

Submission to the
Royal Commission into Institutional
Responses to Child Sexual Abuse

Issues Paper 4:
Preventing Sexual Abuse of
Children in Out of Home Care



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About the Authors

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In 2005, Hetty was announced as a finalist for the 2006 Australian of the Year Awards – she is the recipient of two Australian Lawyers Alliance Civil Justice Awards (2003, 2004) and was named a finalist in the 2008 Suncorp Queenslander of the Year Awards. She was awarded a Paul Harris Fellowship in 2010 and is a Fellow of the Australian Institute of Community Practice and Governance (March 2010). In early 2009, Hetty was recognised as one of approximately 70 outstanding leaders throughout the world, receiving the prestigious annual Toastmasters International Communication and Leadership award. In 2013 Hetty was awarded Northern Australia's Ernst & Young Social Entrepreneur of the year. Hetty is a member of the International Society for the Prevention of Child Abuse and Neglect and sits on the Federal Government's Cybersafety Working Party.

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About Bravehearts Inc.

Our **Mission** is to stop child sexual assault in our society.

Our **Vision** is to make Australia the safest place in the world to raise a child.

Our **Guiding Principles** are to at all times, do all things to serve our Mission without fear or favour and without compromise and to continually ensure that the best interests and protection of the child are placed before all other considerations.

Bravehearts has been actively contributing to the provision of child sexual assault services throughout the nation since 1997. As the first and largest registered charity specifically and holistically dedicated to addressing this issue in Australia, Bravehearts exists to protect Australian children against sexual harm. All activities fall under 'The 3 Piers' to Prevention; Educate, Empower, Protect – Solid Foundations to Make Australia the safest place in the world to raise a child. Our activities include but are not limited to:

EDUCATE

- ◆ Early childhood (aged 3-8) 'Ditto's Keep Safe Adventure' primary and pre-school based personal safety programs including cyber-safety.
- ◆ Personal Safety Programs for older children & young people and specific programs aimed at Indigenous children.

EMPOWER

- ◆ Community awareness raising campaigns (Online and Offline) including general media comment and specific campaigns such as our annual national White Balloon Day.
- ◆ Tiered Child sexual assault awareness, support and response training and risk management policy and procedure training and services for all sectors in the community.

PROTECT

- ◆ Specialist advocacy support services for survivors and victims of child sexual assault and their families including a specialist supported child sexual assault 1800 crisis line.
- ◆ Specialist child sexual assault counselling is available to all children, adults and their non-offending family support.
- ◆ Policy and Legislative Reform (Online and Offline) - collaboration with State Government departments and agencies.

Bravehearts Inc. is a National organisation, it is a registered Public Benevolent Institution, registered as a Deductible Gift Recipient, operates under a Board of Management and is assisted by State based Community Regional Committees, Executive Advisory Committees and a Professional Finance Committee.

Introduction

Bravehearts welcomes the opportunity to respond to the current issue paper focussing on the prevention of the sexual assault of children in out of home care. In responding to the issue Paper, we will focus on three areas raised: (1) the vulnerability of children in out of home care, (2) system strategies, including the training and continued professional development of carers and child protection workers, (3) oversight and monitoring, and reporting.

Preventing Sexual Abuse of Children in Out of Home Care



Child sexual assault is a hidden but significant problem in every community in Australia.

Approximately one in five children will experience some form of sexual exploitation before the age of 18 (James, 2000; Center for Disease Control and Prevention, 2006). Experts estimate that less than one in ten of these children will tell. Research tells us that in 70-90% of the time offenders are known and trusted by the child and/or their families (National Child Protection Clearinghouse, 2005).

Experts estimate that less than one in ten of these children will tell.

Research clearly shows that individuals who are sexually assaulted as children are far more likely to experience psychological problems often lasting into adulthood, including: Post Traumatic Stress Disorder, depression, substance abuse and relationship problems. Child sexual assault does not discriminate along lines of region, race, creed, socio-economic status or gender; it crosses all boundaries to impact every community and every person in Australia.

