Scoping review: Evaluations of out-of-home care practice elements that aim to prevent child sexual abuse

Parenting Research Centre and the University of Melbourne

Commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse

Revised - November 2015

THE UNIVERSITY OF MELBOURNE

Parenting Research Centre
raising children well

Scoping review: Evaluations of out-of-home care practice elements that aim to prevent child sexual abuse

Project team

The Royal Commission into Institutional Responses to Child Sexual Abuse commissioned and funded this research project. It was carried out by the following researchers:

Dr Sandra South, PhD
Research Fellow, Knowledge Exchange and Implementation, Parenting Research Centre

Professor Aron Shlonsky, PhD
Professor of Evidence Informed Practice, Department of Social Work, School of Health Sciences, University of Melbourne

Dr Robyn Mildon, PhD
Director of Knowledge Exchange and Implementation, Parenting Research Centre

Ms Anastasia Pourliakas, M.Psychology (Clinical)
Research Officer, Parenting Research Centre

Ms Jessica Falkiner
Research Assistant, Parenting Research Centre

Mr Adrian Laughlin
Research Assistant, Parenting Research Centre

Disclaimer

The views and findings expressed in this report are those of the author(s) and do not necessarily reflect those of the Royal Commission. Any errors are the author's responsibility.

The scoping review was conducted between January and March 2014, and papers and reports dated after this time were not included.

Published date

Original report - February 2015.

Revised report – November 2015.

ISBN 978-1-925118-89-6

CORRECTION

The original version of this report contained an error. Specifically the report stated that the majority of child sexual abuse in out-of-home care was child-child sexual abuse. Though there is evidence to suggest that child-child sexual abuse in out-of-home care occurs at substantial levels, its prevalence has not yet been established.

The report has been revised to correct this inaccuracy and all research implications that were informed by this inaccurate statement.

The authors note, since publication of the original report, the release of the Victorian Commission for Children and Young People's report '…as a good parent would…'(August 2015). This report also discusses the sexual exploitation of children in out-of-home care and highlights a range of possible perpetrators including but not limited to abuse perpetrated by carers and other children within the placement.

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 two.

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 and can be implemented, and respond to contemporary issues.

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

Contents

1 EXECUTIVE SUMMARY

1.1 Overview

The aim of this scoping review was to map evaluations of out-of-home care (OOHC) practice elements that aim to prevent child sexual abuse (CSA) in OOHC. It was conducted by the Parenting Research Centre (PRC) and the University of Melbourne for the Royal Commission into Institutional Responses to Child Sexual Abuse. This report describes the methods used to conduct the scoping review and the findings of the scoping review.

1.2 Methods

Systematic searches for existing evaluations of OOHC practice elements were conducted using an extensive list of electronic databases and websites, hand searching of website publication lists (when no search engine was available), contact with experts in the field and searches of the reference lists of the potentially relevant studies. Results were then synthesised across study content, methods, findings and recommendations, and this was followed by a narrative interpretation of these findings.

1.3 Number and types of studies found

Using all sources searched, we identified a total of 1,484 papers: 1,455 through bibliographic databases, 15 through website searches, two through a concurrent PRC review on pre-employment screening, three through reference lists of potentially relevant papers and nine through contact with experts. After removing duplicates from the results of the database searches (n=360), 1,095 abstracts were screened for inclusion and a total of 222 potentially relevant papers were then screened for inclusion. In total, 16 evaluations were identified that aim to prevent CSA.

Overall, the level of rigour of the evaluations was quite low and tended to fall into two broad categories:

- Evaluations of training, support and/or treatment for sexually abusive and/or sexually 'acting-out' children in OOHC and their caregivers (n=7).
- Retrospective case studies and surveys attempting to identify practices that either contributed to, or prevented, CSA in OOHC (n=9).

No studies were identified that specifically tested the effectiveness of practice elements or programs that aimed to prevent CSA by caregivers or staff at OOHC institutions.

Findings and recommendations from training, support and/or treatment for sexually abusive and/or sexually 'acting-out' children in OOHC and their caregivers

- Sexually abusive and/or sexually 'acting-out' children in OOHC and their caregivers have unique needs that must be addressed if placements are to be successful.
- Caregivers tended to endorse the provision of programs and/or services to support the placement of sexually abusive and/or sexually 'acting-out' children.

- Support programs for caregivers and youth should be delivered in ways that support caregivers to do their job well, including practical elements such as the scheduling and location of services.
- Unplanned emergency placements of sexually abusive and/or sexually 'acting-out' children can result in the placement of children in unsuitable homes.

Findings and recommendations from retrospective case studies and surveys attempting to identify practices that either contributed to, or prevented, child–child sexual abuse in OOHC

- Provide adequate information to caregivers at the time of placement regarding the relevant history and needs of sexually abused and/or sexually abusive children.
- Strongly consider the appropriateness of specific placements prior to placement.
- Plan for maintaining the safety of other children at the OOHC institution.
- Develop specifically articulated and well-executed procedures for the supervision of sexually abusive and/or sexually 'acting-out' children (e.g. tight house rules, supervision when playing with other children, and fitting devices such as intercom systems and alarms so staff know, for example, if the child leaves their bedroom at night).
- Provide formal, effective therapeutic treatment for children that addresses their sexually abusive and/or sexually 'acting-out' behaviour (e.g. working with trauma).

Findings and recommendations from retrospective case studies and surveys attempting to identify practices that either contributed to, or prevented, caregiver–child sexual abuse in OOHC

- Conduct rigorous pre-employment screening and selection of staff.
- Include screening practices that extend beyond criminal background checks.
- Anticipate and check for the use of pseudonyms.
- Remove organisational characteristics that provide opportunities for, or otherwise encourage, CSA (e.g. power differentials, unsupervised access to children, ensuring that children do not share bedrooms with foster parents).
- Develop an environment where children/youth feel safe enough to disclose.

1.4 Interpretation and implications of findings

First and foremost, while there is a great deal of practice wisdom guiding current practices in OOHC, there are very few existing studies that test which types of practices or programs are actually effective for preventing CSA in OOHC by caregivers, non-related adults, or other children. Indeed, we identified no effectiveness studies of practice elements or programs that aim to prevent CSA by caregivers or staff at OOHC institutions, and only four effectiveness studies were identified that aimed to prevent child–child sexual abuse through training, support and/or treatment programs for sexually abusive and/or sexually 'acting-out' youth and their caregivers. Even the studies that do exist are of a fairly low methodological quality and cannot be relied upon with any reasonable degree of certainty. The findings and recommendations from these studies amount to suggestions rather than reliable and robust evidence. This does not mean that the findings and recommendations from the studies we found are incorrect, but that they should be interpreted with great caution. Changing practices and policies, even when doing so makes sense both politically and in terms of best practice, can have unintended consequences that can cause harm to the very people the changes are designed to protect. In this context, policy and

practice changes should be carefully considered and rolled out slowly using high-quality implementation strategies and evaluation methods.

From a more general perspective, the research found in this review and in the extant literature indicates that:

- At least in the US, public health messaging may be an effective, long-term, population-level strategy for decreasing CSA.
- Past and current efforts to curb caregiver to child CSA, including public health messaging and other broad preventive efforts such as employment screening and sentencing of offenders, have probably made it more difficult for this type of maltreatment to occur without discovery. This does not eliminate the need for continuing prevention efforts to avoid future generations of children experiencing abuse at the hands of caregivers.
- A major focus of preventing CSA in OOHC should be on efforts to prevent child–child sexual abuse.. While the prevalence of CSA in OOHC is yet to be consistently and rigorously measured, a substantial proportion of CSA in OOHC appears to be child-child sexual abuse. The different nature of this type of maltreatment (peer rather than caregiver perpetration) means that additional, and likely different, efforts to prevent CSA should be undertaken to prevent all types of CSA in OOHC.
- Insufficient attention may be paid to the individual needs of children when they are initially placed in OOHC and, later, when other children are placed in the home. Safety planning, education and an environment that is conducive to disclosure should CSA occur are essentials for placement in OOHC.

That said, new rules and strategies, even those suggested here, must be undertaken very carefully lest OOHC becomes safer in terms of preventing CSA, but then becomes more cold and impersonal as a result. The retrospective case studies and surveys identified in this scoping review provide some potentially important practice elements whose causal relationship with subsequent child–child and caregiver–child sexual abuse should be explored, but they should also be tested for the types of unintended consequences that make OOHC a less liveable and developmentally stimulating and nourishing place for vulnerable children.

2 INTRODUCTION

2.1 Background

In November 2012, then Prime Minister of Australia, the Hon. Julia Gillard, MP, recommended the establishment of a Royal Commission into Institutional Responses to Child Sexual Abuse, which was subsequently appointed by the Governor-General, Her Excellency Quentin Bryce, in January 2013 (*Child protection Australia: 2011–12*, 2013). In September 2013, the Royal Commission into Institutional Responses to Child Sexual Abuse released an issues paper calling for submissions on 'Preventing Sexual Abuse of Children in Out-of-Home-Care' (Issues Paper 4: *Preventing Sexual Abuse of Children in Out-of-Home Care*, 2013). The first question identified as being of particular interest to the Royal Commission was:

"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?" (*Royal Commission into Institutional Responses to Child Sexual Abuse*, 2013, p. 1).

The demand for OOHC in Australia, while levelling out more recently, has increased each year from 2008 to 2012 and now stands at 7.7 per 1,000 children (*Child protection Australia: 2011–12*, 2013).

In order to systematically examine the nature and extent of the international literature available on the effectiveness of OOHC practice elements that aim to prevent CSA in OOHC, the Royal Commission requested in January 2014 that the Parenting Research Centre and the University of Melbourne conduct a scoping review. The questions explored in this review were collaboratively developed with representatives from the Research team and the Submissions team at the Royal Commission into Institutional Responses to Child Sexual Abuse.

2.2 Aims of this scoping review report

The aim of this report is to provide the Royal Commission into Institutional Responses to Child Sexual Abuse with an overview of the nature and extent of the international literature available on evaluations of OOHC practice elements that aim to prevent CSA in OOHC. Both CSA by staff members/carers at OOHC institutions and by other children at these institutions is considered. We did not specifically exclude perpetration of CSA by persons not associated with a placement, but which occurred while the child was in care; however, we were also not looking specifically for perpetrators outside the OOHC environment.

