

National Office for Child Safety
National Strategy to Prevent and Respond to Child Sexual Abuse
October 2023

A well supported workforce

Royal Australian and New Zealand College of Psychiatrists submission

National Strategy to Prevent and Respond to Child Sexual Abuse

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 8000 members, including over 5800 qualified psychiatrists. The RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

Introduction

The RANZCP welcomes the opportunity to comment on the National Office for Child Safety's *Understanding sexual behaviours displayed by children and young people: National principles and key terminology* (National Principles).

The recommendations contained within this submission are based on consultation with RANZCP Committees, including the Faculty of Child and Adolescent Psychiatry, Faculty of Forensic Psychiatry, Section of Youth Mental Health, Section of Perinatal and Infant Psychiatry, Family Violence Psychiatry Network, Asylum Seeker and Refugee Mental Health Network. RANZCP Committees are made up of psychiatrists and community members, some with direct experience working in child sexual safety.

We support the approach taken to set out the principles to guide a national approach for supporting children and young people in their sexual development. As the National Principles and Key Terminology document will be used in the development of a national strategy relating to children who display concerning or harmful sexual behaviours, the RANZCP has also commented on the next steps.

The RANZCP has published documents relevant to this area: [Position Statement 59: The mental health needs of children in care or at risk of entering care](#), [Position Statement 51: Child Sexual Abuse](#) and [Professional Practice Guideline 15: The role of the child and adolescent psychiatrist](#). The RANZCP has advocated for the protection of children and engaged with the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) on multiple consultations. The RANZCP recognises children are a highly vulnerable group who may require access to multidisciplinary supports and services.

The RANZCP strongly supports the recommendations from the [Royal Commission report into children with harmful sexual behaviours](#) that governments should make assessment available for children with harmful sexual behaviours, fund a network of therapeutic services for these children, and ensure there are clear referral pathways so children are able to access the services they require.

The National Principles and Key Terminology document is the first step in developing a comprehensive policy approach to the prevention, identification and response to harmful sexual behaviours.

Key points

- The RANZCP supports the content that makes up the National Principles and Key Terminology document.
- The RANZCP supports the development of national workforce, population and sector specific guidelines/standards.
- The RANZCP recommends the clinical and therapeutic framework is developed with input and guidance from child and adolescent psychiatrists.
- The RANZCP supports upskilling the national workforce to handle sexual behaviours as a priority.

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The principles and key terminology

The National Principles set out the principles and key terminology to guide a comprehensive national policy approach for supporting children and young people. They will be used to guide a national strategy going forward.

The RANZCP supports the principles outlined and definitions suggested in the document. Prioritising both the physical and psychological safety and security of children should be a priority for all services involved. All feasible measures must be taken to prevent abuse from occurring.

The National Principles align with the values and sentiment communicated through the above RANZCP publications. As such, the principles are practical and translate to psychiatry and the psychiatry workforce. The RANZCP supports the development of national workforce, sector and population specific guidelines/standards for preventing, intervening early and responding to concerning and harmful sexual behaviours in children and young people.

A skilled and well supported workforce

Psychiatrists have a critical role in the identification, reporting, assessment and treatment of children with sexual mental health concerns, many of whom are initially referred by general practitioners and others following deliberate self-harm, behavioural disturbances, alcohol and drug abuse, depression and post-traumatic stress disorder (PTSD).

Child and Adolescent Psychiatrists (CAPs) are a psychiatric subspeciality focusing on mental health of children and adolescents, and their families.[1] This specialist workforce undergoes postgraduate medical training, competency training and relevant experience to be granted CAP fellowship.[2] Their professional experience and education makes them a skilled part of the child and adolescent supporting workforce.

The RANZCP recognises the need for increasing the workforce's level of knowledge and skill in assessing and understanding what is developmentally acceptable and what is of concern.[4] This includes improved education, training and professional experience.

Core components of education and training should include a basic understanding of normal development of young people and attachment theory and practice, and an understanding of the complex nature of psychopathology experiences by children and the compounding effect of neurological, psychological, emotional, behavioural and relational mental health issues.[6] Training in these areas should be mandatory and tested for retention of knowledge. While the topics that such training would cover would be sensitive and would require experienced facilitators, it is crucial to ensure the best outcomes for children.