Research suggests that many adults are unaware of effective steps they can take to protect children from sexual assault (Australian Childhood Foundation, 2010). Most do not know how to recognise signs of sexual assault and many do not know what to do when sexual assault is suspected or discovered.

While State and Territory Governments have statutory responsibilities for child protection generally, the overwhelming bulk of funding is directed at tertiary statutory intervention responses. Statutory intervention will occur where the offender is living in the house with the child and where there is not a parent or carer willing and able to protect the child. Given most child sex offences are committed by people not living in the house with the child (around 70% of the time), the need for statutory intervention for these victims is void and as such, the offences are not officially counted in prevalence reporting.

Reporting to child protection departments is further reduced because, even in cases where the offender is living in the house with the child, most often there is a parent or carer who does act protectively to expel the offender and protect the child. This action creates a desirable positive situation but again, no statutory intervention is required so no official recording of the offence occurs; unless the matter is subject to a criminal investigation. Importantly however, the child and family still require professional support.

As a result, child sexual assault prevalence statistics produced by departments of child protection generally report very low instances of child sexual assault in comparison to child abuse and neglect (see Table 1 below). In addition, and as a result of these low statistical recordings, State and Territory Government child protection funding to this critical area is often limited along with recognition, response and acknowledgement of the prevalence and greater social implications of child sexual assault.

Table 1: Percentages of children subject to substantiated notifications by Type of harm (2010-2011) (Australian Institute of Health and Welfare, 2012)

Type of Harm	NSW	Vic	Qld	WA	SA	Tas	ACT	NT
Physical	20.1	31.7	21.7	22.2	15.6	14.4	24.7	19.8
Sexual	22.5	9.8	6.2	22.3	7.3	7.5	8.2	5.1
Emotional	27.9	51.3	40.1	19.1	32.6	41.0	31.6	25.5
Neglect	29.5	7.3	32.0	36.3	44.5	32.3	35.5	49.5

Research shows that there is a critical under-reporting of child sexual assault matters more generally. Smallbone and Wortley (2000) found that one in five parents who were aware that their child had been sexually assaulted, did not report. Over 50% of victims never report to anyone, and many who do report do not do so until adulthood (Queensland Crime Commission & Queensland Police Service, 2000).

Bravehearts receive most of its clients through police, other community agency referrals, self-referrals, and referrals from schools, and GP's. These statistics do not form part of any structured statistical count and as such, child sexual assault is not only grossly under-reported, it is grossly under-estimated and under-funded.

The vulnerability of children in out of home care.

While an upcoming Commission for Children and Young People and the Child Guardian report found that there has been a decline in identified sexual harm of children while in care since the Protecting Children Inquiry in 2004, children in out of home care are considered at risk of sexual harm. This group of children are particularly vulnerable given the often absence of strong protective factors in their lives.

Bravehearts believes that all children should be provided with personal safety programs, and this is particularly important for children in care.

Bravehearts *Ditto's Keep Safe Adventure* program has been effectively provided to children from the age of 3 in child care centres for a number of years. Research on the average age when sexual assault first occurs consistently shows that for most victims the first incident occurred prior to puberty. While sexual assault is most commonly reported by teenagers, studies show that they have often been victimised for many years prior to reporting (Daugherty, 2007):

- The average age for first sexual assault is 9.9 years for boys and 9.6 years for girls (Finkelhor, 1986)
- Average age: 8.47 years (65% 10 years of age or younger) (Lang, Rouget & van Santen, 1988)
- Victimization occurs before age eight in over 20 percent of the cases. Another study found 24 percent of female child sexual assault survivors were first assaulted at age five or younger (Boyer & Fine, 1992)
- The most vulnerable ages for children to be exposed to sexual assault appears to be the ages from three to eight years of age, with the majority of onset of sexual assault happening between these ages (Browne & Lynch, 1994)
- Age of victim: 0-8 (24.6%); 9-12 (36.6%); 13-16 (39.0%) (Smallbone & Wortley, 2000)
- 0-3 y/o: 10% of victims; 4-7 y/o: 28.4% of victims; 8-11 y/o: 25% of victims; 12 and older: 35.9% of victims (Putnam, 2003))
- Research on over 500 of Bravehearts counselling clients showed that while the average client age at time of intake (counselling) 8.88 years, the average age at time of the reported sexual assault was 6.59 years (Ronken & McKillop, 2011).

