

Child Sexual Abuse in the General Community and Clergy-Perpetrated Child Sexual Abuse

A Review Paper prepared for the Australian Psychological Society to inform an APS Response to the Royal Commission into Institutional Responses to Child Sexual Abuse

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Background

All forms of child sexual abuse (CSA) are a profound violation of the human rights of the child and a crime under Australian law.

The World Health Organization and the International Society for the Prevention of Child Abuse and Neglect in their report 'Preventing child maltreatment: a guide to taking action and generating evidence' (Butchart & Phinney-Harvey, 2006), define child sexual abuse:

...as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim (p. 10).

An earlier definition of CSA developed by the American Medical Association (1992) encompasses both contact abuse ranging from fondling to rape and non-contact abuse, such as modelling inappropriate sexual behaviour, forced involvement in child pornography, or exhibitionism.

CSA results in short and medium term negative effects on the health and well-being of the child and adolescent including urogenital symptoms such as genital pain, dysuria and genital bleeding (De Lago, Deblinger, Schroeder, & Finkel, 2008), reduced self-esteem and suicidal ideation (Perera & Ostbye, 2009) and lower levels of educational attainment (Currie & Widom, 2010). Others contend that the significance of the association between CSA and educational attainment disappears once confounding social, parental and individual factors have been taken into account (Boden, Horwood, & Fergusson, 2007).

CSA can continue throughout life to exert long lasting negative impacts on the neurodevelopment, physical and mental health of many (Gilbert et al., 2009) but by no means all of those affected. A New Zealand study (Anderson, Martin, Mullen, Romans & Herbison, 1993) reported that 18% of their sample had not disclosed CSA because they said they were not bothered by it and 12% of adult survivors in an American study (Bulik, Prescott and Kendler, 2001) also claimed they were not affected by the CSA when it occurred.

Lifetime depression, a well-documented outcome of CSA, was found in one US nationally representative study to affect just over half (52%) of childhood rape survivors compared to 27% of non-victims (Saunders, Kilpatrick, Hanson, Resnick, & Walker, 1999). In other words, survivors of CSA had an almost two-fold higher risk of developing depression during their lifetime than non-victims, but almost half of all CSA survivors (48%) did not go on to develop depression in adult life.

In contrast with the large evidence base amassed since the 1980s on the prevalence and health consequences of CSA occurring in the general community, there is limited evidence on CSA perpetrated by clergy or others working for institutions or organisations. Minimal research was published on this topic before 2000, and Fogler, Shipherd, Clarke, Jensen, and Rowe (2008) have described the field of research into clergy-perpetrated CSA as “still in its infancy” (p.349).

Historically, child sexual abuse has been studied through the lens of the individual, whether that of the individual victim or the individual perpetrator, and the cultural,

religious and situational context in which the abuse took place has not been researched adequately (Terry & Ackerman, 2008).

The importance of the situational context has been stressed by the Australian Royal Commission into Institutional Responses to Child Sexual Abuse, chaired by Justice McClellan. On April 3, 2013, the day of the first sitting of the Royal Commission, he described the parameters of the inquiry and its intention to challenge the power of institutions, their management and practices and to enquire into how the rights of children raised in institutions where they experienced CSA have been met.

The current review of the research literature, like the Royal Commission, recognises the importance of the UN Convention on the Rights of the Child in understanding the likely harms associated with CSA. There is an inextricable relationship between the rights violations that define CSA and the deleterious behavioural and psychological health consequences of such abuse.

Scope of the current review

The first part of this review will examine the prevalence and impact of CSA on adult mental health including the factors that mediate adult outcomes in the general population; the second part will focus on various aspects of CSA perpetrated by priests, other clergy and pastoral employees of churches.

The search terms used alone or in combination to locate relevant literature in peer reviewed journals included 'institutional abuse', 'clergy abuse', 'child sexual abuse', 'disclosure', 'institutional responses' and 'psychological and behavioural consequences'.

The under-researched nature of institutional or clergy sexual abuse of children is apparent when the terms 'institutional' or 'clergy child sexual abuse' are compared with the term 'child sexual abuse' in a Medline search of published literature. Fifty-five papers were identified for 'institutional child sexual abuse' and 88 for 'clergy sexual abuse' compared with 11,148 papers for the term 'child sexual abuse'. In other words, papers on institutional and clergy sexual abuse added together represent only 1.3% of all research into child sexual abuse.

Closer scrutiny of the research identified in the Medline search revealed that the figure of 1.3% is an overestimate. The majority of papers on 'institutional abuse' (45/55) were not specifically concerned with the sexual abuse of children in institutions. In contrast, most of the papers on 'clergy sexual abuse' were specifically related to this search term, with the exception of one study on sibling incest in a clergy family and another on street children in the Phillipines. However, nearly half (42/88) of these papers were news reports in non-peer reviewed journals such as US News World Report, Time, Newsweek and Fortune magazine.

PART ONE: CHILD SEXUAL ABUSE (CSA) IN THE GENERAL COMMUNITY

Prevalence and mental health consequences of CSA

Prevalence globally

Globally, rates of CSA are difficult to gauge accurately given the clandestine, sensitive and criminal nature of the sexual abuse to which children are exposed. CSA often goes undisclosed and unreported to professionals or adults, for many complex reasons including fear of punishment and retaliation by the perpetrator, as well as the stigma and shame associated with this type of abuse (Priebe & Svedin, 2008).

A global meta-analysis of child sexual abuse prevalence figures found self-reported CSA prevalence ranged from 164/1000 to 197/1000 for girls and 66/1000 to 88/1000 for boys (Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). Differing methods and definitions of CSA across studies, including the age used to define when childhood ends (various studies use 14, 16 or 18 years), partly explain variations in prevalence (Butchart & Phinney Harvey, 2006; Stoltenborgh, 2011).

Perpetrators of child sexual abuse are often close to the victim such as fathers, uncles, teachers, caregivers and other trusted members of the community (Finkelhor, Hammer & Sedlak, 2008).

Prevalence in Australia

In Australia, Fleming (1997) using a community sample of 710 women randomly selected from the Australian electoral roll revealed that 20% of the sample reported experiencing child sexual abuse involving contact. Another national survey involving both men and women (Najman, Dunne, Purdie, Boyle, & Coxeter, 2005) reported a higher prevalence of CSA than Fleming (1997) with more than one third of women and approximately one sixth of men reporting a history of CSA. A more recent study in Victoria, by Moore et al (2010), reported a prevalence rate of 17% for any type of CSA for girls and 7% for boys when they took part in the study during adolescence. Both studies involving community samples of women or girls and men or boys indicate that girls are two or more times more likely to experience CSA than boys.

Long term mental health consequences

The experience of CSA can exert long lasting effects on brain development, psychological and social functioning, self-esteem, mental health, personality, sleep, health risk behaviours including substance use, self-harm and life expectancy (Anda et al., 2006; Hillberg, Hamilton-Giachritsis, & Dixon, 2011; King, Coxell, & Mezey, 2002; Mammen & Astbury, 1997; Maniglio, 2009; Noll, Trickett, Susman, & Putnam, 2011; Warner & Wilkins, 2004).

Extreme, repetitive and abnormal patterns of stress in childhood including CSA are associated with long term negative changes in many brain circuits and systems including long term alterations in the hypothalamic-pituitary-adrenal axis so critical in modulating stress responses and in the amygdala, medial prefrontal cortex and other limbic structures believed to mediate anxiety and mood dysregulation (Bremner, 2003; Perry & Pollard, 1998; Teicher, 2000). Smaller hippocampal volumes have been reported in adults

with childhood abuse-related Post Traumatic Stress Disorder (PTSD) (Bremner, 2003) and depression (Vythilingam et al., 2002), two of the most common psychological disorders resulting from CSA.

Although the first part of the current literature review is on CSA and its long term effects on mental health, it is critical to keep in mind that CSA often co-occurs with physical and emotional abuse and other negative and stressful childhood experiences that independently predict poor mental and physical health outcomes in adult life.

A suite of studies has explored the impact of adverse childhood experiences on health risk behaviours and health outcomes including psychological outcomes in adult life (see www.cdc.gov/ace/ for a full description of the ACE studies and associated publications from this research). These studies clearly illustrate the interconnectedness between different types of abuse (physical, sexual and psychological), witnessing violence against one's mother, and living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. In the first study, a powerful graded relationship was found between the number of categories of childhood exposure and each of the adult health risk behaviours, mental health conditions and diseases that were investigated. People who reported four or more categories of childhood exposure compared with those who reported none, had 4 to 12 fold increases in alcoholism, drug use, depression and suicide attempts. A similar graded relationship was found between exposure to adverse childhood experiences and adult physical diseases including ischemic heart disease, cancer, chronic lung disease, liver disease and skeletal fractures (Felitti et al., 1998).

The research literature indicates that when other predictors of poor adult mental health are statistically controlled, CSA remains a powerful determinant of psychological disorder in adult life (Kendler et al., 2000).

Strong evidence from twin studies indicates that a causal relationship exists between CSA and subsequent mental disorders. Such studies necessarily control for genetic and family environment factors. A number of twin studies since 2000 provides evidence of significant associations between CSA, depression, panic disorder, alcohol abuse/dependence, drug abuse/dependence and suicide attempts (Bulik et al., 2001; Dinwiddie et al., 2000; Kendler et al., 2000).

Multiple adverse psychological outcomes for the CSA affected twin compared with the unaffected twin have been reported. For example, Nelson et al. (2002) compared same sex pairs of twins on a range of eight adverse outcomes. The twin reporting CSA had a significantly higher risk than their non-abused twin for all outcomes considered including major depression, suicide attempt, conduct disorder, alcohol dependence, nicotine dependence, social anxiety, rape after the age of 18 years and divorce. Most of the significant associations between CSA and subsequent psychological disorders derived from the effect exerted by more severe forms of CSA and were not explained by background familial factors (Kendler et al., 2000).

