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UNDERSTANDING TRAUMA AS A SYSTEM OF PSYCHO-SOCIAL HARM: CONTRIBUTIONS FROM THE AUSTRALIAN ROYAL COMMISSION INTO CHILD SEX ABUSE

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Abstract

This article examines how particular understandings of trauma as a systemic form of psychosocial harm framed the establishment of the Australian Royal Commission into Institutional Responses to Child Sexual Abuse, informed its successful investigatory process, and shaped its recommendations and outcomes. In so doing, the Royal Commission makes an important contribution to the field of trauma studies which has been characterised by contested histories and is subject to continuing debate in clinical and academic research (Leys 2000). For much of the 20th century trauma and its impacts have been typically articulated through a bio-medical discourse of individual harm and health outcomes. We argue that the establishment of the Royal Commission reflected an expanded understanding of trauma constitutive of moral, political and psychological arenas as evidenced in its methodology, conceptual approach and treatment of survivor testimony. We also argue that the institutionalisation of an historically situated and politically engaged approach to trauma within the Royal Commission itself was effective in contesting narrow psychological or juridical concepts of harm by developing approaches to trauma as a *system* of harm with complex impacts on families, communities and indeed the nation. We evaluate the implications and consequences of this shift in the work of the Royal Commission, with

particular attention to the development of an interdisciplinary relational approach to the study of trauma as a key principle in the emergence of a trauma informed culture.

Introduction

The Royal Commission was established by the Australian government in 2012 and released its final report in late 2017, constituting the largest and most extensive interrogation of the institutional sexual abuse of children ever carried out in Australia, and one of the most extensive internationally. The Royal Commission bought to national attention not only the systematic sexual abuse of children in Australian institutions in the 20th century, but also the serious and deleterious impacts of this abuse on the lives of survivors, their families and communities (Final Report 2017 Preface & Exec Summary). While there had been a number of significant state inquiries into the institutional abuse of children over the last 20 years, the Royal Commission was unique in its national scope, its level of resourcing, and its focus on the provision of comprehensive trauma-informed support for survivors who testified in both public hearings and private sessions. Eschewing the attempts of past inquiries to situate themselves as neutral arbiters within conflicts over the veracity of trauma testimony and science (Rogers, 1999), the Royal Commission acted in conspicuous partnership with survivor and advocacy groups and grounded their work in research findings and expertise in the field of complex trauma.[1] The Royal Commission also made significant contributions and investments in the research and policy fields, producing an important body of new data on the manifold impacts of child sexual abuse.[2] Over 8000 private sessions and 57 public hearings comprised of witnesses, experts and survivors now constitute a large archive of data which can be utilised by researchers to investigate and understand the complexity of the dynamics and effects of trauma on individual survivors, their families and affected communities.[3]

This article will explore the significance of the work of the Royal Commission from a socio-political perspective, with a focus on the Royal Commission's development of an expanded understanding of the systemic nature of trauma. While psychological trauma is frequently

[1] Complex trauma refers to the experience of multiple and repeated traumatic events and the impacts of those events on physical, affective and psychological well-being and functionality. Many survivors who gave evidence at Royal Commission hearings displayed complex trauma impacts as an outcome of their sexual abuse. See Blue Knot Foundation (https://www.blueknot.org.au/Resources/Information/Understanding-abuse-and-trauma/What-is-complex-trauma)

[2] The Royal Commission produced hundreds of papers as part of its research and policy work. See https://www.childabuseroyalcommission.gov.au/research-and-resources

[3] The Royal Commission archive is publicly accessible at https://www.childabuseroyalcommission.gov.au.

studied at the level of individual experiences, impacts and treatment, a significant body of scholarship now emphasises the relevance of trauma to social life, political processes and the exercise of human rights. We argue that the Royal Commission moved beyond the narrow medico-legal formulations of trauma that have been evident in previous inquiries towards a framework in which the insights of the 'psy' professions are enriched by the sociological, political and historical strands of traumatology. In the Royal Commission, this framework prioritised the acknowledgement of historical injustice and intergenerational trauma, the political and therapeutic value of bearing witness to pain, the evidentiary utility of survivor testimony and the importance of organisational and individual accountability. This socio-political perspective drew on an interdisciplinary body of knowledge and involves contextualising child abuse in its contested historical contexts, utilizing a discursive approach to identify the multiple voices in the struggle to articulate and define psychological harm from childhood sexual abuse and identifying the responses to child sexual abuse by multiple stakeholders as central to understanding the claims to truth and justice.

We argue that this framework represents a profound shift in how the traumatic impacts of institutional child sexual abuse have typically been conceived of, ameliorated and adopted into social, political and criminal justice policy agendas. It will be argued that, through the approach taken by the Royal Commission, narratives of trauma exceeded bounded historical, social and clinical disciplinary based fields with the potential to produce moral and political insights that might foster shifts towards a trauma-informed culture. In contrast to long-standing tendencies to 'quarantine' and suppress disclosures of traumatic abuse, a trauma-informed culture would be characterised by an ability to tolerate, accept and integrate narratives of violence and suffering into shared understandings of past and contemporary social life, and work towards appropriate programs of treatment, support and social transformation. In doing so, we propose that the Royal Commission assisted in the identification of key elements in a trauma-informed culture; one that can tolerate, integrate and act upon traumatic disclosures and overcome tendencies towards minimisation and denial.

