



Australian Centre for
Child Protection

A Continuum of Responses for Harmful Sexual Behaviours

An Issues Paper

for

Commissioner for Children and Young People

Western Australia

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Dec 2017



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Problematic or harmful sexual behaviour is any behaviour of a sexual nature by or between children that is outside of normal developmental behaviour; is aggressive or violent or causes harm to the child or others; or where there is a substantial difference in age or developmental ability of the children involved.

What are harmful sexual behaviours?

Problematic or harmful sexual behaviours can be defined as any behaviour of a sexual nature expressed by children under 18 years old that:

- Is outside of what is culturally accepted as typical sexual development and expression
- Is obsessive, coercive, aggressive, degrading, violent or causes harm to the child or others
- Involves a substantial difference in age or developmental ability of participants (derived from Evertsz & Miller, 2012; Hackett, Holmes, & Branigan, 2016).

A range of behaviours may be defined in this way. Some examples of problematic or harmful sexual behaviours include concerning, violent or controlling patterns of behaviour that are often displayed as non-consensual kissing, touching or other unwanted sexual contact toward others, excessive or public self-stimulation or public exposure, or coercive sexual assault or sexual intercourse.

The appropriate terminology to describe these behaviours has been the subject of ongoing debate amongst researchers and professionals (O'Brien, 2010; Shlonsky et al., 2017). In particular, different terms are often used to describe this behaviour depending on the age of children involved.

In Australia, children aged under 10 are generally considered to be under the age of culpability, meaning that they cannot be criminally charged with sexual abuse or assault. So while the acts would generally be considered abusive if not for their age, the terms 'sexualised behaviour' or 'problem sexual behaviours' have generally applied to children in this age group.

Where children and young people are aged 10-18 the term 'sexually abusive behaviours' has generally applied (O'Brien, 2010).

Recent development within the field has seen the term harmful sexual behaviour emerge as the new preferred terminology which is inclusive of both cohorts. Hackett et al. (2016) acknowledged that the misuse of terminology can lead to labelling children and young people inappropriately. Terms that are clear and meaningful allow clear communication between professionals and the accurate assessment of behaviours (Hackett et al., 2016).

Problematic sexual behaviours can be distinguished from abusive behaviours as they do not include victimisation of others, but can cause distress or rejection of the child displaying the behaviour (Hackett et al., 2016). Behaviours are abusive when they involve coercion or manipulation, and involve a power imbalance which means that the victim of these behaviours was either pressured, misled or incapable of giving informed consent. Sexually abusive behaviours therefore have the potential to cause physical or emotional harm to others (Hackett et al., 2016).

Both problematic and abusive sexual behaviours are developmentally inappropriate and may cause developmental damage (Hackett et al., 2016). In line with current evidence, this paper therefore uses the term 'harmful sexual behaviour' to describe any problematic, harmful or sexually abusive behaviours by children and young people under the age of 18 (Hackett et al., 2016; Shlonsky et al., 2017).

When are sexual behaviours a concern?

Hackett (2011) proposed a continuum for understanding the range of sexual behaviours that can be displayed by children and young people, from normal to violent. It is important to be able to distinguish problem sexual behaviours from age-appropriate sexual exploration, curiosity, and play. Children's sexuality is different to adult sexuality. It is normal and healthy for children to engage in age-appropriate sexual exploration and play with peers of a similar age and/or developmental stage. It is normal for these behaviours to be accompanied by

emotions or responses such as laughter and enjoyment. It is expected that children displaying age-appropriate sexual exploration will accept redirection of behaviour when requested (Evertsz & Miller, 2012).

Consistent guidelines exist for what is age-appropriate and what is concerning in different age groups. It is important to note that all behaviours must be considered within the context and with regard to the social and cultural values and physical and intellectual capacity of the child or young person involved (Evertsz & Miller, 2012). These are some of the factors that may influence the type of sexual behaviours a child or young person may engage in as part of normal and healthy development.

Any behaviours outside of normal activity for the child’s age group or developmental stage or that is persistently beyond what is usual sole or mutual exploratory behaviour is cause for further investigation (Evertsz & Miller, 2012).

Single instances of behaviours that are outside what is developmentally appropriate or that is outside the appropriate context may be considered inappropriate (Hackett et al., 2016). Behaviours are considered problematic if they become more frequent or persistent; if children do not cease the behaviours when asked; if there is inequality in the age and developmental stage of the children involved; if there is a lack of reciprocity; or if there are levels of compulsivity involved (Evertsz & Miller, 2012; Hackett et al., 2016; South Australian Department of Education and Child Development, 2013). When behaviours reach this level it becomes necessary to intervene, consult with others and monitor and document the behaviours.

When these behaviours involve intentional or non-intentional victimisation of others, include use of coercion or force or where informed consent is not able to be given, they are considered ‘abusive’ or ‘violent’ (Hackett et al., 2016). These behaviours represent a serious risk to the physical or mental health of the child or to others.

The range of terminology and definitions used mean that it may also be helpful to understand sexual behaviours within the broader context of child sexual abuse and other types of sexual offending or sexual violence. Harmful sexual behaviour includes the range of behaviours from problematic to violent on the continuum described by Hackett. These behaviours can be displayed by both children and adults.

Some harmful sexual behaviours could likely also be described as acts of child sexual exploitation, a type of sexual abuse where a child receives something (such as material goods or psychological benefits) as a result of sexual activity (Hackett et al., 2016). As some harmful sexual behaviours may involve acts of child exploitation, Hackett et al. (2016) view harmful sexual behaviours and child sexual exploitation as separate but overlapping forms of child sexual abuse.