In another methodologically strong study involving a systematic review and meta-analysis of studies published between January 1980 and December 2008, a history of sexual abuse, including child sexual abuse was related to significantly increased odds of having received a lifetime diagnosis of several different psychiatric disorders. These included anxiety disorder (odds ratio [OR] = 3.09, 95% CI [2.43, 3.94]; depression (OR = 2.66, 95% CI [2.14, 3.30]; eating disorders (OR = 2.72, 95% CI [2.04, 3.63]; PTSD (OR = 2.34, 95% CI [1.59, 3.43]; sleep disorders (OR = 16.17, 95% CI [2.06, 126.76]; and suicide attempts (OR = 4.14, 95% CI [2.98, 5.76]) (Chen et al., 2010).

Evidence of a particularly strong link between CSA and subsequent PTSD has been reported. This link has been reported in a prospective study (Silverman, Reinherz, & Giaconia, 1996) and four representative community studies (Coid et al., 2003; Davidson, Hughes, Blazer, & George, 1991; Molnar, Buka, & Kessler, 2001; Saunders et al., 1999) as well as in the systematic review and meta-analysis just mentioned by Chen and colleagues (2010).

Although the diagnosis of PTSD may be appropriate for those who have been exposed to relatively circumscribed CSA, Herman (1992) argued more than two decades ago that this diagnosis does not adequately capture the psychological responses of people who are repeatedly traumatised over a long period of time, experience subsequent re-victimisation in adolescence or adult life and typically display multiple symptoms of psychological distress and high levels of psychiatric co-morbidity. For survivors of this kind of CSA and other protracted traumatic experiences, Herman (1992) proposed the expanded diagnostic concept of Complex PTSD (C-PTSD) on the grounds that it was better able to accurately capture the 'protean' sequelae of prolonged, repeated trauma. She described three characteristics that define the context in which prolonged trauma takes place, namely, where the victim is in a state of captivity (obtained by physical, economic, social and/ or psychological means), unable to flee and under the coercive control of the perpetrator. All three characteristics are relevant to a consideration of CPCS that will be discussed in subsequent sections of this review. Herman also documented three categories of symptoms - somatic, dissociative and affective - that result from prolonged trauma and differentiate C-PTSD from PTSD.

Although C-PTSD was considered for inclusion in DSM-IV under the name of Disorders of Extreme Stress Not Otherwise Specified (DESNOS), it was not included nor is it due to be included in DSM-5. Nevertheless, clinicians and researchers continue to use the diagnosis to inform their work and have found it is related to dissociation, affect dysregulation and somatization as originally suggested by Herman (Dorrepal et al., 2010; McLean, Toner, Jackson, Desrocher, & Stuckless, 2006; Spitzer et al., 2009).

Suicide

Survivors of CSA face a significantly increased risk of suicide and a higher prevalence of suicide attempts and ideation. One Australian follow-up study of young people who had experienced CSA compared with those who had not, reported that those with a history of CSA had a suicide rate 10.7-13.0 times the national Australian rates. None of the non-abused participants had committed suicide. Furthermore, 32% of those sexually abused as children had attempted suicide and 43% had thought about suicide since they were sexually abused (Plunkett et al., 2001). A more recent Australian study confirms and extends this finding. Cutajar and colleagues (2010) conducted a cohort study of 2759 victims of CSA by linking forensic records from the Victorian Institute of Forensic Medicine between 1964 and 1995 to coronial records up to 44 years later. They found that female sexual abuse victims had 40 times higher risk of suicide and 88 times higher risk of fatal overdose than the rates in the general population. Interestingly these rates were even higher than those for males, in contrast to the usual gender pattern. The respective rates for males were 14 times and 38 times higher than those in the general population.

Determinants of long term mental health outcomes

As noted earlier, while victims/survivors of CSA face greatly increased risks of poor mental health in adult life, a significant minority do not go on to develop psychological disorders (Saunders et al., 1999).

Broadly, two approaches to explaining this finding have informed research. The first examines differences in the nature of the abuse that has taken place; and the second looks at post abuse factors that mediate long term outcomes, either positively or negatively. Evidence related to both approaches will now be canvassed.

CSA specific characteristics

The likelihood of experiencing severe, negative mental health outcomes in adult life is increased by several abuse-specific characteristics. Large scale epidemiological studies have consistently documented that forced penetrative sex, multiple perpetrators, abuse by a relative and a long duration of CSA (e.g. more than a year) predict more severe psychiatric disturbance and a higher likelihood of being an in-patient in a psychiatric facility in adult life. An early New Zealand study using a nationally representative sample of women found that women who reported CSA involving intercourse were 16 times more likely to report psychiatric admissions than those subjected to non-penetrative forms of sexual abuse (Mullen, Martin, Anderson, Romans, & Herbison, 1993). Similarly, Pribor and Dinwiddie (1992) investigated different types of CSA of increasing severity and reported that incest victims had a significantly increased lifetime prevalence rate for seven psychological disorders including agoraphobia, alcohol abuse or dependence, depression, panic disorder, PTSD, simple phobia and social phobia. Findings from Bulik et al.'s (2001) co-twin study also confirmed that a higher risk for the development of psychiatric and substance use disorders was associated with certain characteristics of the abuse including attempted or completed intercourse, the use of force or threats and abuse by a relative. More severe and chronic abuse which starts at an early age has also been reported to increase victim/survivors risk of developing symptoms of dissociation (Kirby, Chu, & Dill, 1993; McLean et al., 2006; Pribor, Yutzy, Dean, & Wetzel, 1993).

Post abuse mediating factors

Certain factors, both negative and positive, intervene after CSA has taken place and have been shown to mediate adult mental health outcomes.

Family factors

In a number of studies, CSA victims with positive family environments and high levels of support have been found to suffer less extreme long term consequences of CSA than those who lack these resources (Ray & Jackson, 1997; Testa, Miller, Downs, & Panek, 1992; Wyatt & Mickey, 1987). However, the strength of the relationship is not as strong as might be expected, with some researchers finding no significant association. For example, Merrill, Thomsen, Sinclair, Gold, and Milner (2001), in a survey of more than 5000 female Navy recruits in the US, found that childhood parental support had little direct or indirect impact on the adult psychological adjustment of CSA survivors.

Coping strategies

Other studies have identified factors in addition to the type and severity of CSA that affect adult psychological adjustment either through direct effects or as mediating variables. The way in which survivors cope with their experiences of CSA is one such important predictor of subsequent psychological health. At the same time, the coping strategies used by survivors will be contingent to some degree on the availability of social or material resources over which they, as children, have little or no control.

Specific coping strategies used by survivors can positively or negatively predict long term psychological outcomes. Overall, positive, constructive coping strategies such as expressing feelings and making efforts to improve the situation are associated with better adjustment (Runtz & Schallow, 1997; Tremblay, Hebert, & Piché, 1999) and negative coping strategies including engaging in self destructive or avoidant behaviours with worse adjustment (Merrillet al., 2001). Several studies that compared the contribution of positive versus negative coping strategies on adult outcomes have reported that negative strategies exert a stronger (negative) effect on psychological outcomes than do positive strategies (Merrill et al., 2001; Runtz & Schallow, 1997).

One cross sectional survey that assessed the relative contribution of abuse severity, childhood coping strategies and childhood parental support to victims' current (adult) functioning found that the effect of abuse severity on functioning was partially mediated by childhood coping strategies. While constructive coping strategies had a beneficial effect on current adjustment, the strength of this effect was significantly smaller than the negative effect exerted by self-destructive and avoidant coping strategies (Merrill et al., 2001).

In addition, the number of negative or maladaptive coping strategies used is predictive of the likelihood of sexual re-victimization in adulthood (Filipas & Ullman, 2006). This strongly indicates that the link between CSA, negative coping strategies and adverse adult psychological outcomes is mediated by sexual re-victimization and several studies have confirmed this relationship.

Re-victimization

CSA is associated with an increased risk of subsequent violent victimization including intimate partner violence (Fleming, Mullen, Sibthorpe, & Bammer, 1999) and sexual violence in adolescence and adulthood (Arata, 2000; Classen, Palesh, & Aggarwal, 2005; Maker, Kemmelmeier & Peterson, 2001). Sexual re-victimization involving rape or other types of sexual abuse/assault poses a potent risk for worse psychological health in adult life. A number of studies have confirmed that women who are sexually re-victimized compared with their non-victimized counterparts have more severe symptoms of psychological distress in adulthood (Coid et al., 2003; Messman & Long, 1996).

Social support

Historically, the role of social support and other societal and cultural factors in determining survivors' responses to CSA has been under explored in comparison with the heavy focus on the survivor's role in responding to sexual trauma (Yuan, Koss, & Stone, 2006). Increased interest in the contribution of social support and other sociocultural factors has prompted increased investigation into the social contextual factors that can mediate adult outcomes following childhood violence.

Greenfeld and Marks (2010) investigated whether sense of community acted as a protective factor against long term psychological effects of childhood psychological and physical but not sexual violence by parents. They confirmed that a sense of community

did promote resilience and was protective against adult psychological distress. However, sense of community only had an influence for those people who reported high frequencies of physical and psychological violence. Further research to investigate the relationship between CSA, sense of community and adult mental health outcomes is clearly required.

Disclosure

The term 'disclosure' can encompass different ways of telling about CSA. It can refer to telling anyone about the abuse, telling about the abuse in a formal setting such as a police interview or to an official representative of an institution such as a church, or telling about the abuse in the course of therapy. Here, the term will be used in its broadest sense of telling anyone, informally or formally, about the abuse.

