



# Sexual Assault Services Victoria

Beamaris Board of Inquiry  
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## Re: Board of Inquiry into historical child sexual abuse in Beamaris Primary School and certain other government schools (the Inquiry)

Sexual Assault Services Victoria (SASVic) welcomes the Inquiry, which victim survivors of historical child sexual abuse at Beamaris Primary School advocated for, and the opportunity to provide a submission. We welcome the Victorian Government acknowledgement of child sexual abuse involving multiple teachers in Beamaris Primary School and related schools. We welcome the Inquiry's focus on supporting the healing of those affected by these crimes.

SASVic is the peak body for 18 specialist sexual assault and harmful sexual behaviour services (SSAS) across Victoria, from Horsham to Bairnsdale, Wodonga to Warrnambool. We work to promote the rights, recovery and respect for victim survivors and other people impacted by sexual violence and harm. We seek to achieve this by working collectively to address the attitudes, systems and structures that enable sexual violence to occur. SASVic members bring over 30 years of feminist practice and specialist expertise to the task of reforming system responses to sexual violence and harmful sexual behaviours.

Together, our member services provide free, 24/7 specialist response to victim survivors and other people impacted by sexual violence. This includes 24/7 crisis support for people who have experienced a recent sexual assault, counselling and advocacy for victim survivors and others impacted by sexual assault, and support and services for children and young people exhibiting harmful sexual behaviours. Members' response work is complemented by community education and other prevention activities, systemic advocacy and training and support for other professionals. Members are funded through the Department of Families, Fairness and Housing specialist sexual assault support fund.

Our members are the Australian Childhood Foundation, Ballarat Centre against Sexual Assault (CASA), Bass Coast Health, CASA House, CASA Central Victoria, Centre Against Violence, Eastern CASA, Gatehouse Centre, Gippsland CASA, Goulburn Valley CASA, Kids First, Mallee Sexual Assault Unit, Northern CASA, The Sexual Violence and Family Violence Centre, South Eastern CASA, South Western CASA, West CASA, and Sexual Assault Crisis Line.

Experiencing child sexual abuse can have lifelong and devastating impact on quality of life. The summary of evidence presented at the Inquiry public hearing is consistent with research and our members' experiences. The most common impacts victim survivors reported in the Royal Commission into Institutional Child Sexual Abuse (national Royal Commission) are mental health, relationship

difficulties and education and/or economic difficulties.<sup>1</sup> Research shows that out of all types of violence, experiencing child sexual abuse is the largest negative contributor to all the longer-term health conditions.<sup>2</sup> Victim survivors of child sexual abuse suffer three times the burden of mental health problems than members of the general community.<sup>3</sup> Experiences of child sexual abuse increases the risk for subsequent psychiatric disorders,<sup>4</sup> and victim survivors are significantly more likely to die from suicide or accidental drug overdose.<sup>5</sup> Supporting victim survivors of child sexual abuse therefore requires a specialist response.

Our position is that our members provide this specialist support to adult and child victim survivors, including those with experiences of historical or current institutional child sexual abuse. We note that we have had an opportunity to attend an informal consultation with the Inquiry, where we were able to provide a detailed overview of the services our sector provides, including what is best-practice and the current evidence-base. We note further that, in partnership with the University of Melbourne and Women with Disabilities Victoria, SASVic is currently conducting research into the recovery needs of survivors of sexual assault. We believe this will provide the most current and comprehensive data on this topic in Australia. While the research is not focused specifically on adult victim survivors of historical child sexual abuse in government schools, we are confident it is relevant to these survivors. We would be happy to provide additional information about our work outside this submission.

We note that the questions in the information sheet to guide submissions are specific to effective support services for adults who experienced child sexual abuse in government schools. While our recommendations speak to this important context, they are also relevant to broader system change that would benefit all victim survivors, including adults who experienced child sexual abuse at government schools and children and young people who are currently experiencing institutional child sexual abuse. We also note that while the Inquiry focuses on alleged perpetrators who were former teachers at Beaumaris Primary School and other relevant government schools (24 at the time of writing), our members' experience shows that children have experienced school-based child sexual abuse in government schools across Victoria.

