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Victorian Aboriginal Child Care Agency Co-Op. Ltd

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VACCA Submission in response to the

PREVENTING SEXUAL ABUSE OF CHILDREN IN OUT OF HOME CARE

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Executive Summary

The Victorian Aboriginal Child Care Agency (VACCA) welcomes the opportunity to make a submission to the Royal Commission into Institutional Responses to Child Sexual Abuse concerning the *Preventing Sexual Abuse of Children In Out of Home Care Issues paper* and offers the following observations and issues, particularly as they pertain to the Victorian Aboriginal community in which we work. We have contributed to and endorse the paper submitted by the Secretariat of National Aboriginal and Islander Child Care (SNAICC) and will limit the information in this paper to the specific issues for Victoria and the context in which our service operates.

Our perspective is particularly reflective of our lead role in the child and family service system in Victoria, our Link Up program service experience and our research and program development concerning promoting cultural resilience and cultural safety in order to improve wellbeing outcomes for Aboriginal people. VACCA provides out of home care to about 141 Aboriginal children in Victoria. VACCA's out of home care services include: kinship care, foster care and residential care through its two family group homes. VACCA has been providing out of home services since its establishment 30 years ago. In this time VACCA is aware that children in our care have been sexually abused and we have developed rigorous policies and procedures to minimise the likelihood of this occurring to children currently in our care.

VACCA understands that Aboriginal children can be particularly vulnerable to perpetrators of sexual abuse. This is in part due there being a silence in relation to sex and sex education of children for many generations. Prior to colonisation it was unlikely that there was sexual abuse of children. Children were cherished and kept safe by the whole community and therefore there was no need to talk about sex or provide warnings to children about this. Colonisation, dislocation and the ongoing impacts of the legacy of the stolen generations changed this. In the early days of colonisation, the customs still being practiced by Aboriginal families, sleeping together, having a different understanding of nudity (non sexual and natural) made Aboriginal women and children vulnerable and the cycle has continued to this day. This continues to be a challenge in communities living a traditional or

semi traditional lifestyle. Aboriginal women removed from family and community, silenced through their experiences did not develop a language to teach their children sex education and preferred to keep their children innocent which has left them quite vulnerable. At VACCA we believe therefore, that there is a need for raising awareness of 'good touching'/'bad touching' in Aboriginal families and communities through culturally-designed protective behaviours programs.

VACCA is the lead Aboriginal child and family welfare organisation in Victoria, protecting and promoting the rights of Aboriginal children and young people, providing programs to reinforce Aboriginal culture and encourage best parenting practices, and advising government in relation to child abuse and neglect in the Aboriginal community. We are a state-wide Aboriginal Community Controlled organisation whose purpose is to advocate for the rights of Aboriginal children, young people and families, and provide them with services premised on human rights, self-determination, cultural respect and safety.

VACCA believes that all children have a right to feel and be safe and to live in an environment that is free from abuse, neglect and violence.

We are committed to promoting and upholding the right of Aboriginal children to maintain and celebrate their identity and culture, recognising that connection to culture is critical for children's emotional, physical and spiritual wellbeing.

VACCA supports the DHS Best Interests Principles. The best interests of a child looks at a child's stability safety and development through the lens of age and stage, culture and gender. In the Aboriginal Cultural Competence Framework (VACCA 2008) we state

Aboriginal cultural competence is a key facet of the Victorian Best Interests framework which interprets issues of children's safety, stability and development through the lens of age and stage, culture and gender. In other words, when assessing, planning and addressing the needs and interests of the child, due consideration is given to whether or not the child is safe, has stable relationships and a stable environment and their developmental needs are being addressed. These dimensions of safety, stability and development are understood in the context of who the child is; that is, their age and stage, their culture and their gender. These

elements concerning the identity of the child provide a lens through which the other dimensions are understood. The Best Interests principles, and for our purposes the lens of culture as a fundamental element of those principles, are concerned with the needs and rights of the child to ensure their best interests are promoted throughout their experience of family services and out of home care.