Histories of trauma and child sexual abuse

While the Royal Commission is widely acknowledged as an event of national and international significance (Wright, Swain & McPhillips, 2017), its institutional practices and

final recommendations are also evidence of an important change in the conceptualisation of the traumatic effects of child sexual abuse. This shift reflects both the gradual acceptance of psychic trauma as a form of personal injury and an emerging theorisation of trauma that emphasizes its social and political dimensions. The Royal Commission is therefore a significant corrective to the individualisation of trauma that characterised much of the 20th century discourse on psychological harm and its impacts. It has been argued by Herman (1997) and others (McPhillips, 2017) that the histories of trauma in the 20th century have been characterised by forms of cultural amnesia where the impacts of violence both personal and collective, were acknowledged then forgotten (Herman 1997, p.2). This is particularly the case for violence against women and children, as Herman (1997, p. 244) states:

> Because the subordination of women and children has been so deeply embedded in our culture, the use of force against women and children has only recently been recognized as a violation of basic human rights.

Indeed the emergence of a discourse of trauma from the early 1980s focused on the male war veteran as the paradigmatic trauma sufferer (Twomey, 2013; Featherstone, 2018, p.145). In this respect, Australia followed the American experience, where the formal recognition of Post Traumatic Stress Disorder (PTSD) in the DSM-III[4] in 1980 was preceded by increased awareness of the impacts of combat on returned serviceman from the Vietnam War. This acceptance of PTSD as a diagnosis by the American Psychiatric Association created a mechanism by which psychological pain could be articulated, treated and compensated, and also reoriented the clinical focus from the supposed deficiencies of the patient towards the objectively traumatizing quality of the precipitating event (Young, 1995). Whereas prolonged mental distress or disability – whether from war, accident or other forms of violence – had previously been a mark against the moral character of the victim, by the 1980s, traumatic mental distress was in the process of being reframed as evidence of human vulnerability and perseverance (Fassin and Rechtman, 2011). This significant shift in moral sentiment can be traced back to the reassessment of trauma in the decades after the Holocaust, which aestheticised the psychological condition of survivors as the human cost of bearing witness to atrocity. During this period, a discourse of trauma as a form of *dignified* or honourable suffering emerged and came to encompass an expanding circle of traumatised populations (Fassin and Rechtman 2011).

[4] The Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, 1980

While the PTSD of DSM-III promised to be recuperative for many war veterans who feared stigmatisation, its diagnostic framework could also elide other kinds of traumatic experience in ways that marginalized the suffering of women and children. Its focus on a single, life-threatening but time-limited event was less easily applied to the consequences of prolonged exposure to multiple stressors, such as family violence. It also obscured the extent to which these chronic stressors coexist with circumstances of social and political disadvantage. Research by Atkinson et al (2014) on the epidemiology of trauma, for example, demonstrates that exposure to overwhelming or intrusive violence is particularly high amongst women and children as well as marginalised groups, notably Aboriginal and Torres Strait Islander Australians. As well, unresolved and untreated trauma is likely to have intergenerational impacts that have long term effects on families and communities subject to the fall-out from violence (Atkinson et al 2014; Blakemore et al, 2017; Kezelman et al, 2015: 44-5).

These deficiencies are compounded by the historic under-reporting of violence against women and children and of institutionally based sexual abuse of children (Smaal, Kaladelfos & Finnane, 2016; Featherstone, 2018). Such denial is arguably central to the history of the concept of trauma itself (Herman, 1992). As clinicians such as Herman have argued, Freud's repudiation of his 'seduction thesis' – which proposed the widespread sexual abuse of young children as a central cause of hysterical symptoms in adult patients - was a major factor in driving the reality of sexual and physical violence against children and women into a collective process of forgetting (Herman, 1992). This also obscured the degree to which the family could be a site of child sexual abuse.

Establishing the veracity of Freud's original claims was central to feminist activism in Australia in 1970s and 1980s, with activists arguing that the prevalence of incest was emblematic of the broader and systemic oppression of women and girls (Featherstone, 2018). A number of public inquiries into familial incest in the 1970s and 1980s sought to investigate the dimensions of this problem and provide redress through policy and law (Salter, 2016, p. 112). These inquiries built on the controversial *Australian Royal Commission into Human Relationships* which ran from 1974 – 1977 and called into question attitudes on gender, sexuality and family structures (Arrow, 2015). Mirroring global media trends, Australian press reported on child sexual abuse as a hidden epidemic that was directly linked to mental illness and distress in children and adult survivors (Hatty, 1991). Public inquiries revealed the

insufficiency of existing legal and child protection arrangements and health service responses to victimised children and adults and advanced a broad critique of those social structures and arrangements that placed children at risk and failed to respond to their needs in the aftermath of violence (Salter, 2016, p. 112). However, for complex reasons, by the late 1980s family sexual violence was pushed off public agendas and back into the private sphere (Salter, 2016) and attention turned to institutional abuse of children (Swain 2018).