This submission is informed by the expertise of our members, including through specific consultation conducted with members.

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<sup>1</sup> National Royal Commission, "Impacts", accessed October 20, 2023, <https://www.childabuseroyalcommission.gov.au/impacts>.

<sup>2</sup> Deloitte Access Economics, *The economic cost of violence against children and young people* (State of New South Wales through the Advocate for Children and Young People, 2019), <https://www.nowandforever.nsw.gov.au/cost>.

<sup>3</sup> Margaret Cutajar et al., "Psychopathology in a large cohort of sexually abused children followed up to 43 years", *Child Abuse and Neglect* 34, no.11 (November 2010): 813-822, <https://www.sciencedirect.com/science/article/abs/pii/S0145213410002267?via%3Dihub>.

<sup>4</sup> Margaret Cutajar et al., "Psychopathology in a large cohort of sexually abused children followed up to 43 years".

<sup>5</sup> Margaret Cutajar et al., "Suicide and fatal drug overdose in child sexual abuse victims: a historical cohort study", *Medical Journal of Australia* 193, no.4 (February 2010): 184-187, <https://www.mja.com.au/journal/2010/192/4/suicide-and-fatal-drug-overdose-child-sexual-abuse-victims-historical-cohort>.

## 1. Best-practice, evidence-informed approaches to providing effective support services for adults who have experienced child sexual abuse at government schools

The Victorian Government referred the Victorian Law Reform Commission (VLRC) to review and report on justice system responses to sexual offences. VLRC published the report in 2021.<sup>6</sup> The report states that '[t]he first and most crucial task of reform is to invest in sexual assault support services'.<sup>7</sup>

In Victoria, the specialist sexual assault sector is best placed to provide best-practice, evidence-informed approaches to providing effective support services for adults who have experienced child sexual abuse at government schools. We have many decades experience doing this. Additionally, the sector's staff are highly skilled practitioners. Specialist sexual assault practitioners, commonly called Counsellor Advocates, are degree-qualified and are then, when they enter the specialist sexual assault sector, provided bespoke training, both through training sessions and specialist therapeutic supervision, to ensure they have the highly specialist skills needed to support victim survivors safely, sensitively and appropriately.

Our members aim to strengthen the rights, options, and control of victim survivors of sexual assault, including child sexual abuse. We draw here on member practice expertise.

Recovery work has a past and present focus, requiring processing and meaning-making of past sexual violence and related events, combined with building skills and resources, so that victim survivors can feel better equipped in their present lives. Effective recovery work includes:

- supporting victim survivors to process traumatic memories
- helping victim survivors make sense of the wrong against them, including through providing education about the nature of sexual violence. Without this phase, recovery is compromised, leaving them likely to blame themselves for the violence against them
- helping victim survivors gain safety, stability and autonomy, including through strengthening their understanding of the impact of trauma on their lives and responses
- supporting victim survivors to explore who they are and establish a sense of purpose and connection.

Our members draw on a range of theories and modalities to do this. Their work is underpinned by a feminist analysis of sexual violence, which recognises that: sexual violence is predominantly perpetrated by men, as was the case with the alleged perpetrators who were former teachers at Beaumaris Primary School; both child and adult sexual abuse is widespread; victim survivors frequently face shame, denial and blame if they expose the violence against them and; individuals and institutions in positions of power have historically frequently enabled sexual abusers to act with impunity. By situating sexual violence as a social problem, this approach supports victim survivors to understand that sexual violence was not their fault and that their responses to the abuse are not personal failures. This analysis normalises and depathologises victim survivors' responses.

Clinical approaches and modalities include Trauma Focused-Cognitive Behaviour Therapy and Eye Movement Desensitization and Reprocessing. Members use both individual and group therapeutic

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<sup>6</sup> VLRC, *Improving the justice response system to sexual offences: report* (Melbourne: VLRC, 2021), <https://www.lawreform.vic.gov.au/publication/improving-the-justice-system-response-to-sexual-offences-report/>.

