

# **Royal Commission into Institutional Response to Child Sexual Abuse**

## **Submission: Preventing sexual abuse of children in out of home care.**



**Submission enquiries to be made to:**

**Vicpsychplus  
395-397 High Street  
Northcote, 3070  
Bus. Ph. 03 9482 4499  
Fax. 03 9489 1017**

## Executive Summary

This is a submission made by Vicpsychplus to the Royal Commission into Institutional Responses to Child Sexual Abuse. This specific submission is made in response to 'Preventing sexual abuse of children in out of home care'. The purpose of the submission is to inform the Commission of a preventative approach that will strengthen Australia's child protection practices by improving the assessment and screening of staff and carers facilitating Out of Home Care (OOHC) services.

The prevalence of child sexual abuse in Australia is now comparative to other Western Countries, with the World Health Organisation (WHO) identifying the need for the implementation of immediate interventions to reduce incidents of child sexual abuse. As documented in Factsheet 4.1- 'Preventing Sexual Abuse of Children in Out of Home Care', all states and territories have had at least one review of their child protection system. Of these inquiries across all states and territories, the 'Report of the Protecting Victoria's Vulnerable Children Enquiry', is the only report that highlights the importance of prevention through effective pre-employment screening of prospective employees or volunteer candidates before they commence working with a youth servicing organisation. Vicpsychplus made this submission to the panel in 2011.

The purpose of this submission is to introduce the commission to 'The Diana Screen' and demonstrate the significant impact it will have in preventing sexual abuse of children in OOHC. Specifically, Vicpsychplus is in a position to support the Commission in understanding how to effectively promote reforms in (6.3) the selection and training of OOHC staff to be assessed under the standards applying to the OOHC organisation in all States and Territories across Australia.

Through the lifetime research initiatives of Dr. Gene Abel into the behaviour of sexual offenders, Abel Screening Inc. together with Vicpsychplus is introducing The Diana Screen to Australia. The implementation of The Diana Screen will reach beyond the minimum standard of pre-employment screening in Australia (6.2 All States and Territories require current Working with Children Check (WWCC) for at least OOHC staff who have contact with children in their course of employment) to identify perspective carers, employment candidates or volunteers that pose a sexual risk to children.

Vicpsychplus is currently a leader in forensic and organisational psychology consultancy services and is licensed to deliver The Diana Screen in Australia. While based in Victoria, our campaign is focused on rolling out this instrument nationally. It is under this pretence that we make the submission to obtain the support of the Commission and improve the protection of children in Australia. We believe that in partnership with the government and non-government agencies, we will be able to change the landscape of child protection in Australia, with Victoria as the benchmark.

Dr. Karen Owen PSM, MAPS  
Clinical Director  
Vicpsychplus

## Table of Contents

<b>Our business overview .....</b>	<b>4</b>
<b>Preventing sexual abuse of children in out of home care.....</b>	<b>5</b>
<b>Evidence based practice .....</b>	<b>6</b>
<b>The new strategy .....</b>	<b>7</b>
<b>Risk Management in OOHC.....</b>	<b>9</b>
<b>References.....</b>	<b>11</b>

## Our business overview

Vicpsychplus is a private forensic, organisational and clinical psychology; training and consultancy practice established in 2005 by Dr Karen Owen and Ms Julie Jellett with the assistance of Ms Bea Raymond. The aim of the practice is to establish and maintain a position as a leader in Forensic Psychological practice throughout Australia, setting the standards for private practice risk assessment and treatment. Vicpsychplus aims to contribute to community protection through our work with individuals and organisations.

The practice provides quality services that are cost effective, objective, and reliable, with empirically based assessments and treatments across a range of forensic issues, including but not limited to sexual offending. The practice provides general psychological intervention however the primary focus of the practice is assessment, treatment, and community education related to sexually abusive behaviour, sexual offending, and protective parenting. The practice is also involved in a range of research, community education, and training activities.