Public inquiries into institutional child sexual abuse

Prior to the mid 1990s, Swain notes that details about the sexual abuse of children in institutions was limited but clear in providing evidence of both the abuse of children, mainly in orphanages and out of home facilities, and the management of complaints through internal inquiry mechanisms (Swain, 2015, p.291). Hence, despite a lengthy history of public inquiries into the status of children in institutions (Swain, 2015), it was not until the 1980s, that increased child protection investigations bought to light the significant prevalence of sexual abuse outside, as well as inside, the family (Finkelhor and Williams, 1988; Westcott, 1991; Gil, 1982). However, this shift in focus to institutional abuse coincided with the increasing prominence of a psychiatric discourse of child sexual abuse, which posited that extra-familial offenders were more 'fixated' and dangerous than intrafamilial offenders (Cossins, 1999). This increasing psychiatric and pathological approach to sexual abuse occurred contemporaneously with a widespread backlash against feminist analyses of sexual violence, which had typically emphasised incest and other forms of abuse within the family (Armstrong, 1994). Added to this, a climate of collective fear regarding the idea of the paedophile at loose amongst children led to a moral panic around the regulation of this dangerous class of sexual deviants and resulted in increased surveillance – and therefore panic – assisted by media reportage (McPhillips, 2015).

Public inquiries into institutional abuse frequently included an aspect of historical stock-taking in which authorities grappled with institutional failures and complicity in sexual abuse, even as they deployed discourses of individualised sexual deviance. For example, between 1995 and 1997 the Wood Royal Commission (1997) reported evidence that organised paedophile networks were operating amongst police, lawyers and politicians and that sexual offences against vulnerable children were commonplace leading to poor life outcomes for those children. The Wood Royal Commission was dominated by a technocratic focus on

psychiatric discourse and expertise (Cossins, 1999), evincing considerable scepticism about the testimony of survivors (Rogers, 1999). However, this ambivalence over survivor testimony and focus on individual 'paedophiles' ebbed as the decade progressed and successive public inquiries bought to light the historical specificity of institutional abuse. From 1995-1997, a national inquiry into the separation of Aboriginal and Torres Strait Islander children from their families (known as the Stolen Generations inquiry) found that children who were removed suffered trauma related injuries and life-long effects, and for their families, serious grief and loss. The final report *Bringing Them Home* (1997) documented the impact and details of forced separation including psychological harm, loss of stable living conditions, disrupted education and relationship patterns, loss of cultural identity, and use of illicit substances (*Bringing Them Home*, 1997, Ch1). The report noted the vulnerability of stolen Aboriginal children to sexual abuse in institutions, foster care, adoption and work (*Bringing them Home*, 1997, Ch10). Many survivors gave evidence during the inquiry of the catastrophic and traumatic impact of separation from their families.

Four further inquiries into the abuse of children in institutions - the Forde Inquiry in Queensland (The Forde Report 1999), the Mullighan inquiry in South Australia (The Mullighan Report 2008), the experience of child migrants to Australia (Lost Innocents Report 2001) and children raised in institutional and out of home care (Forgotten Australians Report 2004) - painted a wider picture of the on-going and systematic abuse of children in institutional environments as a result of government policy. The reports document in detail the impacts of institutional abuse on the physical and emotional health of survivors, as well as the suspected high level of suicide (Lost Innocents Report, 2001, p.155). They also document the impact of psychological trauma including PTSD, depression and anxiety and the ongoing need for psychiatric care. Considerable evolution is evident in the status and centrality of survivor testimony after Wood Royal Commission, as public inquiries in Australia and indeed internationally came to feature survivor testimony as an essential feature of their evidence-gathering and broader mission of justice-seeking (Sköld 2015; Swain, 2015).

The series of state inquiries directly preceding the Royal Commission into Institutional Responses to Child Sexual Abuse were convened at the urging of various lobby groups with sympathetic media coverage and champions within state and federal parliaments (Wright,

Swain & McPhillips, 2017, p.2). In 2012-13 the Victorian Parliament investigated the sexual abuse of children in Victorian institutions and reported that religious institutions were particularly dangerous places for children (Betrayal of Trust Report 2013). This finding was substantiated by the NSW Special Commission of Inquiry which found that the leadership of the Catholic Church in the Newcastle-Maitland diocese had systematically covered up cases of child sexual abuse (The Cunneen Report 2014). As Middelton et al (2014a, p 17) note, these inquiries contributed to a rising awareness in the wider society about the traumatic impacts on children, and later as adults, of sexual and physical abuse suffered as a child. Thus, these later public inquiries were instrumental in collating and publishing evidence of the impact of trauma as a result of institutional childhood sexual abuse (Wright, 2017). They drew heavily on the testimony of survivors and their families as the basis for establishing truth and linked this testimony to the emerging understanding of trauma in clinical research (Wright, 2018, p.188).

Research into the Impacts and Treatment of Institutional Child Sexual Abuse

Public inquiries also drew heavily on the clinical, epidemiological and social research that was being produced on the traumatic impacts of abuse both through the evidence of expert witnesses and hearing preparation (Wright, 2018). As noted above, by the mid 1980s, PTSD was well recognised and researchers were documenting the details of adverse impacts and bringing trauma into public discourse (Blakemore et al, 2017; Smaal, Kaladelfos & Finnane, 2016). Child sexual abuse is now understood as a non-specific risk factor for a range of negative life outcomes, including PTSD and complex trauma, an increase burden of physical disease, substance abuse, difficulties in relationships and increased vulnerability to criminal victimization and perpetration (Maniglio, 2009). The individual impacts of child sexual can be understood within a multi-factorial model that includes factors such as: the age of the child, the severity of the abuse, their context and pre- or post-abuse experiences that may ameliorate or exacerbate the harm of child abuse (Blakemore et al, 2017). While it is difficult to differentiate the specific harms of institutional abuse from those of child abuse more generally, Wolfe et al. (2006) propose four factors that contribute to the harm of institutional abuse: 1) the value and significance of the institution, 2) the social and institutional authority of the perpetrator, 3) the degree and nature of child involvement in the institution, and 4) the characteristics of the abuse and responses to it. A fifth factor is the pre-existing vulnerability of the child, such as adverse childhood experiences that may have led to institutionalisation

(Lueger-Schuster et al., 2014). Research finds that victims of institutional abuse with a high confluence of these five factors – for example, involving children removed from their families for abuse, and subject to sexual as well as physical and emotional abuse in a residential religious institution – are likely to have particularly poor outcomes (Carr et al., 2010).

