Commissioner for Children and Young People
Western Australia

Western Australian service mapping

Services for children and young people who have experienced sexual abuse or display harmful sexual behaviours

Published May 2018

Recognising Aboriginal and Torres Strait Islander People

The Commissioner for Children and Young People WA acknowledges the unique contribution of Aboriginal people's culture and heritage to Western Australian society. For the purposes of this report, the term 'Aboriginal' encompasses Western Australia's diverse language groups and also recognises those of Torres Strait Islander descent. The use of the term 'Aboriginal' in this way is not intended to imply equivalence between Aboriginal and Torres Strait Islander cultures, though similarities do exist.

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Alternative formats

On request, large print or alternative format copies of this report can be obtained from the Commissioner for Children and Young People at:

Commissioner for Children and Young People WA
Ground Floor, 1 Alvan Street
Subiaco WA 6008

Telephone: 08 6213 2297
Facsimile: 08 6213 2220
Email: info@ccyp.wa.gov.au
Web: ccyp.wa.gov.au

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Background

In 2017 the Commissioner for Children and Young People WA commenced a project aimed at improving the understanding of children and young people who display harmful sexual behaviours (HSB) and enhancing the responses to children and young people who may be harming themselves or others. The project initially encompassed three main activities:

1. A mapping of currently available services for children and young people who have been harmed and/or who display HSB in WA.
2. An issues paper prepared by the Australian Centre for Child Protection (ACCP) on the Continuum of Responses for Harmful Sexual Behaviours.
3. Review of the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA) research reports, case studies, final report and recommendations relevant to HSB.

The following definition of HSB has been used within the project:

> *"sexual behaviours expressed by children and young people under the age of 18 years that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult"*[1]

This document describes the findings of Activity 1: A mapping of currently available services for children and young people who have been harmed and/or who display HSB in WA.

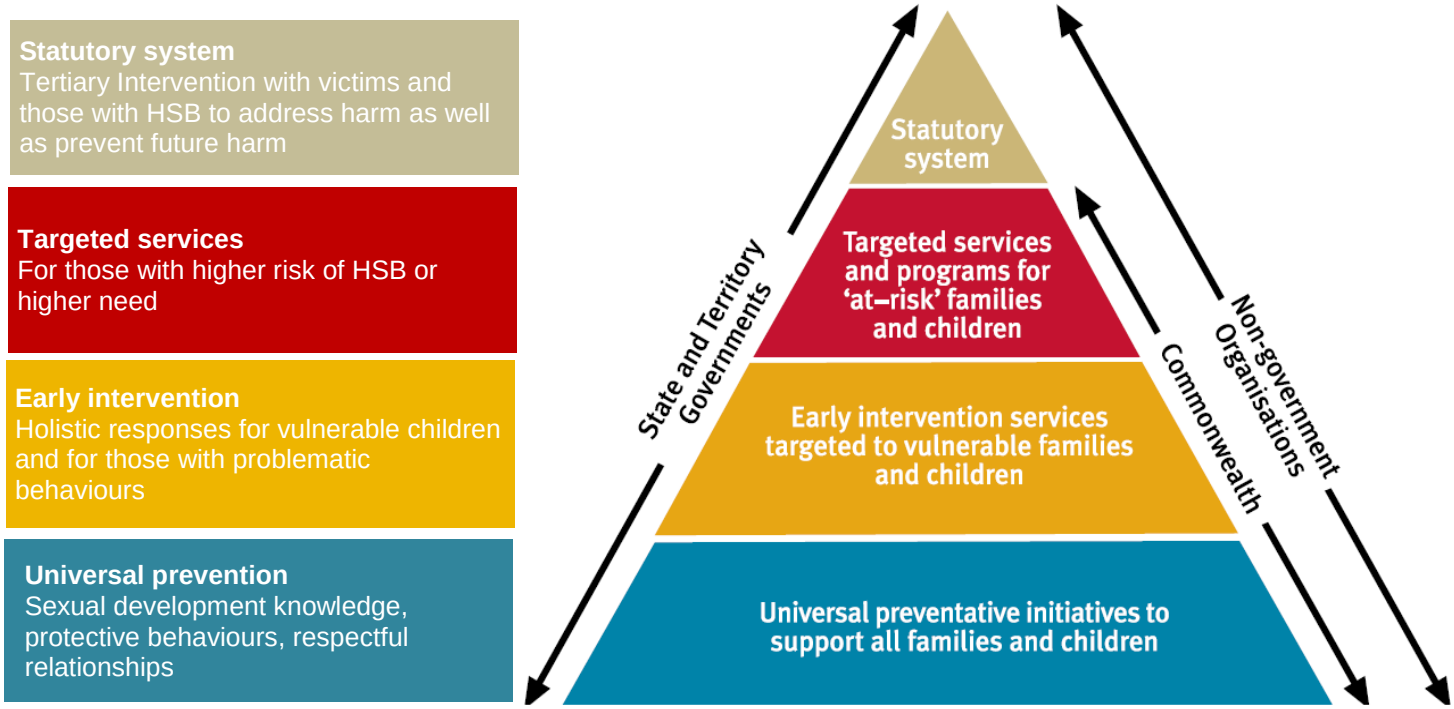
The Commissioner's *Children and young people with harmful sexual behaviours* [2] discussion paper released in May 2018 draws on the findings of all three activities as well as other research in the area.