Delay in the disclosure of childhood sexual abuse (CSA) is linked inevitably with other delays all of which are harmful to the child. These include delay in putting in place adequate means to protect the child from further victimization, delay in the child receiving meaningful assistance including necessary psychological and physical health care, and delay in redress and justice for the victim. The longer the perpetrator is not held accountable for the crimes he (it is usually a he) has committed, the longer the victim is denied justice (Finkelhor et al., 2008).

Without disclosure, negative health outcomes are more likely to proliferate and compound. Conversely, disclosure within one month of sexual assault occurring is associated with a significantly lower risk of subsequent psychosocial difficulties in adult life including lower rates of PTSD and major depressive episodes (Ruggiero et al., 2004).

Prompt disclosure can serve to buffer the impact of penetrative CSA on the level of subsequent symptomatology and to reduce the likelihood of further victimization (Kogan, 2005). A study of 412 female co-twins reported that of the victims who told someone about the CSA, 71% claimed that the disclosure effectively stopped the abuse (Bulik et al., 2001).

Yet experiences of disclosure can be either positive or negative depending on the reactions of the person to whom the CSA is disclosed.

Negative reactions to disclosure

Unfortunately, negative reactions to disclosure are common, constitute secondary traumatization and are associated with poorer adult psychological outcomes (Roesler, 1994; Ullman, 2007). Such reactions include not being believed, being blamed and judged, punished and/or not supported, all of which can compound the impact of the original abuse and further increase the risk of psychological distress including increased symptoms of PTSD, particularly when the perpetrator is a relative (Bulik et al., 2001; Ullman, 2007).

Disentangling the effect of disclosure from the effect of and characteristics of the abuse is complicated as survivors who have experienced more severe assaults and assaults perpetrated by people related to them are less likely to disclose (Arata, 1998). Moreover, disclosure alone does not necessarily confer protection nor prompt a positive protective response from the person who is told about the abuse. Research has shown that disclosures of sexual abuse made in childhood, particularly disclosures of incest, receive more negative responses from those in the child's social network than those made in adulthood (Lamb & Edgar-Smith, 1994; Roesler, 1994; Ullman, 2003).

In another study, adult female CSA survivors who actively disclosed in childhood reported more physical and violent abuse (Jonzon & Lindblan, 2004). Furthermore, those reporting more severe abuse also reported more negative social reactions from members of their social network. These findings underscore the importance of the timing of disclosure as well as the reactions of those who are told about the CSA in shaping adult mental health outcomes. In summary, although disclosure has been shown to confer a protective effect against the development of subsequent psychological disorder, it is certainly not a sufficient condition for avoiding such disorder.

Delays in the disclosure of CSA are common and are often used to undermine the credibility of victims' accusations (Myers, 1992). A national study into CSA conducted in New Zealand in the 1990s and using a representative community sample (Anderson et al., 1993) found that 37% of those who had experienced CSA reported such abuse within a year of its happening. Ten per cent reported the CSA between one and ten years after it occurred, 24% did not disclose for ten or more years and 28% did not disclose until the time of the study. In a national US survey of rape that had occurred before the age of eighteen years, Smith and colleagues (2000) reported that 47% of victims had not disclosed for more than 5 years after the rape occurred and an identical percentage of women to the New Zealand study (28%) had never told anyone about their CSA prior to the research interview.

Studies using non-representative samples have reported broadly similar findings to national studies using representative samples. For example, 36% of 228 female incest survivors disclosed before the age of 18 years compared with 64% who disclosed after 18 years (Roesler & Wind, 1994). An early study of CSA survivors in the US found that 58% ($N = 475$) had disclosed CSA before the age of 18 years (Testa et al., 1992). A small study of 60 volunteers recruited via the media, 80% of whom were female, reported that 36% of women disclosed before the age of 14 years (Lamb & Edgar-Smith, 1994).

As noted previously, the research literature indicates that whether or not a psychological benefit is conferred by disclosure depends to a significant degree on the reactions of those to whom the survivor discloses. Factors impinging on the child's decision to disclose in the first place also merit consideration including how the anticipated responses by others to the disclosure of abuse affect the likelihood of it re-occurring. In this instance, the modus operandi of the perpetrator is highly influential in shaping the child's beliefs and expectations about how others will respond to the disclosure of abuse. Threats, lies and physical and psychological coercion are commonly employed by the perpetrator to prevent disclosure and form a critical dimension of the abuse (Phelan, 1995). Other research has revealed that delayed disclosure, negative social reactions to disclosure and self-blame at the time of the abuse and subsequently, all result in increased symptoms of PTSD in adulthood (Filipas & Ullman, 2006; Ullman, 2007). The tactics to maintain silence and secrecy about the abuse assist in transferring the emotional burden of responsibility for the abuse from the perpetrator to the child. Anderson et al. (1993) found that nearly one third of the women survivors said they expected to be blamed for the abuse and a quarter was either embarrassed, did not want to upset anyone or expected disbelief. Another 14% wanted to protect the abuser, 11% feared the abuser and 3% delayed disclosure in order to obey adults.

Short versus long delays to disclosure

Few predictors identified so far discriminate between short and long delays to disclosure. One US study found that early disclosure was associated with the child being older at the time the abuse first occurred and the perpetrator being a stranger. Late or delayed disclosure was associated with being younger at the time of the sexual assault and having a family relationship with the perpetrator, and reflects the importance of a perpetrator's access to the victim and the opportunity to abuse (Smith et al., 2000). Unfortunately, when the perpetrator is someone with whom the victim is in a family relationship or some other context that provides the perpetrator with ample opportunity to abuse, the abuse is likely to be of long duration, chronic and severe, and involve repeated victimization and penetrative sex, all of which are linked to poor mental health in adult life (Astbury, 1996; Bulik, Prescott, and Kendler, 2001; Ruggiero et al., 2004).

Positive effects of disclosure and social support

Specific characteristics of disclosure appear to be protective against the development of psychiatric disorders. Bulik et al., (2001) in their co twin study reported that the group of survivors who disclosed CSA, received a supportive response and whose disclosure was effective in stopping the abuse had better psychological outcomes than the group that received neither a positive response nor an end to their CSA. This finding highlights the importance of social support in concert with effective action by the person in whom the child confides. Another protective factor identified in the same study was how strongly the child was affected at the time of the abuse. Women who reported being less adversely affected were more likely to have better psychological health in adult life than those who reported being more severely affected. However, as Bulik et al., (2001) point out, the degree to which someone is affected is likely to reflect various indicators of the severity of the abuse as well as countervailing protective factors such as the strength of family relationships and the survivor's self-esteem.

One such factor is a warm and supportive relationship with a non-offending parent, which is strongly associated with resilience following CSA and lower levels of abuse-related stress (Romans, Martin, Anderson, O'Shea, & Mullen, 1995; Spaccarelli & Kim, 1995). Romans and her colleagues (1995) investigated post-abuse social, educational and relational factors that modified the psychological outcomes and self-esteem of adult female survivors of significant CSA. Utilising a random community sample of women in New Zealand, women with a good outcome were distinguished from those with a poor outcome on the basis of a number of variables linked to one another in complex ways. For example, women with a good as opposed to a poor psychological outcome reported more satisfactory relationships including a good adolescent relationship with their father. In high school they were more likely to achieve well academically, socially or in sporting activities and less likely to have an early pregnancy. In adulthood they reported a good quality relationship with their partner and were currently employed.

In summary, findings from studies of the general population show conclusively that CSA is associated with multiple adverse psychological outcomes in the short and long term, although such outcomes are not inevitable. A number of significant mediating or intervening factors that either increase or decrease the risk of developing psychological disorders as a result of CSA have been identified in the research. These range from the characteristics of the abuse itself including its severity and duration and the relationship of the victim to the perpetrator, to whether or not sexual re-victimization occurs, survivors' experiences of disclosure (negative versus positive social reactions), family support, individual coping strategies and self-esteem and social, relational and educational experiences that intervene between the initial abuse and adult mental health outcomes.

PART 2: CLERGY-PERPETRATED CHILD SEXUAL ABUSE

In Australia, there are currently three inquiries into child sexual abuse including the Victorian Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Organisations, the Royal Commission into Institutional Responses to Child Sexual Abuse, and the Special Commission of Inquiry into Matters relating to the Police Investigation of certain Child Sexual Abuse allegations in the Catholic diocese of Maitland-Newcastle. These follow on from previous state inquiries conducted from the late 1980s onwards when an inquiry into paedophilia was conducted in Tasmania (Kohl & Crowley, 1998).

As noted in Part 1, the Royal Commission into Institutional Responses to Child Sexual Abuse is looking into how institutions (private or public) with a responsibility for children, have managed and responded to allegations and instances of child sexual abuse.

The scope of the Commission's inquiry is very broad and relates to its definition of an institution. This is defined as a body that provides, or has at any time provided, activities, facilities, programs, or services of any kind that provide the means through which adults have contact with children, including through their families. Given this broad definition of an institution, it will be receiving testimony from anyone who has experienced CSA in an institution as defined. It will also examine the records of agencies that directly cared for, educated or provided services to children including schools, kindergartens, pre-school, after school, early childhood and childcare services and institutions that housed children or provided direct services to children such as hospitals, health, disability, community and child welfare or protection services.

