



A brief guide to the Final Report: Disability

The Final Report contains information about child sexual abuse that may be distressing. We also advise Aboriginal and Torres Strait Islander readers that information in the report may have been provided by, or refer to, Aboriginal and Torres Strait Islander people who are deceased.

About this guide

This guide explains how information is organised in the 17-volume Final Report of the Royal Commission into Institutional Responses to Child Sexual Abuse. It is designed to help readers quickly find the information they need, with particular reference to the main sections of the report that focus on disability issues.

A complete list of volumes and related reports is on page 12 of this guide.

About disability issues in the Final Report

All children are vulnerable to sexual abuse in institutional contexts. We learned children with disability commonly face increased risks. This can be due to high rates of institutional contact,

dependence on professionals and volunteers for support, community attitudes towards disability, and the support needs and impacts associated with different impairments.

We heard about the experiences of children who had disability at the time of the abuse and the needs of adult survivors with disability. We looked into specific issues related to disability and have reported on these in each volume of the Final Report.

Attention to the additional needs of children and adult survivors with disability is an integral part of best practice prevention and response across the whole community.

LANGUAGE GUIDE

Disability

We use 'disability' as an umbrella term for how people experience a broad range of impairments or health conditions.

Institution

An 'institution' refers to any organisation or entity that provides activities or services, through which it has contact with children. An 'institutional context' could be anything from a school, foster care or respite care to a church youth camp or a sports club.



About our inquiry



The Final Report brings together what we learned during our five-year inquiry. It sets out what we heard, our conclusions and our recommendations to better prevent and respond to child sexual abuse in institutions.

We worked with people with disability, their families and advocates to enable them to fully participate in our work. This included offering assisted communication and a range of accessibility measures, as well as counselling and other forms of support.

We gathered information for our inquiry through the three ‘pillars’ of our work – private sessions, public hearings, and our policy and research program.

Private sessions

In private sessions, survivors spoke confidentially to one or more Commissioners about their experience of child sexual abuse and institutional responses. Survivors were offered counselling and other forms of support before, during and after their private session.

By listening to survivors, we heard about lifelong impacts of child sexual abuse as well as sources of strength. We also gathered information about institutional responses.

Between May 2013 and May 2017, we heard in private sessions about the experiences of **6,875** survivors.



FURTHER DETAIL

Throughout the Final Report, we often use survivors’ own words to give real-world examples of some of the concerns we have identified. To make sure private sessions remain confidential, we do not use survivors’ real names or any information that could identify them.

Volume 5, *Private sessions* provides more detailed information about what we heard from survivors. Chapter 7 ‘Survivors with disability’ focuses on what we heard from survivors with disability at the time of the abuse, including the circumstances at the time, their experiences of disclosure and what supports their wellbeing.

Public hearings

Our 57 public hearings examined particular institutions’ responses to allegations of child sexual abuse. Case studies were carefully chosen for public hearings so that our work covered a variety of types of institutions such as churches, schools, sports clubs and out-of-home care providers in cities and towns across Australia.

We examined issues relating to children with disability in a number of public hearings. These included in particular:

- Case Study 9: St Anne’s Special School
- Case Study 41: Disability service providers
- Case Study 38: Criminal justice issues (reported in our Criminal justice report).

Survivors with disability also gave evidence in other hearings.

Information about our public hearings is available online, including lists of witnesses, the documents we examined as well as our case study reports. Visit www.childabuseroyalcommission.gov.au

Policy and research

The Royal Commission also gathered information through its policy and research program.

For our policy work, we consulted widely with survivors and their supporters, governments, institutions and experts, inviting them to express their views at roundtables and contribute to issues papers and consultation papers. Those involved included people with disability and their families and carers, advocacy bodies and services working with people with disability.

