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

Response to 4th Issues Paper: Preventing Sexual Abuse of Children in Out-of-Home Care

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Act for Kids is a charity providing therapy and services to prevent and treat child abuse and neglect across Queensland. Established in 1988 as The Abused Child Trust, we have worked in child protection for over 25 years offering both government and philanthropically funded programs. We work across the whole child protection continuum, from primary services in education and advocacy, to secondary early intervention and family support services, through to intensive therapy for children who have experienced trauma from abuse and neglect.

Act for Kids' Sexual Abuse Counselling Service was established seven years ago and the specialist team has approximately 40 years' experience working with children who have been sexually abused. Based on their combined experience and knowledge, the team developed and now deliver a comprehensive protective behaviours program, *Learn to BE SAFE with Emmy*, to grade one students. A pilot evaluation of the program, in partnership with Griffith University, showed positive results and a longitudinal study is now underway.

This submission is based on our extensive knowledge and experience working with children who have experienced sexual abuse, their families, carers and relevant government departments and non-government organisations. Themes and recommendations that arise throughout our responses include:

- the need for comprehensive training for carers, and broadly for professionals working closely with children, to understand and identify signs of trauma, age appropriate sexual development and behaviours
- the need for effective protective behaviours programs for children entering OOHC, and more broadly for all children
- the need for Child Safety Officers/statutory bodies to fully disclose all details of a child's case history to carers.

We have responded only to questions where we have appropriate expertise.

1. An essential element of OOHC is for a child to be safe and secure. Are there core strategies to keeping children in OOHC safe from sexual abuse and what is the evidence that supports them?

Protective behaviours training for children

Protective behaviours training is beneficial for all young children. Quality, comprehensive programs help them to understand what is safe and unsafe, identify trusted adults they can go to when they feel unsafe, and empower them to speak out. Cohen et al (2006) suggest the following components as essential in children's personal safety skills:

- communicating feelings and desires clearly and openly
- paying attention to "gut feelings"
- identifying people and places that are safe
- learning about body ownership
- learning the difference between "surprises" and "secrets"
- asking for help repeatedly until someone provides what is needed.

Mandatory protective behaviours training for children in OOHC would equip them with knowledge, skills and some level of confidence to trust their own feelings about what is or isn't ok – both in their care environment and wider life experiences.

Children in OOHC are often transient due to placement breakdown or respite arrangements. Having protective behaviours skills and safety plans which are transferable across situations may ameliorate risk for future abuse. This is particularly important because children who have experienced sexual abuse are at higher risk of being targeted by abusers.

When educating children about possible dangers in their environment it's important to focus on specific behaviours which may be considered normal for the child. "Normal" is typically based on a person's own experiences – children who have experienced grooming can have an extremely concerning understanding of "normal". This discussion is useful with children in OOHC to help professionals identify possible risky practices within the placement household. In our experience, bathroom doors being left open, toilet doors without locks, household members walking about in states of undress, and bathing with others are all commonly reported.

These strategies do not make children "safe" but they help to make them less vulnerable.

Psycho-education for care givers

Mandatory child-focussed training sessions for carers would reduce the incidence of children abused whilst in care. This training should cover all components in the protective behaviours program, as well as information specific to grooming and normal child sexual development. This knowledge is important to help carers:

- identify inappropriate sexualised behaviour which puts other children at risk
- establish a safe and protective home environment
- understand how children who have been abused are likely to behave, how they react to different situations and how to support them through their trauma.

We regularly receive referrals for children who have been abused by other children in care. If a carer is not trained they rely on their own understanding and judgment of normal child sexual development and behaviour, which can put children at risk. Personal beliefs can create blind spots for carers who do not recognise the risk to children in their care by other children's sexualised behaviour. Our counsellors often hear of situations in care placements where household culture presents a risk (children undressing alongside swimming pools, and sharing beds is an example). Anecdotal evidence suggests practices in kinship care placements are often looser, and less predictable.

The traffic light model (produced by Family Planning Queensland) is helpful in training carers and details what is or isn't age-appropriate sexual development. We have worked with numerous carers who are challenged by what is defined as normal. We help carers learn to differentiate between normal development and atypical sexual behaviour.