Methodology

To ascertain the services available for children and young people who have been harmed and/or who display HSB in WA, a service mapping survey consisting of seven questions was designed by the Commissioner's team with input from the Australian Centre for Child Protection. The survey was specifically kept short as an efficient approach to identifying services.

Survey scope

The service mapping aimed to gather information about what is available for families across the pyramid of universal prevention, early intervention, target services and tertiary intervention on page 5 as outlined in the National Framework for Protecting Australia's Children 2009–2020.[3]



A system for protecting children, Commonwealth of Australia (2009)

It sought information on services provided directly to the target groups (children and young people who have experienced sexual abuse and children and young people with HSB).

The mapping did not seek information about all other strategies that may contribute to the prevention of harm as detailed in the table on page 6.[4] For example the survey sought information about interventions within ecological systems and for victims but did not seek information about situational prevention.

The mapping also did not include any assessment of service quality or capacity such as funding amount, capacity levels, client profiles, waitlist times, treatment interventions, or staff qualifications, supervision and training.

	Primary prevention	Secondary prevention	Tertiary prevention
Offenders	General deterrence Developmental prevention	Interventions with at-risk adolescent and adult males	Early detection Specific deterrence Offender treatment & risk management
Victims	'Resistance' training Resistance building	Resilience building & other interventions with at-risk children	Ameliorating harm Preventing repeat victimisation
Situation	Opportunity reduction Controlling precipitators Extended guardianship	Situational prevention in at-risk places	Safety plans Organisational interventions
Ecological systems	Parenting education Community capacity-building	Responsible bystander training Enabling guardians Interventions with at-risk communities	Interventions with 'problem' families, peers, schools, service agencies & communities

Points of focus for preventing CSA, The Lucy Faithfull Foundation

Survey questions

Respondents were provided with the project definition of HSB and the aim of the survey which was to identify what programs and services for children and young people who have experienced child sexual abuse and for children and young people with HSB.

The seven questions were:

1. What is the name of the program, service or business you provide?
2. Name of person completing survey and position, agency, contact details.
3. What is the funding source for your service? (drop down menu)
4. In which regions and towns do you provide the program or service?
5. Within the program or service what is provided? (multiple choices possible)
    - education about sex, sexuality, inappropriate sexual contact, sexual consent, the law, safety and reporting in populations with no identified risks

- education about sex, sexuality, inappropriate sexual contact, sexual consent, the law, safety and reporting, psycho-education, situational crime prevention strategies in populations with known risks for child abuse or HSB
- intervention to assist in populations/communities with identified risks for HSB amongst children and young people
- interventions for individual children or adolescents with harmful sexual behaviours
- interventions for family members of children or adolescents with harmful sexual behaviours
- interventions for child victims of children or adolescents with harmful sexual behaviours
- interventions for child victims of sexual abuse by an adult
- interventions for family members of child victims of sexual abuse by an adult
- we do not provide any services or interventions for children and young people who have experienced sexual abuse or children and young people with harmful sexual behaviours
- other services or interventions for children or young people who have experienced sexual abuse or children or young people with harmful sexual behaviours (please specify)

6. Describe any eligibility criteria for the program as well as any exclusion criteria.
7. Are there any issues, challenges, gaps or barriers within your program or across the service system you think are important for us to consider in mapping the services available for children and young people who have experienced sexual abuse and/or who have problematic or harmful sexual behaviours and their families?

The survey link was sent to government agencies and service providers in Western Australia and was open between 1 November and 20 December 2017.

