Risk profiles for institutional child sexual abuse

A literature review

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with Kelly Stewart, Judith Zatkin, Erin McConnell, Hayley Tews and Associate Professor Daryl Higgins

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Project team

The Royal Commission into Institutional Responses to Child Sexual Abuse commissioned and funded this research project. The project team comprised principal investigators Professor Keith L. Kaufman, Ph.D.[1] and Marcus Erooga M.A.[2]; research associates[3] Kelly Stewart, Judith Zatkin, Erin McConnell and Hayley Tews; project consultant[4] Dr Daryl Higgins; and research assistants[5] Haydee Alonso, Gil Brady, Desiree DuBoise, Karlie Kroessin, Yana Nikitin, Meghan Opbroek and Stevie Pace.

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Preface

On Friday, 11 January 2013, the Governor-General appointed a six-member Royal Commission to inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse.

The Royal Commission is tasked with investigating where systems have failed to protect children, and making recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions.

The Royal Commission has developed a comprehensive research program to support its work and to inform its findings and recommendations. The program focuses on eight themes:

1. Why does child sexual abuse occur in institutions?
2. How can child sexual abuse in institutions be prevented?
3. How can child sexual abuse be better identified?
4. How should institutions respond where child sexual abuse has occurred?
5. How should government and statutory authorities respond?
6. What are the treatment and support needs of victims/survivors and their families?
7. What is the history of particular institutions of interest?
8. How do we ensure the Royal Commission has a positive impact?

This research report falls within theme 1.

The research program means the Royal Commission can:

- obtain relevant background information
- fill key evidence gaps
- explore what is known and what works
- develop recommendations that are informed by evidence, can be implemented and respond to contemporary issues.

For more on this program, please visit www.childabuseroyalcommission.gov.au/research

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Executive summary

Background

The Royal Commission commissioned this literature review to synthesise international evidence regarding risk and protective factors related to child sexual abuse in institutional contexts. Risk and protective factors are considered in relation to three primary review areas of institutional child sexual abuse: victims, perpetrators and institutional settings.

Literature review methodology

The methodology for this review was built on the Royal Commission's broad definition of institutional child sexual abuse as provided in its terms of reference which includes but is not limited to schools, sporting clubs, children's services, foster care, residential care facilities, religious organisations, and government organisations. The first step in the review process was to identify a wide range of relevant search terms. The authors developed a preliminary list of search terms and circulated it among experts in the United States (US), the United Kingdom (UK) and Australia to solicit additional terms. A similar process was conducted to identify databases that would yield the most relevant articles for this review. After feedback, the authors developed final lists of search terms and databases for use in this literature review.

Simultaneous, independent literature reviews of each of five identified areas were conducted using the final search terms. These reviews were conducted by the authors' project team, the Australian Institute of Family Studies (Australia), the National Child Advocacy Center (US), the National Sexual Violence Resource Center (US) and the National Society for the Prevention of Cruelty to Children (UK). The reviews focused on scientific research literature as well as 'grey literature' such as reports, inquiries, evaluations and dissertations. Pertinent documents identified in the reviews were also closely examined for references to literature that could be included in this project.

The project team created brief summaries of each pertinent article, which were used by the authors to craft the various sections of the literature review. Article summaries were also used to develop critiques for each section and recommendations for future directions related to each sub-topic, as well as to create an overall review. Royal Commission staff members reviewed the draft review document and made suggestions for revisions, which were made by the primary authors.

The nature of the reviewed literature

This review yielded more than 400 relevant documents, primarily comprising research studies from professional journals. The literature was not only distributed across the three key review areas of victim, perpetrator and institution, but also further divided across six specific types of institutional setting including faith-based settings; early childhood education, care and schools; healthcare; out-of-home care; sport; and public inquiries and case reviews. The identified documents are best described as a series of related literature with limited integration. In particular, the documents

specific to victim, perpetrator and institution are quite distinct, with little overlap and minimal cross-referencing. Additionally, articles describing child sexual abuse in various types of institutional setting are also highly 'siloed'. The separate nature of these research sub-areas is an important dimension for understanding the strengths and weaknesses of the available literature on child sexual abuse in institutions.

Findings

The following section highlights the big-picture findings regarding risk and protective factors pertinent to victims, perpetrators and institutions, as well as the role of prevention of institutional child sexual abuse.

Risk and protective factors regarding victims

Many children spend a significant amount of time in institutional settings. All children are inherently vulnerable to sexual abuse in institutional settings in which there is a motivated perpetrator. However, some children are more vulnerable than others.

While the predominant gender of victims in specific settings is affected by the characteristics of the setting, a majority of child sexual abuse victims overall are female. In a sample of eight random community sample surveys, Finkelhor and Baron (1986) found that 71 per cent of all identified child victims of sexual abuse were female. Regarding child sexual abuse in institutional settings specifically, Faller (1988) reported that 62 per cent of sexually abused children in a day care setting were female; while Leahy, Pretty and Tenenbaum (2002) found that females in organised competitive sports were at twice the risk of being sexually abused as males (for both elite and youth sports). However, there is concern that the rates of disclosure, while minimal for both genders, may be disproportionately low for boys. This may be due to the way males are socialised, the fact that males may not recognise certain sexual acts as being abusive, their propensity to downplay the impact of abuse, and their outright denial that abuse has occurred to avoid social stigma, particularly when the perpetrator is also male (Alaggia & Millington, 2008; Fondacaro, Holt & Powell, 1999; Holmes, Offen & Waller, 1997; Holmes & Slap, 1998; Love, 2016; Parent & Barron, 2012).

A child's chronological age has been identified as a risk factor for sexual abuse victimisation generally, with younger children particularly at risk (Bohm, Zollner, Fegert & Liebhardt, 2014). In institutional child sexual abuse, the age at which abuse begins seems to vary according to the type of setting. This may be related to the fact that children use different types of institutions at different developmental stages – for example, childcare centres during their pre-school years, and residential camps during their teenage years.

Higgins (2010) suggested that the presence of any disability leads to a higher risk of sexual victimisation, with multiple disabilities further increasing the probability of abuse. Higher rates of sexual victimisation were associated with intellectual disabilities, behavioural disorders and communication disorders.

Robinson (2015) argued that environmental and structural factors facilitate and perpetuate institutional child sexual abuse, make it difficult to punish offenders, and keep children with disability at risk. In particular, she identified risks at the interpersonal level related to children with disability who:

- are kept in institutions where they and their families have little control over their daily activities (referencing Marsland et al., 2007; Sobsey, 1994)

- are expected to be compliant and well behaved (referencing Fitzsimons, 2009)

- have problems with communication that make it difficult for them to report abuse (referencing Gore & Janssen, 2007).

At the environmental level, Robinson (2015) pointed to inadequate parent training, which keeps them from addressing their children's behavioural needs (Reiter et al., 2007). She also highlighted a lack of support for parents to help them adequately care for their disabled child's complex needs (Shannon & Tappan, 2011).

A number of family characteristics have been identified as risk factors for child sexual abuse. Peter (2009) suggests that children from families with a low socio-economic status are at greater risk of sexual victimisation. This may be because these families have access to fewer resources and often include parents who work multiple jobs, leaving children to spend more time in the care of others. In a sample of children who were abused in a hospital setting, Feldman, Mason and Shugerman (2001) identified risk factors including parental mental illness, parental substance abuse, legal problems and vindictiveness against medical service providers.

Research on child sexual abuse risk and protective factors has several methodological limitations. Perhaps the most significant of these relates to the limited generalisability of study findings. Another significant barrier is the overall lack of empirical research in this area due to the difficulty of studying a phenomenon such as child sexual abuse, which relies on retrospective data and involves significant ethical limitations (Hartill, 2005; Love, 2016).

There is no profile of a 'typical' sex offender. Offenders differ greatly in their motivations and behaviour, both towards other individuals and over time. Additionally, the presence of risk factors does not mean that a person will commit child sexual abuse (Jespersen, Lalumiere & Seto, 2009), nor does the absence of risk factors indicate an absence of potential risk.

Risk and protective factors regarding perpetrators

Institutional sexual abuse perpetrators are a sub-category of extrafamilial offenders who abuse children that they have access to by virtue of working, volunteering or otherwise being associated with a particular institution.

There is no 'type' or 'profile' relating to perpetrators in institutional settings, or elsewhere. However, in general, risk factors for sexual offending include deviant sexual interest, distorted attitudes about sex, poor socio-affective functioning and poor self-management (Sullivan et al., 2010).

Criminal justice staff members who work with perpetrators have identified eight broad conceptual categories of perpetration motivation, some possibly causal and others contributory:

- developmental issues
- poor social competence
- sexual motivation
- need for power and control
- psychopathology
- perceived victim characteristics
- values and beliefs that enable child sexual abuse
- personality deficits (Purvis, Ward & Devilly, 2003).

Longstanding sexual interest in children is not the sole factor for choosing to perpetrate child sexual abuse. There is a useful distinction between those described as preferential offenders, who have a long-term sexual preference for children, and those described as situational offenders, who take advantage of opportunities to offend against minors. These opportunities especially arise in situations where they have access to, privacy with, and authority over children, such as when they are serving in positions of trust in institutions.

Overall, the literature presents a solid basis for identifying the background characteristics of offenders and other risk factors that may lead to institutional child sexual abuse. However, a great deal of work must still be done to further investigate risk factors that facilitate institutional child sexual abuse.

Risk and protective factors regarding institutional settings

The definition of 'institutional settings' given to the Royal Commission in its Letters Patent is broad. Consequently, it was necessary to examine risk and protective factors in a diverse range of institutions.

Child sexual abuse can occur within any institution where there are children and a motivated perpetrator. Some perpetrators will actively try to manipulate institutional conditions to create an opportunity to sexually abuse. Institutions can take certain actions to reduce risk factors and enhance protective factors. These involve considering the role of an institution's policies, climate, culture and norms.

A major risk factor is that screening processes, used to exclude unsuitable people from joining organisations, are not as effective as widely believed (Erooga et al., 2012a). This is because many perpetrators either have no criminal history or their history does not include sexual offences, meaning they would pass through a criminal background screening process (LeClerc & Cale, 2015).

A lack of clearly defined policies, or variability in the comprehensiveness and appropriateness of child-safe policies, also facilitates child sexual abuse in institutions. In the US, for example, each state has a different definition of 'coercion involving the misuse of authority', and therefore handles

sexual abuse cases differently (Weiss, 2002). This is particularly problematic as there is a gap between research and policy regarding child sexual abuse prevention (Quadara et al., 2015).

Rather than focusing solely on individuals, risk management needs to address environmental factors (Beyer et al., 2005), in what is generally referred to as a situational prevention approach. Research shows that certain characteristics of an institution can increase the risk of staff members committing sexual crimes against children. These characteristics may include the physical condition of the facility, child safety policies and procedures, the training and supervision of staff, and also the less tangible risk factors of institutional culture and environment. It is also important to consider the impact of the power differential between institutional staff or volunteers and the children in contact with the institution.

Organisational culture was cited as a key contributory factor in a significant number of recent inquiries into institutional child sexual abuse in the UK. A proportion of perpetrators surveyed stated that the culture of the organisation in which they offended did not proactively promote child welfare (Erooga et al., 2012a).

Implications for policy and practice

Overall, the literature reflects the promising nature of prevention strategies and policy initiatives for enhancing child safety. Prevention strategies span the continuum from awareness training directed at individual parents or staff members to more systematic, institution-wide efforts to identify and ameliorate environmental or situational conditions that allow child sexual abuse to occur.

In a complementary fashion, the design and implementation of key safety policies foster child safety by helping to establish clear professional boundaries, acceptable practices, and mechanisms for identifying and reporting inappropriate behaviour that places children at risk.

Prevention and policy initiatives should target the types of abuse inhibitors that Finkelhor (1984) refers to in his Four Preconditions model for understanding the conditions under which child sexual abuse can occur. The literature also highlights a compelling need to increase investment in prevention and policy initiatives as well as to better tailor such efforts to the needs and characteristics of particular institutional settings to maximise their effectiveness.

A striking feature of this review is that many of the actions described in the literature aim to implement protective systems and processes more rigorously, thoroughly and consistently.

Another major conclusion that can be drawn from this review is that greater attention should be paid to the quantity and quality of research related to child sexual abuse in institutions. Systematic research programs should be tailored to various types of institutions and address key areas of concern, such as identifying risk and protective factors, promoting early disclosures and improving prevention program outcomes.

At the same time, it is important to advocate for more methodologically sound investigations of child sexual abuse in institutions. This includes a greater diversity of study approaches, more quantitative as well as qualitative studies, and approaches with greater generalisability.

The most important action that institutions and those who work in them can take is to become familiar with the key literature contained in this review. They should consider their practices in light of the information contained in this literature, and act accordingly to maximise children's safety. It is incumbent upon institutions to not only subscribe to these strategies as a matter of policy, but to ensure that their staff adheres to these principles as a matter of routine practice on a daily basis.

In summary, the literature shows the best way to reduce the risk of institutional child sexual abuse is to avoid dangerous practice rather than attempt to screen out allegedly dangerous people. Effective prevention is predicated on creating a positive, open and inclusive organisational culture in which the safety of children is paramount. This culture should be led by senior management and wholeheartedly endorsed and owned by staff at all levels.

1 - Introduction

The scope of the report

Within a social ecological approach to understanding how child sexual abuse occurs in institutional settings (Bronfenbrenner, 1979) there are three key areas of influence:

- characteristics and behaviour of perpetrators
- characteristics of victims
- characteristics and dynamics of institutional settings in which abuse occurs.

A range of studies discuss each of these factors. Some discuss the characteristics and motivations of perpetrators of child sexual abuse, including demographic and psychological risk and protective factors, as well as offending trajectories and methods of perpetration (Whitaker, Le, Hanson, Baker, McMahon, Ryan, Klein & Rice, 2008; Smallbone, Marshall & Wortley, 2008; Colton, Roberts & Vanstone, 2010; Sullivan & Beech, 2002, 2004; Leclerc, Proulx & McKibben, 2005; Leclerc, Wortley & Smallbone, 2011; Moulden, Firestone & Wexler, 2007; Elliott, Browne & Kilcoyne, 1995).

Other studies investigate victims' characteristics and the interactions between victim and perpetrator that lead to sexual abuse. These include discussion of risk factors for vulnerability to sexual abuse victimisation, such as age, gender, low levels of self-esteem and confidence, previous sexual abuse victimisation and history of other maltreatment or neglect. Investigation of the interaction between victim and perpetrator includes the role of victim resistance and effective strategies for resistance (Leclerc, Wortley & Smallbone, 2010; Kaufman et al., 1998).

Several studies have emphasised the importance of identifying and modifying features of the physical and organisational environment that may contribute to child sexual abuse – such as through risk assessments of the physical or built environment, and implementing behavioural codes of conduct (Sullivan & Beech, 2004, 2002; Sullivan, Beech, Craig & Gannon, 2010; Moulden et al., 2007; McAlinden, 2006; Colton & Vanstone, 1998; Erooga, 2009; Erooga, Allnock & Telford, 2012b; Smallbone et al., 2008; Shakeshaft, 2004).

Research into child sexual abuse in institutional contexts investigates a range of environmental factors affecting perpetrators and victims in ways that may increase the likelihood of child sexual abuse. Certain approaches to mitigating the effects of these environmental factors draw on situational crime prevention theory.

Wortley and Smallbone (2006) summarise situational crime prevention as the examination of the immediate behavioural setting to identify factors that encourage or permit sexual abuse. Empirical evidence increasingly indicates that sexual offences against children are significantly aided by opportunities and other environmental conditions (Wortley & Smallbone, 2006, p 6).

These approaches are not limited to the physical or built environment, but incorporate consideration of multi-level frameworks covering the roles of the perpetrator, victim and

institutional setting. In doing so, these approaches may enhance understandings of how components of institutions, both individually and together, can contribute to child sexual abuse in those settings.

Additional models, also drawing on situational crime prevention theory, have investigated the phenomenon in more granular detail. In 2005, Kaufman and colleagues developed a model of situational prevention of child sexual abuse and subsequently aligned this more closely to institutional contexts (Kaufman, Tews, Schuett & Kaufman, 2012). This model, like the social ecological approach, considers victim and perpetrator characteristics, but also pays close attention to the situational or institutional setting. In particular, it identifies:

- perpetrator characteristics (perpetrator-level)
- victim characteristics (victim-level)
- target locations (institution-level)
- physical environment (institution-level)
- facilitators (institution-level)
- lifestyle and routine activities (institution-level)
- organisational climate and local community influences (institution-level).

Together, these components provide a more detailed understanding of how institutional settings, intersecting with victim and perpetrator characteristics, may facilitate child sexual abuse.

Aim

The purpose of this review is to synthesise and analyse international evidence of risk and protective factors for child sexual abuse in institutional contexts, using a social ecological lens.

Risk and protective factors relating to perpetrator, victim and institution may contribute to institutional child sexual abuse. We need to understand how risk and protective factors at each of these levels intersect and synergise in ways that contribute to the perpetration and continuation of institutional child sexual abuse. In what ways do these synergies inform us about prevention of, and responses to, child sexual abuse in institutional settings?

While the focus of this report is on institutions, in some instances it was important to include a broader discussion of child sexual abuse – to provide a context for institutional risk and protective factors. In other instances, it was useful to draw on the more general literature due to a paucity of findings specific to institutional child abuse. In all cases, efforts were made to indicate which piece of literature was being described, to ensure clarity.

The aim of this review is to analyse and integrate data on perpetrators, victims and institutional settings to help prevent, and ensure appropriate responses to, child sexual abuse occurring in institutions.

Research questions

1. What risk and protective factors are associated with children who are at increased vulnerability to child sexual abuse in institutional contexts?

Key considerations include:

- demographic characteristics
- psychological characteristics
- family characteristics
- peer relationships
- victimisation histories.

2. What risk and protective factors are associated with perpetrators of child sexual abuse in institutional contexts?

Key considerations include:

- demographic characteristics
- psychological characteristics
- relationship to victim
- perpetrator motivations
- offending trajectories.

3. What risk and protective factors are associated with institutional contexts?

Key considerations include:

- type of institution
- target locations
- physical environment
- facilitators
- lifestyle and routine activities
- culture.

4. Using a social ecological lens, what does a synthesis and analysis of the risk and protective factors collated in questions 1-3 above, tell us about how these factors intersect and synergise in ways that contribute to the perpetration and continuation of institutional child sexual abuse?

2 - Theory, methods and terminology

Terminology

Abuse in organisations

Often referred to as organisational or institutional abuse, this is abuse "… by an adult who works with children and who is employed in a paid or voluntary capacity; in the public, community or private sectors; in residential or non-residential settings; and who may work either directly with children or be in an ancillary role" (Gallagher, 2000, p 3).

Adult child sexual offenders

Individuals who are at least 18 years old and who sexually abuse children.

Child

A person under the age of 18.

Child sexual abuse

Sexual abuse perpetrated against someone under the age of 18.

Grooming

"A process by which a person prepares a child, significant adults and the environment for the abuse of this child. Specific goals include gaining access to the child, gaining the child's compliance and maintaining the child's secrecy to avoid disclosure. This process serves to strengthen the offender's abusive pattern, as it may be used as a means of justifying or denying their actions" (Craven et al., 2006, p 297).

Institution

A setting that provide services to children under 18 years of age, either directly or indirectly, paid or voluntary, where adults may work either directly with children or in an ancillary role (Gallagher, 2000), and where the organisation and those working with the children are responsible for the children's welfare or owe them a duty of care. Defined by the Royal Commission as "any organisation that was involved with children, including schools, sporting clubs, children's services, orphanages, foster care, residential care, religious organisations and government organisations" (see www.childabuseroyalcommission.gov.au for more details).

Institutional child sexual abuse

Child sexual abuse that has occurred within the context of an institutional setting.

Institutional grooming

The process that creates the illusion that the environment in which abuse occurs, or in which an abusive relationship is established, is safe for children and/or that individuals dealing with children in this environment are above reproach, when in fact they are child sexual abuse perpetrators.

Out-of-home abuse

A subsection of abuse in institutions that relates to situations where there is a specific relationship involving dependence by a child or young person on someone to fulfil parenting responsibilities – for example, in children's homes and foster placements.

Paedophile

Use of the term 'paedophile' has become widely generalised to include any adult male with a sexual interest in children. In the literature, definitions of paedophile varied between those that are inclusive and those that are exclusive (Beyer et al., 2005). The inclusive definition is an adult who has a conscious sexual interest in prepubertal children, either through actual sexual contact with them or masturbating to sexual fantasies involving children. Exclusive definitions use the term only where an adult has an enduring and often exclusive sexual interest in children (Finkelhor & Araji, 1986).

It is known that children also sexually abuse other children (Erooga & Masson, 2006). However, children and adolescents who behave in this way are not referred to as paedophiles and generally not as sex offenders. Note that references to child sexual abusers in this report relate to adult male perpetrators unless otherwise specified.

Perpetrator/offender

The person who has sexually abused a child in some way. 'Perpetrator' and 'offender' are used interchangeably.

Prevention

Efforts to increase protective factors, while reducing or eliminating risk factors in an effort to keep child sexual abuse from happening (also known as 'primary prevention').

Protective factors

Individual characteristics, environmental circumstances and other factors that *decrease* the probability of child sexual abuse when present.

Risk factors

Individual characteristics, environmental circumstances and other factors that *increase* the probability of child sexual abuse when present.

Screening

Testing using profiling, or psychometric or psychological models or scales, to identify particular traits or the potential for particular behaviours. The term is also commonly used in the literature to describe the process of checking applicants for criminal history or other relevant information. The latter is referred to in this review as 'vetting' (see below) unless referring to specific sources where the term 'screening' is used. It will be clear from the context what is being referred to.

Selection and recruitment

A range of processes used to identify the best person for a particular job, including qualification checks, testing at assessment centres (for example, through role play, job-related exercises and psychometric testing), interviews and seeking references.

Sexually abusive behaviour

Any sexual activity prohibited by law, sexual activity between a child and an adult or older person (five or more years older), or non-consensual sexual activity between children.

Situational prevention

Preventive efforts focused on reducing child sexual abuse risks related to environmental factors (such as isolated classrooms), risky situations (such as one-to-one private sports coaching), and policies (such as where policies are non-existent or outdated).

Value based recruitment

An interview process designed to systematically assess the values, motives, attitudes and behaviours of those who apply for jobs in organisations that work with, and for, children. Applicants are assessed against a clearly defined framework, based on the values of the organisation.

Vetting

A pre-employment suitability check for workers and volunteer applicants. At a minimum it involves a criminal records check, but may involve contacting previous employers or workplaces.

Victim

In this reviews, the term 'victim' refers to a child or young person who has experienced sexual abuse. However, the authors acknowledge concerns about the disempowering nature of the term and the value of using the term 'survivor' in other contexts.

Young people with sexually harmful behaviours

People under the age of 18 whose behaviour is abusive or sexually inappropriate in a way that is harmful to others

Theories

In considering the victimisation of children in institutional settings, a number of theoretical frameworks are relevant. These frameworks offer insights to enhance our understanding of child sexual abuse perpetration as well as fostering the development of well-grounded prevention initiatives. Finkelhor's Four Preconditions of Child Sexual Abuse model (1984) suggests that four preconditions must be present for child sexual abuse to occur. First, the perpetrator must be motivated to commit child sexual abuse. Second, the perpetrator must overcome any internal inhibitors that he or she possesses, such as the belief that child sexual abuse harms a child. Third, the perpetrator must overcome external barriers, such as adult supervision to gain access to the child and perpetrate the abuse. Fourth, the perpetrator must overcome victim resistance – for example, from children who know that others shouldn't touch their 'private parts'. Finkelhor's model provides a framework for organising knowledge obtained from studies of institutional child sexual abuse risk and protective factors. It provides directions for developing prevention strategies that can be tailored to address particular preconditions. (The model is described in greater detail in Section 3.)

The World Health Organisation (WHO) promotes the use of a public health approach or public health theory to addressing sexual violence (World Health Organisation, 2010). This approach is described as an evidence-based, four-step systematic process that involves:

- defining the problem
- investigating why the problem occurs
- exploring approaches to prevent the problem
- disseminating information to describe the program's effectiveness and the scale of its implementation.

In the WHO's public health approach, prevention is characterised as primary, secondary or tertiary. Primary prevention is designed to address factors that may lead to violence, stopping it before it occurs. Secondary prevention involves more immediate responses to violence (such as treating sexually transmitted diseases after a rape). Tertiary prevention strategies focus on long-term care with a goal of minimising trauma to survivors and reducing perpetrators' likelihood of recidivism.

More circumscribed theories can also be of value in considering the victim-related dimensions of child sexual abuse in institutions. For example, conceptualisations of offenders' patterns of perpetration or modus operandi (Sullivan & Quayle, 2012; Kaufman & Patterson, 2010; Kaufman, Mosher, Carter & Estes, 2006; Leclerc, Proulx & McKibben, 2005) can also be useful for constructing a robust prevention response to institutional child sexual abuse. Modus operandi describes an offender's behaviour intended to facilitate abusive acts and reduce the chances of detection in the time prior to, during and following child sexual abuse (Kaufman et al., 1998). Conceptualisations of modus operandi are particularly relevant and offer great promise in helping to prevent institutional child sexual abuse due to the observable nature of offender behaviours, the way in which these behaviours help identify specific areas of victim vulnerability and the ability to directly translate areas of vulnerability into prevention strategies (such as recognising that offenders may target

sports changing rooms and so enhancing the supervision and restricting adult access). (See Section 6 for a more detailed discussion of modus operandi.) Child development theories (Feldman, 2015) may be particularly useful for creating a better understanding of how offenders' strategies exploit children's immaturity in social, emotional, cognitive and interpersonal functioning. They can also ensure that prevention initiatives are appropriate to children's developmental capabilities at different ages.

Finally, situational prevention theories can provide a lens for better understanding child sexual abuse in institutions and serve as a foundation for prevention strategies (Bullock, Clarke & Tilley, 2010; Clarke, 1995; Cornish & Clarke, 2002). Situational prevention theories typically focus on environmental factors, risky situations, organisational climate and policy-related issues. Of particular relevance is situational prevention theory intended to address sexual violence (Kaufman et al., 2012; Kaufman, Hayes & Knox, 2010; Wortley & Smallbone, 2006). Kaufman's Situational Prevention Approach (Kaufman et al., 2012) calls for key informants to brainstorm risks in areas germane to the identification of concerns that may underlie child sexual abuse (for example, identifying the characteristics of at-risk children and routine activities that may involve risk). Leclerc, Smallbone and Wortley (2013) have also used a situational prevention framework to explore the roles of guardianship, routine activities and the characteristics of settings in child sexual abuse, linking findings to the behaviour of both victims and perpetrators. In her article on prevention in youth-serving organisations, Wurtele (2012) describes situational factors related to organisational culture, staff screening and supervision, and staff educational gaps.

Literature review methodology

This section describes the methodology used to develop this literature review for the Royal Commission. The review focuses on risk and protective factors related to child sexual abuse in institutions.

Definition of institution

The Royal Commission's broad definition of 'institution' guided the review. In the context of the Royal Commission, an institution is "any organisation that was involved with children, including schools, sporting clubs, children's services, orphanages, foster care, residential care, religious organisations, and government organisations" (see www.childabuseroyalcommission.gov.au for more details).

Identification of comprehensive search terms

To define search terms for this literature review, the project team first identified a broad range of relevant terms. The project directors sought relevant search terms from their previous research and literature reviews. A team of eight graduate and undergraduate research assistants spent a week reviewing research and practice articles relevant to child sexual abuse.

The team created an integrated list of potential search terms and sent it to a number of professionals in the field in the United States (US) (including members of the US National Prevention Science Coalition to Improve Lives), the United Kingdom (UK) (including the those working for the UK National Organisation for the Treatment of Sexual Abusers) and Australia in an attempt to solicit additional search terms. The research librarians for the National Sexual Violence Resource Center (US), the National Children's Advocacy Center (US) and the Australian Institute For Family Studies were also asked to suggest search terms. The final list of search terms for the project is provided in Table 1 (p. 131).

Identification of research databases

In conducting a preliminary review of the literature to identify key search terms, the project team was also able to identify the most promising databases to target for the project. Literature databases were selected based on estimates of their ability to yield useful research, and practice articles and documents. These databases were then used as a guide to ensure the literature review was as broad as possible.

The research assistants first completed a general search of the literature using the identified 'high-yield' databases. The research assistants were then divided into three teams, each focused on one of the three core review areas: institutional child sexual abuse perpetrators, child sexual abuse victims or institutions. Each team was asked to use the relevant search terms within all of the identified databases to ensure an adequate breadth of coverage for their review efforts. See Table 2 (p. 133) for a list of key databases used in the review.

Literature review process

A series of independent literature reviews was conducted using the search terms and key databases identified by the project team. The Royal Commission's definition of 'institutional child sexual abuse' was used as the criterion for selecting documents relevant to this project.