<sup>7</sup> VLRC, *Improving the justice response system to sexual offences: report*, <https://www.lawreform.vic.gov.au/publication/improving-the-justice-system-response-to-sexual-offences-report/12-supporting-people-who-have-experienced-sexual-violence/>.

processes. There is clear evidence that both individual and group processes have efficacy, and that group interventions may enable unique healing opportunities.

We note that the type of modality used is less important than practitioners' ability to build a connection with and support victim survivors to make sense of the violence they experienced and their own responses. Where practitioners fail to understand the nature of sexual assault, minimise its impact or pathologise victim survivors' responses, significant damage can be done.

Members also use specific frameworks and approaches, such as an intersectional lens, to support victim survivors. This approach recognises that experiences of sexual abuse intersect with multiple forms of discrimination and inequality, including colonialism, ableism and ageism. Members of diverse communities, such as Aboriginal people, lesbian, gay, bisexual, trans, intersex, and queer (LGBTIQ+) people, and people with disabilities experience disproportionately higher rates of sexual violence, and experience barriers to accessing support. As we raise later, ageism, stigma of alcohol and substance abuse, and involvement in the criminal justice system can be barriers that victim survivors of historical child sexual abuse experience. Having an intersectional lens allows services to have a more robust understanding of victim survivor experiences and provide targeted supports for recovery and healing.

Earlier, we drew attention to how experiences of child sexual abuse can have potential lifelong and devastating impact on quality of life. While public policy and research increasingly recognises that victim survivors of child sexual abuse may need lifelong recovery support, the current funding model for specialist sexual assault services does not recognise this, nor does it adequately resource the sector to provide the full range of interventions that are needed. A new funding model would enable greater flexibility in duration and supports that members are able to offer victim survivors, fast-tracking healing and recovery.

**Recommendation:**

- 1) A new long-term funding model that enables the full scope of work that specialist sexual assault services undertake to support victim survivor recovery.**

Further, while SSAS are recognised as best placed for adult victim survivors to access support, several constraints limit full access to our services.

Reforms arising from the national Royal Commission, growing community understanding about both the impact of child sexual assault and the existence of recovery support, combined with the historic underfunding of the specialist sexual assault sector, mean that service capacity is significantly outstripped by demand. At present, there are waitlists of up to six months for some member services. Immediate increased funding, including funding to train new staff, meet demand and support the capacity of other parts of the service system to respond to sexual violence is critical. More funding would enable services to address critical issues like waitlists, service accessibility, and support retention and growth of the specialist workforce.

We also expect demand for SSAS to increase during the Inquiry, due to increased public attention on sexual violence. Following prominent national and international focus on sexual assault in recent years, we saw escalated demand for our member services. SSAS must be resourced accordingly to meet an anticipated increased demand.

**Recommendation:**

- 2) Immediate increased funding for specialist sexual assault services to meet expected increased demand.**

SASVic understands that the Chair, in conducting the Inquiry, appointed a SASVic member service to provide outreach, mental health and counselling supports for victim survivors and secondary victims

of historical child sexual abuse. We support your decision to appoint a specialist sexual assault service to undertake this work.

We note that many adult survivors of child sexual abuse will take some time to feel confident enough to contact a specialist service, underlining the importance of victim survivors being given referrals to appropriate services at several points in their recovery journey. Members advise us that adult victim survivors of child sexual abuse commonly think they are not deserving of recovery support; consequently, it is important for trusted institutions, professionals, and community members to ensure that survivors receive a strong and consistent message that they are entitled to access specialist sexual assault services and that the services can support their recovery. Offering referrals at more than one point of time is one way to do this.

It takes incredible courage and bravery to disclose sexual violence. At the Inquiry public hearing, SASVic heard about the ways in which child sexual abuse negatively impacted victim survivors' education, relationships, and life trajectories. The impacts of childhood sexual abuse on victim survivors and secondary victims do not stop at the conclusion of the Inquiry: specialist support should be provided as an option following the Inquiry.