A compounding factor for victims of institutional abuse is the impact of subsequent institutional betrayal, including failure to make amends and hold perpetrators to account. For example, an American study by Smith & Freyd (2013) found that adult women sexually assaulted while at university who felt that the institution had betrayed them and failed to support them had significantly worse mental health outcomes than those women who reported a more appropriate response from the university. The subjective experience of betrayal has been shown to be uniquely harmful to mental health (Goldsmith, Freyd, & DePrince, 2012). In institutional abuse, children were often hampered from disclosure through organisational mechanisms such as by threats of punishment and cultures of silence and shame, and subject to retaliation when they did disclose (Final Report, Volume 4, p.17). Aboriginal children faced an entire state apparatus implementing genocidal policies of child removal and institutionalisation in which they were acutely vulnerable to abuse and exploitation. The effect of institutional betrayal was pronounced in religious organisations where evidence shows that 'sexual abuse by clergy and other powerful authority figures may have particularly devastating effects' (Blakemore et al, 2017, p. 43; and as well Cashmore and Shackle, 2013, p 10; Doyle 2017). However, where institutional abuse victims disclosed and were supported, an amelioration of the impacts of abuse were noted (Middleton et al. 2014b:7). Nonetheless, a common although not ubiquitous picture amongst survivors of institutional abuse has been poor health, limited educational attainment, economic difficulty and distrust of government agencies and services.

Despite scholarship emphasising its prevalence and the role of historical and social contexts, trauma treatment has been well and truly under-resourced and limited to individualised clinical intervention. The most common approach to the treatment of trauma has been largely within the bio-medical therapeutic model, which in general focuses on the individualisation of trauma symptoms rather than taking a broader social perspective (Middleton et al, 2014). This approach results in the pathologisation of suffering, with an emphasis on therapeutic interventions rather than collective action as the means for addressing social causes. Such

interventions replicate the assumptions which undergirded the formulation of PTSD as an official diagnosis; that is, that overwhelming and intrusive experiences are unusual rather than conditions of life for many children and adults. Publicly funded PTSD treatment and research programs tended to focus specifically on veterans and those subject to "single incident" traumatic events, such as car accidents (Sauvage & O'Leary, 2016, p.153). In contrast, more complex traumatic presentations linked to child sexual abuse, domestic violence or sexual assaults have been largely absent from mental health policy frameworks. Psychiatric diagnoses associated with exposure to chronic interpersonal violence, such as Borderline Personality Disorder or Dissociative Identity Disorder, have been subject to a moral discourse that questioned the truthfulness of the (overwhelmingly female) client population and emphasised their supposed propensity for malingering (Bjorklund, 2006; Brand et al., 2016).

Although such disorders are as prevalent and disabling as other, more high profile illnesses such as schizophrenia and bipolar disorder, specialist psychiatric care for complex trauma has been largely unavailable outside of the private health system, with abused children and women often reliant on underfunded generic support services within the medical and community sectors (Kezelman and Stavropoulos 2012). The neglect of traumatic experiences and presentations linked to sexual violation and intimate abuse reflects longstanding psychiatric ambivalence about 'hysteria' and other supposedly feminine maladies with a likely traumatic aetiology (Herman, 1992). The work of US psychiatrist Judith Lewis Herman (1992) was an important interjection into this debate, making the link between the trauma of combat or war experiences, which mostly affected men, and the experience of sexual violence against women and children. In this schema, women and children abused by (largely) men are 'casualties of the sex war' (Herman 1992: 28). In the Australian context, the metaphorical link between war and gendered trauma is very concrete in Aboriginal scholarship emphasising the relationship between colonisation, dispossession, genocide and the abuse and violence experienced by Aboriginal children and women (Atkinson, 2002; Healing Foundation, 2017). Meanwhile, the intergenerational and collective manifestations of trauma within Indigenous communities, and other communities who experienced conflict and violence, remain beyond the scope of individualised clinical care. Australian public policy in regard to trauma has been grounded in an individualised, psychiatric model that neglects the spectrum of traumatic experience as well as the potential of collective action as the means for

addressing the social causes of violence and abuse (Atkinson et al 2014; Blakemore et al, 2017; Kezelman et al, 2015: 44-5).