Eight research assistants independently spent a week identifying literature relevant to the project. Three assistants spent the first week specifically looking for 'grey literature', which included all non-refereed journal articles and other related documents (for example, books, book chapters, dissertations, agency and program reports, program evaluations, and commission and investigation reports). The other five assistants searched for refereed articles that had been published. Citations for all identified literature were uploaded into a shared Google Drive document that served as the project master document list.

The research assistants were then divided into three teams, each of which spent multiple weeks finding literature related to institutional child sexual abuse in one of three core areas: victims, perpetrators or institutions. They added the identified literature to the project master list and scanned the reference section of each article or document for additional citations to include in the review.

At the same time, independent literature reviews were conducted by research librarians from the Australian Institute of Family Studies, the National Children's Advocacy Center (US), the National Sexual Violence Resource Center (US) and the National Society for the Prevention of Cruelty to Children (UK). Each used the key search terms and databases identified at the outset of the project. The project directors and project consultants in the US, UK and Australia solicited additional suggestions for articles and documents to include in the review from key professionals and organisations. Finally, the project directors reviewed lists of references from their past literature reviews, research and writing projects to identify any additional published and grey literature for inclusion in the review.

Inclusion and exclusion criteria

As already noted, the parameters for this literature review were set by the Royal Commission, with a primary focus on literature relevant to risk and protective factors related to child sexual abuse committed in institutions. As such, inclusion criteria included:

- publication in a professional journal
- information from grey literature such as organisational reports, dissertations and government reports
- addressing risk factors related to institutional child sexual abuse
- addressing protective factors related to institutional child sexual abuse
- information on subjects related to institutional child sexual abuse, such as patterns of perpetration or modus operandi, and prevention
- primarily published between 2000 and 2016
- written in the English language.

A number of exclusion criteria were also used to maintain the focus of the project within the Royal Commission's guidelines. These include:

- literature addressing victims of non-institutional child sexual abuse
- literature involving perpetrators of non-institutional child sexual abuse
- documents pertaining to institutional child sexual abuse that were published prior to 2000
- literature describing the assessment and treatment of victims or perpetrators of institutional child sexual abuse.

It should be noted that the exclusion criteria were not applied in an absolute fashion. For example, where necessary, some aspects of the general child sexual abuse literature were included to help contextualise discussion on particular topics. Some critical studies published prior to 2000 were also included, especially in areas where the amount of literature was limited. Additionally, a number of articles published prior to 2000 were included due to their unique nature or the fact they covered areas of investigation not found elsewhere in the literature.

Summaries of pertinent literature

An expanded team of 11 undergraduate and graduate research assistants assumed primary responsibility for completing a structured summary for each of the identified published articles and grey literature documents. Not intended for publication or distribution, these summaries included information from sections of the source documents that would support the writing phase of the literature review. The summaries provided information on the documents' goals, methods (where applicable), findings, recommendations, limitations and pertinence to this project.

Drafting core sections

Under the supervision of the project directors a number of the graduate students working on this research project developed initial drafts of the three core sections of the literature review, on victims, perpetrators and institutional setting. Efforts were made to ensure consistency across the three sections by using subheadings that reflected the areas most salient to the literature review goals, such as Risk Factors, Protective Factors, Prevention, Critique and Recommendations. Given the breadth and scope of literature on institutions, the section on this topic was divided by the type of institutional setting (for example, healthcare or out-of-home care), with attention also directed to key processes such as screening and prevention approaches.

Finalising and ensuring ecological validity

Initial drafts of the three core sections were reviewed and edited by both project directors to ensure quality, clarity and comprehensiveness. These sections were then sent to the project consultant at the Australian Institute of Family Studies, who has extensive experience in this area and has previously authored a published review article related to child sexual abuse in institutions. He was asked to review these sections to offer editorial input to improve clarity and flow, and provide suggestions for other literature that would enhance the review. The project directors then responded to project consultants' suggestions, resulting in a final draft of the literature review. This final draft was returned to the consultant for a second review focused on ensuring applicability to key Australian issues and opportunities – that is, its ecological validity. The project directors revised the document in response to the consultant's suggestions prior to submitting the draft to the Royal Commission. Edits and modifications requested by the Royal Commission reviewers were then incorporated by the project team before the final literature review was submitted.

The structure of this literature review

As previously mentioned, the primary focus of this literature review is institutional child sexual abuse risk and protective factors. With this in mind, the review is divided into sections focused on victims, perpetrators and specific institutional settings (such as abuse in faith-based settings, youth sports and schools). The offender and institutional sections include an evidence-based description of offenders' grooming processes (or modus operandi). The intent here is to provide both a clearer picture of what we know about the breadth of offenders' modus operandi and how different institutional contexts shape offenders' grooming behaviours. Details regarding the limitations

associated with each area of the three sections are presented, as are recommendations for next steps to enhance work in these critical areas. Prevention recommendations have been added to the institutions section to reflect directions suggested in the literature. The final section of this report provides conclusions as well as overarching recommendations inspired by the body of review literature for actions to enhance children's safety.

Despite the focus on institutional child sexual abuse, there are instances throughout the review where it was important to include a broader discussion of child sexual abuse. In some cases, this was necessary to provide a context for institutional risk and protective factors. At other times, it was useful to draw on the more general literature to highlight a paucity of findings specific to a particular facet of institutional child abuse. In all cases, the project team tried to clearly indicate whether findings were reflective of the literature on institutional child sexual abuse specifically or child sexual abuse generally. Where the word 'institutional' is not used in describing child sexual abuse in this report, it can be taken to mean child sexual abuse generally.

It is also important to recognise that this review encompasses what could be best described as a series of related literatures, rather than a single, integrated body of literature. A close examination of identified literature specific to victim, perpetrator and institution reveals quite distinct texts with little overlap and minimal cross-referencing. Additionally, articles describing child sexual abuse in various types of institutional settings are also highly 'siloed'. The separate nature of these research sub-areas is an important dimension for understanding the strengths and weaknesses of the available literature. As such, every effort was made to present all of the available studies (and grey literature) for each sub-area, to accurately portray the scope of available research. In some instances, this commitment to transparency does, however, give the appearance of duplicated findings across institutional sub-areas (such as youth sports, schools and youth-serving institutions). This should not be considered a redundancy but rather a reflection of studies yielding similar findings across parallel research endeavours concerning different institutional sub-areas.

Finally, efforts have been made to ensure the review is helpful for both professionals interested in just a few sections and those for whom the full scope of the report is relevant. Chapters and sub-areas discussing specific institutional settings have been written to be largely self-contained, to foster a fuller understanding of their findings and implications. At the same time, duplication of information related to recommendations and prevention directions has been minimised. Additionally, the final section of the document focuses on the big-picture conclusions and recommendations to complement suggestions in certain sections and sub-sections.

3 - Risk and protective factors for victims of institutional child sexual abuse

Children and adolescents throughout the world spend a significant amount of time involved with organisations and institutions outside the home (Kaufman et al., 2012). These institutions provide children with out-of-home placements, medical care, opportunities for involvement in organised sports and leisure activities, spiritual enrichment, academic development or even remediation for crimes they have committed. While there are no comprehensive estimates of the incidence of child sexual abuse across institutions, the data on which this study is based indicates there is reason for continuing concern.[6]

Over time, research in the field has identified risk factors that increase the likelihood of a child becoming a victim of sexual abuse. This section will review a range of risk factors including gender (Finkelhor & Baron, 1986), age (Bohm et al., 2014) and disability status (Caldas & Bensy, 2014; Higgins, 2001; Robinson, 2015). It begins by considering risk factors related to individual and family characteristics, and concludes with a discussion of setting-based risk factors.

Individual and family risk factors

Gender

While the predominant gender of victims in specific settings is affected by the characteristics of the setting, research indicates that a majority of child sexual abuse victims are female. For example, in a sample of eight random community sample surveys, Finkelhor and Baron (1986) found that 71 per cent of the identified child sexual abuse victims were female. Regarding institutional child sexual abuse specifically, Faller (1988) reported that 62 per cent of sexually abused children in a day care (nursery) setting were female; while Leahy, Pretty and Tenenbaum (2002) found that females participating in organised competitive sports were at twice the risk of being sexually abused as males (for both elite and youth sports). However, there is concern that the rates of disclosure, while minimal for both genders, may be disproportionately low for boys. This may be due to the way males are socialised, the fact that they may not recognise certain sexual acts as abusive, their propensity to downplay the impact of abuse, and their outright denial that abuse has occurred to avoid social stigma, particularly when the offender is also male (Alaggia & Millington, 2008; Fondacaro, Holt & Powell, 1999; Holmes, Offen & Waller, 1997; Holmes & Slap, 1998; Love, 2016; Parent & Barron, 2012).

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[6] Since there is a paucity of studies on institutional child sexual abuse and they tend to be institution-specific, efforts have been made to include all studies relevant to a particular section. At times, this results in a discussion of the same key area (such as grooming risks) in more than one section.

Male under-reporting of child sexual abuse is particularly pronounced in youth sports, where gender stereotypes and expectations for hyper-masculinity are especially pronounced (Hartill, 2005). That said, there are instances where males may be at greater risk of child sexual abuse and are willing to be more forthcoming in reporting abuse. For example, in a review of four studies of over 250 deaf children conducted between 1983 and 1987, up to 54 per cent of boys and 50 per cent of girls reported that they were victims of child sexual abuse (Sullivan, Vernon & Scanlan, 1987), a difference that is markedly higher than usually reported within other populations.

Similarly, in cases involving the Catholic Church, research indicated that male adolescents were at greater risk of sexual victimisation (Bohm et al., 2014), possibly due to the preponderance of young males in contact with members of the clergy – for example, as altar boys (Terry & Freilich, 2012). It is important to note that the Royal Commission's Interim Report indicated that a majority of victim/survivors who have attended private sessions at the Royal Commission were male (Royal Commission into Institutional Responses to Child Sexual Abuse, 2014), although the self-selecting nature of this sample should be noted.

Age

A child's chronological age has been identified as a risk factor for sexual abuse victimisation generally. Where institutional child sexual abuse is concerned, the age at which abuse starts seems to vary according to the type of institutional setting. This may be related to the fact that children use different types of institutions at different developmental stages (for example, childcare when younger, and residential camps during teenage years). For example, one study of abuse by members of the clergy in church settings found that sexual abuse started when the children were aged between nine and 15 (Isley et al., 2008). In the John Jay College study of abuse by members of the clergy, the victims were mostly aged around 12, and more than 40 per cent of all victims were males between the ages of 11 and 14 (Terry & Freilich, 2012). The John Jay College study reflected data on the sexual abuse of children by 99 per cent of diocesan priests and 83 per cent of religious priests who abused minors between
1950 and 2002.

A review of 244 cases of staff–student sexual misconduct by *Education Week* found that students were aged 14 or older in more than 66 per cent of cases (Hendrie, 1998). A study of abuse by perpetrated by Canadian teachers found that 60 per cent of victims were aged 12 or over (Moulden et al., 2010).

By contrast, a sample of 159 cases of sexual abuse in youth sports settings showed that abuse started when victims were aged between nine and 21 (Brackenridge et al., 2008). Of 1150 Norwegian deaf adults, 134 men and women reported sexual abuse (Kvam, 2004). This Norwegian sample indicated that their sexual abuse began when they were aged between three and 15 (Kvam, 2004). This paralleled reported instances abuse in childcare settings in the United States (US), which began when victims were aged between three and 15 (Faller, 1988).

Prior history of maltreatment and mental illness

Historically, the most common risk factors associated with child sexual abuse victimisation are a history of prior sexual victimisation (Bohm et al., 2014; Feldman, Mason & Shugerman, 2001; Gallagher, 1999), a history of other forms of maltreatment (Higgins & McCabe, 1994) and a prior history of mental illness (Bohm et al., 2014; Feldman, Mason & Shugerman, 2001).

Disability status

Evidence suggests that approximately 650 million people around the world have a disability (United Nations, nd), constituting the largest minority of any kind. A disability is defined as any impairment, limitation or restriction with duration of more than six months and that interferes with everyday activities (Australian Bureau of Statistics, 2004). This can encompass a broad range of limitations including, but not restricted to, physical impairments (such as hearing loss), mental impairments (such as depression) and cognitive impairments (such as traumatic brain injury) (Australian Institute of Health and Welfare, 2004; Papworth Trust, nd; United Nations, nd). In Australia, about 20 per cent of the population have a disability, with rates almost equal for males and females (ABS, 2004). US Census Bureau statistics from 2010 indicated that approximately 19 per cent of Americans had a disability (US Census Bureau, nd) with a similar rate of 19 per cent reported for UK residents (Papworth Trust, nd).

Rates of disability tend to be lower among children than among adults: 15 per cent in the US, 7 per cent in the United Kingdom (UK) about 8 per cent in Australia (Australian Institute of Health and Welfare, 2004; Boyle et al., 2011; Papworth Trust, nd). More boys than girls have a disability – in Australia, twice as many boys as girls (Australian Institute of Health and Welfare, 2004).

Higgins (2010) suggested that the presence of any disability leads to a higher risk of sexual victimisation, with multiple disabilities increasing the probability of abuse even further. Higher rates of sexual victimisation are associated with intellectual disabilities, behavioural disorders and communication disorders (Higgins, 2010). For example, Sullivan and Knutson (2000) found that children with intellectual disabilities were four times more likely to be sexually assaulted compared with children who did not have a disability. A comprehensive review of the literature further identifies disabilities as a significant risk factor for all forms of child abuse and neglect (Black, Heyman & Smith Slep, 2001a, 2001b; Black et al., 2001). This finding is supported by a broad range of studies in the literature (Caldas & Bensy, 2014; Chamberlain et al., 1984; Gallagher, 1999; Kvam, 2004; Shakeshaft, 2004; Sobsey & Doe, 1991).

An especially strong connection between learning or intellectual disabilities and child sexual abuse is also noted in the literature. Based on interviews with 116 students attending special education classrooms, Briggs (2006, cited in Higgins, 2010) found sexual abuse rates were up to seven times higher than for children who did not have disabilities. School counsellors reported that 44 per cent of the girls with learning disabilities were substantiated victims of child sexual abuse; boys were abused at a similar rate; only about 33 per cent of female victims reported the abuse; and more than half of the perpetrators (54 per cent) were local teenagers (Briggs, 2006). Further, a review of the literature on the incidence of child sexual abuse of deaf children concluded that 54 per cent of deaf

boys report having been sexually abused compared to 10 per cent of non-deaf boys, and deaf girls are twice as likely as non-deaf girls to report abuse (Sullivan, Vernon & Scanlan; 1987). Similarly, Kvam (2004) noted that deaf children were two to three times more likely to report sexual abuse than non-deaf children. Finally, when children with disabilities are sexually victimised, the experience can significantly affect their mental health (Mepham, 2010; Reiter, Bryan & Shachar, 2007).

Robinson (2015) discussed risks related to children's disabilities from a social ecology perspective and with a view towards the rollout of the Australian National Disability Insurance Scheme (NDIS). It is anticipated that the NDIS will provide people with disabilities, including children, a greater degree of control and more choice about how they use government funds to meet their everyday needs and live their lives consistent with their own vision (Family & Community Services, nd). Robinson's (2015) social ecological perspective focuses on the types of systemic resistance to change and the multi-dimensional nature of problems faced by children who are victims of abuse, with the aim of offering approaches that will foster a more effective application of the NDIS for this population. She observed that the current system often fails to include a systemic perspective that recognises the complex factors (for example, social, cultural and political) underlying the root causes of abuse factors (Brown, 2004; Marsland et al., 2007; Mepham, 2010). Further, she pointed out how the lack of agency accorded children with disability contributes to their vulnerability to abuse (Daniel, 2010; Tisdall, 2012).

Considering institutional child sexual abuse, Robinson (2015) argued that existing environmental and structural conditions perpetuate abuse, make it difficult to punish offenders and keep children with disability at risk. In particular, she identified risks at the interpersonal level related to children with disability who:

- are in institutions where they and their families have little control over their daily activities (Marsland et al., 2007; Sobsey, 1994)
- are expected to be compliant and well behaved (Fitzsimons, 2009)
- have problems with communication that make it difficult for them to report their abuse (Gore & Janssen, 2007).

At the environmental level, Robinson (2015) pointed to inadequate parent training, which keeps them from addressing their child's behavioural needs (Reiter et al., 2007), as well as a lack of support for parents to adequately care for their disabled child's complex needs (Shannon & Tappan, 2011). Robinson (2015) also pointed to evidence suggesting that these circumstances create environmental factors that have been linked to a risk of abuse; namely, clustering high-risk children together, isolating children and requiring compliance from them, while emphasising control (Fitzsimons, 2009; Wardaugh & Wilding, 1993; White et al., 2003). When it comes to systemic levels, the risk of abuse increases when there is a large power imbalance between staff and children, a closed organisational culture that's resistant to 'unwelcome' information or change, and harsh behavioural interventions that make children overly compliant (Algood et al., 2011; White et al., 2003). Further, at the structural level, the impact of poor healthcare, poverty, inadequate housing and exposure to

violence may create the broader conditions that allow abuse to occur (Algood et al., 2011; Brown, 2011; Chenoweth, 2002).

Family risk factors

A number of family characteristics have been identified as risk factors for child sexual abuse. Peter (2009) suggested that children from families with a low socio-economic status are at greater risk of sexual abuse victimisation. This may be due to the fact that these families have access to fewer resources and often include parents who work multiple jobs, leaving children to spend more time in the care of others. In a sample of children who were abused while in a hospital setting, Feldman, Mason and Shugerman (2001) identified risk factors that included parental mental illness, parental substance abuse, legal problems and vindictiveness against medical service providers. In a study of the sexual abuse of girls, Finkelhor and Baron (1986) identified greater risk when the girls lived without their biological father, had a mother who was employed outside the home, had a mother with disability, had witnessed conflict between their parents and/or had reported a poor relationship with one of their parents. An uninvolved father has also been identified as a familial risk factor for boys. This was particularly evident in cases of abuse involving the Catholic Church. It was suggested that these boys were especially vulnerable to abuse as a result of seeking attention from a priest or other male church staff member, who they saw as a potential replacement for their absent father (Fater & Mullaney, 2000; Isley et al., 2008).

Setting-based risk factors

Using a situational crime perspective, research has determined that certain characteristics of an organisation can increase the risks of staff committing sexual crimes against children. These can include the physical condition of the facility, child safety policies and procedures, the training and supervision of staff, and also the less visible risk factors of agency culture and environment. It is also important to consider the impact of the power differential between those with ascribed status and others within an organisation or setting.

The amount of time a young person spends in a particular institution, or their degree of involvement in that organisation, may also be risk factors for child sexual abuse. Studies demonstrate that when young people spend a significant amount of their time in institutional settings, their vulnerability to victimisation increases significantly (Brackenridge, 1994; Carr et al., 2010; Wolfe et al., 2003). This may be due to the amount of time they invest in building relationships with peers and staff within the organisation and how potential perpetrators can exploit the importance of these relationships (Wolfe et al., 2003). Similarly, young people who feel that their involvement in an organisation is mandatory (for example, when an after-school program or activity is their only option) are more likely to be harmed (Carr et al., 2010; Wolfe et al., 2003). Moreover, these same children may also find it more difficult to disclose abuse by someone affiliated with the organisation (Wolfe et al., 2003). It is also important to consider the impact of the power differential between young people and institutional staff as a factor in child sexual abuse (Bohm et al., 2014; Wurtele, 2012; Carr et al., 2010; Fater & Mullaney, 2000; Wolfe, Francis & Straatman, 2006; Wolfe et al., 2003). The role of

authority figures in institutional settings, and their inherent power over children, can influence a child's ability to identify and resist abusive advances and the likelihood of disclosure after the abuse has occurred (Wolfe et al., 2003).

Note that no protective factors were identified for this section on victims.

Critique

The research on child sexual abuse risk and protective factors in society in general suffers from several methodological limitations also applicable to institutional child sexual abuse. Perhaps most significant are issues related to the limited generalisability of study findings. An overall lack of empirical research in this area due to the difficulty of studying a phenomenon such as child sexual abuse – which is reliant on retrospective data and has significant ethical limitations – also represents a significant barrier (Hartill, 2005; Love, 2016). Details regarding these concerns are outlined below.

The generalisability of findings is influenced by several limitations including under-reporting, the selective involvement of participants and the small number of participants in most studies. First, as with all forms of sexual abuse, child sexual abuse is significantly underreported (Bohm et al., 2014; Finkelhor & Baron, 1986; Leahy, Pretty & Tenenbaum, 2002; Shakeshaft, 2004). This limits the focus of investigation to reported and substantiated claims of child sexual abuse (Abner, Browning & Clark, 2009; Benedict et al., 1994; Rassenhofer et al., 2015; Wolfe, Francis & Straatman, 2006). As a result, descriptions of victim characteristics, risk factors and protective factors can only be drawn from reported instances of sexual abuse and may not be representative of all child sexual abuse victims (Finkelhor & Baron, 1986).

Due to the highly sensitive nature of child sexual abuse, self-selection of participants in study samples is likely to be problematic (for example, Carr et al., 2010; Colton, Vanstone & Walby, 2002; Leahy, Pretty & Tenenbaum, 2002; Shakeshaft, 2004). Self-selection influences the representativeness of the sample by potentially restricting participants in systematic ways – for example, by including older, more verbal victims, or those with shorter or less severe history of child sexual abuse.

Additionally, many studies on child sexual abuse victims have small samples, perhaps due to these issues (for example, Fater & Mullaney, 2000; Leahy, Pretty & Tenenbaum, 2002; Shakeshaft, 2004; Isely et al., 2008). Leahy, Pretty and Tenenbaum (2002) reported a response rate of only 18 per cent when investigating issues related to child sexual abuse victimisation. Small sample sizes greatly reduce the power of statistical analyses to identify significant differences. As a result, important findings may be overlooked.

Another concern with the existing literature that can affect the generalisability of findings is the selection of participants for study. Rather than systematically examining well-defined groups of victims, most studies used 'convenience samples', including any victims available and willing to participate, in a setting of interest – for example, a hospital (Feldman, Mason & Shugerman, 2001) or out-of-home care (Green, 2005). While convenience samples provide researchers with the ability to better understand institutional child sexual abuse in specific institutional settings, it makes

comparisons across studies difficult. Finally, when conducting research with children there are the limitations of parental consent, and parents or guardians providing information about their children's child sexual abuse (Johnson, 1996; Tutty, 2014). Many parents are unwilling to give consent to studies that would expose their children to questions that may prompt unpleasant or traumatic memories. In other cases, parents or guardians are asked to provide information on the child sexual abuse to spare children the possibility of 'secondary trauma' (for example, Caldas & Bensy, 2014). This approach may, however, result in parents providing information that is subtly biased, incomplete or inaccurate.

Child sexual abuse also often occurs within the context of other child maltreatment or victimisation experiences. Methodologically it is difficult to separate the contributions of child sexual abuse from the broader familial and environmental context. This means the characteristics and consequences of institutional child sexual abuse may be in part related to the broader context of multi-type maltreatment or poly-victimisation (Higgins & McCabe, 2000; Finkelhor, Ormrod & Turner, 2007; Price-Robertson, Higgins & Vasallo, 2013; Price-Robertson et al., 2013).

A further major concern about literature in this area involves the reliance on retrospective data (for example, Carr et al., 2010; Fater & Mullaney, 2000; Finkelhor & Baron, 1986; Flynn, 2008; Kvam, 2004; Leahy, Pretty & Tenenbaum, 2002; Wolfe, Francis & Straatman, 2006), where adults are asked to recall their childhood sexual abuse experiences. While there are many important reasons for the preponderance of this approach (such as avoiding secondary trauma or the difficulty in gaining consent for children's participation), retrospective data may be compromised by inaccuracies and biases due to the influences of outside factors on memory. These factors include a participant's mood at the time of the event, recall of the event and perception at the time of the event, as well as the length of time between the event and recall of the event (Hardt & Rutter, 2004).

Finally, the use of inappropriate control groups, or no control groups at all, has greatly weakened research in this area (Beck, Harrison & Guerino, 2010; Carr et al., 2010). Often researchers 'made do' with any available children as a control group, similar to the group affected by child sexual abuse in some way, but this may not allow the research to control for other key differences that are known to impact outcomes for children. Studies with compromised or no control groups may miss important findings or conversely identify a finding that would not remain significant with a proper control group. Unfortunately, this limitation can perpetuate beliefs about the importance of risk factors that may actually be accounted for by some other explanation (such as living in poverty), or it may fail to recognise the importance of some other risk factor that, if identified, could be integrated into the design of new prevention programs.

Implications for practice

Most of the current research literature appropriately places the onus for prevention on adults and organisations, rather than on the children themselves. (See Section 5 on institutions for details.) At the same time, a number of authors have advocated for the provision of sexual abuse awareness education for young people as an important complement to prevention training parent for organisational staff (Johnson, 1996; Leahy, Pretty & Tenenbaum, 2002; Tutty, 2014). Several studies

have noted the positive effects of providing sexual abuse prevention education. For example, in an evaluation of the Who Do You Tell program, Tutty (2014) found that primary school children accurately recalled core sexual abuse concepts six months after completing the program. These concepts included information on appropriate and inappropriate touching and the identification of private parts (Tutty, 2014). In the same program, children were taught about sex offenders' grooming patterns and child sexual abuse facts to counter myths – for example, the greater likelihood that an abuser will be someone they know, as opposed to a stranger (Tutty, 2014). Finally, children were taught that they should always tell someone about the abuse, regardless of what they were instructed to do by the offender (Tutty, 2014). The outcomes for Johnson's (1996) Protective Behaviour program also supported the efficacy of enhancing children's awareness about abuse. Johnson (1996) used video vignettes to examine the effectiveness of the program for teaching children about safety across a variety of situations. The results of this evaluation indicated that those who completed the program were twice as likely to recognise fear in the children who were in a 'sexually unsafe situation' in the videos and were more likely to identify the sexually unsafe situation as sexual (Johnson, 1996). Importantly, 75 per cent were able to identify an escape strategy or articulate a firm response to the perpetrator and were more likely to indicate that they would tell someone after the occurrence of the sexually unsafe situation (Johnson, 1996).

Studies of institutional child sexual abuse have also explored concerns related to victims' involvement with the criminal justice system. The intent has been to find ways of reducing the impact of 'secondary trauma' associated with being involved with a criminal investigation. Colton, Vanstone and Walby (2002) found that victims viewed investigative practice as having little regard for the wellbeing of the victim, and instead primarily focused on fulfilling the needs of the criminal justice system. A concerning finding was the perceived callousness with which victims were approached, even years later, to talk about their abuse (Colton, Vanstone & Walby, 2002). Many participants reported the experience of traumatic memories resurfacing after being contacted without prior notice by police officers (Colton, Vanstone & Walby, 2002).

Social workers must also pay close attention to their role during investigations. The social worker should remain an advocate of the victim, prioritising the victim's needs and maintaining a role separate from the investigators (Fater & Mullaney, 2000). It has also been suggested that providing different options for reporting will facilitate the disclosure of abuse (Rassenhofer et al., 2015; Exton & Thandi, 2014), particularly in organisations where the role of authority and power differentials have been identified as barriers to the reporting of child sexual abuse (Bohm et al.; 2014; Carr et al., 2010; Fater & Mullaney, 2000; Wolfe, Francis & Straatman, 2006; Wolfe et al., 2003).

Possible ways to increase the reporting by, and protection of, victims include mechanisms for reporting outside the institutions in which the abuse occurred, providing easy access to the reporting process and encouraging anonymous reporting (Rassenhofer et al., 2015). Additionally, Shakeshaft (2004) concluded that one of the greatest barriers to victims disclosing child sexual abuse was a fear that they would not be believed. This highlights the need to send clear messages to children about the response they can expect in order to increase rates of reporting (Australian Institute of Family Studies, 2015). Children need to hear that child sexual abuse happens to far too many children, that it is never their fault, that they must disclose the abuse to protect themselves

and other children, and that they should keep telling adults until they get the help they need. Finally, Rassenhofer et al. (2015) recommended that legislation be created to strengthen victims' rights to privacy, foster more humane treatment of victims and encourage reporting.

Finally, there is a need to fund and support better quality research that addresses the concerns outlined in this critique. In particular, it will be important to address issues of generalisability, child participant recruitment, the reliance on retrospective research designs and the need for studies that include strong control groups. These improvements will, of course, need to continue to prioritise the welfare and wellbeing of children, avoiding strategies that may lead to secondary trauma.

4 - Risk and protective factors for perpetrators of institutional child sexual abuse

Research suggests that the modus operandi of perpetrators may differ between institutional contexts, as different settings provide different opportunities for, and facilitators of, abuse. Much of the literature addresses the modus operandi of perpetrators in schools, youth sports and church settings, and these are discussed in section 5.

This section considers what is known about those who commit child sexual abuse in institutional contexts, referred to as institutional child sexual abuse perpetrators. It focuses on background characteristics and risk factors, demographic differences, grooming methods and modus operandi, and concludes by offering recommendations for prevention strategies.[7]

Risk factors

When considering the prevention of institutional child sexual abuse it is helpful to begin with what is known about the background characteristics of perpetrators, as well as other risk factors that facilitate abuse. There is no profile of a 'typical' sex offender, and the presence of risk factors does not mean that a person will commit child sexual abuse (Jepersen, Lalumiere & Seto, 2009), nor does the absence of a risk factor indicate an absence of potential risk.