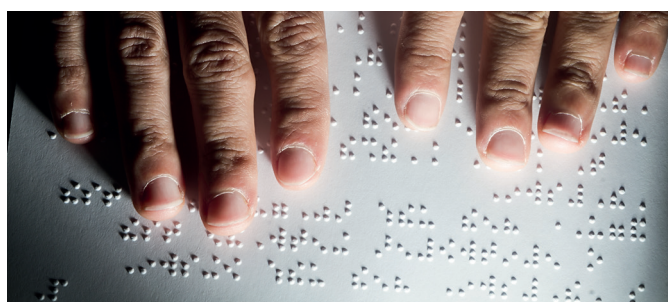
Our research program aimed to improve knowledge about the nature, extent and impacts of child sexual abuse in institutions and ways to prevent and respond to the abuse. We commissioned two research studies specific to children with disability:

- *Disability and child sexual abuse in institutional contexts*, conducted by the Centre for Disability Research and Policy, University of Sydney
- *Feeling safe, being safe*, conducted by the Centre for Children and Young People, Southern Cross University.

A third study includes a section on services and supports for people with disability:

- *Service and support needs of specific population groups that have experienced child sexual abuse*, conducted by the Gendered Violence Research Network, University of New South Wales.

The Royal Commission's published research and policy papers are available online at www.childabuseroyalcommission.gov.au



FURTHER DETAIL

Volume 1, *Our inquiry* contains information about how we conducted private sessions, public hearings, and our policy and research program.

Section 3.4 'Engaging with the community' in Volume 1 describes our strategy to encourage and support children and adults with disability to participate in our inquiry.

Section 4.5 'Diversity and vulnerability' in the same volume gives a brief introduction to how we considered diverse circumstances and needs throughout our inquiry, including those of victims and survivors with disability.

What we learned from survivors

Of the **6,875** survivors we heard from in private sessions as at 31 May 2017, **293**, or **4.3** per cent, told us they had disability at the time of the abuse.

For ease of reference in this guide, we use the term 'survivor with disability' to refer to anyone who told us in a private session that they had disability at the time of the abuse.

About survivors with disability

Of the 293 survivors with disability we heard about in private sessions:

- the majority were male (**61.4** per cent)
- the average age was **44.8** years. **43.5** years for females and **45.4** for males
- **39.2** per cent were aged 50 or over and **19.1** per cent were under 30
- **16.0** per cent were Aboriginal and Torres Strait Islander survivors
- one-quarter (**25.9** per cent) said they were first sexually abused after 1990.



Key themes

Experiences of abuse

In private sessions, survivors often told us about the type of sexual abuse they experienced, the institutions where it happened and the roles held by the people who sexually abused them. Of the survivors with disability who told us this information, we heard that:

- **86.1** per cent told us they experienced multiple episodes of sexual abuse
- **62.8** per cent told us that the abuse lasted up to one year
- **34.1** per cent told us about being abused in historical out-of-home care (pre-1990)
- **32.4** per cent said they were abused in a school.

Survivors with disability who talked about experiencing other forms of abuse in institutions before, during and after being sexually abused, most commonly mentioned emotional and physical abuse.



In Volume 2, *Nature and cause* we look at how and why institutional child sexual abuse happens. We learned that any child can be abused when a potential perpetrator is present and the institutional environment allows it. Additional factors that heighten risk for children with disability include:

- **care needs** – children with disability requiring intimate care may be at higher risk as this involves close physical contact and is often provided in private, reducing the likelihood of detection
- **isolation and segregation** – some children with disability spend a significant amount of time in institutions to access health, education or care services, often needing to engage with many unknown people. This can isolate them from the community and trusted adults
- **type of disability** – research suggests that risk of abuse varies with the level and type of impairment and that children with intellectual disability, communication disorders or behavioural disorders may face increased risk of all forms of abuse.



FURTHER DETAIL

In Chapter 5 ‘How and why child sexual abuse occurs’ of Volume 2 we present more information on risk factors and disability.

Chapter 7 ‘Survivors with disability’ in Volume 5, *Private sessions* provides a summary of information we heard from survivors with disability at the time of the abuse.