Table 1 *Continuum of Sexual Behaviours adapted from Hackett (2011) and Hackett, Holmes, & Branigan (2016).*

Normal	Inappropriate	Problematic	Abusive	Violent
Behaviour is developmentally expected Socially acceptable Consensual, mutual and reciprocal Involves shared decision making	Single instances of inappropriate sexual behaviour Socially acceptable within the peer group Behaviour is in an inappropriate context Generally consensual and reciprocal	Behaviour is problematic and concerning Developmentally unusual or socially unexpected Consent issues unclear May lack reciprocity or equal power May include compulsivity	Victimising intent or outcome Misuse of power Involve coercion or force Intrusive Lack informed consent or victim unable to give consent May include expressive violence	Physically violent Highly intrusive Instrumental violence, physiologically or sexually arousing to the perpetrator Sadism

Why are harmful sexual behaviours significant?

When sexual behaviours become concerning or very concerning, they can be traumatic both for children perpetrating the behaviours and also for the children who are the target of such behaviours.

Research has found that children harmed by similar aged people are likely to experience ongoing effects similar to those who are assaulted by adults, experiencing similar levels of anxiety and depression. They can also experience flashbacks, nightmares or ongoing learning and behavioural difficulties (O'Brien, 2010).

Problem and harmful sexual behaviours are also potentially damaging for the children who display these behaviours. Firstly, because problematic sexual behaviour in children challenges social norms, some adults may respond by labelling, isolating, marginalising or condemning the child (Barter & Berridge 2011; Staiger, Tucci, Mitche & Kambouropolous, 2005). Such labelling risks establishing a self-fulfilling prophecy and social rejection. (Chaffi, Berliner, Block, Johnson, Friedrich, Louise et al. 2008). Secondly, children who show these types of behaviours have often experienced multiple types of harm or cumulative harm to their development. They are more likely to have been sexually abused than children who have not engaged in these kinds of behaviours, and are more likely to have experienced other forms of abuse and neglect (Letourneau, 2017).

If not addressed, these behaviours may lead to long term patterns or increased likelihood of behavioural or conduct problems later in life (O'Brien, 2010; Shlonsky et al., 2017). If addressed early and effectively however, they have a high rate of resolution (O'Brien, 2010). The earliest possible intervention leads to the best rehabilitative outcomes for the children and young people involved (O'Brien, 2010).

Further, research suggests that 20 to 30 percent of adults who commit sexual offences begin their offending in adolescence, representing a further imperative to intervene early and reduce risk of harm or further sexual offending against children (Evertsz & Miller, 2012).

This highlights the significant impact of problem and harmful sexual behaviours both on children who display these behaviours as well as those who are recipients of such behaviours, and their families.

How prevalent are harmful sexual behaviours among children and young people?

There are few empirical studies identifying the prevalence of harmful sexual behaviours amongst Australian children (O'Brien, 2010; Shlonsky et al., 2017). Coupled with a lack of national data describing the numbers of sexual assaults committed by teenagers, a lack of awareness about the topic and a reluctance of professionals and parents and caregivers to report these behaviours, it is challenging to accurately describe the extent of the problem in Australia (Shlonsky et al., 2017).

Shlonsky et al. (2017) however, identified that the Australian Bureau of Statistics recorded crime data can be useful in providing a sense of the extent of these behaviours. This suggests that children and young people aged 10-19 years were the alleged offenders in 26% of sexual offences committed in Australia in 2015-16 (Australian Bureau of Statistics, 2017).

Although it is difficult to effectively establish the prevalence of harmful sexual behaviour, child sexual abuse has been highlighted as a problem of significant concern in the Western Australian context. Western Australia has one of the highest proportions of substantiated sexual abuse nationally. 16.6% of children who were the subject of substantiated notifications in Western Australia in 2015-16 had experienced sexual abuse. This was a higher proportion compared to all other jurisdictions (ranging from 3.4% in the Northern Territory to 10.3% in Victoria) with the exception of New South Wales where the proportion was also 16.6% (Australian Institute of Health and Welfare, 2017).

There is evidence to suggest that a substantial proportion of child sexual abuse is perpetrated by other children and young people (McKibbin, 2017; O'Brien, 2010). Bromfield, Hirte, Octoman, and Katz (2017), in their research for the Royal Commission into Institutional Responses to Child Sexual Abuse into the extent of child sexual abuse allegations in an institutional context, sourced police data from all states and territories. They found that the majority of recent child sexual abuse allegations to police occurring within an institutional location involved a minor as the person of interest (ranging from 32% of cases in the Australian Capital Territory to 93% in Queensland). Specifically for Western Australia they reported that 62% of recent allegations to police of child sexual abuse in institutional locations involved a minor as the person of interest (Bromfield et al., 2017).

The findings of Bromfield et al. (2017) from police data were followed up with a case file review of 400 cases from two states (NSW and WA) to validate the findings from the population data and to explore the nature and context of allegations made to police. The findings of a review of case files confirmed that minors were the person of interest in the majority of child sexual abuse allegations made to police (70% in WA; 53% in NSW). Further the findings showed that the persons responsible for child sexual abuse were primarily males aged between 10 and 17, who attended the same school as the victim. This was mostly in the form of inappropriate sexual touching of female students, or harmful sexual behaviours directed towards other male students in the context of bullying (Parkinson, Lewig, Malvaso, Arney, Katz, & Newton, 2017).