While this section focuses on background characteristics and risk factors for institutional perpetrators, it should be noted that some of the studies discussed focus on samples that do not comprise institutional offenders. Differences between institutional offenders are highlighted when necessary. As will be seen, there is no consensus in the literature about the significance of some key factors. This is likely due to the variation in offenders in different studies. For instance, a study of incarcerated offenders is likely, by virtue of comprising those sentenced to a term of imprisonment, to contain more serious or persistent offenders than studies of a community-based sample. Similarly, it should be noted that unless otherwise stated, the research addressed here relates to adult male offenders. This is due to the fact that there is limited data about young people who behave in sexually harmful ways generally; very limited data about female perpetrators of child sexual abuse generally (Stathopoulos, 2014); and also very limited data about both populations in institutional contexts specifically.

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[7] Since there is a paucity of studies on institutional child sexual abuse and they tend to be institution-specific, efforts have been made to include all studies relevant to a particular section. At times, this results in discussion of the same key area (such as grooming risks) in more than one section.

There are three categories of child sexual abuse perpetration: intrafamilial, extrafamilial and institutional. Intrafamilial offenders abuse children who they live with or are otherwise related to, such as children, step-children or cousins. Extrafamilial sex offenders abuse children who are not related to them, such as neighbours, family friends or children groomed online. Institutional sex offenders are a sub-category of extrafamilial offenders who abuse children that they have access to by virtue of working for, volunteering at, or otherwise being associated with a youth-serving organisation (defined here as an institution or organisation providing services to children, young people and their families, in a statutory or voluntary capacity). In general, risk factors for sexual offending include deviant sexual interest, distorted attitudes about sex, poor socio-affective functioning and poor self-management (Sullivan et al., 2010).

History of abuse

One of the most prevalent theories regarding child sexual abuse is that many sex offenders were themselves victims of sexual abuse (Jespersen, LaLumiere & Seto, 2009). There is some evidence within the institutional abuse literature to support this theory, showing that many male offenders have experienced sexual abuse, as well as other types of childhood trauma. In one sample of 23 incarcerated institutional child sexual abuse perpetrators, 18 offenders (78.3 per cent) reported having been a victim of child sexual abuse, and in only two cases (the equivalent of 11 per cent of this group) was their abuse discovered by somebody or disclosed to authorities (LeClerc & Cale, 2015). Further, and perhaps importantly, none of those reporting victimisation said they received psychological help (LeClerc & Cale, 2015). The difficulty of establishing consistency in reported rates of prior victimisation is indicated by the fact that Erooga, Allnock and Telford (2012) found that only 32 per cent, or six, of a sample of 19 convicted offenders had reported being sexually abused in childhood. In a study that examined and compared members of the clergy who had abused children with members who had not, more of the 'child offender' group reported having been victims of child sexual abuse than those in the non-offender group, and they were more likely to report experiences of physical abuse than non-offenders and those who offended against teens (Lee, 2006). Finally, Colton and Vanstone (1998) found a qualitative theme of 'perceived powerlessness' when interviewing a small sample of child sexual abuse perpetrators, who abused children to enhance their feelings of power or control, a finding echoed in a literature review by Erooga (2009).

In considering this data it is important to be aware that while many offenders report a history of abuse victimisation, the vast majority of victims do not become abusers. A meta-analysis of 65 articles covering 22 countries found that 7.9 per cent of men (7.4 per cent without outliers) and 19.7 per cent of women (19.2 per cent without outliers) had suffered some form of sexual abuse prior to the age of 18 (Pereda et al., 2009). Given that in the US less than 10 per cent of all adults and juveniles who come to the attention of authorities for sex crimes are female (Federal Bureau of Investigation, 2006), it is clear that issues related to gender play a role in child sexual abuse. It is beyond the scope of this review to address this in any detail. Readers interested in finding out more about the significance of gender-based socialisation, differential child rearing, power and social norms are referred to work on the prevention of child sexual abuse by Smallbone and colleagues. (2008).

Demographic and personality factors

While there is no profile of a 'typical' perpetrator, the literature suggests a number of demographic and personality characteristics may be more common in those who commit child sexual abuse (Terry & Freilich, 2012). In one study, criminal justice workers who work with perpetrators of child sexual abuse identified eight broad conceptual categories that identify perpetration motivation, some possibly causal and others contributory: developmental issues; poor social competence; sexual motivation; the need for power and control; psychopathology; perceived victim characteristics; values and beliefs that enable child sexual abuse; and personality deficits (Purvis, Ward & Devilly, 2003).

Paedophilia

One common misconception about the backgrounds and demographics of child sexual abuse perpetrators is that they are all paedophiles. In the literature, definitions of 'paedophile' vary widely, and are more or less inclusive (Beyer et al., 2005). The inclusive definition of 'paedophilia' in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) is a paraphilia – that is, a condition characterised by abnormal sexual desires, typically involving extreme or dangerous behaviours. More specifically, the DSM-5 defines 'paedophilia' as involving intense and recurrent sexual urges towards, and fantasies about, prepubescent children that either have been acted upon or which cause the person with the attraction distress or interpersonal difficulties. The *International Classification of Diseases* (ICD-10) defines 'paedophilia' as a sexual preference for children of prepubertal or early pubertal age.

A more inclusive definition of 'paedophilia' is an adult who has a conscious sexual interest in pre-pubertal children, and who has had actual sexual contact with them or who has masturbated to sexual fantasies involving children. Exclusive definitions use the term only where an adult has an enduring, and often exclusive, sexual interest in children (Finkelhor & Araji, 1986). A strong and persistent adult sexual interest in early adolescent children (typically aged 11–14) is referred to as hebephilia. Unlike paedophiles, hebephiles are attracted to children who show some signs of secondary sexual development, such as breast budding in girls or changes in the scrotum and penis for boys (Blanchard, 2010; Franklin, 2009; Seto, 2012). Although there have been proposals to include erotic interest towards pubescent children in the DSM (including in Blanchard, 2010), others have argued that a sexual attraction to 14-year-olds should not be viewed as a mental disorder (Green, 2010). A strong and persistent adult sexual interest in later adolescents (typically aged 15–19) is referred to as ephebophilia.

While some institutional child sexual abuse perpetrators are believed to be paedophiles, longstanding sexual interest in children is not the only factor in choosing to commit child sexual abuse. A useful distinction in this context is between those described as preferential offenders and those described as situational offenders. Paedophiles – otherwise known as fixated or preferential child sex offenders – are males who have a long-term sexual preference for children. Mental-health professionals refer to them as paedophiles or 'minor-attracted'; others refer to them as fixated

offenders; and law-enforcement officers often refer to them as preferential child sex offenders. (Groth, Hobson & Gary, 1992; Lanning, 2010; Seto, 2008).

Situational abusers are those who usually do not have a consistent sexual attraction to young children. These so-called opportunists (Wortley & Smallbone, 2006) take advantage of opportunities to offend against minors (often young adolescents) especially in situations where they have access to, privacy with, and authority over children, such as when holding positions of trust in youth-serving organisations.

Terry and Ackerman (2008) found that among abusive priests, the behaviour of only 2 per cent was consistent with paedophilia (defined as abusing two or more children aged under 10). The behaviour of 10 per cent was consistent with ephebophilia (defined in this study as someone who has abused two or more children aged at least 13).

One study found that 53 per cent of a sample of 21 institutional child sexual abuse perpetrators were not aware of having a sexual interest in children prior to their offending (Erooga et al., 2012a). In contrast, in a variation which may be attributable to the differing composition of the samples, an earlier study found that 90.2 per cent of institutional child sexual abuse perpetrators were aware that they had a sexual interest in children, and 56 per cent of this group were completely or partially motivated by working with children when choosing their career (Sullivan & Beech, 2004). Another study replicated this finding, with perpetrators in the sample choosing institutional roles where they could easily access children, implying that they built their career around the opportunity to abuse (Colton, Roberts & Vanstone, 2010). Supporting this is the finding that more perpetrators of institutional child sexual abuse are diagnosed with paedophilia than intrafamilial or extrafamilial perpetrators (Turner et al., 2014). Similarly, another study of a sample of priests who committed institutional child sexual abuse found that 69 per cent began abusing children before they became priests, which implies a longstanding sexual interest in children (Freel, 2003). It should be noted that because an individual has a sexual interest in children, it does not mean they will inevitably sexually abuse children: there is not a causal relationship between paedophilia and committing child sexual abuse (Freel, 2003).

This notion is further supported by the work of Beier and his colleagues (Beier et al., 2009) in Germany. They reported preventive clinical work with individuals who had expressed a sexual interest in children, but who had not yet committed child sexual abuse (Beier et al., 2009). Further, Erooga, Allnock and Telford's (2012a) findings clearly indicate that, conversely, the absence of a pre-existing sexual interest in children does not indicate the absence of potential risk.

Institution-specific profiling

While there is not yet research that profiles the risk factors and background characteristics of institutional child sexual abuse perpetrators overall, there are studies of perpetrators in institutional contexts, predominantly relating to religious institutions, sports and schools. Compared to other child sexual abuse perpetrators in general, members of the clergy are older and more highly educated. They tend to use more force in their assaults and are less likely to be detected than other types of offenders (Langevin, Curnoe & Bain, 2000). Within a sample of offenders from the Catholic

Church, offenders with high rates of cognitive distortion were highly likely to offend continuously and to use belief and faith in God to aid their distorted belief that their actions were not harmful (Saradjian & Nobus, 2003). In a legal opinion piece, Kochansky and Hermann (2004) identified a sense of institutional narcissism in the Church overall, leading to the narcissism of priests who perpetrate child sexual abuse, which they considered the defining risk factor behind child sexual abuse within the Catholic Church.

Focusing on schools, one study found that men who sexually abused male students in primary schools had a significantly longer offending career than men who sexually abused either females of any age or males in secondary school (Mototsune, 2015). This suggests that those who commence offending against prepubescent males pose a greater risk than other offenders in school settings (Mototsune, 2015).

Shakeshaft's (2004) literature review used the term 'educator sexual misconduct' as the phrase 'educator sexual abuse' does not include the larger set of inappropriate, unacceptable and unprofessional behaviours relevant in these settings. Additionally, though not explicitly discussed by Shakeshaft, this approach is beneficial in that it potentially identifies grooming and cultural factors that facilitate child sexual abuse.

The review found that those educators responsible for 'sexual misconduct' in school settings were predominantly male, at 57 per cent, a lesser figure than would usually be found if a definition of 'sexual abuse' were used. Same-sex misconduct occurred in 18–28 per cent of reported cases; 15 per cent of all educator sexual misconduct occurred between a male educator and a male student; and 13 per cent occurred between a female educator and a female student.

Finally, Shakeshaft suggests that offenders in primary schools are more likely to fit the 'nice guy' profile, meaning that they are revered educators who may have received awards and recognition, and are well liked by their community. By contrast, those who offend in a high school context are more likely to be teachers who are less likely to stand out amongst their peers, but are quite involved in youth culture and perceived as 'creepy'.

Institutional risk factors for perpetration

The final set of risk factors for perpetration relates to the institutional context, and therefore tie into prevention strategies, discussed later in this section. Additional information on risk factors for institutional offenders is provided in Section 5.

A small body of literature suggests that psychosocial aspects of work may be contributing factors in some perpetration of child sexual abuse within institutions. This includes ambiguity and confusion about the role one is expected to perform (Bringer, Brackenridge & Johnston, 2006). Emotional isolation – a sense that there was no one at work to discuss issues staff may have – may compound ambiguity and confusion about the role (Erooga, Allnock and Telford (2012b). These findings are based on qualitative research with very small samples of convicted perpetrators, so it is possible that employees must have a predisposition to perpetrate abuse for negative working conditions to result in child sexual abuse. There is a large body of research demonstrating that the role stressors such as

role ambiguity and role conflict can negatively affect other aspects of employee behaviour, including workplace safety behaviours (Nahrgang, Morgeson and Hofmann, 2011), organisational 'citizenship' behaviours (employees going 'above and beyond' their role to promote the effective functioning of the organisation; Eatough et al. 2011) and mental health (Schmidt et al. 2014). It is therefore plausible that psychosocial aspects of work contribute in some way to child sexual abuse in institutions, at least among people with an existing predisposition to abuse children. Further research is required before firm conclusions can be drawn.

In addition, offenders in the Erooga, Allnock and Telford (2012b) sample noted that many of their organisations failed to provide a clear indication of a commitment to children's welfare, with most messages during induction for employment or volunteering no more than basic briefings about child protection. It appeared that many organisations described by participants did not place an importance on clarity about rules and regulations. In particular, expectations about relationships between staff and children or young people were rarely spelled out or not consistently enforced. Some organisations were described as being more committed to managing children's behaviour than in ensuring their overall welfare.

The literature presents a solid basis for the identification of background characteristics and other risk factors that may lead to institutional child sexual abuse. There is, however, still a great deal of work to be done to further investigate risk factors that facilitate institutional child sexual abuse.

Offender diversity

Children and young people with sexually harmful behaviours

While there is little data about institutional child sexual abuse committed by adolescents, there have been incidents of peer-perpetrated child sexual abuse in institutional contexts. In foster care, around 60 per cent of known cases of child sexual abuse are committed by people other than foster parents, including foster siblings (Benedict et al., 1994). In 49 per cent of cases of sexual abuse against children with disabilities in school settings, the perpetrator was another student (Caldas & Bensy, 2014). Adolescents with sexually harmful behaviours, or adolescent sex offenders, also appear to be more likely to sexually abuse females than adult sex offenders (Boyd & Bromfield, 2006; Moulden, Firestone & Wexler, 2007). Beyond this, not much is known about the modus operandi of, or risk factors related to, adolescent sex offenders in institutional settings. More research on this subject in the future would be useful.

Gender

The overwhelming majority of sexual crimes in general (about 90 per cent) are committed by males (Davis & Leitenberg, 1987; Marshall, Barbaree & Eccles, 1991). Men are also more likely than woman to sexually offend against children, with women committing between 6 per cent and 10 per cent of reported child sexual abuse (Snyder, 2000; Peter, 2009). However, due to a range of factors – including societal and cultural stereotypes, professional biases, problems with research methodologies, and unique dynamics that impact victims' disclosures of these offences – it is likely

that there are higher numbers of female abusers and male victims than currently estimated (Giguere & Bumby, 2007). This is in part due to the fact that the gender of the victim or perpetrator can be a barrier to reporting an offence in any setting. For instance, boys abused by women may not report the offences as they think others are unlikely to believe their allegations due to the broad societal perception that, for a male, any sexual contact with a female would be welcome.

These statistics indicate that although many child sexual abuse offenders are adult males, it is important to understand how the differences in offender age, gender and background affect risk factors, as well as differences in grooming and modus operandi. This section focuses on research regarding these differences, and identifies areas that would benefit from future research.

Gender differences

In contrast to the paucity of research on adolescent sexual offenders in institutional settings, there is more research focused both on female sex offenders in institutional settings, and the differences between men and women who sexually abuse children in these settings. As stated above, the majority of child sexual abuse perpetrators are men, a finding that has remained stable over time. A 1989 study found that men were 24 times more likely to commit institutional child sexual abuse than women (Margolin & Craft, 1989). Other studies have found a disproportionate number of male perpetrators (81–96 per cent) in child-serving institutions, despite the fact that only about one-third of the staff members in these settings are male (Gallagher, 2000; Moulden, Firestone & Wexler, 2007). A possible factor in this is the higher proportion of men (15 per cent) than women (4 per cent) who express a sexual interest in children. In a study by Freel (2003) using an anonymised questionnaire with 183 social services department staff members, 12 per cent of males and 4 per cent of females responded in the range 'unsure' to 'very strongly agree' to the item 'I am sometimes sexually attracted to children'. This finding is broadly borne out in a more recent study, with 6 per cent of males and 2 per cent of females expressing a sexual attraction to children (Wurtele, Simons & Moreno, 2014). With this in mind, it is important to consider similarities and differences between male and female offenders to fully understand the scope of the problem.

Male and female sexual offenders in institutional settings do share some characteristics. Overall, both male and female institutional perpetrators are older, better educated, have higher IQs and report fewer adverse childhood experiences than child sexual abuse offenders in general (Darling & Antonopoulos, 2013). Similar grooming methods and modus operandi were found in another study, which indicated that male and female institutional offenders were equally unlikely to be under the influence of alcohol, were likely to abuse power and authority to facilitate abuse, and to commit similar sexual acts against their victims (Moulden et al., 2007).

A consistent finding, when considering the differences between male and female offenders, is that women tend to be younger when they offend, and tend to abuse victims closer to their own age (Mototsune, 2015). Institutional female offenders may also have different motivations to abuse than their male counterparts. Female offenders more often have relationship difficulties and low self-esteem than female non-offenders, and are motivated by intimacy needs and a perceived romantic connection with their victim (Darling & Antonopoulos, 2013). While female offenders in

primary school settings are relatively rare (see the case review by Plymouth Safeguarding Children Board, 2012, for an exception), female offenders in high school settings are often highly interested in youth culture and may be living out high school fantasies by testing out relationships with teenage boys (Shakeshaft, 2014).

While the literature offers no real clarity around what motivates females to sexually offend (Stathopoulos, 2014), a commonly referenced typology to understand patterns of child sexual abuse by women is that developed by Matthews, Matthews and Speltz (1991). This framework describes three types of adult female abusers: predisposed offenders, who initially target prepubescent children; teacher-lover offenders, who initially target adolescents and view themselves as romantically involved or in love with their victim; and male-coerced offenders, who were initially coerced into offending by men, frequently in the context of an abusive relationship with the man. There is also a small atypical group that includes those who are non-coerced co-offenders with men, as well as those women who meet diagnostic criteria for mental illness. Overall, like many male offenders, the women appeared to use the children they victimised to meet their own emotional and sexual needs.

Victim selection, grooming and modus operandi

In child sexual abuse literature, the commonly used term 'grooming' is taken to mean 'a process by which a person prepares a child, significant adults and the environment for the abuse of this child. Specific goals include gaining access to the child, gaining the child's compliance and maintaining the child's secrecy to avoid disclosure. This process serves to strengthen the offender's abusive pattern, as it may be used as a means of justifying or denying their actions' (Craven et al., 2006, p 297).

Such behaviours may include:

- persistent physical contact such as tickling, wrestling, games requiring children to reach into an adult's pocket and general 'roughhousing'
- seeking to spend an unusual amount of time with children
- focusing on children of a consistent age and sex
- attempting to see children outside of the organised activities that initially brought them into contact with the children
- giving them gifts, trips and other favours (Salter, 1995; van Dam, 2001; in Irenyi et al., 2006, p 10)

A quote from van Dam in a report by Irenyi and colleagues (2001, p 10) stated: "Just as children are 'groomed' by adults to allow them to perpetrate sexual acts, other adults may also be 'groomed' (or desensitised) to perceive potentially risky behaviour as harmless. Such behaviour can begin non-sexually, slowly escalating. In some cases, it can eventually become so pervasive that perpetrators are able to use it to mask abuse that is happening directly in front of adults. Grooming of adults through such physical contact with children also minimises the likelihood of disclosure and the chance that a child who discloses will be believed."

In most situations this behaviour will represent 'normal play' rather than indicate more sinister intent. However, if a person is involved in constant play of such kind and refuses to stop when requested by either the child or another member of staff, it may indicate a cause for concern. Organisations can help to avoid unclear situations developing by implementing policies that prevent physical contact of this nature. Such policies contribute to the safety of children and can reduce the chance of unfounded suspicions or allegations (Irenyi et al., 2006).

There is a small amount of literature describing the modus operandi and grooming methods of perpetrators of child sexual abuse, most not specific to institutions. However, there are overarching similarities across intrafamilial, extrafamilial and institutional offenders. For instance, all offenders can be both opportunistic and strategic. The strategies used to perpetrate child sexual abuse are often context-specific, and dependent on locating a potential victim and securing a suitable location to commit abuse with minimal risk of detection (Kaufman and Patterson, 2010). This means that offenders are often willing to deviate from their typical grooming and abuse strategies when the situation demands a different approach to accomplish the abuse and avoid being caught. One example of this is that some child sexual abuse offenders initially use positive and desensitising grooming strategies, but become coercive when these strategies are not successful (Kaufman & Patterson, 2010; see also McAlinden, 2012, and Sullivan & Beech, 2004). Offenders may also change their modus operandi based on the age and relatedness of their victims to better tailor their approach to critical developmental differences in their victims (Kaufman et al., 1998). Overall, what little is known about the way some offenders lure, groom and assault their victims shows that they may be strategic in the way they offend.

Strategic offending

Institutional child sexual abuse perpetrators may be strategic in the way they choose, groom and abuse their victims. Compared with intrafamilial and extrafamilial offenders, institutional offenders have higher IQs; are more likely to be paedophiles and to use non-violent manipulative offending strategies; and less likely to have a history of abuse and to be detected (Turner & Briken, 2015). Once offenders find an effective strategy, they are likely to continue using it with each new victim (Erooga et al., 2012a). Strategic offenders often choose their profession for easier access to children, and take time before committing their first offence – an average of 1.5 years (LeClerc & Cale, 2015). It has also been suggested that some institutional child sexual abuse perpetrators are adaptable and likely to change settings or strategies to gain opportunities to access and abuse children (Sullivan & Beech, 2002). So, while there may be some reliance on opportunity – such as the presence of a vulnerable child or an opportunity to be alone with a child – the overarching modus operandi of many institutional perpetrators is characterised by their adaptability and/or willingness to make strategic shifts in their approach.

Victim selection

In common with many other child sexual abuse offenders, institutional child sexual abuse offenders may use a strategic approach to victim selection, with the goal of identifying a child who will be both easy to access and unlikely to report their behaviour. Common characteristics that perpetrators look

for include a lack of knowledge about sex and sexuality, low levels of assertiveness, poor supervision and the desire for a 'caring' relationship with an adult. In essence, they seek vulnerable children to groom, and manipulate this vulnerability to make offending easier (LeClerc & Cale, 2015; Erooga et al., 2012a). Many perpetrators look for vulnerability that extends beyond the child, to the families of the victims. Institutions may create the opportunity to build trust between parents and potential offenders, who are then able to choose victims whose parents also trust them, or victims with parents who can be easily manipulated. One example of this is the greater likelihood of predatory teachers to abuse the children of single mothers, while offering the mother a potential male role model for their child (Crosson-Tower, 2005; Shakeshaft, 2014). The identification of vulnerable children and adolescents indicates a strategic selection process prior to the grooming process.

Grooming

In an institutional setting, perpetrators may need to not only groom the victim but also the community in which they are committing their abuse. This includes the family of the victim, their own co-workers and everyone else involved in the organisation (McAlinden, 2006; Erooga, Allnock & Telford, 2012a; Sullivan & Quayle, 2012). This institutional grooming may enable abuse to continue over long periods of time (Lampard & Marsden, 2015). Following this, it is more common for institutional offenders to use grooming approaches that build a relationship with, and gain the trust of, their victims (LeClerc, Proulx & McKibben, 2005; Conte, Wolf & Smith, 1989). Coercive or violent approaches are more likely to be reported by the victim, whereas apparently pro-social strategies – such as telling victims how special they are, engaging in activities that the victim loves, treating the victim like an adult, and making him or her feel safe – enable offenders to deny sexual motivation if their behaviour is questioned (LeClerc, Proulx & McKibben, 2005). Similarly, making victims believe that they are engaged in a loving and trusting relationship with their abuser can also make them believe that eventual sexual contact is consensual (Moulden et al., 2010; cf East Sussex Safeguarding Children Board, 2013). Overall, the grooming process is the part of the modus operandi that centres on trust, flattery and relationship building (Conte, Wolf & Smith, 1989; LeClerc, Proulx & McKibben, 2005; Kaufman & Patterson, 2010; Moulden et al., 2010).

Facilitators for perpetration

Though it is clear that perpetration patterns are often strategic and hard to detect, the environment and conditions surrounding perpetrators can facilitate child sexual abuse. Thus, while abuse is solely the perpetrator's responsibility, it is important to consider institutional facilitators, which may help offenders by inadvertently making it easier to offend and to 'get away with it' – that is, decreasing the likelihood of detection and active response. This section addresses the roles of policy, climate, culture and norms in the institutional context.

Screening

One environmental risk factor is the fact that screening processes, used to exclude unsuitable people from joining the organisation, are not as effective as widely believed (Erooga et al., 2012a). This is because many institutional child sexual abuse offenders either have no criminal history or do not

have one that includes sexual offences, meaning that they would pass a criminal background screening process (LeClerc & Cale, 2015). Only one of 21 offenders in a 'core sample' of a study by Erooga and colleagues had a relevant previous conviction. Further, a proportion of perpetrators sampled did not believe that the organisations where they sexually abused children had adequate screening procedures.

Child-safe policies

A lack of clearly defined policies regarding child safety, or variability in the comprehensiveness and appropriateness of these policies, can facilitate child sexual abuse in institutions. In the US, for example, each state has a different definition of 'coercion involving the misuse of authority', and therefore handles sexual abuse cases differently (Weiss, 2002). This is particularly problematic as there is a gap between research and policy regarding child sexual abuse prevention (Quadara et al., 2015). Since sexual grooming is not a concept easily captured by law, it has been difficult for the legal system to adapt to what the research indicates about grooming and modus operandi (McAlinden, 2006). However, both the UK and Australian governments have implemented legislation to address grooming (Australian Institute of Criminology, 2008). A clear message is that poor policy increases the ability of offenders to commit sexual violence against children (Mototsune, 2015). While policy revisions have reduced child sexual abuse incidence rates in some instances, there is a need to determine the effectiveness of policies already implemented in schools and other child-serving organisations. For example, in the US, teachers who are accused of sexual contact with students have been allowed to quietly resign in some districts, allowing them to gain employment elsewhere and so resume their offending (Mototsune, 2015; Shakeshaft, 2014). Policy changes in youth sports have also been called for, encouraging immediate dismissal of employees who violate organisational rules, as well as mandatory reporting and training (Newlin et al., 2012). More globally, the US Centers for Disease Control and Prevention has published guidance for organisations (Saul & Audage, 2007), and in the UK, the Allegations Management Advisors network published the detailed *Guidance for Safer Working Practice for Adults who work with Children and Young People* (AMA, 2007).

Other policies relate to offenders who have been apprehended, and their prescribed rehabilitation process. Since offenders are a heterogeneous group that cannot be tightly profiled, it is important to allow for different types of offenders to access treatment that suits their particular treatment needs (Plante, 2015).

Climate, culture and norms

It is not only a lack of clear policy that can make it easier for offenders to sexually abuse children. Organisational culture is also strongly indicated as a facilitator. It is cited as a key contributory factor in a significant proportion of recent UK inquiries into institutional child sexual abuse and a proportion of institutional child sexual abuse perpetrators surveyed stated that the culture of the organisations where they offended did not promote child welfare (Erooga et al., 2012a). Different types of institutions have different cultural characteristics that can facilitate abuse. In the Catholic Church, for example, priests have tended use their faith to justify abuse, minimise guilt, persuade

themselves their actions were acceptable and absolve themselves of their sins (Saradjian & Nobus, 2003). Within child welfare organisations it may be that the activity of female offenders is less likely to be detected due to stereotypes of offenders as male (Erooga et al., 2012a). This is supported by evidence that female offenders more frequently commit child sexual abuse in non-professional settings, such as when babysitting (Matthews, Hunter & Vuz, 1997; Peter, 2009). A positive organisational culture should require adherence to a clear code of conduct, and education for all stakeholders about child sexual abuse. It should facilitate reporting of abuse, with all allegations taken seriously and no-one considered exempt from investigation due to status or perception of their 'respectable' image (Colton, Roberts & Vanstone, 2010; Newlin et al., 2012). From this perspective, there are certain organisational characteristics that can increase the risks of staff committing sexual crimes against children (see Cranley, 2015; Smallbone, Marshall & Wortley, 2008; Wurtele, 2012a). These characteristics may include the physical condition of the facility (for example, classrooms with no windows) and less visible factors such as when the behaviours, dress and speech of staff and/or children create a sexually charged workplace (Texas Youth Commission, 2009). Indicators of a sexualised work environment include the presence of suggestive materials such as sexualised cartoons, talk containing sexual overtones, or the teasing of children about their appearance or sexual orientation. In a sexualised environment professional boundaries between staff and children are eroded, which may increase the potential for staff sexual misconduct.

Protective factors

A major goal in gaining an understanding of the perpetrators of institutional child sexual abuse is to develop and refine prevention strategies, ideally lowering incidence rates. The majority of prevention strategies fall under the categories of improving screening processes to prevent potential perpetrators from joining an organisation, reducing opportunities for potential perpetrators to be in isolated situations where abuse can occur and educating the wider community about signs of grooming or abuse. These strategies are designed to increase the likelihood of 'concerning behaviour' being detected earlier, possibly before abuse has occurred.