Data analysis

Of the 65 responses received:

- Two government departments completed one survey each detailing multiple services within the same response.
- Seven responses were made by multiple staff /agencies about the same services. Duplicated responses were consolidated to one response for each service.
- Five responses indicated they did not provide any specific services for the target groups. These services were all in regional areas and provided alcohol and other drug counselling, youth justice services, a safe recreational space

for children or speech therapy/Fetal Alcohol Spectrum Disorder (FASD) screening. These responses were excluded.

- The Department of Child Protection and Family Support (Department of Communities since 1 July 2017) indicated they fund 15 services across WA - 13 Child Sexual Abuse and Treatment Services (CSATS) and two Indigenous Healing Services. 12 of these 15 services responded to the survey but for the data analysis all 15 services have been included.
- A desktop review of agency websites and service standards was completed as part of the data cleansing to clarify service scope, eligibility criteria or location.

Overview of survey responses	Number of responses
Total survey responses	65
Excluded - One agency responded 3 times	2
Excluded - do not provide services	5
Added - 3 CSATS	3
Included (provide services to target groups)	61

The following data collation is based on 61 responses from:

Funding	Count of responses	Proportion of survey responses
Government service	9	15%
Government-funded service (includes 15 CSATS)	28	46%
Private practice	24	39%
Total	61	100%

Types of services

Respondents outlined the following types of services responses to the target group; however, numbers of full-time equivalent (FTE), skilled and experienced staff, location, waitlists etc were not sought.

Government services

- Child Protection and Family Support
  - District psychologists for children in care
  - Case managers for children in care
  - Young People with Exceptionally Complex Needs Program
  - Investigation and assessment responses
  - Training for staff and carers in protective behaviours and HSB between children in care
- Department of Education
  - Curriculum education for children - protective behaviours and sex education
  - Child protection training for teachers
  - Specialist support services children with disability
  - Consultation and support with psychology services about children's behaviour and connection to specialist support services in community
- Department of Justice
  - Youth justice and youth psychological services to children involved with the justice system
- Department of Health
  - Child and Adolescent Mental Health Service (CAMHS) inpatient, community and Indigenous-specific services
  - Statewide Protection of Children Coordination Unit - policy and advice office for professionals
  - Child Protection Unit at Princess Margaret Hospital
  - Sexual Health and Blood-borne Virus Program – teacher training

Government-funded services

- 15 Child Sexual Abuse Treatment and Indigenous Healing Services (CSATS)
- Sexuality, Education, Counselling, Consultancy Agency (SECCA)
- People 1st Program
- Youth Focus
- Sexual Health and Blood-borne Virus Program – teacher training

Private practitioners

- Private practitioners (24) either funded through Medicare rebates, private fees (or combination of these) or fee for service from the government departments of Child Protection, Disability, Justice or Border Protection.

Key messages from the data

Service challenges

Survey question 8 was an unprompted open invitation for respondents to identify any challenges, gaps or barriers within programs or across the service system. Forty-six participants provided responses with many identifying multiple issues.

Themes for issues, challenges, gaps or barriers	Count of responses	Proportion of respondents who answered question
Insufficient service availability	23	50%
Inadequate service funding	11	24%
Increased acuity and complexity of client presentation	11	24%
Workforce and development	9	20%
Collaboration - how services work with each other	7	15%
Insufficient education/prevention	6	13%

Count of themes for issues, challenges, gaps or barriers by funding status		Count of responses
Increased acuity and complexity of client presentation	Government service	2
	Government-funded service	7
	Private practice	2
		11
Collaboration - how services work with each other	Government service	2
	Government-funded service	3
	Private practice	2
		7

Insufficient Education/ prevention	Government service	1
	Government-funded service	5
	Private practice	0
		6
Insufficient Service availability	Government service	6
	Government-funded service	10
	Private practice	7
		23
Inadequate Service funding	Government service	0
	Government-funded service	4
	Private practice	7
		11
Workforce and development	Government service	3
	Government-funded service	5
	Private practice	1
		9

Qualitative responses to these questions are available for review in Appendix A

Service landscape

Of the 61 responses, 24 were from private practitioners (39%). All but one of these practitioners provided tertiary level counselling to children and young people. Comments across the survey indicated there is heavy reliance on these private practitioners by government agencies where there are no funded services or funded services had long waitlists. Many private practitioners indicated they were willing to travel regionally to provide services when funded by communities or government agencies.