In this report we present the findings of the scoping review in a format that provides an overview of the evaluation methods employed, the relevant practice elements that have been evaluated, and the relevant findings from these studies. We anticipate that this report will provide a valuable overview of the literature available on this topic. This report also provides the basis for future decisions as to whether a larger and more detailed exploration of the extant literature is necessary (i.e. whether there are sufficient number of high-quality studies in this area to warrant a more detailed rapid evidence assessment or full-scale systematic review focusing more closely on one or more promising practice elements). Some questions considered in carrying out the scoping review include:

- Which studies have evaluated practice elements that aim to prevent CSA in OOHC?
- What methods are used in these evaluations and how credible are they?

- What relevant practice elements have been explored in these evaluations?
- Do the findings of this scoping review suggest any gaps in the literature regarding evaluations of OOHC practice elements that aim to prevent CSA in OOHC?
- What recommendations are made in these evaluations with respect to practice elements that aim to prevent CSA in OOHC?
- Is there a large enough body of rigorously conducted research to warrant a larger, more detailed systematic review of the evidence (e.g. a rapid evidence assessment or systematic review)?

To achieve these objectives, we have structured this report to include definitions of key terminology (in this section), followed by a section outlining the research methodology. The findings from our scoping review are then presented. The report ends with considerations as to the scope of the literature identified and concluding remarks.

2.3 Definitions

2.3.1 Out-of-home care

For the purposes of this scoping review, we have followed the definition of OOHC presented in Fact Sheet 4.1 by the Royal Commission into Institutional Responses to Child Sexual Abuse: "overnight care for children aged 0–17 years, where the state or territory makes a financial payment, or where a financial payment has been offered but has been declined by the carer … Placements solely funded by disability services, medical or psychiatric services, juvenile justice facilities, overnight child care services or supported accommodation assistance placements, and children in placements with parents where the jurisdiction makes a financial payment are excluded" (Royal Commission into Institutional Responses to Child Sexual Abuse 2014, *Fact Sheet 4.1 Preventing Sexual Abuse of Children in Out of Home Care*, p.1–2, citing *Child protection Australia: 2011–12*, 2013, p.36). This definition of OOHC includes residential care, family group homes, home-based care (relative/kinship care, foster care and other home-based OOHC) and independent living arrangements.

2.3.2 Child sexual abuse in out-of-home care

This scoping review will explore CSA in the form of both CSA by carers or staff at OOHC institutions as well as by other children at OOHC institutions.

Child sexual abuse by other children at OOHC institutions will also be referred to as child–child sexual abuse, sexually 'acting-out' and/or sexually abusive behaviour by children throughout this review, depending on the focus of the study being reported.

This scoping review will not include child sexual abuse that occurs outside of the OOHC institution (e.g. sexual abuse by family members, prostitution or future sexual abuse as an adult). However, it should be noted that evaluations using only administrative data can, in this particular area, overestimate abuse that occurs while children are in OOHC since disclosures of prior incidents (while not in OOHC) must be reported and can be reflected in rates of maltreatment while in care. This limitation can be avoided by separately recording abuse commencement date and report date, or by indicating that the incident occurred in an institutional setting (i.e. 'abuse in care').

2.3.3 Study-type definitions

Due to the broad nature of the question explored in this scoping review, we have aimed to identify all relevant evaluations of OOHC practice elements (distinct practices or strategies) that

aim to prevent CSA in OOHC without restriction on the type of study design (Arksey & O'Malley, 2005). Therefore, for the purposes of this scoping review, we have based our taxonomy of different study types on the EPPI-Centre Keywording Strategy for Classifying Education Research Version 0.9.7, 2003, from the University of London's Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), one of the leading international centres of evidence synthesis. While this taxonomy was originally designed for studies within the field of education, it better reflects the unique context of social research than more traditional classification schemes that exclude less rigorous research methods that, while limited, contain information that might be useful for practice and policy development. The EPPI-Centre taxonomy is pragmatic in the sense that it includes both quantitative and qualitative evaluations, allowing us to include a wider range of evaluation studies rather than dismissing them from the outset.

A word of caution is in order, however. Just as it can be tempting to be dismissive of information contained in less rigorous studies, it can also be tempting to over-value such information, especially in the absence of more rigorous studies. In order to balance the type of information with its quality and substance for this scoping review, our search includes only evaluations and systematic reviews. We have excluded descriptive studies that simply describe but do not evaluate a phenomenon, frameworks or guidelines that do not have an evaluative component, opinion pieces, studies aimed at generating theory without an evaluation component and standard non-systematic literature reviews.

Evaluations
Evaluations are studies "which evaluate a policy, practice, program or other intervention by assessing whether it works well in terms of, for example, its acceptability, feasibility, financial implications or intended, or unintended, effects on relevant outcomes" (EPPI-Centre Keywording Strategy for Classifying Education Research Version 0.9.7, 2003, section A.13.3, pp. 13–14). They provide insight into what works, for whom and under what circumstances. Evaluations can:

- Use qualitative and/or statistical techniques
- Explore the feasibility (often using qualitative techniques) and/or the effects of policies and practices on relevant outcomes (using statistical techniques)
- Be based on assessments at different stages of the implementation or trial of a new policy or practice:
    - After a policy or practice has been in place (post-test)
    - Before and after (pre- and post-test)
    - On several occasions before, during and after
- Include a comparison group who did not experience the new policy or practice being evaluated, thus better enabling the effect of the new policy or practice to be isolated and causality to be explored.

Descriptive studies (excluded from this scoping review)
Descriptive studies aim to explore and describe a particular phenomenon or to document its characteristics. They are often conducted at one point in time (i.e. cross-sectional).

Descriptive studies do not:

- Attempt to evaluate a particular policy or practice in terms of its feasibility
- Examine associations between one or more variables
- Test hypotheses.

For example, they can include studies such as a survey of heads of institutions to count how many have explicit policies on preventing CSA in OOHC (without any questions as to the perceived effectiveness or feasibility of such policies); studies documenting the rate of occurrence of CSA in OOHC; or descriptive case studies describing individuals' experiences of CSA in OOHC (without an explanatory, causal analysis of, for example, whether this was a result of current practice elements).

Frameworks or guidelines (excluded from this scoping review)
Frameworks or guidelines include guidelines, handbooks, tip sheets, professional toolkits and/or policy documents describing practice elements that aim to prevent CSA in OOHC. These papers do not include evaluations of the effectiveness or feasibility of the described approach.

Opinion pieces (excluded from this scoping review)
Opinion pieces reflect the opinion of the author or publishing organisation. Although references to other studies may be included, they differ from non-systematic reviews in that the main purpose of the piece was not to review the literature but rather to put forward a particular argument or opinion.

Studies exploring relationships to generate theory (excluded from this scoping review)
Some studies are exploratory and aim to generate theory. Although these studies aid understanding and may provide insight into the types of policies or practice that may be relevant, they do not directly evaluate policies' or practices' feasibility or effectiveness.

These studies may:

- Examine relationships and/or statistical associations between variables in order to build theories and develop hypotheses
- Describe a process or processes (what goes on) in order to explore how a particular phenomenon might be produced, maintained and changed
- Use qualitative and/or statistical techniques
- Often explore variables such as type of OOHC or gender.

For example, a study may compare the types and frequency of CSA reports or practice elements to prevent CSA in foster care and in non–foster care families; or conduct interviews with youths in OOHC and then contrast the types of CSA experienced by girls and boys. These studies differ from evaluations in that they do not attempt to explore the acceptability, feasibility or effectiveness of the practice elements. They also do not entail an explanatory, causal analysis of, for example, whether the rate of CSA was a result of current practice elements.

Systematic reviews
Systematic reviews transparently and systematically synthesise information, findings, opinions or conclusions based on the literature available on a particular issue. They therefore generate findings and recommendations that are less biased than traditional narrative reviews.

A review can be classified as systematic if it is explicit in its use of systematic strategies for:

- Searching for literature, including search terms, databases searched and the details of the methods for searching any literature sources such as websites
- The inclusion and exclusion criteria for studies included in the review
- Methods used for assessing study quality
- Methods used for synthesising the results of the studies.

Narrative or non-systematic reviews (excluded from this scoping review)
Narrative reviews discuss a particular issue, drawing support from the opinions, findings or conclusions from a range of previous studies. However, such reviews do not meet the criteria for transparent and systematic strategies for the criteria discussed above under the definition for systematic reviews.

3 SCOPING REVIEW METHODS

This section provides an overview of the methods used to conduct the scoping review of evaluations of OOHC practice elements that aim to prevent CSA in OOHC.

Scoping reviews are rigorous approaches for systematically and rapidly mapping the literature available on a specific topic or methodology (Levac, Colquhoun, & O'Brien, 2010). They entail the systematic selection, collection and summarisation of existing published work in a broad thematic area. Unlike rapid evidence assessments or full systematic reviews, they do not involve the formal assessment of study rigor or bias, nor do they include rigorous assessments of the effectiveness of interventions or approaches being tested. Instead, they are used to 'scope' or 'map' the nature and extent of particular areas of research rather than to rigorously evaluate the quality of the evidence (Arksey & O'Malley, 2005). Therefore, a scoping review cannot be solely relied upon to develop recommendations for policy and practice (Kavanagh, Trouton, Oakley, & Harden, 2005).

Scoping review research questions are often broad in nature as the focus is on summarising breadth of literature available on a given topic (Arksey & O'Malley, 2005; Levac et al., 2010). They provide a useful tool when making decisions as to future research directions. For example, they may identify gaps in the literature or facilitate a decision as to whether there is sufficient literature to warrant a more rigorous rapid evidence assessment or a systematic review of the evidence on a more specific research question, such as the evidence for a particular practice element. Our approach in this scoping review is to find the evidence, conduct a narrative synthesis and provide opinions about the quality and content of the evidence.

3.1 Search strategy

Evaluations of components of OOHC practice that prevent CSA were identified via a systematic search of the following sources:

- Electronic bibliographic databases
- Selected government and child-welfare websites from Australia, Canada, New Zealand, the Republic of Ireland, the United Kingdom and the United States of America, as well as the World Health Organization's publications
- Contact with experts through personal connections and by posting a request for relevant published and unpublished literature on the Child Maltreatment Research Listserv, an email-based discussion group hosted by the National Data Archive on Child Abuse and Neglect (NDACAN) at Cornell University
- Searching the reference lists of potentially relevant papers.

We note that a search was conducted for systematic reviews on this topic which would have provided high-quality synthesis of relevant literature. However, none were identified.