If a carer is not prepared beforehand, children who have been sexually abused may feel unsupported, unprotected or judged in their new home environment. We often receive referrals for carer psycho-

education because the placement is about to breakdown. This is typically too late to save the relationship.

We recommend this training be mandatory before a child is placed with a carer. It should also be provided regularly for carers who wish to refresh their training, or have found they're challenged managing a new child in their home. It could be delivered in a group format, which would also encourage carers to develop their own support networks and learn from each other.

Full disclosure of child's history by Child Safety Officer/department to carer

Lack of specific information for carers about a child's history leaves children vulnerable to sexual assault by another child with sexualised behaviours. In our experience Child Safety Officers have promoted privacy of the child to the detriment of other children, including biological children of foster carers. While it's often out of concern the child will be labeled, isolated or rejected from the placement, it presents a high risk to other children.

We have multiple examples of high-risk sleeping arrangements due to insufficient risk assessment and multiple children with complex needs in one placement. The placement of children with sexualised behaviours with children who have experienced sexual abuse in the past is a particular concern. Unfortunately this is not uncommon, especially when children are sent to respite care.

One example was a six-year-old who was sexually abused by an older child (from another Child Safety Service Centre catchment) while in respite care. The abuse was disclosed when she returned to her regular care environment. It took some time for Child Safety to ascertain which children were at the respite placement and to track down the perpetrator. The respite care provider was not adequately briefed with child-specific information, nor trained or skilled to monitor multiple "strange" children in her home.

2. Is there evidence for having different strategies to keep children in OOHC safe from sexual abuse depending upon whether a child is in relative or kinship care, foster care or one of the forms of residential care?

Comprehensive training for carers and protective behaviours programs for children should be established across all types of care. How that is delivered might change according to care environment, for example family-based sessions for kinship care, or group sessions in residential care.

One of the key steps in ensuring children are safe from sexual abuse whilst in OOHC is the assessment of carers and the decision of where children are best placed for their needs. This process and decision making framework may differ across care environments.

Traditional foster care placements have multiple risk factors such as number of other children in the home, their age, and any sexually reactive behaviours or history of those children would impact on a new child's safety in a placement.

Kinship care can present issues of systemic and intergenerational abuse. Child protection departments generally have intergenerational family histories and access to information from other state agencies. It

is critical these are thoroughly reviewed during carer assessments – we regularly receive referrals for children when there has been intergenerational sexual abuse, including family-based paedophilia rings. Our team has also had referrals where children have been placed with family and re-abused. This may indicate risk across the extended family network and lack of supervision due to multi-generational grooming practices. A possible protective factor may be present when the abuse history of the child, or sexualised behaviours, may be general family knowledge.

Thorough assessment of potential carers and careful review of placement options before selecting an OOHC placement for a child is essential to ensure their safety. This is also critical for respite care.

4. What are the strengths and weaknesses of having OOHC providers regulated by the child protection department, or regulated by a body separate from the child protection department?

Departmental strengths:

- The department has access to all family of origin child protection history, including interstate history.
- The department would have information relevant to a child's vulnerability.
- The department would have information relevant to the risk presented by other children in the placement.

Departmental weaknesses:

- It is clear that most state and territory child protection departments are already under-resourced for their current scope of work, OOHC provider review and regulation would not be a top priority within current structures.
- Lack of independence – the Queensland Government is moving to a system where auditors of Standards of Care will not necessarily be independent from the Department or the NGOs providing the OOHC.
- Child protection departments are always concerned with current risk, as opposed to looking at cumulative harm.
- In our experience and based on feedback from others in similar fields, there is a weakness in the whole system (in Queensland) that makes it extremely difficult to substantiate a matter of concern against a foster carer, in contrast to a child's parent.

NGO or alternative organisation strengths:

- NGOs could provide more focussed support for carers, including training and education specific to a child or household's needs. (This training would be transferable to the carer's biological children, and other children who come in and out of their home, which would reduce stigma of one child's needs; reinforcing the needs of all children placed together.)
- NGOs would likely have a more holistic therapeutic stance with families – rather than just investigation and assessment of current risk.

- NGOs are independent from the department and statutory decision making processes, if they discovered a poor placement decision was made they would be more likely to raise the concern and try and secure a better placement for the child. They would not be influenced by KPIs or the desire for positive reportable statistics.