**Recommendation:**

- 3) That the Inquiry refer victim survivors and secondary victims of historical child sexual abuse to specialist sexual assault services at the conclusion of the Inquiry.**

We also understand that there will be an evaluation conducted as part of appointing a specialist sexual assault service to support victim survivors and secondary victims in the Inquiry. SASVic would be grateful if we could learn from the findings and recommendations from that evaluation. This will support our sector to plan and respond to potential future inquiries of this kind, as well as broadly refine our services to better respond to adult victim survivors of institutional child sexual abuse.

**Recommendation:**

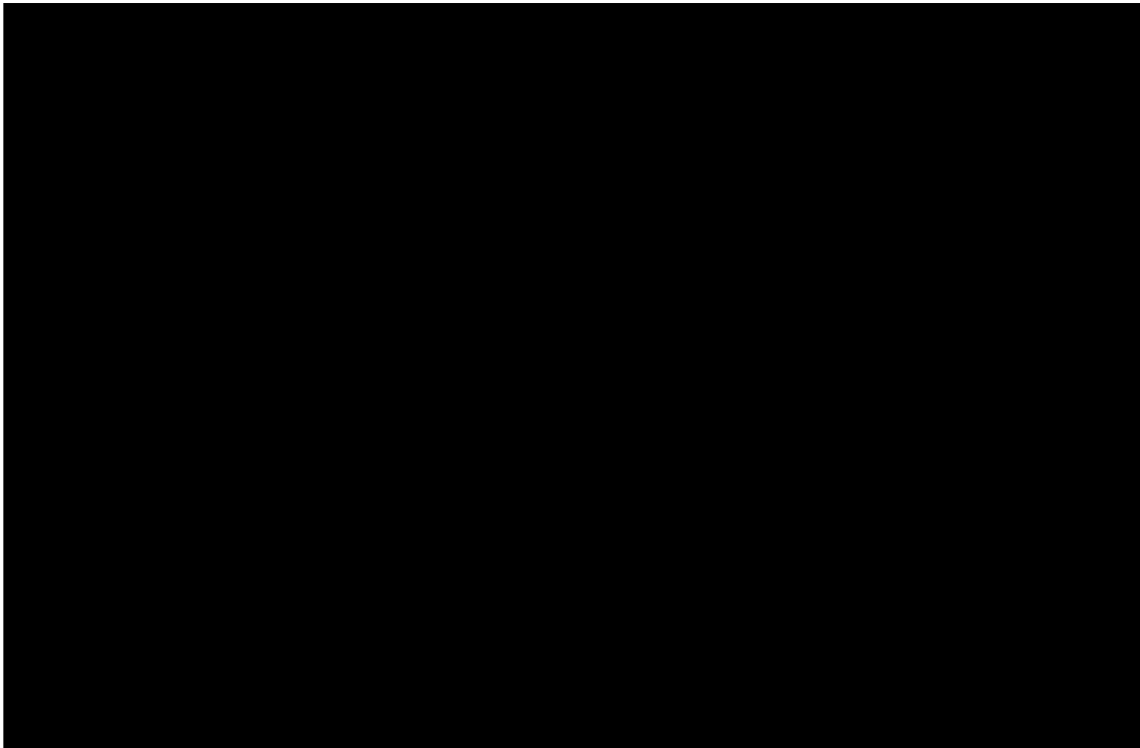
- 4) That the Inquiry share with SASVic the evaluation of the Inquiry engagement with the specialist sexual assault service to deliver specialist supports for victim survivors and secondary victims.**

SASVic notes that the Inquiry is required to report on and make recommendations. We add that if the Inquiry recommendations are implemented, there should be a monitoring and evaluation framework to track and report on the implementation and impact.

**Recommendation:**

- 5) A monitoring and evaluation framework must be developed to track and report on the implementation and impact of the Inquiry recommendations. The framework should focus on assessing whether and to what extent:**
- **implementation has been effective in addressing its purpose. Effectiveness should be informed by victim survivor and specialist sexual assault service experiences**
  - **any unintended consequences have arisen that should be addressed and how.**

Findings must be shared with victim survivors and stakeholders, including specialist sexual assault services, to support best practice. Note that this recommendation is contingent on the implementation of the Inquiry recommendations.