Collectively sharing over 25 years of clinical, forensic and organisational psychology experience, Vicpsychplus has been pioneering change in this industry. Dr. Karen Owen has significant experience in the treatment of sex offenders, serving as the Manager for the Sex Offender Programs for the Department of Justice. In the 2007 Queen's Birthday Honours, Dr. Owen was awarded a Public Service Medal for her outstanding service in policy development, and the assessment and treatment of sex offenders. Further she has also been involved in national committees aimed at developing risk reduction strategies and instrumental in the development of programs aimed at offence specific treatment, with the development of organisational implementation of risk reduction strategies. Ms Julie Jellett is the Business Director of Vicpsychplus, coordinating a range of behavioural intervention programs used by the psychologists and counsellors in the practice with a particular focus of the implementation of risk reduction strategies. Ms Bea Raymond has served as a Senior Clinician with the Sex Offender Programs for the Department of Justice and has significant experience working with minority groups such as indigenous and deaf populations in rural and metropolitan regions. She has worked with different organisations in the development and implementations of programs aimed at staff development and risk reduction strategies.

The Diana Screen is the culmination of 18 years of research headed by Abel Screening Inc.'s founder and internationally renowned scientist, Gene G. Abel, M.D. The National Institute of Mental Health has awarded Dr. Abel funding for six long-term studies to investigate the sexual abuse of women and children and to design new ways to identify potential risk behaviours. The Diana Screen has recently been assigned funding by two major Insurance Companies in the U.S. that are supporting its use among relevant clients.

Dr. Abel has received several awards for his significant achievements in sex research, including the Masters and Johnson Award presented by the Society for Sex Therapy and Research. He is a member of the International Academy of Sex Research. A past President of the National Society for Behavioural Medicine, Dr. Abel is a Distinguished, Lifetime Fellow of the American Psychiatry Association and a diplomat of the American Board of Psychiatry and Neurology. A full professor, he has served on the faculty of several medical schools including Columbia University College of Physicians and Surgeons, Emory University Medical School, and Morehouse Medical School. He has published over 130 articles in scientific journals. With Nora Harlow, he is the co- author of *The Stop Child Molestation Book: What Ordinary People Can Do in Their Everyday Lives to Save Three Million Children*.

Vicpsychplus has partnered with Abel Screening Inc. to deliver The Diana Screen in Australia throughout all States and Territories. Abel Screening, Inc. is a psychological testing company founded in 1995 by Dr Abel. The company has produced a series of psychological tests to prevent child sexual abuse that has been utilised by medical, psychological, and criminal justice professionals at over 800 locations in the United States (U.S.). The tests include the four Abel Assessment for Sexual Interest– 2 (AASI-2) tests and The Abel-Blasingame Assessment System for Individuals with Intellectual Disabilities (ABID). The Children’s Court of Victoria and the Family Court of Australia currently accept the AASI-2, the foundation of The Diana Screen.

## **Preventing sexual abuse of children in out of home care**

In reference to the request for submissions related to preventing sexual abuse of children, Vicpsychplus support the Government and Non-Government organisations involved in the provision of OOHC. The resource available to any youth servicing organisation in Australia is The Diana Screen, specifically designed for:

- Residential care
- Family group homes
- Home-based care
- Independent living
- Other placements

The number of children (N= 49523) that have been placed in OOHC in 2011-12, highlights the pressure on Government and Non-Government agencies to have effective measures in place to ensure the safety of these children. Vicpsychplus has made recommendations to the ‘Protecting Victoria’s Vulnerable Children Inquiry’ and recognise that across all major reviews that have been identified in Fact Sheet 4.1, there is a consistent message related to the provision and regulation of OOHC across all the states and territories.

Non-Government organisations are involved in the provision of OOHC to different degrees in the states and territories. Across these organisations there are variations in how each organisation manages pre-screening of prospective employment candidates and volunteer candidates. The Carmody Review (June 2013) has recommended that the Queensland Government Child Protection Department transfer all foster and kinship carer services to non-government entities, and this trend in outsourcing these services is apparent across the sector. The approval and accreditation process for these organisations varies between each state and territory. For example in the Northern Territory there is no statutory approval and the only form of approval is through entering into a Service Level Agreement with the Department.

