
**Royal Commission into
Institutional Responses to Child Sexual Abuse**

**Response to Issues Paper 9
*Addressing the risk of child sexual abuse in primary and
secondary schools***

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Response to Royal Commission Issues Paper 9: Addressing the risk of child sexual abuse in primary and secondary schools

Introduction

The Sexual Assault Support Service (SASS) is a community based service committed to providing high quality support and information services to survivors of sexual assault in Southern Tasmania, their carers and support people, professionals, and the general public. SASS delivers a 24 hour sexual assault crisis response program; a 24 hour phone support and counselling service to people affected by sexual abuse; and face to face information, support, counselling, and referral services for anyone affected by sexual abuse.

SASS is also contracted by the Federal Government to provide support to victims of institutional child sexual abuse affected by the Royal Commission into Institutional Responses to Child Sexual Abuse. Work is being carried out as a state-wide Partnership between SASS, Laurel House (North/Northwest) and Relationships Australia, Tasmania.

SASS welcomes the opportunity to respond to the Royal Commission into Institutional Responses to Child Sexual Abuse, *Issues Paper 9: Addressing the risk of child sexual abuse in primary and secondary schools*.

Note that where the terms 'child' or 'children' are used within this submission, these are taken to refer to children and young people up to and including 17 years of age.

Topic C: Protection and support services for children and specific student populations

Question 2: What support services should schools provide for victims and others affected by child sexual abuse, either directly or through referral to external providers? Are schools able to ensure these services are provided and, if not, why not?

Critically, all school staff and volunteers must abide by mandatory reporting requirements where they suspect that a child is being or is likely to be abused, neglected or is in real danger from the person whom they are living with. The following comments are made in addition to this.

Schools should have knowledge of their local sexual assault support provider, including how to make a referral and/or seek advice. They should provide this information – including contact details for available emergency sexual assault support – to children and their families (including enabling children to seek this information confidentially).

SASS strongly recommends that school staff seek advice from a sexual assault support service before directly intervening with victims and others affected by child sexual abuse (excluding situations where a child is at immediate risk).

In SASS's experience, targeted information sessions delivered by staff from a local sexual assault support service, to school staff, parent groups and/or school classes can be a highly effective way of supporting a school community through any sexual assault issues that may arise, and that may be impacting on the school community as a whole.

As key intervention points and supports for children and families impacted by sexual assault, schools should ensure that support is provided. Schools should work in collaboration with child protection services, sexual assault support service providers and any other relevant stakeholders to do this.

Question 4: Do factors such as geographical isolation, distance from policy makers, and staff and student retention affect regional and remote schools' abilities to prevent and respond to child sexual abuse? If so, how might they be addressed?

In SASS's experience, it is more challenging to engage with and provide support to regional and remote schools due to the additional costs in travel and staff time. For example, providing counselling to one student in a rural/remote area requires either two school support staff to drive the student to Hobart to see a SASS counsellor, which could take a day (and which school resources generally do not allow), or for a SASS counsellor to travel to the school – which would also take a day. In this time a SASS counsellor could have seen three other clients. Like other sexual assault support services, SASS is funded a certain amount to deliver services to a specified population (for SASS this is Southern Tasmania – amounting to approximately 250,000 people.) Tasmania has the most regional and dispersed population of any state in Australia, with 58 per cent of the population living outside the greater capital city area.¹ Whilst SASS aims to provide the highest quality service to the greatest number of clients (based on a prioritisation system according to client age and need), to best utilise available funding SASS has to concentrate funding allocations to clients who can access our Hobart-based centre, rather than spending resources on travel and staff time to engage with outer areas. Unfortunately this does mean that only limited support can be provided to staff and students in rural/remote areas (although children affected by sexual assault can still access crisis support through SASS both over the phone and in-person).

A further compounding issue is that staff, including teachers, school psychologists and school social workers, in rural/remote schools tend to be younger and less experienced (as these are generally less desirable placements), and therefore less equipped to deal with complex issues such as child sexual assault and intergenerational family trauma.

Question 5: What sorts of measures are needed to help protect younger children from the risk of sexual abuse by older children?

SASS considers the following to be effective measures to help protect younger children from the risk of sexual abuse by other children (of any age):

- Appropriate adult supervision for children who display PSB/SAB – in most cases this may mean that the child displaying the behaviour cannot be left on their own unsupervised with other children.
- Early identification of and ongoing support to children who have been identified as displaying PSB/SAB.
- Development of an appropriate safety plan that addresses the protection and containment of the child, the protection of other children, resources for teachers and school staff, as well as communication to parents or caregivers.
- Parent/carer education around supporting children displaying PSB/SAB, to ensure that a consistent safety and protection approach is applied.
- Teacher training in identifying and responding to children displaying PSB/SAB.
- Collaborative case management between schools, child protection, sexual assault services and other relevant service providers.
- Appropriate information-sharing to ensure that when a child displaying PSB/SAB transfers schools, their new school is aware of and supported to manage the risk.