Screening

Bichard (2004, para 4.62) noted: "The danger is that too much reliance will be placed on Criminal Records Bureau checks … there is a concern that many abusers do not have convictions and that no intelligence is held about them. Therefore, the selection and recruitment process, if properly conducted, is an important, indeed essential, safeguard."

Perhaps the most intuitive solution to preventing perpetration is ensuring that offenders (and potential offenders) do not join or have access to youth-serving organisations. There is agreement in the literature that those entrusted with the care of children should be screened (Beyer at al., 2005). However, as there is no reliable 'profile' describing the characteristics of individuals likely to perpetrate child maltreatment in an organisational or institutional environment, there is no simple preventative or screening measure that can prevent abuse. This means current preventative processes are largely limited to vetting for individuals with known problem behaviour, such as those with charges or convictions for a child-related sexual offence).

Too frequently organisations appear to consider vetting for convictions as sufficient. A 2013 survey showed that the screening processes used by 17 of 20 responding organisations did not include questions specific to the potential to abuse. However, the organisations felt their vetting processes were exhaustive enough to detect potential abusers (Price, Hanson & Tagliani, 2013).

More likely to be effective is an approach that combines vetting for criminal history with a comprehensive recruitment and selection process, as outlined in Figure 1 (Cleary, 2012; for an overview of Working With Children Checks in Australia, see, 2016).
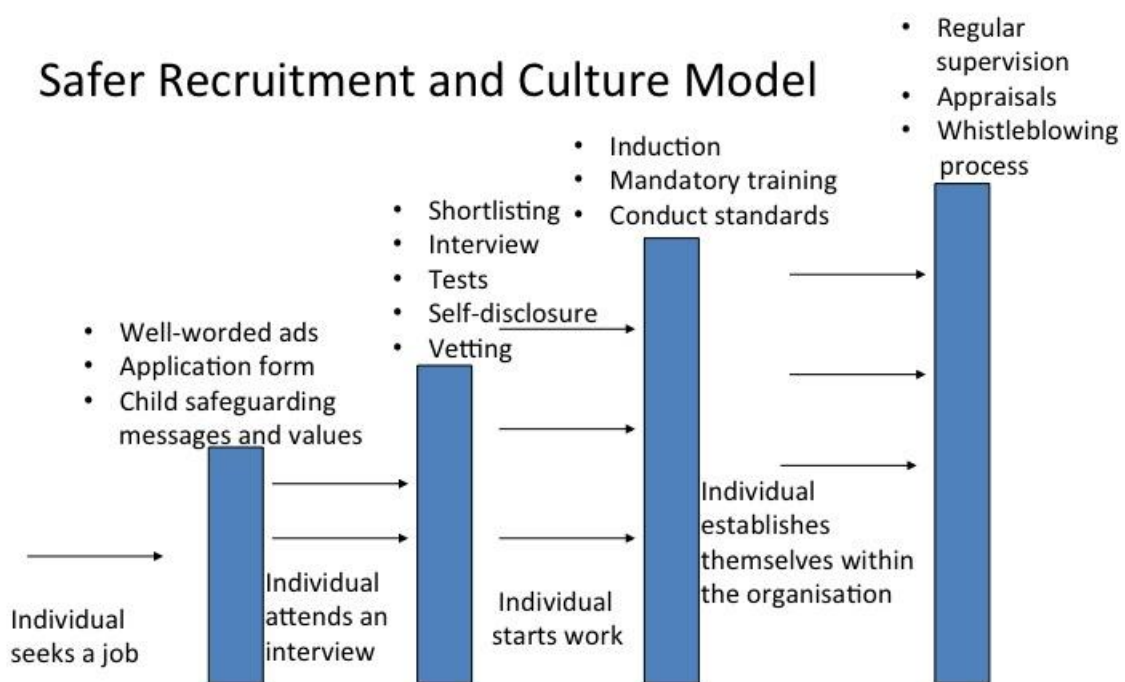
Safer Recruitment and Culture Model

- Well-worded ads
- Application form
- Child safeguarding messages and values

- Shortlisting
- Interview
- Tests
- Self-disclosure
- Vetting

- Induction
- Mandatory training
- Conduct standards

- Regular supervision
- Appraisals
- Whistleblowing process

Individual seeks a job

Individual attends an interview

Individual starts work

Individual establishes themselves within the organisation

Figure 1: Cleary, 2012

Another preventive approach that is attracting attention is interviewing that explores candidates' values and behaviours in a structured, consistent and job-relevant manner. This is designed to help organisations make better recruitment decisions about the suitability of applicants for positions in youth-serving organisations (Wonnacott, 2013; South Lanarkshire Child Protection Committee, 2014, Proctor et. al., 2014).

Value based interviewing, as this interview approach is known, was created for recruiting in organisations in which the welfare of children and young people is the central purpose (Cleary, 2012). It widens the focus of interviewing from 'screening for paedophiles' to selecting staff members whose values are congruent with those of the organisation. This possibly reduces

individual risk, but also increases the organisation's ability to promote a positive, child-centred culture.

However, it will be apparent that screening alone cannot guarantee the selection of only well-qualified and well-skilled people who also pose no risk to children. Rather than solely focusing on individuals, the risk of child sexual abuse needs to be addressed by managing environmental factors (Beyer et al., 2005). This is generally referred to as a situational prevention approach.

Critique

While the literature reviewed here contributes to our understanding of the perpetration of institutional child sexual abuse, it also has important limitations. Sample sizes in many of the cited empirical studies are relatively small. This means that while they are descriptive of the offenders sampled, the findings cannot be reliably generalised to the population of institutional perpetrators as a whole. In addition, a number of the studies use a 'convenience sample' of incarcerated offenders, potentially biasing their findings (for example, by relying on information from detected offenders). Their methodological approaches were either self-reporting or qualitative. The lack of random sampling and quantitative methods means that the majority of these studies indicate more about the sample studied than offenders in general. Given that even offenders who have undergone treatment are likely to want to preserve their self-image to some extent, reliance on conclusions from qualitative, self-reported data may mean that researchers derive, at best, a partial understanding of offenders' behaviour and motivations. Finally, as most of the perpetration literature is derived from samples of apprehended male offenders, it is not clear what methods those offenders who escape apprehension use to inhibit their identification. While many of these issues are a product of the population of interest being small and difficult to access, it is still worth noting that other information that may be absent due to methodological limitations.

A further limitation is the lack of diversity in the types of perpetrators studied. First, though it is known that adolescents commit sexual abuse, and that there have been cases of child sexual abuse committed by children in organisational settings, there is almost no information about institutional child sexual abuse perpetrated by these adolescents. Second, due to the focus on incarcerated, repeat offenders, there is a gap regarding offenders who desist after a single offence. The fact that a proportion of offenders do not have a pre-existing sexual interest in children and do not present as an active risk until certain circumstances arise (Erooga, Allnock & Telford, 2012a) suggests that we may be missing an opportunity to understand how we could prevent first-time perpetration.

A third limitation is the way the literature addresses perpetrators in different institutional contexts. Noticeably more research attention is paid to institutions involved in cases of institutional child sexual abuse that attract greater public attention, such as the Catholic Church, schools and youth sports. Since it is known that these well-publicised institutions are not the only places where institutional child sexual abuse happens, it would be advantageous to investigate differences in perpetration patterns in settings that have had less of a focus in the literature. Expanding on this, many studies do not adequately describe the organisations from which their sample of institutional perpetrators is drawn. While there is value in understanding patterns across institutional settings, it

would also be valuable to better understand the characteristics of offenders within particular institutional settings.

Finally, there is a clear separation between research and policy in regard to institutional child sexual abuse. This is an area where the relationship between research and practice is of great importance, as research findings are most useful if they inform real-world prevention strategies. Understanding perpetrators, their risk factors and their modus operandi is most useful if that knowledge is used to directly inform preventive policies and practices.

Implications for practice

A range of steps can be taken to enhance the existing knowledge base about perpetration of institutional child sexual abuse. First, researchers in this area should do their best to use more sophisticated methodologies. This includes designing more effective studies with regard to sample size, choice of participants, recruitment strategies and the selection of measurement tools. When it is not possible to use more sophisticated quantitative designs, carefully constructed quasi-experimental approaches should be employed. While qualitative methods certainly have an important place in the field, more rigorous quantitative studies are needed to enhance existing knowledge. Second, researchers should diversify the types of studies conducted, focusing more purposefully on different types of offenders and specific types of institutions. Finally, additional work is needed to close the gap between research and practice. Studies of this nature will better inform real-world prevention strategies that offer better protection from child sexual abuse for a greater number of children and teenagers.

5 - Risk and protective factors for institutional settings

The information in this section on the risk and protective factors of institutional settings is organised into a number of categories: faith-based settings; early childhood education and care (ECEC), and schools; healthcare settings; out-of-home care (OOHC) and other residential facilities (for example, in the disability sector); and youth sports. Each category has its own subsection, following a similar structure and describing relevant risks, protective factors, grooming methods and prevention strategies. Each section also includes a critique and recommendations. The focus then turns to screening and, finally, how to prevent child sexual abuse in institutions.[8]

Following the Royal Commission's overarching definition, institutions are defined here as any public or private body, agency, association, club or institution that provides activities, facilities, programs or services of any kind to children (defined as under the age of 18).

Faith-based settings

Churches and other religious or faith-based organisations have been the source of an increasing number of sexual abuse scandals internationally (Carmi, 2014; John Jay College of Criminal Justice, 2004; Office of the Minister for Children and Youth Affairs, 2009). For example, estimates suggest that between 2004 and 2013 the Catholic Church incurred just under US$3 billion in costs related to abuse allegations, including settlements with victims, therapy for victims, support for offenders, lawyers' fees and other costs (United States Conference of Catholic Bishops, 2014). 'The Church', as referred to here, is not a single institution but rather a broad and diverse set of organisations. Many organisations associated with religions and faith-based structures outside the Catholic Church and other Christian denominations have not received the same attention. However, there is no reason to believe that similar dynamics would not also apply to synagogues, temples, mosques and other congregational or educational settings operating within the bounds of other religions.

The prevalence of child sexual abuse in faith-based settings is due to a number of contributory factors. These settings bring young people into contact with adults through volunteering, Sunday school, youth camps and an array of other community-based activities (Parkinson, 2000). Smith (2004) suggested that, in England, churches were the single largest employer of full-time youth workers, with twice as many as statutory settings. It is notable that this does not include the 10 per cent of church congregations sampled that were engaged in voluntary activities with children and young people (Brierley, 2009), enlarging the 'workforce' further. This high level of interaction

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[8] Since there is a paucity of studies on institutional child sexual abuse and they tend to be institution-specific, efforts have been made to include all studies relevant to a particular section. At times this results in discussion of the same key area (such as grooming risks) in more than one section.

with children may attract individuals with paedophilic interests and create situations with the potential for abuse to occur (Parkinson, 2000).

Although sexual abuse is not restricted to any specific role within a faith-based organisation, abuse by members of the clergy has been of particular concern. As well as the possibility that those with paedophilic interests may be attracted to the role, members of the clergy often have greater access to, and authority over, the children with whom they come into contact (Sheper-Hughes & Devine, 2003). This authority may be compounded in those countries where the Church holds considerable cultural and political influence, and militates against disclosure or intervention (McLoone-Richards, 2012).

As the Church, like other institutions, has significant contact with children and young people, it is imperative that it maintains diligence in preventing abuse and addressing abuse allegations (Terry et al., 2011). The sexual abuse 'problem' that churches face not only concerns the incidence of abuse, but also the lack of an appropriate response when abuse is identified (Higgins, 2001; Sheper-Hughes & Devine, 2003). Similar to the phenomenon of police brutality, child sexual abuse in the Church cannot be blamed on a few 'bad apples'. It is instead a reflection of problems with the Church itself (White & Terry, 2008). This issue has been addressed by some denominations that have established specific regulatory bodies to promote safeguarding – for example, the Churches' Agency for Safeguarding and the National Catholic Safeguarding Commission (NCSC) in the UK, the Catholic Church's Truth Justice and Healing Council (Australia), and the Presbyterian Church of Australia's Breaking the Silence.

Prevalence

A number of studies have sought to estimate the prevalence of child sexual abuse by members of the clergy. A study over 44 years estimated an offending prevalence among Catholic Church representatives in the Netherlands of 1.7 per cent (Langeland et al., 2015). A study of sexual abuse in the Catholic Church in the United States (US) found that 4 per cent of priests active between the years of 1950 and 2002 were the subjects of allegations of child sexual abuse (John Jay College of Criminal Justice, 2004). Due to delays in reporting and statutes of limitations, only 5.7 per cent of these priests were convicted (less than 0.1 per cent of the clergy). An Australian study based on a Melbourne seminary found that 4.8 per cent of the clergy ordained between 1940 and 1996 sexually abused children, rising to 5.4 per cent for those ordained between 1968 and 1971 (Cahill, 2012a).

Risk factors

A review of the literature dating from 2000 indicates three particular risk factors with regard to child sexual abuse in churches. First, the authority conferred on priests allowed them to act without fear of repercussions. Second, some studies found the vow of celibacy taken by Catholic priests attracted some men with a sexual dysfunction. Finally, religious dogma and practices rooted in the Church

allowed members of the clergy and other personnel who had sexually abused to continue to access children. The following section discusses these three issues in greater detail.

Perceived authority

In cultures where religious institutions have unquestioned power, and where high levels of authority are given to those associated with the Church, there is an increased risk of institutional child sexual abuse (McLoone-Richards, 2012). In the Catholic Church, in particular, it is believed that Christ confers authority on priests (Guido, 2008). Some child abuse perpetrators within the priesthood use their 'special relationship with God' to facilitate abuse (Fogler et al., 2008). This may also contribute to their behaviour being unchallenged by children or other adults. Precedent shows that members of the clergy may also operate under the assumption that their church leaders will protect them, or that they will simply be moved to another parish if their abusive behaviours are discovered (Parkinson, 2014). Given the lack of understanding of victim–perpetrator dynamics in churches (Higgins, 2001), it is reasonable to hypothesise that the priesthood and other clerical roles may attract sexual offenders because it provides access to children as well as the protection of the institution (Dale & Alpert, 2007). Poor screening and inadequate training of priests seemed to further magnify the problem (Bennett, 2004).

Celibacy

Some authors have suggested that mandated celibacy increases the risk of child sexual abuse by creating a 'mystical halo' that increases the individual's level of authority over others (Scheper-Hughes & Devine, 2003). It has also been suggested that a motivation for sexual misconduct by celibate priests is a desire for the close, intimate contact missing in their personal lives (Doyle, Sipe & Wall, 2006).

There is some indication that celibacy disrupts male sexual development and intimacy, and that entering the priesthood may be a way for men to reconcile with their pre-existing sexual disorders (Death, 2014). Whether or not mandated celibacy perpetuates repressive sexual practices is an important area for future study (Holt & Massey, 2012). It is clear from the level of sexual abuse among Catholic priests, however, that celibacy does not provide protection against child sexual abuse (Terry & Ackerman, 2008).

Religious doctrine

Religious doctrine and practices that focus on self-governance and forgiveness over punishment contribute to child sexual abuse risks in religious institutions. Religious doctrine can limit the positive effect of simple policy changes to prevent abuse (Scheper-Hughes & Devine, 2003). In the Catholic Church, canon law (the laws and legal principles developed by the Catholic Church; Formicola, 2011) made it difficult to remove offending priests (Bennett, 2004). Under canon law, bishops and priests were institutionally mandated to keep secrets, especially those heard during confession (Death, 2015).

Churches have also been shown to have responded poorly to the disclosure of abuse: clergy members accused of abusing children have frequently not been held accountable or subject to ongoing monitoring (Higgins, 2001) or have been moved to new jurisdictions rather than facing appropriate consequences for their abusive behaviour (Parkinson, 2000). The role of law enforcement and the court system is often circumvented; and in Australia, religious leaders were not

required to report sexual assault to the police (Higgins, 2001). Australian mandatory reporting requirements have developed since that time, varying by state or territory beginning in the 1990's (cf Mathews & Scott, 2014). The John Jay College study in the US (2004) found that very few priests had contact with the legal system. The problem of child sexual abuse in the Church may be augmented by the tendency of Christian religions to favour male authority over disempowered groups, which would include children (Fogler et al., 2008). The exclusion of women from key leadership positions in the Catholic Church may have also exacerbated this problem (Dale & Alpert, 2007).

Higgins (2001, as summarised in Irenyi et al., 2006) identified the following doctrinal beliefs as contributing to the risk of abuse occurring and the Churches' poor response to disclosures:

- the absence of women in key leadership positions with any authority, leading to an absence of gender-appropriate role models and support (Higgins, 2001; Morrison, 2005)

- patriarchal and authoritarian beliefs about the family, which create an environment in which victims are less likely to question the authority of their abuser (Finkelhor, 1979; Higgins & McCabe, 1994)

- doctrines about sin, through which an emphasis on 'personal sin', to the exclusion of social justice issues, can easily lead to victim-blaming

- teachings regarding repentance and forgiveness, which may lead to premature attempts to seek forgiveness from the victim or to holding victims partially responsible for their own abuse (Parkinson, 2003)

- the role of civil authorities – for example, teachings against the use of court proceedings, based on biblical passages referring to civil suits, can lead to confusion about the appropriateness of reporting abuse

- reverence for church leaders (for example, priests being viewed as 'indelibly marked') can make victims reluctant to speak about abuse at the hands of clergy members, and members of the Church reluctant to question the actions church leaders take in dealing with situations of abuse within the Church (Irenyi et al., 2006, p 15)

Protective factors

Experts agree that there has been a decline in the amount of sexual abuse over the past 15–20 years due to the increased awareness of child sexual abuse and an increase in the potential consequences for perpetrators (National Children's Advocacy Center, 2011). Parkinson (2014) suggested this was the case in Australian churches; and a United States Conference of Catholic Bishops (2014) report indicated this was also the case in the US. Other factors that may have led to a decrease in sexual abuse are a greater awareness and, therefore, vigilance by parents and church workers, fewer members of the clergy, fewer altar boy training and residential schools, and less priest–student interaction in Catholic schools (Cahill, 2012b). Furthermore, child protection policies have become an important part of church life, especially as the faith communities that have been the focus of abuse scandals, such as the Catholic Church, seek to regain legitimacy and maintain the commitment of their lay community (Conway, 2014). A final protective factor has been appropriate screening and education of clergy members (Bennett, 2004). The majority of priests who had allegations of abuse

against minors in the John Jay College study were trained in national seminaries prior to the 1970s, with little education on emotional or psychological competence (Terry et al., 2011). Subsequent developments in education may have been a factor in the decrease in child sexual abuse perpetrated by members of the clergy. By 2010, the Catholic Church in the US spent more than $170 million on abuse-awareness and prevention courses for its members (McChesney, 2011). According to the 2011 annual report of the United States Conference of Catholic Bishops (2012), more than 4.8 million children had received safe environment training, criminal background checks had been conducted on more than 2.2 million volunteers and employees, and more than 2.2 million members of the clergy, employees and volunteers had been trained in creating a safe environment for children.

Offender grooming and modus operandi

A number of factors associated with victim grooming are particular to churches. This was shown in a comprehensive review of offending between 1950 and 2002, which drew on data from 98 per cent of diocesan priests in the US, 60 per cent of religious communities and 80 per cent of all religious priests, a sample of 4,392 priests (John Jay College of Criminal Justice, 2004). The use of gifts and other enticements to participate in sexual behaviour was a common method of grooming potential victims, featuring in 20.9 per cent of reported incidents in this study. Some sex offenders in this sample used alcohol or drugs to reduce their inhibitions and allow them to offend with less guilt and shame. Some also offered drugs and/or alcohol to their victims to entice them to participate in sexual behaviour or to make them more compliant or susceptible to the abuse. This study found that drugs and/or alcohol were used by priests in 21.6 per cent of cases, and by victims in 15.1 per cent of cases, with 7.8 per cent of all alleged victims threatened in some way (ranging from physical threats to threats of exposure; John Jay College of Criminal Justice, 2004). Finally, Holt and Massey (2012) reported that female victims of clergy members were more likely than males to have used alcohol at the time of their abuse.

In their review of the literature, Böhm and colleagues (2014) highlighted the large number of adolescent male victims of church-based child sexual abuse. For example, of 4,000 cases related to child sexual abuse within the Catholic Church that have been addressed in Rome over the past 50 years, approximately 60 per cent involved adolescent males (Scicluna, 2010, 2013). This demographic is different to that typical of other populations of abuse victims, and may be attributable to the nature of opportunities provided to members of the clergy – particularly unmarried male priests, who have historically been in closer contact with males of this age as opposed to females (Holt & Massey, 2012; Terry, 2008; Terry & Freilich, 2012). In a church context, the abuse of females is most likely to occur in their own home, whereas the abuse of boys commonly occurs when they are away from home for church-based events (Parkinson et. al., 2012). Terry (2008) reported that the perpetrator's home, the victim's home and church premises are also common locations for the abuse of both boys and girls. Perillo, Calkins Mercado and Terry (2008) collected data from the records of 4,392 Catholic priests identified as child sexual offenders. The authors' analysis of the data revealed a number of factors that significantly predicted multiple victim offending, including victim age (younger); priest's age at first offence (younger); all male victims; and the offender's own history of victimisation. Forty per cent of all abuse by members of the clergy was

in the context of a relationship established through youth groups or organisations – however, in only 29 per cent of cases did the first known offence occur in the first five years of the offender's ministry. This pointed to the fact that many abusers within the clergy had continuing involvement with children that allowed them opportunities to abuse young people years after ordination, when they were in charge of parishes (Parkinson, Oates & Jayakody, 2012).

For all Catholic priests, the most common method of abuse was touching under the victim's clothing, followed by touching over the victim's clothes (Terry, 2008). Approximately half as many incidents involved the cleric performing oral sex, with a similar rate of penile penetration or attempted penile penetration (John Jay College, 2004).

It is difficult to establish which clergy members present a risk for perpetrating sexual abuse, but a number of studies have attempted to determine warning indicators. According to one study of US Catholic priests, the results of psychological or intelligence tests of those who sexually abuse do not differ significantly from the results of those who do not abuse. However, they tend to exhibit intimacy deficits and a lack of close personal relationships (Terry & Ackerman, 2008). Another study that yielded statistically significant results from a highly educated, older and predominantly single subgroup of sex offenders tended to reveal fewer antisocial personality disorders (Langevin, Curnoe & Bain, 2000).

Few priests in the John Jay study appeared to have pathological disorders such as paedophilia. This is in contrast with the sample studied by Langevin and colleagues (2000) where the majority suffered from a sexual disorder (70.8 per cent), predominantly same-gender paedophilia, as measured by phallometric testing. Future research is needed to create valid risk assessment approaches to use with sexually abusive clergy members (Perillo, 2014), to provide improved data that will inform prevention approaches.

Members of the clergy are not the only adults who pose a risk to children in church settings. Non-clergy church members have a wide range of opportunities to abuse children, with common locations including residential events, the offender's home, church premises, cars and at outing locations (Parkinson et al., 2012). In a study using archival data from 20 of the 23 dioceses of the Anglican Church in Australia, Parkinson, Oates and Jayakody (2012) found that more than 70 per cent of non-clergy abuse began in youth groups or other similar organisations. The same study found only three complaints involving Sunday school, two of which were against clergy members, possibly due to Sunday school providing relatively few opportunities for an adult to be alone with a child. While there was not a great deal of literature specific to non-clergy abuse in church settings, this research highlights the need for a focus wider than solely the clergy but also the opportunities provided by faith-based organisations that may also pose risks to children.

Prevention

Churches have made significant attempts to prevent child sexual abuse through policy change, education and situational prevention. Progressively, most mainstream denominations in Australia have developed policies to protect children, as well as protocols to respond to disclosures.

Examples of these include:

- the Catholic Church's Truth Justice Healing Council: Truth Justice Healing Council
- the Anglican Church's Professional Standards Unit: Anglican PSU
- the Presbyterian Church's Breaking the Silence: Breaking the Silence
- the Uniting Church's protocol: United Church Protocol
- state- and territory-based Baptist protocols: Baptist Protocols
- The Salvation Army's Professional Standards Office: Salvation Army
- Christian Reformed Churches of Australia policy: Child Safe

A majority of prevention efforts in the Church have focused on educating children to say 'no', which may be challenging for a potential victim since clerics and other church members may invoke the authority of the Church in order to commit sexual abuse (Parkinson, Oates & Jayakody, 2012). It also arguably places an unreasonable responsibility for protection on the potential victim. Another prevention intervention that has been adopted in the Catholic Church is situational prevention (Terry & Ackerman, 2008). *Towards Healing* is a situational prevention approach that identifies how potential offenders might be deterred. However, it is a voluntary program and there is evidence that church leaders have not implemented it (Parkinson, Oates & Jayakody, 2012; Parkinson, 2014).

Critique

While this review provides important insights into child sexual abuse in the Church, there are a number of important limitations. Some of the studies in the review have strong methodologies that address the scope of the problem (Langeland et al., 2015; Parkinson, 2014; Parkinson, Oates & Jayakody, 2012; Terry, 2008; Terry et al., 2011; Terry & Freilich, 2012), but their recommendations have not been tested or may be difficult to implement. Many of the articles located were case studies that offer important insights into the problem but may not be generalisable (Ellis & Ellis, 2014; Higgins, 2001). Some articles were based on opinion rather than findings from a recognisable research methodology (Loseke, 2003; Scheper-Hughes & Devine, 2003). Many studies were based on archival data, or reflected the policies, practices and circumstances of church organisations at the time. While this is a major strength of research into child sexual abuse in church settings, since it allows access to a wealth of information, there are also associated limitations, such as under-reporting and a lack of uniformity in records from churches (Parkinson et al., 2012; Terry, 2008; Terry et al., 2011).

Crucially 'the Church' is a broad descriptor, comprising many denominations, a number of which have not been studied. A number of other religious and faith-based organisations share features with the Christian churches that have been a prime focus of research on child sexual abuse. However, studies may not be generalisable outside their country or denomination (Kline, McMackin & Lezotte, 2008; McLoone-Richards, 2012). Finally, changes in patterns of offending have likely taken place since these studies, reflecting an increase in the use of new technologies such as social networking (Parkinson et al., 2012). In general, child sexual abuse has been well researched in churches, particularly in relation to the Catholic Church. However, due to the scope and severity of

the problem, further research is needed, especially to find the most effective interventions to prevent abuse (Parkinson, 2014) and the most appropriate responses to disclosures (Higgins, 2001).

Implications for practice

A number of recommendations have been made to address church-based sexual abuse. These relate to the use of stronger policies, situational prevention strategies and research directions, discussed in more detail below.

A key recommendation, which research shows could be effective in faith-based organisations, is to apply a situational prevention approach to child sexual abuse (Holt & Massey, 2012). Consistent with this approach, efforts to reduce child sexual abuse should include prevention strategies that require greater efforts on the part of potential offenders to abuse; increase the risk of being caught; control prompts or opportunities to offend; and clarify responsibility in the event of any child sexual abuse incident (Terry & Ackerman, 2008). Elements of situational prevention are reflected in a number of the protocols and policies listed above (Parkinson, 2003; Terry & Ackerman, 2008). However, no research or evaluation has measured the impact of these policies or even the degree to which organisations have implemented them. Further implementation and support from Church leadership is therefore needed to ensure that situational prevention-based approaches to dealing with child sexual abuse are maximally effective in faith-based institutions.

Finally, research is needed to create better child sexual abuse prevention programs within churches (National Working Group on Child Abuse Linked to Faith or Belief, 2012). Important areas to research include the generalisability of existing findings, understanding the role of lay activism, the role of the media in church scandals, the role of celibacy (in relation to the Catholic Church) and the differing effects church abuse has on its victims (Conway, 2014; Holt & Massey, 2012; Lueger-Schuster et al., 2013). As observed by Saradjian and Nobus (2003), the existence of abuse is no respecter of religion, or of denominations or tradition within churches. While the Catholic and other churches (for example, the Anglican Church's Adelaide Diocese; Olsson & Chung, 2004) have undertaken widescale reviews, it would be helpful for other denominations to conduct public studies of sexual abuse to better understand the situations in which abuse is likely to occur (Terry et al., 2011).

As circumstances and environments change – such as with the use of new technologies – providing different opportunities for adults to sexually abuse children, additional research will be necessary to improve our understanding of the aetiology of abuse and the risk factors associated with it in faith-based institutions. It will also guide more effective prevention initiatives. Ultimately, no lasting response will be effective without a clear and unequivocal commitment from the leadership of all churches.

Early childhood education and care and schools

Child sexual abuse as a global social problem appears to be a feature of most, if not all, societies and cultures (Shumba, 2004; Zwi et al., 2007). There has been an increase in Western media coverage of this subject, to the point of portraying an 'epidemic' of institutional child sexual abuse in schools

(Ratliff & Watson, 2014). The developmental traumatology theory of educator sexual victimisation of students (Burgess, Welner & Willis, 2010) suggests that child sexual abuse may disrupt critical adolescent development during which young people form peer relations, go through normal high school dating rituals and develop their relationships with their parents. The abuse engenders shame and guilt, particularly when publicised by the media.

