Our **Mission** is to prevent child sexual assault in our society.
Our **Vision** is to make Australia the safest place in the world to raise a child.

12th July, 2019

Att. Ms Penelope Armytage
Commissioner and Chairperson
Royal Commission into Victoria's Mental Health System
E-mail: contact@rcvmhs.vic.gov.au

Royal Commission into Victoria's Mental Health System

Dear Commissioners:

Bravehearts apologises for this late submission, but hopes that it may be considered as part of the review being conducted through the Royal Commission into Victoria's Mental Health System.

As an agency that works with, and advocates for, survivors of child sexual harm, Bravehearts strongly believes that in order to properly and effectively address mental illness in our community, it is critical that we provide early intervention strategies that address the causal factors of mental health concerns and manage the potential effects of adverse childhood experiences. As an agency that is focussed on advocating for appropriate and effective responses to child sexual assault, our submission is made within this context.

Approximately, one in four girls and one in six boys will be sexually assaulted in some way by the age of 18. These figures have been consistently reported over the past 20 years. For background to our submission, we provide the following facts surrounding child sexual assault:

- It is estimated that 1 in 4 girls and between 1 in 7 and 1 in 12 boys are victims of sexual assault**.** (James, 2000)
- Research shows a staggering 45% of women aged 18-41 were sexually assaulted as children by family members (30%), friends or family friends (50%) or strangers (14%). 75% of the abuse involved some contact, most of which was shockingly severe. (Watson, B., Griffith University, Herald Sun, 9th October, 2007)
- Based on a review of research conducted on child abuse between 2000 and June 2008, researchers estimate that… between 5 and 10% of girls and up to 5% of boys are exposed to penetrative sexual assault, and up to three times this number are exposed to any type of sexual assault. (Gilbert, Spatz-Widom, Browne, Fergusson, Webb & Janson, 2009)
- A summary of Australian prevalence studies estimates that 4 - 8% of males and 7 - 12% of females experience penetrative child sexual abuse and 12 - 16% of males and 23 - 36% of females experience non-penetrative child sexual abuse. (Price-Robertson, Bromfield and Vassallo, 2010)
- An Australian birth cohort study found that at age 21 years, child sexual abuse was self-reported by 19.3% of males and 30.6% of females (Mills, Kisely, Alati, Strathearn & Najman, 2016).

The Statistics: Child Sexual Assault and Mental Health Outcomes

Child sexual assault has long been recognised to have a key relationship to later mental health outcomes. The mental health system is filled with survivors of prolonged, repeated childhood trauma.

Statistics over the years have shown:

- Young girls who are sexually assaulted are 3 times more likely to develop psychiatric disorders or alcohol and drug abuse in adulthood, than girls who are not sexually assaulted. (Kendler, Bulik, Silberg, Hettema, Myers, & Prescott, 2000)
- Among male survivors of child sexual assault, more than 70% seek psychological treatment for issues such as substance abuse, suicidal thoughts and attempted suicide. Males who have been sexually assaulted as children are more likely to violently victimize others. (Walrath, Ybarra, Holden, Liao, Santiago, & Leaf, 2003)
- Women with a history of child sexual assault were more likely to use mental health services, pharmacy services, primary care services and speciality care. (Bonomi, 2008)
- One study analysing seven meta-analyses on child sexual abuse and adult psychopathology found sexual abuse to be a nonspecific risk factor for a range of adverse mental health outcomes (Hillberg, Hamilton-Giachritsis & Dixon, 2011).
- Sexual abuse perpetrated by a caregiver is associated with particularly severe complex trauma symptoms into adulthood (Kluft, 2011).
- The experience of sexual abuse during childhood is a key antecedent of complex trauma symptoms. Research has shown that the symptoms of complex trauma most often result from prolonged exposure to multiple forms of interpersonal trauma (including sexual abuse), typically during childhood, by caregivers who are expected to provide a safe, predictable, and secure environment (Courtois & Ford, 2013).
- A New Zealand birth cohort study found that sexual abuse prior to age 16 was associated with a range of adverse outcomes at age 30, including depression, anxiety, PTSD symptoms, and reduced self-esteem and life satisfaction. These negative outcomes were also found to increase alongside the increasing severity of abuse experienced (Fergusson, McLeod & Horwood, 2013).
- A study of child sexual abuse, its co-occurrence with other forms of maltreatment, and mental health outcomes among males has shown that having a history of child sexual abuse only, and of child sexual abuse co-occurring with other types of maltreatment, was associated with higher odds for many mental disorders and suicide attempts compared to having a history of child maltreatment without sexual abuse (Turner, Taillieu, Cheung, & Afifi, 2017).
- Men's experience of child sexual abuse has been shown to be positively associated with depressive and somatic symptoms as well as hostility into middle and late adulthood (Easton & Kong, 2017).

There is also a highly significant relationship between childhood sexual assault and various forms of mental health-related issues later in life:

- Young people who had experienced child sexual assault had a suicide rate that was 10.7 to 13.0 times the national Australian Rates. A recent study of child sexual assault victims found 32% had attempted suicide and 43% had thought about suicide. (Plunkett, Shrimpton & Parkinson, 2001)
- A school-based survey study with 2,485 South Australian early adolescents also showed that reported experience of sexual abuse was associated with suicidal ideation and suicidal behaviour (Martin, Bergen, Richardson, Roeger, & Allison, 2004).

