Bravehearts
Educate Empower Protect Our Kids

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

12th April 2022

Mental Health Select Committee
Email: mhsc@parliament.qld.gov.au

Inquiry into the opportunities to improve mental health outcomes for Queenslanders

Dear Committee members:

Bravehearts is pleased provide this submission to Mental Health Select Committee's *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*. We acknowledge that the deadline for formal submissions has passed but hope that the Committee is able to take this submission into consideration when compiling the final report.

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

Child Sexual Abuse

Approximately, one in four girls and one in six boys will be sexually abused in some way by the age of 18. These figures have been consistently reported over the past 20 years. It is important to note that figures vary, and we recognise that 'official' statistics (criminal justice data and child protection data), is not an accurate representation of actual prevalence. We know that many do not disclose, many that do are not proceeded with by police or courts, and many do not fit the statutory nature of child protection notifications. For background to our submission, we provide the following facts surrounding child sexual abuse:

- It is estimated that 1 in 4 girls and between 1 in 7 and 1 in 12 boys are victims of sexual abuse**.** (James, 2000)
- Research shows a staggering 45% of women aged 18-41 were sexually abused as children by family members (30%), friends or family friends (50%) or strangers (14%). 75% of the abuse involved some contact, most of which was shockingly severe. (Watson, B., Griffith University, Herald Sun, 9th October 2007)
- Based on a review of research conducted on child abuse between 2000 and June 2008, researchers estimate that… between 5 and 10% of girls and up to 5% of boys are exposed to penetrative sexual abuse, and up to three times this number are exposed to any type of sexual

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abuse. (Gilbert, Spatz-Widom, Browne, Fergusson, Webb & Janson, 2009)
A summary of Australian prevalence studies estimates that 4 - 8% of males and 7 - 12% of females experience penetrative child sexual abuse and 12 - 16% of males and 23 - 36% of femalesexperience non-penetrative child sexual abuse. (Price-Robertson, Bromfield and Vassallo, 2010)

- An Australian birth cohort study found that at age 21 years, child sexual abuse was self-reported by 19.3% of males and 30.6% of females (Mills, Kisely, Alati, Strathearn & Najman, 2016).

We note that the costs, inclusive of mental health impacts, of child sexual abuse, and childhood trauma more broadly, have been estimated in several Australian studies:

- A report released by the Australian Childhood Foundation, along with Monash University and Access Economics in 2008, described two approaches to calculating costs associated with child abuse and neglect. The first, which estimated the cost incurred by the Australian community associated with children who were abused or neglected in 2007, showed that the best estimate of the actual cost of child abuse incurred in that year was $10.7 billion, and as high as $30.1 billion. The second, which estimated the future costs to the community which would be incurred over a lifetime for the children abused or neglected for the first time in 2007, showed that the projected cost of child abuse and neglect was $13.7 billion, and as high as $38.7 billion (Taylor, Moore, Pezzullo, Tucci, Goddard, & De Bortoli, 2008).
- Pegasus Economics has estimated that if the impacts of child sexual, emotional and physical abuse in Australia (on an estimated 3.7 million adults) are adequately addressed through timely and comprehensive intervention, the combined budget position of Federal, State and Territory Governments could be improved by a minimum of $6.8 billion annually (Kezelman, Hossack, Stavropoulos & Burley, 2015).
- More recently, Deloitte Access Economics calculated the annual costs resulting from violence against children to be $34.2 billion nationally, with an estimated national lifetime cost of $78.4 billion (Deloitte Access Economics, 2019).

The Statistics: Child Sexual Abuse and Mental Health Outcomes

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

Statistics over the years have shown:

- Young girls who are sexually abused are 3 times more likely to develop psychiatric disorders or alcohol and drug abuse in adulthood, than girls who are not sexually abused. (Kendler, Bulik, Silberg, Hettema, Myers, & Prescott, 2000)
- Among male survivors of child sexual abuse, more than 70% seek psychological treatment for issues such as substance abuse, suicidal thoughts and attempted suicide. Males who have been sexually abused as children are more likely to violently victimize others. (Walrath, Ybarra, Holden, Liao, Santiago, & Leaf, 2003)
- Women with a history of child sexual abuse were more likely to use mental health services, pharmacy services, primary care services and speciality care. (Bonomi, 2008)
- One study analysing seven meta-analyses on child sexual abuse and adult psychopathology found sexual abuse to be a nonspecific risk factor for a range of adverse mental health outcomes (Hillberg, Hamilton-Giachritsis & Dixon, 2011).