Wellbeing

In private sessions and public hearings we learned that the impacts for people with disability are consistent with impacts for other survivors of institutional child sexual abuse and may be compounded by stigma and disability discrimination. Of the survivors with disability who spoke about impacts in private sessions:

- **93.6** per cent told us they experienced mental health impacts
- more than half (**54.1** per cent) told us the abuse had impacted their relationships with others.

Volume 3, *Impacts* describes what we learned about the impacts of child sexual abuse and institutional responses on victims, their families and the broader community. Factors that add to the trauma of child sexual abuse faced by children with disability include:

- **community attitudes** – myths that children with disability (particularly cognitive impairment) cannot feel trauma and are not harmed by sexual abuse. These beliefs are unfounded and may lead to re-traumatisation and increased vulnerability
- **cumulative harm** – because children with disability can face additional barriers to disclosure they are vulnerable to continuing abuse and therefore cumulative harm
- **type of abuse** – some research indicates that children with intellectual disabilities are more vulnerable and more likely to experience ongoing forms of penetrative abuse than other children, which can lead to more severe mental health outcomes.



FURTHER DETAIL

In Section 2.4.5 ‘Victims’ characteristics, circumstances and experiences’ in Volume 3 we provide specific information about a range of impacts for children with disability.

Volume 9, *Advocacy, support and therapeutic treatment services* draws on information from Volume 3 to identify appropriate advocacy, support and therapeutic treatment responses for survivors with disability.

Disclosing the abuse

During our inquiry, we learned that children with disability encounter circumstances that reduce their ability to disclose or report abuse and, where they are able to do so, have less chance of receiving an adequate response.

In private sessions, of the survivors with disability who spoke about their experience of disclosure:

- **61.0** per cent first disclosed the abuse as children
- most were likely to disclose to a parent (**30.4** per cent) or a person in authority within the institution (**25.9** per cent).

Of the survivors with disability who told us about barriers to disclosure, almost one-third did not disclose due to shame and embarrassment and a similar proportion also feared retribution from the institution. Just over one in five survivors had no one to tell. One in five survivors said they were frightened that they would not be believed.

In Volume 4, *Identifying and disclosing child sexual abuse* we examine the barriers to disclosure and discuss ways to better identify sexual abuse and support disclosures.



We learned children with disability face additional barriers to disclosure such as:

- **lack of communication support** – appropriate communication tools may not be available to help victims speak out and be understood
- **signs of abuse not recognised** – adults may not identify non-verbal or behavioural indicators of abuse, and sometimes see these signs as part of the disability so the abuse is overlooked
- **fear of losing support services** – reliance on support services and limited choice of where else to go for critical support can prevent disclosure
- **community attitudes** – myths about children with disability, such as they are not able to give a reliable account of their experience, can prevent adults taking the signs of abuse seriously.



FURTHER DETAIL

In Section 2.5 ‘Factors that can influence disclosure’ in Volume 4 we provide information about disclosure and children with disability.

In Chapter 3 ‘Recognising disclosure and identifying abuse’ and Chapter 4 ‘Barriers to disclosure for the victim’ of the same volume we discuss communication difficulties children with disability may have in relation to disclosing sexual abuse.

What we learned about making institutions safer

We discuss what we learned about how to make institutions safer for children in Volumes 6, 7 and 8. Together, these volumes explain how institutions could better prevent, identify, respond to and report institutional child sexual abuse. They recognise that protecting children is everyone’s responsibility, and look at the role that communities, institutions, governments and individuals should play to create child safe institutions.

Volume 6, *Making institutions child safe* makes recommendations covering:

- **creating child safe communities** – a national strategic approach to preventing child sexual abuse
- **Child Safe Standards** – 10 standards to provide benchmarks for institutions that work with children
- **online safety** – improving children’s digital safety and the way institutions respond to online abuse
- **improved regulation and oversight** – introducing a national approach to monitor and enforce Child Safe Standards.