3.1.1 Electronic bibliographic databases

Search terms were developed that were designed to identify studies exploring the effect of OOHC practice elements on the prevention of CSA. We used various terms associated with OOHC and sexual abuse. These searches included truncation terms (denoted by an asterisk, the use of which returns all items containing the root term to the left of the asterisk) and keyword searches that included titles, abstracts and subject headings. The search terms used appear in Box 1.

Box 1. Search terms used in searches of electronic bibliographic databases for the scoping review of OOHC practice elements that prevent CSA

'foster home*', 'foster care*', 'licensed care', 'institution* care', 'group home', 'group care', 'residential home', 'residential care', 'congregate care', 'kin* care', 'kith care', 'relative care', 'customary care', 'substitute care', 'looked after', 'shelter care', 'temporary care', 'out-of-home care', 'out of home care', 'extended care'

and

'sex* abus*', 'rape*', 'sex* assault*', 'sex* molest*', 'sex* coerc*', 'sex* maltreat*'

Search terms were adapted to meet the individual requirements of each electronic bibliographic database. The following electronic bibliographic databases were searched:

- Applied Social Sciences Index and Abstracts (ASSIA)
- CINAHL
- Cochrane Library
- Criminal Justice Abstracts
- EMBASE
- ERIC
- MEDLINE with Full Text
- National Criminal Justice Reference Service (NCJRS) Abstracts Database
- PsycINFO
- Social Services Abstracts
- Social Science Citation Index (Web of Science)
- Sociological Abstracts.

3.1.2 Selected government and child-welfare websites

Selected government and child-welfare websites from Australia, Canada, New Zealand, the Republic of Ireland, the United Kingdom and the United States of America, as well as the World Health Organizations publications, were also searched systematically for published and unpublished papers exploring OOHC practice components that prevent CSA. Website search terms were based on those in Box 1 and were adapted to meet the requirements of the websites' search engines. If a website did not have a search engine, or it was insufficient to conduct complex searches, the website publication lists were hand searched. The purpose of this task was to identify additional published and unpublished (grey literature) papers that might add to those identified through the electronic database searches. A list of sites searched appears in Box 2.

Box 2. Government and child-welfare websites searched for the scoping review of OOHC practice elements that prevent CSA

Websites from Australia
Australian Government (publications only), www.australia.gov.au
Child and Family Welfare Association of Australia (publications only), www.cafwaa.org.au/publications.html
Australian Domestic and Family Violence Clearinghouse (publications only), http://www.adfvc.unsw.edu.au/publicationsbytitle.htm

Websites from Canada
Government of Canada (publications only), http://publications.gc.ca/site/eng/search/search.html
Canadian Child Welfare Research Portal, http://cwrp.ca/
Child Welfare League of Canada, http://www.cwlc.ca

Websites from New Zealand
New Zealand Government, http://newzealand.govt.nz/search

Websites from the Republic of Ireland
Department of Children and Youth Affairs (Policy Documents Database), http://www.childrensdatabase.ie

Websites from the United Kingdom
U.K. Government (this site includes The Scottish Government, Department of Justice Northern Ireland, Department of Education Northern Ireland, North Ireland Government Services and the Department of Health, Social Services and Public Safety), www.gov.uk/
Social Care Institute for Excellence, www.scie.org.uk/

Websites from the United States
Child Welfare.gov, www.childwelfare.gov

World Health Organization (publications only)
http://apps.who.int/iris/

3.2 Evaluation selection

3.2.1 Abstract screening

Abstracts and titles of studies identified in the database searches were initially screened by a single rater to identify papers that met the following inclusion and exclusion criteria. During this abstract screening phase, papers were sorted into one of two groups: potentially relevant and not relevant.

Potentially relevant papers
Potentially relevant papers were identified as those that addressed:

a) OOHC as defined in section 2.3.1:
   - OOHC ***includes*** *"*overnight care for children aged 0–17 years, where the state or territory makes a financial payment, or where a financial payment has been offered but has been declined by the carer". For example, residential care, family group homes, home-based care (relative/kinship care, foster care and other home-based OOHC) and independent living arrangements.
   - OOHC ***excludes*** placements solely funded by disability services, medical or psychiatric services, juvenile justice facilities, overnight child care services or supported accommodation assistance placements and children in placements with parents where the jurisdiction makes a financial payment; *and*

b) OOHC programs, services, or practices that ***aim to prevent*** CSA from occurring/reoccurring in OOHC institutions (this includes programs, services or practices that aim to increase the detection/disclosure of the occurrence of CSA in OOHC institutions and thereby prevent it from continuing); *and*
c) CSA in the form of both CSA by carers/staff at OOHC institutions as well as other residents at OOHC institutions.

In addition, only papers published in the English language were identified as potentially relevant.

Papers that were considered not relevant for the current scoping review
Papers were excluded from the review if they addressed:

a) Types of OOHC institutions that do not fall within our definition of OOHC (e.g. juvenile justice facilities)
b) Programs, services or practices that aim to prevent ***CSA occurring outside of OOHC institutions*** (e.g. aim to prevent CSA from occurring/reoccurring when the child has returned home)
c) Programs, services, or practices that aim to address the ***consequences*** of past or ongoing CSA in OOHC institutions (unless the primary aim of the program/element is stated as preventing the occurrence of future CSA in institutions). An example of such an excluded study exploring consequences would be trauma-focused cognitive behavioural therapy (TF-CBT) for youths with trauma-related symptoms as a result of earlier CSA in an OOHC institution.

3.2.2 Evaluation study eligibility

The titles, abstracts and full text documents of all papers identified in the abstract screening (section 3.2.1) were then screened for eligibility by three independent raters based on the criteria presented directly below. Full texts of potentially relevant papers were also located and screened through a wide-ranging set of website searches, a concurrent scoping review on pre-employment screening for the Royal Commission into Institutional Responses to Child Sexual Abuse (unpublished, Parenting Research Centre and the University of Melbourne) and reviewing the reference lists of potentially relevant papers.

Scoping review inclusion criteria
Studies were included that:

a) Met all of the criteria for 'potentially relevant papers' followed at the abstract screening phase (section 3.2.1)

b) Were considered evaluation studies (see definitions, section 2.2.2).

Scoping review exclusion criteria
Papers that fell into one of the following categories (see section 2.3.3 for study-type definitions) were excluded :

a) Considered to be not relevant as defined by the criteria used in abstract screening section 3.2.1
b) Narrative or non-systematic reviews
c) Frameworks or guidelines
d) Opinion pieces
e) Descriptive studies
f) Studies exploring relationships to generate theory (see definitions, section 2.2.6).

The number of papers that fell within exclusion categories b–f above were recorded and their citation details are listed in Appendix 1.

Note that the full text and reference lists of all excluded papers, including narrative reviews, were searched for potentially relevant papers and these were then, in turn, screened for eligibility. The conclusions of any narrative reviews identified in this study were also used to contrast the findings of this scoping review in the discussion, section 5.3.

3.3 Data extraction

Two of the report authors extracted data from the eligible evaluations using a data extraction form (see Appendix 2 for a blank data extraction form). This data-extraction approach was based on the criteria for scoping reviews developed by Arksey and O'Malley in 2005.

Data extracted included:

- Publication type (i.e. journal article or report)
- Citation details
- Type of program, service or practice elements evaluated (if applicable)
- Study location (including type of OOHC institution)
- Target group (e.g. foster carers, residents, residential staff)
- Relevant aims of the program, service or practice elements

- Relevant aims of the study
- Evaluation methodology
- Sample selection/participants (including number of cases/events examined)
- Relevant outcome measures
- Relevant key findings (as reported by evaluation authors)
- Recommendations/conclusions (as stated by evaluation authors).

3.4 Synthesis of scoping review findings

We aimed to present the findings of the scoping review in a format that provides an overview of the evaluation methods employed and the relevant practice elements that have been evaluated. We therefore adopted a narrative analysis approach (complemented by tabulated data) built on the following questions:

- Which studies have evaluated practice elements that aim to prevent?
- What relevant practice elements have been explored in these evaluations?
- What are the recommendations/conclusions of these studies as stated by evaluation authors?

4 SCOPING REVIEW FINDINGS

4.1 Flow of papers through the scoping review

Using all sources searched, we identified a total of 1,484 papers: 1,455 through bibliographic databases, 15 through website searches and nine through contact with experts. After removing duplicates from the results of the database searches (n=360), 1,095 abstracts were screened for inclusion. A total of 902 papers were not considered relevant, based on the criteria for abstract screening (see 3.2.1 for abstract screening criteria).

The full text of a total of 222 potentially relevant papers were then screened for eligibility based on the criteria presented in section 3.2.2 (including 192 papers from database searches and 29 from other sources). A total of 206 papers were excluded from the scoping review. This included:

- Narrative reviews, 2
- Frameworks or guidelines, 38
- Opinion pieces, 29
- Descriptive studies, 32
- Studies exploring relationships to generate theory, 8.

In addition, 38 papers were considered not relevant for this scoping and we were unable to locate the full text of 59 papers in time for possible inclusion in this scoping review (that is, they weren't available online). The Royal Commission required the review for operational reasons and a very narrow window of time was available for completion. The unavailable studies tended to be dated, though it is possible that one or more would have met our inclusion criteria. The citation details of all 206 excluded papers are listed under each of these exclusion categories in Appendix 1.

4.1.1 Eligible studies included in the scoping review (n=16)

A total of 16 evaluations of OOHC programs, services or practice elements that aim to prevent CSA in OOHC were included in this scoping review following full text eligibility screening. Figure 1 depicts the flow of papers through the scoping review. Table 1 presents the citation details of the evaluations included in this review (in alphabetical order).

The following sections consist of a narrative synthesis of the data extracted from the 16 included evaluations. This synthesis will focus on the evaluation methods employed and the relevant practice elements that were evaluated. Tabulated summaries of data obtained from the data extraction forms is presented as a complement to the text in the following sections. The completed data extraction forms for each of the 16 included reports can be found in Appendix 3.