As you can see for us the issue of culture is a crucial consideration for organisations in the provision of culturally safe out of home care services.. As quoted in the Victorian Child Safety Commissioner's Guide to Creating a Child Safe organisation "If a child's identity is denied or denigrated, they are also not being kept safe. Denying cultural safety is detrimental to their attachment needs, their emotional development, their education and their health. Every area of human development which defines the child's best interests has a cultural component. Your culture helps define HOW you attach, HOW you express emotion, HOW you learn and HOW you stay healthy." M. Bamblett 2005.

You may well wonder how culture assists in protecting a child from sexual abuse. It is now accepted that a child who is strong in their cultural identity is more likely to have a voice. If we accept that one of the principles of creating safety for a child is to ensure their voice is heard and that they actively participate in the services provided; then it is logical that the child who is strong in their identity will be better able to express themselves and participate in communicating when they feel safe and importantly when they don't feel safe.

VACCA is committed to ensuring the services we provide to families and children, particularly those we provide out of home care services to are safe and that children in our care are safe and not subject to any abuse, including sexual abuse. We are committed to the highest levels of screening to ensure adults who care for our children are safe but we know that ensuring a child's safety requires more than initial screening processes. Ensuring our staff are well versed in child development; indicators of sexual abuse; targeting and grooming behaviours of perpetrators and importantly creating an environment where children feel proud of their Aboriginality and that what they have to say matters all contribute to providing a safe Out of Home Care service for our children.

VACCA provides the following responses to the specific questions posed by the Royal Commission.

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

Clearly preventing children from entering OOHC would have to be the most effective strategy to keeping children safe. Aboriginal children in Victoria are significantly over represented in OOHC and remain in OOHC for longer than their non Aboriginal counterparts. To this end, VACCA would like to see more funding being made available for early intervention/prevention services to assist Aboriginal families to care for their children safely. We know that the majority of Aboriginal children who come into care, have an intergenerational history of removal and issues of poverty and neglect remain the major reasons for child protection intervention with Aboriginal families. Of concern is the continual increase of Aboriginal children entering the OOHC system. Over the last nine years, in Victoria, the number of Aboriginal children entering care has increased by 102.8% compared with the non Aboriginal increase of only 44.3%. Additional focus and support for families to enable them to provide a safe environment and have their children reunified as soon as possible is also a priority.

It is of significant concern to VACCA that Aboriginal children are being removed from their families at greater rates than the period referred to as the Stolen Generations. In fact at current levels, the rate of removal in Victoria exceeds levels seen at any time since white settlement. (Koorie Kids: Growing Strong In Their Culture)

To assist in addressing this issue, the Department of Human Services is developing a five year plan for Aboriginal children in OOHC. However to significantly reduce the growth in Aboriginal children OOHC significant investment is required with priority given to: (i) additional support for children still in the care of their families. While there is a broad range of effective support services available at different levels of intensity there is simply not enough to meet the obvious demand. Many Aboriginal families who would benefit from a family support intervention and many need long

term support are not getting the support they need due to lack of service availability. An obvious gap is services provided to new Aboriginal mothers both ante and post natal supports. With approximately 1,000 live Aboriginal births per year in Victoria it should be possible to ensure that every Aboriginal woman confirmed pregnant is offered a comprehensive package of antenatal and postnatal supports. This would support earlier identification and intervention in new families requiring support rather than waiting for problems to emerge that require child protection intervention.(ii) where an Aboriginal child is in out of home care, much greater investment is required in services that support and enable earlier reunification. Ongoing post-reunification support for these children and their families is also essential to prevent re-entry to out of home care. (Koorie Kids: Growing Strong In Their Culture)

Where Aboriginal children require an OOHC placement, following the Aboriginal Child Placement Principle and placing an Aboriginal child within their kinship networks is a priority. Of concern to VACCA are the limited supports and funding available to support this important placement type. Of concern is the fact that despite the Aboriginal Child Placement Principle (ACPP) and the development of a Cultural Plan being legislative requirements for Aboriginal children in OOHC in 2012 only 56.3% are recorded as complying with the ACPP and a recent audit by DHS of Cultural Support Plans of 194 children found that only 15 or 8% had a completed support plan in place as per the legislative requirement. This failing of keeping our children with family or at least connected via the cultural support plan is a major concern to VACCA.