At the end of the Commission's work, a huge amount of evidence on the nature, extent and consequences of the CSA that occurred within institutions in Australia and how those institutions have responded to this abuse, will be available. As such, it will build on the findings of other reports such as the *Bringing Them Home* report (Australian Human Rights Commission, 1997) on the treatment of indigenous children in institutions, church missions and foster care, the *Forde Report on the Abuse of Children in Queensland Institutions* (Forde, 1999), *Lost Innocents: Righting the Record* (Senate Community Affairs References Committee, 2001) on the history and treatment of unaccompanied children brought to Australia from the United Kingdom, Ireland and Malta, *The Forgotten Australians* report (Senate Community Affairs References Committee, 2004), and the *Tasmanian Ombudsman's Interim Report on Abuse of Children in State Care* (O'Grady, 2004). It should be noted that churches played an important role in the provision of institutional care to children in Australia from the 19th century onwards.

All reports from these inquiries recount serious violations of children's human rights to care, protection and safety. Varying degrees of neglect and abuse, physical, sexual and psychological, humiliation and shame are documented. So too, is the lack of choice and autonomy, inadequate education that resulted in low levels of literacy and numeracy, inadequate food, growing up in affectionless environments cut off from their families, the crushing of individual identity through depersonalization and adult lives characterised by unsuccessful personal relationships, suicide attempts, alcohol and substance use, unemployment and insecurity. In the present day, while the era of institutionalisation has largely passed, the ill treatment of children is likely to be continuing in out-of-home care settings.

Although CSA was one of the many abuses documented in previous inquiries it was not their sole focus, unlike the Royal Commission which began in April, 2013. In contrast, the

peer reviewed research literature on institutional abuse reveals that most studies have investigated child sexual abuse by clergy and others employed by churches. While the scope of the Royal Commission encompasses institutional responses to CSA in a wide range of institutions, and is not confined to churches or clergy in particular, the limited literature that exists to date is almost entirely concerned with clergy-perpetrated abuse. This is therefore also the focus of the current review.

A few studies have been conducted on clergy sexual abuse of adult women parishioners and some have argued that this type of abuse is more prevalent than clergy sexual abuse of children; however insufficient evidence is available to support this assertion (Cooper-White, 1995; Flynn, 2008).

Clergy-perpetrated child sexual abuse (CPCSA)

Different aspects of clergy-perpetrated child sexual abuse (CPCSA) will now be addressed. First, the nature of such abuse and what distinguishes it from CSA in the general population will be examined together with estimates of the rates of such abuse and their likely validity and reliability. Second, the consequences of such abuse for those affected including the psychological, spiritual and relational outcomes of the abuse will be documented. Third, institutional responses by churches to the abuse will be considered along with victims' perceptions of their adequacy. Finally, evidence related to the prevention of clergy sexual abuse will be reviewed.

Characteristics of CPCSA

All CSA is a crime and a violation of the rights of and trust of the child by a significantly older abuser who transgresses their duty of care and abuses their power. In addition, the CSA perpetrated by priests and other members of the clergy has been described as 'a unique betrayal' (Guido, 2008), the 'ultimate deception' (Cook, 2005), and a 'shame and scandal' (Kochansky & Hermann, 2004), to name but a few of the terms used to describe this kind of CSA.

Despite the profound impact of CPCSA, investigation into and knowledge of its effects is in its infancy (Fogler et al, 2008).

CPCSA shares similarities with other forms of CSA including the psychological consequences that attend it. Nevertheless, there is a theological and spiritual dimension to clergy abuse that sets it apart from CSA in the general population including a spiritual and religious crisis during and after the abuse (Farrell & Taylor, 2000; McLaughlin, 1994).

Farrell and Taylor (2000) argue that one of the characteristics of CPCSA that differentiates it from CSA in the general community is the way 'God' is frequently used by perpetrators as a silencing strategy. One study (Isely, Isely, Freiburger, & McMackin, 2008) documented how priest abusers would tell their victims they were chosen over others to receive either the abuser's or God's love and they would show love of God by not telling anyone about it. The combined trauma of the abuse and this silencing strategy was able to shatter survivors' religious beliefs in numerous ways that caused theological, spiritual and existential conflict.

Guido (2008), a Roman Catholic priest from the Dominican Order as well as a psychologist, describes the culture of Catholicism as a sacramental culture where the ordination of a man to the priesthood makes him an *alter Christus*, another Christ. A priest's betrayal of that trust and dishonouring of that role through the sexual abuse of children cannot be

separated from his sacramental character and meaning. Catholicism is also a hierarchical culture and Guido argues that the intersection of sacrament and hierarchy define the current crisis engulfing the Catholic Church particularly in doing 'too little for too long' and allowing the abuse to continue. A bishop's failure to care for his flock even at his own expense constitutes a betrayal of the sacramental meaning of his authority and leaves his flock spiritual orphans (Guido, 2008).

In their introduction to the special issue of the Journal of Child Sexual Abuse on CPCS, McMackin, Keane and Kline (2008) draw out some of the implications of clergy abuse for victims:

The sexual exploitation of a child by one who has been privileged, even anointed, as a representative of God is a sinister assault on that person's psychosocial and spiritual well-being. The impact of such a violent betrayal is amplified when the perpetrator is sheltered and supported by a larger religious community. (p. 198)

Rates of CPCS: Problems with their construction

Following the approval of the Charter for the Protection of Children and Young People by the full body of Catholic bishops of the US in June 2000, research was commissioned to investigate sexual abuse by Catholic priests in the US. As a result, the John Jay College Research Team showed that between 1950 and 2002, more than 10,000 individuals had come forward to report CPCS (John Jay College, 2004).

The estimated prevalence of CSA by diocesan priests according to the allegations against them ranged between 2.5% and 7% across dioceses. The dioceses that participated in the research substantiated 6,700 accusations against 4,392 priests resulting in a perpetration rate of about 4%. However, more than 3000 allegations of abuse were not investigated because the accused priest had died and it can be assumed, based on the fact that the majority of all allegations against living priests were substantiated, that the same would be true for deceased priests and that the reported rate of perpetration would increase significantly as a result.

A smaller Australian study into the Anglican Church examined 191 complaints of abuse from 17 dioceses between 1990 and 2008 (Parkinson, Oates, & Jayakody, 2009). Only about half of the complaints were treated as substantiated. As this study solely considered complaints, it is unable to determine the rate of perpetration overall as an indeterminate number of cases of CPCS were not reported. Moreover, Parkinson and colleagues (2009) comment on the fact that many diocesan records were deficient over the time period of the research (1990-2008) and acknowledge that their study is unable to provide prevalence estimates of all cases of CSA within the Anglican Church.

Estimation of rates may be based on several different methods including complaints made to police, from church surveys of priests or complaints that have been documented in church records. With the latter source of evidence, problems can arise that related to the adequacy and comprehensiveness of the records that are kept. A related difficulty, if not impossibility, is how to reliably ascertain the size of the difference between reported incidents of abuse and unreported instances of such abuse.

The extent and adequacy of records on which rates are based can be especially difficult to gauge when the existence of a record or a complaint depends entirely on the decision and discretion of an Archbishop acting alone.

An example of this difficulty was revealed on May 20, 2013, when the current Catholic archbishop of Melbourne, Denis Hart, giving evidence to the Victorian Inquiry, admitted that the crimes of paedophile priests had been covered up by his predecessor, the long-time Archbishop of Melbourne, Frank Little. Archbishop Little dealt with complaints confidentially, kept no records and moved offending priests to new parishes.

Despite the admission that Archbishop Little kept no records, Archbishop Hart told the Victorian Parliamentary Inquiry into the Handling of Child Abuse by Religious and Other Organisations that church records revealed only 3.375% (59/1748) of priests in Melbourne had offended. This figure is remarkably similar to the perpetration rate reported in the John Jay College study (2004).

Archbishop Hart refused to concede to committee member Nick Wakeling that secrecy, such as Archbishop Little's, meant the record could not be complete, saying victims had come forward later. However this does not mean that no more victims will emerge. To illustrate this point, it was reported in *The Age* newspaper on May 30, 2013, that police were interviewing the infamous Father Gerald Ridsdale about new allegations of CSA (Lynch, 2013). Ridsdale is currently in jail but is eligible for parole in late June 2013 after serving a long prison sentence for abusing 30 boys between 1961 and 1987.

The case of Father Gannon (about whom Archbishop Hart was questioned at the Victorian Inquiry) is also revealing in this regard. His offending began in the 1970's, his victims began coming forward from 1995 onwards and he was sentenced most recently in 2009. Two questions emerge: when can it be considered that no more allegations of CSA will be made in relation to a priest who has previously been identified as a perpetrator?; and when can it be considered safe to assume that no new allegations about previously unidentified priest perpetrators will be made? Information relating to the first question is necessary to estimate the total number of victims of any given perpetrator and evidence on the second is necessary to estimate the total number of perpetrators.

In light of these considerations, Archbishop Hart's confident contention that 96% of priests live the "celibate life, are devoted to their people and are outraged at what their fellows do", seems more an expression of optimism than fact.

Estimates of CPCSA can also be based on disclosures of abuse to family, friends, other informal sources of support, and to formal support services. Rates based on confidential, random representative community based surveys have the potential to offer more reliable estimates. Both the US investigation into Catholic priests (John Jay College, 2004) and the research into the Anglican Church in Australia (Parkinson et al., 2009) relied on church records, complemented in the US study by a survey of clergy. The level of informants' willingness to disclose also exerts a brake on the comprehensiveness of data and associated rates. It is of interest that the rate of perpetration reported in the John Jay College study is much lower than the percentage of men who reported CSA in a national survey in the US. In this national study, including both men and women, 16% of adult men reported that they had been the victims of CSA, 4 times higher than the prevalence rate reported for perpetrators in the John Jay College study (2004). Moreover, the abused men were more likely than the abused women never to have disclosed the abuse (42% vs 33%) (Finkelhor, Hotaling, Lewis, & Smith, 1990). Of course, the number of victims need not be equivalent to the number of perpetrators as some perpetrators are serial abusers and have many victims. However, in both the US study (John Jay College, 2004) and the Australian study (Parkinson et al., 2009) the vast majority of perpetrators had one victim, suggesting that the disparity between the rate of CPCSA found in the John Jay College

study and the percentage of men reporting CSA in the general community should not be as large as it is.