In 2009, the National Framework for Protecting Australia’s Children was adopted, and has set the wheels in motion to establishing a clear and consolidated approach across the nation. The National Standard across all states and territories consistently demonstrates limitations in the assessment and selection of carers and staff. The Diana Screen is a strategy that can ensure Government and Non-Government departments are suitable and do not pose a risk to the safety of children to whom the department is providing care services. As suggested by the Carmody Review, working under the

Human Services Quality Framework, The Diana Screen would support the reforms and reduce the ‘red tape’ associated with developing and rolling out a reform.

One of the key standards is that “services have comprehensive human resources policies and procedures in place, and they require training and support for carers and staff”. This is combined with the expectation that the department and non-government agencies “have policy and procedures in place to protect children from abuse”. It is expected that government agencies would have the resources in place to establish this policy and procedure, however non-government agencies would have limited access to resources that would enable them to meet the same standard.

In South Australia according to the Department for Education and Child Development, the Child Safe Environments: Principles of Good Practice (2008) have suggested “organisations have very clear procedures to assist employees and volunteers in identifying abuse and neglect; and management, employees and volunteers are aware of their duty to report suspected abuse and neglect”. In order to deliver this service the expectation is that appropriately qualified and experienced staff are recruited for these roles. There is limited evidence that an effective pre-employment screening process is in place to assess employment or volunteer candidates beyond the WWCC in most States and Territories. While most States and Territories indicated WWCC for carers, which includes training, there is limited information on effective assessment of staff and carers. Further, there is limited evidence that risk assessment strategies with an evidence-based model are in place, at the pre-employment assessment phase.

The Carmody Review has “queried the efficacy of basing the suitability check on child protection history, considering the time involved, the invasion of personal privacy and the low bearing the results have on improving safety for children”. The Carmody Review has suggested ‘the Queensland Department progress and evaluate red tape reduction reforms, including streamlining employment screening and the carer certification process’. The following section of this report highlights how the evidence based strategy of The Diana Screen is a new strategy that can effectively mitigate risk management in this sector.

## **Evidence based practice**

The WHO in collaboration with St Vincent’s Hospital, Sydney, prepared a report on the prevalence and impact of child sexual abuse in Australia. According to Andrews, Gould and Corry (2002) the adjusted prevalence estimates for victims of child sexual abuse amongst males was 5.1% and in females 27.5%, said to correspond with rates in comparative countries. The abuse is reported to occur at the mean age of 10, with 40% of abusers being family members and 75% of abusers being known to the child, and the highest ranking demographic being 32 year old males (Andrews et al.).

Fleming (1997) set out to ascertain the prevalence of child sexual abuse in a community sample of Australian women ( $N= 710$ ), randomly selected from the Australian federal electoral role. Of this sample 20% had experienced abuse, with a mean age being 10 and 70% of reported cases before the age of 12, the majority (98%) of abusers being male and a mean age of 34 (Fleming). Even more disquieting is that only 10% of abuse cases are reported to authorities, with Fleming suggesting official figures may underestimate the extent of the problem in Australia.

Additionally, there is little research in Australia that focuses specifically on this problem in indigenous communities (Coorey, 2001). Although Australian’s are aware of the existence of child sexual abuse, its

prevalence in the community highlights the importance of not only further research in this area but immediate action to impede the number of incidents in controllable environments such as institutional settings, home based care and residential care.

While child sexual abuse occurring in institutional settings has been of significant concern in Australia, the current assessment of institutional staff trusted with the care of children is limited. Similar to other states in Australia, in 2006 the Victorian Government introduced a mandatory working with children check to help protect children under 18 from physical or sexual harm (Department of Justice, 2010). The check involves a police records check and a review of disciplinary findings from two professional bodies. Criminal background checks are not nearly as effective as The Diana Screen when it comes to protecting children and teens from the risk of sexual abuse by adults as it can only identify people with criminal convictions. In the period of April 2006 to December 2009 there were 555,096 working with children checks issued. Of these checks 364 negative notices were issued (Department of Justice, 2010). Whilst this is not a significant proportion of individuals, it is alarming that the proportions that have previous convictions are attempting to gain access children.