Most of the respondents were metropolitan service providers (46%). Some indicated they provided a statewide service from Perth. The following table indicates services by region by and funding type.

The four government services noted in each regional area are:

- Department of Child Protection and Family Support District office
- Department of Education schools and statewide service support
- Department of Health, Statewide Protection of Children Coordination Unit providing advice to professionals
- Youth Justice Services.

Funding by region		Count of responses	Proportion of survey responses
Metropolitan	Government service	9	20%
	Government-funded service	18	39%
	Private practice	19	41%
		46	100%
South West	Government service	4	27%
	Government-funded service	7	47%
	Private practice	4	27%
		15	100%
Great Southern	Government service	4	33%
	Government-funded service	6	50%
	Private practice	2	17%
		12	100%
Goldfields	Government service	4	57%
	Government-funded service	3	43%
	Private practice	0	0%
		7	100%

Kimberley	Government service	4	44%
	Government-funded service	5	56%
	Private practice	0	0%
		9	100%
Pilbara	Government service	4	50%
	Government-funded service	4	50%
	Private practice	0	0%
		8	100%
Mid West	Government service	4	31%
	Government-funded service	6	46%
	Private practice	3	23%
		13	100%
Wheatbelt	Government service	4	40%
	Government-funded service	3	30%
	Private practice	3	30%
		10	100%

Of the 61 respondents:

- 49 per cent provide education to populations with no known risk
- 72 per cent provide education in populations with known risk
- 51 per cent provided targeted interventions in populations with known risk
- 70–80 per cent of respondents provide tertiary interventions to children and young people. Some provide responses to either children with HSB or children who have experienced sexual abuse by another child. Others work only with child sexual assault victims of adult perpetrators, while some provide responses to children but not families.

Service type		Count of services	Proportion of survey responses
Primary	Whole community education	30	49%
Early intervention	Populations with known risks	44	72%
Targeted interventions	Populations with identified risks	31	51%
Tertiary interventions	Children with HSB	49	80%
	Family members of children with HSB	46	75%
	Child victims of children with HSB	47	77%
	Child victims of adult sexual abuse	47	77%
	Family members of child victims	43	70%

Service criteria

Respondents were asked to identify and eligibility criteria for their service. Responses are listed in Appendix A. Apart from the CSATS services and some private practitioners who will assess anyone in the target groups, most services have some exclusion criteria.

Other relevant research

Research conducted in 2017 by the Institute of Child Protection Studies for the RCIRCSA focused on the help-seeking needs and behaviours of professionals, parents and community members concerned about child sexual abuse.[5] They found that across Australia, statewide and local supports tend to be limited to government services that primarily facilitate the reporting of an offence or child-at-risk concerns. The report noted additional services are provided through rape crisis centres, family violence agencies and victim support services, which do not focus specifically on child sexual abuse, and which primarily deliver support to adult survivors. Private psychologists and psychiatrists were noted as also being available, although there are a limited number identified with the appropriate expertise in child sexual abuse.

In Australia, a range of nationwide services provide free phone and web-based information with a guarantee of confidentiality, and offer advice and support to a variety of individuals seeking help with respect to child sexual abuse. The three key helpline services are the Blue Knot Helpline, Bravehearts Information and Support Line, and the Child Wise National Child Abuse Prevention Helpline. Any person may contact the helplines if they are:

- seeking assistance or support for themselves
- currently supporting someone who has experienced child sexual abuse
- concerned about the behaviour of another person
- working with survivors and/or suspected victims in a therapeutic or other setting.

The report notes the current gaps in child sexual abuse primary prevention services provision at a national level. Those of relevance to children and young people are:

- no single primary prevention service that offers support, information and advice to all identified target groups regarding child sexual abuse
- support services that are available outside office hours, during weekends and on public holidays (24 hours)
- access to support for children who have perpetrated abuse against other children or are exhibiting behaviours of concern, and for their parents
- access to support in languages other than English
- access to support for clients with speech or hearing impediments
- access to support for Aboriginal and Torres Strait Islander people
- access to face-to-face support
- no coordination among primary prevention education or training programs, nor quality control of those currently being delivered.

Conclusion

The service mapping aimed to gather basic information about what strategies and responses are in place for families of children who have experience sexual abuse or children with HSB. The mapping information, particularly the unprompted feedback from respondents resonates with research conducted by the Institute of Child Protection Studies and the RCIRCSA.

In Western Australia:

- The only statewide prevention strategy is education of children through the school curriculum. Quality control and monitoring of this is not in place.
- There are no readily identifiable educational strategies for parents or community members statewide.