Broken Rites, an Australian non-government organisation that offers support and advocacy to survivors of clergy sexual abuse, notes in a report on Father Gannon that many additional reports of his abuse were only ascertained when additional inquiries were made after some of his victims had contacted the specialist police officers in the Sexual Offences and Child Abuse Unit in 1993-1994, often following media reports on Gannon's abuse. This was nearly 20 years after he first began sexually abusing children.

The lack of comprehensive data on the total number of children abused by clergy (reported plus unreported abuse) means that the true rate of such abuse remains unknown.

Gender disparity in rates of clergy-perpetrated child sexual abuse

Little research has been conducted on adult male survivors of CSA in the general population (Fater & Mullaney, 2000) and most studies on CSA have been based on retrospective reports by adult females. When both males and females are included in community based prevalence surveys, women are more than twice as likely to report having experienced CSA as men (Finkelhor et al., 1990; Stoltenborgh et al., 2011).

The opposite gender pattern characterises clergy-perpetrated CSA, where male victims significantly outnumber female victims. Research conducted in both the US and Australia confirms this preponderance of male victims.

In the US, the John Jay College study on the Catholic Church revealed that 81% of the victims were male (John Jay College, 2004, 2006). The more recent Australian study on the Anglican Church found that 75% of victims were male (Parkinson et al., 2009).

Age of victims

In the John Jay College study, 51% of all victims were males aged 11–14 years and the majority of victims in the Australian study were aged between 10 and 15 years when the abuse occurred (Parkinson et al., 2009).

Barriers and time to disclosure

In the large John Jay College study, the average time to disclosure was 24 years compared with 23 years in the study by Parkinson and colleagues (2009). A significant gender difference was also reported in the latter study. The average time from the alleged abuse to making a complaint for males was 25 years compared with 18 years for females (Parkinson et al., 2009).

In a qualitative study of nine male survivors of CPCS, only one victim disclosed immediately after the abuse occurred. The remaining eight thought they would not be believed or would be punished if they disclosed (Isely et al., 2008 reporting earlier research for a dissertation). One man described his immediate reactions to the abuse and why he could not tell his mother about it:

When we got home, I remember running in the house and just running upstairs and locking myself in the bathroom for a long time. When I came out, I could not face my mother and tell her anything about it because I knew it was a very evil

thing and could not share it with her. So, I locked that memory in very tight (cited in Isely, 1996, p.175).

Fater and Mullaney (2000) in a small phenomenological study of adult male survivors of CPCSAs reported that when they disclosed the abuse, many had faced disbelief from support systems, parents, siblings and the church. These negative reactions to disclosure heightened survivors' negative self-perceptions, shame, guilt and self-blame. One survivor had concluded: "I don't deserve to have anything good ever happen to me in my life" (p. 289).

Psychological and other consequences of CPCSAs

Clergy-perpetrated sexual abuse of children can catastrophically alter the trajectory of victims' psychosocial, sexual, and spiritual development (Fogler et al., 2008). Indeed, Brady (2008) has argued that there are similarities between incest and clergy abuse, observing that:

the families of many victims were closely allied with the life of their church - a spiritual family; the abuse tended to occur over an extended period of time, similar to many cases of incest; adults frequently did not believe reports of abuse when alerted to it, which often also occurs in cases of incest; church leaders tried to silence victims to avoid scandal, also a repeated theme in incest; and many victims did not disclose the abuse until adulthood, again similar to many cases of incest. (Doyle, 2003, as cited in Brady, 2008, p. 360)

In the US investigation into the Catholic Church by the John Jay Research Team, certain psychological effects of CPCSAs figured repeatedly in the personal testimony of survivors and family members. These included major symptoms of PTSD with co-occurring substance abuse, affective lability, relational conflicts and a profound alteration in individual spirituality and religious practices associated with a deep sense of betrayal by the individual perpetrator and the church more broadly (John Jay College, 2004, 2006; McMackin et al., 2008).

Some of these negative psychological outcomes are shared with survivors of CSA in the general population but those related to spirituality, religious practices and a sense of betrayal by the church alter the nature of the harm caused by CPCSAs.

Guido (2008) writing on the distinctiveness of Catholic culture and the spiritual impact of clergy sexual abuse quotes 'Danny' (a pseudonym), a young man he knew who hoped his story might help other survivors:

Tell them what he took away from me. Not just my innocence but my faith. I'm like a spiritual orphan, betrayed by what I loved, and I feel lost and alone. (p. 257)

While a diagnosis of PTSD may be useful as a starting point in understanding and treating survivors of CPCSAs, Farrell and Taylor (2000) contend that "there are qualitative differences in [CPCSAs-related] symptomatology, which the PTSD diagnosis cannot explain" (p. 28). Such symptoms include self-blame, guilt, psychosexual disturbances, self-destructive behaviours, substance abuse, and re-victimization. These symptoms are argued to derive from idiosyncratic characteristics of CPCSAs and to emanate from its theological, spiritual and existential features of CPCSAs. For these reasons, Farrell and Taylor (2000) suggest that a diagnosis of C-PTSD (Herman, 1992) offers a better fit for the protean symptoms reported by survivors of CPCSAs.

Herman's (1992) description of the characteristics of situations associated with the development of C-PTSD is also relevant to a consideration of CPCSA. As noted previously, they include being in a state of captivity (obtained by physical, economic, social and/ or psychological means) that results in a sense of humiliated rage and unexpressed anger, being unable to flee and being under the coercive control of the perpetrator that isolates the victim, changes his or her psychology and is capable of destroying their sense of autonomy.

In what follows, the perspectives and experiences of survivors of CPCSA from the small research literature will be examined together with some first-hand accounts from Australian survivors taken from the grey literature.

A search of the research literature on clergy abuse revealed two qualitative studies that focussed on the voices of survivors of clergy abuse, one about male survivors (Isely et al., 2008) and the other about female survivors (Flynn, 2008) and a third qualitative (phenomenological) study that documented the lived experience of adult male survivors of alleged CSA by clergy (Fater & Mullaney, 2000). The two studies on male survivors (Fater & Mullaney, 2000; Isely et al., 2008) will be discussed first followed by the study on female survivors (Flynn, 2008).

Male survivors of CPCSA: psychosocial consequences

In a paper entitled "In Their Own Voices: A Qualitative Study of Men Abused as Children by Catholic Clergy", Isely and colleagues' (2008) report on the findings of an in-depth interview study with nine men who were abused as children by Catholic clergy and examined the impact of this abuse on their psychological and psychosocial functioning. Several themes emerged.

Betrayal of trust

Nearly all of the victims (8/9) had parents who were practising Catholics and had reverence for the sanctity and trustworthiness of the clerical state. This view was transmitted to their sons, most of who served as altar boys in their local churches, and made the betrayal of their trust even harder to bear. Nearly all victims were sexually naïve at the time of the abuse. After being abused, difficulties with trust pervaded victims' childhoods. One man who was abused for two years from the age of ten described this violation of trust:

I mean, if you and I couldn't trust our parish priest; excuse me. Point out someone to me that I can. This is the one guy who came with all the credentials that was certified as trustworthy and we couldn't trust him. (Isely, 1996, p. 359)

Shame and rage

Feelings of personal shame and a deep sense of guilt for the abuse were triggered by the abuse. These feelings contributed to problems of destructive anger and rage that are congruent with the notion of humiliated rage and unexpressed anger described by Herman (1992). The link between anger and guilt was described by one man in the following way: "I turned anger into guilt and then I lashed out. ... my anger for him was growing ... and it took four years before I could let it out" (Isely, 1996, p. 314).

All participants reported intense inner turmoil. The developmental task of forging a meaningful personal identity in adolescence was sabotaged by the fear that the abuse was evidence of homosexuality. This fear made victims keep the abuse a secret and

reinforced their worry that others would find out this secret. Together with the abuse, this fear brought about powerful feelings of estrangement from themselves: “It’s (the abuse) taken me away from myself in the sense that I never made choices for me. . . . I didn’t know who I really was” (Isely, 1996, p. 297).

Self-estrangement and developmental delay

Others describe relational harm and a protracted delay in their psychological development: “I felt like an adolescent until I was probably forty . . . I couldn’t get along with my parents” (Isely, 1996, p. 422). All men reported that the abuse impacted negatively on their adulthood and spoke of a deep sadness about the lives that might have been if they had not been abused. Many held a belief that they were severely damaged, ‘damaged goods’, and experienced a core sense of inner badness.

Other long term psychological consequences of the abuse consistent with a diagnosis of PTSD included intrusive memories, flashbacks and sleep problems. Other symptoms of mood disturbance included low self-esteem, suicidal ideation and detachment from others (Isely et al., 2008). Most of these symptoms accord with those that have been documented in research on CSA survivors in the general population.

The main findings of this study are consistent with Fogler and colleagues’ (2008) conclusions regarding the distorting impact of CPCSA on the trajectory of children’s development, psychosocially, sexually, and spiritually. Consequently, Isely and colleagues (2008) conceptualise the abuse as a developmental insult that exerts systemic influences throughout victims’ lives.

The themes of the abuse pervading one’s thoughts and life, self-estrangement and anger expressed as rejection of self and others also emerge in a small ($N = 7$) phenomenological study of adult male survivors of CPCSA (Fater & Mullaney, 2000).