Specific behavioural programs are also valuable in working with children of different age groups. Specifically SASS recommends:

- Protective behaviours training for younger children (eg primary school); and

- Ethical sexual relationships education for older children (eg high school onwards). These programs are further discussed under Topic E, Question 3.

Topic E: Education, training, professional support and primary prevention

Question 2: What role does teacher education, training and professional support (including university study, pre and in-service training, and mentoring/support), play in equipping individual teachers with skills and confidence to identify behaviours indicative of, and to appropriately respond to risks or incidents of, child sexual abuse, and to children displaying problem sexual behaviour?

Teacher education, training and professional support is crucial. Teachers should be trained to ensure they are competent, knowledgeable and confident in:

- The prevalence of child sexual assault and PSB/SAB;
- Identifying signs of child sexual assault and PSB/SAB;
- Responding to disclosures and/or suspected child sexual assault; and
- Implementing risk and safety planning in relation to children displaying PSB/SAB.

It is important to note that schools play a vital role in identifying and responding to children displaying PSB/SAB. Recent SASS data indicates that:

- School peers were listed as the **largest group** (amounting to **28%** of all cases) of children who were affected by the child's problem sexual or sexually abusive behaviour (either in a coercive or non-coercive manner).
- In **17%** of all cases of children displaying PSB/SAB, school staff were the main initial referral source to SASS (constituting the third most significant referral source behind parents/carers, and child protection services).
- In **a third** of all cases of children displaying PSB/SAB, school staff (including teachers, school social workers and school psychologists) were identified as an important social support structure involved with supporting the child and family to address the issue.

The first statistic is particularly crucial to note as it indicates that children displaying PSB/SAB are more likely to act out their behaviour on their school peers than on any other group of children. Responses by a school to a child's behaviour can either help or harm the parents' capacity to respond appropriately to their child,² so it is vital that school staff respond in an appropriate manner. Staff also require ongoing support and supervision in managing the child's behaviour. The Department of Health and Human Services (Victoria) notes that,

Sexualised behaviours are difficult to manage and teachers may be triggered into a stressed response. This may be more pronounced if they have experienced a similar type of trauma, which has remained unresolved. Teachers require sensitive support and it is essential that there is regular supervision and collaboration. The behaviours can provoke stronger reactions in staff who may need to process their fear, anger, disgust and frustration. They also may need help to recognise the positive progress which is being made with the child. A key staff member at the school should be identified to make every effort that the child is not stigmatised and that a strong shared approach is taken.³

Question 3: What should school systems do to ensure their schools consistently deliver effective sexual abuse prevention education? Do such programs address barriers to children disclosing abuse, including the specific needs of children with disability, with English as a second language or with other particular vulnerabilities?

Evidence indicates that training children in assertive behaviours and equipping them with protective behaviour strategies (for example firmly telling an offender that contact is unwanted) can assist to deter or prevent sexual abuse.⁴ Findings on the effectiveness of child-education programs also show promising results. In general children comprehend the key concepts being taught, with younger children particularly likely to demonstrate learning.⁵ Programs can also lead to an increase in protective behaviours, with one international study finding that,

...children of all ages who had participated in an education program were six to seven times more likely to demonstrate protective behavior in simulated situations than children who had not.⁶

Whilst further research is needed to understand the impact these programs have on preventing abuse, evidence does indicate that “when victimized later, youth with program exposure more often expressed beliefs that they had been able to protect themselves, kept the situation from being worse, and kept themselves from being injured.”⁷

Teaching children such skills and knowledge can also reduce the stigma and shame surrounding sexual abuse, and can therefore encourage disclosure.

Whilst the National Australian Curriculum does cover protective behaviours and ethical relationships, these subject areas are still very broadly defined and do not refer specifically to sexual assault. SASS also understands that finding time to deliver comprehensive sexual education programs within busy school schedules can be challenging. Furthermore, school staff may not have the specific expertise required to deliver sexual abuse prevention training to children. It is therefore vital that it be made mandatory that all Australian schools teach sexual abuse prevention education and that Government funding be allocated to each school to support the provision of external, evidence-based training in this area. Such training should be delivered in a complementary fashion to existing health and wellbeing education.