NGO or alternative organisation weaknesses:

- NGOs don't have the statutory power of the department to back them up during an investigation or when trying to change a child's placement.
- NGOs don't have access to the full history of foster carers and their extended family and social networks. Nor do they have access to the full history of children in the carer's household.
- The expense of governments having to fund an independent body. In Queensland the Government has decided to abolish the Commission for Children Young People and the Child Guardian which currently conducts Working with Children Checks and issues Working with Children Blue Cards.

5. What are the core components of the training needs of those working with children who might be sexually abused including carers, caseworkers and staff of regulatory bodies? What priority should be given to training in relation to sexual abuse compared to other training needs?

Comprehensive training is essential for carers, caseworkers and regulatory staff, and it's important that through this process workers' own biases are explored and challenged. We also believe specialist training is critical for other professions working closely with children including teachers, child care workers and health professionals – and all workers captured by mandatory reporting laws.

Often these other professionals are the most stable, trusted adult in a child's life – they are the ones who notice subtle changes in behaviour, or hear a disclosure. It's vital that they are trained to recognise signs of abuse, how and where to report concerns, and how to support a child in this situation.

It is important for everyone working closely with children to be familiar with:

- behaviours and signs of childhood trauma – removing the misperception of how trauma presents would aid early identification of children at risk or who have been abused, and also prevent over-reaction to certain behaviours (unfortunately many people believe trauma manifests simply in nightmares and tears; not anger, or masturbation and enuresis)
- typical sexual development milestones, types of sexualised behaviours and age appropriate management strategies
- the impact sexual abuse, trauma, and the grooming process can have on a child, including self-esteem, cognitive ability, memory, self-regulation and mood modulation.

Core components

Assertive communication, conflict resolution and role playing expression of feelings are fundamental to this training. The basics of protective behaviours training for children would also be useful; they must be confident to model and reinforce a child's learning. This includes:

- paying attention to "gut feelings"
- identifying people and places that are safe
- reinforcing personal boundaries and body ownership
- the difference between "surprises" and "secrets"
- knowledge of local services.

There are resources already available that could be drawn together to develop a comprehensive training program, quickly. We have used the traffic light model (Family Planning Queensland) effectively, and our *Learn to BE SAFE with Emmy* protective behaviours workshops are working well with children and could be adapted to train adults to reinforce those same messages and behaviours with children they work with or care for. This training must be a high priority – it will enable early identification and intervention to ensure a child is not at risk of ongoing sexual abuse.

In our experience working with carers, it's clear that a lack of training regarding proper supervision of children, especially those they don't know well, is an issue and puts children vulnerable to sexual abuse at risk. It's also apparent that when a child in their care presents with challenging sexual behaviours or is sexually abused, carers are not provided regular support by their agencies/department to allow them to debrief, transition plan or reflect on 'parenting' practice. This is both a training and support structure issue that needs to be addressed.

6. Is there adequate and effective training and information available to carers who are caring for children who have sexually abused other children?

No. In our team's experience most carers have little to no knowledge of how to support children who have sexually abused other children or are displaying inappropriate sexual behaviours. Perhaps more alarmingly, there have been many instances where carers have had no knowledge of a child's previous abusive behaviours, and as such are completely unaware of any risks to other children.

Training

There are not enough educational opportunities for carers (or protective parents) who care for children who have sexually abused other children. There is very little qualified training available to help carers identify problem sexualised behaviours or how to deal with children presenting these behaviours.

When one child sexually abuses another within the household, a common concern from carers/parents is that they feel there is no easy way to support both children. Both guilt and anger can affect the way parents/carers interact with each child, often feeling torn between abandoning one to support the other. Parents/carers themselves are often deeply affected by their experiences in these situations and there is rarely enough appropriate support for them. Our counsellors often find themselves in the position of being a sounding board for desperate carers who are unable to access suitable expert support.

Information

Often children are placed with carers who are not fully informed of their case history. It is a misguided belief of many Child Safety Officers that this protects the child's privacy and reduces the risk of them being labeled, isolated or rejected. However, it compromises the carers' ability to fully support that child and places other children at risk. Culture and processes must change – if a carer is trusted to look after a child, they must be trusted with full information about that child.

ENDS

Source: Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2006.) *Treating Trauma and traumatic grief in children and adolescents*. New York, NY: Guilford Press