FURTHER DETAIL

Section 3.4 ‘Understanding Child Safe Standards’ in Volume 6 describes how we developed each of the 10 recommended standards. The discussion of Standard 4: ‘Equity is upheld and diverse needs are taken into account’, highlights the importance of responding to the additional needs of highly vulnerable children and provides specific information about disability.

Chapter 5 ‘Preventing and responding to online child sexual abuse in institutions’ in the same volume focuses on the more recent challenges to child safety posed by the online environment.



Volume 7, *Improving institutional responding and reporting* examines how children, families, staff and volunteers make child sexual abuse complaints to institutions and how institutions report these complaints to government authorities. In this volume, we propose measures to improve institutional responses in relation to:

- **complaints policies and procedures** – to empower individuals to raise complaints and for these complaints to be taken seriously
- **external reporting** – by increasing education and training on reporting requirements and introducing nationally consistent mandatory reporting schemes
- **complaint handling oversight** – introducing independent nationally consistent schemes to oversight institutional child sexual abuse complaint handling.

FURTHER DETAIL

In Chapter 3 ‘Improving institutional responses to complaints of child sexual abuse’ in Volume 7, we outline the need for accessible information about complaint handling processes and the importance of recognising, anticipating and responding effectively to the needs of children with disability.

Chapter 4 ‘Oversight of institutional complaint handling’ in the same volume discusses reportable conduct schemes, recommending they should cover institutions that provide disability services and supports to children with disability (Recommendation 7.12).

Volume 8, *Recordkeeping and information sharing* looks at records, recordkeeping and information sharing of institutions that care for or provide services to children. It describes how these practices can be improved to better protect children from sexual abuse in institutions.

This volume includes recommendations for:

- **best practice records and recordkeeping** – to address the need to keep and maintain full and accurate records on matters relating to child safety and wellbeing
- **strengthening information sharing** – developing a national approach to help better identify, prevent and respond to incidents and risks of child sexual abuse across institutions and jurisdictions.

FURTHER DETAIL

Chapter 3 ‘Improving information sharing across sectors’ in Volume 8 notes the importance of information sharing for services operating within the National Disability Insurance Scheme.

Chapter 4 ‘Improving information sharing in key sectors’ in the same volume considers voluntary out-of-home care as a significant institutional environment for children with disability.



What we learned about advocacy, support and therapeutic treatment

In Volume 9, *Advocacy, support and therapeutic treatment services* we look at how the service system responds to the needs of survivors, and the barriers they may face when seeking help. The volume notes that survivors with disability are often caught between services, with disability-specific services not having adequate understanding of trauma, and therapeutic services not understanding disability or being accessible to survivors with disability.

We recommend Australian governments fund support services for people with disability who have experienced child sexual abuse. We also discuss the importance of:

- **advocacy** – to assist survivors with disability with complaint processes, reporting and accessing support
- **therapeutic treatment** – disability-aware and disability-competent therapeutic services.

FURTHER DETAIL

Chapter 2 ‘The need for advocacy and support and therapeutic treatment services’ in Volume 9, discusses the ongoing support needs of survivors with disability.

Chapter 4 ‘Barriers to help-seeking and effective service responses’ in the same volume discusses particular barriers to help-seeking and effective service responses for people with disability.

Chapter 5 ‘Improving service systems for victims and survivors’ in Volume 9 outlines why disability-specific support services are needed for victims and survivors with disability, as well as the need for increased skills in mainstream services to work effectively with people with disability.

What we learned about children’s harmful sexual behaviours

Volume 10, *Children with harmful sexual behaviours* looks at harmful sexual behaviours in children. The term ‘harmful sexual behaviours’ covers a broad spectrum of behaviours from developmentally inappropriate behaviours to criminal behaviours such as sexual assault. This volume discusses:

- **differing treatment needs** – children with harmful sexual behaviours are different to adult perpetrators of child sexual abuse and require specific, tailored responses
- **what we heard in private sessions** – **35.4** per cent of survivors with disability at the time of the abuse said they were sexually abused by another child.