- The majority of funded services and government responses are within the child protection system that primarily facilitates the reporting of child-at-risk concerns.
- The current service system is being supplemented by a large number of private practitioners who are providing services privately or with government funding.
- There are no specialist services for children with HSB in Western Australia; services are provided by general child sexual abuse services.
- Service providers identified the key issues for the service system as insufficient service availability, inadequate service funding, increasing acuity and complexity of client presentation, how services work with each other, and workforce and development issues.

Recommendations

In the *Children and young people with harmful sexual behaviours* discussion paper, the Commissioner makes recommendations for Western Australia based on the findings from this service mapping, an issues paper from the Australian Centre for Child Protection, other research, and the findings and recommendations of the RCIRCSA.

This discussion paper can be viewed online at ccyp.wa.gov.au.

Appendix A: Additional detail from WA service mapping survey

Collated survey responses on issues, challenges, gaps or barriers within programs or across the service system

Service models/design/collaboration

Increased acuity and complexity of client presentation

- The acuity of clinical issues demonstrated by clients is increasing over time and often requiring longer intervention periods, resulting in longer wait times.
- There are also challenges in the acuity of clinical issues. Over time the acuity and complexity of presenting client issues and social systems has increased. This has resulted in a need for longer periods of interventions and increased service liaison/collaboration. More and more we are liaising with inpatient wards, youth justice representatives, community mental health clinics and private psychiatrists. This process is made difficult by the aforementioned funding constraints.
- The program is funded in isolation. Child sexual abuse rarely occurs in isolation and instead is a feature of family and community difficulty. The interrelationship with poverty, neglect, other child abuse and intergenerational trauma cannot adequately be addressed through focusing on one child and excluding families. Much broader program requirements are needed to be able to adequately support children in their families to deal with the challenges of trauma. This includes whole of family interventions, in-reach services, relationship building via a service that is truly intensive family support.
- Currently there is pressure on our service to meet the needs of the families however the funding arrangement doesn't adequately address the intergenerational and systemic nature of child sexual abuse. More specialist services are needed for children who are exhibiting sexualised behaviours as teenagers and are on the sexual offenders register.
- Families presenting with very high needs and complex issues requiring more complex and collaborative service responses from multiple agencies - highly resource intensive.
- Lack of parental capacity continues to be a major factor in the likelihood of positive intervention outcomes for children. Services are not resources sufficiently to provide the intensive support required to increase parental capacity.
- Gaps and challenges
    - Compromised cognitive capacity of young people and their families
    - Complex mental health issues (co-occurring with drug use)
    - Transient families and difficult to engage families
    - Co-occurring - offending/victims

- In some communities, sexual abuse or behaviours can be normalised
- Aggressive/violent/drugs and alcohol - access to services
- Lack of specialist placement services for children exhibiting harmful sexual behaviours
- Placement challenges
- Impact on child/young person when they are subject of a FVRO or Violence Restraining Orders
- Fitness to plead/age of perpetrator therefore appropriate support in criminal matters
- Impact of pornography and technology (changing community attitude)

- Impact of ice epidemic, isolation of clients, more mental health issues/challenges this has required a case management style working relationship with Community Drug and Alcohol Services, Child and Adolescent Mental Health Services - who have ongoing issues with lack of resources to meet the service demand which means they now refer out more.
- There is a lot of value in having a specialised service. We constantly receive feedback from clients about how their needs were not met by mainstream services. This is understandable, as this work is highly specialised and needs well-trained and experienced counsellors.
- Regional community - many children and young people have been identified as suspected and confirmed victims of child sexual abuse. There is huge stigma, cultural pressure and negative community repercussions in coming forward to seek support and counselling.
- Identification of FASD, use of culturally appropriate materials for assessment and intervention.

Collaboration – how services work with each other

- Our service doesn't continue with a client after completion of Orders, though onward referral can be made. This can be a barrier to continuity.
- More MOU/Partnerships with NGOs/government agencies so we can have a more holistic approach to intervention with children, families and the wider community.
- More funding required to allow the services to have a balanced role in prevention and intervention.
- Service providers need to work together more collaboratively.
- Services need to be better advertised to the community.
- Mandatory reporting and the lack of options other than a criminal response for the offender is a distinct barrier to disclosure when that person is a parent or other family member.

- When students are living between different places they do not have access to the same support in each place.

