

Response to Royal Commission Consultation Paper, "Institutional Responses to Child Sexual Abuse in Out of Home Care" (2016)

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I see several issues which could be addressed to improve the protection of children in care from being sexually abused by adults with whom they have contact. (The abuse by other children is not addressed here, although affectional neglect and exposure to sexual stimuli in dysfunctional family settings are factors that promote risks in becoming child or adolescent abusers. Independent science-based information on child neglect is appended).

Issue 1. Child sexual abuse is a generic and widespread community problem.

Whilst the Consultation Paper outlines considerations for across the board policy development that will contribute to addressing the problem for children in out of home care – which is commendable - what appears to be absent is the placement of the problem of child sexual abuse of children in care in the context of a broader community problem of poor child care quality that creates emotional, behavioural and personality problems that costs and harms the community. In order for that problem to be addressed, information and community education is required at all levels – from family and agencies to Government decisionmakers that a failure in the provision for the basic needs of children is at the root of the problem of child sexual abuse (as well as many other social problems). Refer to the Document on Neglect attached to this submission, and my previous submissions.

Issue 2. Naming the factors that contribute to the problem, and introducing reality-based interventions that address them.

Somehow, the concept of the "perpetrator" from whom children in out of home care ought to be protected are isolated and mystified, being akin to the nebulous concept of a unicorn, which one can imagine, but never actually see or identify. This mystification of who might be offenders is not helpful, because considerable evidence exists from existing knowledge bases gathered by psychologist researchers and practitioners, that previously sexually abused children (predominantly boys) and those who engaged in precocious sexual activities and who were also affectionally neglected are more at risk of becoming adolescent and/or adult abusers. Furthermore adults at risk of sexually victimizing children need to be re-defined as people with problem behaviours and inappropriate problem-solving skills, mostly arising in the context of unfortunate childhood histories. The latter will reduce the likelihood of affected persons hiding, or fleeing in denial through fear – which helps no-one. There is no reason why this factual

information should not be shared with all, and used for preventative purposes. And such prevention endeavours will require additional elements:

- Education about the emotional needs of children outlined in my previous submissions, and the long term effects of neglect. (See attached summary document by the Harvard University Center on the Developing Child).
- Education that involvement in sexual activities with children is damaging to the child's development and future wellbeing, and can even trigger self-harm and suicide (among other lifelong problems).
- Community information that having inappropriate sexual interests in children is a recognisable problem by the adult concerned which has solutions, best addressed before the problem becomes chronic.
- That adults with such problems deserve the support of Government and the community because they have psychological problems arising from their particular history, and are not "monsters".
- Funding support for accessing treatment and prevention services for those at risk of offending, and
- Readily available community information that people with inappropriate sexual interests in children can seek confidential and professional help in their locality, and how to do it.
- For the media to share information about the true causes of child sexual abuse and discourage sensationalization of crime-reporting that promotes vigilantism and contempt for alleged or convicted abusers.

My impression is that hitherto, prevention strategies in Australia have lacked most of the above elements, and those deficiencies ought to be addressed. No other body, apart from the Royal Commission, has any leverage in helping Government, the media, and the community to recognise and address current deficiencies and inadequacies in policies and practices relating to child sexual abuse, and pave the way for progressive and constructive change.

Issue 3. Expanding the means of identifying those at risk of sexually abusing children in out of home care.

The third issue is the matter of identifying and excluding prospective perpetrators from access or involvement with children in order to protect children in care. This is partially, but not (in my view) successfully dealt with by reference to "probity checks" informed primarily by criminal record checks (previous convictions for sexual abuse). In my long history of assessing adult offenders for the Courts in Western Australia, a large proportion of those who offended sexually against children were in the justice system for the first-time (i.e., were first-time offenders, and many had no other significant antecedent criminal convictions). Waiting for someone to be convicted before alarm bells start ringing is not an effective or efficient way of protecting children, because too many casualties are likely to arise through that method alone. (However as the most violent sexual offenders against children - who constitute a minority of overall offenders against children - are

likely to have prior offence histories, criminal checks do have a place as an aid in protecting children in care).