In a U.S. survey of 13,000 people about child sexual abuse within their families, only 6% indicated that the abuse was reported to the police (Child Molestation research & Prevention Institute (2009). Moreover, in a study of 3,500,000 criminal background checks reported by ChoicePoint (2008) only 0.2% of the entire screened pool was identified as having a criminal history related to sexual offences. Most organisations rely on criminal background checks as their strongest safety measure toward keeping children safe, however the reality is that criminal background checks provide very little protection from child sexual abuse. The Diana Screen does not compete with criminal background checks. It is intended to complement an organisation's current risk management plan. Until this point in time, criminal background checks have been the only line of defence, but the emergence of new screening technology calls for an integration of additional measures when establishing an abuse risk management plan.

## The new strategy

As stated above in the development of a psychometric assessment instrument that targets sexual abuse, Dr Gene Abel is at the forefront of these developments. By initially developing Abel Assessment for Sexual Interests-2 (AASI-2), this became the foundational roadmap for the development of the Diana Screen. The Diana Screen is an objective instrument used to identify adults that have a higher likelihood of having sexually abused a child in the past (Abel, 2010). The clinical manual states the statistical assumptions of this instrument are based on the AASI-2, which has been used by therapists (3,000) and criminal justice professionals over 90,000 times. Abel claims the Male Diana Screen probability score detects approximately 46% of male child sexual abusers and correctly classifies 91% of nonsexual abusers, resulting in a total percentage of correctly classified of about 89%. The Female Diana Screen probability score detects approximately 12% of child sexual abusers and correctly classifies 99% of nonsexual abusers, resulting in a total percentage correctly classified of about 98%. Within the clinical manual a trial of this instrument amongst religious ordination applicants ( $N=135$ ) flagged 10% of applicants, who were put through additional testing, of which 7% failed. This additional testing included a 90-minute clinical interview, a series of psychological tests. Whilst this instrument is said to be used nationally in the U.S. and Canada, there is a lack of empirical evidence supporting additional clinical trials. Whilst this instrument is still in its infancy, being one of a kind in the world, Australia

has the opportunity to trial this instrument and provide a benchmark in its child protection standards to the rest of the world.

The theoretical underpinning of The Diana Screen is based on the AASI instruments, of which some components are proprietary. For the purpose of the Commission we can disclose that a core theoretical component of The Diana Screen is the concept of 'Faulty Cognitions'. The notion of faulty cognitions or cognitive distortions related to sexual victimisation and offending is not new. Criminal thinking styles is well summarised by Sharp (2000) in his book *Changing Criminal Thinking*. It is proposed that criminal behaviour is the result of erroneous thinking. Criminals' thinking leads to their feelings, their feelings lead to their behaviour, and their behaviour reaffirms their thinking. The criminal is afflicted with cognitive distortions or to use a colloquialism 'stinking thinking', which includes rationalising, justifying, excuse making, blaming, accusing, and being a victim.

In the offender literature, the concept of cognitive distortion differs from Beck's definition (and has changed over time). Abel et al. (1989) defined cognitive distortions in sex offenders as an individual's internal processes, including the justifications, perceptions and judgments used by the sex offender to rationalize the child molestation behaviour: (which) appear to allow the offender to justify his ongoing sexual abuse of children without anxiety, guilt and loss of self-esteem that would usually result from individual committing behaviour contrary to the norms of society. (p.137). Abel et al. (1989) reported the development of a 'cognitive distortion' scale, which is in fact an attitude scale, consisting of items reflecting general beliefs about the acceptability of sex with children. Blumenthal et al. (1999) explicitly included both attitudes and excuses as examples of cognitive distortions.