Education/Prevention

- Education programs about CSA indicators, grooming behaviours, appropriate responses is one of the gaps is in the area of prevention and education in the broader community. There is a lack of understanding and insight about risk factors and how to minimise these, and also about knowing the warning signs.
- Having access to services that provide the Protective Behaviours Programme, both at an individual level and a community level.
- Sex education is not compulsory in schools. The values and attitudes of some caregivers can antagonise situations.
- School based sexual health education is difficult in a crowed curriculum and is not mandatory; skilled teachers are essential for high quality sexual health and relationships education.
- Parents are able to withdraw their children from classes in which sex education is discussed. Parents who are concerned about program delivery in their child's school are encouraged to discuss the matter with the principal. School programs should complement both family and community health education programs.

Service availability

- (7) Services intervening to reduce the likelihood of offending/at risk of engaging in HSB.
- (5) More counselling for both child victims and teenagers - waitlists.
- (3) Poor variety of services - country and remote, including specialists.
- Area needs more funding and development. More service providers needed, covering a greater area.
- (2) More counselling for children and teens addicted to pornography.
- (2) Limited places to refer and specialist services.
- Access to private psychologists in regional and remote areas. Clients appreciate and value being supported for the amount of time they need for their healing and recovery. Parents also appreciate the support they receive (no firm time limits).
- Not enough fully educated personnel equipped to provide therapy within Department of Health.
- Due to ever-increasing demand on our service, and ongoing funding/resourcing limitations, we can only allocate services to young people with the most severe presentations of mental illness in the community.
- Young people typically need to be able to attend the clinic to access interventions.

- More counselling for adults who were victims.
- Rise in the number of young people involved in risky online/social media behaviours - systemic responses required.
- Poor parental control of online behaviour due to lack of knowledge or lack of capacity.
- Gaps around timely referrals to a service prior to the court orientation and court process beginning, extending to after court process being finalised, to address re-traumatisation and triggers of abuse particularly for children.
- Need sexual assault counsellors to be able to refer to and ones who can attend our premises.
- Criteria for referral to services at times act as a service barrier to children and young people who have experienced sexual abuse and/or who have problematic or harmful sexual behaviours and their families.
- Sometimes abuse needs to be substantiated before they can access a service.
- Services actual delivery time in specific areas need to be clearly advertised.

Service funding

- (7) A lack of appropriate funding options is a primary issue. Most clients are reliant on the Medicare Better Access scheme to cover the cost of their sessions (we bulk bill), though this only allows ten sessions per calendar year. In most cases this is not sufficient to adequately remediate their presenting issues. Fees for services when MHC Plans only provide 10 rebated sessions and the rebate is restricted to see more people who can only afford to be bulk billed.
- (2) Funding levels that are insufficient and as a result there are ongoing challenges in terms of coverage and capacity.
- Not funded to be able to provide a crisis response.
- Consistent challenge is the ongoing uncertainty of funding.
- The provided funding is insufficient to adequately cover the consumer need - this often results in significant wait times, particularly in rural areas.
- There's not enough funding (we have a 6-month waitlist).

Staff/Practitioners – Workforce and development

- Service funding and scope of role makes it difficult to recruit experienced staff.
- Up-to-date training and methodology while working with these cohorts.
- There is a lack of suitable clinical training into evidence-based treatment approaches to working with children and young people who exhibit concerning sexual behaviours - training that is offered is often interstate.

- Lack of experienced practitioners (with the specialist knowledge/skills).
- There is a lack of consistency and minimum qualification of staff across agencies who offer these services. Some employ psychologists, others employ social workers, and some employ counsellors. This prevents cohesive and consistent therapeutic responses to clients and means the quality of service received may be dependent on the office or agency nearest to you.
- We at times also find it difficult to recruit suitably trained and experienced staff to these programs.
- Education and training on child sexual abuse and harmful sexual behaviours is critically limited (and more often absent) from the current tertiary degree program in the social and human services sector. As a result, staff with this experience and expertise are highly sought after and expensive. As an organisation we are required to dedicate a high level of training, supervision, coaching and time generally to developing staff to ensure they are fully competent in all relevant areas of clinical expertise. This is at an additional cost/resource to the organisation, within a program that receives no funding other than that for the sessions themselves.
- More training of grass roots workers such as Youth Justice Officers would be of benefit.
- Skills set of practitioners need improving in some areas (eg remote).
- Safety for staff in remote areas if they challenge behaviours, especially in remote Aboriginal communities.