Police data were not able to be used to develop estimates of the rates of harmful sexual behaviours occurring in out-of-home care, however data regarding care complaints (Bromfield et al., 2017) and interviews with children living in residential care (Moore, McArthur, Roche, Death, & Tilbury, 2016) showed children in care, particularly residential care, to have heightened vulnerability to displaying or being the victim of harmful sexual behaviours.

Educators have reported high rates of harmful sexual behaviours. A small pilot study with 107 Australian educators in preschools, primary schools and out-of-school care settings found that 41% of educators had observed children displaying harmful sexual behaviour in educational settings. Educators reported observing children engaging in physical touching of peers genitals, self- and peer-masturbation, oral sex, sexual harassment, sexual coercion and individual displays of sexual behaviour (Ey & McInnes, 2017).

There have also been cases of extremely high prevalence of child sexual abuse identified in some remote communities. While it is not possible to accurately estimate the extent of child sexual abuse in remote communities, child sexual abuse perpetration and victimisation have also been identified as issues of significant and pressing concern for remote communities across Australia (Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse, 2007). This has included a high reported prevalence of harmful sexual behaviours. The Children on APY Lands Commission of Inquiry (2008) heard extensive evidence regarding the high incidence of harmful sexual behaviours of children on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands.

Populations of children and young people requiring a tailored response

Children with harmful sexual behaviours are likely to come from backgrounds of abuse, trauma, disadvantage or compromised familial, social, and educational engagement (O'Brien, 2010). Minority groups, such as children with disability and Aboriginal children are also over-represented (Evertsz & Miller, 2012). While harmful sexual behaviours require an effective and individually tailored response, there are several sub-populations of children and young people who are at particularly high risk of showing these behaviours or for whom a different or targeted response is required.

Children under 10 years old

Younger children who display harmful sexual behaviours are distinct from adolescents and adults who sexually offend or display sexually abusive behaviours (St Amand, Bard, & Silovsky, 2008). The age and developmental stage of these children mean that the motivations for behaviour may be different from adolescents and adults. With targeted intervention, younger children have a good prospect of returning to an age-appropriate developmental track (Evertsz & Miller, 2012), offering an important opportunity for intervening early. Treatment for these children should be tailored accordingly. Currently the evidence-base for programs designed to treat young children is sparse.

Children and young people with intellectual disabilities

Children and young people with intellectual disabilities are more likely to present with problem or harmful sexual behaviours compared to other children. They are more likely to suffer impulse control; are less likely to be redirected by adults when displaying concerning behaviours (Evertsz & Miller, 2012); and less likely to receive sex education (Evertsz & Miller, 2012). They are also at a greater risk of experiencing abuse and neglect, placing them at increased risk of trauma and sexualisation (Evertsz & Miller, 2012).

When children with intellectual disabilities do show problem sexual behaviours, they are likely to need a response from dedicated treatment programs that take into account their intellectual abilities including difficulties in social

understanding of behaviour. They may also be more vulnerable than other children due to additional complexities such as communication difficulties (Evertsz & Miller, 2012). While a tailored response is required, it is important that harmful sexual behaviours are not minimised or treated as an inevitable part of intellectual disability (Evertsz & Miller, 2012).

Aboriginal and/or Torres Strait Islander children and young people

The issues of problem sexual behaviours and child sexual abuse are not limited to remote communities, and are experienced by children and young people globally and of all backgrounds. Problem sexual behaviours often co-exist with factors associated with trauma and socio-economic disadvantage that exist at disproportionately high rates within some Aboriginal communities, making it likely that Aboriginal children are at greater risk of problem sexual behaviour (O'Brien, 2010).

The high levels of social disadvantage, intergenerational trauma and histories of mistrust associated with past government practices mean that there has historically been difficulty in delivering therapeutic services that effectively engage Aboriginal clients (O'Brien, 2010). There is limited evidence of responses tailored to Aboriginal clients across all Australian jurisdictions (Shlonsky et al., 2017). This highlights the need for culturally appropriate interventions that address the specific needs of Aboriginal children and their families and communities and that recognise and respect cultural variation in understandings of behaviour without minimising their impact.

Culturally and linguistically diverse children and young people

It is important to understand that sexual expression and sexual behaviours are subject to cultural variations (Hackett, 2011). What may be considered harmful sexual behaviour in western society may be viewed as appropriate in other cultures. Responses to children who are newly settled migrants or refugees should also take into consideration that their families may have fled violence, trauma, or sexual abuse and may be attempting adjust to a new culture, heightening their vulnerability. Children who display or are the target of harmful sexual behaviour may be vulnerable to various impacts relating to how the parents and the wider community view the behaviour (Evertsz & Miller, 2012). It is important to consider and respond to these behaviours in a culturally informed and respectful manner without minimising their impact.

A continuum of responses for harmful sexual behaviours

Harmful sexual behaviours are of significant concern. They can have profound and lasting impact both for children who show the behaviours as well as for children who are the targets of such behaviours.

Children who display harmful sexual behaviours have diverse needs and come from diverse and complex backgrounds. As such, a one-size-fits-all approach to responding to these behaviours is insufficient (Hackett et al., 2016).

Issues of child abuse and neglect, including child sexual abuse and harmful sexual behaviours, have been positioned within a public health framework. This is in keeping with the World Health Organisation's public health approach to violence prevention. The public health approach involves four steps:

1. Identify and measure the problem, identifying risks and protective factors, particularly at the population level.
2. Identify the critical and effective points of intervention.
3. Identify what works, for whom and under what conditions.
4. Implement well, and evaluate – collecting data that allows for the impact of the system to be measured and adjusted accordingly.