We categorised the studies into two general pragmatic categories of evaluation approaches and aims in order to facilitate an overview of their relevance to the topic:

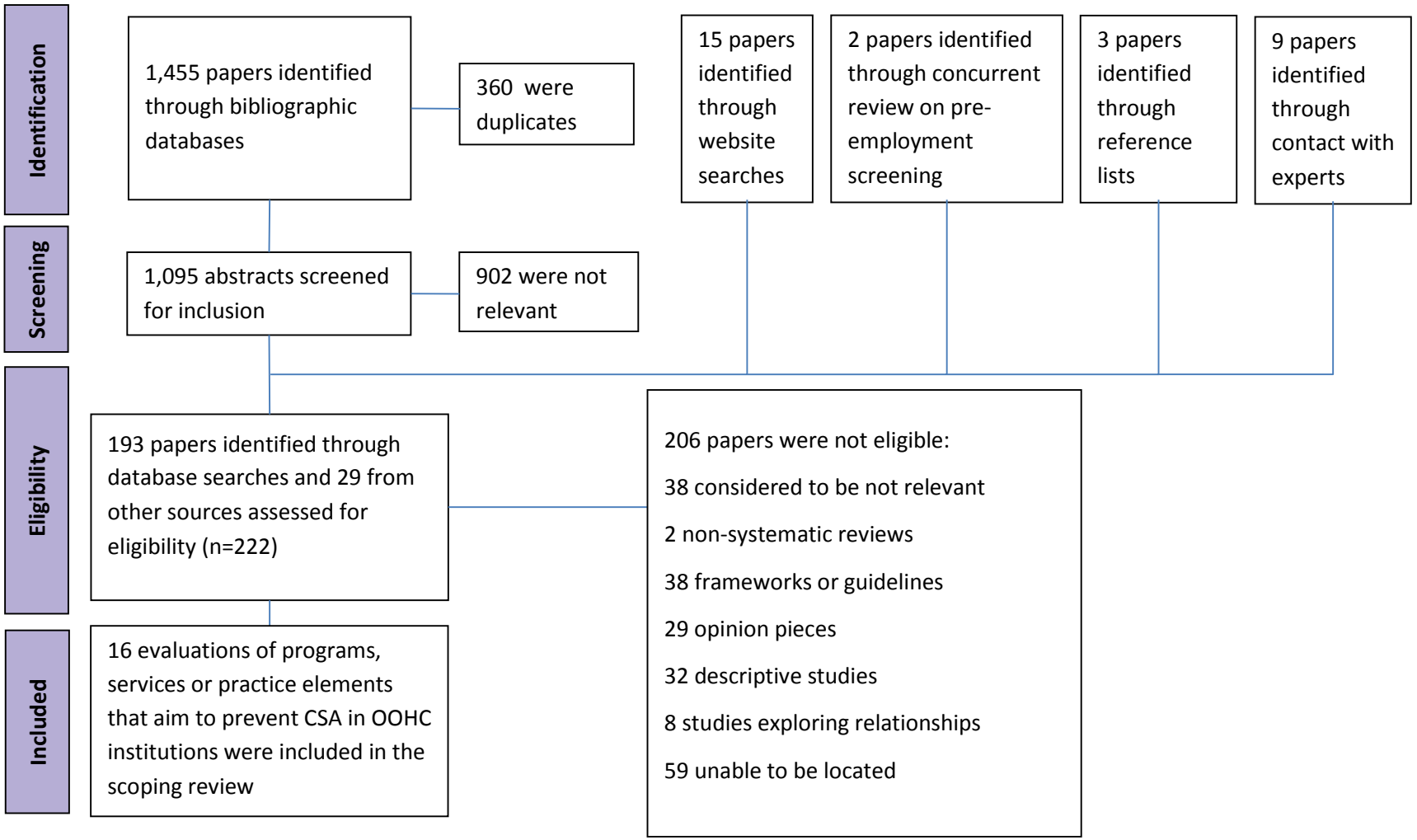
- Evaluations of programs that aim to prevent child–child sexual abuse in OOHC through training, support and/or treatment for sexually abusive and/or sexually 'acting-out' youth and their caregivers (n=7)

- Retrospective case studies and surveys exploring OOHC practice elements that may have contributed to, or prevented, occurrences of child sexual abuse (n=9).

Due to the different nature of these two general categories, the following two sections separately cover the relevant practice elements explored in each of these general evaluation categories.

For full details of the extracted data for each of these studies that forms the basis of these categorisations, see Appendix 3.

Figure 1. Flow of papers through the scoping review of OOHC practice elements that aim to prevent CSA



– ***Full citation details of the evaluations included in the scoping review (n=16)***

Evaluations included in the scoping review (n=16)
Barth R.P., Yeaton J., & Winterfelt, N. (1994). Psychoeducational groups with foster care of sexually abused children. *Child and Adolescent Social Work Journal*, 11(5), pp. 405–424.
Braga, W. D. (1993). Experiences with alleged sexual abuse in residential program: I. Case vignettes. *Residential Treatment for Children & Youth*, 11(1), pp. 81–97. doi: http://dx.doi.org/10.1300/J007v11n01_06.
Farmer, E. (2004). Patterns of placement, management and outcome for sexually abused and/or abusing children in substitute care. British Journal of Social Work, 34(3), pp. 375–393.
Farmer, E., & Pollock, S. (1999). Mix and match: planning to keep looked after children safe. *Child Abuse Review*, 8(6), pp. 377–391.
Farmer, E., & Pollock, S. (2003). Managing sexually abused and/or abusing children in substitute care. *Child & Family Social Work,* 8(2), 101–112. doi: http://dx.doi.org/10.1046/j.1365-2206.2003.00271.x.
Hardwick, L. (2005). Fostering Children with Sexualised Behaviour. *Adoption & Fostering, 29*(2), pp. 33–43.
Hopkins, G., & Ayre, P. (2006). The Risk Factor: Beyond the Blame Game. *Community Care* (1615), pp. 40–41.
Hopkins, G., & Durham, A. (2003). On the path to freedom. *Community Care, 23*, pp. 42–43.
Jones, R. J., Ownbey, M. A., Everidge, J. A., Judkins, B. L., & Timbers, G. D. (2006). Focused Foster Care for Children with Serious Sexual Behavior Problems. *Child and Adolescent Social Work Journal, 23*(3), pp. 278–297. doi: http://dx.doi.org/10.1007/s10560-006-0048-7.
Lindsay, M. (1999). The neglected priority: sexual abuse in the context of residential child care. *Child Abuse Review, 8*(6), pp. 405–418.
National Crime Agency (NCA) (2013) *The Foundations of Abuse: A thematic assessment of the risk of child sexual abuse by adults in institutions*. London, UK.
Ownbey, M. A., Jones, R. J., Judkins, B. L., Everidge, J. A., & Timbers, G. D. (2001). Tracking the sexual behavior-specific effects of a foster family treatment program for children with serious sexual behavior problems. *Child and Adolescent Social Work Journal, 18*(6), pp. 417–436.
Ray, J., Smith, V., Peterson, T., Gray, J., Schaffner, J., & Houff, M. (1995). A treatment program for children with sexual behavior problems. *Child & Adolescent Social Work Journal*, 12(5), pp. 331–343. doi: http://dx.doi.org/10.1007/BF01876734.
Sanders, R. M., & McAllen, A. (1995). Training Foster Carers of Children Who Have Been Sexually Abused: Issues and Dilemmas. *Child Abuse Review*, 4(2), pp. 136–145.
Treacy, E. C., & Fisher, C. B. (1993). Foster Parenting the Sexually Abused: A Family Life Education Program. *Journal of Child Sexual Abuse*, 2(1), pp. 47–63.
Zuravin, S. J., Benedict, M., & Somerfield, M. (1993). Child maltreatment in family foster care. *American Journal of Orthopsychiatry*, 63(4), pp. 589–596. doi: http://dx.doi.org/10.1037/h0079480.

4.2 Program evaluation

4.2.1 Study types

Seven of the 16 included evaluation studies explored programs that aim to prevent child–child sexual abuse in OOHC through training, support and/or treatment for sexually abusive and/or sexually 'acting-out' youth and their caregivers. Table 2 presents these studies by target group(s) (i.e. caregivers only, n=4; children and caregivers, n=2; or children only, n=1) and evaluation type (i.e. feasibility/acceptance studies, n=3; effectiveness studies with pre- and post-study measures but no comparison group, n=3; or effectiveness studies with a comparison group, n=1).

Evaluations of programs that aim to prevent child–child sexual abuse OOHC through training, support and/or treatment for sexually abusive and/or sexually 'acting-out' youth and their caregivers (n=7)

Feasibility/acceptance studies	Effectiveness studies (pre- and post-study measures, no comparison group)	Effectiveness studies (with comparison group)
Training/support for OOHC caregivers of sexually abusive and/or sexually 'acting-out' children (n=4)		
▪ Hardwick (2005) ▪ Sanders & McAllen (1995)	Treacy & Fisher (1993)	Barth et al. (1994)
Training/support for sexually abusive and/or sexually 'acting-out' children in OOHC ***and*** their caregivers (n=2)		
Jones et al. (2006)[1]	Ownbey et al. (2001)[1]	
Treatment for sexually abusive and/or sexually 'acting-out' children in OOHC (n=1)		
	Ray et al. (1995)	

1 *Note that two of these studies evaluate the same program (Jones et al., 2006; Ownbey et al., 2001).*

4.2.2 Program aims

These seven studies explored the feasibility and/or effectiveness of a total of six unique training, support and/or treatment programs that aim to prevent child–child sexual abuse in OOHC. Two of the studies (Jones, Ownbey, Everidge, Judkins, & Timbers, 2006; and Ownbey, Jones, Judkins, Everidge, & Timbers, 2001) explored the effectiveness and feasibility of the same program. We identified a number of relevant aims of these programs that were mentioned by authors of more than one study. We have attempted to group these stated program aims into loose categories to provide an overview. The number of programs identified by study authors as addressing each of these relevant aims is presented in Table 3.