It is also of concern that only 22% of all DHS funded placements for Aboriginal children are provided to the Aboriginal Community Controlled Organisations. Current DHS figures indicate that of the 1150 Aboriginal children in care only 253 are funded through an Aboriginal service.

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

As mentioned above, the resourcing to support kinship care placements could be enhanced so that Aboriginal community controlled agencies are able to provide the required supports to these placements. Ensuring children feel connected to culture and have pride in their identity is a protective factor and will assist them in having a voice should they need it. Ensuring services that support placements make time to talk to children and are trained and open to hearing about any early warning signs – targeting or grooming behaviours that always occur before sexual abuse is perpetrated. There is a need to ensure ongoing regular training of carers and caseworkers is provided and that this training is comprehensive in relation to understanding indicators of sexual abuse and early warning signs that a child may be at risk of sexual abuse.

3. What are the strengths and weaknesses of models that check OOHC practices by an audit approach, a regular supervisory visit or an irregular visit by someone like a community visitor?

External oversights like auditing and visiting can be useful in providing incentives to compliance (especially where there may be consequences for non compliance), it can also provide timelines and reminders of responsibilities and expectations. Without these it is easy to allow planning and other processes to drift, and compliance may be assumed to be occurring without any evidence to support this.

On the other hand, auditing and visiting can be too onerous and intrusive and agencies can become consumed with managing their external obligations and not on the service delivery for clients.

Sexual abuse can occur in both a highly audited and under audited setting, given offenders are usually very skilled at the grooming process and in maintaining secrecy. Children and young people will not necessarily speak out to a visitor, especially an

Aboriginal child. It is known that children disclose sexual abuse to several different people before action is taken, so systems need to be in place that provide multiple opportunities for children to speak out, and for staff to notice any grooming behaviours by adults or behaviour changes in the child.

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

The advantages in having providers regulated by child protection include:

- Child protection have usually had extensive involvement with the child and family and therefore in a good position to identify the child's needs and plan for their future
- Child Protection have a focus on child safety and encouraging the voice of the child

The disadvantages could include:

- There could be a reluctance to critically examine their own internal practices
- There is a danger of losing the child focus in favour of bureaucratic considerations.

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

VACCA believes that all workers and carers need to have a good understanding of childhood development, including sexual development in children. Having a comprehensive knowledge base will assist in the early identification of behaviours that may be indicative of sexual abuse or the development of sexually abusive behaviours in children. There is also a definite need for workers to have a good understanding of how perpetrators of sexual abuse operate, including targeting and grooming behaviours. While we believe in the stronger screening processes that are now in place to ensure the safety of children placed in OOHC, screening alone will never ensure 100% safety. Being mindful of the carers children and other people who come

to the home and potential risks they may pose is necessary to discuss in training. If workers and carers have a good understanding of child development and the indicators of abuse this will contribute significantly to keeping children safe. Given the damage that we know sexual abuse has and the often life-long trauma survivors experience VACCA believes this should be a high training priority for both workers and carers. Resourcing agencies appropriately to provide this training in a culturally safe way is an issue that continues to limit agencies capacity to provide the levels of training they would like to provide.

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

Probably not is the short answer to this. There is a need for carers to have a good understanding of the issues and therapeutic needs of children engaging in sexually abusive behaviours and ideally their care is provided in conjunction with specific therapeutic treatment that addresses these behaviours. Caring for children and young people with sexually abusive behaviours is often very confronting and challenging for carers, particularly kinship or foster care placements. Within the Aboriginal community it is very complex due to the communal extended family networks that may see a child placed on his or her own, but to limit and constantly supervise their contact with other children becomes extremely onerous and difficult. There is a need to develop a comprehensive culturally informed therapeutic treatment approach to assist Aboriginal children who have engaged in sexually abusive behaviours to ensure they have the best chance at disengaging from those behaviours and resolving the traumas that contributed to the development of these behaviours so they can grow up contributing in meaningful way within their community.