## 2. Ideas to improve the effectiveness of support services for adults who have experienced child sexual abuse at government schools

Member services advise us that often the greatest support needs for victim survivors are for acute mental health issues, and alcohol and substance abuse. SASVic also note the links between experiences of sexual abuse and imprisonment. While there is limited data on male victim survivors who are incarcerated, the majority of victim survivors (64.3 percent) in private sessions with the Commissioners for the national Royal Commission were male and 10.4 percent of survivors were in prison at the time of their private session.<sup>8</sup> This points to the need for a collaborative model to address child sexual abuse, mental health, alcohol and substance abuse, and criminalisation. SSAS, represented through SASVic, are well placed to lead a partnership with the mental health, alcohol and other drug and related sectors to develop an appropriate model. A monitoring and evaluation framework should be developed to track and report on the implementation and impact.

### Recommendation:

- 8) That the state government fund SASVic to lead a collaborative project with support services in the mental health, alcohol and drug and related sectors to develop a best-practice evidence-based collaborative model to respond to adult victim survivors of institutional child sexual abuse.**
- 9) A monitoring and evaluation framework must be developed to track and report on the implementation and impact of the collaborative project.**

Victim survivors can take years, sometimes decades, to disclose historical child sexual abuse. The national Royal Commission found that victim survivors take an average of 23.9 years to disclose their

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<sup>8</sup> Commonwealth of Australia, *Final report: Preface and executive summary. Royal Commission into Institutional Responses to Child Sexual Abuse* (Canberra: Commonwealth of Australia, 2017), <https://www.childabuseroyalcommission.gov.au/preface-and-executive-summary>, pp.8-9.

experiences, and that men often took longer than women to disclose.<sup>9</sup> Some victim survivors of historical child sexual abuse at Beaumaris Primary School and other relevant government schools publicly disclosed their experiences after almost fifty years.<sup>10</sup> We note that the Inquiry is inquiring into the experiences of victim survivors during the 1960s until end of 1990s. Given that it can take decades to disclose historical child sexual abuse, it may be the case that victim survivors are in aged care homes or villages. Due to a range of factors, including ageism, family members and professionals may not believe victim survivor disclosures.<sup>11</sup> There is also evidence of low levels of service engagement and almost no reliance on justice responses to sexual violence.<sup>12</sup> These factors are why one member service has a clinical lead for older adults who can provide high quality therapeutic interventions for victim survivors, and secondary consultation and education to service providers.

**Recommendation:**

**10) Resource specialist sexual assault service clinical leads for older adults.**

One barrier to reporting sexual violence is the lack of information for victim survivors and the community about supports, reporting and options. To address this, the VLRC recommended the development of a central website with practical information (recommendation 18).<sup>13</sup> The recommendation specified that information should be targeted towards victim survivors, secondary victim survivors and services. An intersectional lens is critical to ensure that victim survivors from diverse communities, including child victim survivors with disability, and child victim survivors from migrant and refugee backgrounds, can access the information. The VLRC recognises that SASVic is well placed to provide a central website.

**Recommendation:**

**11) Fund SASVic to lead the development of a website that includes practical and accessible information and resources about support, reporting and options regarding current and historical child sexual abuse for victim survivors, secondary victim survivors and services.**

Secondary victims of institutional child sexual abuse, such as parents and family members, may also need support. They may feel guilt that they did not recognise signs of child sexual abuse or are unsure how to support the victim survivor. In instances of historical child sexual abuse, secondary victim survivors may include loved ones for victim survivors who are deceased, and staff, such as teachers who suspected or witnessed or reported child sexual abuse during the period within the Inquiry's scope. Victoria's specialist sexual assault services work both with victim survivors and non-offending family members and are well placed to provide information and support to secondary victims to support their relationship with the victim survivor, as well as ways to manage their own wellbeing. However, service demand pressures, including long waiting lists, mean that secondary victims often cannot access support services.