Selected categories of stated relevant aims of training, support or treatment programs for sexually abusive and/or sexually 'acting-out' children in OOHC and their caregivers (n=6 programs)[1]

Category (type) of relevant aim	Programs stated as addressing this aim[1]
Aims related to training and support for caregivers of sexually abusive and/or sexually 'acting-out' children	
To promote caregiver's understanding of sexual abuse and its consequences, including the effect of sexual abuse on children's behaviour and needs	▪ Barth et al. (1994) ▪ Hardwick (2005) ▪ Jones et al. (2006) and Ownbey et al. (2001) ▪ Sanders & McAllen (1995) ▪ Treacy & Fisher (1993)
To provide caregivers with strategies for coping with and responding to children's sexually abusive and/or sexually 'acting-out' behaviours	▪ Barth et al. (1994) ▪ Hardwick (2005) ▪ Sanders & McAllen (1995) ▪ Treacy & Fisher (1993)
To increase caregivers' knowledge of normative sexual development of children, thus enabling them to better identify 'problem' behaviours	Treacy & Fisher (1993)
To provide advice on how caregivers can create a safer environment for the children in their care (e.g. through creating a safety plan outlining issues such as: sleeping and bathroom arrangements, appropriate touch and the child's freedom outside the home)	▪ Hardwick (2005) ▪ Jones et al. (2006) and Ownbey et al. (2001)
To help caregivers come to terms with their own feelings towards child sexual abuse (e.g. repugnance towards biological parents who had abused the child in their care)	▪ Barth et al. (1994) ▪ Hardwick (2005)
Advice to caregivers on how to respond to allegations against them by children in their care (through direct input from counselling and conciliation workers)	Sanders & McAllen (1995)
To provide a support network for caregivers who care for sexually abusive and/or sexually 'acting-out' children	▪ Barth et al. (1994) ▪ Jones et al. (2006) and Ownbey et al. (2001)

Category (type) of relevant aim	Programs stated as addressing this aim[1]
Aims related to training, support or treatment for sexually abusive and/or sexually 'acting-out' children in OOHC	
To improve children's behaviour through training or treatment sessions	▪ Jones et al. (2006) and Ownbey et al. (2001) ▪ Ray et al. (1995)
1 Note that one program is evaluated in two different studies (Jones et al., 2006; Ownbey et al., 2001).	

The most common category of stated program aim (for five of the six programs) was: "To promote caregiver's understanding of sexual abuse and its consequences, including the effect of sexual abuse on children's behaviour and needs". Another common aim (in four of the six programs) was: "To provide caregivers with strategies for coping with and responding to children's sexually abusive and/or sexually 'acting-out' behaviours".

Two of the six programs provided training, treatment or support for the children themselves to "improve children's behaviour through training/treatment sessions". These sessions achieved this goal through, for example, one-to-one behavioural management, socialisation, crisis intervention and supportive counselling by psychiatric aids (Ray et al., 1995).

4.2.3 Recommendations or conclusions as stated by evaluation authors

The authors of the seven studies exploring programs that aim to prevent child–child sexual abuse in OOHC through training, support and/or treatment for sexually abusive and/or sexually 'acting-out' youth and their caregivers made recommendations or conclusions that may be useful in the development of similar studies. We have attempted to group these recommendations and conclusions as stated by study authors into loose categories in order to provide an overview. The number of programs identified by study authors as addressing each of these relevant aims is presented in Table 4.

Recommendations or conclusions as stated by authors of evaluations of training, support or treatment programs for sexually abusive and/or sexually 'acting-out' children in OOHC and their caregivers (n=7 studies)

Category (type) of relevant recommendation or conclusion (as stated by evaluation authors)	Programs stated as addressing this aim[1]
Caregivers' satisfaction with, and perceived need of, the evaluated training or support programs	
Caregivers' satisfaction with, and perceived need of, the evaluated training or support programs	▪ Barth et al. (1994) ▪ Hardwick (2005) ▪ Jones et al. (2006)[1] ▪ Ownbey et al. (2001)[1] ▪ Ray et al. (1995) ▪ Sanders & McAllen (1995) ▪ Treacy & Fisher (1993)
Addressing the practical aspects of designing and implementing training or support programs	
The difficulties caregivers faced in balancing the demands of programs such as those evaluated and other aspects of their life – such as the need to be at home with the children and work commitments – and the need to accommodate commitments (e.g. by offering evening training sessions)	▪ Sanders & McAllen (1995) ▪ Hardwick (2005)
Factors that preclude the placement of sexually abusive and/or sexually 'acting-out' children in suitable homes (e.g. limited availability of suitable homes, the proximity of suitable homes, the emergency nature of placements resulting in a lack of time and resources for thorough assessments of the match between the home and the children's needs)	Barth et al. (1994)
Program components/characteristics required to meet the needs of both the caregivers and sexually abusive and/or sexually 'acting-out' children	
The extra needs of kinship carers in their role as caregivers of sexually abused and abusive children as there may be a possibility of a family history of abuse	Barth et al. (1994)
The need for direct therapeutic work with the children themselves	Barth et al. (1994)

Category (type) of relevant recommendation or conclusion (as stated by evaluation authors)	Programs stated as addressing this aim[1]
The need for holistic approaches addressing the needs of both caregivers and children (including, for example, information on the children's backgrounds, caregiver education on sexual abuse and its consequences, safety planning, therapeutic work with children, and contact with other people important in the children's lives such as teachers)	▪ Jones et al. (2006)[1] ▪ Treacy & Fisher (1993)
The need for caregivers to have been given a realistic understanding of the needs of sexually abused and abusive children, as well as the demands and needs of such children before placements	Sanders & McAllen (1995)
The long-term needs and therefore need for training, support or treatment programs for sexually abusive and/or sexually 'acting-out' children and their caregivers that continue over a long time-period (e.g. more than 24 months)	Ownbey et al. (2001)[1]
1 Note that two of these studies evaluate the same program (Jones et al., 2006; Ownbey et al., 2001).	

A conclusion stated by authors of all seven studies evaluating programs (either implicitly or explicitly) was that children in OOHC who are sexually abusive or sexually 'acting out' and their caregivers have unique needs that must be addressed if placements are to be successful and in the best interests of the child. All of the studies evaluating training, support or treatment programs for children in OOHC who are sexually abusive or sexually 'acting out' and their caregivers reported that caregivers expressed satisfaction with, and a perceived need for, the evaluated programs. In three of the studies, authors reflected on practical aspects associated with the delivery of such programs, such as the need to design the program to fit in with the caregivers' other commitments and the fact that the emergency nature of many placements precludes the placement of children in suitable homes. Of particular interest is the differentiation made by Barth between kinship and non-kinship placements. While kinship care generally compares favourably to non-related foster care, kinship caregivers tend to receive fewer services and less supervision than non-related foster parents (Shlonsky & Berrick, 2001; Winokur, Holtan, & Valentine, 2009). While not linked to OOHC and out of the scope of this review, there is separate literature on the treatment and effectiveness of interventions for children with sexually abusive behaviours.

4.3 Retrospective case studies and surveys

The remaining nine of the 16 included studies used retrospective case studies or surveys to explore OOHC practice elements that may have contributed to, or prevented, child sexual abuse from occurring. These case studies explored both child–child sexual abuse in OOHC (i.e. children in OOHC who are sexually abusive and/or sexually 'acting out', n=8), and child sexual abuse by

caregivers (n=4) (see Table 5). Note that three of the nine studies explore both child–child sexual abuse in OOHC and CSA by caregivers in OOHC.

For full details of the extracted data forming the basis of categorisations for each of these studies, see Appendix 3.

Retrospective case studies and surveys exploring OOHC practice elements that may have contributed to, or prevented, CSA from occurring (n=9)[1]

Child–child sexual abuse in OOHC (n=8)[1]	CSA by caregivers (n=4)
▪ Braga (1993) ▪ Farmer (2004)[2] ▪ Farmer & Pollock (1999)[2] ▪ Farmer & Pollock (2003)[2] ▪ Hopkins & Ayre (2006) ▪ Hopkins & Durham (2003) ▪ Lindsay (1999) ▪ Zuravin et al. (1993)	▪ Braga (1993) ▪ Lindsay (1999) ▪ National Crime Agency (NCA) (2013) ▪ Zuravin et al. (1993)

[1] Note that three studies fall into both categories: Braga (1993), Lindsay (1999) and Zuravin et al. (2003).

[2] Note that three studies seem to be different analyses of the same set of data: Farmer (2004), Farmer & Pollock (1999), Farmer & Pollock (2003) (see Appendix 3 for full details of extracted data).

Child–child sexual abuse: Relevant practice elements explored in retrospective case studies and surveys

Eight retrospective case studies and surveys explored OOHC practice elements that may have contributed to, or prevented, child–child sexual abuse in OOHC. The types of relevant practice elements identified by study authors as potentially contributing to, or preventing, occurrences of child–child sexual abuse in OOHC are presented in Table 6. For full details of the extracted data forming the basis of categorisations for each of these studies, see Appendix 3.

These eight studies explored the relationships between a wide range of practice elements and the occurrence of child–child sexual abuse. Some of the practice elements more commonly identified by study authors as contributing to, or preventing, occurrences of child–child sexual abuse in OOHC are: (i) the importance of adequate information to caregivers at the time of placement regarding the relevant history and needs of sexually abused and/or sexually abusive children; (ii) consideration/restrictions at the time of placement regarding the sexually abused and/or sexually abusive children's needs and the risk(s) they pose to other children at the OOHC placement; (iii) the benefits of different styles of supervision of children who are sexually abusive or who sexually 'act out' (e.g. tight house rules, supervision when playing with other children, and fitting devices such as intercom systems and alarms so that caregivers know, for example, if the child leaves their bedroom at night); and (iv) the need for, and benefits of, formal therapeutic treatment for children that addresses their sexually abusive or sexually 'acting-out' behaviour (e.g. working with trauma).