Specialised Counselling & Support for Young People (up to age 12) with Sexualised Behaviours

Community agencies, child statutory protection, private practitioners and other welfare professionals are increasingly being asked to support and intervene with children and young people who engage in problem sexual behaviour. These children have a range of vulnerabilities, often including a history of childhood sexual assault, abuse or trauma, unstable family relationships and developmental disabilities.

Problem sexual behaviour is the term utilised to describe children under 12 who display sexual behaviour that is outside what is expected for their developmental and chronological age. Problem sexual behaviour may include:

- Individual behaviour which is outside what would be expected for that child's age or development (Carr, 2006; Kellogg, 2005).
- Children experimenting sexually with children who are not their normal playmates and/or are not within a year of their developmental or chronological age (Kellogg, 2005).
- A child consistently directing sexual behaviours towards adults. Adults should be concerned when they discover children possessing sexual knowledge or behaving in ways more consistent with adult sexual expression (Carr, 2006; Kellogg, 2005).
- A child justifying his or her behaviors with distorted logic, for example, when one child says "no" to sexual play, but the other child continues and insists that the first child really wanted to participate in the sexual behavior (Kellogg, 2005).
- Children engaging in *extensive and persistent*, sexual behaviours (Kellogg, 2005).
- Children's sexual curiosity seems out of balance with interest in other aspects of their lives (Kellogg, 2005).

Problem sexual behaviour interferes with children's own development. It also poses a risk to other children. It is crucial that age-appropriate, evidence-based therapeutic programs for young people are available and supported.

System strategies, including the training and continued professional development of carers and child protection workers.

In the regulation and oversight of out of home care, there must be clear accountability and transparency at all levels, from decision-making to how complaints are dealt with, to ensure not only that the system is being run effectively and in line with child protection goals (including the best interests of the child) but also to assure public confidence in the system. This is important whether the governing agency is the State or Territory child protection agency or a non-government agency. As the 2004 Queensland Crime and Misconduct Inquiry into the former Department of Families shows, a lack of transparency equates to heightened risk of harm to children and subsequent cover-up.

An out of home care system that is underpinned by a culture of quality and continuous improvement should include the establishment of key performance indicators and the monitoring and compliance against these standards to ensure that the department is accountable and effective. Annual self-assessments and external reviews would help to aid in not only the improvement of the service but the confidence the community has that the department is responding to needs

Working with Children Checks for Carers

Bravehearts advocates for the continuation and expansion of the *working with children* (blue card) employment screening system.

The Queensland working with children checks are more stringent and thorough than police-based criminal history checks, and are specifically focussed on ensuring that individuals who present as 'known' risks to children are not able to be employed or volunteer in organisations where they may have contact with children.

While the police criminal history checks contain information on convictions for criminal offences, the Queensland Commission for Children and Young People and the Child Guardian *working with children* check is far more comprehensive in including both disciplinary information from certain professions and information from police investigations relating to allegations of child-related sexual offences.

We do however recommend ongoing reviews of the process to ensure that the serious and disqualifying child abuse/neglect offences are appropriate and do not unintentionally disqualify those who do not pose a serious risk to children. For example, there have been concerns that kinship carers in dry Indigenous communities may be disqualified due to alcohol offences. It is our position that for these types of offences a review of the individual circumstances must be undertaken.

Training of Carers and Child Protection Workers

While positive steps can be taken through education programs to empower and build resiliency in our children to lessen their vulnerability to child sexual assault, it is equally as important that these programs are complemented by programs highlighting the responsibility adults play in keeping children safe. Adults should be taking proactive steps to protect children from this significant risk. It is unrealistic to think that a young child can take responsibility for keeping themselves safe. Adults are the ones who need to prevent, recognise and react responsibly to child sexual assault.