The 'critical and effective points of intervention' are most commonly referred to as primary, secondary and tertiary prevention. In this regard the continuum of responses to harmful sexual behaviours proposed by Hackett et al. (2016) is fitting with the public health approach to child abuse and neglect. It focusses on assessing the needs of children and young people and meeting those needs in the context of a continuum of responses (Hackett et al., 2016). Hackett et al. (2016) argue that a range of responses is required to address these behaviours, based on children's needs, developmental levels and context.

Service responses are also required at several levels, from initial responses to low-severity cases to responses that address higher or more serious levels of concern (Hackett et al., 2016). This requires a strategic and well-

implemented multi-agency response at all levels of the community, including individuals, families, schools, government and specialised services.

BARRIERS TO RESPONDING TO HARMFUL SEXUAL BEHAVIOUR

There is clear evidence that harmful sexual behaviours require the earliest possible intervention tailored to the specific circumstances of the child or children (Bromfield and Katz, 2017; O'Brien, 2010; Shlonsky et al., 2017). Where specialist therapeutic intervention is completed, rates of recidivism are reported to be low (O'Brien, 2010), highlighting the imperative to intervene. Despite this, several key challenges still exist in responding effectively to these children.

Challenges in identification and reporting of harmful sexual behaviours

There is limited recognition and understanding about children's sexual development and what constitutes age-appropriate behaviour across different developmental stages (Saunders & McArthur, 2017). Clinicians have reported that many adults are unable to easily distinguish between age-appropriate and concerning sexual behaviours, leading to a tendency to under- or over-react to these behaviours (O'Brien, 2010).

Recognising and responding to problematic and harmful sexual behaviours can be challenging for parents and caregivers and for professionals (O'Brien, 2010). A study examining Australian educators' understanding of problematic sexual behaviour found that of a sample of 107 educators, most were able to determine some aspects of age-appropriate and problematic sexual behaviours. However, individual educators lacked comprehensive knowledge of how to identify and respond to these behaviours suggesting the potential for incorrect identification and subsequent over- or under-reporting (Ey, McInnes, & Rigney, 2017).

Criminal justice responses as deterrent to help seeking

The age of criminal responsibility (10 years) also introduces additional complexity in terms of young people aged 10-17 and their families seeking treatment. Children over 10-years displaying harmful sexual behaviours are subject to prosecution and potentially life long consequences if help is sought, and this can become a disincentive for their families or professionals to put them forward for treatment.

Victoria is currently the only state offering an integrated legal and therapeutic response (Shlonsky et al., 2017). This involves providing Therapeutic Treatment Orders to children and young people aged 10-17, under which participants are mandated to attend treatment under the legal process but are not subject to statutory or legal processes and their consequences. (O'Brien, 2010; Shlonsky et al., 2017). Such an approach may go some way to addressing families' willingness to voluntarily seek help for children with problematic and harmful sexual behaviours.

Lack of specialist treatment services for children and young people with harmful sexual behavior

Dedicated specialist treatment programs and services designed specifically to address the needs of children with harmful sexual behaviours and aligned with evidence-based intervention approaches do exist. There are also private practitioners who provide services to this client group. The extent to which these services are high quality and evidence-based is largely unknown - the New Street program in New South Wales is the only Australian program for which a high quality published evaluation was identified (Shlonsky et al., 2017). There is a voluntary accreditation scheme for practitioners within this area, but it is unknown the extent to which practitioners providing these interventions have pursued accreditation. Finally, O'Brien (2010) concluded that there were insufficient services for children with harmful sexual behaviours in the Australian context, and those that did exist were not necessarily located in the areas of highest demand.

Further exploration is warranted to identify the extent to which services across a continuum of harmful sexual behaviours (primary, secondary and tertiary) exist within the Western Australian context and the extent to which those programs and services that do exist are financially and geographically accessible, are of high quality and aligned with best evidence.

Barriers to accessing services for children and young people who have not received a conviction for sexual offences

In Western Australia, services for treatment of harmful sexual behaviours are offered by self-referral through non-government service providers. Individual treatment may also be offered as part of juvenile justice (Shlonsky et al., 2017).

Currently, in some Australian states and territories a conviction or juvenile justice involvement may be required for children and young people to access some specialist treatment or intervention services for sexually abusive behaviours (Saunders & McArthur, 2017). Children who do not receive a conviction may have no obligation placed upon them or their families to seek treatment, or where families are help seeking, may not have access to geographically and financially accessible specialist treatment.

Children and young people on remand may also be ineligible for treatment, meaning that even for those who are eventually convicted of a sexual offence there may be considerable delays in gaining access to treatment. Further, for those children who receive treatment while in detention, it is not known the extent to which service continuity is maintained post-release or completion of court orders.

Lack of secondary prevention for adolescents who are sexually attracted to pre-pubescent children

It is important to note that many children and young people who show harmful sexual behaviour are not preferentially attracted to pre-pubescent children (Letourneau, 2017).¹ For some children and young people however, this is the case. Providing effective help for children or young people preferentially attracted to children is important in the prevention of child sexual abuse. Key barriers to addressing child sexual abuse and harmful sexual behaviours are the challenges in the current policy in relation to responding to individuals with who are sexually attracted to pre-pubescent children (Saunders & McArthur, 2017).