While Australian public inquiries into child abuse certainly addressed the causes, nature and impact of institutional child sexual abuse, they did not appreciate the complex social and community effects of abuse, including the profound sense of alienation that results from institutional betrayal, or the limited capacity of the mental health workforce, or the unaffordability of treatment for many survivors. As well, maintaining a narrower view of trauma impacts and determinants can be linked to economic and legal prerogatives, since such a view necessarily limited the liability and responsibility of government and other institutions for the full array of harms caused to children in its care or the community at large. The tendency to view trauma impacts narrowly rather than broadly was likely exacerbated by the operation of public inquiries, which made minimal if any adjustments to accommodate the specific needs and vulnerabilities of trauma survivors, who were typically expected to testify in the same conditions and in the same ways as professional experts (O'Neil & Zajac, 2016, pp132-4). Salter (2018) suggests that official responses to child sexual abuse from the 1990s have been pervaded by a neoliberal ethos of individual responsibility, defraying moral responsibility for poor life outcomes to trauma survivors and minimising the effects of child sexual abuse. The individualisation and pathologisation of child sexual abuse has been congruent with government neo-liberal policies of disinvestment in social supports and health care within a cultural environment in which claims of need and vulnerability have been stigmatised as failures of agency and self-realisation.

Trauma at the Royal Commission

When the Royal Commission was announced in December 2012 by Prime Minister Julia Gillard, the status and treatment of children in institutions had been an issue for governments and policy makers for over twenty years (Wright 2017, p.10). The failure of prior inquiries to comprehensively address the challenges of institutional abuse or provide a sense of justice and closure for survivors, resulted in increasing attention by activist journalists to a range of cases and scandals, amid a mounting public outcry from survivor groups. The Commission was established with input and expertise from multiple research and policy areas. It was well-resourced and funded and enjoyed bipartisan support. The Royal Commission is generally regarded as a landmark inquiry with global significance (Wright, Swain, McPhillips, 2017).

In drawing up its terms of reference, it drew on a number of important inquiries into institutional child sexual abuse from Ireland, the US, Canada and the Netherlands and modelled various methodologies and approaches to survivor testimony, public hearing and investigative processes some of which was trauma informed (Cahill, 2019; Wright, 2017). It has produced an archive of significant data for future policy and research and its 400 recommendations have been positively received by federal and state governments and affected institutions with the implementation of recommendations across state and federal areas of policy, legislation, redress, health and education.

Trauma was a key theme in the public hearings and private sessions at the Royal Commission. As Featherstone notes (2018, p.165)

> As in all the case studies, public hearings and private sessions, the Royal Commission recognised trauma as a major impact of childhood sexual abuse. The idea of a long-term psychological "cost" was central to the very terms of references in the letters patent. Concepts of harm to victims and the "healing" process of the sharing of stories have been fundamental to the Royal Commission and to the public's engagement with the official processes. Just as significantly, survivors themselves presented psychological harm as critical to the way child sexual assault was experienced and understood.

We argue that the Royal Commission's engagement with trauma theory was significant in five key areas, emphasised below. The first is the social-structural and political rather than purely individualistic or psychological account of trauma offered by the Royal Commission, which positioned the impacts of child sexual abuse as a threat to community health and political legitimacy. The second was the significant innovations of the Royal Commission in gathering and facilitating survivor testimony, which was consciously flexible, trauma-informed and sensitive. The third was the expanded view of the Royal Commission that they were not simply gathering evidence from survivors but rather engaged in the moral project of "bearing witness". The fourth was the culture of care that was actively fostered within the Royal Commission, involving extensive therapeutic and support options for survivors, but also for Royal Commission staff. The fifth area was the interdisciplinarity, inclusivity and even solidarity demonstrated by the Royal Commission in its engagement with survivor groups and a range of expertise beyond the narrow medico-legal focus of previous inquiries.

a. A social-structural and political account of trauma

The Commission drew heavily on existing research to define trauma, its impacts and causes as well as commissioning its own research. Their definition of trauma was grounded in evidence-based research in the medical and social sciences exploring the effects of trauma experienced in institutional settings (Cashmore and Shackel, 2013; Quadara & Hunter, 2016; Blakemore et al 2017). However, it is notable that these effects are articulated quite early in the Royal Commission as a collective and intergenerational impact rather than purely individual injury with significant implications for community cohesion and democratic integrity. In the Interim Report, released in 2014, the Royal Commission explains the "need for an inquiry" in the following terms:

> When a child is sexually abused while in the care of an institution, the impact can be devastating and last for a lifetime. It can leave a traumatic legacy for a victim's family and for future generations. Child sexual abuse affects the entire community and diminishes the trust we place in our institutions. That trust is further eroded when an institution fails to appropriately respond to the victim's needs (p 1).

While emphasising the 'lifetime' impacts of sexual abuse for a child, the Royal Commission points to ramifications for the victim's family and children, the delegitimising effects of sexual abuse on community trust, and the secondary 'betrayal trauma' (Smith and Freyd, 2013) caused by institutional failures to respond appropriately to institutional abuse. In stark contrast to the individualising trends of the 1990s, in which child sexual abuse was recast as a psychiatric injury rather than political concern (Armstrong, 1994), the Royal Commission synthesised survivor testimony and contemporary research to firmly re-establish institutional sexual abuse as a threat to population health and security. These expanded models of trauma reflect, firstly, the enlarged evidence base for trauma and its effects, which has been elaborated upon over the last two decades, but also a determined repoliticisation of child sexual abuse and the work of the Royal Commission as broadly relevant to Australian citizens and governments.