A body of literature suggests the primary focus to date in both research and treatment involving sexual offenders has been on offence cognitions and assumptions have been placed on the accessibility of these cognitions (eg. Ward, 2000; Ward, Fon, Hudson & McCormack, 1998; Ward, Hudson, Johnson & Marshall, 1997). The literature suggests that there is a need to understand cognitive processes that occur throughout the entirety of the offence process. Further, this body of literature suggests that the role of pre-existing beliefs on social information processing is fundamental in interferences and judgments that individuals derive from that information processing as different pathways may be followed by offenders in difficult contexts that may not exhibit temporal stability.

Clinicians and researchers have noted that maladaptive beliefs and distorted thinking play an important role in facilitating or justifying sexual offences. In undertaking assessments of sexual offenders, it is suggested that chronically accessible cognitions are activated (Ward et. al., 1997). Ward et al (1997) suggests that development of integrated theories and an understanding of the cognitive processes underlying the initiation, maintenance, and justification of sexual offending using models such as social cognition frameworks specifically cognitive products, information processing, cognitive change, and the impact of affective and motivational factors on cognitive processes, has assisted in identification of cognitions associated with categorisable offence pathways. The identification of pro-offending and pre-offending cognitive distortions, attitudes, beliefs, and scripts are well established in the literature primarily for the purpose of application to treatment of convicted offenders and more recently as a crucial component of predictive assessment of future risk of re-offending (Ward et al, 1997). Identifying the presence of such cognitive features in non-offending populations may also be applied as a screen in a primary prevention framework.

## Risk Management in OOHC

The Diana Screen is fundamentally a 'risk management tool', which would prove invaluable from a business perspective to Government and Non-Government organisations involved in the provision of OOHC. Whilst misconduct losses are based on the action of a few people, these actions can affect the financial status of the entire organisation. The impact of one misconduct loss could also well surpass the amount that the insurer is willing to cover. According to Abel (2010) as of 2006, the Roman Catholic Church has paid out \$2.6 billion in misconduct claims. In addition to the financial losses, the image of the organisation is tarnished which may affect future programs and the culture of the organisation. Abel (2010) indicated that as a risk management tool the Diana Screen accomplishes the following:

1. It identifies the men and women who are the most likely to commit a misconduct loss. This means that the likelihood of a loss occurring is directly reduced commensurate with the number of high-risk people an organisation excludes during its screening process.
2. In many cases, one individual is responsible for abuse-based losses on multiple children. Each high-risk person who is removed, not only reduces the likelihood of one loss occurring, but reduces the likelihood of multiple losses occurring.
3. The use of The Diana Screen acts as a deterrent. When applicants are aware that an organisation is utilising this additional child protection tool, some will choose not to apply.

Abel (2010) stated "Organizations that use The Diana Screen demonstrate their commitment to trying to achieve the standard set by the Centres for Disease Control and Prevention (CDC) for all Youth Serving Organizations: Goal: To select the best possible people for staff and volunteer positions and to screen out individuals who have sexually abused youth or are at risk to abuse."

Vicpsychplus has completed an extensive legal review of The Diana Screen across every State and Territory in Australia, in preparation for the National roll out of this instrument. At the request of the Commission we will make this legal review available. Vicpsychplus is in a unique position to support the Australian Government in spearheading one of greatest innovations in preventing sexual abuse of children in out of home care.

The Diana Screen is an instrument that is used in a number of organisational settings in America and has the capacity to revolutionize the landscape of recruitment practices in the children's services sector in Australia. Current recruitment practices in Australia lack the capacity to screen potential candidates that may be of sexual harm to a child, unless they have been convicted or attended a disciplinary hearing for a sexual offence against a child. While research indicates only 10% of child sexual abuse cases are reported, there is a greater possibility that the WWCC would overlook these individuals. In an evaluation completed by Vicpsychplus at the 2010 Human Resource Summit in Melbourne, a sample (N= 25) of HR delegates provided feedback on The Diana Screen and their perspectives on the effectiveness in the Australian market. The feedback of these delegates suggested:

- More stringent testing of employment candidates, as the perspective of only using criminal background checks was ineffective.
- A consensus that psychometric testing was a more consistent approach to pre-screening candidates for employment or volunteer work
- The implementation of a risk management tool such as The Diana Screen would reduce misconduct losses

- The Diana Screen would benchmark Australian recruitment and selection practices internationally, for all youth servicing organisations.