Despite this, it appears that relatively little research has investigated the phenomenon of institutional child sexual abuse in schools (Shakeshaft & Cohan, 1995). Within the literature searched for this review, only 14 US or Canadian studies since 2000 focused on educator sexual misconduct. This may be attributable to a range of reasons – for example, systemic reluctance to share information, under-reporting of abuse, fear of negative publicity, and the protection of school personnel. Comparisons between studies is difficult as definitions of 'abuse' vary, with some focusing primarily on sexual body contact and others considering any sexual behaviour in a minor's presence (Zwi et al., 2007) or even unwanted sexual comments or harassment (AAUW, 2001).

Incidence

In North America, Shakeshaft (2004) found a wide range of estimates of the percentage of US students subject to sexual misconduct by school staff – varying from 3.7 per cent to an alarming 50.3 per cent. The estimates varied largely by the methodology of the study. Shakeshaft suggested that the carefully drawn sample and survey methodology of the American Association of University Women (AAUW, 2001) study, which found that nearly 9.6 per cent of students are targeted in this way at some time during their school career, presents the most accurate available data. The AAUW study used a nationally representative sample of 2,064 public school students from Year 8 to Year 11. A decade earlier, Wishnietsky (1991) found that 13.5 per cent of a sample of 148 high school graduates reported having had sexual intercourse with a teacher.

Shakeshaft and Cohan (1995) conducted a four-year study of 225 cases involving the sexual abuse of students by teachers or other professional staff members, based on interviews with superintendents, school attorneys, parents and teachers. They found that in 96 per cent of cases involving reported sexual abuse by teachers, the abuser was male. Seventy-six per cent of victims were female. For female abusers, 86 per cent of victims were female. Therefore, while official figures generally reflect men's sexual abuse of girls, confidential self-report is more likely to indicate higher proportions of female abusers and male victims than revealed by other methods (Crome, 2006; Bolton, Morris & MacEacheron, 1989).

More recently, an analysis by Ratliff and colleagues (2014) of more than 400 public school educators arrested for sex offences in the southern US between 2007 and 2011 found that males were more likely to offend against students aged 12 or younger, while female victims were more likely to be students aged 13 or over. This study also found that male offenders were more likely to be accused directly by their victims, exposed by school administrators or arrested by undercover police. By contrast, female offenders were more likely to be arrested on information from other student informants or following complaints by parents or guardians.

Risk factors

As noted above, schools have been found to be the most common setting for institutional child sexual abuse (Gallagher, 2000) based on the overall number of victims, though this is also a reflection of the size of the population of school students. In terms of relative risk, 9.6 per cent of students reported educator sexual misconduct, a combination of contact and non-contact offenses (Shakeshaft, 2003). Shakeshaft (2004) also found that in the US, students of colour were overrepresented as victims. This result, along with findings that females are at greater risk than males (Faller, 1988; Finkelhor & Baron, 1986; Leahy, Pretty & Tenenbaum, 2002), suggests that female students who are also part of an ethnic minority or other disadvantaged group are particularly vulnerable to institutional child sexual abuse in the school setting (Shakeshaft, 2004).

While children and adolescents with a disability have been identified as a vulnerable population in general, Shakeshaft (2004) emphasised that disability can make children more vulnerable in school settings. Drawing from Sullivan and Knutson's (2000) study, Shakeshaft (2004) concluded that students with disabilities were more than four times more likely to be victimised; students with behaviour disorders were more than five times more likely to be victims of institutional child sexual abuse in a school setting (compared to students without disability); and students who were cognitively impaired were three times more likely to be sexually victimised. In part, the fact that children with disabilities receive more individualised and one-to-one attention from staff may contribute to their high rates of institutional child sexual abuse (Caldas & Bensy, 2014). Further, when students with disabilities were sexually victimised, more than half of the incidents were found to be perpetrated in classrooms or school common areas such as hallways, locker rooms and cafeterias (Caldas & Bensy, 2014). This finding raises important issues about the quality of supervision in school common areas and, at the same time, offers a clear area for prevention enhancement. Finally, findings from this same study also indicated that the impact of child sexual abuse on children with disabilities was more severe and long-lasting (Caldas & Bensy, 2014). (For a more general discussion of disability and freedom from sexual violence see Higgins, 2008.)

Contextually, new technology, mobile phones and social media open up new avenues for communication and, therefore, grooming for potential abusers within educational settings. This becomes more challenging because the geographical and physical boundaries that might have traditionally 'contained' some behaviour have largely disappeared. Abusive practices with origins in the workplace can now easily be maintained outside that context (Quayle, 2012).

In one of the few studies to examine various offender, victim and contextual characteristics in schools, Shakeshaft and Cohan (1995) found four factors may place students at greater risk of sexual abuse: ineffective responses, to allegations of abuse; particularly high-risk locations and settings such as change rooms and school camps; unclear boundaries; and ineffective child safety policies.

By interviewing 225 US school superintendents (senior managers responsible for a group of schools in a specific geographical area) about sexual abuse in their districts, Shakeshaft and Cohen (1995) uncovered numerous cases where accused teachers were rehired in another district. This practice was known as 'passing the trash' – a practice similar to that of moving abusive clergy members between parishes. In this study, a majority of superintendents endorsed the naïve fallacy that by

moving abusive educators to another district they had resolved the problem. Such a widely held false belief suggests that many superintendents had little understanding of prevention strategies or the effects of child sexual abuse on child development (Shakeshaft & Cohen, 1995).

Analysis of legal documents regarding child sexual abuse indicated that within the school setting, high-risk locations included toilets, bathrooms, classrooms, hallways, offices, buses, cars, the private homes of educators and isolated outdoor locations (Shakeshaft et al., 1994; Shakeshaft, 2004). With regard to boundary issues between educators and students, Ratliff and Watson (2014) advised teachers to refrain from touching students, particularly teenage and older students. Their analysis revealed that the impact of male teachers touching female students was greater than female teachers touching male students.

Additional risk factors for experiencing child sexual abuse concern the gender of the students (females are at higher risk), witnessing domestic violence at home, insecure parent–child attachment and parental alcoholism at home (Fergusson, 1996; Mullen, 1998, as cited by Zwi et al., 2007). Socially isolated female students had twice the risk of being abused compared with those who were not isolated. Pre-teenage children (10 to 12 years old) were at highest risk, followed by children six to seven years old (Finkelhor & Baron, 1986, and Flemming, 1997, as cited by Zwi et al., 2007.

Protective factors

Research into protective factors reveals that incidents of educator sexual abuse are less frequent in schools that shared four common practices:

- strict and unambiguous sexual harassment policies
- dissemination of the specifics and consequences of sexual harassment policies as well as procedures for filing complaints
- training of students and school employees on sexual harassment facts
- education around handling incidents of sexual harassment (Shakeshaft & Cohan, 1995; p 516).

Such educational programs should include raising awareness of symptoms associated with potential sexual harassment, addressing evidence of potential student sexual abuse and being responsive to sexual abuse complaints (Shakeshaft, 2014). In an introduction to a peer-reviewed journal special edition on the topic, a number of authors concluded that schools who educate their students on cultural perceptions and gender differences between sex offenders and victims present a lower risk of educator sexual abuse (Kenny & Wurtele, 2012; Morgenbesser, 2010).

Grooming and offender modus operandi

Although not every instance of educator sexual misconduct includes a 'grooming' phase, Robins (1998) described a process very similar to that in other forms of sexual abuse, though one that exploits the particular features of an educational setting. Here, an abuser selects a student, gives them attention and rewards, and provides support and understanding while slowly increasing the

amount of touching or other sexual behaviour. The purpose of this process is to test the potential for the child to disclose; to desensitise them through progressive physical contact culminating in sexual behaviours; to provide non-sexual experiences they value and won't want to lose; to learn information that will discredit the child if they do, in fact, disclose; and to gain approval from parents to spend time alone with the child. Robins suggested that widespread understanding of grooming patterns would aid prevention and detection of such abuse.

With regard to the method of grooming, Shakeshaft (2014) noted that male offenders in primary schools may offer special assistance to the single mothers of their intended victims. Such assistance may include tutoring or playing the part of the missing male role model in the child's life. Older students may be more directly groomed by romantic seduction in the form of "presents, emails, overt flattery, cards and late night phone calls" (p 2852). Teachers whose professional duties require greater time alone with students (such as coaches, music teachers and tutors) are more likely to offend than other educational professionals (Shakeshaft, 2014).

Abusive teachers may use their position of authority to befriend victims, building relationships that decrease the likelihood of reporting. Use of force is rare, and common sexual activities engaged in are kissing, fondling and masturbating (Moulden, Firestone & Wexler, 2007). Modus operandi may also differ in school settings based on the age of victims, with perpetrators in primary schools more likely to engage in institutional grooming, working to gain the trust of colleagues and the parents of their victims to facilitate time alone with the child. In contrast, perpetrators in a high school context are more likely to build romantic relationships with their victims by buying presents, sending seductive or flattering cards and emails, and contacting them outside school hours (Shakeshaft, 2014; cf East Sussex Safeguarding Children Board, 2013).

A criminological framework of educator sexual abuse based on Royal Canadian Mounted Police data (Moulden et al., 2010) proposed that since educator crimes were largely sexual in motivation, the modus operandi of educator sexual offenders parallels the "approach-explicit pathway" of general sex offending articulated by Ward and Hudson (1998). According to Moulden et al. (2010), educator sex offenders who engage in grooming behaviours tend to be more sexually deviant and pose an increased likelihood of repeat offending.

Maintaining secrecy

The reported methods of maintaining secrecy and silence are similar to those for sexual abuse in other settings, but adapted to the particular features of an educational setting. Shakeshaft (2004) suggested that abusers almost always intimidate or use threats against the victim that exploit the power structure ("If you tell, I'll fail you"), or use relative credibility ("If you tell, no one will believe you"), or manipulate the child's affections ("If you tell, I'll get in trouble").

Shakeshaft (2004, p 41) commented: "Abuse is allowed to continue because even when children report abuse, they are not believed. Because of the power differential, the reputation difference between the educator and the child, or the mindset that children are untruthful, many reports by children are ignored or given minimal attention."

This description is strikingly similar to that outlined in the *Child Sexual Abuse Accommodation Syndrome by Summit* (1983) two decades earlier. It might be concluded that while the painful recognition that carers can sexually abuse has increased the likelihood of disclosures, there is still a level of denial among care workers. Denial by carers also increases the risk to children by making early signs of institutional child sexual abuse more difficult to detect.

Prevention

Though a number of school-based prevention programs have been implemented, there has been relatively little evaluation of their efficacy. A review of 22 prevention studies reported mixed results with varying definitional outcomes of success (Barron & Topping, 2008). In a meta-analysis, Zwi et al. (2007) found that preventative child sexual abuse interventions significantly increased knowledge and protective behaviours. However, the analysis indicated concerns about gaps in monitoring and oversight of the interventions. A comprehensive review of 24 studies, conducted with a total of 5,802 participants in primary and secondary schools in the US, Canada, China, Germany, Spain, Taiwan and Turkey, found evidence that school-based sexual abuse prevention programs were effective in increasing participants' protective behaviours and knowledge of sexual abuse prevention concepts (Walsh et al., 2015). These knowledge gains were not significantly eroded 1–6 months after the intervention.

In terms of harm, there was no evidence that programs increased or decreased children's anxiety or fear, though no studies measured parental anxiety or fear. Children involved in sexual abuse prevention programs were more likely to disclose their abuse than those who had not been exposed to such programs. Studies have not yet adequately measured the long-term benefits of programs in reducing the incidence of child sexual abuse in program participants (Walsh et al., 2015).

Child sexual abuse interventions may also expose other types of abuse, thereby providing relevant information about the scope of child abuse within the wider community and prompting services for children in need. For example, the National Sexual Violence Resource Center's review, "Child Sexual Abuse Prevention Programs For Children," not only identifies benefits related to knowledge and skills gains, but points to earlier disclosure of existing abuse (National Sexual Violence Resource Center, 2011).   At the same time, however, further evaluations are required to assess the efficacy of preventative child sexual abuse interventions (Morgenbesser, 2010).

Critique

Critiques of child sexual abuse intervention research have focused on two general areas. A number have observed the paucity of available data to assess the efficacy of prior intervention work. For example, some interventions have a child-centred orientation that may unrealistically expect children to assume responsibility for preventing or terminating their own abuse (Barron & Topping, 2008). Such prevention approaches, especially in view of the differences in social power between teachers and children, have been criticised for providing children with the requisite knowledge to recognise abuse while leaving them ill-equipped to prevent abuse (Zwi et al., 2007). Other scholars have questioned methodological issues in the child sexual abuse prevention field such as research

based on data from public records, excluding unreported and undiscovered cases in favour of adjudicated cases, as well as regional studies that may be reveal more about local culture than generalisable claims (Ratliff & Watson, 2014).

Implications for practice

Although there are still unanswered questions about the efficacy of school-based child sexual abuse prevention programs, the existing evidence base supports recommendations falling into three main categories: better program implementation, improving screening efforts to eliminate offenders through the recruitment process, and new or improved policies.

Better program implementation

Specific examples in this area include improving the implementation of preventative child sexual abuse interventions so they:

- deliver programs within a supportive school context
- give advanced notification to child protection agencies (to facilitate a planned response to disclosures)
- provide children with sufficient information to help them make wise choices about disclosures
- offer a variety of training scenarios that are sensitive to children's feelings and address the inherent power imbalances between children and educators
- formulate a community perspective that involves parents, teachers and other school personnel with regular 'booster sessions'
- repeat complex learning concepts
- provide age- and stage-appropriate educational materials.

Also, program providers should incorporate affective components into interventions, specific training that includes teacher perspectives to increase buy-in, and opportunities to model desired outcomes and behavioural skills training (Barron & Topping, 2013). Finally, the value of whole-school approaches should be noted, although there is the risk of doing harm if efforts are not coordinated and do not engage the whole school community – all teachers, staff, parents and students. The lack of staff training can affect prevention as well as responses to disclosures. If an unprepared staff member reacts badly to a student's disclosure of sexual abuse, it could be worse for the student whose participation in a program had raised their expectations of being believed and obtaining an appropriate response that meets their safety needs.

Improving screening efforts

School recruitment processes should more actively screen candidates who present a risk. Such efforts should recognise obvious indicators of concern, such as applicants who are unable to explain gaps in work history, who only want to work with children of a particular age and who find it difficult to identify activities in their lives that are not related to children. Multiple screening methods – for example, obtaining references regarding previous jobs or volunteer roles, carrying out background

suitability checks, and checking licences – should be used in recruiting staff and volunteers. Three types of screening programs operate in Australia, as described below:

- An *employer-driven* system makes it mandatory for employers in relevant fields to carry out background checks on prospective employees or volunteers.

- An *individual based* system is the most common type of screening program. This offers an individual certification to engage in child-related work, valid for a specific period of time, so providing for ongoing monitoring of an individual's suitability for child-related work.

- Working with Vulnerable People Background Checking is a combination of the two abovementioned systems (Goldsworthy, 2016).

Such efforts should also enhance the capacity of professionals to manage and supervise school staff. School officials should be encouraged and supported in reprioritising educator sexual misconduct as a legitimate issue worthy of their attention while understanding that alleged offenders will be reported to statutory agencies and their employment terminated if they have been found to have engaged in misconduct. It is entirely unacceptable for policies to permit suspected offenders to be relocated or rehired in another geographical location (Shakeshaft, 2014).

New or improved policies

Policy recommendations begin with providing all early childhood education and care, and school administrators with clearly written policies defining educator sexual misconduct and inappropriate teacher–student relationships. Additionally, a standard template employment form should be provided for completion by all those seeking a role within the institution that asks about work history and personal information to aid background and criminal history checks (an example is the various state and territory Working With Children Check processes). All school personnel in contact with children should receive regular training and certification on preventing child sexual abuse. School administrators should appoint an independent case coordinator with regulatory authority who ensures all allegations of abuse are reported to both police and child protection agencies (Shakeshaft, 2004). In the UK, the Designated Officer position (previously known as the Local Authority Designated Officer) fulfils this function, among others, and may provide a useful model for emulation. Statutory guidance (HM Government, 2015) states that all organisations should contact the designated officer in their area if they are concerned that a staff member, volunteer or any adult in a position of trust in their organisation has behaved in a way that has harmed, or may have harmed, a child. The designated officer is involved from allegation through to the conclusion of the case, whether or not a police investigation continues. Their role is to provide advice and guidance, and coordinate information sharing between all involved to enable a 'joined-up' process that achieves an appropriate outcome as efficiently as possible.

Finally, government education agencies should collaborate with university scholars to provide comprehensive child abuse training for new and veteran educators, and appoint an ombudsman to oversee changes in practices (Briggs, 2014).

Healthcare settings

Millions of children and teenagers receive care from medical facilities around the world each year. In Australia, there are approximately 1 million hospitalisations of young people each year (Hill et al., 2011); and in the US, 9 million hospital emergency department admissions for injuries annually (CDC, 2015). Services provided in these settings include routine preventive check-ups, emergency visits for physical trauma and acute health crises, hospitalisations for minor or major surgery, and long-term care of children with chronic, debilitating diseases. Use of medical settings is rarely optional for children or their families, and is typically associated with high levels of anxiety related to relinquishing control in situations where the stakes are high – that is, when children are injured, ill or in need of complex care. Clearly the benefits to children who are cared for in medical settings is immense, yet the risk of harm related to institutional child sexual abuse is a continuing concern (American Academy of Pediatrics [AAP], 2011).

Environmental stressors in medical settings affect the professionals who work there, as well as the parents who bring their children in for care, and can result in child maltreatment, including child sexual abuse (Blatt & Brown, 1986). Risks related to environmental stress are often amplified in medical settings, where occupational stress tends to be particularly high (National Institute of Occupational Safety and Health, 2008). High stress for parents and professionals, as well as risk factors specific to medical settings, can contribute to children's vulnerability to child sexual abuse.

Prevalence

At present, little data is available regarding the prevalence of child sexual abuse in medical institutions, but it is known to occur (Tarabay, 2010; American Medical Association, 1991; College of Physicians and Surgeons of Ontario, 1991). Sexual abuse may be perpetrated in healthcare settings by professional staff, volunteers, visitors, parents, or child or adult patients. As with abuse in other institutions, the degree of invasiveness may vary, it may involve a single victim or multiple victims, and its duration may be very brief or sustained over a period of time (AAP, 2011). While motivations are difficult to determine for institutional child sexual abuse, it is reasonable to assume that paedophilia, hebephilia or paraphilias underlie much of this abusive behaviour (AAP, 2011). While this issue rarely features in the research literature, the most notable cases are always highlighted and sensationalised in the media, typically reflecting institutional child sexual abuse involving large numbers of victims and invasive acts perpetrated over many years. For example, Earl Bradley, a Delaware (US) paediatrician, was indicted in 2010 for the molestation of 103 children in his care across many years (Chase, 2010). Jimmy Savile, a famed UK radio and television personality was exposed as a serial sexual offender against both children and adults, abusing hundreds of patients in the hospitals for which he volunteered and raised funds across the UK (Lampard & Marsden, 2015).

An oft-cited (though now somewhat dated) study of out-of-home treatment facilities in Indiana (US) found that 1.56 per cent of hospitalised children experienced maltreatment, with sexual abuse accounting for approximately half of those cases (Spencer & Knudsen, 1992). A contemporary Canadian Task Force on Sexual Abuse of Patients found that 8.7 per cent of reports of sexual misconduct by physicians involved patients younger than 14 (College of Physicians and Surgeons of Ontario, 1991). In reviewing 34 complaints by paediatric patients, Feldman, Mason and Shugerman

(2001) found that 53 per cent were related to sexual concerns. These complaints involved a broad range of predominantly male (87 per cent or 13) hospital staff members, including physicians therapists nurses and volunteers Findings indicated that only 24 per cent of all cases (physical and sexual abuse allegations) were fully substantiated, while 18 per cent remained indeterminate. Of course, it is important to note that these rates are associated with older studies, represent a small number of investigations and reflect systems that serve very different numbers of children each year.

Despite awareness of the problem of child sexual abuse in medical treatment facilities, there has been some resistance to creating protocols to address it. In 2001, Bross noted that only 19 per cent of surveyed US hospitals had procedures or 'system approaches' for dealing with child maltreatment. One possible reason for this serious deficit might be that admitting malpractice is embarrassing for a hospital or other healthcare facility. In addition, not having a documented child sexual abuse prevention policy makes it more difficult to hold the institution liable in legal proceedings if personnel violate 'unwritten rules' regarding child safeguarding (Bross, 2001). Since more recent data about hospital perspectives on this issue is unavailable, it is difficult to determine the extent of the current problem in this regard. At the same time, it is clear that hospital 'risk management' departments continue to actively pursue mechanisms to minimise the legal exposure of medical settings. That said, there are clearly benefits for all involved in promoting a greater awareness of institutional child sexual abuse risks and having prevention protocols in place to increase safety in medical institutions.

Risk factors

As noted above, a very small number of studies describe institutional child sexual abuse in medical settings. While not directly studying institutional child sexual abuse in hospitals or medical clinics, Kaufman and colleagues (Kaufman et al., 2012) provide insights about risk factors related to children's hospitals as part of their discussion of situation-based prevention. Safety consultants to children's hospitals describe the risk of child sexual abuse in terms of contributing environmental factors (such as isolated hospital units and difficulty in supervising patient play areas), situational factors (such as heavy sedation and a lack of supervision for patients waiting for X-rays or scans) and critical policies (such as providing optional chaperones for patients during sexually invasive procedures) (see Figure 2 for details). Risk factors specific to health settings, particularly hospitals and their emergency departments, may include parents' sense of disempowerment; the difficulty in questioning the actions of high-status professionals; the challenge of monitoring large medical settings divided into numerous enclosed spaces for privacy; the frequency of one-to-one medical procedures; the need for ongoing 'intimate care' with medically compromised children (such as supervising bathing and toileting); the limited ability for parents to supervise and actively participate in their children's care; and high compliance expectations for children in medical setting (Kaufman, 2015). This combination of factors heightens patients' vulnerability and challenges prevention efforts.
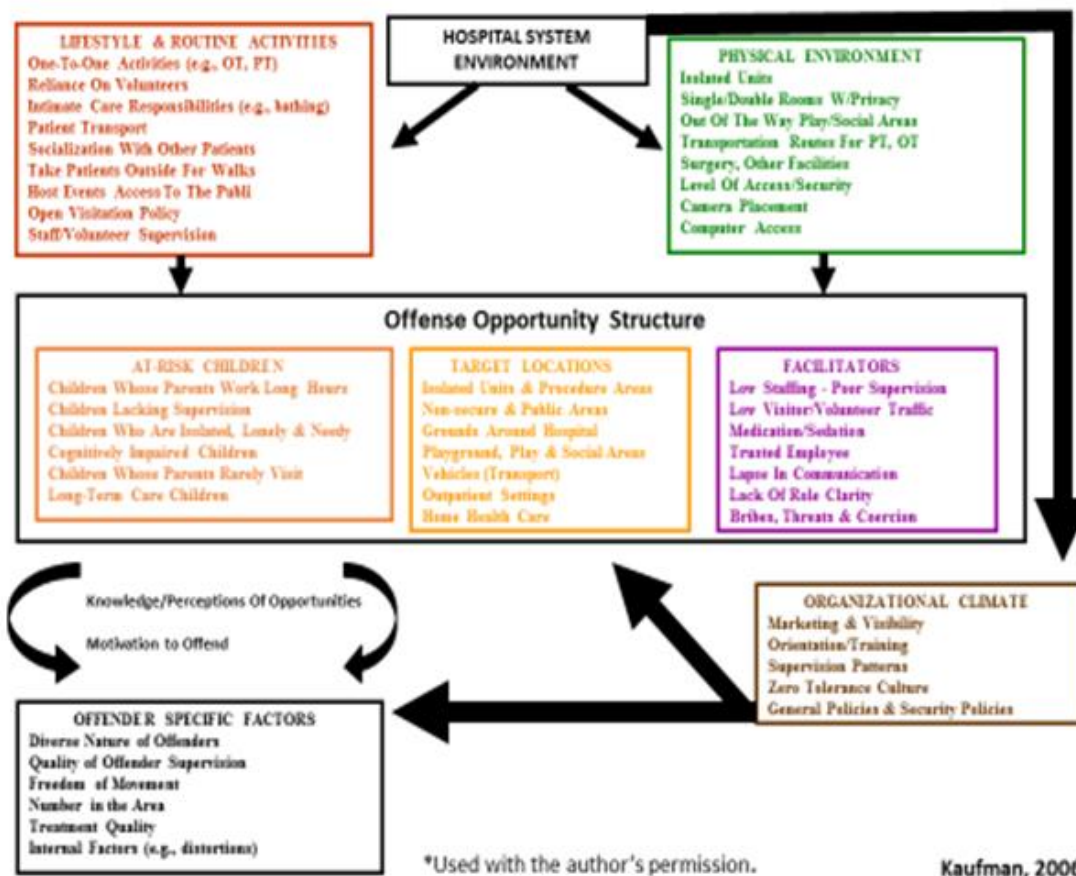
Figure 2: Kaufman, 2006

A number of other risks specific to healthcare settings have been reported. For example, reports of patient sexual abuse by medical facility staff members seem to increase when admission rates are high, and when policy-based decision making may be disrupted by staff members' sense of being overwhelmed (Blatt & Brown, 1986). The incidence of child maltreatment tends to increase in spring and autumn, possibly due to staff scheduling changes, seasonal demands on healthcare staff and/or seasonally based changes in children's activities (Blatt & Brown, 1986). According to Feldman and colleagues (2001), complaints of sexual abuse in the hospital setting are also more likely to be reported by older children (with a mean age of 12.4 years). Finally, other studies indicate that victim risk factors for sexual abuse in medical settings can include characteristics that set a child apart as vulnerable or particularly needy in some way, such as a chronic illnesses, motor or cognitive disabilities, a history of abuse or maltreatment, or a history of a psychiatric illness (Colton et al., 2010; Feldman et al., 2001; Staley et al., 1986).

Prevention

The existing literature on institutional child sexual abuse in medical institutions does not suggest 'protective factors' per se. At the same time, the AAP's report on protecting children from

child sexual abuse in healthcare settings, as well as a number of other researchers suggest prevention strategies to enhance paediatric patient safety (AAP, 2011; Christian and Feldman, 2011; Silber, 1994).

The AAP (2011) advocates the screening of medical staff for previous allegations of child sexual abuse as part of the recruitment process. They note, however, that background checks cannot be relied on as the sole determinant in the screening process as many people found to have sexually abused children in institutional settings have no previous criminal record (Staley et al., 1986; Erooga et. al, 2012a). Stark and colleagues (1997) suggested that the best way to avoid harm to children is to avoid dangerous practice rather than attempt to screen out allegedly dangerous people. One way to address this in a medical context is to emphasise the use of effective clinical supervision and close monitor paediatric practice. A Value Based Selection process (discussed below) adapted for this setting would go a considerable way towards meeting these needs.

The AAP goes on to suggest the importance of training programs for medical personnel that address appropriate professional boundaries, maintaining professional interactions while conducting sexually sensitive exams or discussions, and the use of patient chaperones during intimate examinations. Other authors have also stressed the importance of well-developed chaperone programs. Christian and Feldman (2011) went further in suggesting that hospitals should offer patients and their families the option of having a chaperone present for sexually sensitive discussions and/or examinations, to help ensure that proper procedures and professional relationships are maintained. Such provisions, in addition to protecting children from maltreatment, may safeguard medical providers against misunderstandings that could lead to false accusations of abuse (Christian & Feldman, 2011). Of course, clear guidelines should be established as part of this process to ensure that patients and their families are given a clear explanation of what will occur during any medical examination or procedure, to help prevent misunderstandings (Silber, 1994).

The provision of clearly articulated safety policies has also been suggested as a critical foundation for promoting safety in medical settings (AAP, 2011; Christian & Feldman, 2011). Necessary safety policies include those that describe mandatory screening practices for hospital staff and volunteers; outline required training on safety and prevention; define appropriate boundaries between medical staff and paediatric patients; clearly detail 'zero tolerance' of child sexual abuse and child exploitation (for example, the possession or viewing of child abuse images [child pornography]); and spell out steps for reporting suspicions as soon as they are identified (AAP, 2011; Christian & Feldman, 2011).

Grooming and offender modus operandi

Protecting Children From Sexual Abuse by Health Care Providers, a 2011 report from the AAP's Committee on Child Abuse and Neglect, provides considerable detail about child sexual abuse grooming behaviours that may be particular to physicians and medical staff members intending to commit institutional child sexual abuse. Paediatricians who perpetrate child sexual abuse may use grooming and desensitising behaviours to build trust with the child while slowly 'shaping' their acceptance of progressively more intrusive sexual contact. Grooming refers to behaviours intended

to gain the trust of victims, their parents and professionals who may otherwise supervise children (Kaufman & Patterson, 2010). An offender may slowly and systematically introduce more sexualised and behaviourally invasive contact with a child (Kaufman and Patterson, 2010). Grooming behaviours in medical settings may include creating a particularly child-friendly office environment; offering children gifts; establishing email, text or social media contact with children; sharing personal information with children; and even offering or attempting to engage children in interactions outside the medical facility (AAP, 2011; Christian & Feldman, 2011). Desensitisation may involve prolonged or sexually invasive contact with a child's genital regions; unnecessary genital examination; physical touching intended to sexually stimulate; conducting genital examinations without the normal gowning of the child or draping of their private areas; intimate contact without appropriate use of surgical gloves; and sexually suggestive or sexually complimentary comments (AAP, 2011; Christian & Feldman, 2011). Clearly, well-trained medical centre staff will be in the best position to identify early signs of child sexual abuse grooming and to promptly report their concerns to authorities.