Indeed, Volume 3 of the Royal Commission's Final Report (2017) was simply called "Impacts" and summarised existing research as well as the research commissioned by the Royal Commission into the effects of child sexual abuse. Over a series of five chapters,

Volume 3 identifies the health, psychosocial and spiritual impacts of trauma on individuals, describes how poor institutional responses amplifies the harm of sexual abuse, and then elaborates upon what the Royal Commission called the 'ripple effects' of abuse on families, other people in the institution where abuse occurred, communities and Australian society as a whole. Community-level impacts include the divisions that emerge when a well-known perpetrator or important religious institution is implicated in child sexual abuse, leading to conflict and a loss of trust, community cohesion and support. The Royal Commission explained:

> Information from private sessions, public hearings and research suggests that community connectedness can be shattered by the revelation of child sexual abuse, especially when the perpetrator is well liked or the institution is respected or trusted. We heard that the breakdown of community cohesion can be intensified if large-scale sexual abuse is revealed, or if attempts by the institution to conceal the abuse are discovered. As we heard from some survivors, this can create deep division and mistrust, and sometimes fragment the community (Final Report, Vol 3, 2017, p 224).

In some locations, the sheer number of survivor suicides associated with clergy abuse in the region was linked to community-wide traumatisation and grief (Final Report, 2017, Vol 3, p 228). For Aboriginal and Torres Strait Islander people, institutional sexual abuse was framed as part of a broader government campaign of institutionalisation and dehumanisation, with large-scale consequences for health and resilience. The Royal Commission linked government policies of institutionalisation to the 'destruction of kinship structures, family and community roles, the breakdown of collective child-rearing practices, and loss of language, cultural values and norms, leaving communities grieving and overwhelmed' (Final Report, 2017,Vol 3, p 225).

The politicised dimensions of the Royal Commission's approach to trauma is particularly apparent in its identification of child sexual abuse as a major contributor to lifelong and intergenerational disadvantage, and the stigmatisation of survivors where they evince mental health problems, substance abuse issues, and are recipients of government payments and services (Final Report, 2017, Vol 3 p 231). On survivor testified:

> I have at times felt stigmatised and vilified by the government of my country as I, and people like me, on disability support pensions, have been described essentially as a huge drain on the country, 'leaners, not lifters' ... I'm well aware of the huge financial burden I am ... ("Myra" (pseudonym) cited in Final Report, 2017, Vol 3, p 231)

The inclusion of this quotation in the final Royal Commission report was a subtle but unmistakable criticism of the then current Australian government's social policy that framed non-tax paying Australians as 'leaners' who are not 'lifting' up the country. The disability and exclusion of adult survivors of child sexual abuse from public participation and the denigration and stigmatisation of their accounts is a recurrent theme of the Royal Commission report where responsibility for this disability is placed at the feet of perpetrators and colluding institutions rather than survivors.

b. Trauma-informed evidence gathering processes

The Royal Commission marked a departure from the methodologies of earlier inquiries in its conspicuously trauma-informed approach to the documentation of survivor experience and testimony (Featherstone, 2018; Wright, 2018). Grounded in expert evidence on the deleterious impacts of child sexual abuse on surviving adults (Middleton et al 2014b p.23), the Royal Commission established sensitive, flexible processes for survivors to provide evidence, including in public hearings, in writing and in private sessions before one of the six Commissioners. The key pillars informing these processes were "transparency, respect and responsiveness" (Final Report 2017, Vol 1 p. 29) which the Commissioners felt were integral to establishing safety and earning the trust of survivors. Private sessions were a unique inclusion and required an amendment to the Royal Commission Act (1902) (Vol 1 p.43). Indeed, at the time of the establishment of the Royal Commission, the then federal Attorney General observed that:

> [a] traditional royal commission hearing setting will not generally serve as the best way to facilitate participation in the royal commission by those people affected by child sexual abuse. (Final Report, Vol 1, p.25)

In and of itself, this observation points to significant limitations with the findings of previous public inquiries and the suggestion that sexual abuse survivors, in particular, have been given

insufficient opportunity to address their lived experience (Swain, 2018). The Royal Commission recognised the need to create a safe environment for survivors in order to tell their story and the provision of private sessions was an important source of knowledge gathering on the impacts of child sexual abuse for the Commissioners (Interim Report, 2014, Vol 1 p.43).[5] A central function of the structure of the private session was to limit the impact of trauma on participants, which required the Commissioners to be "aware of the diverse and far-reaching impacts of childhood trauma on survivors" and to engage survivors "in ways that affirmed their experiences and responses while minimising interactions or processes that could increase their trauma" (Final Report 2017 Vol 1 p 28). The focus on and validation of survivor testimony was a deliberate act by the Royal Commission that in large part recognised that survivors have experienced substantial trauma (Interim Report 2014, Vol 1 p.45) and a trauma-informed approach was seen as essential to a just response (Final Report, 2017, Vol 1, p.28). The Commission noted that:

> For many survivors talking about past events required them to revisit traumatic experiences which have seriously compromised their lives. Many spoke of having their innocence stolen, their childhood lost and their education and prospective career taken from them and their personal relationships damaged. For many, sexual abuse is a trauma they can never escape. It can affect every aspect of their lives. (Final Report, Preface and Exec Summary, 2017, p 2)

The evidence from survivors themselves regarding the impact of this methodology points clearly to its success, noted in Volume 5 (2017) and Message to Australia (2017):

> I feel this Royal Commission has and will leave a lasting positive legacy. The professionalism and strength of the Commissioners and staff results in the victims finding in themselves the strength we all thought was lost. Thank you. (Survivor, Message 21, Message to Australia)[6]

c. *Bearing witness and the moral injury of trauma*

[5] Overall there were over 8000 private sessions conducted across the nation and the results of these sessions are summarised in Vol 5 of the Final Report (2017).