Children and young people are often cognisant of problematic sexual thoughts or behaviours toward other children. Service providers reported that they are often likely to seek help for these behaviours, representing an opportunity for intervention (Saunders & McArthur, 2017).

While telephone help lines may offer a useful initial opportunity for contact for these children and adolescents, they do not provide sufficient intervention to address these behaviours. Currently there is a notable absence of help for individuals - adults and adolescents - who are concerned that they have engaged in boundary violations or harmful sexual behaviours directed towards a child or who are concerned they may perpetrate at some point in the future. This means that helpline providers and others are unable to refer these individuals for ongoing specialised support (Saunders & McArthur, 2017).

EVIDENCE-BASED APPROACHES TO RESPONDING TO HARMFUL SEXUAL BEHAVIOUR

Although there has been increasing awareness of harmful sexual behaviours and intervention strategies, the evidence base regarding the effectiveness of treatment programs is still rather limited (Shlonsky et al., 2017). The standard response to problem sexual behaviours has been to apply interventions developed for adults with problematic sexual thoughts or behaviours to children with limited tailoring according to the child's age and developmental stage (Letourneau, 2017).²

Current evidence suggests that treating children and adolescents requires a different strategy to treating adults (Quadara et al., 2015). Children and young people who display harmful sexual behaviours are, first and foremost, children. They require treatment that takes into account their age and capacity. Further, as children who show these behaviours are more likely to have experienced child sexual abuse or other adversities, trauma-focused and holistic interventions are likely to be more effective than criminal prosecution (O'Brien, 2010).

The need for differential interventions for harmful sexual behaviours tailored to specific target groups is essential given the conclusion that:

¹ Royal Commission into Institutional Responses to Child Sexual Abuse Case Study 57, Transcript day 267 p26

² Royal Commission into Institutional Responses to Child Sexual Abuse Case Study 57, Transcript day 267 p29

- harmful sexual behaviours occur on a continuum from problematic to violent;
- the underlying cause of these behaviours may vary from preferential attraction to pre-pubescent children, to re-enactment of a child's past trauma or sexualised media, through to a manifestation of bullying or peer-to-peer sexual harassment; and
- distinct population cohorts (e.g., children under 10, Aboriginal children, and children with disability) require different and culturally inclusive responses and interventions.

Evidence-based approaches for young people with abusive or violent behaviours

A large proportion of the evidence base regarding interventions for children and young people with harmful sexual behaviours pertains to young people aged 10-17 who show harmful sexual behaviours that are violent or abusive, or who have been convicted of a sexual offence. Shlonsky et al. (2017) reviewed the current evidence regarding therapeutic approaches for responding to children with harmful sexual behaviours. This review identified 24 studies examining interventions for young people aged 10-17 who had sexually offended, and who had been referred for treatment due to a criminal justice intervention. The evidence base for treatment programs for young people aged 10-17 with violent or abusive behaviours who had not been criminally prosecuted is comparatively much smaller.

Multi-Systemic Therapy

One of the most researched and most promising approaches for treating these young people is Multi-Systemic Therapy ([MST], Shlonsky et al., 2017). MST is a therapeutic intervention that is delivered in the child or young person's home or local community, and involves cooperation from parents and caregivers. It typically combines components from other evidence-based therapeutic interventions such as Cognitive Behaviour Therapy or Family Therapies.

MST was originally developed as a way to address delinquency and provide an alternative to incarcerating children and young people (Letourneau, 2017). It has been established across many years and a large evidence base as being effective in reducing the likelihood that a child or young person will commit further violent or delinquent behaviour; reducing the likelihood that they will go to prison; and improving their school outcomes and family relationships (Letourneau, 2017).

This intervention has since been adapted to addressing harmful sexual behaviours in children and young people. The advantages of MST for treating young people with sexually abusive behaviours is that it considers and involves the young person's broader family and community networks. It also recognises that harmful sexual behaviours arise from a complex interaction of a range of factors (O'Brien, 2010; Shlonsky et al., 2017).

The Royal Commission into Institutional Responses to Child Sexual Abuse heard evidence regarding the value of Multi-Systemic Therapy as a treatment approach for harmful sexual behaviours. Compared with Cognitive Behavioural Therapy with Relapse Prevention (the typical therapeutic approach used to treat adults with harmful sexual behaviours) MST has been consistently supported as showing improved outcomes for children and young people (Letourneau, 2017).³

New Street Services – New South Wales

There is relatively little evidence regarding effective approaches for children aged 10-17 with harmful sexual behaviours who have not been convicted. The New Street Program in New South Wales offers treatment for young people aged 10-17 who have sexually offended but who have not been criminally prosecuted (Laing et al., 2004).

While an evaluation of this program did not specifically identify decreases in harmful sexual behaviours, Shlonsky et al. (2017) considered it to be a promising approach. This is because the program provides specialist training and service protocols and incorporates a multi-agency approach (Shlonsky et al., 2017). It is also one of the only Australian programs for children with harmful sexual behaviours to have undergone rigorous evaluation, and shows promising components that could be further developed and evaluated in the future (Shlonsky et al., 2017).

³Royal Commission into Institutional Responses to Child Sexual Abuse Case Study 57, Transcript day 267 p30

Evidence-based approaches for children with problematic sexual behaviours

Much of the research regarding treatment and intervention for harmful sexual behaviours focusses on adolescents with abusive or violent sexual behaviours. Younger children who show behaviours that are on the less severe end of the continuum, including inappropriate or problematic sexual behaviours are distinct from adolescents and adults who are abusive or violent and treatment should be tailored accordingly (St. Amand et al., 2008).