Details of other services provide by agencies in WA service mapping

Statutory case management/responsibility

Department of Communities

- Young People with Exceptionally Complex Needs program (Mental Health Commission, CPFS, Disability Services Funding) currently servicing 13 children.
- Operations Reset: joint investigations with WA Police.
- ChildFIRST: Joint interviewing with WA Police, advocacy and referrals to District Offices.
- Multi Agency Investigation and Support Team: Joint interviewing with WA Police and referrals to Districts (Armadale and Cannington Districts only).
- District based services, case work practice, protective behaviours and safety planning.

Training of staff/carers

Department of Communities

- Learning and Development Centre trains staff in Protective Behaviours and responds to concerning sexualised behaviours in out-of-home care.

Department of Education

- Child Protection and Protective Behaviours education.
- Online professional learning for staff, including Boarding Supervisors in Residential Colleges in Child Protection and Abuse Prevention. Compulsory for all staff who have contact with children and their line managers and must be revisited every three years.
- Face-to-face Child Protection and Abuse Prevention professional learning provided on request.
- Supplementary resource: Guidelines for responding to sexual behaviours in children available on the Department's website.

Department of Health

- Sexual Health and Blood-borne Virus Program funds school learning materials and teacher training in sexuality education freely available to all schools in WA; teacher training is supported with teacher relief and travel and accommodation for country teachers.

Advice and consultancy

Department of Education

- School Psychology Service - provides service to all WA public schools and has an arrangement for the provision of school psychology services to non-government schools in the Kimberley on a cost recovery basis. Frequently involved as a support service to schools. The service provided is indirect, as it is not a specialist abuse service but a generalist service in their area or region that links schools with other specialist services. School psychologists consult with school staff to advocate for preventative programs.
- School of Special Educational Needs: Disability (SSEND) provides a service for students with disability on request that includes sexuality and relationship education (SRE) and/or protective behaviours/education (PBE); individualised resources; access to resources through the Statewide Services Resource and Information Centre; and/or support for educators to provide access to SRE and PBE curricula. SSEND provides services upon request to schools statewide; and SSEND consulting teachers may also support schools by providing information about outside agencies that can provide assistance (eg Department of Communities: Disability Service (psychology services), Sexuality Education Counselling and Consultancy Agency (SECCA)).

Disability Services Commission (now also Department of Communities)

- Intervention Support Services (ISS) do not provide any services or interventions for children and young people who have experienced sexual abuse or children and young people with harmful sexual behaviours. ISS provide accommodation support for people with intellectual disability whose long term supports (eg family, other service provider) are no longer able to be provided. If an individual enters our service and we are made aware that they have experienced sexual abuse and/or have harmful sexual behaviours we would submit a referral to a relevant support agency (eg SECCA, private counselling) to ensure any issues are addressed. We would then take advice from the relevant agency to ensure the supports we provide for the individual include those related to sexual abuse and/or harmful sexual behaviours.

Department of Health

- Child Protection Unit: Education statewide for professionals.
- Statewide Protection of Children Coordination Unit: Not a counselling service. Information, advice and training to service providers, government departments, those undertaking assessment and support. Policy development.

Adult perpetrators

1 Private practitioner

Collated eligibility criteria and exclusion

Child and Adolescent Mental Health Services (Department of Health)

- Moderate to severe mental health disorders, under 18 years of age.
- Young people need to have an adult parent or guardian who are prepared to engage in discussions around the intervention and provide support to the young person (to assist them to attend and engage with the service), and to provide protection from ongoing abuse and other safety threats. Young people treated as mature minors are by far the exception for our service.
- Young people typically need to be able to attend the clinic to access interventions.

Youth Justice Services (Department of Justice)

- Involvement within the Justice System
- Indigenous Student Support
- Aboriginal students who attend a boarding school in the Perth

SECCA

- Must have a registered disability and issues must pertain to sexuality and disability (ie protective behaviours, puberty, menstruation management, cyber safety, sex and the law etc).

Child Protection Unit (Princess Margaret Hospital)

- Up to age 16 years and their families where some form of child abuse has occurred.
- Therapy for children up to age 12 years with problematic sexualised behaviour.

Young People with Exceptional Needs program, (CPFS, Disability Services Commission) currently provides services to young people 10–13 years with two or more of the following:

  - mental health issues
  - brain injury (pre-birth or acquired)
  - an intellectual disability (pre-birth or acquired)
  - a substance use (including emerging substance use)
  - pose a significant risk of harm to themselves or others
  - require intensive support and would benefit from coordinated services
  - for whom the existing system is not working.