7. How should the rate of sexual abuse of children in OOHC be determined, noting that the *National Standards for Out-of-Home Care* require reporting of substantiated claims of all types of abuse? Would a form of exit interview assist in capturing information? What should be introduced to ascertain whether information on child sexual abuse in OOHC is resulting in changed OOHC practices.

There is a need to provide specific training to OOHC staff to enable them to conduct the required forensic interviews with children who have disclosed sexual abuse. Case managers within VACCA are aware of cases where children disclose abuse which (as per the standards) is immediately reported to DHS and Victoria Police, but often the child retracts or will not speak to the DHS worker or police officer. It is important to understand how an Aboriginal child may perceive authority figures like police and Child Protection workers. The legacy of the Stolen Generations impacts our children today and they do not always feel safe and certainly do not feel culturally safe in talking to DHS or Vic Police. Training VACCA staff in forensic interviewing would assist in ensuring when an Aboriginal child discloses sexual abuse, that the appropriate action to ensure the safety of that child (and potentially other children) occurs.

8. What is the usefulness and validity of different ways to address allegations of sexual abuse brought against carers? In particular, which approaches enhance participation by the child particularly approaches best suited to seeking possible disclosures of abuse (including disclosures that might be inferred from behavioural changes) from children? Are the current processes fair? What appeal processes should be available for carers?

As described above, VACCA would like to see opportunities for their staff to be trained in forensic interviewing to provide Aboriginal children with the best opportunity to disclose and feel safe to talk about what might be happening for them. Currently any allegation made against a carer is reported to DHS and then a 'Quality of Care' process is initiated. A screening meeting chaired by DHS but with VACCA staff involved is held and at that meeting it is determined who will do what in terms of who interviews the

child; who interviews the staff/carers etc. A timeline for these interviews is agreed with a second meeting scheduled to decide whether to substantiate the allegations or not. Where the allegations are substantiated a carer panel determines whether the carer should be struck off. S85 investigation of the allegations- carers can appeal the outcome. While VACCA is reasonable comfortable in this process in relation to the protection of children, we are not convinced the process is completely child centred and does not necessarily have the child's voice at the centre.

9. What measures could be used to assess whether the safety of children from sexual abuse in OOHC is enhanced by independent oversight of the handling of allegations of sexual abuse?

Measures could include regular feedback from children and young people. It would be difficult to ascertain if this information is freely obtained and is an accurate reflection of their experiences, however.

Another measure could be compliance with mandatory training for staff. This would also be a limited measure as staff attendance at training would not ensure their skills were enhanced.

10. What are the strengths and weaknesses of different oversight mechanisms in keeping children safe from sexual abuse in OOHC?

As outlined in question three, sexual abuse can occur in both a highly audited and under audited settings, given offenders are usually very skilled at the grooming process and in maintaining secrecy. Children and young people will not necessarily speak out about sexual abuse, especially an Aboriginal child. It is known that children disclose sexual abuse to several different people before action is taken, so systems need to be in place that provides multiple opportunities for children to tell, and for staff to notice any grooming behaviours by adults or behaviour changes in the child.

11. What implications exist for record keeping and access to records, from delayed reporting of child sexual abuse?

Successful prosecutions of sex offences can depend on contemporaneous evidence collection including the child's account of the incident. Record keeping practices can change significantly with practice, political and paradigm changes as well as legislation changes. Delayed reporting can result in

- Degradation of the physical evidence including written records
- Files may not contain records in a comprehensive form as they may have been collected for a range of purposes
- Access can be problematic if an institution has closed/been taken over or records have been destroyed
- Memory can be impacted upon by the passage of time
- Key players such as workers and supervisors may be deceased/ unable to recall details
- Some institutions may not have kept any records
- Opinions about a child's experience may have been recorded without elaboration.

References

Aboriginal Cultural Competence Framework

VACCA 2008

Koorie Kids Growing Strong In Their Culture

Five Year Plan for Aboriginal Children In Out of Home Care

A Joint Submission from Victorian Aboriginal Community Controlled Organisations and Community Service Organisations

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