Critique

It is difficult to accurately estimate the number of children who receive some form of medical or health care each year worldwide. Despite the enormity of the number of child patients and their potential to be victims of sexual abuse, this issue is strikingly underrepresented in the research literature. Of the few studies that do exist, some are quite old (such as Silber, 1994) and some overly broad, seeking to address all safety issues across medical systems of care (e.g., AAP, 2011; Christian & Feldman, 2011). Others are overly narrow, such as Tarabay (2010), which focuses on case studies. The research is scant and focused on medical professionals in hospitals. It is therefore not clear to what degree this research would generalise to other healthcare professionals and other settings. Finally, the articles pertaining to this area are more anecdotal in nature, practice-oriented and lacking in the scientific rigour of more representative empirical research studies.

Implications for practice

Additional studies on child sexual abuse in healthcare and other medical settings should be encouraged, particularly those with a stronger methodological foundation. Research that follows the public health model should also be encouraged (Rogers, Green & Kaufman, 2010) to ensure a strong foundation for preventive interventions in this area. With this in mind, strategic efforts should be made to conduct studies that uncover the breadth of risk and protective factors associated with different types of medical and healthcare settings across the paediatric healthcare continuum. A better understanding of risks by type of medical setting, including outpatient clinics, emergency departments and hospital wards, will allow for the tailored development of prevention strategies truly responsive to the specific needs of these settings. Once developed, researchers can focus on documenting the efficacy of various prevention strategies and then work to disseminate information on the implementation of approaches that are deemed evidence-based.

Until the research literature in this area develops to the point of providing proper guidance for enhancing safety, efforts should continue to prevent institutional child sexual abuse in medical settings based on existing recommendations and extrapolation from the work of schools, OOHC

facilities and other youth-serving institutions. First, it would appear that identifying the parameters of common stressors for healthcare workers and intervening to reduce high-level occupational stress (Blatt & Brown, 1986) could reduce children's vulnerability. Second, improved planning to anticipate increased patient demand, such as that caused by seasonal variations, may help emergency departments, outpatient clinics and other high-volume units to avoid being overwhelmed to the extent that it compromises the supervision of child patients (Blatt & Brown, 1986). Third, greater efforts are needed to improve screening, background checks and active reference checks for job candidates and volunteers, along with improved safety training for staff members and intensive supervision to bolster patient safety (AAP, 2011; Christian & Feldman, 2011).

Fourth, a focus on enhancing health and medical personnel's understanding of appropriate boundaries and training in the effective use of a chaperone program are likely to improve the safety of patients who are the subject of sexually sensitive discussions and examinations. It will also limit the number of situations that may increase patient vulnerability, and in which medical staff place themselves at risk of abuse allegations (AAP, 2011; Feldman, Mason & Shugerman, 2001). Also important is the training of staff members to recognise and appropriately address paediatric patients with personal issues – including those who are mentally ill, cognitively impaired, unduly emotionally needy or prone to eroticise a sexually sensitive examination – or who are more challenging to care for, such as those who are intoxicated or sedated (cf. Christian & Feldman, 2011; Feldman et al., 2001). Similarly, providers must also recognise families with potentially problematic dynamics, and create appropriate safety plans to ensure both high-quality care and staff safety (Feldman et al., 2001).

Fifth, medical facility staff must be aware of requirements and procedures regarding reporting suspected, disclosed or discovered child sexual abuse, and must know to do so with urgency at all times (Christian & Feldman, 2011). It is critical that policies for investigating, managing and reporting complaints of sexual misconduct are in place, known to all and practised without exception within medical institutions. The healthcare profession has a responsibility to protect patients from harm and to provide help to those who have already experienced abuse. In cases of child sexual abuse, whole families may be in need of emotional and/or legal support, and hospitals should be ready to facilitate access to various important resources (Christian & Feldman, 2011). Sixth, just as hospital staff members need to be aware of and have access to effective channels by which to report suspected abuse, so too patients and their families require high-quality options for disclosing complaints about possible abuse (Bross, 2001). Importantly, throughout the organisation, staff and volunteers should be trained to listen to children and make it easy for them to report abuse or potential abuse (Kendrick & Taylor, 2000). Parents and older children need to know how and where to report their concerns, both through channels within the medical facility and through statutory child protection services (Christian & Feldman, 2011).

Seventh, special attention should be given when providing care to adolescent patients, to ensure their safety. The relationship between healthcare providers and their adolescent patients is complex and prone to misunderstandings that can compromise the professional relationship and in rare cases result in false sexual assault accusations. Evidence suggests that it is typically older children who are involved when false accusations are made. There are instances when clinicians must have

confidential interviews with their adolescent patients without parental supervision, which could complicate the issue (Silber, 1994). Professionals whose work brings them physically close to their patients, especially adolescents, must be aware of the risk that their actions could be misunderstood as sexually inappropriate by either the patient or their guardian (Silber, 1994). Silber advised that identifying and addressing pre-existing patient and parental anxieties is a crucial step in avoiding false accusations. Clarifying for young patients the details of the services to be provided and assuring them that confidentiality will be maintained might ease their anxiety and that of their parents or guardians. If allegations arise, it is important to take them seriously, create treatment plans and approach the situation therapeutically and respectfully (Silber, 1994). Complaints about employees should be managed confidentially, sensitively and urgently, and the employees should have independent, confidential support during the investigation. Institutions should follow the legal guidelines of local and state authorities, and cooperate with protective, legal and licensing agencies in the investigation of possible sexual abuse by medical workers (Christian & Feldman, 2011). However, the need to protect healthcare providers from false accusations of misconduct should never overshadow the need to protect child patients from sexual abuse.

It is critically important that policies provide a foundation for safe practice – such as those governing the use of chaperones, and codes of professional conduct. Each component of the institution's safety procedures must be supported by a corresponding policy (AAP, 2011). Policies should also be linked to practice guidelines that clarify how the policies are to be enforced on hospital wards and in clinics or other healthcare settings. Finally, regular monitoring is important to ensure that policies are leading to practices that ensure children's safety as intended (Kendrick & Taylor, 2000).

Out-of-home care

Child sexual abuse in OOHC settings that provide services such as residential, foster and kinship care is an ongoing area of research. In Australia, children in foster care used to represent the largest group within OOHC, but in the last decade kinship care has grown rapidly to exceed the scope of foster care, with residential facilities the smallest group (Goldsworthy, 2015). Research has identified many facets of child sexual abuse in foster care, from the prevalence of abuse and the characteristics of perpetrators and victims to institutional shortcomings and policy implementation. A current focus is operationalising definitions of institutional child sexual abuse (Green, 2001, 2005; Stein, 2006; Timmerman & Schreuder, 2014).

This section identifies the risk and protective factors relating to child sexual abuse in OOHC settings, assesses the literature on grooming, and considers prevention strategies in order to offer recommendations to mitigate the incidence of abuse. In view of the available research, the focus is on residential OOHC facilities. While different risks may be present in home-based family care (foster and/or kinship), little research is available on the characteristics of these settings that pose risks.

Risk factors

Research into factors that can increase the risk of child sexual abuse in OOHC can be grouped into domains including institutional culture; gender issues and gender ideology; and peer-to-peer

violence. The power differential between child and caregiver is an identified risk factor as it affords opportunities for caregivers to wield power and intimidate children (Green, 2001; Stein, 2006; Timmerman & Schreuder, 2014). Additionally, children in OOHC depend on adults for their survival, and abuse of the authority that adults have over children in these situations may result in the powerlessness of victims. In a UK study of 133 children who were fostered or in residential care over a six-year period, Hobbs, Hobbs and Wynne (1999) found that 158 episodes of alleged physical or sexual abuse were assessed and reported by a paediatrician, with 41 per cent involving foster carers as the abuser and 20 per cent other children.

Another risk factor addressed in the literature is the avoidance or absence of discussions about sex (Green, 2001, 2005; Timmerman & Schreuder, 2014). Caregivers frequently avoid discussing sex and sexual abuse issues with children because they view it as an inappropriate topic or believe it would encourage children to become sexually active (Green, 2001, 2005). Taboos around frank discussions of sex may create an environment where children are uncertain about what is and what is not appropriate or abusive (Higgins, 2010; Lev-Wiesel et al., 2014).

A lack of subject expertise on child sexual abuse has also been cited as a risk factor (Green, 2001, 2005; Lepper, 2013 Stein, 2006; Timmerman & Schreuder, 2014). Green (2005) found that the risk of institutional child sexual abuse is usually framed in a way that identifies risks to carers, staff or facilities rather than those posed to children. Training may centre on reporting risk factors rather than identifying them and creating a healthy dialogue for disclosure or treatment techniques (Green, 2001). Too often residential care staff members are inconsistently trained in how to best serve children with histories of victimisation or perpetration. Green (2005) also noted that knowledge of the prior abuse of children was a driving factor in avoiding discussions on the topic. Another common concern for caregivers is how to interact physically with a child without it being misconstrued as sexual – for example, when physically restraining a child or when providing comfort or building rapport (Steckley, 2012; Timmerman & Schreuder, 2014).

An additional risk factor for child sexual abuse in OOHC is inadequate resources. OOHC facilities with inadequate resources may have more untrained or poorly supervised staff (Green, 2001) who may also be unstable and mismanaged (Stein, 2006). Structural neglect may also contribute to higher rates of child sexual abuse in residential and foster care settings compared with non-residential settings and foster homes (Bolton, Laner & Gay, 1981; Euser et al., 2013; Lepper, 2013).

Gender differences and gender ideology

Literature on institutional child sexual abuse consistently suggests that girls are at a greater risk of victimisation in residential and foster care settings (Euser et al., 2013; Lepper, 2013). It also shows that the majority of sexual abuse in these settings is committed by males (Rosenthal et al., 1991). However, males are also abused in residential care and they are less likely to report their abuse (Green, 2001; Lev-Wiesel et al., 2014). Males are also more often abused by other males and harbour fears of being labelled as homosexual and/or as potential offenders (Lev-Wiesel et al., 2014; Stein, 2006).

Peer-to-peer abuse

Gender-related issues are especially complicated in regard to peer-to-peer sexual violence. Research suggests that there is a prevailing sexist attitude within some foster care homes and residential sites. The attitude that 'boys will be boys', and that force is a normal part of male sexuality, persists. In addition, blame is often placed on girls for not defending themselves from their abusers (Timmerman & Schreuder, 2014). Further, a culture of silence regarding sex and child sexual abuse within OOHC may perpetuate the idea that normal sexual exploration includes sexually aggressive and abusive behaviours. These issues may also lead adolescents to exhibit more risky sexual behaviours later in life (Fowler et al., 2015).

When child sexual abuse is committed by peers it is sometimes misconstrued as normal sexual experimentation (Timmerman & Schreuder, 2014). Staff in OOHC settings may be inadequately or entirely untrained in the finer points of identifying the difference between age-appropriate sexual activity and abuse. This is particularly problematic as peer-to-peer abuse is often not reported (Timmerman & Schreuder, 2014). Stein (2006) suggested that children are at a higher risk of victimisation by peers than by adult staff members. Specifically, older, male, biological children of carers have often been the perpetrators of child sexual abuse in OOHC settings (Rosenthal et al., 1991). Complicating this issue further is the fact that within the OOHC system, victims and perpetrators are often placed in the same home or facility (Rosenthal et al., 1991). Though peer-to-peer sexual abuse is now being investigated in more depth, little empirical literature has been published to date (Timmerman & Schreuder, 2014; Euser et al., 2013). (Resources on peer-sexual-assault are available from the Australian Institute of Family Studies.)

In summary, not only is there potential risk from foster caregivers but also from foster siblings in the home. Selection processes need to focus not only on the caregivers themselves but also their understanding of this risk, and their ability and willingness to protect their foster children from possible abuse by a member of their own family. It is also important to carefully assess children before placing them in a setting where they may present a sexual risk to others (Epps, 2006).

Protective factors

There has also not been much research on the characteristics of children, their caregivers and the physical environments that may play a protective role against child sexual abuse in OOHC settings. While certain protective factors may appear to have potential to reduce risk (such as providing single-gender out-of-home institutions), research has rarely explored the potential benefits of such protective factors. Only two protective factors have been identified in the literature: social worker visits and disclosure of abuse by child victims or adults.

Many agencies that arrange temporary foster care placements require children to meet regularly with their assigned social worker. While such policies are not universal, those institutions that do require regular social worker visits perceive such requirements as inherently protective (Sen et al., 2008). Outside visits by a trusted adult authority can facilitate disclosure of abuse by children in OOHC. Examples of initiatives that facilitate such visits include Queensland's Community Visitors Program and Victoria's Pilot Independent Visitor Program for Residential Care Services.

Research on the disclosure of abuse by children living in OOHC has revealed several key insights. Children who have established a secure and safe relationship with a caregiver are more likely to disclose their experiences of sexual abuse. A key protective factor highlighted in the literature is that abuse is more often disclosed in a situation where it has been addressed. Specifically, disclosures are more likely in the homes and institutions where there is a 'common language' about what is and what is not appropriate, and where each child feels safe and confident that they can trust their caregivers to help (Lev-Wiesel et al., 2014).

Grooming

Although there is little research on the characteristics of grooming in OOHC settings, it is recognised that abuse in these situations is often perpetrated by charismatic and controlling males in positions of power (Gibson et al., 2011; Green, 2001; Timmerman & Schreuder, 2014). Gibson et al. (2011) noted that many children fully trust those who have groomed them and will therefore often claim that they consented to the abuse. This happened in the case of Child G, a 14-year-old female pupil who "became involved in a sexual relationship" with a male teacher at her school and, believing they were in love, absconded overseas with him (East Sussex Safeguarding Children Board, 2013).

Prevention

While the literature provides numerous recommendations for ways of preventing child sexual abuse in OOHC, little research has explored how different OOHC providers – including residential, foster and/or kinship care – actively prevent abuse. Researchers have highlighted the lack of staff or carer training, but have not articulated the types of training that might reduce abuse (Colton, 2002). Overwhelmingly, recommendations for preventing child sexual abuse in OOHC are linked to better training and the presence of strong policies, though more research is needed on creating and implementing effective training in this area.

Lepper (2013) noted one prevention model used by an English local authority that involved free training on grooming behaviours, and focused on preventing abuse and creating connections within the professional community. The same author also found that strong partnerships with law enforcement and neighbourhood councils aided in the reporting of institutional child sexual abuse concerns. Additionally, the use of an operational group of social workers, police officers and health representatives who collaborate, provide support and run risk management meetings for OOHC facilities can help reduce the incidence of sexual abuse (Lepper, 2013).

Critique

Most of the research on child sexual abuse in out-of-home foster care and residential settings is reactive, conducted in the aftermath of highly publicised cases and/or in geographical areas with high rates of abuse. A more scientific approach would assess the characteristics of the institutions where this abuse does and does not occur. There is also a lack of research on the protective factors that might mitigate the incidence of abuse, and none identified relating to the particular circumstances of kinship caregivers. In light of what little has been documented about child sexual

abuse in OOHC settings, it may be helpful to consider key factors such as the gender of the caregiver, whether the child and caregiver are blood relatives, and the nature of the household (for example, whether the caregiver has a partner or other children).

Implications for practice

Recommendations to combat the child sexual abuse in OOHC generally fall into three categories: increased resources, policy development and adequate training or support for staff and caregivers.

Increased resources

Underfunded residential facilities with large caseloads can overwhelm staff (Euser et al., 2013; Rosenthal et al., 1991). Critics who recommend the review of pay and work conditions suggest that low pay puts pressure on facilities by making it difficult to both hire high quality staff and maintain appropriate levels of staffing (Sen et al., 2008, Green, 2005, Rosenthal et al., 1991).

Policy development

Recommendations on policy development include changes to both site-specific and national policies. One of the most consistently recommended changes in the literature is the introduction of 'whistleblowing policies' (Green, 2005; Sen et al., 2008; Lev-Wiesel et al., 2014; Stein, 2006). Research shows that children often do not disclose sexual abuse out of fear of what will happen to them or how the disclosure will be handled (Lev-Wiesel et al., 2014). One recommendation is to have independent advocates who supervise a complaint system (Sen et al., 2008; Lev-Wiesel et al., 2014). Such a system could serve the interests of both children and staff, in that it may also address staff fears about dismissal or reprimand if they report suspected abuse (Stein, 2006).

Increased monitoring of OOHC providers, by an independent body, has been recommended (Sen et al., 2008; Lev-Wiesel et al., 2014; Stein, 2006). Research by Stein (2006) recommended that a single regulatory body should be responsible for setting minimum standards, and that facilities should be responsible for reporting target achievements. Mandatory standards could include monthly visits (Sen et al., 2008). Setting minimum policy standards for recruitment and selection is also recommended (Sen et al., 2008; Stein, 2006; Green, 2005).

Creating a culture where children have a voice regarding what happens to them has also been consistently recommended (Sen et al., 2008; Lev-Wiesel et al., 2014; Stein, 2006; Conroy, 2012). In societies that typically view children as powerless, helping to empower children in OOHC may have a positive effect by creating a sense of community and social capital. Involving children in the decisions that directly affect them may give them a sense of control over their lives and more of a voice regarding their care (Stein, 2006; Conroy, 2012).

Adequate training

A final consistent theme is improved training (Green, 2001, 2005; Stein, 2006; Timmerman & Schreuder, 2014). All facilities need training in how to talk to children and young people about sex, and also how both staff and resident children can recognise and report abuse. Finally, training in

how to best serve children with a prior history of victimisation and perpetration is also needed (Green, 2005), as is training specific to how to recognise early warning signs of abuse (Stein, 2006).

Sports

Participation in organised sports is one of the most ubiquitous activities of children today on a nearly global scale. According the Australian Bureau of Statistics (2009), approximately 70 per cent of children aged between five and 15 in Australia participate in some form of organised sports. Trends are similar in the US, with regular youth sports participation around 60 per cent of children nationwide (Sally Johnson, 2015; Noble & Vermillion, 2014; US Census Bureau, 2009). Involvement in sports has many benefits for young people, including enhanced social, emotional and physical health (Vella et al., 2014). However, there is the potential for young athletes to experience harm. Unfortunately, that harm often comes in the form of child sexual abuse.

Prevalence

The prevalence of child sexual abuse in sports is uncertain, often due to under-reporting and definitional variations (Friedrich, 2006; Wyatt et al., 1999), so abuse estimates vary from 2 per cent (Tomlinson & Yorganci, 1997; Volkwein, Schnell, Sherwood, & Livezey,1997) and 22% (Kirby & Greaves, 1996). It is generally assumed that the true extent of sexual abuse in sports is much greater than research shows due to chronic under-reporting. On the other hand, false accusations of child sexual abuse, while a point of great concern within some organisations, seem to be extremely rare (Brackenridge, Bringer & Bishop, 2005).

Youth sports organisations possess unique characteristics including, but not limited to, the integral role of members' physical activities, high degrees of competitive motivation among participants and volunteer-based organisational structures that set them apart from other types of institutions. These and other inherent qualities create specific risk factors for child sexual abuse in sports and reflect the need for equally specific prevention strategies tailored to these particular characteristics. A proliferation of research, detailed here, has begun the process of identifying, understanding and working to solve the crucial problem of child sexual abuse in youth sports.

Risk factors

Victim risk factors

Youth sports is promoted as a character-building activity, and indeed, research points to many psycho-social and health-related benefits for participants, including improved self-image, enhanced educational achievement and improved physical, social and emotional health (Sabo & Veliz, 2008; Vella et al., 2014). At the same time, young people suffering from low self-esteem are sometimes 'prescribed' youth sports involvement as a potential remedy, making them particularly vulnerable targets for sexual abusers in sports organisations (Brackenridge, 1994; Noble & Vermillion, 2014). (Note that while this literature did not provide perpetrator risks factors specific to sports, general perpetrator risk factors are described in the Section 4.)

Evidence suggests that more girls than boys are sexually abused in sports (Kirby, Greaves & Hankivsky, 2002). In a large-scale study of sexual abuse in Australian organised sports, Leahy, Pretty, and Tenenbaum (2002) examined the prevalence and long-term sequelae of sexual abuse in 370 adult Australian athletes representing either elite athletes (for example, on an Australian national team or funded by the Olympic committee) or a regional sample of club athletes. Findings indicated that 13 per cent of females and 6 per cent of males reported experiencing abuse in the context of their sports participation. However, due to stereotypes surrounding sexuality and masculinity that are especially pervasive in sports, it is likely that under-reporting of sexual abuse, or even failure to recognise it when it occurs, is especially pervasive when the victim of the abuse is male (Kirby, Greaves & Hankivsky, 2002; Parent & Bannon, 2012; Piper, Garratt & Taylor, 2013). Indeed other studies suggest that boys are as much at risk as girls of being sexually abused in the context of organised youth sports (Rhind et al., 2014).

Cultural risk factors

Cultural aspects of sports programs have been identified as contributors to the risk of child sexual abuse for children and present barriers to the prevention and reporting of sexual abuse. For example, sports organisations have historically maintained a 'culture of silence', which Kirby and colleagues noted is the reason many female athletes do not report their sexual victimisation (Kirby, Greaves & Hankivsky, 2002). Children are often encouraged to sacrifice their own identities for 'the good of the team', which may make it difficult for children to stand up for themselves (Love, 2016). Sports cultures also tend to both endorse a victim-blaming mentality that trivialises sexual abuse and adhere to exaggerated fears that false accusations commonly explain reports of sexual abuse (Parent, 2011). These misattributions were found to be prevalent in Canadian stakeholders' explanations for sexual abuse in sports when presented with a series of scenarios (Parent, 2011). Parent and Bannon (2012) suggested that a 'code of silence' is encouraged by the emphasis placed on athletic performance over the wellbeing of the athletes themselves. A climate of this nature may instil fear in young athletes, who are reluctant to report abuse and fear a personal backlash for violating the code (Love, 2016).

Compounding matters, athletes in the Canadian study were especially concerned that sports administrators would side with coaches accused of perpetrating sexual abuse in the absence of unequivocal physical evidence of wrongdoing (Parent, 2011). The ultimate power of the coach in many sports programs and the demand for loyalty to the coach and the team add to the risk (Love, 2016). It is easy to see how athletes could conclude that their reports of sexual abuse may not be believed in light of the media's attention to very public institutional child sexual abuse cases. Some sports organisations have a culture that might allow a variety of bullying, harassment or intimidation to occur (for example, due to homophobia, sexism or more subtle forms of gender stereotyping), which in turn can increase a child's vulnerability to sexual abuse through feeling 'different' or due to the use of alcohol or other substances (Higgins, 2013).

There is an emphasis within some sports on power, aggression, strength and competition (Brackenridge, 1994; Gee, 2009; Parent & Bannon, 2012). Several researchers have emphasised that violence in sports is frequently normalised, creating an environment where abuse may easily go

unrecognised or be viewed as unavoidable (Brackenridge, 2003; Mountjoy et al., 2015; Parent, 2011; Stirling & Kerr, 2009). This normalisation of violence is likely supported by a number of factors, including the prevailing narratives of compulsory heterosexuality and hegemonic masculinity in the world of sports (Brackenridge, 1994; Brackenridge & Rhind, 2014). Given the preponderance of gender segregation common in youth sports it is also worth noting that some research suggests an association between all-male peer groups with hyper-masculine ideologies and the tendency to endorse attitudes supportive of sexual violence (Murnen & Kohlman, 2007; Tharp et al., 2012).

Another factor that both influences, and is influenced by, the cultures of sports organisations is the use of anabolic steroids in athletes. Use of steroids happens in youth sports (despite bans), and seems to be more prevalent among young male athletes (Hoffman et al., 2008a; Mountjoy et al., 2015). Significantly, steroid use has been linked to the increased risk of sexual assault perpetration in both male and female high-school students (Borowsky, Hogan & Ireland, 1997).

At times it would seem that winning in sports takes precedence over the safety of youth athletes. This is especially true when individual performance-oriented coaching techniques, such as post-practice individual coaching sessions, are at odds with child protection guidelines (Bringer, Brackenridge & Johnston, 2006). This is a particular concern when considered in the context of coaches' authority, which often goes unquestioned by both athletes and parents. It is also a concern in sports cultures where obedience is a requirement for young athletes to excel (Parent & Demers, 2011; Parent, 2011; Stirling & Kerr, 2009). When such conditions are present, abuse can be disguised or rationalised. The clear message to young athletes, intended or otherwise, is that abuse might need to be endured if they are to be accepted by a powerful coach and if they truly want to succeed in sports (Stirling & Kerr, 2009). As Brackenridge (1997) observed, a coach's need to achieve results and win can take precedence over the athlete's best interest. In such a culture, a coach's job security and career advancement depends largely on the performance of their athletes (Gervis & Dunn, 2004; Stirling & Kirby, 2009). In a culture of sport that often prioritises winning over the best interests of the athlete, power is more likely to be used negatively.

Situational risk factors

The highest risks of child sexual abuse occur in situations where there is a family-like environment, with concomitant expectations of trust, intimacy and sharing. This, combined with the fact that adults within sporting organisations are acting 'in loco parentis' – or in place of parents (Higgins, 2013) – increases the risk of protective boundaries being breached.

Travel, which regularly accompanies sports participation, can also present safety risks to young athletes. Competitions that take place away from home and may require overnight trips present greater opportunities for sexual abuse to occur (Brackenridge et al., 2008). Even travel closer to home can present a significant risk to young athletes. For example, incidents of sexual abuse have occurred frequently during ride-sharing on the way to or from a practice or sporting event (Brackenridge et al., 2008). Sexual abuse has also often occurred in sports practice and event facilities (Brackenridge et al., 2008). In these settings, perpetrators may take advantage of the physical layout of facilities, which may have isolated equipment rooms, and/or routine behaviours that increase a potential victim's vulnerability. In a high-profile US case, Jerry Sandusky, a Penn State

University coach and director of a children's sports foundation, used locker room showering facilities as a primary setting for sexually abusing children participating in his youth sports program. He took advantage of the isolated nature of the showers at 'off hours' and worked to desensitise his victims to sexual behaviours over time – that is, slowly introducing more invasive sexual contact to gain their compliance and reduce the chances of their reporting (Staller, 2012). This is just one example of the many situational risks related to practice and sports event venues, particularly when supervision is inadequate (Brackenridge, 1998).

Situational and environmental risks may be amplified by a lack of adequate policies and regulations related to the behaviour of coaches and athletes during practices, athletic events, and travel to and from such events. A poignant example of vulnerability in this regard is the finding by Parent and Demers (2011) that Canadian sports federations and clubs did not have written rules or protocols regarding travel, the use of showers, or acceptable behaviour in supervising a locker room environment.

Protective factors

The International Safeguarding Children in Sport Founders Group has created a list of safeguards that promote safety for athletes involved in youth sports organisations. This includes developing safety policies; putting procedures in place for responding to safety concerns; establishing guidelines for the appropriate behaviour of athletes, parents and coaches; and regularly monitoring and evaluating operations within sports organisations (Mountjoy et al., 2015). Noble and Vermillion (2014) expanded on this, stating that close monitoring and supervision of coaches and volunteers as they interact with children can act both as a deterrent to sexual abuse perpetration and a mechanism by which early warning signs can be identified. Noble and Vermillion also noted a number of other prevention strategies implemented by sports organisations, including reducing the time that athletes spend alone with coaches and limiting coach–athlete contact outside the sports organisation context (for example, via social media and other digital communications).

Grooming and perpetrator modus operandi

Victim grooming

One method perpetrators use to facilitate abuse is first grooming parents. That may involve being very 'helpful', such as by providing transport or supervision for the victim or spending extra time with the victim, for example by providing extra training. A perpetrator may also give the victim extra attention, declare their love for the victim, give them attention through private training, engage in normal physical contact by giving therapeutic massage, provide illicit drugs or alcohol, show pornography or display verbal aggression (Brackenridge et al., 2008). Most of these strategies follow the familiar pattern of gaining the trust and acceptance of victims and their family, and then facilitating time alone with the victim as an opportunity to offend. Many of these behaviours have also been associated with child sexual abuse perpetrated in after-school programs, schools, churches and non-religious youth groups – including, but not limited to, gaining the trust of the victim's parent, giving the victim special attention, providing gifts (including drugs and/or alcohol) and/or

showing the victim pornography (Brackenridge et al., 2008). Some of the grooming behaviours more common in youth sports contexts include offering the victim private training sessions, giving them therapeutic massages and providing them with sports-related equipment (Brackenridge et al., 2008; Staller, 2012).