FURTHER DETAIL

In Section 2.9 ‘Factors that may contribute to children exhibiting harmful sexual behaviours’ in Volume 10 we discuss the high proportion of children with intellectual impairment and learning difficulties presenting to specialist services for treatment of harmful sexual behaviours and identify the need for further research in this area.





What we learned about different types of institutions

In Volumes 11 to 16 we describe what we learned about child sexual abuse and responses to it in six institutional settings. Each of these institution-specific volumes contains information related to the needs of children with disability.

FURTHER DETAIL

Volume 11, *Historical residential institutions* outlines what we learned from survivors living in residential institutions from 1945 to 1990. We discuss the ‘parallel system of care’ for children with disability in large hospital-style institutions.

Volume 12, *Contemporary out-of-home care* discusses children with disability and the need for better data collection, adapted sexual abuse prevention education, adequate assessment and provision of support and specific risk management and safety strategies.

Volume 13, *Schools* discusses heightened risks for children with disability in schools, including specialised education settings. Appendix B in this volume outlines practical guidance for implementing our proposed Child Safe Standards, including Standard 4: ‘Equity and diverse needs’.

Volume 14, *Sport, recreation, arts, culture, community and hobby groups* notes the increasing participation of children with disability in mainstream recreational settings, and the importance of attending to their needs in these many varied settings.

Volume 15, *Contemporary detention environments* focuses on youth detention and immigration detention, noting the over-representation of children with disability in both settings. It also briefly discusses secure psychiatric and disability services, and covers issues such as restrictive practices, deprivation of liberty, privacy and isolation.

Volume 16, *Religious institutions* notes the role of religious institutions in delivering disability services and considers their interaction with, and duty of care towards, children with disability. Chapters 7 and 8 discuss what we heard about the common contexts where sexual abuse occurred and the experiences of survivors with disability.



Beyond the Royal Commission



Since we started our inquiry, community awareness has grown about the failure of many trusted institutions to protect children from sexual abuse.

With the handover of the Final Report to government, our work is complete.

Governments and institutions are now responsible for responding to the Royal Commission's recommendations and delivering the changes that the community has come to expect.

We have asked the Australian Government and state and territory governments to respond to our Final Report within six months of its release. In their response, governments should tell the community which of our recommendations they plan to act on and which they do not.

As real change will take some time, we have also asked that every year for the next five years all Australian governments submit a report to their parliaments that shows their progress towards implementing our recommendations.



FURTHER DETAIL

Volume 17, *Beyond the Royal Commission*, describes the impact of the Royal Commission and processes required to implement our recommendations.

Why words are important

Those who have experienced child sexual abuse have told us that language matters. The words used to describe the abuse and its victims can silence survivors and invite shame or guilt. When used well, words can help survivors feel understood and more powerful.

We have provided definitions for some key words and phrases that are used in the Final Report on page 1 of this guide. A more detailed list is provided in the Glossary in Volume 1, *Our inquiry*.

Reading the Final Report

How the Final Report is structured

The Final Report includes a preface and executive summary and 17 volumes.

Each volume is designed to be read on its own. To help readers understand how each volume relates to the rest of the Final Report, every volume points to relevant information in other volumes.

Also in the Final Report

Terms of Reference

In our Terms of Reference, the Australian Government set out the Royal Commission's task. These are published in full in Volume 1, *Our inquiry* and are also available online at www.childabuseroyalcommission.gov.au

Preface and executive summary

The Preface and executive summary provides an outline of the Final Report and features a summary of the main themes of each volume. It also includes a complete list of the Royal Commission's 409 recommendations.

Survivors' accounts

With permission, we have published a selection of narratives based on survivors' accounts as told to us in private sessions as an online appendix to Volume 5, *Private sessions*. These narratives do not contain information that could identify individual survivors.

Accessing the Final Report

The Final Report is available online at www.childabuseroyalcommission.gov.au
Printed copies of the report may be viewed in a number of libraries across Australia.

Our other final reports

Our *Working With Children Checks* report (2015) makes recommendations to strengthen the Working with Children Checks schemes in Australia.