The evidence base for effective interventions for children under 10 years of age who show problematic sexual behaviours is extremely limited. Shlonsky et al. (2017) identified only two studies that examined the effectiveness of interventions for children aged 0-10 years. These studies examined the effectiveness of Cognitive Behaviour Therapy, Dynamic Play Therapy, Relapse Prevention and Expressive Therapy. Neither study demonstrated a significant effect in reducing the behaviours.

It has been suggested that for these children, there may be some benefit in including material regarding problem and harmful sexual behaviours in parenting programs, teaching parents and caregivers to recognise and manage problem sexual behaviours (Shlonsky et al., 2017)

Group programs for youth with problematic sexual behaviours

Internationally, there have been some group programs for children with problematic sexual behaviours. These include interventions for children under 12 years of age who are not considered to be sexually motivated but who show concerning behaviours that do not stop when teachers or other adults intervene or attempt to redirect the child (Silovsky, Niec, Bard, & Hecht, 2007).

Problematic Sexual Behaviours-Cognitive Behavioural Therapy

Problematic Sexual Behaviours-Cognitive Behavioural Therapy (PSB-CBT) is a group therapy program designed to reduce problematic sexual behaviour in children aged 12 years and under. Two variations of this program are offered, one for children aged 3-6 years and one for children aged 7-12 years.

Children are provided outpatient treatment in groups of between 5 and 7 children, and their parents and caregivers attend parallel group sessions. Like MST, PSB-CBT actively involves the child's family and other networks in the treatment programs. This treatment can also be offered individually if a group setting is not possible or suitable (Silovsky et al., 2007).

The Royal Commission into Institutional Responses to Child Sexual Abuse heard that these programs offer a promising, less-intensive alternative to MST (Letourneau, 2017).⁴ Where MST may require children and their families to participate in therapy sessions as often as daily, these programs require attendance at sessions as little as once a week.

The evidence suggests that PSB-CBT, when applied with fidelity, demonstrates a reduction in the presentation of problem sexual behaviours in children aged 3-7. It is suggested that this type of intervention is likely to be most effective when all of the services involved in the child's life collaborate and engage in the process (Silovsky et al., 2007).

Characteristics of effective individualised interventions

It is important to note that each case is different and that treatment and intervention should be targeted to the needs of the individual child and in line with their best interests (Evertsz & Miller, 2012). Evidence suggests that there are several characteristics common to therapeutic interventions for harmful sexual behaviours that have the potential to generate positive change in children and young people who display these behaviours (Shlonsky et al., 2017). These include:

- Responses that consider the individual needs of the child and their family system, that take into account the age and developmental level of the child (O'Brien, 2010), contextual and environmental factors, and are culturally informed and respectful (Evertsz & Miller, 2012; O'Brien, 2010).

⁴ Royal Commission into Institutional Responses to Child Sexual Abuse Case Study 57, Transcript day 267 p29

- Interventions that involve the child or young person’s parents or caregivers. Parents and caregivers have been suggested to be a primary agent of change in effective interventions, as they are able to attend to other issues in the child’s environment and address behavioural issues at home (O’Brien, 2010; Shlonsky et al., 2017); and
- Interventions that take a collaborative and multi-agency approach to treating harmful sexual behaviours (Shlonsky et al., 2017; Silovsky et al., 2007). Harmful sexual behaviours do not occur in isolation and arise from complex, and cumulative interacting factors. An integrated treatment response that takes this into account is needed.

The complex nature of harmful sexual behaviour means that it is likely to require a whole-of-community response, rather than limiting the response to specialised services.

SCHOOL-BASED INTERVENTIONS FOR HARMFUL SEXUAL BEHAVIOUR

Intervention for harmful sexual behaviours requires a whole-of-community response. An important preventative strategy in addressing these behaviours is ensuring that all children and adults know what constitutes developmentally appropriate or inappropriate sexual behaviours (Ey, McInnes & Rigney, 2017; O’Brien 2010).

Teachers, school counsellors and school personnel are well positioned to support children and young people with harmful sexual behaviours given that they spend more time with children beyond their immediate family (Briggs, 2012). If adequately informed, educators can identify risk factors, recognise harmful sexual behaviours, connect children and families with professional support services, educate children about safe behaviours and monitor children’s progress (Briggs, 2012). School-based intervention strategies, community education and professional education have all been highlighted as potentially effective means of primary prevention for harmful sexual behaviours (O’Brien 2010; Quadara et al., 2015).

Recognising the role of education settings, many jurisdictions have developed and implemented guidelines in relation to managing and responding to children’s harmful sexual behaviour as well as educational programs to be delivered within schools that aim to promote responsible and respectful relationships between children and teach children about respectful behaviours (Ey et al., 2017; O’Brien, 2010). Primary school settings provide one of the best opportunities for primary prevention as they are virtually a universal service for children and they afford opportunities to offer programs or information to parents and the wider community.

Respectful relationships education

A range of school-based education programs exist in Australia aimed at preventing various forms of gender-based violence and child sexual abuse using strategies targeted at children and young people.

The Western Australian Government has a commitment to school curricula that include education programs aimed at child sexual abuse prevention, delivering programs regarding protective behaviours and healthy relationships within the Health and Physical Education curricula (Quadara et al., 2015).

Materials and documents are provided to teachers and professionals via the *Growing and Developing Healthy Relationships* website. This is a collaborative initiative between the Departments of Education and Health. Notably, this is the only independently evaluated initiative of this type in Australia (Walsh, Berthelsen, Nicholson, Brandon, Stevens, & Rachele, 2013).