<sup>9</sup> National Royal Commission, "Identifying and disclosing child sexual abuse", accessed October 20, 2023, <https://www.childabuseroyalcommission.gov.au/identifying-and-disclosing-child-sexual-abuse#:~:text=Survivors%20who%20spoke%20with%20us,Some%20victims%20never%20disclose>.

<sup>10</sup> Russell Jackson, "Daniel Andrews announces inquiry in response to 'vile, evil and incredibly damaging abuse' at Beaumaris primary school", *ABC News*, June 28, 2023, <https://www.abc.net.au/news/2023-06-28/daniel-andrews-announces-inquiry-into-abuse-at-beaumaris-primary/102536002>. Also, Inquiry public hearing.

<sup>11</sup> Rosemary Mann et al., *Norma's Project: A Research Study into the Sexual Assault of Older Women in Australia* (Melbourne: Australian Research Centre in Sex, Health and Society at La Trobe University, 2014), p.32.

<sup>12</sup> Lixia Qu et al., *National Elder Abuse Prevalence Study: Final Report*. (Melbourne: Australian Institute of Family Studies, 2021), <https://aifs.gov.au/research/research-reports/national-elder-abuse-prevalence-study-final-report>.

<sup>13</sup> VLRC, *Improving the justice response system to sexual offences: report*.

**Recommendation:**

- 12) Funding for specialist sexual assault services to support secondary victim survivors of child sexual abuse.**

3. Best-practice, evidence-informed approaches to appropriately support healing for adults who have experienced child sexual abuse at government schools, their families, friends, loved ones, other supporters, and affected communities. For example, a formal apology, memorialisation, or other activities.

We note that formal apologies and memorialisation, where sought by survivors, can be an important element of recovery. Research, victim survivor and member advice identify the following elements as important contributors for survivors: therapeutic counselling, therapeutic and non-therapeutic group work, opportunities to be involved in advocacy, activities that promote physical activity and activities that promote connection to the natural world.

SASVic recognises that the Department of Education and schools have implemented child safety reform, including Child Safe Standards and Reportable Conduct Scheme, following the national Royal Commission.

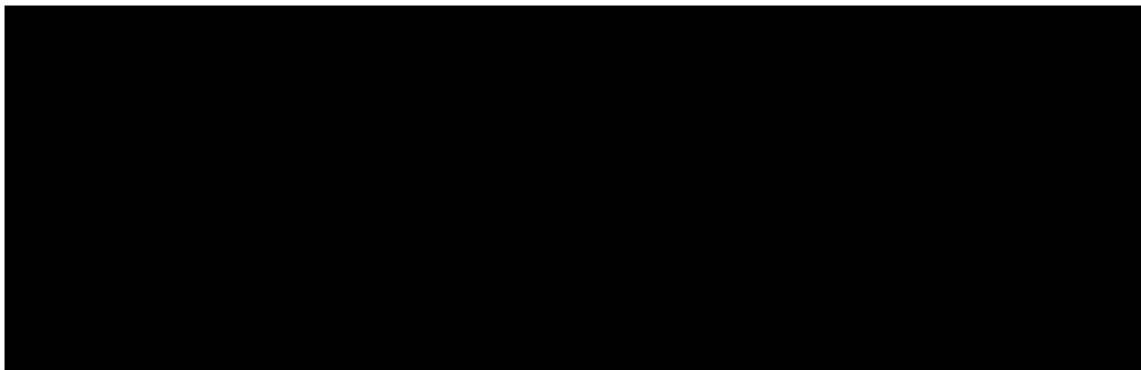
**Recommendation:**

- 13) Continue implementing Royal Commission into Institutional Child Sexual Abuse recommendations specific to schools in close partnership with specialist sexual assault services and children and young people in those systems, including victim survivors.**

We also refer you to the Commission of Inquiry into the Tasmanian Government's responses to child sexual abuse in institutional settings (the Tasmanian Inquiry) final report.<sup>14</sup>

**Recommendation:**

- 14) Consider recommendations from the Tasmanian Inquiry that would be applicable for the Victorian context.**



<sup>14</sup> Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings, accessed October 20, 2023, <https://www.commissionofinquiry.tas.gov.au/home>.

