



Commissioner for Children and Young People
Western Australia

Discussion paper

Children and young people with 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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Contents

What are harmful sexual behaviours?	4
Why do we need a specific focus on children and young people with HSB?.....	5
Work undertaken by the Commissioner focused on children and young people with HSB	7
What is already being done to support children and young people with HSB in WA?.	8
Direct service provision to children and young people who display HSB.....	8
Other relevant research and the RCIRCSA.....	13
Findings of the service mapping	15
What needs to be done to improve responses to children and young people with HSB in Western Australia?	17
Commissioner’s recommendations.....	19
References	23

What are harmful sexual behaviours?

Problematic or harmful sexual behaviours (HSB) 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.¹

Harmful sexual behaviour includes the range of behaviours from problematic to violent on the continuum in the table below.

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

Continuum of sexual behaviours adapted from Hackett (2011) and Hackett, Holmes & Branigan (2016)²

It is important to use terminology carefully in order to avoid labelling children and young people inappropriately³ and to ensure that people and systems respond with sensitivity to the broad spectrum of sexualised behaviours and the conditions that are likely to have contributed to them.⁴ Terms that are clear and meaningful increase effective communication between professionals and the accurate assessment of behaviours.⁵ In line with current evidence, the term 'harmful sexual behaviour' can be used to describe any problematic, harmful or sexually abusive behaviours by children and young people under the age of 18.⁶

Why do we need a specific focus on children and young people with HSB?

When sexual behaviours become concerning or harmful, they can be traumatic both for the children displaying the behaviours as well as any other children who are impacted by the behaviours. It is important that responses are in place within communities and in organisations that provide early intervention, support and treatment that is appropriate to the behaviours displayed and experienced. The safety and wellbeing of all children is of the utmost importance.⁷

"Children often don't know that what they're doing is wrong. We do a poor job – and when I say 'we' I mean adults in general, and in virtually every country – we do a really poor job of explaining to children what are the rules of the road as they begin to become sexual."

(Dr E. Letourneau, evidence to the Royal Commission into Institutional Responses to Child Sexual Abuse Final Report Volume 10 pg. 77)

Accurate statistics on the incidence of HSB are difficult to obtain due to the hidden nature of abusive sexual experiences and ineffective reporting or referral pathways.⁸ Australia is one of few developed countries where a nationally representative prevalence study on child maltreatment and child sexual abuse has not been conducted.⁹ Researchers estimate that 30–60% of all experiences of childhood sexual abuse are carried out by children and young people who exhibit HSB.¹⁰

Bromfield, Hirte, Octoman and Katz (2017) in their research for the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA) sourced police data from all states and territories. They found the majority of recent child sexual abuse allegations to the police occurring within an institutional location involved a minor as the person of interest. In Western Australia this was the case for 62% of child sexual abuse allegations.¹¹ This research was 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 the 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 the 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.¹²

Children and young people find it difficult to identify which sexual behaviours are appropriate and inappropriate. Those who display harmful sexual behaviour may not recognise that they are doing so. Those who experience harmful sexual behaviour may realise it makes them feel unhappy or unsafe, but they aren't always clear about how to respond.¹³

Young people have said they can be confused because:

- they are unsure about what constitutes 'normal' sexual activity
- they don't know whether they gave consent
- they were drunk when the abuse took place
- the abuse was carried out by a friend or partner
- the abuse took place online
- they blame themselves for what happened.¹⁴

Young people are also reluctant to tell anybody they have been harmed as they:

- worry they won't be taken seriously
- fear they will be blamed or bullied about what happened
- are frightened of what the other young person will do to them if they speak out
- don't think what happened was serious enough to report.¹⁵

Research has found that children harmed by young people close to their own age are likely to experience ongoing effects comparable 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.¹⁶

Harmful sexual behaviours are also potentially damaging for the children who display these behaviours. Firstly, some adults may respond by labelling, isolating, marginalising or condemning the child¹⁷ and such labelling risks establishing a self-fulfilling prophecy and social rejection.¹⁸ 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.¹⁹

Children and young people who display HSB are, first and foremost, children. They require treatment that accounts for their age and capacity²⁰ as they have varied needs and come from diverse and complex backgrounds. As such, a one-size-fits-all approach to responding to these behaviours is insufficient.²¹

If not addressed, these behaviours may lead to long term patterns or increased likelihood of behavioural or conduct problems later in life.²² If addressed early and effectively however, they have a high rate of resolution. The earliest possible

intervention leads to the best rehabilitative outcomes for the children and young people involved.²³

Service responses are therefore required that assess the needs of children and young people and respond to their behaviours in the context of the child's age, developmental level and culture, as well as the underlying reasons for these behaviours. Further, a multi-agency response that addresses HSB at the individual and community level is required.²⁴

Work undertaken by the Commissioner focused on children and young people with HSB

In April 2016 the Commissioner launched the Child Safe Organisations (CSO) resources and capacity building approach for organisations in Western Australia. Organisations have been encouraged to review and implement the domains of child safe and friendly organisations including:

- mechanisms for children and young people to raise concerns or complaints within organisations
- timely, appropriate responses by staff to concerning behaviours of children and young people
- timely, appropriate responses by staff to disclosures from children of harm by another child or young person or by an adult.

From the inception of the CSO seminars it was evident professionals were concerned about responding appropriately to the HSB of children and young people and often react in ad hoc, crisis driven ways. This has been further confirmed by complaints to the Commissioner from community members about ways in which individual situations have been responded to by agencies.