Brackenridge and colleagues identified three profiles for offending coaches: Intimate, Aggressive and Coercive/Manipulative. Overall, boys were more likely to experience aggressive offending patterns, and girls more likely to experience intimate offending patterns (Brackenridge et al., 2008). A related study identified three profiles that were evenly distributed among its sample: the Flirting Coach, characterised by constant flirting behaviour, trying to touch athletes and joking around; the Seductive Coach, who made sexual advances to athletes; and the Authoritarian Coach, who used power and authority to enable the abuse, had potential psychological problems and was degrading to women in general (Fasting & Brackenridge, 2009).

Institutional grooming

Institutional grooming occurs when entire systems or communities are manipulated into believing that perpetrators are safe for children to be around and/or that these individuals are above reproach (McAlinden, 2006; Staller, 2012). If a perpetrator succeeds in acquiring a position of trust within an institution or a community that sets them outside of the safety nets intended to prevent child sexual abuse, they may remain in such positions and abuse numerous children over the course of many years (Staller, 2012). For example, a coach with many years of dedicated service in an impoverished neighbourhood may be allowed to circumvent safety policies that other coaches are expected to adhere to while working in a youth sports organisation.

Prevention

Screening

Study findings demonstrate that formal pre-employment and volunteer screening is rare in youth sports, and formal background checks are infrequently required of youth sports volunteers or employees (Brackenridge, 2002; Parent & Demers, 2011). This problem is exacerbated by the fact that many parents of young athletes appear to be under the mistaken impression that youth sports organisations are more thorough than adult sports organisations in conducting background checks on all volunteers and employees (Brackenridge, 2002). Moreover, a larger concern may be inconsistencies in the comprehensiveness of background checks that are conducted and the fact that research shows that many newly detected child sex offenders have no criminal history that would trigger even the highest quality background check (Staller, 2012).

Policies, training and awareness

Having a child protection policy and/or a code of conduct or ethics in place is a vital step that sports organisations can take to protect their members. It's one that is also strongly related to how confident clubs feel about handling disclosures of child abuse (Brackenridge, 2002). Unfortunately, findings by Parent and Demers (2011) indicate that sports organisations tend to respond to sexual

abuse in a reactive rather than a proactive fashion, creating policies to protect children from sexual abuse only after a child (or children) has been abused in their organisation.

Youth sports clubs are often affiliated with larger national governing bodies, almost all of which have youth safety policies and guidelines in place to protect the children they serve. In the past, there appeared to be a disparity between the youth safety policies and practices advocated for at the national or international level and what was actually implemented at the local club level. For example, a 2002 survey of 129 local youth sports clubs in England found that only 46 per cent reported having a code of ethics in place, and even fewer had a child protection policy (39 per cent). Of those with a code of ethics or a child protection policy in place, many still had not fully adopted the safety recommendations of their governing body. Perhaps more troubling was the fact that even when child protection policies did exist, only 22 per cent of coaches and 12 per cent of volunteers received any training or orientation with regard to these policies and/or their implementation (Brackenridge, 2002). This situation improved in the following decade, during which the majority of national governing bodies of sport met the Standards for Safeguarding and Protecting Children in Sport that were introduced by the UK's Child Protection in Sport Unit. The standards included ensuring clear communication with all staff members and children involved (National Society for the Prevention of Cruelty to Children [NSPCC], 2010, 2013). However, contemporary research indicates such positive results are not attained in all youth sports arenas. Indeed, even when sports organisations have sexual abuse prevention policies, staff, volunteers and parents are not likely to know what they are (Parent, 2011). These findings highlight the very low standards of child safety training and education for staff and volunteers generally in local youth sports organisations (Kerr & Stirling, 2008)

Safety initiatives

National youth athlete safety initiatives have become more prevalent in recent years. Australia's *Play by the Rules* initiative, the United States Olympic Committee's *SafeSport*, and the UK's *Youth Sport Trust* are highly visible, but many other national youth sports organisations have begun to offer more comprehensive safety training and policy development resources. These include the National Council of Youth Sports in the US, the NSPCC's Protection in Sport Unit in the UK, Australia's Youthsafe and the Australian Institute of Sport.

These programs and organisations offer local sports organisations access to information and resources related to child protection, help raise awareness of child maltreatment in sports and make available child protection education resources such as online training programs. They also facilitate the sharing of key training and policy information between various interested parties at the national, organisational and club levels. While these efforts appear to offer great promise for advancing safety in youth sports, several researchers have suggested areas in need of improvement. Notably, Parent and El Hlimi (2013) suggested that more strategic action should focus on standardising and developing sports safety guidelines, creating certification components to demonstrate that safety training has been completed and is up to date, and establishing effective safety regulations. Researchers have also drawn attention to the need for safety initiatives to better reflect scientific

findings, and highlighted the importance of evaluating the implementation and impact of safety programs (Kerr & Stirling, 2008; Kerr, Stirling & MacPherson, 2014).

Hands-off coaching

Adults who work in sports settings often have to initiate some physical contact with children, for example to demonstrate technique, adjust posture or support a child so they can perform an activity safely or prevent injury. Such activities should be carried out in accordance with existing codes of conduct, regulations and best practice insofar as they exist.

Some youth sports stakeholders have endorsed 'hands-off coaching' – which requires a commitment to minimal or no physical contact between coaches and athletes in sports skills development and practice – as a way of preventing child sexual abuse in sports (Piper, Stronach & MacLure, 2006). Critics of this approach cite research highlighting the benefits of appropriate touching for children, as well as the impracticalities and ethical dilemmas inherent in such a rigidly framed approach to ensuring safety (Piper, Taylor & Garratt, 2012). For example, is it preferable for a swimming coach to breach a no-touch policy to help a child who can't get out of the pool at the same exit point as their peers, or to risk embarrassing the child by telling them to swim down to the stairs? The presence of several protective factors, such as observation by multiple adults, may reduce the risk in such circumstances.

It is good practice for all parties to clearly understand at the outset what physical contact is necessary and appropriate in undertaking specific activities. Keeping parents, carers, children and young people informed of the extent and nature of any physical contact may also prevent allegations of misconduct or abuse arising (AMA, 2007).

Physical contact should take place only when it is necessary in relation to a particular activity. It should take place in a safe and open environment that makes it easily observed by others, and should last for the minimum time necessary. The extent of the contact should be made clear to the parent or carer and, once agreed, should be undertaken with the permission of the child or young person. Contact should be relevant to their age or understanding, and adults should remain sensitive to any discomfort expressed verbally or non-verbally by the child.

Critique

Whilst some argue that sports organisations have led the way in addressing the problem of child sexual abuse, some of the literature on sexual abuse in sports organisations is opinion-based and has not been empirically tested. Some authors have adapted ideas from such sources as feminist theory and the writings of social philosopher Michael Foucault and applied them to the realm of sports as a way to better understand issues related to sexual violence in sports (for example, Brackenridge, 1994; Death, 2014). Many of these ideas are compelling but they have not been empirically confirmed. Many of the research-based studies in this area used a survey data collection methodology. Unavoidably, these studies reflect selective sampling and a lack of clear information on individuals who have been left out or chosen not to participate. As such, it is difficult to assess the potential biases in their findings.

Another prominent research method reflected in this literature is incident-based data collection. This approach generally relies on criminal reports and excludes incidents that go unreported to legal authorities. Given that child sexual abuse tends to be under-reported and that some sports organisations have allegedly maintained a code of silence around abuse, it seems likely that the existing literature reflects only part of the picture regarding child sexual abuse in youth sports.

Implications for practice

Recommendations in the youth sports literature centre around three primary areas: the need for enhanced safety training; the value of improved screening and supervision of employees and volunteers; and requirements for creating a stronger safety climate in youth sports. Each of these areas is discussed in greater detail in this section.

The need for enhanced safety training

The need for youth sports staff and volunteers to receive better training in the area of sexual abuse is cited repeatedly as critical to the enhancement of child safety in sports (Gibbons & Campbell, 2003; Noble & Vermillion, 2014; Parent, 2011). Staff, volunteers, guardians and sports participants should be trained to recognise the difference between appropriate and inappropriate behaviours (Newlin et al., 2012). Given that part of the grooming process is to build trust in parents, providing them with information about how sexual abuse occurs, how to recognise specific patterns of perpetration and how to talk to their children about sexual abuse could also have a significant positive effect on child safety (Brackenridge et al., 2008). Youth sports club administrators, in particular, should be better educated in identifying signs of sexual abuse, as they are often in a unique position to observe large numbers of coaches and athletes (Noble & Vermillion, 2014).

Training and guidance are necessary for those working in sports governing bodies, to improve the internal management and external referral systems for handling identified child sexual abuse cases (Rhind et al., 2014). Certainly, a wide variety of youth sports stakeholders, including parents, staff and coaches, should be made aware of the policies and procedures that organisations have in place for reporting sexual misconduct or potentially concerning behaviours (Rhind et al., 2014). In addition, providing information and support to help them recognise potential grooming behaviour and to support children in vocalising their concerns may aid in preventing abuse.

As Johnson (2014) noted, it is critical that all stakeholders know how to respond to sexual abuse and are aware that they should not "attempt to evaluate the credibility or validity of child physical or sexual abuse allegations as a condition for reporting to the sport organisation or to appropriate law enforcement authorities". Training should always reflect current scientific findings and best practices, and therefore techniques need to be updated regularly. Rhind and colleagues (2014) suggested that creating standardised research protocols for collecting data on abuse in youth sports would allow for more advanced analysis and a better understanding of the problem. Stirling (2009) stressed the need to create a consistent set of definitions for the various forms of child maltreatment and to consistently use them in research on this topic. Improving the quality and real-life relevance of research is, after all, the most fundamental part of improving evidence-based practices.

The value of improved screening and supervision of employees and volunteers

Experts agree that youth sports organisations should have clearly articulated hiring and vetting practices and that no exceptions should be made for 'known' or 'trusted' individuals (Gibbons & Campbell, 2003; US Department of Justice, 1998). However, as noted previously, background checks should not be relied upon to prevent child sexual abuse given the very small proportion of new offenders who typically have a criminal record (perhaps as low as 1 per cent; Staller, 2012). It is also important to advocate for clear communication between youth sports administrators and key stakeholders, such as parents, coaches and volunteers, regarding an organisation's screening and background check practices, and their limits. This will address misperceptions regarding the inflated effectiveness of these practices (Brackenridge, 2002). More accurate recognition of screening limitations could prompt parents and sports club staff to invest more fully in actively supervising youth (Noble & Vermillion, 2014; Brackenridge, 1998). With this in mind, job descriptions for paid and volunteer roles should clearly explain the role and detail expectations pertaining to child protection. This would assist parents and others in providing supervision to identify and respond to early signs of grooming (Kerr & Stirling, 2008). Gaining a clearer understanding of what is expected of them would alleviate role conflict and role ambiguity for coaches and volunteers (Bringer, Brackenridge & Johnston, 2006). It may also prevent the formation of abusive relationships. Further, these guidelines and expectations would provide a framework for establishing a risk-based approach to reviewing cases of concern and formulating disciplinary procedures (Rhind et al., 2014).

Requirements for creating a stronger safety climate in youth sports

Finally, Hartill (2009) warned that without dramatic change to the culture of sports, even the best prevention policies may be limited in their effectiveness. Youth sports safety advocates echo this sentiment, suggesting the need to create a climate that prioritises child protection as well as the encouragement of positive values in youth sports (Newlin et al., 2012). Attention to how sports organisations culturally construct adult–child relationships may offer directions for the creation of a more positive culture (Hartill, 2009). According to Brackenridge (2003), youth sports coaches, administrators, and governing bodies often express resistance to changing long-standing and accepted cultural practices, and tend to be defenders of the status quo. The need for strong decision makers and transformational leaders in youth sports organisations has been cited (Noble & Vermillion, 2014; Parent, 2011), a goal which if realised could lead to swift improvements in the cultural environment of youth sports.

Organised sports may also benefit from listening to the perspectives of young athletes, as the viewpoints of children have been predominantly absent from discussions regarding youth sports safety (Hartill, 2009). Kerr and Stirling (2008) went beyond this, suggesting the establishment of an athlete-centred development model that promotes leadership, sportsmanship, and goals that are process-oriented (e.g., do your best) rather than outcome-oriented (e.g., win at any cost). Certainly, there is nothing in youth sports that can be said to be more important than the safety, health and wellbeing of young athletes.

Screening

The practice of checking the background, work history and experience of staff and participant candidates prior to joining on organisation – or screening – is essential to organisational safety. Screening has been identified by the US Centers for Disease Control as a critical component of child sexual abuse prevention in youth-serving organisations (Saul & Audage, 2007), the most common approach for youth-serving organisations being a personal interview. A 1995 study found that 98 per cent of 3,800 organisations surveyed used interviews as part of their screening procedures. Within the same sample, 7 per cent did not conduct background checks and 14 per cent did not conduct reference checks (Davis & Wells, 1995). Screening may not guard against all potential abusers, but well-developed screening procedures may deter some potential perpetrators by preventing them from applying for volunteer or staff positions. In addition to 'weeding out' people who pose a risk to children, screening also allows organisations to select the best possible applicants for volunteer and staff positions (Saul & Audage, 2007). Within youth-serving organisations, screening tends to be less common and less thorough for volunteer applicants compared to employee applicants. In a survey of 517 organisations, one-third of the sample reported that they screened volunteers less thoroughly than employees (Webster, 2008). A study of Canadian sports organisations found that those applying for employment were rarely screened, and background checks for volunteers and employees were almost non-existent (Parent & Demers, 2011).

Many factors appear to contribute to insufficient screening practices in organisations, including lack of belief in the usefulness of screening, lack of funds and time, or fear of deterring potential volunteers and employees.

Risk indicators

Some potential risk indicators may become apparent through screening that can prevent youth-serving organisations from accepting potential perpetrators as employees or volunteers. The candidate behaviours that may indicate risk includes asking to work with children of a specific age or gender; having hobbies that are appealing to children; reporting substance abuse or addiction; exhibiting impulse control problems; and admitting to acquiring or intentionally viewing child pornography (Wurtele, 2012). Additionally, the background of candidates who do not have mature adult relationships outside the work or volunteering situation should be examined further to establish their relevance for the role of working with children (Saul & Audage, 2007).

Prevention

The most effective way to initiate and establish screening procedures is to include them in institutional policy as well as in legislation. Western Australia's *Working with Children (Criminal Record Checking) 2004 Act* (WWC Act) is an example of successful screening legislation (Government of Western Australia, 2004). The WWC Act was passed in 2006 and required all volunteers and employees working with children to undergo a Working with Children Check (Budiselik, Crawford & Squelch, 2009, p 340–41) – a form of screening that spans multiple institutions. By 2013, all Australian states and territories had screening legislation covering those applying to work with

children, though the policies varied by state or territory (Berlyn, Holzer & Higgins, 2009, updated 2015). There is no existing legislation regarding screening in youth-serving institutions in the US (Wurtele, 2012).

Critique

Though screening is extremely important to the process of accepting volunteers and employees in youth-serving organisations, it should not be solely relied on to create or maintain a safe environment. Screening, even with formal interviews, is far from guaranteed to deter or detect all individuals who might present a risk (Bloom, 1995). Criminal background checks reveal those with a criminal history, but do not identify those who have not been apprehended (Saul & Audage, 2007). Additionally, variations in local criminal history systems allow a potential abuser to slip through background screening (Wurtele, 2012). Furthermore, the implementation of background checks may lull organisations into a false sense of security, and allow abuse to occur and go undetected within an organisation (Budiselik, Crawford & Squelch, 2009, p 350). In Erooga, Allnock and Telford's (2012a) sample of 21 convicted institutional sex offenders, only one had a previous conviction.

In addition to these critiques, screening procedures and technology may also be problematic. Studies on screening are often not generalised, but rather centred on a specific institution or certain criteria. There is a limited amount of research on the capability of screening procedures to adequately assess an individual's potential to sexually abuse children (Wurtele, 2012). In some cases, screening can result in false negatives or false positives. This is likely due to the nature of the tools used for screening, in addition to the lack of concrete evidence regarding the characteristics of abusers (Abel et al., 2012). Although screening techniques are not without flaws, especially in the case of detecting potential child abusers, adequate screening processes are essential to every child-serving organisation.

Implications for practice

It is recommended that all minors and adults working with children should go through a screening procedure (Saul & Audage, 2007). The United States Department of Justice (US DOJ) recommends that screening procedures should require candidates to take part in a personal interview, undergo a thorough reference check, and fill out and sign a verified written application to be able to work with children (US DOJ, 1998). A statement of the organisation's code of ethics, policies and procedures (as relevant to child sexual abuse prevention) should be provided to applicants during the hiring process. An understanding of, and agreement with, these concepts should be demonstrated via a document signed by the applicant (Saul & Audage, 2007; Wurtele, 2012). Any written applications and personal interviews should include screening aspects involving child sexual abuse. Specifically, questions should determine if an applicant has a fixation on working with children of a certain gender or age group. This inclusion of follow-up questions can help to determine whether an applicant poses a risk to children (Saul & Audage, 2007). It is also recommended that interviewees be asked how they would respond to certain hypothetical scenarios (Saul & Audage, 2007).

The intensity of screening should depend on the level of organisational risk (Wilson & Beville, 2003). For instance, a high-risk organisation might be defined as one that served children who had been abused or who had physical or mental disabilities; was staffed by volunteers or paraprofessionals; undertook limited staff supervision; or offered service primarily in residential-type settings (Wilson & Beville, 2003). The intensity of screening should also depend on the level of autonomy of the position that the applicant is applying for, and the age of the applicant, as minors are less likely to have accessible work and criminal histories (Saul & Audage, 2007).

The use of screening tools may also be combined with screening techniques to provide a more thorough screening process. These tools include the *Abel Assessment for Sexual Interest* (Abel et al., 2012), the *Screening Scale for Pedophilic Interests* (Seto & Lalumiére, 2001), the *Boundary Violations Vulnerability Index* (Celenza, 2007), and personality testing such as the Minnesota Multiphasic Personality Inventory-2, Millon® Clinical Multiaxial Inventory-III and SCID II. These tools can be combined with screening techniques such as interviews, background checks and reference checks to contribute to an overall stronger screening process (Wurtele, 2012).

6 - Preventing child sexual abuse in institutions

While responding to incidents of child sexual abuse and the needs of victims is an important priority, the greatest efforts must be directed towards prevention. The following discussion focuses on a number of key prevention directions that have or could be implemented to enhance institutional safety. This section augments previously mentioned literature that offered specific preventive recommendations for particular institutional settings.[9]

In considering broader prevention directions, there are a number of overarching themes. Prevention is not a sole-agency endeavour. As Kaufman and Patterson (2010) have observed: "By its nature, prevention is at its best when it is collaborative, when research and practice are melded to produce effective strategies, and when its audience is as broad based as possible". Further, prevention is most effective when part of a broader organisational framework that promotes a safe climate and best practices. For example, the Victorian Commission for Children and Young People's *Creating Safe Environments For Children – Organisations, Employees and Volunteers*, provides a template for an organisation-wide safety framework. Finally, organisational safety is maximised when multiple evidence-based prevention approaches are layered to create a safety 'patchwork' that addresses a broader array of institutional risks.

This section reviews offenders' modus operandi as a basis for effective prevention; examines a situational prevention approach and its applicability to institutional child sexual abuse; considers education and training strategies; describes the role of safety policies; and discusses the importance of applying prevention strategies in institutional settings that are less often the focus of research (that is, non-major institutions).

Understanding offenders' modus operandi

Programs intended to prevent the sexual abuse of children and adolescents have existed for more than 35 years (Prescott, Plummer & Davis, 2010). Unfortunately, for almost as long there have been criticisms regarding the lack of empirical findings to support the content of these programs (Conte & Berliner, 1984; Quadara et al., 2015). In particular, there has been a call for prevention programming that is more reflective of offenders' specific patterns of child sexual abuse (Reppucci & Haugaard, 1989). As noted previously, prevention programming is designed in response to the critical risk factors that underlie a particular area of concern, such as child sexual abuse, and may also consider protective factors in the development of prevention strategies to address these risks (Rogers, Green

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[9] Since there is a paucity of studies on institutional child sexual and they tend to be institution-specific, efforts have been made to include all studies relevant to a particular section. At times this results in discussion of the same key area (such as grooming risks) in more than one section.

& Kaufman, 2010). In the case of child sexual abuse, offenders' patterns and methods of perpetration – or modus operandi – remain one of the most important risk factors for effective prevention programming (Kaufman & Patterson, 2010; Kaufman et al., 2006; Leclerc, Proulx & McKibben, 2005; van Dam, 2001; Kaufman et al., 1998; Kaufman, Hilliker & Daleiden, 1996; Elliott, Browne & Kilcoyne, 1995; Reppucci & Haugaard, 1989; Conte & Berliner, 1988; Lang & Frenzel, 1988). Child sex offenders' modus operandi has been defined as the "behavior prior to, during, and following sexual abuse" (Kaufman et al., 1998).

To date, much of the research literature on this subject has employed the Modus Operandi Questionnaire (MOQ; Kaufman, 1994, 2015) to assess adult and juvenile child sex offenders' methods (Kaufman et al., 1996; Kaufman et al., 1998; Leclerc, Beauregard & Proulx, 2008; Leclerc, Proulx & McKibben, 2005). The MOQ assesses where offenders find and access their victims; the strategies they use to groom potential victims (and their caregivers) prior to abuse onset; their use of bribes or enticements, and threats or coercion to gain compliance in the abusive acts; and the strategies they use to maintain victim silence after abuse (Kaufman, 1994, 2015). Findings from a variety of these studies have underscored the value of understanding abusers' modus operandi as a foundation for planning prevention programs. In particular, findings describe offenders' behaviours as well as differentiating offenders' grooming behaviours based on the relationship to the victim (Kaufman et al., 1998); the age of the offender (Kaufman et al., 1998); victim, perpetrator and offence characteristics (Kaufman, Hilliker & Daleiden, 1996); situational or environmental factors (Kaufman et al., 2006; Leclerc, Beauregard & Proulx, 2008); and the resistance strategies employed by potential victims (Barber, Kaufman & Winchester, 2012; Leclerc, Wortley & Smallbone, 2010). However, this broader literature has focused on child sexual abuse in general, rather than offending within institutional settings.

Institutional settings

While much of the existing literature on modus operandi focuses on child sexual abuse in general, a small number of studies address the grooming of child sexual abuse victims in institutional settings. These investigations have identified offender characteristics and modus operandi that highlight the need for stronger prevention programming built on a clearer understanding of risk factors (Erooga, Allnock & Telford, 2012a; Leclerc, Proulx & McKibben, 2005; Leclerc & Cale, 2015; Miller, 2013; Smallbone & Wortley, 2000; Sullivan & Quayle, 2012). In a detailed report, Smallbone and Wortley (2000) outlined a broad array of risks related to institutional settings, including late onset of offending behaviour; high incidence of previous non-sexual crimes; low incidence of chronic offending; low incidence of 'stranger' abuse; low incidence of offender networking and collaboration; and relatively low incidence of long-term planning. Interestingly enough, these findings suggest that rather than creating opportunities in institutions for offending, many perpetrators appear to capitalise on the opportunities or vulnerabilities that are presented to them. In this same vein, offenders in another study reported that they took advantage of organisational processes that were "relaxed and complacent and, in a few cases, careless" (Erooga, Allnock & Telford, 2012a, p 80). Likewise, Sullivan and Quayle (2012) explained how offenders in their sample took advantage of organisations that lacked a strong 'culture of safety' and 'ethos of accountability'.

Even when suspicions were aroused, offenders often used "the adversarial nature of disciplinary procedures to personalise the issue, deny the charges, marginalise the accuser, and encourage others to take sides" (Sullivan & Quayle, 2012, p 96). This strategy underscores the importance of serious investigations of child sexual abuse accusations, carried out by responsible organisations in an environment of accountability regarding safety procedures (Sullivan & Quayle, 2012). Research has also demonstrated that offenders take advantage of environmental factors that permit access to potential victims and, in some cases, a setting in which to carry out abuse (Leclerc & Cale, 2015; Sullivan & Quayle, 2012). With this in mind, it has been suggested that opportunities to commit child sexual abuse can be significantly reduced by better regulating interactions between children and employees or volunteers, increasing onsite supervision, restricting or monitoring access to unsupervised areas (Leclerc & Cale, 2015; Leclerc, Proulx & McKibben, 2005; Sullivan & Quayle, 2012), implementing a system for oversight and accountability, and enhancing the visibility of activities through environmental design (Miller, 2013).

Situational prevention approaches to address sexual violence

Clarke's situational prevention model

Situational prevention is a theory for crime prevention, rooted in more than 60 years of safe housing design and more than 25 years of successful crime prevention around the world (Bullock, Clarke & Tilley, 2010; Clarke, 1995; Cornish & Clarke, 2002). Cornish and Clarke's Situational Prevention Model (SPM; Clarke, 1995; Cornish & Clarke, 2002) suggests that certain setting-based factors may allow or even facilitate criminal behaviour. Conversely, limiting or eliminating such factors will reduce opportunities for crime, minimise rewards associated with perpetration and prevent future crime. At the heart of the SPM are three criminological theories: Defensible Space Theory (DST; Newman, 1972), Routine Activity Theory (RAT; Cohen & Felson, 1979) and Rational Choice Theory (RCT; Cornish & Clarke, 2002). This criminological approach is a framework for examining the contextual and situational risks that increase the potential for crimes to occur in a given setting (Clarke, 1995; Clarke & Homel, 1997). Drawing from these theories, SPM assumes:

- perpetrators are active decision-makers, continually evaluating the likelihood of successfully committing a crime and balancing these odds against the possibility of incurring consequences

- the presence of a motivated offender, an available victim and the potential for compromised supervision through lack of a capable guardian

- environmental factors, both physical and symbolic, can contribute to the risks of crime occurring in a particular situation or setting.

The SPM is a probabilistic model, concerned with factors that either increase or decrease perceived opportunities for a crime to be successfully perpetrated.

Kaufman's situational prevention approach

Kaufman and his colleagues built upon Clarke's SPM (1995), which was initially conceived for general forms of criminal activity, such as robbery and burglary, to develop the Situational Prevention Approach (SPA) for use in the prevention of child sexual abuse (Kaufman et al., 2006; Kaufman, Patterson & Hayes, 2010; Kaufman et al., 2012). The SPA also considered literature on child sex offenders' modus operandi (for example, patterns of perpetration; Kaufman, Knox & Valenuela, 2010; Kaufman et al., 2002; Kaufman et al., 1998). Designed as a process-based approach for youth-serving organisations, the SPA was conceptualised with the complexities of situational prevention theory in mind and designed for ease of implementation, sustainability and to maximise effectiveness. The intent was to create a prevention approach that could be carried out with minimal training; would benefit from staff expertise and experience; and would address a broad array of risks to children within the organisation. The goal of the SPA was to identify as many risk-related concerns as possible in an organisational setting at a given point in time (Kaufman, Patterson & Hayes, 2010; Kaufman et al., 2012), and to develop a practical and effective local solution addressing each of these concerns. The four-step SPA process involves:

- brainstorming critical risk factors
- developing effective and affordable prevention or risk-reduction solutions for each identified risk, using existing organisational protective factors as the foundation for solutions, where possible
- prioritising solutions for implementation based on degree of concern and logistics
- creating and taking action on simple implementation plans (Kaufman et al., 2010, 2012).

Prompts used for brainstorming organisational safety risks include:

- characteristics of at-risk children
- high-risk locations
- facilitators or risks that lead to other risks, such as poor staff-to-child ratio
- organisational and community policies
- lifestyle and routine activities
- the larger community environment
- health concerns, accidental injury and physical safety.

In an unpublished report, Kaufman (2016) described the development of the SPA for use in more than 4,100 Boys & Girls Clubs of America (BGCA). This four-year project, funded by the Pennsylvania Coalition Against Rape (PCAR), focused first on tailoring the SPA to BGCA's culture and practices. Once the BGCA-specific SPA was developed and incorporated into a manualised form, a formative evaluation was undertaken to identify ways to strengthen the approach. This second phase of the project involved obtaining feedback from 16 BGCA sites across four US states: Florida, Indiana, New Jersey and Oregon. Four clubs in each state were asked to implement the SPA on their own using the SPA manual and to provide evaluation feedback to help strengthen the SPA. The findings revealed a variety of suggestions for improving manual instructions, SPA worksheets and the overall process. The findings also demonstrated that high-demand, under-resourced clubs could complete the SPA

successfully on their own, with no monetary cost to the organisation. Furthermore, participating clubs rated their satisfaction with the SPA as between 'Satisfied' and 'Highly Satisfied'. Finally, when comparing clubs using the SPA to those engaged in business as usual within the same organisations, the clubs using the SPA identified 7–10 times more risks in their environments, created practical solutions to address each risk and implemented solutions for concerns they had control over. These preliminary findings are very promising and suggest the need for a larger-scale assessment of the SPA's efficacy within BGCA as well as testing of the SPA in other youth-serving organisations.