- Rates of suicide are significantly higher among victims of child sexual abuse than comparison groups. One study found sexual abuse victims were 18 times more likely to commit suicide than those in the general population (male abuse victims 14 times more likely and female victims 40 times more likely) (Cutajar, Mullen, Ogloff, Thomas, Wells, & Spataro, 2010).
- Rates of accidental fatal overdoses are significantly higher for victims of child sexual abuse than comparison groups. Sexual abuse victims were 49 times more likely to die as a result of an accidental overdose than those in the general population (male abuse victims 38 times more likely and female victims 88 times more likely) (Cutajar et al., 2010).
- Experience of child sexual abuse has been shown to be associated with heavy drinking, hazardous drinking, and the use of marijuana and other illicit drugs – these associations have also been shown to be only marginally attenuated when controlling for depression and self-reported emotional and mental health (Tonmyr & Shields, 2017).

The Current Royal Commission

Prevention

As an agency that works specifically within the area of child sexual assault, we recognise the incredible importance of general prevention and education in reducing prevalence of child sexual assault and child abuse, and subsequently the often long term mental health and related impacts.

Services providing education and prevention around child sexual assault are a fundamental key to achieving long-term reductions in the devastating impact of this crime on mental health statistics.

The resourcing of education and prevention is crucial and budgetary allocations need to be made to fund proven, effective programs that demonstrate best practice.

Public awareness of the problem of child sexual assault has grown to a point whereby concerns have emphasised the need for widespread preventative programs to be implemented. As far back as 1997 the Woods Royal Commission recommended a focus on the "broad community education programs including information on children's rights, empowering children to speak out, to say NO to adults, to understand their bodies and their rights around the touching of their bodies". In line with this, a strong feature of the published research on personal safety programs has been the evidence that suggests that preventative strategies are far more cost effective, importantly in relation to mental health outcomes, than trying to fix the problem after the fact.

Accordingly, school-based personal safety programs have emerged increasingly over the last two decades across the US, Canada, NZ, UK and Australia (Briggs & Hawkins, 1994; Browne & Lynch, 1994; Poole & Tomison, 2000). School-based personal safety programs play a vital role in preventing child sexual assault, equipping children with the knowledge and skills they need to identify unsafe or risky situations, and giving them an understanding of their rights to protect themselves and their own body.

The introduction of personal safety education within schools appears to be a logical progression. Not only do schools have the ability to reach large numbers of children at the one time, but their primary purpose is to be a place of learning. In schools children are taught how to stay safe in traffic, how to stay safe from fire, water and electricity; it was logical that schools should progress to also teach children how to stay safe with people.

Bravehearts' *Ditto's Keep Safe Adventure* (DKSA) program, working with children from prep to Grade 3, is an example of the incredible impact of prevention programs in this area. An early external evaluation determined that the *Ditto's Keep Safe Adventure* program **has the potential to reduce**

child sexual assault by up to 50 per cent. In Victoria, Bravehearts currently runs our education program out of Geelong, Shepparton, and more recently Melbourne. While we also run the program in Queensland, New South Wales and Tasmania, Tasmania is the only State Government to fund the program.

Best Practice Therapeutic Support
Ensuring that there is specialised and effective therapeutic support for survivors of child sexual assault is essential, yet there is a recognised gap in the training of therapists (psychologists, counsellors, social workers) in the area of child sexual assault. This has been recognised in Outcome 6 of the National Framework for Protecting Australia's Children 2009-2020. Effective intervention and support can only occur if professionals working with these children are properly equip to deal the specialised nature of this work.

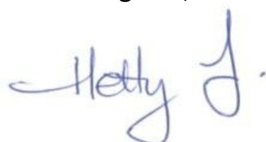
In 2009, the Federal Government provided funding for Bravehearts to deliver our Practitioner Workshop, based on our specialist experience, across the country. The workshop is aimed at training participants to work effectively with victims, and increases both practitioner knowledge and confidence in responding to those affected by child sexual assault, with core focus on:

- Understanding the nature of child sexual assault;
- Strengthening therapeutic approaches to children affected by sexual assault;
- Effective therapeutic interventions with children who have experienced sexual assault;
- Understanding the principles behind psycho-educational tools to teach personal safety messages to children;
- Effective responses to disclosures of sexual assault within the therapeutic environment;
- Supporting parents to respond appropriately and effectively to disclosures, as well as behaviours and emotions often associated with child sexual assault;
- Understanding the toll on the therapist when working in the area of child sexual assault and identifying key self-care and organisational-care strategies to minimise this effect.

Since 2009, Bravehearts has continued to provide this specialist training, most recently running a three-day training workshop from our Head Office in Queensland in June 2019. The uptake of these training opportunities exceed any expectation and it is clear that specialised training in this area is desperately needed. Bravehearts believes that it is critical that monies are set aside for specialist training, to ensure that there is an adequately trained mental health workforce to provide the critical therapeutic support for children and young people affected by sexual harm and to ultimately reduce the long term mental health outcomes and costs.

We thank the Commissioners for their attention to our submission and hope that the information provided will be considered in the final report and recommendations of the Royal Commission. Please contact us on [redacted] or [redacted] if any further information is required.

Kind Regards,



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