Child–child sexual abuse in OOHC – relevant practice elements identified by study authors of retrospective case studies and surveys (n=8 evaluations)

Category (type) of practice element related to child–child sexual abuse in OOHC	Study authors who identified this practice element
Practice elements related to the selection, training and support of caregivers	
Providing caregivers with knowledge of normative sexual development of children, thereby increasing their ability to correctly identify and respond to 'problem' sexual behaviours	▪ Braga (1993) ▪ Farmer (2004)[1] ▪ Farmer & Pollock (2003)[1]
The need for specific training and support for OOHC caregivers in their role as caregiver for children who are sexually abusive or sexually 'acting out' (including, for example, regular liaising with those involved in the therapeutic treatment of the child)	▪ Hopkins & Ayre (2006) ▪ Lindsay (1999)
Practice elements related to the information given and decisions made at placement	
Information provided to caregivers at the time of placement regarding the relevant history and needs of sexually abused and/or sexually abusive children so that they can, for example, make informed decisions about accepting the placement and, if so, plan for it accordingly	▪ Farmer & Pollock (1999)1 ▪ Farmer & Pollock (2003)1 ▪ Hopkins & Ayre (2006)
Strong consideration of the appropriateness of the placement, and explicit plans for maintaining safety, with respect to the risk(s) that sexually abusive children may pose to other children at the OOHC institution	▪ Farmer & Pollock (1999)1 ▪ Hopkins & Ayre (2006) ▪ Zuravin et al. (1993)
Flexibility to deal with difficulties associated with having sexually abused and abusive children residing in the same setting (e.g. moving children into different units to prevent CSA)	▪ Lindsay (1999)
Practice elements related to the type, and practices of, the OHHC institution	
Specifically articulated and well-executed procedures for the supervision of sexually abusive or sexually 'acting-out' children (such as tight house rules, supervision when playing with other children, and fitting devices such as intercom systems and alarms so that caregivers know, for example, if the child leaves their bedroom at night)	▪ Farmer (2004)[1] ▪ Farmer & Pollock (1999)[1] ▪ Farmer & Pollock (2003)[1]

Category (type) of practice element related to child–child sexual abuse in OOHC	Study authors who identified this practice element
Placing children in an OOHC institution specialised in the care of sexually abused and/or sexually abusive children rather than other settings without adequate expertise	▪ Hopkins & Durham (2003) ▪ Zuravin et al. (1993)
Providing children displaying sexually abusive behaviour or who 'act out' sexually with individual bedrooms rather than relying on shared arrangements	▪ Zuravin et al. (1993)
Practice elements related to the training, support or treatment of sexually abusive children	
Providing formal therapeutic treatment for children that addresses their sexually abusive behaviour and/or sexual 'acting out' (e.g. working with trauma)	▪ Farmer (2004)[1] ▪ Farmer & Pollock (2003)[1] ▪ Hopkins & Durham (2003) ▪ Hopkins & Ayre (2006)
1 Note that three studies seem to be different analyses of the same set of data: Farmer (2004), Farmer & Pollock (1999), Farmer & Pollock (2003) (see Appendix 3 for full details of extracted data).	

4.3.1 CSA by OOHC caregivers: Relevant practice elements explored in retrospective case studies and surveys

Four retrospective case studies and surveys explored OOHC practice elements that may have contributed to, or prevented, CSA by OOHC caregivers. The types of relevant practice elements identified by study authors as potentially contributing to, or preventing, occurrences of CSA by caregivers at OOHC institutions are presented in Table 7. For full details of the extracted data forming the basis of these categorisations for each of these studies, see Appendix 3.

The two most commonly identified areas of action that may contribute to or prevent CSA by caregivers (each explored by three of these four retrospective case studies and surveys) involved: (i) rigorous pre-employment screening and selection of staff at OOHC institutions, and (ii) detecting and responding to allegations of CSA. Practice elements identified in relation to pre-employment screening included the need for screening practices that extend beyond criminal history checks as not all staff members who abuse might have a criminal record, and the need to be alert to the potential use of pseudonyms. Practice elements related to the detection and response to allegations of CSA included mandatory reporting of CSA incidents, dismissing abusive staff members, ensuring that children who disclose are believed and validated, removing organisational barriers that may hinder a child's willingness to disclose (e.g. hierarchical or other structures that do not facilitate safe disclosure), and de-stigmatising disclosures and referrals through the avoidance of negatively charged words such as 'whistleblowers'.

CSA by OOHC caregivers: Relevant practice elements identified by study authors of retrospective case studies and surveys (n=4 evaluations)

Category (type) of practice element related to CSA by OOHC caregivers	Study authors that identified this practice element
Rigorous pre-employment screening and selection of staff at OOHC institutions that extend beyond criminal history checks and explore the possible use of pseudonyms)	▪ Braga (1993) ▪ Lindsay (1999) ▪ National Crime Agency (NCA) (2013)
How OOHC institutions detect and respond to allegations of child sexual abuse, including mandatory reporting, dismissing abusive staff members, ensuring children who disclose are believed and validated, removing barriers to disclosure, de-stigmatising disclosure and referral	▪ Braga (1993) ▪ Lindsay (1999) ▪ National Crime Agency (NCA) (2013)
Removal of organisational characteristics that negatively affect the opportunity and propensity for caregivers to sexually abuse children (e.g. power differentials, unsupervised access to children)	▪ National Crime Agency (NCA) (2013)
Ensuring that children do not share bedrooms with foster parents	▪ Zuravin et al. (1993)

5 DISCUSSION

The aim of this scoping review was to map the nature and extent of the international literature available on evaluations of OOHC practice elements that aim to prevent CSA in OOHC. In the following sections, we discuss the findings in the context of their relevance to the questions outlined in the aims of this scoping review report (section 2.2), namely:

- Which studies have evaluated practice elements that aim to prevent CSA in OOHC? These are addressed in section 5.1, *Summary of findings*.
- What relevant practice elements have been explored in these evaluations? These are addressed in section 5.1, *Summary of findings*.
- What are the recommendations or conclusions of these studies, as stated by evaluation authors? These are included in section 5.1, *Summary of findings*.
- Do the findings of this scoping review suggest any gaps in the literature regarding evaluations of OOHC practice elements that aim to prevent CSA in OOHC? This is addressed in section 5.2, *Gaps in the literature*.
- Is a further research synthesis study (e.g. a rapid evidence assessment or systematic review) warranted given the nature and the extent of the literature available? This is addressed in section 5.4, *Implications of the scoping review*.

We will also discuss how the findings of this scoping review relate in comparison to the findings of other, non-systematic, reviews identified on this topic (section 5.2) and the benefits and limitations of this scoping review (section 5.5).

5.1 Summary of findings

This scoping review identified 16 relevant evaluations of OOHC programs, services or practice elements that aim to prevent CSA in OOHC (for a list of included studies see Table 1). In addition, two non-systematic reviews, 38 frameworks or guidelines, 29 opinion pieces, 32 descriptive studies and eight studies exploring relationships were identified but excluded from this review as they did not meet the inclusion criteria of 'evaluation' (see Appendix 1 for the citation details of all studies excluded from this review).

The 16 relevant evaluations identified in this scoping review were categorised into two general pragmatic categories of evaluation approaches and aims in order to facilitate an overview of their relevance:

- Evaluations of programs that aim to prevent child–child sexual abuse in OOHC through training, support and/or treatment for youth who are sexually abusive or who 'act out' sexually, and their caregivers
- Retrospective case studies and surveys exploring OOHC practice elements that may have contributed to, or prevented, occurrences of CSA.

Seven studies fell into category 1 above. Of these, three examined the feasibility and/or acceptance of the programs, three examined the programs' effectiveness with pre- and post-program measures but did not have comparison groups, and one study examined a program's effectiveness with both pre- and post-program measures and a comparison group.

The seven studies that evaluated training, support and/or treatment programs that aim to prevent child–child sexual abuse covered six unique programs. The most common category of

stated program aim (in five of the six programs) was: “To promote caregiver’s understanding of sexual abuse and its consequences, including the effect of sexual abuse on children’s behaviour and needs”. Another common stated program aim (in four of the six programs) was: “To provide caregivers with strategies for coping with and managing children’s sexually abusive and/or sexually ‘acting-out’ behaviours”.

Two of the six programs evaluated provided training, treatment or support for the children themselves in order to address the aim: ”To improve children’s behaviour through training/treatment sessions”.

Authors in all of the seven studies evaluating programs stated (either implicitly or explicitly) that sexually abusive and/or sexually ‘acting-out’ children in OOHC and their caregivers have unique needs that must be addressed if placements are to be successful and in the best interests of the children. All of the studies evaluating training, support or treatment programs these children and caregivers reported that caregivers expressed satisfaction with, and a perceived need for, the programs in which they participated. In three of the studies, study authors reflected on practical aspects associated with the delivery of such programs, such as the need to design the program to fit in with the caregivers’ other commitments and the fact that the emergency nature of many placements appears to result in the placement of children in unsuitable homes.

The remaining nine included studies fell into category 2: “Retrospective case studies and surveys exploring OOHC practice elements that may have contributed to, or prevented, occurrences of child sexual abuse”.

Eight of these nine retrospective case studies and surveys addressed child–child sexual abuse in OOHC (i.e. involving children who are sexually abusive or who ‘act out’ sexually). These studies explored the relationships between a wide range of practice elements and the occurrence of child–child sexual abuse. Some of the practice elements more commonly identified by study authors as contributing to, or preventing, occurrences of child–child sexual abuse in OOHC are: (i) the importance of providing adequate information to caregivers at the time of placement regarding the relevant history and needs of sexually abused and/or sexually abusive children; (ii) strong consideration of the appropriateness of the placement, and explicit plans for maintaining safety, with respect to the risk(s) that sexually abusive children may pose to other children at the OOHC institution; (iii) specifically articulated and well-executed procedures for the supervision of sexually abusive or sexually ‘acting-out’ children (e.g. tight house rules, supervision when playing with other children, and fitting devices such as intercom systems and alarms so that, for example, caregivers know if the child leaves their bedroom at night); and (iv) formal, effective therapeutic treatment for children that addresses their sexually abusive and/or sexually ‘acting-out’ behaviour (e.g. working with trauma).

Four of the nine retrospective case studies and surveys addressed CSA by OOHC caregivers. The practice elements most commonly identified by study authors that may contribute to, or prevent CSA by caregivers (each explored by three of these four retrospective case studies and surveys) were: (i) rigorous pre-employment screening and selection of staff at OOHC institutions, including screening practices that extend beyond criminal background checks to identify ‘hidden’ abusers, and being alert to the risk that potential employees may use pseudonyms; and (ii) how OOHC institutions detect and respond to allegations of CSA (e.g. dismissing abusive staff, removing factors that may hinder a child from disclosing CSA; and de-stigmatising disclosure and referral through avoiding the use of words with negative connotations such as ‘whistleblower’).

Note that three of the nine retrospective case studies and surveys address both child–child sexual abuse in OOHC and CSA by caregivers in OOHC.

5.2 Gaps in the literature

We identified only four studies exploring the effectiveness of training, support and/or treatment programs for sexually abusive and/or sexually 'acting-out' children in OOHC and their caregivers. Three of these examined the programs' effectiveness with pre- and post-program measures but did not have comparison groups, and one study examined a program's effectiveness with both pre- and post-program measures and a comparison group. None evaluated whether the program decreased actual CSA in OOHC.

We did not identify a single study that rigorously evaluated the effectiveness of practice approaches designed to prevent child–child sexual abuse using a pre- and post-study design and a comparison group.

Perhaps most noteworthy, we identified no effectiveness studies of practice elements or programs that aim to prevent CSA by caregivers or staff at OOHC institutions.

The scoping review was limited to preventing CSA in OOHC. There may be general population or other specific population strategies that might also be effective for children in OOHC.