Examples of the statements made by participants that illustrate these themes include:

- Pervasive thoughts about the abuse
 - “There is not a day that has gone by in my life when I haven’t thought about this” (p. 286).
 - Other men tried to strenuously suppress memories of the abuse but intrusive reminders of the abuse often occurred.
- Self-estrangement
 - “I think somehow I put away myself, I think I didn’t have a center anymore” (p. 286)
- Anger
 - “This guy had my soul in his hand....I still had anger about a lot of that and I think more of the anger is about the spiritual loss than anything to do with the sexual abuse” (p. 290).
 - Bifurcated rage was an enduring life theme and was directed at God and the church for not protecting them. It was expressed through nightmares, physical ailments, a self-destructive lifestyle and aggressive behaviours towards others.
 - “. . .the street life . . . was a way for me to beat myself over the head since the church hadn’t protected me . . . So I thought of taking it out on others” (p. 290).
 - Most survivors described being emotionally isolated, depressed and having suicidal thoughts due to the extent of the spiritual and emotional pain they experienced.
- Healing

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- Nevertheless, some survivors were in the process of healing from the abuse. This often coincided with increased concern for others, especially the most vulnerable - children and youth - and gave rise to efforts to become actively involved in stopping perpetrators and exposing them.
 - “I was trying to find (him) because I wanted to find out if he was still a priest ... still abusing kids” (p. 291).

The same altruistic motive is evident when survivors decide to come forward to police or give permission to organisations like Broken Rites to tell their stories in the hope of reaching others. Some examples from accounts of CPCSAs given to Broken Rites will be discussed shortly.

Fater and Mullaney (2000) conclude that the fundamental structure of the experience of CPCSAs and its aftermath involves a personal journey fraught with spiritual distress that pervades survivors’ “life being”, that is, the gestalt of the subjects’ life world phenomena or “being-in-the-world” related to work-love-play relationships.

The findings and themes of this study are largely congruent with those reported by Isely and colleagues (2008) and point to lives marked indelibly by CPCSAs. The findings also reinforce Herman’s (1992) contention that those traumatised by CSA feel shattered in identity or strangely unfamiliar to themselves, abandoned, outside systems of care, invisible, silenced, shamed, and alone (Herman, 1992). CPCSAs appear to cause extreme isolation for many male survivors who live their lives within social contexts that do not offer opportunities for either validation or support.

Female survivors of CPCSAs

Flynn’s (2008) study involved semi-structured interviews with 25 women who had been sexually abused by clergy. Only seven women had been abused as children and apart from one quote, it is impossible to identify the child survivors from adult survivors in the sample. Only a brief overview of the study will be presented for this reason.

Symptoms of PTSD were noted throughout the interview data and organised into the three PTSD symptom clusters: re-experiencing or intrusive thinking, avoidance or constriction and hyperarousal. Many women reported repetitious thoughts, nightmares and invasive flashbacks and not being able to think of anything else, consistent with re-experiencing symptoms: “But it was like being in hell, you know. To be honest, and yeah, that’s all I could think of” (p. 222).

One woman who was sexually abused as a young adolescent by her pastor and unable to physically escape, experienced affective constriction that also included dissociative symptoms:

I tend to block a lot of what happened out. . . . I had gotten to the point where I had actually confused myself about what had really happened. . . . being outside yourself and looking at it happen - yes, watching it happen, being an audience to it, whatever (p. 222-223).

This form of affective constriction was reported by more than four-fifths of the women in Flynn’s study. Hyper-arousal was common and evidenced by words such as ‘jumpy’, ‘jittery’, ‘moody’, ‘on edge’, ‘not able to sleep’, and ‘feel like my heart’s going to jump out of my chest’. Difficulties with modulating one’s emotions were very common.

Many women reported breaking with an organised church structure and seeking renewed spiritual strength through the love of family and friends and of finding God again through human connection.

Broken Rites: Impact on victims of clergy-perpetrated sexual abuse

Broken Rites is an Australian non-government organisation that offers help and support to survivors of clergy-perpetrated sexual abuse, advocates on their behalf and conducts research into those who have perpetrated such abuse.

'Patrick' (a pseudonym) contacted 'Broken Rites' in 2007 and asked to have his story published. Patrick was one of the many victims of Australian priest, Desmond Laurence Gannon whose crimes against children extended over four decades beginning shortly after ordination in 1956. Following ordination, Father Gannon 'ministered' to and was moved on to eight different parishes. He was sentenced on five different occasions, the first in 1995 and the last in 2009.

Patrick described the effect of the humiliating sexual abuse suffered at the hands of Father Gannon when he was a ten year old pupil at a Catholic School and an altar boy:
The effect this had on me was shocking, bewildering and devastating. I was taught to unconditionally trust the church and clergy. The actions of Gannon broke this trust. I had nowhere to go. I was too embarrassed to tell my mother and I did not trust the church. This led to inner conflict, confusion, fear, trauma and anxiety. I lost my faith, my respect for the church, my self-confidence and esteem.

Patrick went on to describe the ongoing effects on his life, prospects and those of his children as 'immeasurable' and viewed the Church's attempts to deny the paedophilic offences of priest as 'tantamount to condoning such behaviour'.

According to Herman (1992) this shattering of previously strong and secure religious and other belief systems that might otherwise help someone cope with the ordeal of sexual abuse, constitutes a profound sense of loss that commonly results in a tenacious state of depression and humiliated rage and bitterness at being forsaken and betrayed by man and God.

Broken Rites documents another particularly egregious example of clergy-perpetrated CSA in Victoria and the impact this abuse on his victims, that of Father Gerald Ridsdale.

Father Gerald Ridsdale began his career as a priest in 1961; his career as an abuser of children, mainly boys but some girls, started soon after. According to court evidence, his superior in Ballarat, Bishop O'Collins, knew by 1971 and possibly in the 1960s that Ridsdale posed a serious risk to children.

By the time of his final court case in 2006, Ridsdale had worked in 11 different parishes in Victoria as well as doing locum work in parishes in the US in 1990 and working as a chaplain in western Sydney from 1991 to 1993. These moves reflected the Church's attempt to cover up and manage Ridsdale's sexual abuse of children to whom he had a duty of care, to say nothing of the violation of his religious vows. In all three court cases, Ridsdale admitted his guilt and was convicted and sentenced. As noted earlier, this pattern continues to the present day, and it was reported on May 30, 2013 that police are investigating new abuse allegations made against Ridsdale (Lynch, 2013).

The impact on Ridsdale's victims echoes the findings of the small number of research studies, especially the devastating effect of the CPCS in rupturing what would have been the likely trajectory of victims' lives and development. His strategy of silencing his victims is also reported in the peer reviewed research literature, as is victims' long delay to disclosure that is reported in the large scale US study and the smaller Australian study (John Jay College, 2004, 2006; Parkinson et al., 2009).

One victim, 'Daniel' (a pseudonym) told Broken Rites in 1993 that Ridsdale often visited his family farm on a Sunday when Daniel was in about Grade 6 and he recounted that:

Father Ridsdale started coming out to our district on Sundays to say Mass . . . I was made an altar boy. . . He also used to visit my family's farm on Sundays and he often took me in his car for what he described as bird-watching trips. He had a pair of binoculars and, when he was getting me to look through the binoculars, he would interfere with me. He would also molest me in his car on these trips.

In Parkinson and colleagues' (2009) study the most common place for abuse to occur for boys was in the perpetrator's home (48%) whereas church premises (41%) were the most common place nominated by girls. Almost 40% of boys nominated church premises as the second most common place for abuse compared with the perpetrator's home for girls (30%). The third most common place nominated by boys was a camp (22%) and for girls their own home (24%) and the fourth nominated place for boys was in a car (14.5%) whereas some kind of outing was nominated by girls (13%).

Daniel reported that Ridsdale "made it clear that I was not to tell anybody - and I obeyed". Not surprisingly Daniel stopped being an altar boy and later stopped going to Mass. He did not disclose his abuse by Ridsdale for many years. Daniel first disclosed to his family in 1993 at the age of 37, prompted by a TV news report that Ridsdale had been jailed for child molestation: "I am very aware that Ridsdale seriously disrupted my teenage sexual development. It had drastic effects on me".

Another victim, 'Andy' noted that his Catholic parents assumed Ridsdale offered a safe environment and that his mother encouraged him to accept Ridsdale's invitation to visit him. He was repeatedly abused by Ridsdale but found it impossible to tell his parents "because of the kind of upbringing and schooling that we had".

Andy observed that "The clergy is on such a high pedestal that nobody wants to hear anything negative about a priest". Andy never told anyone he was a Ridsdale victim when he was growing up. He finally disclosed to Broken Rites in 1993. Like Daniel the experience of abuse affected him greatly: "the experience had a disastrous effect on me. I stopped trying at school and I messed up my final year of studies".

After seeing a Compass program on TV about church sexual abuse, Andy rang church authorities in Melbourne in 1993 and was interviewed by a senior person in the archdiocese, "but he didn't seem interested and nobody got back to me". He described his experience with Ridsdale as having messed up his life.

'Larry' was also a victim of Ridsdale. Like Daniel and Andy and most victims of CPCS Larry did not tell his mother or anyone else including his brother and his school friends: "She could not be told anyway because she was a staunch Catholic (and still is) and priests can do no wrong. I still haven't told her."