Our *Redress and civil litigation* report (2015) makes recommendations about a national redress scheme. It considers how such a scheme should respond to the needs of survivors with disability.

Our *Criminal justice* report (2017) examines criminal justice responses to child sexual abuse and recommends ways the criminal justice system can be more effective for survivors. It includes recommendations to improve police responses, with a specific focus on police responses to reports of child sexual abuse made by people with disability.

Four fact sheets covering the key themes of our *Criminal justice* report are available online at www.childabuseroyalcommission.gov.au

Other guides in the series

This guide is one of four developed to meet the interests of different audiences. The other guides are:

- *A brief guide to the Final Report*
- *A brief guide to the Final Report: Aboriginal and Torres Strait Islander communities*
- *A brief guide to the Final Report: Children and young people*

All guides are available online at www.childabuseroyalcommission.gov.au

ABOUT THE USE OF PRIVATE SESSIONS INFORMATION IN THIS GUIDE

When writing this guide, we used information from private sessions that were held between May 2013 and May 2017.

The Final Report has been published with a separate fact sheet with updated information from private sessions held between May 2013 and November 2017.

The fact sheet is available online at www.childabuseroyalcommission.gov.au

Complete volume list

	<i>Preface and executive summary</i> – includes a summary of each volume and a complete list of all recommendations.
Volume 1	<i>Our inquiry</i> – introduces the Final Report and describes the establishment, scope and operations of the Royal Commission.
Volume 2	<i>Nature and cause</i> – describes what the Royal Commission learned about the nature and cause of child sexual abuse in institutional contexts.
Volume 3	<i>Impacts</i> – explains the impacts of child sexual abuse in institutional contexts on survivors and often their family members, friends, and entire communities.
Volume 4	<i>Identifying and disclosing child sexual abuse</i> – describes what we learned about survivors’ experiences of disclosing child sexual abuse.
Volume 5	<i>Private sessions</i> – describes survivors’ experiences of child sexual abuse as told to Commissioners during private sessions.
Volume 6	<i>Making institutions child safe</i> – outlines a national strategy for child sexual abuse prevention and proposes child safe standards including how institutions may implement them.
Volume 7	<i>Improving institutional responding and reporting</i> – looks at institutions’ responses to complaints of child sexual abuse and how they report these matters to external government authorities.
Volume 8	<i>Recordkeeping and information sharing</i> – examines the records, recordkeeping and information sharing of institutions that care for or provide services to children.
Volume 9	<i>Advocacy, support and therapeutic treatment services</i> – looks at what we learned about survivors’ needs in terms of advocacy, support and treatment and offers recommendations for improving service systems to better respond to survivors’ needs.
Volume 10	<i>Children with harmful sexual behaviours</i> – examines what we learned about institutional responses to children with harmful sexual behaviours.
Volume 11	<i>Historical residential institutions</i> – describes what we learned about survivors’ experiences of, and institutional responses to child sexual abuse in residential institutions, pre-1990.
Volume 12	<i>Contemporary out-of-home care</i> – examines what we learned about institutional responses to child sexual abuse in contemporary out-of-home care.
Volume 13	<i>Schools</i> – describes what we learned about institutional responses to child sexual abuse in schools.
Volume 14	<i>Sport, recreation, arts, culture, community and hobby groups</i> – looks at what we learned about institutional responses to child sexual abuse in sport and recreation contexts.
Volume 15	<i>Contemporary detention environments</i> – reviews what we learned about institutional responses to child sexual abuse in contemporary detention environments.
Volume 16	<i>Religious institutions</i> – examines what we learned about institutional responses to child sexual abuse in religious institutions.
Volume 17	<i>Beyond the Royal Commission</i> – describes the impact and legacy of the Royal Commission and discusses monitoring and reporting on the implementation of our recommendations.
Other reports	<i>Working With Children Checks</i> <i>Redress and civil litigation</i> <i>Criminal justice</i>

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