Private practitioners (funded by CPFS)

- Children and young people who require access to specialist assessments and counselling or when district psychologists have limited capacity.

CPFS Operation Reset

- Communities chosen to participate in RESET have particular high-risk factors for abuse, such as family violence, teenage pregnancy, violent crime, substance use, or poor parental supervision, along with other indicators of child sexual abuse.

CPFS - CSATS

- Children or young people 0-18 and their families who have experienced child sexual abuse or have engaged in problem sexual behaviour or parents/carers where their own experience of child sexual abuse may be impacting on their ability to parent protectively.
- Undertakes a comprehensive Screening and Assessment process that may take up to three sessions to complete. Acceptance of clients into the service is decided on a case by case basis. Careful consideration to factors such as safety; risk; child's history of offending; self-harming behaviours; suicidal ideation; mental health; presence of comorbidity factors such as domestic violence; substance abuse; level of parental engagement and support, are just some of the criteria and risk factors reviewed at the time.
- Children, young people and adults who have experienced child sexual abuse; children, young people and adults who have been affected by child sexual abuse; children and young people who exhibit concerning sexual behaviours, or are at risk of doing so. Exclusion criteria: We are cautious in accepting clients who have alcohol and/or drug misuse as a primary concern, whom do not have stable accommodation, or whom have acute risk issues at the time of initial referral. In most cases an initial assessment for suitability will be conducted and if it is deemed that the client is better suited to an alternative service we will seek consent from the client to re-refer to that service.
- CSATS target groups
    - children and young people who have experienced child abuse
    - children and young people who are responsible for sexually abusing other children
    - children and young people who are risk of sexually abusing other children
    - children and young people who have both experienced child sexual abuse and who are responsible for sexually abusing other children
    - parents/guardians of a child experiencing child sexual abuse, or are responsible for or at risk of sexually abusing other children
    - other family members
    - adults who have experienced and/or been impacted by child sexual abuse
    - Indigenous Family Service - there must be children in persons own care.

Private practitioner responses

- (6) No criteria (or will assess anyone).
- (6) Ability to pay private fee or referral from GP with MH treatment plan to attract rebate.
- (2) Use interpreters but English language ability is certainly a consideration.
- Exclusion criteria: court issues.
- We accept all referrals for complex cases (mostly for children with multiple co-morbidities).
- Must have an identified intervention behaviour.
- Therapeutic intervention and support service for children aged 5 to 18 years, and women who have suffered childhood abuse, including support during the court process; do not accept referrals with current drug abuse issues; women and children only service.
- Primary carer must be aware of their attendance.
- Immediate risk for suicidal behaviour or harm to others would lead to me referring to outside agencies/ health services. Engagement by parents as well as the identified child is required.
- Excludes perpetrators of sexual abuse.

Funded services

- (4) In our geographic location.
- As long as no conflict of interest with staff there is minimal exclusion criteria.
- No adult perpetrators.
- Age 12–25 showing early signs associated with depression, anxiety, self-harm or suicidal ideation. Must be able to access a school or office location.
- Open case to CPFS.
- No fixed eligibility criteria for this service. We are cautious in accepting individuals who are experiencing a primary drug or alcohol misuse issue, who have transient accommodation, or whom present with significant risk or psychiatric comorbidities on referral. In these cases, we conduct a thorough assessment to ensure that we are the most appropriate service to meet the client's needs. If it is deemed that we are not the most appropriate service, we will endeavour to identify another and support the client to access this.
- Children in care, young people with disability funding.

References

[1] Hackett S, Holmes D, & Branigan P 2016, *Harmful sexual behaviour framework: an evidence-informed operational framework for children and young people displaying harmful sexual behaviours*, NSPCC, London.

[2] Commissioner for Children and Young People 2018, *Discussion paper – Children and young people with harmful sexual behaviours,* Commissioner for Children and Young People, Perth.

[3] Commonwealth of Australia 2009, *Protecting Children is Everyone's Business National Framework for Protecting Australia's Children 2009–2020*, Council of Australian Governments, Canberra.

[4] The Lucy Faithfull Foundation (n.d.), *ECSA Toolkit: Preventing Abuse Theory*, Lucy Faithfull Foundation, United Kingdom.

[5] Saunders V & McArthur M 2017, *Help-seeking needs and gaps for preventing child sexual abuse,* Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.