SASS has received feedback from school staff that it is extremely helpful for school staff to witness and participate in sexual education/sexual abuse prevention programs delivered within their school by specialist services such as SASS. Feedback from school staff has highlighted that witnessing how SASS Community Engagement facilitators implement these sessions, and the content they cover, has been very useful in then implementing their own broader health, personal, social and physical development sessions.

Topic F: Reporting, information sharing, complaints and investigations

Question 1: What barriers or fears might discourage or prevent individuals working in or with schools from reporting suspected child sexual abuse (whether the abuse is perpetrated by colleagues, volunteers, other students, other members of the school community or family members)? How could those barriers be addressed?

All schools should be required to develop a comprehensive policy and/or code of ethics that sets out how staff and volunteers should respond to suspected child sexual abuse, and that clearly states that staff and volunteers will not be discriminated against if they disclose suspected child sexual abuse. This policy/code of ethics should also contain a clear reporting structure to ensure that if the allegations relate to senior management, there is an alternate reporting line.

With regard to reporting PSB/SAB, evidence indicates that there is a tendency for caregivers, teachers and other support staff to under-report suspected abnormal sexualised behaviour.⁸ This is thought to be for a variety of reasons, including denial of or downplaying the behaviour/issue,⁹ and a lack of clarity by support professionals regarding what is developmentally appropriate and inappropriate behaviour.¹⁰ Addressing this requires school staff to receive comprehensive training in identifying and responding to (including what supports are available) suspected PSB/SAB.

Question 2: How effective are mandatory reporting and reportable conduct schemes in assisting to identify and report child sexual abuse in schools? If necessary, how might these schemes be refined to better suit school environments?

Mandatory reporting schemes should also require school staff to report incidents of children displaying PSB/SAB, as these can be a sign that a child is themselves at risk of abuse and/or neglect, and also presents a risk to other children within the school environment. A good example of state legislation that reflects this is the Victorian *Children, Youth and Families Act 2005*, section 248, which states that child protection intervention may be warranted where a report of sexually abusive behaviour concerning a child aged 10-14 (inclusive) is received.

Question 3: What obligations should schools have to alert teachers, parents/carers, other schools (for example, where a student changes schools or progresses to secondary school) and other professionals when a child has exhibited problem sexual behaviour, or has engaged in sexually abusive behaviour?

It is imperative that where information relates to a potential safety risk to the child concerned, or to other children within the school environment, this information be shared with the school staff at the student's new school. It is not however appropriate to notify other parents/carers as this would constitute a breach of the child's privacy and could result in their being stigmatised within the school community. Parents/carers should only be notified where their child has specifically been impacted by the other child's behaviour, and then this should be dealt with sensitively with appropriate support provided to both families.

Question 5: Are there barriers which might prevent or limit appropriate and timely sharing of information about child sexual abuse (whether perpetrated by adults or other children) in school contexts? If so, do such barriers differ depending on which individuals, bodies or jurisdictions are involved (for example: sharing within and between schools, between schools and parents/carers, between schools and government agencies, regulators and oversight bodies, or across jurisdictions)? How could such barriers be addressed?

Currently the *Children, Young Persons and their Families Act 1997* (Tas) provides that where the child is a client who child protection services have received information about; or for whom there is assessment or care and protection orders in force, an organisation who is a mandatory report (such as SASS) may discuss details of that client's case with other organisations who are also mandatory reporters (including teachers) where that information relates to concerns about the safety, welfare or wellbeing of that child. This legislation could create issues where information needs to be shared across jurisdictions.

¹ Australian Bureau of Statistics (ABS) Regional Population growth Australia, Tasmania, 2011-2012

² Department of Human Services (2012). Children with problem sexual behaviours and their families: Best interests case practice model. Specialist practice resource. Victorian Government, 30.

³ Ibid.

⁴ Smallbone and Wortley (2000) cited by Irenyi, M., Bromfield, L., Beyer, L., & Higgins, D. (2006). 'Child maltreatment in organisations: Risk factors and strategies for prevention'. *Child Abuse Prevention Issues*. No. 25. Melbourne: Australian Institute of Family Studies. Retrieved from www.aifs.gov.au/nch/pubs/issues/issues25/issues25.html

⁵ Finkelhor, D. (2009). 'The Prevention of Childhood Sexual Abuse. *Preventing Child Maltreatment*. Vol. 19, No. 2. 180.

⁶ Ibid.

⁷ Ibid.

⁸ Australian Childhood Foundation (ACF) (2005). *Children who engage in problem sexual behaviours: context, characteristics and treatment: A review of the literature*. Staiger, P (ed). Melbourne, pp 6-7.

⁹ Ibid, 7.

¹⁰ Ibid, 6.