In summary, the effectiveness literature in this area is, at best, sparse. There is very little in the way of rigorously derived information about the effectiveness of practices or programs designed to decrease CSA in OOHC.

5.3 Accordance with other, non-systematic reviews of the literature

Two non-systematic reviews including literature relevant to the topic of this review were located (Barter, 1997; Uliando & Mellor, 2012). However, no evaluations were cited in either of these reviews.

Barter (1997) explored the problems and processes involved in conceptualising and defining abuse by children within institutions, including sexual abuse. This review included a discussion of why carers might not want to report abuse and what may help to prevent abuse. Descriptive studies were used to provide support for arguments (many of which were already identified in this scoping review, see Appendix 3 for a full list of descriptive studies excluded from this review).

The Uliando & Mellor (2012) review provides an in-depth overview of the nature and consequences of child maltreatment (including CSA) in OOHC, with a particular focus on the Australian context. The literature base in this study is also primarily built upon descriptive studies and studies exploring relationships (many of which were already identified in this scoping review. See Appendix 3 for a full list of descriptive studies excluded from this review).

The findings of our scoping review and previous non-systematic reviews are also in accordance with the content of the literature reviews conducted as a part of two of our included studies (Farmer & Pollock, 1999; *The foundations of abuse: A thematic assessment of the risk of child sexual abuse by adults in institutions*, 2013). Although there are multiple descriptive studies and studies exploring relationships (including evaluations exploring the relationship between practice elements and child sexual abuse), few studies have evaluated the effectiveness of practices, services or programs that aim to prevent the occurrence or recurrence of CSA in OOHC.

Our review, therefore, provides a unique synthesis of evaluations of OOHC practice elements that may contribute to, or prevent, occurrences of CSA in OOHC in the sense that it is a far more honest appraisal of the literature. We concluded that there were very few effectiveness studies that rigorously evaluate OOHC practice elements that aim to prevent CSA. Indeed, we identified no effectiveness studies of practice elements or programs that aim to prevent CSA by caregivers or staff at OOHC institutions. Only four effectiveness studies were identified that aimed to prevent child–child sexual abuse through training, support and/or treatment programs for sexually abusive and/or sexually 'acting-out' youth and their caregivers. While a detailed assessment of the quality of the studies that were found in this review is beyond the scope of this project, it is safe to say that such an appraisal of the overall quality of studies is likely to be exceedingly low.

5.4 Interpretation and implications of findings

Mapping existing literature in this area systematically provides a good overview of what is known. Contexualising and interpreting the information is another matter. This section attempts to make some sense of the data and to contextualise it in ways that may be useful for the Royal Commission as it deliberates.

First and foremost, very few existing studies test which types of practices or programs lead to decreased rates of sexual abuse by OOHC caregivers. The studies that do exist are of a fairly low methodological quality and cannot be relied upon with any reasonable degree of certainty. Given the extent of our search efforts, including queries to an assortment of OOHC and sexual abuse experts, this finding is solid and is unlikely to change with further searches. There is simply very little done in this area. The findings and recommendations from these studies amount to suggestions rather than reliable and robust evidence. Moreover, many of the studies found are somewhat dated and may not be reflective of the current state of affairs. This does not mean that the findings and recommendations from the studies we found are incorrect, but it does mean that they should be interpreted with great caution. Changing practices and policies, even when doing so makes sense both politically and in terms of best practice, can have unintended consequences that can cause harm to the very people the changes are designed to protect. With such evidence, policy and practice changes should be carefully considered and rolled out slowly using high-quality implementation strategies and evaluation methods.

In all likelihood, there has been a decline in both the overall rate of sexual abuse and in institutional abuse at the hands of caregivers over at least the last decade. The best available epidemiological evidence is found in the US, and it indicates that the incidence of CSA within the general population has been decreasing over time (Finkelhor, 2009). High-quality, nationally representative panel studies in the US find lower rates of endorsement of CSA items on the same survey administered to succeeding waves of the young adult population over time. This does not imply that sexual abuse does not continue to occur, or that it is not one of the more horrific things that can happen to young people. It just means that, in all likelihood, the proportion of children who suffer from CSA in the US has decreased over time. Finkelhor suggests that this may be at least partially a result of public health messaging about CSA, which would include encouragement to disclose as both victim and witness. Other reasons posited for the decrease might involve increased identification, prosecution and incarceration of child sex offenders (who tend to have multiple victims) and prosecution of known perpetrators of sexual abuse; successful pre-employment screening efforts; and the widespread use of effective educational programs administered to young children in schools (see, for example, Walsh, Zwi, Woolfenden, & Shlonsky, 2015). These strategies may have reduced the number of environments in which

offending was previously possible without discovery or criminal action, thus preventing CSA by opportunistic offenders who are characterised as taking advantage of rather than creating opportunities for perpetration (see Smallbone & Wortley, 2000). Other explanations notwithstanding, public health messaging may be one of the most successful public health prevention strategies for child sexual abuse (Finkelhor, 2009), and this can be directly related to the public work of the Royal Commission.

Nonetheless, reported CSA is very different to the actual CSA incidence (new cases of CSA during a period of time) or prevalence (children who have ever experienced CSA at a given time) within the general population. There are no known, nationally representative Australian studies of the prevalence or incidence of CSA in the general population. Child protection data for substantiated cases of child sexual abuse are at times used as an indicator for the extent of child sexual abuse. Australian scholars and policy-makers might correctly point out that the rate of CSA that is substantiated by child protection services has gone up in this country (Australian Institute of Health and Welfare, 2013). However, this finding also needs to be contextualised. The rate of substantiation has gone up but the number of investigations has decreased, so the substantiation rate does not really inform us about whether CSA has been increasing. It just tells us that a higher proportion of investigations are substantiated for sexual abuse. Moreover, fluctuations in these figures over the years, as alluded to in the Australian Institute of Health and Welfare's (AIHW) report (AIHW, 2014), may well be the result of changes in legislation or of counting procedures rather than a change in the underlying incidence of CSA. It is notoriously difficult to measure trends across child protection jurisdictions. In any case, substantiations can only occur among cases that were reported to child welfare authorities and they do not represent the overall prevalence of CSA in the general population. Finally, it is worth noting that national child protection data released annually do not report the number of substantiated incidents of child sexual abuse for the population of children in care (AIHW, 2014).

Relative to other forms of substantiated child maltreatment, only a small proportion involve substantiated CSA (AIHW, 2014) and this, combined with the probable decreasing rate of known CSA in the general population (Finkelhor, 2009) and the lack of data on rates of child sexual abuse of children in care may offer a clue as to why there are so few high-quality studies of CSA prevention in OOHC. The limited research that has examined child sexual abuse in OOHC and which accounts for the relationship between the perpetrator and the victim of CSA in OOHC finds that a substantial proportion of reported CSA incidents involve another a child as the perpetrator (Euser, Alink, Tharner, van Ijzendoorn, & Bakermans-Kranenburg, 2013; Euser, Alink, Tharner, van IJzendoorn, & Bakermans-Kranenburg, 2015). This parallels trends in the broader population that indicate that sexual abuse by peers may be more prevalent than sexual abuse by adults (Finkelhor, Shattuck, Turner, & Hamby, 2014).

These overall trends and limited empirical studies suggest that, while sexual abuse of children in OOHC does occur and must be responded to, it is likely occurring at lower levels than were seen in the past and it is probable that a substantial proportion of CSA in OOHC now involves child–child sexual abuse. Changes to policy and practice should take stock of these changes over time.

From a more general perspective, the research found in this review indicates that insufficient attention is paid to the individual needs of children when they are initially placed in OOHC and, later, when other children are placed in the home. From the extant literature we know that:

- Victims of abuse are more likely to be re-victimised over time (Finkelhor, Turner, Hamby, & Ormrod, 2011).
- There are promising treatments for child trauma related to CSA (Macdonald, Higgins, & Ramchandani, 2006).
- Adolescent sexual offenders are more likely to have been sexually abused (Seto & Lalumière, 2010), but the likelihood that sexually abused children will perpetrate CSA as adults is, overall, very low (Widom & Ames, 1994).
- A history of sexual abuse among adolescent sexual offenders is a weak predictor of recidivism in youth justice populations (Mallie, Viljoen, Mordell, Spice, & Roesch, 2011), but a history of sexual abuse is not predictive of adult sexual abuse recidivism (Hanson & Morton-Bourgon, 2005).
- Youth with behavioural issues can negatively influence one another (Dishion, Ha, & Véronneau, 2012; Dishion, McCord, & Poulin, 1999), and this may be of substantial concern when they reside in a shared environment.

Programs, practices and policies that are designed to deal with these essentials, especially at the front end of child placement, need to be developed and evaluated. While a great deal of practice wisdom guides the current set of practices in OOHC, none have been adequately tested. New rules for caregivers and institutions trying to establish family-like settings must be made very carefully lest OOHC becomes safer in terms of preventing CSA, but then becomes more cold and impersonal as a result. The retrospective case studies and surveys identified in this scoping review provide some potentially important practice elements whose causal relationship with subsequent child–child and caregiver–child sexual abuse should be explored, but they should also be tested for the types of unintended consequences that make OOHC a less liveable and developmentally stimulating and nourishing place for vulnerable children.

5.5 Limitations of this scoping review

As stated in the Scoping Review Methods, the aim of a scoping review is to systematically and transparently 'scope' or 'map' the nature and extent of the literature available, both published and unpublished, in a particular area of research. This was achieved through systematic searches of an extensive list of electronic databases and websites, hand searching of website publication lists (when no search engine was available), contact with experts in the field and searches of the reference lists of potentially relevant studies.

However, due to the time limits on this project, several methodological decisions were made that may have a bearing on the results of this study. First, while the search terms used were fairly inclusive, an expanded list might have yielded more studies. For example, the set phrase 'sex* abus*' was searched for to cover such terms as 'sexual abuse', 'sexually abused', 'sexually abusive', and 'sexual abusers'. An expanded form of this set phrase would be to search for the terms 'sex*' and 'abus*' near each other in a sentence, but perhaps in another order (e.g. 'children who have been **abus**ed **sex**ually') or with words in between (e.g. 'many children were **abus**ed at this institution, often **sex**ually'). We also did not include search terms that describe sexualised behaviours, which is used by some clinicians for very young children with sexually

abusive behaviour.. That said, the possible derivations of terms employed cover the majority of studies in this area. Furthermore, checking of reference lists and queries to experts provide assurance that the vast majority of applicable studies were located.

