Royal Commission into Institutional Responses to Child Sexual Abuse
Issues Paper 9 'Addressing the risk of child sexual abuse in primary
and secondary schools'
August 2015

maximising opportunities for recovery
About the Royal Australian and New Zealand College of Psychiatrists
The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises government on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand, and as a binational college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 5000 members, including around 3700 fully qualified psychiatrists and almost 1200 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey to recovery, including pharmacotherapy and psychotherapy.

Executive summary
The RANZCP commends the ongoing commitment of the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) to identifying how governments and institutions can prevent and alleviate the impact of past and future instances of child sexual abuse. The current discussion paper on addressing the risk of child sexual abuse in schools is of particular significance, given the centrality of school in the development of the child. All children have the right to a supportive, empowering and appropriate education. For most Australian children this is a reality, and an important basis for achieving lifelong positive outcomes in areas as diverse as physical health, mental health, employment and relationships. However, for young people who are subjected to traumatising experiences at school, an environment which is ostensibly designed for their benefit, the effects can be devastating.

In view of the importance of ensuring that young people have access to a safe and positive environment at school, the RANZCP welcomes the opportunity to provide feedback into this consultation. Preventing and responding to child sexual abuse requires a coordinated and multi-sectoral approach, and the capacity for the mental health and education sectors to communicate is particularly important, given the critical role both professions have in identifying child sexual abuse and working with the survivors.

Key recommendations
- Schools should incorporate psychoeducation in protective behaviours and awareness of sexual abuse and how children can respond to feeling threatened.
- Adaptation of the Evolve Interagency Services model for schools, allowing important information to be shared across professions, aiding in the early identification of child sexual abuse, and enabling all relevant parties to have an awareness of important information about the child and their needs.
• For children who have experienced sexual abuse, a timely and collaborative response to their safety and mental health needs is paramount. Mechanisms for communication between schools and child and youth mental health services are essential in achieving this.
Prevention

As Issues Paper 9 'Addressing the risk of child sexual abuse in primary and secondary schools' identifies, schools are one of the most common environments that individuals who have spoken to the Royal Commission have reported experiencing sexual abuse in. Schools can be empowering and protective spaces where children develop resilience and independence. In other cases, however, schools can be places of vulnerability for young people who may experience sexual abuse at school, or who experience this elsewhere, but feel unable to disclose their concerns in the school environment.

In order to create a school space that is safe and that offers the opportunity for disclosure to children who need it, school staff must be trained in promoting attuned, safe, stable and consistent relationships with students. Young people, particularly those who are not able to access such relationships at home, require these sorts of healthy attachments with adults to feel safe and to be able to ask for help when they need it. This safety net of supportive adult relationships should include more than one person.

Schools have an important role in educating children about their right to feel safe, and what to do when they feel threatened. Children should be offered psychoeducation in protective behaviours to assist in developing these skills. Child sexual abuse needs to be discussed more openly, in a developmentally-appropriate manner.

Recommendations:

- Teachers and other school staff have an important role in providing young people with attuned, safe, stable and healthy adult relationships. This provides the child with developmentally appropriate role-modelling and the opportunity to make disclosures in a safe and familiar environment if necessary.

- Schools should incorporate psychoeducation in protective behaviours and awareness of sexual abuse and how children can respond to feeling threatened.

Early intervention

School staff must be trained in how to identify behaviours that indicate possible exposure to sexual abuse and how to respond appropriately. Staff must also be familiar with how young people may go about making a disclosure, and the importance of how they respond to this information. It is not unusual for young people to experience ambivalent or confusing feelings towards the offender, to disclose tentatively and possibly to wish to retract the information. School staff must be familiar with the importance of showing the young person that they are believed, reassuring them, providing them agency to disclose as much or as little and to use their own words, and to avoid making the young person feel judged in any way (ACSSA, 2008).

Children may not disclose to school staff directly, however they may show that something is wrong via changes in their behaviour, or disclosure to another person in their life. It is essential that the various services engaged with the child are able to communicate and collaborate in responding to vulnerable children. An example of an effective mechanism for achieving this is the Evolve Interagency Service (EIS) in Queensland, an outcome of one of the recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions (the Forde Inquiry). EIS is directed at children in care, however the model could be adapted to apply to school age children more generally.
EIS provides therapeutic and behaviour support services for children in a way that is response to their heightened risk of emotional and behavioural problems (DCCSDS, 2015). A major goal of the EIS was improved collaboration between services. This was facilitated by legislative change that allowed for information sharing by 'prescribed entities', which includes all professionals involved in the care of the child. Sharing of information has been a crucial factor in the success of the EIS and has allowed for early identification of at-risk children by making it easier to connect relevant information, such as school absences and the onset of mental health issues.

**Recommendation**

- School staff must be familiar with the principles of responding to and supporting a child who discloses child sexual abuse, including creating a non-judgemental and supportive environment.
- Adaptation of the EIS model for schools, allowing important information to be shared across professions, aiding in the early identification of child sexual abuse, and enabling all relevant parties to have an awareness of important information about the child and their needs.

**Treatment**

For children who have disclosed sexual abuse, it is essential that their safety and mental health needs are addressed as quickly as possible. Research shows that early therapeutic intervention in behavioural problems linked to trauma can be highly effective in limiting the severity and or progression of detrimental mental health outcomes (RANZCP, 2010). As above, a cross-sectoral and collaborative approach is key to achieving this. Child and youth mental health services (CYMHS) must be resourced to allow them to work as flexibly as necessary with schools and young people to deliver optimal treatment, to share valuable information to assist all stakeholders in understanding the child's difficulties, and in making the necessary adjustments at home, school or elsewhere, to meet their needs.

Communication between schools and CYMHSs is also important in providing opportunities for professionals in both sectors to share their expertise. For children and adolescent psychiatrists, this may include providing education, training, support and consultation to school professionals, to assist them to meet the mental health needs of their students, where sexual abuse has occurred.

Issues can arise due to the fact that CYMHSs are not resourced to provide long term care so, as problems reduce and resolve, transition planning and referrals must be negotiated quickly. This can sometimes lead to supports being removed too soon, and the child's mental health and wellbeing regressing. Resourcing to ensure more medium term support and longer term follow up is possible in more severe cases. Investment in this would improve efficiency by reducing the likelihood of relapse and worsening of mental health issues, with potentially lifelong effects.

Overall, schools have a central role in enhancing the accessibility of specialist services for children who are survivors of child sexual abuse. The young person may be required to attend several different appointments, and they and their family can experience significant financial and emotional strain in trying to keep these. Barriers to access can come through practical issues such as location, lack of transport options and being unable to afford childcare for other siblings. Psychological barriers such as shame, fear and stigmatisation also play an important role.
One way of overcoming barriers such as those described above is to make services available in environments that children and their families are already familiar with and comfortable in, such as schools. Consideration should be given to flexible models of service delivery, such as establishing outreach clinics and co-located services at or near school, which may include access to psychiatrists, occupational therapists, paediatricians, general practitioners and any other relevant clinicians.

Recommendations:

- For children who have experienced sexual abuse, a timely and collaborative response to their safety and mental health needs is paramount. Mechanisms for communication between schools and CYMHSs are essential in achieving this.

- CYMHSs require adequate resourcing to allow for more flexibility in their delivery of specialist mental health services to children who have experienced sexual abuse, including the capacity to engage with them on a longer term basis if necessary, and to deliver services in settings more accessible to the child, including outreach clinics at school.

References