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- Sexual abuse perpetrated by a caregiver is associated with particularly severe complex trauma symptoms into adulthood (Kluft, 2011).
- The experience of sexual abuse during childhood is a key antecedent of complex trauma symptoms. Research has shown that the symptoms of complex trauma most often result from prolonged exposure to multiple forms of interpersonal trauma (including sexual abuse), typically during childhood, by caregivers who are expected to provide a safe, predictable, and secure environment (Courtois & Ford, 2013).
- A New Zealand birth cohort study found that sexual abuse prior to age 16 was associated with a range of adverse outcomes at age 30, including depression, anxiety, PTSD symptoms, and reduced self-esteem and life satisfaction. These negative outcomes were also found to increase alongside the increasing severity of abuse experienced (Fergusson, McLeod & Horwood, 2013).
- A study of child sexual abuse, its co-occurrence with other forms of maltreatment, and mental health outcomes among males has shown that having a history of child sexual abuse only, and of child sexual abuse co-occurring with other types of maltreatment, was associated with higher odds for many mental disorders and suicide attempts compared to having a history of child maltreatment without sexual abuse (Turner, Taillieu, Cheung, & Afifi, 2017).
- Men's experience of child sexual abuse has been shown to be positively associated with depressive and somatic symptoms as well as hostility into middle and late adulthood (Easton & Kong, 2017).

The Australian Burden of Disease Study 2015 estimated the amount of burden that could be avoided if no one in Australia had experienced child abuse and neglect. This estimate includes the mental health and injury outcomes experienced at all ages in 2015 attributable to exposure during childhood. In estimating this burden, 3 diseases were causally linked to exposure to child abuse and neglect:

- depressive disorders
- anxiety disorders
- suicide and self-inflicted injuries

In 2015, child abuse and neglect contributed to:

- 788 deaths (0.5% of deaths)
- 2.2% (102,751 DALY) of the burden of disease and injury.

For females aged 0–44 and males aged 0–14, Child abuse and neglect during childhood was ranked as the leading risk factor. For males aged 15–44, Child abuse and neglect during childhood was ranked as the 3rd leading risk factor.

(Australian Institute of Health and Welfare, 2019)

A recent study by published in the Medical Journal of Australia in December 2019 (Green, et.al., 2019), examined links between children subject to child protection reports in during early childhood (defined as birth to 6years) and diagnoses of mental disorders during their middle childhood (defined as 6 to 14 years). The research found that:

- Out of 74,462 children in the NSW Child Development Study, 13,796 (18.5%... almost 1 in 5) were the subject of child protection notifications in their early childhood:
  - 2,828 (3.8%) had been substantiated for significant harm or risk of significant harm: 1,148 children had been placed in out-of-home care at least once and 1,680 had

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been the subject of substantiated 'risk of serious harm' reports but were not placed in care
    - 1,807 had reports that did not reach the threshold for significant harm (considered to have maybe been at risk of serious harm, but not substantiated).
    - 9.161 had non-substantiated reports
- The study found that early childhood contact with child protection was associated with increased frequency of being diagnosed in middle childhood with a mental disorder and that the frequency of diagnosis was higher for children who had been placed in care.
- Findings highlight the need for strategies for detecting children at increased risk of being harmed in order to provide support to families much earlier, so that maltreatment and its damaging mental and social consequences can be averted

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

- Young people who had experienced child sexual abuse had a suicide rate that was 10.7 to 13.0 times the national Australian Rates. A recent study of child sexual abuse victims found 32% had attempted suicide and 43% had thought about suicide. (Plunkett, Shrimpton & Parkinson, 2001)
- A school-based survey study with 2,485 South Australian early adolescents also showed that reported experience of sexual abuse was associated with suicidal ideation and suicidal behaviour (Martin, Bergen, Richardson, Roeger, & Allison, 2004).
- Rates of suicide are significantly higher among victims of child sexual abuse than comparison groups. One study found sexual abuse victims were 18 times more likely to commit suicide than those in the general population (male abuse victims 14 times more likely and female victims 40 times more likely) (Cutajar, Mullen, Ogloff, Thomas, Wells, & Spataro, 2010).
- Rates of accidental fatal overdoses are significantly higher for victims of child sexual abuse than comparison groups. Sexual abuse victims were 49 times more likely to die as a result of an accidental overdose than those in the general population (male abuse victims 38 times more likely and female victims 88 times more likely) (Cutajar et al., 2010).
- Experience of child sexual abuse has been shown to be associated with heavy drinking, hazardous drinking, and the use of marijuana and other illicit drugs – these associations have also been shown to be only marginally attenuated when controlling for depression and self-reported emotional and mental health (Tonmyr & Shields, 2017).