Other situational prevention studies

In a recent study, drawing from situational crime prevention theory, McKillop and Smallbone (2015) considered how a 'place-based' approach might inform particular types of prevention strategies. This approach closely examines the influence of the setting on the manifestation of the problem to better tailor prevention strategies. Their study summarised child sexual abuse findings as they relate to four distinct types of settings: domestic, organisational, public and virtual (McKillop & Smallbone, 2015). The authors also suggested ways in which these settings could be redesigned to reduce risk factors and foster protective factors. They went on to assert that "a comprehensive prevention framework requires an understanding of the context, dynamics, and risk factors associated with the perpetration of child sexual abuse within different settings, as well as understanding the individuals involved" (p 19).

The impact of guardians on sexual offending was examined in another study using situational prevention theory (Leclerc et al., 2013). Here, Leclerc and his colleagues found that although the presence of someone who has the potential to act in the role of a guardian may not always prevent sexual offending, it does reduce the duration and severity of sexual abuse (Leclerc et al., 2013). In fact, study findings indicated that the presence of a guardian reduced the potential for abuse to include sexual penetration by 86 per cent (Leclerc et al., 2013). These studies suggest that environmental modification to improve natural surveillance; active supervision and monitoring; educating adults and professionals about abusers' key modus operandi; and promoting children's disclosure of child sexual abuse can all contribute to safer institutional settings.

Education and training strategies

Education and training strategies may be the most commonly suggested approaches for the prevention of child sexual abuse (Wurtele, 2012). These strategies are typically implemented either through in-person training or via web-based training. Evidence suggests the efficacy of online training, which is easily implemented and does not cost much to deliver to large groups of parents, children and professionals (Kenny, 2007; Paranal, 2012; Rheingold, Zajac & Patton, 2012). Paranal (2012) examined online prevention training for volunteers and employees of youth-serving organisations and found it to be an effective tool for enhancing prevention education. At the same time, however, there have also been indications that organisations may benefit more from in-person training, due to the added benefits associated with discussion between trainers and participants (Paranal, 2012). Further, Rheingold and colleagues (2012) found that both in-person and web-based training in the prevention of child sexual abuse were feasible to implement and acceptable to

professionals. However, when comparing formats, the in-person format was favoured in terms of participant comfort level and likelihood of sharing information with others. This study also found that technology issues inhibited some participants from engaging in web-based training. Taken together, these studies suggest that in-person and online training approaches offer different strengths and limitations. It seems that online training, with its potential to reach a greater number of individuals and its lower cost compared to in-person training, could be enhanced to offer an online discussion component that would make it the clear favourite between the two approaches.

Whether it is in-person or web-based training, most researchers agree that child sexual abuse prevention training is necessary for all employees and volunteers working with children. Wurtele (2012) argued that "education is the cornerstone of preventing child sexual abuse and sexual boundary violations by YSO [youth-serving organisation] staff members" (p 248). However, she clarified that only a handful of exceptional organisations actually provide prevention training and went on to encourage organisations to integrate prevention training into their staff and volunteer education. Some governments have supported online training for professionals in other fields. For example, the Australian Government's Department of Health is currently funding the Australian Psychological Society to create evidence-based online learning modules to improve their understanding of the issues faced by people affected by past forced adoption policies and practices (www.psychology.org.au/forced-adoption). This training was designed to educate health and allied health professionals. A similar model could be applied to support training for organisations in how to be child safe, which would support existing resources and accreditation programs (for example, the Australian Childhood Foundations' Safeguarding Children accreditation program – www.safeguardingchildren.com.au).

Irenyi and colleagues (2006) made a similar point about the need for broad-based professional training, noting the need for teacher education courses to cover child protection issues and the potentially long-lasting impact of such protective efforts. They highlighted the need for vigilance in all child-centred organisations, not just the ones in which children were particularly vulnerable to maltreatment. They went on to recommend that teachers and other professionals working with children also be trained in the situational crime prevention model. Wurtele (2012) added that "training objectives should include understanding the complex dynamics of child sexual abuse and how children are harmed by sexual exploitation, recognising signs that a child is being sexually abused, responding sensitively to a victim's disclosure, understanding the agency's zero-tolerance policies and consequences, and knowing the agency's reporting policies and state laws". Wurtele also noted that staff training often omits topics related to sexual misconduct and professional boundaries, including sexual boundary violations (p 2449).

Advocating for policies that address child sexual abuse

Effective policy change represents an alternative to prevention strategies intended to reduce child sexual abuse. In fact, some researchers have argued that changing policies has a more sustained impact and reaches a greater segment of the population than individually focused prevention efforts (Bunnell et al., 2012).

Underlying effective policy change related to child sexual abuse is a commitment to collaborative efforts to create new legislation on the part of government and non-government agencies providing care and services to children (Her Majesty's [HM] Government, 2013; New South Wales Government, 2006). In Australia, this commitment to interagency collaboration in the service of children's safety is reflected in the New South Wales (NSW) Interagency Guidelines (NSW, 2006), which provide information and guidance to all agencies involved in the delivery of child wellbeing, and child protection services in Aboriginal and Torres Strait Islander communities in NSW. Similarly, UK guidelines also underscore the importance of taking a collaborative approach to ensuring child safety in institutional setting (HM Government, 2013).

Policy efforts to stem child sexual abuse have also focused on encouraging courts and governmental committees to levy sanctions on institutions that bear some responsibility for the perpetration of child sexual abuse or its persistence. For example, O'Mahony and Kilkelly (2014), who examined the case of *O'Keeffe v Ireland*, in the European Court of Human Rights in Strasbourg, urged the courts to recognise institutional responsibility and noted that all too often government entities do not implement the recommendations generated from national inquiries. Similarly, Bublick's (2014) examination of the case involving football coach Jerry Sandusky and Pennsylvania State University found that the associated civil cases asserted institutional responsibility for the sexual assault perpetrated by Sandusky in addition to the focus on the accused perpetrator. The author concluded that the courts and the legislature should "permit significant civil responsibility to be assigned to negligent parties" and "enact citizen no-duty rules which limit assignment of responsibility to abuse victims" (p 5). By enacting these policies, the civil process will avoid assigning blame to child victims, thus minimising "the pain of people already subjected to massive emotional suffering" (p 5). Finally, by retaining the accountability of third parties, such as the Catholic Church and scouting organisations, courts enforce more active measures to prevent child sexual abuse in such settings.

Two recent studies have examined the larger issue of governmental responses (or lack thereof) to national inquiries into institutional child sexual abuse and resulting recommendations for more effective policies (Budiselik, Crawford & Chung, 2014; O'Mahony & Kilkelly, 2014). Budiselik and colleagues (2014) echoed the concerns expressed by others over the lack of implementation of recommendations resulting from child sexual abuse inquiries and concluded by posing a question directed at Australia's decision makers: "How can better outcomes be achieved from the effort put into inquiries?" (p 580). Along with governmental responsibility, researchers find that institutions must also accept responsibility, on an individual basis, for their part in keeping children safe from sexual abuse by implementing policies rooted in evidence-based prevention practices and by actively taking responsibility for past safety transgressions (Bublick, 2014; O'Mahony & Kilkelly, 2014; Saul & Audage, 2007; Tucci et al., 2015; Wolfe, 2002).

Clearly defined and effectively implemented policies and practices are foundational to establishing a 'safety culture' that protects children involved with institutions (Saul & Audage, 2007; Tucci et al., 2015). In a document developed by a group of experts in collaboration with the Centers for Disease Control and Prevention (CDC), Saul and Audage (2007) described recommended institutional policies and strategies to enhance child safety in youth-serving organisations. In their document, the authors stressed the importance of creating "… a safe space, having clear goals pertaining to the prevention

of child sexual abuse, creating a process for developing child sexual abuse prevention policies and practices, and including appropriate child sexual abuse policies and practices in the prevention plan"(pp 33–4).

Tucci and colleagues (2015) described a blueprint for a child protection policy based on the Australian Childhood Foundation's work with more than 100 institutions nationally and internationally over six years. This blueprint contains a description of key content elements for a protection policy, including a rationale for keeping children safe from abuse and maltreatment; defining various forms of child abuse; commitments to various stakeholders; expectations for staff and volunteers; and ensuring continuing improvement of the protection policy. The authors concluded that "if constructed with heart and sensitivity, a child protection policy can shape and define the very narrative about what the organisation stands for in relation to the safety of children and the responsibilities of adults to fulfilling the rights of children and young people more broadly" (p 78). Finally, Budiselik, Crawford and Squelch (2009) used their critique of Western Australia's *Working with Children (Criminal Record Checking) Act 2004* to advocate for new governmental child safety policies. They argued that this Act's over-reliance on screening as the predominant prevention strategy could increase the risk of child sexual abuse within organisations, since screening is known to be a strategy of very limited utility and effectiveness. They recommended that the administrators and legislators involved in supporting this legislation should advocate for additional government-authorised child protection strategies to compensate for weaknesses associated with a reliance on screening employees and volunteers.

On the basis that child sexual abuse is caused or aided by a variety of factors concerning the victim, the perpetrator and the situation or organisation, Quadara and colleagues (2015) argued that effective prevention demands strategies to address knowledge about each of these factors, as well as to be integrated with each other. These strategies include:

- protective behaviours education for children
- situational crime prevention
- pre–criminal justice therapeutic interventions for problematic sexual behaviours and sexually abusive behaviours
- post–criminal justice involvement for therapeutic prevention of re-offending (with juvenile and adult offenders)
- criminal justice and other statutory responses
- therapeutic work with children/adolescents who have been sexually abused.

Finally, in the context of the rollout of the Australian National Disability Insurance Scheme (NDIS), Robinson (2015) discussed the value of using the social ecological approach to develop multi-level interventions with sufficient power to change key underlying systems and effect sustainable change. She suggests adopting 'safeguarding' approaches that advocate for the participation rights of children with disability as well as ensuring their protection. Established in the UK, these approaches are based on multi-agency collaboration, statutory oversight and rights-focused practice guidelines for staff working with children (France, Munroe & Waring, 2010; Murry & Osborne, 2009). Robinson (2015) also suggests the use of Brown's (2004, 2011) contextual approach that targets the factors in

various contexts that need to be addressed to reduce risk, including criminal justice, family settings and type of institution. Researchers also advocate strategies to build the capacities and skills of children with disability to resist abuse (Briggs & Hawkins, 2005; Coulson Barr, 2012) as well as transformative policy reform on the scale of the NDIS that would give children with disability and their families more control over support funding and how it is spent to meet their needs (Robinson, 2015; Robinson & Chenoweth, 2011).

Applying prevention strategies in non-major institutions

While much of the literature focuses on policy and prevention strategies in general, very few studies have focused on settings outside major institutions such as schools, sports, medical/healthcare settings and churches. Studies examining non-major institutions have investigated juvenile correctional facilities, day care nurseries and day camps. Beck and his colleagues (2010), in a study of youth incarcerated in juvenile correctional facilities, reported a high prevalence of sexual victimisation and suggested the need to integrate effective prevention programming in such settings. Abner, Browning and Clark (2009) developed a sexual abuse prevention guide specifically for front-line community correction officers and supervisors working in youth correctional facilities. The guide offers a broad range of recommendations to enhance prevention of child sexual abuse, including clearly establishing professional boundaries, informing inmates of their right to be protected and creating a culture of zero tolerance for sexual abuse.

Wonnacott (2013) focused on child sexual abuse in day-care nurseries, suggesting that they may represent the ideal environment for child sexual abuse to occur. The author discussed the limitations of relying solely on basic safety policies and procedures in such a setting with its complex environmental and relational risk factors. Instead, Wonnacott advocated for the use of a more dynamic framework based on the situational prevention model that can address the whole system encompassed by each particular nursery.

Finally, Johnson (2014) examined the policies in place for a sample of five separate day camps (including non-residential recreational activity facilities) serving approximately 300 children by interviewing their directors. The findings indicated that, for the most part, these camps lack a written policy for preventing and addressing child sexual abuse and had not educated staff about child sexual abuse signs, symptoms or concerns as part of their orientation. Moreover, nearly all of the camp directors themselves struggled to identify the steps they would take to address a claim of sexual abuse at their camp. Johnson (2014) recommended that camp directors be better educated on the importance of developing policies and procedures pertaining to the protection of campers and staff. Best practice would dictate the development of written policies, completion of staff orientation and participation agreements, and the purchase of insurance to ensure that both children and staff members were protected in the event of child sexual allegations (Johnson, 2014).

Conclusion

While this section of the review has considered a range of settings, common themes emerge that can form the basis of a plan for action. A consistent theme is the absence of rigorous,

methodologically sound research to provide a clear understanding of the nature of risk and preventive factors in the various settings addressed above. In the shorter term, the consistency of recommendations from inquiries and serious case reviews indicates that it is crucial to ensure organisations and their staff members at all levels have access to adequate procedures, and that codes of practice are consistently implemented. Finally, as it is unrealistic to expect that screening processes will exclude all individuals who might present a sexual risk to children, developing a broader understanding and implementation of situational prevention approaches would seem to be the single most effective component of strategies to create safer institutions that keep children safe in the way that communities, parents, children and institutions themselves all believe they should.

7 - Conclusions, issues for consideration and recommendations

Reflecting on this review of more than 400 documents related to child sexual abuse in institutions, perhaps most evident are the inherent risks and limitations associated with attempting to characterise a limited number of critical issues and recommendations for such a diverse body of literature. This review reflects a highly heterogeneous literature in terms of:

- the type of documents included – for example, published peer reviewed articles, organisational reports, formal case inquiries and reviews
- the empirical methodologies employed – for example, qualitative, quantitative and case review
- the institutions involved – for example, healthcare settings, out-of-home placements, schools and religious organisations
- the focus of particular studies, including victims, perpetrators and institutional settings.

The number of documents suggests an opportunity to draw conclusions about patterns of risk and protective factors, interventions and prevention outcomes. However, closer consideration of the studies reveals the lack of depth and methodological rigour regarding particular facets of the literature. As such, it is important to recognise the value of this review as a resource for researchers and practitioners, and as a foundation for strengthening our knowledge of the various aspects of institutional child sexual abuse. At the same time, we urge caution in drawing conclusions given the current lack of maturity of the existing literature in any particular area. With this in mind, we offer some broad reflections on the existing literature as well as recommending key improvements.

Critique

This review reflects a broad body of literature concerning risk and protective factors associated with child sexual abuse in institutions. While considerable effort has clearly been invested in responding to this issue, the literature is disparate and little work has been undertaken across institutional settings. As a consequence, there is a lack of careful consideration of the commonalities of child sexual abuse across institutional settings or the unique attributes of abuse within particular institutions. This 'divide' has hampered the development of effective prevention and policy-based initiatives to address this important issue. Given that virtually all children regularly interact with institutions, there is a critical need for strategic plans to guide a more systematic research agenda. This agenda will enhance our understanding of institutional child sexual abuse and direct the development of more effective prevention strategies and policies.

Of particular note is the need for investment in sustainable prevention approaches for use in impoverished communities, where multiple risk factors are commonly present, resources are at a minimum and families are under-served. There is also a paucity of work on protective factors related

to institutional child sexual abuse. Given the potential for protective factors to mitigate risks that may lead to abuse, it is important to foster more work in this area.

Two key theoretical frameworks have been usefully employed to understand the ways in which risk factors for child sexual abuse accumulate or interact in an institutional context: Finkelhor's (1984) Four Preconditions of Child Sexual Abuse; and situational prevention theory. There is evidence of good alignment between the key tenets of situational crime prevention and Finkelhor's four preconditions model for identifying and responding to risk. Broader limitations on research into child sexual abuse risk and protective factors also limits the ability to draw firm conclusions about those that might be specific to institutional child sexual abuse.

Considering the extent of the literature reviewed here, it would be reasonable to have high expectations that some proportion of the studies would be methodologically strong and well designed, yet that does not seem to be the case. In fact, a large number of the documents do not meet the criterion to be classed as a 'scientific study'. Rather, they are position papers, program reports, inquiries into abuse cases and reviews of the literature. Of the documents that would be considered a scientific study, most, if not all, have a variety of limitations. For many of them, methodological and design challenges include sampling concerns (for example, the use of convenience samples, case studies, small samples and self-selection bias); design flaws (for example, inappropriate control groups, no control groups, retrospective data collection and the use of archival data); and measurement concerns (for example, when relying on public records and when available information is inconsistent).

In categorising this body of work, it may be helpful to reconsider it not as a single body of literature but recognise it more accurately as separate pieces of literature examining a variety of victim, offender and institutional issues. In this context, the lack of methodological sophistication and rigour makes more sense, reflecting a more fractured literature examining a much broader range of research questions within a larger number of settings (for example, risks in healthcare settings, victims' reluctance to disclose institutional abuse and prevention in school settings). While this reframing helps contextualise the issue it does little to improve the overall quality of available literature.

Finally, it is notable from a content standpoint that the available literature has numerous gaps and is inconsistent across areas. For example, the victim literature is weighted toward studies on disclosure, while the offender literature tends to be focused on perpetrator characteristics. There are also considerable inconsistencies across studies related to the various institutional settings. For example, studies on religious organisations have almost exclusively examined the Catholic Church and other Christian denominations, and are focused on perpetrator characteristics in great detail. In contrast, sports studies have examined a wider range of organisations, but have tended to focus on victim rather than perpetrator characteristics. Future work in this area should attempt to more consistently address risk and protective factors as well as victim, offender and situational or contextual considerations across different institutional settings.

Implications for practice

The sections in this review focusing on victims, perpetrators and institutions contain recommendations for action that will not be repeated here. There are two common themes that merit noting as overall recommendations.

First, the literature reflects the promising nature of prevention strategies and policy initiatives for enhancing child safety, particularly when directed across elements of the social ecological model. For prevention, this spans the continuum from awareness training for individual parents or staff members to more systematic, institution-wide efforts to identify and reduce environmental or situational risks that create conditions that allow child sexual abuse to occur. In a complementary fashion, the design and implementation of key safety policies foster child safety by helping to establish clear professional boundaries, acceptable practices, and mechanisms for identifying and reporting inappropriate behaviour that places children at risk.

Taken together, prevention and policy initiatives establish the types of abuse inhibitors that Finkelhor (1984) refers to in his Four Preconditions of Child Sexual Abuse model for understanding the causes or conditions under which this abuse can occur. The literature also points to a compelling need to increase investment in prevention and policy initiatives as well as to better tailor such efforts to the needs and characteristics of particular institutional settings to maximise their effectiveness.

The second major overarching recommendation relates to research. There is a need for greater attention to the quantity and quality of research related to child sexual abuse in institutions. Given the immense number of children who are involved with a broad variety of institutions worldwide, there is a relative paucity of research. Efforts should be undertaken to design systematic programs of research specific to the various types of institutions, focusing on risk and protective factors, how to achieve early disclosures of abuse, and the success of previous prevention programs. At the same time, it is important to advocate for more methodologically sound investigations of child sexual abuse in institutions. Diversity of study approaches, more quantitative as well as qualitative studies, and approaches that allow for greater generalisability are all recommended.

The obstacles to achieving this – from lack of funding to the ethical challenges in researching such sensitive and usually confidential issues – are not inconsiderable. However, without a clear understanding of the challenges, it is not possible to develop effective solutions.

Conclusion

Over a decade ago, Altobelli (2003, p 2) noted that "… the public has become distrustful of the ability of many organisations to ensure the safety of children ... [there is] a deep feeling of cynicism, scepticism, disappointment and distrust …" In view of the revelations about institutional child sexual abuse in the intervening period, that distrust is likely to be even more acute. Now more than ever, it is imperative that institutions take responsibility for effective preventive action. It is hoped that this review will provide a useful resource for efforts to enhance children's safety.

Given its persistence, the challenge of addressing institutional child sexual abuse may appear at times almost insurmountable. However, a striking finding of this review is that many of the actions recommended are, in fact, to implement existing protective systems and processes more rigorously, thoroughly and consistently. The most common theme of UK serious case reviews is the importance of management and staff understanding and implementing safeguarding arrangements in their own organisation. At the same time, if asked, staff and management in almost any institution would respond that they understand and are committed to the importance of implementing safeguarding arrangements. Well-intentioned people who devote at least part of their life to a youth-serving institution would expect no less of themselves and colleagues if their children were involved with that institution. And yet, the available evidence suggests that often when abuse occurs, adequate safeguarding procedures were not in place or were not effectively implemented. In other instances, safeguarding measures were not developed, due to an over-reliance on simplistic and ineffective safety approaches. For example, many institutions have opted for the exclusive use of criminal background checks and minimal screening at the point of engaging staff or volunteers. This is despite published evidence that background checks may be ineffective due to a significant proportion of offenders lacking a formal criminal history (Erooga et al., 2012a). Moreover, Price, Hanson and Taglianni (2013) found that the screening measures of 17 organisations out of 20 surveyed did not include any questions specific to the potential for abuse. However, these organisations still felt that their vetting process would detect potential abusers because they considered their measures exhaustive. These shortcomings are in stark contrast to findings that support the potential value of more promising safety approaches, such as Value Based Interviewing (Golokoz & Cleary, 2008), the Situational Prevention Approach (Kaufman et al., 2012), comprehensive safety training for staff, promotion of an institutional safety climate, and enhanced child and staff supervision. As Stark and colleagues (1997) observed, the best way to avoid harm to children is to avoid dangerous practices within an organisation, rather than attempt to screen out potentially dangerous people.

The most important action institutions and those who work in them can take is to become familiar with the key literature contained in this review, consider their own institutional practices in light of these findings and act accordingly to maximise children's safety. Finally, it is incumbent upon institutions to not only subscribe to these strategies as a matter of policy, but to ensure that their staff adhere to these principles as a matter of routine practice.

In summary, the best way to avoid harm to children is to avoid dangerous practices, rather than trying to screen out those who may pose a risk to children. Effective prevention is predicated on creating a positive, open and inclusive organisational culture in which child safeguarding is a priority. Efforts to create such a culture should be led by senior management and wholeheartedly endorsed and owned by staff members at all levels.

Nelson Mandela said, "There can be no keener revelation of a society's soul than the way in which it treats its children". We hope that this review will spur greater interest and action on behalf of children, to enhance their safety as they interact with the institutions that add richness to their lives.

References

Note that the numbers in brackets at the end of some of the references reflect the sections in which the cited literature appears.

Key for review chapter where citation appears

1 = Perpetrator

2 = Victim

3 = Institution

3a = Church

3b = Public inquiries

3c = Healthcare

3d = Out-of-home care

3e = Prevention

3f = School

3g = Screening

3h = Sports

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Table 1: Preliminary Literature Review Search Terms

Key Search Term Areas	Search Term Variations Used**
Youth	Adolescents; child*; juveniles; minors; teenagers; youth
Child Sexual Abuse	Grooming; molestation; sexual abuse; sexual assault; sexual exploitation; sexual maltreatment; sexual offen*; sexual perpetration; sexual victimization / sexual victimization; sexual violence; sex crimes; sexual assault prevention; commercial sexual exploitation; sexual crimes; child sexual abuse -- law & legislation; acquaintance rape institutional abuse; acquaintance molestation; childhood abuse; clerical abuse; sex* exploitation; sex trafficking; sexual coercion sexual misconduct; cybercrime; cleric abuse; abuse processes; organizational / organizational child sexual abuse; teen sex abuse recruitment; female-perpetrated sexual abuse; coercion; juvenile sexual aggression; relational disorder; clergy sexual abuse technology assisted child sexual abuse; technology mediated child sexual abuse; sexting; online grooming; online trolling for victims online victim recruitment; online abuse; child sexual exploitation child abuse image*; child pornography; Indecent images of children abuse images of children
Institutions (General)	institution*; organizations; youth-services; youth-serving organizations; professional perpetrator men who work with children; professionals who sexually molest children; public care; women who work with children
Institutions (Specific)	Religious Organizations; childcare; church*; Temple; Synagogue; Mosque; Places of Worship; Clergy Training Facility; clubs; daycare; detention; foster care; hospitals; medical clinics; pediatric clinics; children's hospitals; Health & Allied: Hospital & Rehabilitation: Government nurser*; out-of-home care; out of home care: Residential Home: Government Offending Institutions; out of home care: Residential Home: Non-Government, Secular; out of home care: Residential Home: Non-Government, Faith Based Religion; residential care; School; Public School; Private School; Religious School; Education Day & Boarding School: Government; Education Day & Boarding School: Non-Government Secular; Education Day & Boarding School: Non-Government Faith Based; community centers; youth sports; youth-group; child welfare services; child care services; child & family welfare group homes; residential facilities; roman catholic church; kinship care; out-of-home placement; clubs (Social Organizations); recreational facilities; residential institutions; priests; clergy; summer camps: secular; summer camps: faith-based; After-School Programs; Recreation, Sports & Hobbies: Government; Recreation, Sports & Hobbies: Secular Juvenile Corrections; Juvenile Detention; Corrective Institutions Immigration Detention; Children's Day Care; Child Care Centre based Care: Government; Child Care Centre based Care: Non-Government; Child Care: Non-Government Faith Based; Support Accommodation; Support Accommodation: Government; Support Accommodation: Faith Based Arts & Cultural Organizations; Human Services Agency; Human Services Organizations; Social Support Services; Social Support Services: Government;

	Social Support Services: Non-Government Secular; Social Support Services: Non-Government Faith Based; Youth Employment; Armed Forces and Cadets; institutional schools; treatment facilities; boarding schools; psychiatric units; girl scouts; boy scouts*; leisure; religious
Victim Risk Factors	disab* (disability/disabled); female; gender; girl*; victimology; mental health; intellectual disability; low income; demographics; protective factors; victim characteristics; victim demographics; predictors of child sexual abuse; contributing factors; risk factors; prevention; guardianship; guardian; gender/sex differences; risk assessment; risk prediction; capable guardian; attachment; cognitive development; psychopathy; substance abuse; victim-offender relationship; coping with abuse; PTSD; Aboriginal children; socioeconomic status; parental alcoholism; parental absence; custody; parental involvement; family structure; single parent; ethnicity; race; parent*; unemploy*; sexually reactive behaviors
Perpetrator Factors	Adolescent Sexual Perpetrators; Juvenile Perpetrators AND Sex Crimes; modus operandi; Perpetrators AND Sex Crimes; sex offender public policy; protective factors; Adult sexual offenders; pedophilia; child pornography users; demographics; recidivism; pedophilic sexual interest; mental health; contributing factors; risk factors; prevention; guardianship; capable guardian atypical sexual interests; routine activit*; situational prevention; gender/sex differences; problematic sexual behavior; risk assessment; risk prediction; hunting pattern; rational choice; serial sex offender; offending process; parental monitoring; conduct problems; delinquency; lifestyles; time use; self-control; cognitive development; sexual fantasy; attachment; empathy; journey to crime; offender decision making; substance abuse; extra-familial; intra-familial; family perpetrator; professional and perpetrator; erotomania; deviant sexual interest; paraphilia; sex as a coping strategy; intimacy deficits; loneliness; child-parent relationship; adult sexual aggression; cognitions; tolerant of sexual violence; externalizing behaviors; internalizing behaviors; social deficits; family risk factors; neuropsychological impairment; disordered attachment; distorted self-perception; impulsiv*; depression; anxiety; chemical dependency; childhood trauma; cognitive distortion; social competence; sexual victimization; psychopatholog*; emotional abuse; physical abuse; sexual abuse; sexual inadequacy; hypersexuality; sexual compulsivity; family dysfunction; sexual maladjustment; hebephil*; modus operandi; smartphones; cellphones; social media; social networking sites
Institution Factors	classroom environment; institutional failure; leadership; training; supervision; volunteer supervision; prevention programs; prevention policies; environmental factors; school environment; institutional environment; group dynamics; professional boundaries; staff sexual misconduct; background checks; screening procedures; prevention; situational crime prevention; capable guardian; complaint procedures; policies; position of authority; prior bad acts; state legislation; judicial precedent; statutory interpretation; program characteristics; statutory protection; hiring protective practices; institutional culture; agency culture; staff sexual misconduct; staff and child; child and worker; offender and recruitment

	actuarial and risk and assessment; (employment) screening; zero-tolerance polic*; safe environment training; accountability; duty to warn; quality of care
	professional liability; professional standards; abuse reporting; professional ethics; audits; organizational climate; school climate; social engineering; surveillance; organizational practices; institutional grooming; safety
	safety climate

Table 2: Key Databases Used For Preliminary Literature Review

Data Base Names	Academic Search Premier; AltHealthWatch; Criminal Justice Abstracts; DARE (Database of abstracts of reviews and effects); EBSCO; Education Research Complete; Environment Complete; ERIC; Family and Society Studies Worldwide; Google Scholar; Health reference center academic; Health Source: Nursing/Academic Edition; HealthED; Issuelab; JSTOR; LexusNexis; Medline; Military and Government Collection; National Criminal Justice Reference Service; NCBIPubmed; NCJRS; Newspaper Source; Opposing Viewpoints; Proquest; PsycINFO; Pubmed; Royal Commission; Sage Journals; Social Services Abstracts; The California Evidence based clearinghouse for child welfare; The Cochrane Library; The Campbell Collaboration Library Of Systematic Reviews; Urban Studies Abstracts; Vocational and Career Collection