[6] Message to Australia is a compilation of short statements by survivors who were invited by the Royal Commission to share `their experience and hope for creating a safer future for children'. The actual book is held in the National Library of Australia but is also available online https://www.childabuseroyalcommission.gov.au/message-australia

While they reflected the efforts of the Royal Commission to provide safe environments for trauma survivors to speak, private sessions were also indicative of the third aspect in which the Commission was unique. Specifically, the Commission demonstrated a significant moral commitment to restoring the dignity of survivors, evinced in their terms of reference:

> The Commissioners bear witness, on behalf of the nation, to the experiences and resulting trauma of those who were sexually abused as children in institutions, and others who were affected by that abuse. (Interim Report 2014 Vol 1: 29)

The term "bearing witness" is significant, with each of the six Commissioners listening personally to thousands of hours of survivor testimony over five years. The *practice* of bearing witness was a collective one in the Royal Commission, supported by counsellors and other staff, and driven by the Commissioners themselves. If the foundational experience of sexual violation is of being 'dishonoured' (Herman 1992), then it would seem that the Royal Commission went to great lengths to honour survivors and their testimony. This process of honouring and dignifying the contribution of survivors was encapsulated in the Final Report, where the Commissioners prominently thanked the thousands of survivors who testified and made submissions, and wrote movingly of the value of their efforts:

> The Commissioners thank each of the survivors who told us their story. They have had a profound impact on the Commissioners and our staff. Without them we could not have done our work. Each survivor's story is important to us. These stories have allowed us to understand what has happened. They have helped us to identify what should be done to make institutions safer for children in the future. It has been a privilege for the Commissioners to sit with and listen to survivors. The survivors are remarkable people with a common concern to do what they can to ensure that other children are not abused. They deserve our nation's thanks (Final Report 2017, Preface and Exec Summary p 2).

An outcome of the respect that the Commission accorded to survivors as evidenced above and in trauma research indicates clearly that when victims are believed and their experiences validated there can be an amelioration of the impacts of trauma (Blakemore, 2017, p 7). So, in effect, the trauma informed practice embraced by the Commission likely had a positive and therapeutic outcome on the lives of thousands of survivors and their families:

> At last I could tell not just my story but its impacts on me as a boy and a man. The empathy, compassion and genuine interest made a world of difference. (Message to Australia, 2017 Message 43)

d. A culture of care

For both public hearings and private hearings, counsellors trained in trauma care were available to support people through the process and its impacts. There were sensitive protocols involving responses to the public including phone and email enquiries which were respectful and empathic (Wright, Swain and McPhillips, 2017). Survivors were offered a number of free services including counselling, financial support and legal advice (Final Report Vol 1). The rooms for public hearings and private hearings were purposefully retrofitted to make them as welcoming and comforting to survivors as possible, recognising that the institutional setting of the Royal Commission itself was potentially retraumatising to survivors (Interim Report 2014, p 34). Children's art from the Sydney Children's Hospital Art Program was placed throughout the public spaces of the Royal Commission's premises. In the case of private sessions, the Royal Commission chose to use hotel rooms "so it would not be obvious that a person was attending a private session at the Royal Commission" and "paid close attention to the room's layout, to make it comfortable and non-threatening" (Interim Report 2014 p 45). Counselling and support services were available to those attending private sessions, and a sensitive protocol around the management of attending a private session was practised including follow-up contact.

The Commission also demonstrated an awareness of the risks and possible impact of vicarious trauma on its work force. Employees had access to numerous health-based services and self-care programs through the program *Well at Work* which included `access to counselling, peer support and wellbeing initiatives' (Vol 1 2014, Interim report p.34). This recognised the potential impact of vicarious or secondary trauma on those who are exposed to traumatic material including bearing witness to trauma while not directly experiencing it (Interim Report 2014 Vol 1 p.34). The Commission stated that "Vicarious trauma as a result of exposure to traumatic material is a significant risk. If we do not treat these risks seriously and manage them well, we jeopardise our ability to complete our task" (Vol 1 p.34). The "network" effects of trauma on bystanders and others was a key workplace concern for the Royal Commission.

The Well at Work program also continued the task of reconceptualising trauma as a socially situated and relational, rather than a purely individual and psychological phenomena. It circumvented 'burnout' or 'secondary traumatisation' as a major cause of failures of witnessing at the individual and political level. The intense affect that is associated with listening to and supporting survivors of trauma can trigger defence mechanisms such as denial and minimisation, or it can compromise decision-making and boundaries due to over-identification with the survivor (Rasmussen, 2005). The "Well at Work" program therefore not only supported the health of Royal Commission staff but bolstered the capacity of the Royal Commission to contain the intensity of the pain and grief inherent in survivor testimony.