It is Bravehearts position that training should be mandatory for both child protection workers and carers (including foster, kinship and residential carers) and include information on supporting children who have been sexually harmed, dealing with problem sexualised behaviours, identifying indicators of sexual harm and reinforcing protective factors and resiliency with personal safety education.

Research suggests that many adults are unaware of effective steps they can take to protect their children from sexual assault. Most do not know how to recognise signs of sexual assault and many do not know what to do when sexual assault is suspected or discovered. Adults working with children and young people need to have an understanding of the dynamics of child sexual assault, including the indicators and the barriers to speaking out, in order to properly address concerns or disclosures by children in their care.

Research suggests that many adults are unaware of effective steps they can take to protect their children from sexual assault (NAPCAN, 2010). Research has shown that adults are generally unaware of the dynamics of child sexual assault, its impact on children and young people, the subsequent impact on the family unit, and how to support children and young people who have been affected by sexual harm.

Many parents or carers (including foster, kinship and residential carers) are reluctant to act, not because they do not care but because they are unable to recognise the signs of harm and are unsure on how to respond to concerns they may have. In order to properly address concerns or disclosures by children in their care parents and carers need to understand the myths surrounding this issue, the dynamics of child sexual assault, the indicators, as well as the barriers to speaking out.

Providing parents and carers with information and resources to understand the impact of child sexual assault on the victim and the family, how this may manifest behaviourally, emotionally or psychologically, and how to support the child's healing process are as important as the provision of services to the victim themselves.

In addition, parents and carers need crucial information on how to support the child or young person, including how to respond to sexualised behaviours. Bravehearts has recently collaborated with a working group of government and non-government organisations, led by the Western Australian government in developing resources for foster carers to assist with supporting children and young people with sexualised

behaviours. Bravehearts' *Ditto Keep Safe Adventure* program has been included in the resources provided to carers.

Additionally, child protection workers need to undergo regular training and professional development. Broadly, key areas for professional development that should be considered include: legislative requirements, transfer of formal learning to workplace, skills in engaging and working with children and families, building capacity to respond to child protection issues, cross-cultural training, and specific training based on practice and research.

Specifically, Bravehearts believes that carers and child protection workers need to have an understanding of the dynamics of child sexual assault, including the indicators and the barriers to speaking out, in order to properly address concerns or disclosures by children in their care.

In response to this identified training/knowledge gap and the specialised nature of working with children and young people affected by child sexual assault, Bravehearts has developed a number of workshops targeted specifically at providing information to different sectors, including our Supporting Hands program (aimed at carers, parents, and those that work with children) and our Practitioner workshop (aimed at training therapists to work effectively with victims, and increase both practitioner knowledge and confidence in responding to those affected by child sexual assault).

Qualifications and Support of Child Protection Workers

Across community services in Australia it is widely recognised that front line child protection staff require regular professional development and supervision opportunities.

Bravehearts believes that an effective child protection system is one which includes a minimum standard of education and training for its frontline workers. Ongoing requirements for professional development training should be a requisite and form part of annual staff reviews.

Staff supervision should be comprised of three main parts: administration, case review and professional supervision/counselling. This supervision should occur monthly and should enable the caseworker to plan casework and administrative tasks, debrief and receive emotional support.

It is widely accepted that this supervision cannot be provided by a direct line manager alone. Staff need to be supported by an external supervisor who would enable them to emotionally debrief in a safe environment without fear of this impacting on them professionally. The role of the external supervisor is to assist the caseworker to critically reflect on their practice and to offer professional counselling and debriefing:

1. To enable the caseworker to receive professional counselling around the way in which their role impacts on them as a person.

2. To provide an external perspective on casework. This is particularly pertinent to neglect cases where managers and caseworkers can become desensitized to the escalation of risk factors present in a case. External supervisors can assist the caseworker in complex risk analysis and critical reflection.

Oversight, monitoring, and reporting.

There must be clear accountability and transparency at all levels, from decision-making to how complaints are dealt with, to ensure not only that the system is being run effectively and in line with child protection goals (including the best interests of the child) but also to assure public confidence in the system. As the 2004 Queensland Crime and Misconduct Inquiry into the former Department of Families shows, a lack of transparency equates to heightened risk of harm to children and subsequent cover-up.