Prevention and early intervention for mental health

Bravehearts notes that often in discussions around prevention, governments are focussed primarily on early intervention. It is our position that the only way to effectively address mental health outcomes is through a holistic approach encompassing programs targeting at all levels of prevention:

- Primary prevention: where the objective is to prevent issues from occurring through eliminating or reducing factors that impact negatively on a concerning issue and increasing factors that impact positively on a specific area of concern.
- Secondary prevention (early intervention): where the objective is early intervention through understanding and focusing on those with specific vulnerabilities or risk factors.
- Tertiary prevention: where the objective is to respond to and reduce the impact of a concerning issue targeting those affected.

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

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

In line with this, a strong feature of the published research on personal safety programs has been the evidence that suggests that preventative strategies are far more cost effective, importantly in relation to mental health outcomes, than trying to fix the problem after the fact.

Specifically, we advocate for:

- Crucial resourcing of education and prevention and budgetary allocations to fund proven, effective programs that demonstrate best practice and are focused on building resilience in children.
- Screening of social and emotional development to be included in existing early childhood physical development checks to enable early identification of and early intervention.

Access to mental health and support services

Long term psychopathology of 2,759 Australian children who were sexually abused between the years of 1964 and 1995, were evaluated 12 to 43 years after the abuse occurred (Cutajar et al. 2010). Findings revealed that 22% of individuals who had experienced child sexual abuse later accessed public mental health services, in comparison to only 7% of those in the control group. The authors identified that child sexual abuse increased the likelihood of experiencing psychosis, mood and anxiety disorders, substance abuse and personality disorders.

Ensuring availability, timely delivery, and appropriate services is critical in closing the gaps in the provision of mental health services. Working with victims/survivors of child sexual abuse and exploitation, we are all too aware of the difficulty many face in accessing appropriate support.

Ensuring that there is specialised and effective therapeutic support for survivors of child sexual abuse is essential, yet there is a recognised gap in the training of therapists (psychologists, counsellors, social workers) in the area of child sexual assault. Effective intervention and support can only occur if professionals working with these children are properly equipped to deal the specialised nature of this work.

Bravehearts acknowledges that there is a critical need to ensure investment in, and accessibility to, services for those people with mental illness, beyond therapeutic support; including, but not limited to psychosocial, legal and justice, housing (including, programs to support those with mental health illness in the community rather than hospital settings), education, and employment.

The long-term impacts of child sexual abuse affecting adult survivors are well researched and documented. Individuals with a history of child sexual abuse are at an increased risk for not just mental illness, but many other impacts, including, but not limited to:

- substance abuse
- homelessness
- suicidality
- revictimisation, including domestic violence and sexual assault

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- exposure to the criminal justice system
- parenting difficulties, and
- physical health issues.

Specifically, we advocate for:

- Increased access to telehealth irrespective of location to encourage uptake and usage of sessions made available under Medicare.
- Consideration of non-Western, more culturally appropriate mental health treatments for Aboriginal and Torres Strait Islander population (for example, a cultural healer).
- A greater presence of allied health professionals available more widely in GP surgery setting.
- A specialist registration system for GPs with advanced specialist mental health training.
- Considering mental health support and treatment for older Australians.
- Investment in stable, appropriate housing.
- Support to ensure accessibility to services and programs to meet the varied needs of those with a mental illness.
- Support for those seeking to reconnect or continue with education.
- Placement and support programs to assist people reconnect with workplaces.
- That mental health be explicitly included in workplace health and safety; with codes of practice developed and implemented.

We thank the Mental Health Select Committee for the opportunity to provide this submission and hope that the information provided will be considered in the final report. Please contact us on [redacted] or [redacted] if any further information is required.

Kind Regards,

Carol Ronken
Director of Research

And on behalf of:

Alison Geale
CEO

Dr Deirdre Thompson
Director of Therapeutic and Support Services

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