It could also be argued that a culture of care extended to affected communities and more broadly to the nation. This was demonstrated in the care that the Commission took to engage with affected communities by holding information meetings and responding to public enquiries. A number of Commissioners participated regularly in conferences across the country, speaking to large numbers of researchers, clinicians and policy advocates about the work of the Royal Commission. Regular updates and media releases via the Royal Commission website to keep the public abreast of developments and public hearings were live streamed via the Royal Commission website (Final Report, 2017, Vol 1). An ethic of inclusivity, information sharing and public access was central to the way the Commission conducted itself.

e. *Interdisciplinarity and inclusivity*

Diverse and interdisciplinary forms of knowledge and expertise were included in the work of the Royal Commission. In developing their model of knowledge, the Commissioners indicated that "we spoke at length to advocacy and support groups, mental health professionals and providers of sexual assault support services" (Interim Report 2014, p 44). The Royal Commission's early and strong relationships with key survivor groups such as Blue Knot Foundation and Bravehearts, and its interest in the experience of social workers and sexual assault counsellors, is in contrast to the privileging of legal and psychiatric expertise in previous public inquiries, and further signals the shift of the Commission away from an adversarial or interrogatory style. Similarly, the Royal Commission recognised the

unique contexts and impacts of institutional abuse for Aboriginal people, employing Aboriginal counsellors and liaison staff. The Royal Commission worked with Aboriginal service providers and survivors to offer pathways for testimony that were culturally safe and part of larger healing projects (Interim Report 2014, p 46). The specific contexts and dimensions of trauma for Aboriginal survivors of institutional abuse were carefully articulated in the Royal Commission's Final Report:

> The trauma of child sexual abuse was often bound up with the trauma of being separated from their family and culture. Most survivors who had been removed as children said this had disconnected them from their family, land and cultural traditions, leaving them without these as resources for recovery and for building their future. Survivors said the trauma associated with their removal and sexual abuse in institutional settings manifested in relationship difficulties passed from generation to generation. They spoke of the importance of connecting to culture to support their resilience and healing (Preface and Exec Summary, Final Report, 2017 p 13).

The extensive document database commissioned and collected by the Royal Commission also reflects a commitment to a wide base of knowledge-gathering from many experts across multiple disciplines. The document base also reflected the significant engagement with the community who were able to contribute in various forums including round table discussions, issues papers, consultation papers and community forums. Many expert witnesses from Europe and the US gave evidence at public hearings, situating the evidence base in the global response to institutional child sexual abuse, as well as a commitment to hear from experts at the cutting edge of research and service provision to survivors.

Conclusion: Moving towards a trauma-informed culture

It is now over twenty years since the institutional abuse of children became the subject of multiple inquiries in Australian public life and the recognition of complex trauma as a significant risk to health outcomes. Without doubt, the Royal Commission has made an important contribution to public understandings of the impacts of childhood sexual trauma and provided a policy framework for increasing child safety in institutions and responding to the on-going complex needs of survivors. The Royal Commission's scope of analysis was not limited to the individual impacts of trauma but rather positioned trauma as a socio-political

outcome of systemic institutional dysfunction facilitated by social and legal norms that suppressed child complaints and marginalised survivors.

In the Final Report, the Royal Commission made over 400 recommendations that were premised on the understanding and promotion of a trauma informed culture and which included setting up funding, advocacy and support services for victims and survivors; introducing a specific federal legal advice and referral service; a readily accessible national web site to provide information to victims and survivors; service provisions and complaints processes; recommendations for trauma informed systems in residential care and youth detention sites as well as trauma informed therapeutic interventions; and establishing a national centre for raising awareness and establishing best practice advocacy and support practice for victims and survivors (Final Report, Recommendations). At a policy level, these interventions would make a significant difference to not only the lives of survivors and their families but also to the institutionalisation of trauma informed frameworks as central to the prevention and reparation of the damage caused by child sexual abuse.

Accordingly, we would suggest that the lessons of the Royal Commission speak strongly to humane methods of engaging all people including the most vulnerable people in Australian society in a safe, respectful and empowering way. They speak to the efficacy of a comprehensive and holistic understanding of trauma as a socially situated but individually experienced phenomena, and the role of gathering testimony and bearing witness to suffering as forms of evidence-gathering, collective acknowledgement and the importance of intervention in the dynamics of power, abuse and violence. The Royal Commission modelled the key principles of a trauma-informed practice by showcasing that a culture of empathy and understanding, which prioritises the physical and emotional safety of people and communities, can mitigate the impacts of abusive systems, not only individually but societally. And further that socio-political will can help drive trauma-informed systems which privileges the rights of people and communities.

The Royal Commission demonstrated the possibility of a non-bureaucratic bureaucracy: one in which thousands of traumatised people entered and left, with diverse experiences and impressions to be sure, but one in which all elements of their diversity were honoured, in which they were offered choice and a sense of control, where trust was built, and in which the operation of power was nullified. The vast majority of survivors left the Royal Commission

largely unharmed and with many stating they were uplifted and experienced restoration and healing. A remaining question is: What can other institutions learn from the specific processes and functions of the Royal Commission? Could these processes be integrated into other services and systems in the promotion not only of trauma-informed institutions, but a trauma-informed culture?

Finally, we hope to have demonstrated that an interdisciplinary approach to the study of trauma and its impacts provides a broader framework from which to locate discourses of trauma in a contested field and analyse the emergence of new forms of trauma knowledge within political struggles. Specifically, we have argued that the Royal Commission marked a new form of public inquiry that positioned the trauma caused by institutional child sexual abuse as an outcome of collective organisational processes rather than exclusively individualised responses. This wider perspective positions causes, responses, remediation and redress as a collective responsibility and the possibility of recognising sexual violence within an ongoing conscious narrative of the reality of the darker aspects of contemporary social life and its outcomes.

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