A more consistent approach to professional experience for the child and adolescent supporting workforce is needed. Across Australia's jurisdictions, there is variation in care systems and effective prevention and intervention programs. This limits a consistent approach to, and implementation of, professional experience for the child and adolescent supporting workforce.[3, 4] Frameworks such as the [National Framework for Protecting Australia's Children 2009 – 2020](#) and the [Outline of National Standards for Out-of-Home Care](#) recognise these gaps.

The RANZCP recommends the Clinical and Therapeutic Framework suggested for phase 2 (Measure 14) is developed with the clinical expertise of CAPs. CAPs are essential as part of multidisciplinary teams to understand and integrate factors related to children and young people's medical factors, development, home, educational and social environment to effectively formulate and manage these problems and promote recovery. The specialist knowledge and experiences of CAPs can be used when developing primary, secondary, and tertiary interventions for children and young people demonstrating concerning or harmful sexual behaviours.

Concerning or Harmful Sexual Behaviour

Sexualised behaviour often causes great anxiety and can either become the entire focus of an intervention for a child (ignoring the child's other needs and difficulties), or it is ignored while developmental, attachment and other needs are addressed.[6] With appropriate treatment and targeted intervention, children have a good prospect of returning to a healthy developmental track. As outlined in the [report from the Royal Commission](#), children displaying concerning or harmful sexual behaviour is a complex and sensitive issue where children may have experienced sexual abuse, physical or emotional abuse or neglect or have witnessed parental violence. Specialist assessment from CAPs can identify and plan interventions that are tailored to the child's particular needs, background, and situation so that the harmful sexual behaviours are more likely to cease and less likely to escalate.

A multidisciplinary approach engaging families and carers to discuss and respond to problem sexual behaviours would benefit from the presence or consultation with CAPs. Responding to sexual behaviours is currently an area of specialist knowledge. More funding to existing pathways in which physicians and psychiatrists can develop into CAPs will help to support the multidisciplinary teams required.[6]

Summary

The National Principles and Key Terminology document is the first step in developing a nationally comprehensive strategy relating to children and young people who have displayed concerning or harmful sexual behaviours. The RANZCP highlights the role of psychiatrists in the identification, treatment and support of children displaying harmful sexual behaviours. Developing a national strategy must include the expert opinions and knowledge of psychiatrists.

The RANZCP welcomes further opportunities to provide expert advice and feedback on the development of a national strategy. To discuss any of the comments raised in this submission, please contact Nicola Wright, Executive Manager, Policy, Practice, and Research Department via Nicola.wright@ranzcp.org or on (03) 0236 9103.

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References

1. Faculty of Child and Adolescent Psychiatry [Internet]. Royal Australian and New Zealand College of Psychiatry. RANZCP; [cited 2023 Oct 20]. Available from: <https://www.ranzcp.org/college-committees/committees,-faculties,-sections-networks/faculties/child-and-adolescent-psychiatry/about#:~:text=Child%20and%20adolescent%20psychiatry%20is,and%20adolescents%20with%20established%20disorders.>
2. Rao P, Caunt JN, Wong JW, Moore JK, Zepf FD. Child and adolescent psychiatry training in Australia and New Zealand. *European Child & Adolescent Psychiatry*. 2020 Jan;29:95-103.
3. Russell Research Aotearoa. Care continuum – overseas jurisdictions: evidence brief. Wellington, New Zealand: Oranga Tamariki Evidence Centre; 2018. Available from: <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Care-continuum-overseas-jurisdictions-evidence-brief/Care-Continuum-Overseas-Jurisdictions-Evidence-Brief.pdf>.
4. Royal Australasian College of Physicians. Health of Children in "Out-of-home" Care. Sydney: Royal Australasian College of Physicians 2006. Available from: <https://www.racp.edu.au/docs/default-source/advocacy-library/health-of-children-in-out-of-home-care.pdf>.
5. Sawyer MG, Erskine HE, Sawyer AC, Morrissey M, Lynch JW, Childhood mental disorders: A forgotten problem? *Australian and New Zealand Journal of Psychiatry* 2015; 49:774-775.
6. Jason. Setchell. Children with harmful sexual behaviours [Internet]. Royal Commission into Institutional Responses to Child Sexual Abuse. 2017. Available from: <https://www.childabuseroyalcommission.gov.au/children-harmful-sexual-behaviours>