To address this issue of child protection holistically (and as an adjunct to the probity check strategies already envisaged, which miss more persons of risk than they identify), systematic psychological assessments and selection procedures need to be implemented in regard to persons who have roles in the care, transport, recreation and education of children in care, or other involvement that enables contact or familiarity with such children.

Further information on the above matters are in my three previous submissions to the Royal Commission.

A challenge for the Royal Commission is whether it is willing to move the community and government to a new level of understanding of this troubling and damaging community problem, or re-affirm the status quo which tends to place the responsibility for protecting children on the prospective victims themselves and mystifies the causes of this problem (which are clearly related to how adults in each generation care for children), as well as obscuring the recognition of those who perpetrate it.

*“Ensuring that children have appropriate, growth-promoting early experiences is an investment in their ability to become healthy, productive members of society”**.

(That involves the adequate nurturance of the young, which will go a long way in reducing the risk of them becoming future abusers).

* Extract from Gene-Environment Interaction webpage
Center on the Developing Child, Harvard University
<http://developingchild.harvard.edu/science/deep-dives/gene-environment-interaction/>

See also the attached document from the *Center on the Developing Child* on the subject of neglect.

Recommendations

1. That the Royal Commission add information on Prevention linking child sexual abuse and general parenting (child care) practices, with particular emphasis on the importance of meeting the emotional needs of children, as well as shielding them from precocious sexual stimuli as a means of reducing the likelihood of them becoming abusers at a future point through the life course.

2. That the Royal Commission convey to both Government and the community the kinds of preventative actions itemised above, and endorse

these as appropriate investments in the important goal of protecting children from child sexual abuse.

3. That relevant psychological knowledge and expertise is used wherever possible to complement criminal record checks in the selection of adults charged with the care of, or who provide services to, children in out of home care.

A series of brief summaries of essential findings from recent scientific publications and presentations by the Center on the Developing Child at Harvard University.

Thriving communities depend on the successful development of the people who live in them, and building the foundations of successful development in childhood requires responsive relationships and supportive environments.

Beginning shortly after birth, the typical “serve and return” interactions that occur between young children and the adults who care for them actually affect the formation of neural connections and the circuitry of the developing brain. Over the next few months, as babies reach out for greater engagement through cooing, crying, and facial expressions—and adults “return the serve” by responding with similar vocalizing and expressiveness—these reciprocal and dynamic exchanges literally shape the architecture of the developing brain. In contrast, if adult responses are unreliable, inappropriate, or simply absent, developing brain circuits can be disrupted, and subsequent learning, behavior, and health can be impaired.

1 Because responsive relationships are both expected and essential, their absence is a serious threat to a child’s development and well-being. Sensing threat activates biological stress response systems, and excessive activation of those systems can have a toxic effect on developing brain circuitry. When the lack of responsiveness persists, the adverse effects of toxic stress can compound the lost opportunities for development associated with limited or ineffective interaction. This multifaceted impact of neglect on the developing brain underscores why it is so harmful in the earliest years of life and why effective early interventions are likely to pay significant dividends in better, long-term outcomes

in educational achievement, lifelong health, and successful parenting of the next generation.

2 Chronic neglect is associated with a wider range of damage than active abuse, but it receives less attention in policy and practice. Science tells us that young children who experience significantly limited caregiver responsiveness may sustain a range of adverse physical and mental health consequences that actually produce more widespread developmental impairments than overt physical abuse. These can include cognitive delays, stunting of physical growth, impairments in executive function and self-regulation skills, and disruptions of the body’s stress response.