Another decision that may have yielded more studies was to disregard (albeit transparently) studies that were identified as possibly relevant but were not available online (n=59) despite having access to several world-class libraries on three continents. Nonetheless, we believe that this compromise was acceptable as almost all of these papers were quite dated. Of the 59 unavailable papers, 55 (93 percent) were published before 1998 (see Appendix 1 for a complete list of excluded studies). We felt that, given the nature of the Royal Commission work, the time was better spent providing more rigorous summaries of later studies.

In addition, this scoping review differed from the approach of a systematic review in that it did not involve any contact with authors of the eligible evaluations in order to ask for clarification or additional sources of unpublished information.

Due to time constraints, some databases, such as Informit and AIFS, were not used in the search strategy. Although there is a great deal of duplication between databases and Australian experts were consulted for additional studies, the search may have missed an Australian study, especially if such a study did not make its way to the peer-reviewed literature.

We have based our definitions of different study designs on those presented in the EPPI-Centre Keywording Strategy for Classifying Education Research Version 0.9.7, 2003 (section A.13, pp. 12–13). These definitions were designed on 'pragmatic grounds', and although we found them to be particularly useful for this scoping exercise, future syntheses of the evidence (e.g. rapid evidence assessments or systematic reviews) may need to redefine these study design classifications based on more rigorous statistical and research-design principles.

5.6 Concluding remarks

The decision to place a child in OOHC is difficult, and is made more so by the knowledge that overall outcomes for children who remain in care tend to be poor (Cashmore & Paxman, 2006; Courtney et al., 2011). Living in OOHC, while sometimes necessary, can be challenging, and the sexual abuse of children while they are in OOHC is intolerable. While this scoping review did not uncover a wide range of effective practices and programs to prevent CSA in OOHC, it has revealed some potential strategies that can be tested, over time. In addition, the scoping review findings can be used to: more clearly focus on child–child sexual abuse; formulate initial and ongoing OOHC placement plans to better anticipate individual children's needs in terms of effective treatment for CSA; employ and test potentially effective strategies for risk reduction for further victimisation; and employ and test potentially effective strategies for risk reduction for child–child and caregiver–child perpetration.

6 References

(Includes only references cited in the text of this report. Refer to Table 1 for a citation details of the 16 studies included in this review and Appendix 3 for details of all 206 excluded papers are listed under each of these exclusion categories)

Arksey, H., & O'Malley, L. (2005). Scoping studies: towards a methodological framework. International Journal of Social Research Methodology, 8(1), pp. 19–32.

Australian Institute of Health and Welfare. (2014). Child protection Australia: 2012–13. (No. 58. Cat. no. CWS 49). Canberra: AIHW.

Barter, C. (1997). Who's to blame: Conceptualising institutional abuse by children. Early Child Development and Care, 133, pp. 101–114. doi: http://dx.doi.org/10.1080/0300443971330108.

Cashmore, J., & Paxman, M. (2006). Predicting after-care outcomes: the importance of 'felt' security. Child & Family Social Work, 11(3), pp. 232–241. doi:10.1111/j.1365-2206.2006.00430.x.

Child protection Australia: 2011–12. Australian Institute of Health and Welfare (2013) Canberra.

Courtney, M. E., Dworsky, A., Brown, A., Cary, C., Love, K., Vorhies, V., & Hall, C. (2011). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26. Chapin Hall Center for Children at the University of Chicago.

Dishion, T. J., Ha, T., & Véronneau, M.-H. (2012). An ecological analysis of the effects of deviant peer clustering on sexual promiscuity, problem behavior, and childbearing from early adolescence to adulthood: An enhancement of the life history framework. Developmental Psychology, 48(3), pp. 703–717. doi:10.1037/a0027304.

Dishion, T. J., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. American Psychologist, 54(9), pp. 755–764. doi:10.1037/0003-066X.54.9.755.

EPPI-Centre Keywording Strategy for Classifying Education Research Version 0.9.7. Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), Social Science Research Unit, University of London (2003), London, UK.

Euser, S., Alink, L. R. A., Tharner, A., van Ijzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2013). The Prevalence of Child Sexual Abuse in Out-of-Home Care: A Comparison Between Abuse in Residential and in Foster Care. *Child Maltreatment*, *18*(4), 221–231. http://doi.org/10.1177/1077559513489848

Euser, S., Alink, L. R. A., Tharner, A., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2015). The Prevalence of Child Sexual Abuse in Out-of-home Care: Increased Risk for Children with a Mild Intellectual Disability. *Journal of Applied Research in Intellectual Disabilities*, n/a–n/a. http://doi.org/10.1111/jar.12160

Fact Sheet 4.1 Preventing Sexual Abuse of Children in Out of Home Care. Royal Commission into Institutional Responses to Child Sexual Abuse (2014), Australia.

Farmer, E., & Pollock, S. (1999). Mix and match: Planning to keep looked after children safe. [Article]. Child Abuse Review, 8(6), pp. 377–391.

Finkelhor, D. (2009). The prevention of childhood sexual abuse. The Future of Children, 19(2), pp. 69–194. doi:10.1353/foc.0.0035.

Finkelhor, D., Shattuck, A., Turner, H. A., & Hamby, S. L. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. Journal of Adolescent Health. doi:10.1016/j.jadohealth.2013.12.026.

Finkelhor, D., Turner, H. A., Hamby, S. L., & Ormrod, R. (2011). Polyvictimization: Children's exposure to multiple types of violence, crime, and abuse. U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from http://markwynn.com/children/ojjdp-2011-child-study.pdf.

The Foundations of Abuse: A thematic assessment of the risk of child sexual abuse by adults in institutions. National Crime Agency (NCA) (2013) London, UK.
Gambrill, E., & Shlonsky, A. (2000). Risk assessment in context. Children and Youth Services Review, 22(11–12), pp. 813–837. doi:10.1016/S0190-7409(00)00123-7.
Hanson, K. R., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. Journal of Consulting and Clinical Psychology, 73(6), pp. 1154–1163. doi:10.1037/0022-006X.73.6.1154.
Jones, R. J., Ownbey, M. A., Everidge, J. A., Judkins, B. L., & Timbers, G. D. (2006). Focused foster care for children with serious sexual behavior problems. Child and Adolescent Social Work Journal, 23(3), pp. 278–297. doi: http://dx.doi.org/10.1007/s10560-006-0048-7.
Kavanagh, J., Trouton, A., Oakley, A., & Harden, A. EPPI-Centre, Social Science Research Unit, Institute of Education, University of London (2005). A scoping review of the evidence for incentive schemes to encourage positive health and other social behaviours in young people, London.
Levac, D., Colquhoun, H., & O'Brien, K. (2010). Scoping studies: advancing the methodology. Implementation Science, 5, 69.
Macdonald, G., Higgins, J. P., & Ramchandani, P. (2006). Cognitive-behavioural interventions for children who have been sexually abused. In Cochrane Database of Systematic Reviews. John Wiley & Sons, Ltd. Retrieved from http://onlinelibrary.wiley.com.myaccess.library.utoronto.ca/doi/10.1002/14651858.CD001930.pub2/abstract.
Mallie, A. L., Viljoen, J. L., Mordell, S., Spice, A., & Roesch, R. (2011). Childhood abuse and adolescent sexual re-offending: A meta-analysis. Child & Youth Care Forum, 40(5), pp. 401–417. doi:10.1007/s10566-010-9136-0.
Minas, H., & Jorm, A. F. (2010). Where there is no evidence: Use of expert consensus methods to fill the evidence gap in low-income countries and cultural minorities. International Journal of Mental Health Systems, 4, 33.
Ownbey, M. A., Jones, R. J., Judkins, B. L., Everidge, J. A., & Timbers, G. D. (2001). Tracking the sexual behavior-specific effects of a foster family treatment program for children with serious sexual behavior problems. Child and Adolescent Social Work Journal, 18(6), pp. 417–436.
Ray, J., Smith, V., Peterson, T., Gray, J., Schaffner, J., & Houff, M. (1995). A treatment program for children with sexual behavior problems. Child & Adolescent Social Work Journal, 12(5), pp. 331–343. doi: http://dx.doi.org/10.1007/BF01876734.
Seto, M. C., & Lalumière, M. L. (2010). What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. Psychological Bulletin, 136(4), pp. 526–575. doi:10.1037/a0019700.
Shlonsky, A. R., & Berrick, J. D. (2001). Assessing and promoting quality in kin and nonkin foster care. Social Service Review, 75(1), pp. 60–83.
Shlonsky, A., & Wagner, D. (2005). The next step: Integrating actuarial risk assessment and clinical judgment into an evidence-based practice framework in CPS case management. Children and Youth Services Review, 27(4), pp. 409–427.
Smallbone, S.W., & Wortley, R.K. (2000). Child sexual abuse in Queensland: Offender characteristics and modus operandi. Brisbane,: Queensland Crime Commission.
Smallbone, S.W., & Wortley, R.K. (2000). Child sexual abuse in Queensland: Offender characteristics and modus operandi. Brisbane: Queensland Crime Commission.
Uliando, A., & Mellor, D. (2012). Maltreatment of children in out-of-home care: A review of associated factors and outcomes. [Review]. Children and Youth Services Review, 34(12), pp. 2280–2286. doi: 10.1016/j.childyouth.2012.08.003.

Widom, C. S., & Ames, M. A. (1994). Criminal consequences of childhood sexual victimization. Child Abuse & Neglect, 18(4), pp. 303–318. doi:10.1016/0145-2134(94)90033-7.

Winokur, M., Holtan, A., & Valentine, D. (2009). Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. Cochrane Database Syst Rev, (1), CD006546. doi:10.1002/14651858.CD006546.pub2.

Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2015). School-based education programmes for the prevention of child sexual abuse. In The Cochrane Library. John Wiley & Sons, Ltd. Retrieved from http://onlinelibrary.wiley.com.myaccess.library.utoronto.ca/doi/10.1002/14651858.CD004380.pub3/

7 List of appendices in accompanying documents

Appendix 1: Citation details of all 206 excluded papers by exclusion category

Appendix 2: Blank data extraction form

Appendix 3: Completed data extraction forms for each of the 16 included reports

Parenting Research Centre
raising children well

Level 5, 232 Victoria Parade, East Melbourne, Victoria, Australia 3002

E info@parentingrc.org.au
P +61 3 8660 3500
F +61 3 8660 3599
W www.parentingrc.org.au