Another victim, 'Jason', was raped repeatedly by Ridsdale and died in 2002, aged 39, after his fourth heart attack. He had lived alone, was socially isolated and consumed a large amount of prescription medication to effect a chemical dissociation from his pain. When Jason went to make an excuse not to go to Ridsdale's house, he reported that Ridsdale would "go over my head and go to my mother, and of course she'd always say yes. She'd say: 'You must help the priest, they need helping'. So he'd screw me out there". When Jason, in his early 20s, finally tried to tell his family about being raped by Ridsdale, his father and brother walked out in disbelief.

Lack of family support is common especially for young men. Parkinson and colleagues (2009) found that almost half (49%) of all male complainants had received no family support at all compared with 11% of female complainants. This difference was statistically significant.

These accounts of survivors of CPCSAs published by Broken Rites, reveal why Ridsdale's victims, like other victims of CPCSAs documented in the peer review research literature, take a very long time to disclose their sexual abuse. In all the cases quoted, delays in disclosure were facilitated not just by threats from the perpetrators but by the respect and reverence accorded to priests by their congregations. Typically, victims of CPCSAs are a part of their congregations, often with an official role as an altar boy. For both these reasons and the intense shame and self-blame many victims feel causes them to remain silent about their abuse and to think that no one would believe them if they did disclose.

Unwillingness to disclose is further entrenched by targeted grooming of the religious families of victims that facilitates their willingness to allow their children to spend time with (abusive) priests. As Terry (2008) noted, a starting point for the perpetrator was often to become friendly with the child's parents so as to gain access to the child. Grooming of the child included persistent physical contact, games, seeking to spend an unusual amount of time with the child, and giving gifts and favours. Many survivors commented on this kind of grooming behaviour used by the perpetrator priest. This strategy ensures the psycho-spiritual isolation of victims and destroys the very possibility of parental support and protection. A state of marked psychological captivity is kept in place, therefore, by the misplaced faith of parents that all priests are trustworthy, a belief that can be sustained even when a victim, like Jason, finally discloses in his 20s.

Such negative reactions to disclosure constitute a secondary traumatising or re-traumatising of the victim. This 'second rape' (Madigan & Gamble, 1991) by parents or revered members of society including the clergy such as the non-response by the church that Andy described, is likely to exacerbate and compound the distress and psychological harm that resulted from the initial abuse.

Re-traumatising can, of course, also refer to additional incidents of sexual assault and abuse. In either case, victims' beliefs about self, others and the world are disrupted and their feelings of helplessness about stopping the abuse are increased. Associated feelings include cynicism, despair and loss of hope that cause victims to feel overwhelmed and isolated and cause impairment of personal relationships (Campbell & Raja, 1999).

Accounts by individuals to support organisations like Broken Rites provide a critical perspective on the modus operandi of perpetrators including the grooming of victims' families and the silencing of victims as well as the immense toll that the sexual abuse took on victims, psychologically, developmentally, relationally, spiritually and existentially. These accounts are particularly valuable because they shed light on the damage caused by CPCSAs that is not captured by the standard measures of psychological

disorder that tend to be reported in published research on the psychological consequences of CSA.

Institutional responses to CPSA

A history of denial, cover up and delays in response to disclosures of CPSA by churches has been the norm rather than the exception. Official responses to CPSA, such as the Catholic Church's Melbourne Response (Catholic Archdiocese of Melbourne, 2013), have been created to assist people who have been sexually, physically or emotionally abused. While deemed satisfactory by the Church, such responses have been criticised by victims and their families as grossly inadequate.

Some protagonists have, however, commented on Church practices. For example, Bill White, the judge in the final case concerning the infamous Father Ridsdale, strongly criticised the Catholic Church for its failure to act after receiving complaints about Ridsdale's sexual offending and for its failure to show adequate compassion to some of his victims. He commented that moving Ridsdale from parish to parish only succeeded in providing him with more opportunities to sexually abuse children.

Similar comments had been made by the judge in a 1994 case regarding Ridsdale. Judge John Dee spoke of the way the reputation of the church was given priority over victims.

The victims were not given, in my view, any priority by your superiors in the Catholic Church (who were) aware of your conduct. The image and reputation of the church was given first priority. You were given some perfunctory in-house counselling before being shifted off to continue your criminal conduct in other areas (p. 20 of Broken Rites story on Father Ridsdale).

More recently, some of the strongest criticism of the Catholic Church to the Victorian Inquiry has come from Victoria Police, who said the church had destroyed evidence and again, was more concerned with its reputation than the welfare of victims.

In May 2013, this history of denial was acknowledged belatedly by both Archbishop Denis Hart and Cardinal Pell when they appeared before the Victorian Inquiry into the Handling of Child Abuse by Religious and Other Organisations. Both men apologised to victims when they appeared. Cardinal Pell apologised specifically to Anthony and Chrissie Foster for the suffering they had experienced (two of their daughters had been repeatedly raped by Oakleigh priest Kevin O'Donnell while still in primary school). Emma Foster died of a medication overdose at the age of 26. Katie, a binge drinker as a result of her abuse, was hit by a drunk driver in 1999 which left her physically and mentally disabled and in need of 24-hour care.

Cardinal Pell defended his record in handling CSA and particularly in establishing the Melbourne Response system within 100 days of becoming Archbishop of Melbourne in 1996, and believed the Melbourne Response was adequate at that time. In the same hearing, Pell reported that he had learned 'recently' that the former Ballarat bishop Ronald Mulkearns had destroyed files on abusers and acknowledged that this had had disastrous consequences. Archbishop Pell also admitted that the church had kept sending money for a decade via a parishioner to Ron Pickering, a priest who had fled to England to avoid police investigation (Zwartz, 2013b).

Victims and their families recall responses from Archbishop (and later Cardinal Pell) over CSA perpetrated by priests as being completely at variance with the "statement from his eminence Cardinal George Pell on the Victorian Parliamentary Inquiry" issued by the

Catholic Archdiocese of Sydney. In this statement, Cardinal Pell writes that “Victims should be treated with compassion and provided with financial assistance, counselling and other pastoral support”.

In a previous meeting with the Fosters, Cardinal Pell’s reaction to the abuse of their daughters was described by Anthony Foster as showing a “sociopathic lack of empathy”. When Anthony began to outline reservations about the church’s Melbourne Response protocol for abuse victims, he told the Victorian Inquiry that Pell had interjected: “If you don’t like what we’re doing, take us to court”. In a similar vein, Cardinal Pell’s response to Mr Foster’s disclosure that Emma and Katie had been raped repeatedly by Father O’Donnell starting when each was five years old was: “I hope you can substantiate that in court”.

In this context, it is hardly surprising that Cardinal Pell had been “unable to persuade Mr and Mrs Foster of my good intentions” and that Chrissie Foster had told the Victorian Inquiry it was Pell’s “harshness, heartlessness and arrogance that turned us into what we are today (anti-abuse campaigners)”. The Fosters found Cardinal Pell’s submission to the Victorian inquiry “infuriating” (Zwartz, 2013c).

Acknowledgement of CPCSAs in the US

In the US, this acknowledgement came considerably earlier. CPCSAs came to public attention in 2002 through the disclosure of a pattern of abuse by Catholic priests within the Archdiocese of Boston and a simultaneous cover-up by the church hierarchy.

McMackin et al., (2008) describe the ‘flood’ of allegations that rocked the Roman Catholic Church. The research it initiated revealed the magnitude of the problem of CPCSAs which had previously been denied. An investigation of church records by the John Jay College Research Team showed that between 1950 and 2002, more than 10,000 individuals had come forward to report such abuse (John Jay College, 2004). More than 4,000 priests had been accused of some type of sexual misconduct with youth, 80% of whom were boys (John Jay College, 2004). Similar patterns of abuse have been reported in other Christian denominations (Disch & Avery, 2001)

Like many others who have researched or been affected by clergy sexual abuse in Ireland, the US and Australia, McMackin and colleagues (2008), in their “Introduction to the Special Issue on Betrayal and Recovery: Understanding the Trauma of Clergy Sexual Abuse” in the *Journal of Child Sexual Abuse*, concluded that the testimonies of survivors of this abuse “strongly suggest that church leaders invested far greater resources and concern in protecting the institution of the Catholic Church from scandal than in providing meaningful support and care for victims and their families”(p. 198).

Delay in acting to remove perpetrator priests

The long delays in defrocking paedophile priests were raised as an issue at the Victorian Inquiry on May 20, 2013, in the context of the slow response of the Catholic Church to the CSA committed by its priests. Archbishop Denis Hart on being questioned about Father Gannon (see previous reference to Gannon in section on the consequences of clergy sexual abuse) and the fact that the church had failed to defrock him for 18 years, replied with a smile and to gasps and groans from the public gallery, “Well, better late than never” (Zwartz, 2013a).

If the institutional response by churches to victims of CPCS and their families leaves much to be desired in human and practical terms, their response to perpetrators evidences a failure to implement any effective measure to stop perpetration.

Moreover, inadequate responses to victims and their families are not confined to the Catholic Church. Parkinson and colleagues (2010) refer to the responses of an Anglican Archbishop to the parents of a child who had been sexually abused by his parish priest. The Archbishop dismissed the complaint altogether saying the offender was “trying to be one of the boys and there was no need to make a big deal out of it”. Summing up previous inquiries into clergy abuse and responses to such in Australia, Parkinson and colleagues (2010) observe: “As these inquiries have shown, and work about the Catholic Church has demonstrated, Churches have in the past had a poor record of dealing with alleged child sexual abuse” (p. 4).

The Catholic Church’s response to perpetrators

In the US, the research by John Jay College (2004, 2006) divided the responses of dioceses and religious communities into two groups according to whether the allegations against priests had or had not been substantiated (John Jay College, 2004, 2006). Of the 10,519 substantiated allegations, only 3.6% (156/10519) had resulted in priests being removed from the clergy. The five most common responses, in order, were the priest being sent for treatment (33.7%), referred for evaluation (33.1%), suspended (28.7%), given administrative leave (24.3%) and ‘other action’ (22.5%). It is noteworthy, that in almost 1 in 10 cases (9.9%) no action of any kind was taken.