Science Helps to Differentiate Four Types of Unresponsive Care

	OCCASIONAL INATTENTION	CHRONIC UNDER-STIMULATION	SEVERE NEGLECT IN A FAMILY CONTEXT	SEVERE NEGLECT IN AN INSTITUTIONAL SETTING
Features	Intermittent, diminished attention in an otherwise responsive environment	Ongoing, diminished level of child-focused responsiveness and developmental enrichment	Significant, ongoing absence of serve and return interaction, often associated with failure to provide for basic needs	“Warehouse-like” conditions with many children, few caregivers, and no individualized adult-child relationships that are reliably responsive
Effects	Can be growth-promoting under caring conditions	Often leads to developmental delays and may be caused by a variety of factors	Wide range of adverse impacts, from significant developmental impairments to immediate threat to health or survival	Basic survival needs may be met, but lack of individualized adult responsiveness can lead to severe impairments in cognitive, physical, and psychosocial development
Action	No intervention needed	Interventions that address the needs of caregivers combined with access to high-quality early care and education for children can be effective	Intervention to assure caregiver responsiveness and address the developmental needs of the child required as soon as possible	Intervention and removal to a stable, caring, and socially responsive environment required as soon as possible

With more than a half million documented cases in the U.S. in 2010 alone, neglect accounts for 78% of all child maltreatment cases nationwide, far more than physical abuse (17%), sexual abuse (9%), and psychological abuse (8%) *combined*. Despite these compelling findings, child neglect receives far less public attention than either physical abuse or sexual exploitation and a lower proportion of mental health services.

3 Studies on children in a variety of settings show conclusively that severe deprivation or neglect:

- **disrupts the ways in which children’s brains develop and process information**, thereby increasing the risk for attentional, emotional, cognitive, and behavioral disorders.
- **alters the development of biological stress-response systems**, leading to greater risk for anxiety, depression, cardiovascular problems, and other chronic health impairments later in life.
- **is associated with significant risk for emotional and interpersonal difficulties**, including high levels of

negativity, poor impulse control, and personality disorders, as well as low levels of enthusiasm, confidence, and assertiveness.

- **is associated with significant risk for learning difficulties and poor school achievement**, including deficits in executive function and attention regulation, low IQ scores, poor reading skills, and low rates of high school graduation.

4 The negative consequences of deprivation and neglect can be reversed or reduced through appropriate and timely interventions, but merely removing a young child from an insufficiently responsive environment does not guarantee positive outcomes. Children who experience severe deprivation typically need therapeutic intervention and highly supportive care to mitigate the adverse effects and facilitate recovery.

For more information, see “The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain” and the Working Paper series from the Center on the Developing Child at Harvard University. www.developingchild.harvard.edu/resources/

IMPLICATIONS FOR POLICY AND PROGRAMS

Science tells us that repeated and persistent periods of prolonged unresponsiveness from primary caregivers can produce toxic stress, which disrupts brain architecture and stress response systems that, in turn, can lead to long-term problems in learning, behavior, and both physical and mental health. These advances in science should inform a fundamental re-examination of our approaches to the identification, prevention, reduction, and mitigation of neglect and its consequences, particularly in the early years of life.

- **Address the distinctive needs of children who are experiencing significant neglect.** The immediate circumstances and long-term prospects of neglected children could be enhanced significantly by: (1) disseminating new scientific findings to child welfare professionals and focusing on the implications of this evidence for practice; (2) supporting collaboration between child development researchers and service providers to develop more effective prevention and intervention strategies; (3) coordinating across policy and service sectors to identify vulnerable children and families as early as possible; and (4) creating contexts for cooperation among policymakers, family court judges, and practitioners to improve access to non-stigmatizing, community-based services.
- **Invest in prevention programs that intervene as early as possible.** The earlier in life that neglected children receive appropriate intervention, the more likely they are to achieve long-term, positive outcomes and contribute productively to their communities. Key personnel in the primary health care, child welfare, mental health, and legal systems can work together to assure the earliest possible identification of families that require preventive assistance as well as children who need therapeutic intervention. Because child neglect often co-occurs with other family problems (particularly parental mental health disorders and addictions), specialized services that address a variety of medical, economic, and social needs in adults present important opportunities to identify and address neglectful circumstances for young children. Policies and programs that provide preventive interventions in high-risk situations before the onset of neglect present a particularly compelling goal.

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