From a commitment of the Federal Government to affectively drive the changing recruitment and selection practices in Australia, The Diana Screen can have its greatest impact in preventing the sexual abuse of children in all youth servicing government and non-government organisations. Seldom are interventions in the child protection paradigm that impact the entire population as a preventative strategy. Whilst the implementation of the Working With Children's check in Australia was the first of these interventions after a resounding call from the community and practitioners to instil some compulsory measures, there is yet again a calling of high-level assessment and strategy. As psychologists working in the treatment of sexual perpetrators, we have been part of 'band-aid' solutions without effectively treating the cause of the injury. Unlike other child protection advocates, we have invested in the implementation of proactive measures to reduce the likelihood of abuse in controlled environments such as OOHC.

We look forward to the opportunity to support the Commission in delivering strategies that will prevent instances of abuse occurring.

## References

- Abel, G. G. (2010). *The Diana Screen and sexual misconduct risk management*. Retrieved 22 April from <http://dianascreen.com/dianarisks.html>
- Abel, G. G., Gore, D. K., Holland, C. L., Camp, N., Becker, J. V., & Rathner, B. A. (1989). The measurement of the cognitive distortions of child molester. *Annals of Sex Research*, 2, 135-153.
- Andrews, G., Gould, B., & Corry, J. (2002). Child sexual abuse revisited. *The Medical Journal of Australia*, 176, 458-459.
- Beck, A. T. (1963). Thinking and depression. 1. Idiosyncratic content and cognitive distortions. *Archives of General Psychiatry*, 9, 324-333.
- Child Molestation Research & Prevention Institute. (2009) Retrieved 17 March 2011 from <http://www.childmolestationprevention.org/index.html>
- ChoicePoint. (2008). *The importance of background screening for non-profits: An updated brief*. Retrieved 17 March 2011 from <http://www.consumerdatareporting.org/pdfs/choicepoint%20nonprofits%200408.pdf>
- Coorey, L. (2001). *Child sexual abuse in rural and remote Australian Indigenous communities: A preliminary investigation*. Retrieved 15 April 2010, from [http://www.aph.gov.au/SENATE/committee/indigenousaffairs\\_ctte/hearings/lyla\\_coorey\\_report\\_march05.pdf](http://www.aph.gov.au/SENATE/committee/indigenousaffairs_ctte/hearings/lyla_coorey_report_march05.pdf).
- Department for Education and Child Development, *Child Safe Environments: Principles of Good Practice*, July 2012. Retrieved from Fact Sheet 4.1- Preventing sexual abuse of children in out of home care.
- Department of Justice (DOJ) (2010). *Working with children check*. Retrieved 15 April 2010, from <http://www.justice.vic.gov.au/workingwithchildren>
- Drake, C., Ward, T., Nathan, P., & Lee, J. (in press). *Challenging the cognitive distortions of child molesters: An implicit approach*.
- Fleming, J. M. (1997). Prevalence of child sexual abuse in a community sample of Australian women. *The Medical Journal of Australia*, 166, 65-68.
- Ward, T., Fon, Houdson, S., & McCormack, J. (1998). A descriptive model of dysfunctional cognitions in child molester. *Journal of Interpersonal Violence*, 13 (1), 129-155.
- Ward, T. & Keenan, T. (1999). Child molester's implicit theories. *Journal of Interpersonal Violence*, 14 (8), 821-838.
- Ward, T. (2000). Sexual offender's cognitive distortions as implicit theories. *Aggression and Violent Behaviour*, 5 (5), 491-507.
- Ward, T., & Hudson, S. (in press). Sexual offender's implicit planning: A conceptual model. *Sexual Abuse: A Journal of Research and Treatment*.