Relatively little is known about the nature and effectiveness of school-based child sexual abuse prevention programs (Walsh et al., 2013). There are limited data available on the benefit of school-based education programs for children in Australia, and the international evidence regarding the effectiveness of these programs is mixed (Quadara et al., 2015; Walsh, Zwi, Woolfenden, & Shlonsky, 2015). A recent review of these programs identified that they are effective in increasing the knowledge and skills of primary school-aged participants about protective behaviours immediately post-intervention (Walsh et al., 2015). Similar results were found for programs for pre-school aged children (Pitts, 2015). The long-term benefits of these programs in effectively reducing the incidence or prevalence of child sexual abuse have not yet been adequately measured (Walsh et al., 2015).

Despite the mixed evidence regarding the effectiveness of school-based education programs for the prevention of gender-based violence and child sexual abuse, there are several core components of good practice in provision of these programs in schools. These are that the program:

- Addresses the drivers of gender based violence;
- Can be implemented and funded long term;
- Takes a whole-of-school approach;
- Includes mechanisms for collaboration and coordination including with government, schools and the school community (including parents);
- Includes integrated evaluation and continual improvement;
- Provides materials and supports for teachers; and
- Is age-appropriate, interactive and participatory (Gleeson, Kearney, Leung, & Brislane, 2015).

Based on these core components, there are several potential limitations to the effectiveness of these programs as they are currently used in the Australian context.

Reviews of school-based violence and child sexual abuse prevention programs in Australia reveal that there is an absence of consistent policy and guidelines regarding what should be taught to students in schools and how it should be taught (Quadara et al., 2015).

Further, while there may be some benefit to these programs, they are not sufficient as the sole means of preventing child sexual abuse or addressing children's harmful sexual behaviour and should not be relied upon in place of whole-of-community approaches to increasing the understanding of child sexual abuse. It is likely that these will be most effective as part of broader initiatives for child sexual abuse prevention that target the whole community, and should not be seen as a replacement for adult responsibility for child safety (Zwi, Woolfenden, Wheeler, O'Brien, Tait, & Williams, 2007).

Professional education

As teachers are usually responsible for implementing of school-based interventions, an important factor in the effectiveness of school-based responses is their understanding of the problem and knowledge about how to intervene effectively. When providing teachers with materials and supports for programs such as respectful and healthy relationships education, such as on the *Growing and Developing Healthy Relationships* website, teachers are likely to also need support to determine the quality of the materials available, which materials to use and how to use them (Walsh, et al., 2013).

In a study regarding teacher understanding of problematic sexual behaviours, educators felt that they would benefit from increased knowledge and training about recognising and responding to harmful sexual behaviours (Ey et al., 2017).

School bullying interventions

Given the recent finding that a considerable proportion of child sexual abuse or harmful sexual behaviour appeared to have occurred within the context of school bullying (Parkinson et al., 2017), school bullying interventions could also offer an opportunity for prevention and response to harmful sexual behaviours.

It is mandatory for all Australian schools to uphold federal and state legislation relevant to harassment, discrimination and violence as part of their duty of care towards each child. In relation to bullying, each school must have a policy that defines, and outlines how the school will manage, prevent and intervene with bullying behaviours (Department of Education and Training, 2015).

Reviews of school-based bullying interventions identify that there are many programs aimed at reducing bullying and victimisation among primary and secondary school aged children. Many of these programs contain content pertaining to the reduction of violent and aggressive behaviours toward peers (Mytton, DiGiuseppi, Gough, Taylor, & Logan, 2006). There appears to be an absence however, of content directly addressing abusive or violent sexual behaviours within the context of bullying. This highlights a potential gap in school-based responses to harmful sexual behaviours.

In response to a lack of treatment programs for individuals who are sexually attracted to children, there are several promising programs emerging internationally for individuals who self-identify as having concerning thoughts about children but who have not acted upon them. These act as a means for primary prevention of child sexual abuse and harmful sexual behaviours.

Moore Centre for the Prevention of Child Sexual Abuse

The Moore Centre for the Prevention of Child Sexual Abuse at John Hopkins Bloomberg School of Public Health in Baltimore, USA has several projects underway aimed at the development and evaluation of primary prevention interventions for child sexual abuse. This includes 'Help Wanted,' an online intervention for adolescents who are sexually attracted to children, aiming to reduce abusive or violent sexual behaviour.

Stop it Now!

Stop it Now! an organisation based in the UK, recognises child sexual abuse as a preventable public health problem. The organisation aims to prevent child sexual abuse through programs that enable adults, families and communities to recognise the signs and take action before children are harmed. This involves using public messages, educational materials and training tools to develop awareness and understanding of child sexual abuse (Quadara et al., 2015). Stop it Now! has branches in the UK, Ireland, and the Netherlands (Saunders & McArthur, 2017).

The services and programs offered by Stop it Now! include a confidential telephone helpline for adults with concerns about child sexual abuse. This includes both adults who are worried about the behaviours of others towards children or adults who are concerned about their own thoughts or behaviours toward children. The helpline can provide information, referrals or other supports to these individuals. While the helpline is not available all-hours, the program also offers a variety of web-based information and support services (Saunders & McArthur, 2017).

The Stop it Now! model was primarily designed to provide support to adults (Saunders & McArthur, 2017). The lack of differentiated response to adolescents who contact the helpline may mean that appropriate support and referrals are not able to be provided to adolescents who are concerned about their thoughts or behaviours toward other children.