In 2017 the Commissioner's team met with relevant government agencies and non-government service providers to discuss these issues and it was apparent in Western Australia that:

- there is no common definition, language or framework for understanding and responding to HSB across agencies
- language often included labelling of children with HSB as abusers or offenders
- the data available within agencies about children with HSB is generally poor and there is no common data set across agencies to inform how many children have HSB and what may be required in terms of service location and type
- agency representatives were unaware of other agencies services, protocols or guidelines
- responses within agencies varied in quality, for example some had well developed approaches for children with behaviours reported as causing harm,

but less developed approaches for early identification and responses to concerning behaviours

- the level of training of personnel varied across and within agencies; in some agencies training was minimal
- private practitioners are often contracted by agencies where services do not exist, or the level of expertise does not exist for an individual child's situation
- responses often occurred within a crisis context, although two agencies articulated clear early assessment and intervention strategies
- the quantity, quality and effectiveness of services available statewide is not clear.

As a result, the Commissioner commenced a project aimed at improving the understanding of children and young people with HSB and enhancing 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 on A Continuum of Responses for Harmful Sexual Behaviours by the Australian Centre for Child Protection.
3. Review of the RCIRCSA research reports, case studies, and final report and recommendations relevant to HSB.

This discussion paper draws on the findings of these three activities as well as other research in the area.

What is already being done to support children and young people with HSB in WA?

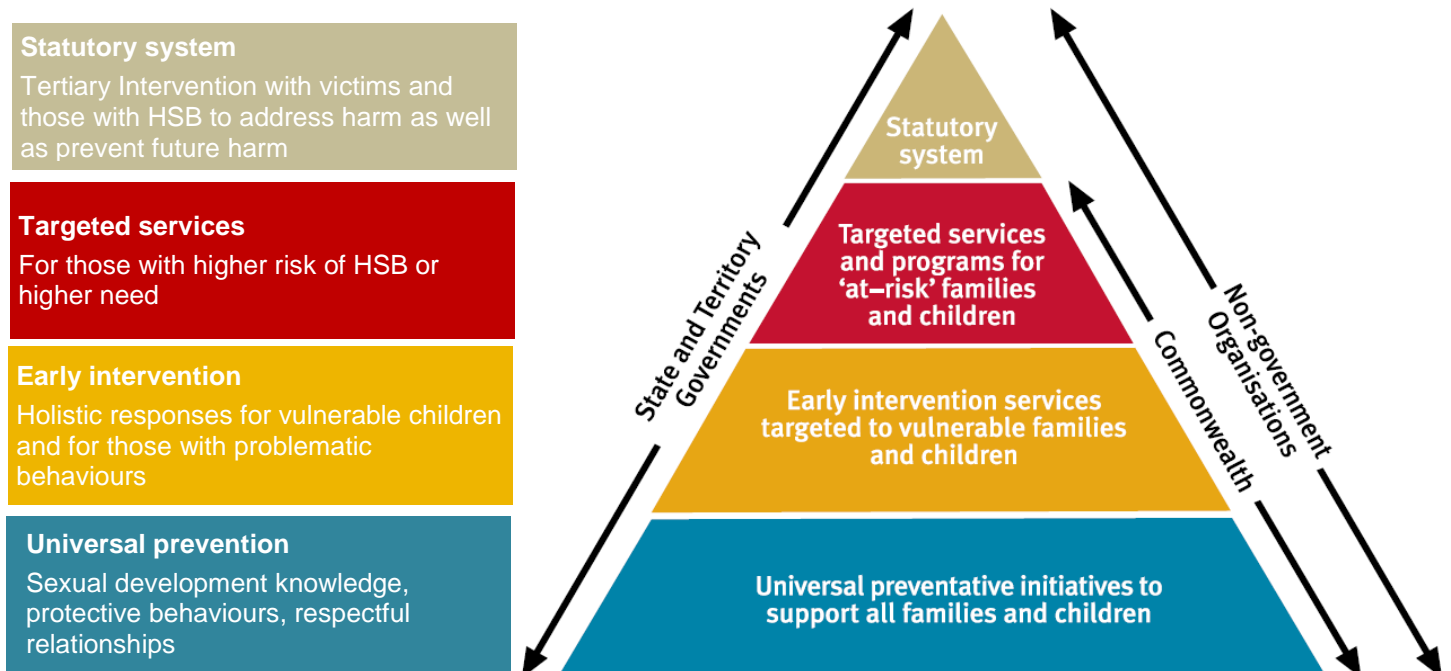
Direct service provision to children and young people who display HSB

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 a quick approach to identifying services.

The service mapping aimed to gather information about what is available for families across the pyramid of universal prevention, early intervention, targeted services and tertiary intervention as outlined in the National Framework for Protecting Australia's Children 2009–2020. It sought information on services provided directly to the target groups (children and young people who experience 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 (such as situational prevention strategies in organisations); nor did it include any assessment of service quality or capacity such as funding amount, capacity levels, client profiles, wait list times, treatment interventions, or staff qualifications, supervision and training.

Services relevant to HSB



A system for protecting children. Commonwealth of Australia (2009)²⁵

Survey questions

Respondents were provided with a definition of HSB and were asked to identify the types of programs or services they provided, ranging from information and education to specialised clinical interventions, and for whom those services could be provided. