn described her husband's approach to dealing with their situation as businesslike and proactive, but 'rather than talking about personally what happened to us', he focused on actions such as establishing a committee with other community members. Evelyn also highlighted a need for facilitation of peer discussion and described the importance of gender-specific peer support:

... 'cause my husband doesn't talk and all of the counsellors are women. But my husband needs other men to talk to. I think he needs other fathers to talk to, to say, "Look you didn't do anything wrong. This happened to my kids too." That's what he needs to hear because he's a very rational person and he's got all these counsellors saying he didn't do anything wrong. But I think for him he needs to hear it from someone who's been in the same situation. And even for me as the mother I'm – it's all very well to have a counsellor who's trained to say the right things but unless ... it's like someone who's been in that situation they still can't really get it ... no one seems to facilitate a place where parents can come and talk to each other. Or even like you said, even if it's an online you know web-room where you can just get online even anonymously and talk anonymously and understand the problems. You'd have to screen it to prevent paedophiles from accessing it. (Evelyn, 40s, mother of two victim/survivors, childhood disclosure)

Echoing comments about the experiences of victim/survivors, family members particularly thought this peer support was important to alleviate a sense of isolation:

And it was very difficult for me because I couldn't talk, I didn't know who to talk to. I couldn't tell my parents 'cause it would kill them and I didn't want to put them through [it] – you know, my heart, the light went out. (Beverly, mother of victim/survivor, adult disclosure)

And I haven't told anybody but again it's now, it's our secret. But you know what I mean? Like it's um, yeah there's times when I've just – I don't know it's sitting there so can I just talk to somebody, but then I thought well, if it's uh, a close friend then I'm then you know, that's then another person that know then two to three – you know, it's just a – and then that – I wouldn't do it because you know, someone in our group because it just is not fair to [Mark], you know? (Debbie, 40s, partner of victim/survivor, adult disclosure)

... with family and friends I didn't disclose. I told nobody because I felt bad for Jaspar. I felt bad for me. I just didn't want to talk about it to anybody. So it's affected um and I've cut myself off from people. Like, I've ignored most of my friends for the last couple of years. (Kelly, 60s, mother of victim/survivor, childhood disclosure)

Kelly's experience highlighted the significance of institutions encouraging open and honest discussions from the outset rather than using approaches that frighten family members into silence and isolation:

You know, if the school had handled it better it might have been better right from the start but, and then the solicitors and you know the response that people give you that make me think I can't talk about it. I don't want to say anything because people might judge us. (Kelly, 60s, mother of victim/survivor, childhood disclosure)

There's a need now for families to sit down, a bit like this, and just talk about where they're all at. You know? (James, 60s, victim/survivor, adult disclosure)

Community education was identified as a factor that may lead to greater understanding and support for families more generally, reducing their isolation:

... that constant keeping it secret. People are trying to make sense of this. These are his friends. These are his family and my thing is give people education. Give them understanding and then they can make sense of things and making sense is so important but I can't do that. I just have to keep it

under my hat and kind of living with that constant secret and making sure you don't spill it accidentally. (Marlene, 60s, wife of victim/survivor, adult disclosure)

7.5 Key findings

As noted at the outset and demonstrated throughout, there is considerable overlap between the support experiences of victim/survivors and family members, and between disclosures that occurred in childhood compared with adulthood. This overlap includes:

- timely support was difficult to find or was not offered
- when support was found and accessed, it was often not appropriate, unhelpful or not relevant for the person
- mixed experiences with therapeutic counselling.

Parents with mature minors and young adults who were victim/survivors sometimes felt 'cut out' of the service response due to confidentiality and privacy issues. Parents of children who disclosed wondered about the magnitude of support – was it too much or too little – and what would the impact be in the long term of doing something (or not doing something)? For many, the Royal Commission was playing an important role in legitimising talking about institutional child sexual abuse between family members, although this related more to older adult institutional child sexual abuse disclosures.

There was also considerable overlap between the support needs of victim/survivors and family members, and between disclosures that occurred in childhood compared to adulthood. This overlap includes:

- multiple therapeutic and non-therapeutic services that families needed support with, or would have liked support with
- the mix of support services should be customised to the needs of victim/survivors and their families and should be mapped out over the course of lifetime.

In context of child disclosures, developmental milestones were key areas that parents talked about. With young people who disclosed, areas of support that was needed included help with transition milestones – healthy relationships, independent living, employment and education. For adult victim/survivors, long-term employment opportunities and health were key areas where they needed support.

8 Key findings and implications for enhancing support responses to victim/survivors and their families

This final chapter brings together the findings arising from participants' narratives and identifies their key implications for enhancing support responses and service systems for victims and their families following disclosures of sexual abuse.

8.1 Key findings

The following section first considers the overall findings emerging from this project, then it analyses them in relation to the four key research questions. This approach has been taken because the overall findings are not particularly contained to the original four research questions; they are first-order findings that inform and have repercussions for the initial research questions. The identification of 'higher order' or additional findings is to be expected in exploratory, inductive research designs as analyses and findings are ultimately driven by what emerges from the field.

Overall findings

The following section elaborates on four key findings emerging from the data overall.

1. Disclosure of institutional child sexual abuse, how recipients responded, and the impacts of learning that a family member had been sexually abused were fundamentally embedded within, and influenced by, the broader social ecology in which the family operated.

Chapters 3 to 6 highlight the multiple factors that influenced the ways in which disclosures occurred and the impact they had on families. How disclosures occurred – that is, the particular conversations and interactions in which survivors disclosed or tried to disclose – was influenced by a range of factors:

- at the *individual level* – age (younger children were more likely to have disclosures that were indirect, non-verbal, or the result of direct questioning or discovery by primary carers), gender and gender expectations (male survivors often described how expectations about masculinity acted as a barrier to disclosing)
- at the *familial level* – factors that influenced how disclosures occurred (as well as barriers to disclosure) included family conflict, violence and physical abuse
- at the *interpersonal and situational levels* – additional, emergent stressors such as anxiety; depression; problems with alcohol and other drug use; study pressures such as Year 12 or transitioning to university; work pressures, including job loss or having to apply for work; and parenting or relationship difficulties, often acted as triggers for survivors who could no longer maintain their secret.

While social attitudes and the role of the institution were sometimes identified as barriers to disclosure, they did not appear to be particularly salient in terms of *how* disclosures occurred.

In terms of the individual, familial and interpersonal elements influencing disclosures, participants' accounts suggest that the factors listed above – including family relationships and family dynamics – were not necessarily the most influential in shaping how recipients responded and the ripple effects the information had on families. The historical time period in which the disclosure occurred and the role and meaning of the institution for the family were equally – if not more – influential in shaping how families responded to disclosures and how they supported victims. Indeed, it was the *interplay* between both the historical time period and the role of the institution in families' lives that was particularly salient in shaping the ability of recipients of disclosure to:

- hear that a disclosure was occurring or had occurred
- provide validating, emotionally supportive responses
- acknowledge the sexual abuse in the longer term.

2. The dynamics and impacts of adult disclosures suggest that disclosure is a complex process for adults that is rarely a deliberate, willed or planned decision, and that the support needs of adult survivors and their families change over the course of a lifetime.

As noted in the research literature, the circumstances of adult disclosures have been under-researched compared with the ways in which children and young people disclose. There has been a tendency to see adult disclosure as more of a deliberate ‘decision to tell’ than that of children and young people (Tener & Murphy, 2015). However, as demonstrated in Chapters 2 and 3, this does not appear to be the case for the participants in our sample. Many adult disclosures were precipitated by a crisis and feeling overwhelmed or out of control. A key theme that emerged in the narratives of survivors and recipients of adult disclosures was that stage of life was relevant, both in how disclosures occurred, and in the support needs of victim/survivors and their families. In this sample:

- five disclosures occurred in young adulthood (18–25 years)
- nine disclosures occurred in mature adulthood (40–60 years)
- two disclosures occurred between the ages of 26 and 39.

Different factors precipitated disclosure in young and mature adults. For young adults, disclosures occurred in the context of key life transitions, such as finishing high school, commencing university, leaving home, securing fulltime work or entering into an intimate relationship.

Parents of survivors who had disclosed in young adulthood described the effect of disclosure and the financial, mental and emotional support their son or daughter needed. In such cases, active ‘hands on’ parenting continued during and in some cases well beyond these transitional periods. It often also involved taking on a coordination role if the survivor was seeking legal redress.

Thus, the parents of young adults were also affected, experiencing anxiety about the parental role; an altered view of their child’s future; changed relationships with their partner; and an altered view of their own future. The impacts for parents of children who were older than 18 were different to those for younger children:

- Parents had less influence and control in ensuring their child’s safety. Because their child is 18 or over, parents had no authority to obtain information about their child’s therapeutic support, educational attendance and progress, their relationships and so on.
- Parents perceived a disruption to their child’s psychosocial development and to the future they had anticipated. Where parents may have been stepping back from active parenting, they were in fact intensifying their role. Difficulties maintaining employment, mental health issues, anger and hostility, hospitalisation, trouble with police, and drug and alcohol abuse were issues that made life very unpredictable for parents of survivors. Some described ‘walking on eggshells’. Others described how a good day meant seeing their child get up early in the morning.

Disclosures made in later adulthood (between ages 40 and 60) were mostly made to partners, particularly male survivors to their female partner. Factors that precipitated disclosures for this age group included:

- increased conflict and tension in parenting roles
- pressures associated with employment, for example, changes to a job role or increased responsibility

- increase in alcohol consumption.
- 3. The impacts of disclosure and the ways in which family members supported victims were primarily influenced by the nature of the relationship between victim/survivors and family members, rather than family dynamics per se.**

Arguably, the most influential aspect of how disclosures impacted family members and family relationships in the long term was the nature of the relationship between victim/survivors and the family member. In particular, the parent/child relationship and the partner relationship were two key relationships that shaped:

- how victim/survivors and family members experienced the impact of disclosing
 - responses to disclosure
 - the ways in which support was provided in the family context
 - the types of support needs identified.
- 4. While positive responses by family members and familial support of victims/survivors did not do *more* harm to victim/survivors, nor did they ameliorate or mitigate the myriad adverse impacts of the sexual abuse itself or the impact of negative institutional, service and social responses to victims more generally.**

Although family members usually responded to a disclosure by a child in ways that provided validation, emotional support and protection, victim/survivors nevertheless experienced poor mental and physical health, social and emotional withdrawal, difficulty studying, and, in the longer term, difficulty with interpersonal relationships. Families where adult disclosures took place had similar experiences.

This finding is consistent with a recent meta-analysis of empirical studies of the relationship between caregiver responses to disclosures of child sexual abuse and psycho-social outcomes for victim/survivors (Bolen, 2015). This review found only weak support for the notion that caregiver response influenced outcomes for victims. This makes sense in light of:

- the myriad short- and long-term impacts of sexual abuse
- the fact that disclosure is largely delayed and therefore therapeutic interventions for victims are either also delayed or do not address the underlying cause of symptoms
- the multiple socio-ecological factors that impact on reactions to disclosures of child sexual abuse
- the therapeutic importance of social reactions of belief, validation and respect for victim/survivors.

Findings in relation to the research questions

- 1. What is the impact of institutional child sexual abuse on families of survivors who disclose in childhood and families of survivors who disclose in adulthood respectively? How is this impact mediated by intra-family dynamics?**

The impacts of disclosure in childhood and those in adulthood differed in several ways. A key difference relates to the developmental needs and pathways associated with childhood compared with adulthood. These are summarised in the table below. As can be seen, a key issue for the parents of children who disclosed was what it meant for their parenting role and capacity in terms of the effect of the institutional child sexual abuse on their son's or daughter's development. Victims/survivors who had disclosed in previous eras and did not experience positive responses were in contact with their parents, and had to negotiate family issues, such as allowing their child to connect with grandparents and managing the support needs of aging parents.

In terms of disclosures in adulthood, differences include a wider range of family relationships in which a disclosure occurs. Childhood disclosures were mostly made to a parent (or in four instances to a sibling), but in adulthood, disclosures were made to parents, siblings, children and partners.

As noted in Chapter 4, the breadth of impacts arising from sexual abuse made it difficult to identify clear patterns about how family dynamics may have mediated the effect of institutional child sexual abuse. However, the following factors did emerge as important:

- **Family structure** – This appeared to play a role in how the disclosure affected family relationships, including:
 - parents' relationships with each other and how this informed parenting roles. More rigid parenting roles meant less communication and agreement about the best way to support their son or daughter
 - the impact of the abuse disclosure on single mothers, who feared their ex-partner and others would claim they were unfit to care for their child
 - that between a larger number of siblings, which may relate to the generally complex dynamics between siblings.
- **Gender** – Social expectations about masculinity were associated with negative impacts of disclosure, including:
 - the need for male survivors, as the family breadwinner and father, to not be seen as 'weak'
 - the difficulty for others of reconciling the victim/survivor's size and strength as an adult man with the vulnerability of a 10 or 11 year old.
- **Modes of communication and value placed on communication** – The effect of these dynamics in families was complex. On the one hand, it would appear that families and relationships that place a high value on open communication and honesty are better able to negotiate the long-term impacts of the abuse and its disclosure. On the other hand, participants also described feeling 'betrayed' by the disclosure precisely because of the high value placed on communication.
- **Conservative families** – Beliefs, including conservative religious values, created an environment that minimised the impact of institutional child sexual abuse and amplified a sense of shame associated with the institutional child sexual abuse.
- **The time period** – In earlier time periods (for example, between the 1960s and 1990s), disclosure often drew a negative response, for example:
 - institutional child sexual abuse was seen as a secret that should not be aired
 - institutional child sexual abuse was trivialised compared with physical abuse and punishment.

Table 1: Impacts of disclosure on families of survivors

Disclosures in childhood	Disclosures in adulthood
<p>For victim/survivors:</p> <ul style="list-style-type: none"> • feeling unheard: <ul style="list-style-type: none"> ○ parent/s disbelieved, dismissed or minimised the institutional child sexual abuse • feeling powerless: <ul style="list-style-type: none"> ○ can't change their circumstances or remove themselves from abuse ○ children have limited capacity to walk away from a situation they find unsupportive • long-term resentment and conflicted feelings towards family members: <ul style="list-style-type: none"> ○ because they were often still in contact with parents, including caring for aging parents, resentment and tension continued to colour the relationship. 	<p>For victim/survivors:</p> <ul style="list-style-type: none"> • sense of burden or responsibility for bringing knowledge about previous institutional child sexual abuse into the present: <ul style="list-style-type: none"> ○ shattering someone's beliefs ○ creating stress and anxiety for other family members, whose emotional or mental health may be affected (especially partners and older parents) ○ which they feel gives too much information to their children or may affect their children's development ○ which can affect their children's behaviour, wellbeing and outcomes (intergenerational trauma).
<p>For parents:</p> <ul style="list-style-type: none"> • anxiety about the parental role, such as: <ul style="list-style-type: none"> ○ lack of control or ability to ensure safe spaces for their child beyond the home ○ intense feelings of guilt about failing to: <ul style="list-style-type: none"> - protect their child - notice behavioural and other signs of abuse - provide the 'right' response ○ the impact of knowing about institutional child sexual abuse on victim's siblings and in light of their life stages ○ concerns about how to balance the behaviours, activities and desires of their child (for example, engaging in a sexual relationship) against their own values and judgment • an altered view of their child's future, such as: <ul style="list-style-type: none"> ○ concern about how their child will experience and negotiate key psycho-social developmental milestones ○ the loss of 'normal' experiences because of how the institutional child sexual abuse will affect the victim (for example, not wanting to sleep over at someone's house) ○ the risk of compromised schooling and education outcomes • changes to the relationship with a partner, such as: <ul style="list-style-type: none"> ○ the tasks, responsibilities and roles of parenting ○ conflict and tension developing within the family environment because of anxiety about parenting and a changed view of their child's future • an altered view of their own future, such as: <ul style="list-style-type: none"> ○ the trajectory and key task of parenting (that is, to prepare children to become well-adjusted adults) can be disrupted ○ a sense of uncertainty because the future is often wrapped up with the trajectory of the child. 	<p>For parents:</p> <ul style="list-style-type: none"> • sense of guilt about failing to: <ul style="list-style-type: none"> ○ protect their child ○ notice behavioural and other signs of abuse ○ provide the 'right' response. • intensification and extension of active parenting role in case of young adults • concerns about how to balance the behaviours, activities and desires of their child (for example, engaging in a sexual relationship) against their own values and judgment • tension and conflict between parents because of different responses to the disclosure (for example, belief versus minimisation) • loss of 'normal' experiences because of how the institutional child sexual abuse will affect victim's relationships and career.
	<p>For partners:</p> <ul style="list-style-type: none"> • feeling shocked and betrayed • tensions and disruptions with own family members and relationships.

2. What role do family members and intra-family dynamics play in supporting child survivors and adult survivors respectively?

Family structures, relationships and gender dynamics influenced the ways in which family members provided support. Family members had to take on different roles within the family and beyond and negotiate the impact this had on family life. Key areas in which victim/survivors needed support were:

- mental health
- drug and alcohol use
- disruptions to developmental processes such as speech and social skills
- engaging with the institution
- engaging criminal and civil justice mechanisms
- education and school engagement
- employment
- childcare.

As with the previous observations about impacts of disclosure articulated by different family members, the support roles that family members took on were also influenced by the nature of the caregiving relationship between the victim/survivor and the family member. In terms of child and adult disclosures, most family members took on practical and instrumental support roles, which are described in the table below. In light of the ongoing parenting role many family members took on for young adults who disclosed, we have separated the parenting support role for disclosures made in childhood, young adulthood and older adulthood.

The support roles and functions of family members – particularly parents and partners – have significant overlap, and primarily involve:

- **monitoring functions** – this involves being attuned to the wellbeing of the victim/survivor and watching out for potential triggers, signs and cues that could negatively impact the victim
- **negotiating and liaising** – this covers a range of human services and support organisations
- **coordination and ‘secretariat’** – managing the legal processes involving the institution.

Table 2: Role of family members in supporting victim/survivor

Disclosures in childhood	Disclosures in young adulthood	Disclosures in older adulthood
<p>Parental support:</p> <ul style="list-style-type: none"> • monitoring and supervising: <ul style="list-style-type: none"> ○ behavioural patterns ○ mental health ○ schooling and study ○ attainment of key developmental milestones ○ sibling relationships and sibling wellbeing • negotiating with schools about study • coordinating legal processes involving the institution. 	<p>Parental support:</p> <ul style="list-style-type: none"> • monitoring and supervising behaviours, relationship issues, mental health, risk taking behaviours • negotiating with mental health services, police and the criminal justice system • grandparenting responsibilities, including engaging with child protection system and schools • providing financial support • coordinating legal processes involving the institution • protecting child's identity and exposure to legal responses. 	<p>Partner support:</p> <ul style="list-style-type: none"> • monitoring and supervising: <ul style="list-style-type: none"> ○ behaviours ○ mental health ○ engagement with friends and family • coordinating legal processes involving the institution • limiting and monitoring exposure to legal responses and re-traumatising situations.
<p>Siblings:</p> <ul style="list-style-type: none"> • being vigilant and protective of survivor • acting as 'peacemaker' or mediator in fractious sibling relationships or parental relationships. 	<p>Siblings:</p> <ul style="list-style-type: none"> • acting as 'peacemaker' or mediator in fractious sibling relationships or parental relationships. 	<p>Siblings:</p> <ul style="list-style-type: none"> • acting as 'peacemaker' or mediator in fractious sibling or parental relationships • providing emotional support and validation.

3. What are the different types of relationships that families have with institutions in which children have experienced institutional child sexual abuse? How does the familial relationship with the institution mediate the impact of child sexual abuse on family members and family dynamics?

The nature of the relationship with the institution before and after disclosure was influential, being a source of anger for many participants. Key elements of the relationship with an institution that mediated the impact of institutional child sexual abuse and disclosure were:

- **Trust** – participants trusted and placed huge emphasis on trust because of:
 - religion and faith
 - prestige and reputation and what they could expect from that institution
 - the reciprocal nature of having close bonds with an institution.

Participants' trust was betrayed by the lack of reciprocity on the part of the institution, and the response, which some families and victims/survivors experienced as a deliberate strategy of abandonment. Other aspects of the relationship with the institution included:

- **Institution as 'more important' than the family** – Participants who grew up in families where the institution, usually religious, was an overarching presence were often overwhelmed by the need to prioritise that presence, and experienced a sense of powerlessness and worthlessness in the face of what was often represented as an unambiguously moral authority.
- **Institution as community** – Familial and social bonds with institutions give families a sense of community. But they also expose families to possible scrutiny and judgment. Social connections, such as those based on institutional engagement, can often be made in a closed system and the sense of identity and status that individual family members experience can represent an extremely

high investment. This led to non-supportive responses from families to victim/survivors and resulted in periods of devastating trauma due to the annihilation of a sense of identity. This was mostly a feature of religious institutions.

- **Institutional responses to the abuse** – Institutions’ failure to acknowledge the sexual abuse has been a major theme explored in this research. Families and victim/survivors alike recalled minimisation, denial, abuse of the victim, shutting down of communication and rejection of disclosures and support seeking. This became an additional facet of the trauma for families and victim/survivors, who suffered from inertia while awaiting a response and were unable to move on with their lives until they had received it.
- **Powerlessness** – Participants were overwhelmed by the scale of the response in terms of being silenced, intimidated and sometimes threatened by an institution that they had invested in and trusted. Families were often left feeling angry, betrayed and disillusioned, and grappled with feelings of hatred and repulsion.

4. What are the support needs of families of survivors who disclose in childhood and families of survivors who disclose in adulthood respectively?

The impacts on families, the diverse ways in which they cope with those impacts and support each other, and participants’ views about what is and is not helpful for families suggested many areas where support is needed, including:

- therapeutic help for mental and physical health
- relational help with communication, relating and caring for others
- practical help with educational and vocational opportunities
- help with advocacy, information and representation relating to legal, institutional and bureaucratic processes.

Many participants felt that current support responses were not only difficult to access but once accessed were not relevant or helpful. Some participants felt that the therapeutic interventions provided through specific programs needed to be more long term. Other participants experienced a lack of information about their legal rights.

In addition, many participants also said social silence and denial exacerbated the negative impacts for survivors and family members. Participants identified community and public education about the prevalence and nature of institutional child sexual abuse and institutional acknowledgement of sexual abuse as actions that would make a difference.

Table 1 summarises the key support needs participants identified in these areas.

Table 3: Domains and support needs

Domain	Victim/survivors	Family members
Relational	<ul style="list-style-type: none"> • support for those who have difficulty with parenting • communication skills and emotional regulation skills for dealing with anger and other high emotions 	<ul style="list-style-type: none"> • support for those who experience behavioural difficulties and mental health issues • communication skills and tools for family discussions with victim/survivors • marriage and relationship counselling • formal structures and facilitated discussions about the abuse and its effect on the family
Therapeutic	<ul style="list-style-type: none"> • short- and long-term counselling • standard practice approaches for specific sexual abuse counselling 	<ul style="list-style-type: none"> • keeping family members informed about progress of counselling, balanced against need for confidentiality • both specialised counselling for victims and family-focused counselling • peer support
Practical	<ul style="list-style-type: none"> • support for obtaining employment • literacy and numeracy education • financial assistance for loss of educational attainment or impact of victimisation on education 	<ul style="list-style-type: none"> • financial assistance for loss of educational attainment or impact of victimisation on their child's education
Advocacy, representation and information	<ul style="list-style-type: none"> • accessible, independent information about criminal, civil and institutional processes following disclosure • accessible, independent representation to rebalance the 'David and Goliath' dynamic 	<ul style="list-style-type: none"> • accessible, independent information about criminal, civil and institutional processes following disclosure • accessible, independent representation to rebalance the 'David and Goliath' dynamic • access to information about child sexual abuse and behaviours associated with child sexual abuse
Social acknowledgement and awareness	<ul style="list-style-type: none"> • improve community knowledge and awareness of child sexual abuse, perpetrator tactics and impact on individuals • run public campaigns to acknowledge victim/survivors and family members to challenge silence surrounding abuse 	
Institutional awareness and acknowledgement	<ul style="list-style-type: none"> • show willingness to acknowledge that sexual abuse occurred and that it had a negative effect on the victim and their family • show leadership and ownership, be accountable • provide respectful and trauma-sensitive engagement with victims and families 	

8.2 Implications of findings for service system responses

In light of the overall research findings and the specific findings relating to the four research questions, we identified that support services and systems for victim/survivors and their families need to:

- **conceptualise the disclosure and its impacts within a socio-ecological framework**
- **work within a family systems framework**
- **take a life-course perspective – with tailored comprehensive services**
- **work within a trauma-informed framework.**

These are discussed in the following sections.

Conceptualising the disclosure and its impacts within a socio-ecological framework

As noted earlier in this report, disclosure and its impacts were ‘multiply determined’ for our participants. The notion of disclosure as a relational, and sometimes iterative process involves not only the relationship and interactions between a victim/survivor and recipient but interplays between:

- family dynamics and family structure
- the role and meaning of the institution
- the social and cultural context
- how these elements change over time both in terms of developmental stages and transition points for family and in terms of the broader socio-cultural attitudes and responses to child sexual abuse.

Thus, while family members can provide validating, supportive responses to disclosures of institutional child sexual abuse – including disclosures by children – this does not always alleviate the negative impacts of institutional child sexual abuse.

Work within a family systems framework

Families are dynamic systems in which members have particular roles, relationships and interactions. This means that individuals cannot be understood in isolation from one another and are in fact interdependent. This is an important element for:

- understanding the relevance of support services at different times within families’ life cycles
- understanding how family members will prioritise or make decisions about their support needs, which often take place through the lens of their role in the family
- understanding the needs of specific family members when engaging support services on behalf of or together with the victim/survivor. Thus, parents may need to be kept informed about how things are progressing with a son or daughter who is a victim/survivor or to have joint counselling/support sessions.

Take a developmental life-course perspective – with tailored comprehensive services

Related to the point above, support needs for all family members change over time. Participants made the point that support should target their current life stage and access should be flexible and ongoing.

Work within a trauma-informed framework

The experiences of family members and victim/survivors suggest a ‘patchy’ understanding across service systems about the nature and impacts of institutional child sexual abuse. As noted in recent reviews, Australia is increasingly exploring the ways in which an understanding of trauma can be used to redesign service system responses to ensure they are not re-traumatising victim/survivors and their families (Quadara, 2015; Wall, Higgins & Hunter, 2016).

8.3 Conclusion

This was an exploratory study about the long-term impacts of institutional child sexual abuse on family relationships and the role families play in supporting victim/survivors, with a view to informing approaches to service responses. It had 50 participants, making it one of the largest in-depth qualitative projects on disclosure, and looked at both child and adult disclosures. It is one of the few studies that focused on family relationships, including perspectives from members of the same family.

The key contributions of this project are:

- insights into the process of adult disclosures, which has been under-researched and which suggests that adult disclosures are not necessarily more intentional than child disclosures
- an in-depth understanding of how socio-cultural, historical and institutional factors shape family members' responses to disclosure and how this affects victim/survivors
- an in-depth understanding of the long-term impacts of learning about child sexual abuse on family relationships and family wellbeing
- identifying the importance of particular roles – especially parenting and partner roles – that in a sense 'override' the status of victim/survivor or family member in terms of how disclosures impact families and shape support roles.

As indicated by the discussion on implications, several existing frameworks and approaches can be brought together to enhance support responses to victim/survivors and their families.

At the same time, while targeted, relevant and trauma-informed support services would help ameliorate the impacts of child sexual abuse, a key message arising from participants was that community and social awareness of and attitudes to institutional child sexual abuse remain key sources of stress. Reading about perpetrators acquitted of sexual abuse charges, seeing the responses of institutional leaders, and feeling the discomfort of friends, social acquaintances and colleagues to the topic of abuse are all factors that make participants feel unimportant and socially isolated. Thus, building community capacity to acknowledge and talk about sexual abuse is also an important dimension of addressing the impacts of sexual abuse.

9 Appendix 1 – participant characteristics

Fifty people participated, representing 33 unique family groups. Of these:

- 18 involved interviews with a single participant
- 10 involved interviews with multiple family members. The largest family group with whom an interview was conducted involved five participants.

As shown in Table 4 below, there were more family members than victim/survivors in our sample. Six victim/survivors discussed disclosing in childhood compared with 13 victim/survivors who discussed disclosures in adulthood. Thirty-one participants were recipients of a child disclosure (n=15) or adulthood (n=16). Nineteen of the 31 family members were parents of the victim/survivor. Other categories included sibling (n=4), partner (n=4) and child (n=4). Equal numbers of males and females participated, however there were differences in their distribution across victim/survivor and family member characteristics.

Overall, more males participated as victim/survivors (n=15) compared to females (n=4):

- Of the six participants who talked about childhood disclosure only one was female.
- Three female victim/survivors discussed adult disclosures compared with 10 males.

Conversely, more females participated as family members who were recipients of a disclosure (n=21) compared to males (n=10). This difference was particularly notable regarding disclosures in adulthood, with only four men participating as family members receiving an adult disclosure compared with 12 females.

Table 4 shows that a total of 33 disclosures were explored in the interviews. Of these:

- 14 involved child disclosures
- 19 involved adult disclosures.

Table 4: Sample characteristics

	Male	Female	Total
Victim/survivors			
Child disclosure	5	1	6
Adult disclosure	10	3	13
Total victim/survivors	15	4	19
Family members			
<i>9.1.1.1.1.1.1 Child disclosure</i>			
Parent	4	7	11
Sibling	2	2	4
Subtotal	6	9	15
<i>9.1.1.1.1.1.2 Adult disclosure</i>			
Parent	2	6	8
Sibling	0	0	0
Child	2	2	4
Partner	0	4	4
Subtotal	4	12	16
Total child disclosures			14
Total adult disclosures			19
Total family members	10	21	31
Unique family groups			33
Total gender	25	25	
Total participants			50

Table 5: Disclosures in childhood – by victim/survivors (n=6)

Participant information						Abuse disclosure information
Name	Age	Institution	Age of abuse	Age of disclosure	Recipient	Time period
Brian	Late 50s	Orphanage	11–14	12	Brother (familial)	Late 1960s
Sonya	Early 40s	Religious org (Salvation Army)	3–12	Approx. 12	Mother	Mid-1980s
Dean	60s	Catholic parish school	8–10	Cannot recall precise age	Mother	Mid-1960s
Simon	Early 40s	Religious school	12	12	Parents told him about it	Mid-1980s
Albert	60s	Private school	9–10	Approx. 10	Parents	Early 1960s
Mitchell	Mid-40s	Private boarding school	12–14	12–14	Parents	Mid-1980s
Nathan ⁵	60s	Religious school	Cannot recall precise age	Cannot recall precise age	Parents	Early 1950s

⁵ Please note that Nathan has not been counted in the disclosure totals as his interview data could not be used, however he is listed here to acknowledge his participation.

Table 6: Disclosures in childhood – recipients

Participant information						Abuse disclosure information	
Name	Age	Relationship to victim	Institution	Age of abuse	Age of disclosure	Current age	Time period
Ruben	Early 40s	Father	Church event (peer)		4 5	4 5	Mid-2010s
Evelyn	Early 40s	Mother					
Nancy	Late 40s	Mother	Day care centre	5	5	7	Mid-2010s
Kelly	Early 60s	Mother	Private boarding school	9–10	10	Late teens	~2000
Olivia	Late 40s	Mother	Boarding school	12/13	15	Late teens	Mid-2000s
Alex	Late 40s	Father					
Wayne	Mid-60s	Father	Special needs school	Approx. 12	Approx. 12	30	Mid-1990s
Tammy	70s	Mother	Local church	4	4	Mid 30s	Mid-1980s
Lenny	70s	Father					
Max	Early 30s	Brother					
Linda	40s	Sister	Catholic Church	10–17	17 and 30		
Louisa	50s	Sister					
Mrs Carter	Early 90s	Mother					
Trish	50s	Mother	Sports organisation	5–6	11	20s	Early 2000s

Table 7: Disclosures in adulthood – victim/survivors

Participant information					Abuse disclosure information	
Name	Age	Institution	Age of abuse	Age of disclosure	Recipient	Time period
Daniel	60s	Boys' training home	14–18	Early 50s	Sister (then rest of family)	Early 2000s
Ada	Early 70s	Girls' home	11/12	Mid-40s	Sister	Mid-1980s
Rick	Early 50s	Catholic school	10	Early 40s	Wife	2010
Phillip	60s	Catholic school	11–18	50s	Wife (then family)	Early 2000s
Eric	50s	Boarding school	14	40s	Parents	Early 2000s
Bridget	Mid-40s	Catholic church	10	Mid-20s	Parents	Mid-1990s
Joan	50s	Orphanage	5	Late 20s	Husband and children	1990s
Michael		Boys' home	10–11	60s	Wife and children	Early 2010s
James	60s	Catholic school	11–14	50s	Wife	Early 2000s
Mark	50s	Catholic school	10/11	Late 40s	Wife	Mid-2000s
Nicholas	Early 20s	Private school	11/12	19	Mother (then father)	Early 2010s
Tony	Late 60s	Boys' home	12/13	Mid-60s	Wife and children	Early 2010s
Derek	Late 60s	Catholic boys' school	9/10		Wife's discovery	
Wilson	Early 50s	Religious school	9 – 10	Cannot recall precise age of disclosure	Parents	Mid- 1960s

Table 8: Disclosures in adulthood – recipients

9.1.1.1.1.1.3		Participant information		9.1.1.1.1.1.4		Abuse disclosure information	
Name	Age	Relationship to victim	Institution	Age of abuse	Age of disclosure	Current age	Time period
Michelle	Early 30s	Daughter	See Joan and Michael				
Naomi	60s	Wife	See James				
Debbie		Wife	See Mark				
Beverly		Mother	See Nicholas				
Terry		Father					
Lorraine	50s	Mother	Private school	~10	19	Early 20s	Mid-2010s
Nina	60s	Mother	Boarding school	10/11	19/20	Early 40s	Mid-1990s
Marlene	Early 60s	Wife	Catholic school	10; 15/16	40s	60s	Early 2000s
Helen	50s	Wife	Boys' home	~9	50s	60s	Mid-2000s
Beth	60s	Mother	Catholic school	10/11	Late 20s	Mid-40s	Late 90s
Kim	60s	Mother	Sports organisation	14	Early 20s	Early 40s	Mid-90s
Neil	60s	Father					
Rosalie	60s	Wife	See Tony				
Julia		Daughter					
Samuel		Son					
Richie		Son					

References

- Ahrens, C, Campbell, R, Ternier-Thames, N, Wasco, S & Sefl, T (2007), 'Deciding whom to tell: Expectations and outcomes of rape survivors' first disclosures', *Psychology of Women Quarterly*, 31, pp 38–49.
- Alaggia, R (2004), 'Many ways of telling: expanding conceptualizations of child sexual abuse disclosure', *Child Abuse & Neglect*, 28(11), pp 1213–227.
- Alaggia, R (2005), 'Disclosing the Trauma of Child Sexual Abuse: A Gender Analysis', *Journal of Loss and Trauma*, 10(5), pp 453–70.
- Alaggia, R & Kirshenbaum, S (2005), 'Speaking the Unspeakable: Examining the Impact of Family Dynamics on Child Sexual Abuse Disclosures'. *Families in Society, The Journal of Contemporary Social Services*, 86(2), pp 227–34, doi:10.1606/1044-3894.2457
- Alaggia, R & Millington, G (2008), 'Male Child Sexual Abuse: A Phenomenology of Betrayal', *Clinical Social Work Journal*, 36(3), pp 265–75.
- Allimant, A & Ostapiej-Piatkowski, B (2011), *Supporting women from CALD backgrounds who are victim/survivors of sexual violence: Challenges and opportunities for practitioners*, ACSSA Wrap No. 9, Australian Institute of Family Studies, pp 1–15.
- Anderson, KM & Hiersteiner, C (2007), 'Listening to the Stories of Adults in Treatment Who Were Sexually Abused as Children', *Families in Society, The Journal of Contemporary Social Services*, 88(4), pp 637–44.
- Anderson Jacob, CM & McCarthy Veach, P (2005), 'Intrapersonal and familial effects of child sexual abuse on female partners of male survivors', *Journal of Counseling Psychology*, 52(3), pp 284–97.
- Astbury, J, (2006), 'Women's mental health: From hysteria to human rights', *Women's mental health: A life-cycle approach*, Lippincott, Williams & Wilkins, p 377–92.
- Astbury, J, (2013), 'Child sexual abuse in the general community and clergy-perpetrated child sexual abuse', Australian Psychological Society (unpublished).
- Bacon, B & Lein L (1996), 'Living with a female sexual abuse survivor: Male partners' perspectives'. *Journal of Child Sexual Abuse*, 5, pp 1–16.
- Barnes Reyman, M (1990), 'Family responses to extrafamilial child sexual abuse: An overview and an experiential perspective', *Issues in comprehensive pediatric nursing*, 13, pp 203–20.
- Cashmore, J & Shackel, R (2013), 'The long-term effects of child sexual abuse', CFCA Paper (No. 11), Melbourne, Victoria, Australian Institute of Family Studies.
- Child Wise (2013), *Submission: Issues paper 3. Child safe organisations*. Retrieved from <www.childabuseroyalcommission.gov.au/wp-content/uploads/2013/10/14.-Child-Wise.pdf>
- Clark, H., & Quadara, A. (2010). *Insights into sexual assault perpetration: Giving voice to victim/survivors' knowledge*. Melbourne, Vic: Australian Institute of Family Studies.
- Colton, M, Vanstone, M et al. (2002), 'Victimization, Care and Justice: Reflections on the Experiences of Victim/survivors Involved in Largescale Historical Investigations of Child Sexual Abuse in Residential Institutions', *The British Journal of Social Work*, 32(5), pp 541–51.
- Côté, JE (2006), 'Emerging Adulthood as an Institutionalized Moratorium: Risks and Benefits to Identity Formation'.
- Cox, D (2008), Working with Indigenous survivors of sexual assault.
- Crome, S (2006), 'Male survivors of sexual assault and rape', *ACSSA Wrap No. 2*, Melbourne, Victoria: Australian Institute of Family Studies, www.aifs.gov.au/acssa/pubs/wrap/w2.html
- Currie, J & Tekin, E (2012), 'Understanding the cycle: Childhood maltreatment and future crime', *The Journal of Human Resources*, 47(2), pp 509–49.
- Curtin, M, Davison, WR, et al. (2012), 'Towards resolution: Mapping disclosure of and responses to child sexual abuse', Charles Sturt University, University of Tasmania.

- Curtis, GC (1963), 'Violence breeds violence – Perhaps?' *American Journal of Psychiatry*, 120, pp 386–87.
- Cutajar, MC, Ogloff, JR & Mullen, PE (2011), 'Child Sexual Abuse and Subsequent Offending and Victimization: A 45-year Follow-up Study', Criminology Research Council.
- Duncanson, K (2013), 'Community beliefs and misconceptions about male sexual assault', ACSSA Resource Sheet, Melbourne, Victoria: Australian Institute of Family Studies, retrieved from www.aifs.gov.au/acssa/pubs/sheets/rs7/index.htm
- Easton, SD (2012), 'Disclosure of Child Sexual Abuse Among Adult Male Survivors', *Clinical Social Work Journal*, 41(4), pp 344–55.
- Elliott, J (2005), *Using Narrative in Social Research, Qualitative and Quantitative Approaches*, London: Sage Publications.
- Etherington, K (1995), *Adult male survivors of childhood sexual abuse*, London: Pitman Publishing.
- Fater, K & Mullaney, JA (2000), 'The lived experience of adult male survivors who allege childhood sexual abuse by clergy', *Issues in Mental Health Nursing*, 21(3), pp 281–95.
- Figley, CR (ed) (1998), *Burnout in Families: The systemic costs of caring*, New York: CRC Press.
- Fleckenstein, M & Bowes, J (2000), 'When Trust is Betrayed: Religious Institutions and White Collar Crime', *Journal of Business Ethics*, 23(1), pp 111–15.
- Fontes, LA & Plummer, C (2010), 'Cultural Issues in Disclosures of Child Sexual Abuse', *Journal of Child Sexual Abuse*, 19(5), pp 491–518.
- Foster, G, Boyd, C, & O'Leary, P. (2012), 'Improving policy and practice responses for men sexually abused in childhood', *ACSSA Wrap*, Melbourne: Australian Institute of Family Studies, pp 1–20.
- Gardner, F (2012), 'Defensive processes and deception: An analysis of the response of the institutional church to disclosures of child sexual abuse', *British Journal of Psychotherapy*, 28(1), pp 98–109.
- Gartner, RB (1999), *Betrayed as boys: Psychodynamic treatment of sexually abused men*, New York: Guilford Press.
- Green, L (2001), 'Analysing the sexual abuse of children by workers in residential care homes: Characteristics, dynamics and contributory factors', *Journal of Sexual Aggression*, 7(2), pp 5–24.
- Guido, J (2008), 'A Unique Betrayal: Clergy Sexual Abuse in the Context of the Catholic Religious Tradition', *Journal of Child Sexual Abuse*, 17(3-4), pp 255–69.
- Hershkowitz, I, Lanes, O et al. (2007), 'Exploring the disclosure of child sexual abuse with alleged victims and their parents', *Child Abuse & Neglect*, 31(2), pp 111–23.
- Hillberg, T, Hamilton-Giachritsis C & Dixon, L (2011), 'Review of Meta-Analyses on the Association Between Child Sexual Abuse and Adult Mental Health Difficulties: A Systematic Approach', *Trauma, Violence, & Abuse*, 12(1), pp 38–49, doi: 10.1177/1524838010386812
- Hunter, C (2011), 'Responding to children and young people's disclosures of abuse', National Child Protection Clearinghouse: Practice Brief.
- Hunter, SV (2011), 'Disclosure of Child Sexual Abuse as a Life-Long Process: Implications for Health Professionals', *Australian and New Zealand Journal of Family Therapy*, 32(2), pp 159–72.
- Irenyi, M, Bromfield, LM, Beyer, LR & Higgins, DJ (2006), 'Child maltreatment in organisations: Risk factors and strategies for prevention', (*Child Abuse Prevention Issues No. 25*). Retrieved from www.aifs.gov.au/nch/pubs/issues/issues25/issues25.html
- Jaffee, S, Bowes, L, Ouellet-Morin, I, Fisher, HL, Moffitt, TE, Merrick, MT & Arseneault, L (2013), 'Safe, Stable, Nurturing Relationships Break the Intergenerational Cycle of Abuse: A Prospective Nationally Representative Cohort of Children in the United Kingdom', *Journal of Adolescent Health*, 53(4), pp S4–S10.
- Jespersen, AF, Lalumiere, ML, Seto, M (2009), 'Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis', *Child Abuse & Neglect*, 33, pp 179–92.
- John Jay College of Criminal Justice (2004), *The nature and scope of the problem of sexual abuse of minors by Catholic priests and deacons in the United States*, New York: John Jay College of Criminal Justice, pp 1–8.

- Kezelman, C & Stavropoulos, P (2012), *'The Last Frontier': Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*, Adults Surviving Child Abuse.
- Kline, PM, McMackin, R, Lezotte, E (2008), 'The impact of the clergy abuse scandal on parish communities', *Journal of Child sexual Abuse*, 17(3-4), pp 290–300.
- Knoll, J, (2010) 'Teacher sexual misconduct: Grooming patterns and female offenders', *Journal of Child Sexual Abuse*, 19(4), pp 371–86.
- Kogan, SM (2004), 'Disclosing unwanted sexual experiences: Results from a national sample of adolescent women', *Child Abuse & Neglect*, 28(2), pp 147–65.
- Kvam, MH (2004), 'Sexual abuse of deaf children. A retrospective analysis of the prevalence and characteristics of childhood sexual abuse among deaf adults in Norway', *Child Abuse & Neglect*, 28(3), pp 241–51, doi: <http://dx.doi.org/10.1016/j.chiabu.2003.09.017>
- Lamb, S & Edgar-Smith, S (1994), 'Aspects of disclosure: mediators of outcome of childhood sexual abuse', *Journal of Interpersonal Violence*, 9(3), p 307.
- Lievore, D (2005), 'No longer silent: a study of women's help-seeking decisions and service responses to sexual assault', Canberra, ACT: Australian Institute of Criminology.
- Lisak, D, Hopper, J & Song, P (1996), 'Factors in the cycle of violence: Gender rigidity and emotional constriction', *Journal of Traumatic Stress*, 9(4), pp 721–43.
- Maniglio, R (2009), 'The impact of child sexual abuse on health: A systematic review of reviews', *Clinical Psychology Review*, 29(7), pp 647–57,
- McElvaney, R (2015), 'Disclosure of Child Sexual Abuse: Delays, Non-disclosure and Partial Disclosure. What the Research Tells Us and Implications for Practice', *Child Abuse Review*, 24(3), pp 159–69.
- McElvaney, R, Greene, S & Hogan, D (2012), 'Containing the Secret of Child Sexual Abuse', *Journal of Interpersonal Violence*, 27(6), pp 1155–75,
- McLaughlin, BR, (1994), 'Devastated spirituality: The impact of clergy sexual abuse on the survivor's relationship with God and the Church', *Sexual Addiction & Compulsivity*, 1(2), pp 145–58.
- Monahan, K & Lurie, A (2003), 'Disabled women sexually abused in childhood: treatment considerations', *Clinical Social Work Journal*, 31(4), pp 407.
- Moulden, HM, Firestone, P, Kingston, DA & Wexler, AF (2010), 'A description of sexual offending committed by Canadian teachers', *Journal of Child Sexual Abuse*, 19(4), pp 403–18.
- National Child Traumatic Stress Network, (2016), Secondary Traumatic Stress, United States. Retrieved from <http://www.nctsn.org/resources/topics/secondary-traumatic-stress>.
- Nelson, S (2009), 'Care and Support Needs of Men Who Survived Childhood Sexual Abuse: Report of a Qualitative Research Project', Scotland: Centre for Research on Families and Relationships; Health in Mind.
- O'Leary, P (2002), 'The church, confession, forgiveness and male sexual abuse', *The International Journal of Narrative Therapy and Community Work*, 1, pp 8–13.
- Paine, M. & Hansen, D. (2002) 'Factors influencing children to self-disclose sexual abuse', *Clinical Psychology Review*, 22(2), pp 271-295.
- Pasupathi, M, McLean, KC & Weeks, T (2009), 'To Tell or Not to Tell: Disclosure and the Narrative Self', *Journal of Personality*, 77(1), pp 89–124.
- Price-Robertson, R (2012), 'Child Sexual Abuse, Masculinity and Fatherhood', *Journal of Family Studies*, 18(2-3).
- Putnam, RB, (2000), *Bowling Alone: The Collapse and Revival of American Community*, New York: Simon and Schuster.
- Quadara, A, (2008), 'Responding to young people's disclosure of sexual assault: A resource for schools', Wrap 6, p 11, Melbourne, Victoria: Australian Institute of Family Studies.
- Quadara, A, Fileborn, B & Parkinson, D (2013), 'The role of forensic medical evidence in the prosecution of adult sexual assault', *ACSSA Issues Paper*, 15 (15), Melbourne, Victoria: Australian Institute of Family Studies.

- Quadara, A, M Stathopoulos & R Jenkinson, (2015), 'Establishing the connection between alcohol and other drug use and sexual victimisation', ANROWS landscapes: state of knowledge papers, 6, Alexandria, NSW: ANROWS.
- Salter, D, McMillan, D, Richards, M, Talbot, T, Hodges, J, Bentovim, A, Hastings, R, Stevenson, J, Skuse, D (2003), 'Development of sexually abusive behaviour in sexually victimised males: A longitudinal study', *The Lancet*, 361(9356), pp 471–76.
- Schönbucher, V, Maier, T, et al. (2012), 'Disclosure of Child Sexual Abuse by Adolescents: A Qualitative In-Depth Study', *Journal of Interpersonal Violence*, 27(17), pp 3486–3513.
- Siegel, L (2004), *Criminology: Theories, Patterns, & Typologies*, 8e. Belmont, CA: Wadsworth/Thomson Learning.
- Somer, E & Szwarcberg, S (2001), 'Variables in delayed disclosure of childhood sexual abuse', *American Journal of Orthopsychiatry*, 71(3), pp 332–41.
- Staller, KM & Nelson-Gardell, D (2005), ' "A burden in your heart": Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse', *Child Abuse & Neglect*, 29(12), p 1415–32.
- Stathopoulos, M (2014), *The exception that proves the rule: Female sex offending and the gendered nature of sexual violence*, ACSSA Research Summary No. 5, Melbourne, Victoria: Australian Institute of Family Studies.
- Sullivan, J & Beech, A (2002), 'Professional perpetrators: Sex offenders who use their employment to target and sexually abuse the children with whom they work', *Child Abuse Review*, 11(3), pp 153–67.
- Tener, D., & Murphy, S. B. (2015). Adult Disclosure of Child Sexual Abuse: A Literature Review. *Trauma, Violence, & Abuse*, 16(4), 391-400.
- Terry, KJ (2008), 'Understanding the sexual abuse crisis in the Catholic Church: Challenges with prevention policies', *Victims & Offenders*, 3(1), pp 31–44.
- Trothen, TJ (2012), *Shattering the illusion: Child sexual abuse and Canadian religious institutions*, Ontario: Wilfrid Laurier University Press.
- Ullman, S (2002), 'Social Reactions to Child Sexual Abuse Disclosures: A Critical Review', *Journal of Child Sexual Abuse*, 12(1), pp 89–121.
- Whitaker, DJ, Le, B, Hanson, RK, Baker, CK, McMahon, PM, Ryan, G, Klein, A, Rice, DD (2008), 'Risk Factors for the Perpetration of Child Sexual Abuse: A Review and Meta-Analysis', *Child Abuse & Neglect: The International Journal*, 32(5), p 529–48.
- Widom, CS (1989), 'Does violence beget violence? A critical examination of the literature', *Psychological bulletin*, 106(1), p 3.
- Widom, CS & Ames, MA (1994), 'Criminal Consequences of Childhood Sexual Victimization', *Child Abuse and Neglect: The International Journal*, 18(4), pp 303–18.
- Wind, LH, Sullivan, JM & Levins, DJ (2008), 'Survivors' Perspectives on the Impact of Clergy Sexual Abuse on Families of Origin', *Journal of Child Sexual Abuse*, 17(3/4), pp 238–54.