In the 1,881 cases of unsubstantiated allegations, the proportion of priests removed from the clergy was 1.7% (14/1,881) which is even lower than the small number of priests removed for substantiated allegations. The five most common responses and actions taken against priests were: referred for evaluation (34.7%), sent for treatment (27.8%), ‘other action’ (27.4%), administrative leave (23.7%), suspension (20.8%). No action taken was even more common in this group (15.8% of cases) than in the substantiated allegations group. According to information in the Church’s files, approximately 14% of priests accused of abuse were reported to the police. A tiny fraction, 5.4%, was charged with a crime and an even smaller fraction, 3.1%, was convicted.

The likelihood of a priest being charged or convicted was not related to whether the act involved contact forms of sexual abuse. In the former category, 94.9% (1303/1373) were not charged and in the latter, 96.8% (1329/1373) were not convicted. A very similar pattern was found for acts not involving contact sex. The most common criminal penalty for those convicted was probation (88%).

Lack of action to stop the perpetrator from being able to continue to sexually abuse children is apparent in the very low rate of effective action being taken by both the Catholic Church and the judicial system. It is impossible to avoid the impression that a culture of impunity for perpetrators operated in both institutions. Moreover, while the majority of priests (69.5%) were charged with one incident, the number of incidents ranged from 1 to 131 and 15.9% of priests committed three or more acts of sexual abuse.

Parkinson and colleagues’ study (2009) revealed the actions taken by the Anglican Church regarding both clergy and non-clergy about whom complaints of CSA had been made. Most complaints (79.1%) were made by complainants themselves. Alleged perpetrators had a variety of jobs within the church with 58.6% being clergy, 6.1% a candidate for the clergy, 21.8% a pastoral employee and 13.5% a volunteer. Of the 186 complaints on which

information was available, no action was taken in 48.3% (90/186) cases. Of the 44 cases known to have gone to court, 53% (23/44) of accused persons were convicted, 1 was acquitted and another 3 were prosecuted but not convicted. Of the other 9 accused persons, 4 committed suicide and 1 died of natural causes before the court case was completed; 3 outcomes were unknown and 1 court case ended with the charges being dropped.

Disciplinary action by the Anglican Church was taken in 70 cases. Of these 53% (37/70) were dismissed, had their license removed, or deposition from Holy Orders. Three per cent of accused persons resigned (2/70) and another 3% (2/70) had their licence suspended while 30% (21/70) were categorised as 'other'. Transfer to a different location was uncommon, in contrast with the pattern of response taken by the Catholic church and affected 13% (9/70), but 53% (43/70) were offered counselling, the same percentage as those who were dismissed.

Both the actions taken by the Catholic Church and the Anglican Church in Australia were insufficient to address properly the completely unacceptable level of the sexual abuse of children perpetrated by priests and non-clergy. The final section of this report will canvass possible ways of preventing such abuse in the future.

Preventing institutional CSA

Addressing situational factors

Much of the research on the perpetration of CSA has focussed on the criminality and characteristics of the offender. However, the opportunity to perpetrate CSA without being caught is a critical determinant of its occurrence.

To stop institutional CSA from happening, it is therefore critical to understand the situational indicators of such abuse so that the opportunities they afford to perpetrators to commit the crime of CSA can be identified. For example, Parkinson and colleagues (2009) identified that having immediate and convenient access to minors were the defining characteristics that facilitated abuse. In this study, half of all cases occurred as a result of the accused church worker and the complainant meeting at a youth group.

As the pattern of opportunities for crime is highly specific, Wortley and Smallbone (2006) have stressed the need to understand the pattern of opportunities specifically related to CSA to be able to effectively prevent it. In earlier research, the same researchers identified seven factors that were consistent with a situational explanation of CSA and could be used to inform prevention strategies. These included the fact that child sexual abusers tend to have a late onset of deviant behaviour and a low incidence of chronic sexual offending, stranger abuse, networking among offenders, child pornography use and paraphilic behaviour (people with atypical sexual interests). However what is true for CSA perpetrators in general should not be the only consideration in determining all responses to clergy abuse, where a number of perpetrators start abusing soon after ordination, have multiple victims and keep perpetrating abuse for decades. Furthermore, location is a significant situational factor that should be addressed because CSA occurs overwhelmingly in private and often in the offender's home, a key finding of the John Jay College study into CSA by priests in the US (2004, 2006).

When the offender was not a priest, Parkinson and associates' study (2009) reported a different pattern regarding the location of abuse. Non clergy were less likely than clergy to use their own homes to perpetrate abuse (39% vs 46%), were even less likely to use church

premises (27% vs 46%) but were more likely to use a car (20% vs 11%) and to abuse at a camp (39.4% vs 7%).

The same study also underlines that abuse is less likely to occur if there are fewer opportunities for it to occur. Terry and Ackerman (2008) argue that even perpetrators who are strongly attracted to children can be prevented from sexually abusing them if certain situational constraints are present. These include, from the offender's perspective, when the opportunity to commit an offense poses too much risk, offers too little reward or requires too much effort.

An interesting example of the interplay between opportunity and abuse occurring is provided by Parkinson and colleagues (2010) who note that amongst clergy, there was an average 12.7 year time gap between ordination and the incident about which the complaint was made. This delay is also very similar to the onset of abuse reported in the John Jay study (2004, 2006) where the first instance of reported abuse took place 11 years after ordination. Terry and Ackerman (2008) noted that this time delay correlates with the time when many priests move into the parish residence, have little supervision and have increased opportunities to perpetrate abuse without being caught.

Raising awareness of grooming strategies

The evidence also suggests the need for parents and their children to be made much more aware of the grooming tactics used by those who perpetrate CPCS. The John Jay College study identified the strategies that allowed the perpetrators to become close to the child they subsequently abused including being friendly with the victims' families, giving gifts or other enticements such as taking them to sporting events or letting them drive cars and spending a lot of time with victims.

Similar strategies have been found in studies of CSA victims in the general population but in addition include verbal or physical coercion which also figure prominently in victims' accounts given to Broken Rites. Other grooming tactics which have been reported in the general community involve seduction, games, giving gifts, enticements (Pryor, 1996), drugs or alcohol, letting them stay over, letting them drive a car, emotional manipulation and socialising with the family of the victim (Kaufman, Mosher, Carter, & Estes, 2006).

Increasing the index of suspicion

A recurrent theme in Australian victims' accounts is how their parents' religious beliefs and trust and reverence for members of the clergy meant that they could not conceive of the possibility that priests could sexually abuse their children and betray their own vows. Yet there is ample evidence that this trust and reverence was sadly misplaced and the same caution that would be applied to other members of society needs to be applied to members of the clergy.

Churches too must increase their index of suspicion about the possibility of priests being capable of CSA and mandatory reporting of CSA should be introduced for the clergy. In the Victorian Inquiry, Archbishop Hart in attempting to explain the behaviour of his predecessor Archbishop Little in keeping no records of abusive priests, described him as a sensitive man who found it hard to believe that priests could do such 'evil, evil things'. Leaving decisions about how to respond to CPCS and perpetrator priests to the discretion of Archbishops or anyone else in the Church is totally unacceptable.

The chairman of Catholics for Renewal and chairman of Vincent Care Victoria, Peter Johnstone, in a submission to the Victorian Inquiry on May 1, 2013, demanded that the church's internal abuse response process (The Melbourne Response) was replaced by a government body and that legal options for victims were strengthened.

There must be zero tolerance of any acts of CSA and effective action must be taken to reduce situational opportunities for abuse and to stop any abuse at the first hint that it is occurring. Part of this would require that all complaints are referred immediately to the police for investigation. Internal handling of previous complaints by the church have been an abject failure that have only served to increase the numbers of children who were sexually abused as perpetrators were moved from one parish to another, sometimes over many decades.

Facilitating and legitimating disclosure

Finally, in tandem with a message from the church that it has a zero tolerance for any sexual act by a priest towards a child, there needs to be a clear and trustworthy process in place, independent of clergy and the church, that encourages children to disclose CSA safely and confidentially. Educational programs in all schools beginning in primary school, delivered by local Centres Against Sexual Assault using experienced counsellors, might be one way of achieving this.

Summary

Only when victims are heard with respect and compassion, given meaningful assistance so that their needs for psychosocial support and financial compensation are met and the clergy who perpetrated CSA and those who covered it up are held fully accountable, will there be any semblance of justice for victims. Only then will it be possible for recovery from the immense trauma of CPCS and the rebuilding of shattered lives to truly begin.

Recommendations

- Increase efforts to identify and understand the situational indicators and patterns of CPCS and other institutional child abuse so that the opportunities they afford to perpetrators can be more effectively addressed in prevention strategies.
- Increase understanding of the psychological and spiritual harm caused by CPCS and other institutional child abuse.
- Increase awareness in the general population about the common grooming tactics used by perpetrators to commit CPCS and institutional child abuse more broadly.
- Transfer current responsibility for the development of responses to institutional child abuse from individual organisations to a government body. This will enable stronger legal options for victims and the facilitation of immediate referral of all complaints directly to the police for investigation.
- Develop community education strategies that enable people to challenge commonly held perceptions and acceptance of institutional cultures and hierarchies. For example, the reverence for members of the clergy which has historically rendered them free from suspicion and seemingly incapable of committing CSA.
- Promotion of safe and confidential pathways for children and adults to disclose clergy perpetrated and other institutional child abuse.

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