A child protection department that is underpinned by a culture of quality and continuous improvement should include the establishment of key performance indicators and the monitoring and compliance against these standards to ensure that the department is accountable and effective. Annual self-assessments and external reviews would help to aid in not only the improvement of the service but the confidence the community has that the department is responding to needs.

Community Visitor Programs

The 2004 *Protecting Children* Inquiry in Queensland, prompted by the disclosure by a young person of the ‘sustained and serious’ sexual assault and abuse, raised concerns that the then Department of Families had not responded to concerns and allegations raised regarding sexual assault, abuse and neglect of children in care. A key recommendation relating to external accountability (recommendation 5.23) was the expansion of the Community Visitors Program to include children in foster care.

The “Views of Young People” research conducted by Community Visitors is an invaluable avenue for the voices of children and young people to be heard and the program provides an avenue for young people to raise concerns. As reported in the Commission for Children and Young People and Child Guardian Annual Report 2011-2012:

During 2011-12, 4,017 site reports by CVs were generated which included 434 reports for disability services facilities and 144 reports for mental health facilities.

These site visits allow the CV to report on the quality of care being provided at these residential care facilities. During these visits, vulnerable children and young people who are not under statutory care are able to raise their concerns directly with the CV and have their issues included in the site visit report lodged by the CV.

This ensures the issues are addressed and also contributes to the Commission’s unique database on factors affecting the safety and wellbeing of children and young people.

The information provided by CVs' site visit reports can generate early alerts for the Commission on service delivery issues for children and young people and informs the Commission's advocacy and information sharing on these issues.

The main types of issues of concern to children and young people in residential facilities were:

- placement arrangements (e.g. safe living environment, stability of placement, behaviour management by foster carer)
- contact (e.g. contact with family, siblings, Child Safety Officer)
- harm or risk of harm (e.g. physical harm, sexual abuse or exploitation, psychological or emotional harm, neglect)
- therapeutic care (e.g. grief counselling, drug or alcohol counselling, sexual health counselling)
- decision making, consents and information provision (e.g. bank accounts and financial management, education, medical and dental procedures, sporting and recreation).

While the Community Visitor Program ensures that children and young people in care have an independent person to support them, the relationship between Community Visitors and the Commission with Department workers must be transparent and supportive.

Reporting Sexual Harm

Bravehearts believes that there is a need for an improved system for reporting sexual harm, abuse and neglect.

Mandatory reporting is supported as an important principle in the child protection system. It is our view that mandatory reporting remains an important strategy for promoting children's rights to protection from sexual harm, abuse and neglect; and it is a fundamentally important strategy to identify children at risk and families in need of assistance and support.

As discussed earlier, children rarely disclose. Offenders usually put a great deal of effort into ensuring that a child remains silent. Apart from promises, threats and bribes, offenders also take advantage of the child's powerlessness by presenting a distorted or false view of what is happening. Some of the ways offenders 'trick' children into secrecy include convincing the child that:

- They are somehow responsible.
- Others will blame them.
- They will be punished.
- They will be to blame if the offender goes to jail.
- They will be to blame if the family breaks up.
- They will be to blame if others in the family are upset.
- They are bad in some way and this is why the assault happened in the first place.
- They will not be 'special' anymore.
- No one would believe them if they told.

Following on from this, some of the reasons children don't tell are:

- They often feel it is their fault because they let it happen.
- They feel guilty about their body's natural reaction to sexual activity (even though this is beyond their control).
- They feel disclosure may cause family problems or breakdowns.
- The offender may be someone the child/young person heavily relies on.
- They fear they will be blamed, punished or not believed.
- They fear they will be separated from their homes and their families if they speak out.
- They fear disclosure will cause harm to someone or something they love and care for, such as family members or pets.

The grooming of children by offenders and the subsequent difficulties children face in disclosing underlie the importance of training for carers and workers that focus on the indicators of sexual harm and personal safety programs for children. It is more likely that the identification of behavioural indicators will indicate that a child has been harmed, than a child explicitly disclosing to a carer or significant adult.