Project Dunkelfeld

Project Dunkelfeld is a prevention strategy developed in Germany aimed at individuals who have not been arrested or convicted of any sexual offences against children but who are help seeking for worrying thoughts or behaviours toward children.

This project has been in operation since 2002. Like the Moore Centre, it utilises a public campaign to target potential help seekers. It promises confidentiality and anonymity to those who seek help, providing they are not currently sexually abusing a child (Quadara et al., 2015). There are both adult and adolescent versions of Project Dunkelfeld, which is specifically designed for individuals preferentially attracted to pre-pubescent children. The project uses individual and group therapies as well as medical options, such as chemical castration, to help participants improve their efficacy and control over their thoughts and feelings towards children.

A pilot study evaluating Project Dunkelfeld found that individuals engaging in the program were willing and amenable to participation in treatment. Therapy was found to have the potential to reduce some risk factors of child sexual abuse and related behaviours (Beier, Grundmann, Kuhle, Scherner, Konrad, & Amelung, 2015). Further research is required to establish the effectiveness of this program.

Evidence base for treatment programs

The evidence base for treatment programs such as Help Wanted, Stop it Now! and Project Dunkelfeld is limited. This may be partly because engaging individuals who are sexually attracted to children is difficult as it is a highly stigmatised issue that has potential legal and other implications (Saunders & McArthur, 2017). The significant stigma towards these individuals means that they often fear coming forward due to negative responses from family members or employers (Saunders & McArthur, 2017).

Due to the significant stigma and potential ramifications, confidentiality is a key component in allowing adolescents and adults who are sexually attracted to children to seek help (Saunders & McArthur, 2017). German legislation does not currently include a mandatory reporting law, meaning potential clients are able to seek help for concerning thoughts and actions as part of Project Dunkelfeld without fear of prosecution. Due to current mandatory reporting requirements in Australia, adults who seek help for sexual attraction to children may not be able to be promised confidential treatment (Quadara et al., 2015; Saunders & McArthur, 2017). This may be a barrier to seeking help.

Helpline providers in Australia have reported receiving calls from individuals who are concerned about their behaviours or thoughts toward children (Saunders & McArthur, 2017). The absence of specialised counselling or therapeutic services means that helplines are often unable to refer these individuals for ongoing help and support (Saunders & McArthur, 2017), meaning that when help is sought, meaningful intervention may not be able to be offered.

SUPPLEMENTARY APPROACHES TO RESPONDING TO HARMFUL SEXUAL BEHAVIOUR

While several promising individualised approaches to treatment have been described, these may be limited in addressing the problems in communities where harmful sexual behaviours are prevalent. Individualised interventions such as Multi-Systemic Therapy, while potentially effective, are not sufficient with regard to addressing harmful sexual behaviours at a community level.

This is particularly important for Aboriginal children in communities in which very high prevalence is found of child sexual abuse, harmful sexual behaviour and victimisation involving multiple community members across different age groups. Responding to these circumstances will need a combination of individual and community-wide approaches (O'Brien, 2010).

A multi-agency taskforce response was undertaken in a remote Aboriginal community in 2010, where nearly two thirds of the child population were identified as showing harmful sexual behaviours or being the subject of these behaviours (Battye, Arney, & Roufeil, 2013). A response was implemented over 12 months and evaluated to determine the steps organisations should take to work with Aboriginal people to deliver effective services in remote communities. It offers key learnings that can be reflected with regard to the development and implementation of community-wide responses to harmful sexual behaviours and child sexual abuse (Battye et al., 2013).

The evaluation identified several challenges to the approach taken to addressing sexualised behaviour. In particular, the crisis driven nature of the response meant that the necessary means were not available to provide a whole-of-community response that incorporated community engagement, family level work, individual and group therapeutic work and school-based capacity building (Battye et al., 2013). Limited individual therapy for sexualised behaviour was able to be provided for children unless the child was in stable home environment or placement, highlighting the importance of providing a response at multiple levels (Battye et al., 2013).

Further, while the community had called for the recognition of Aboriginal leadership and involvement in the design and implementation of the response, working with and supported by agencies in the child wellbeing space, the response was predominantly the responsibility of one agency. The ability for a single agency providing individual therapeutic services to have an impact on a problem that is caused by multiple and complex individual, social and environmental factors is likely to be limited (Battye et al., 2013). This approach recognised that long-term change required a community-wide intervention to harmful sexual behaviours, and that the problem should be addressed by working with culture, community and family before working with individual children (Battye et al., 2013).

This approach revealed the importance of meaningful engagement and collaboration with Aboriginal communities in the development and delivery of services. The organisations delivering services recognised that in order to provide effective individualised responses that the home or placement environment of the child be addressed first, and that this was done so in partnership with family, community and service providers. It was important not to leave the development of these partnerships until 'crisis point,' but rather for organisations to

have well-established and ongoing relationships with the communities they work with, and to provide services long-term.

CONCLUSION

There are a range of promising approaches for responding to harmful sexual behaviours including individual therapeutic responses, group programs and school-based interventions. In keeping with the public health approach and the continuum of responses proposed by Hackett et al. (2016), service responses for harmful sexual behaviours are required at multiple levels that are based on assessment of the needs and developmental level of children and young people, and the context of the behaviour. Service responses are also required at several levels, from initial responses to low-severity cases to responses that address higher or more serious levels of concern. This requires a strategic and well- implemented multi-agency response at all levels of the community including individuals, families, schools, government and specialised services.

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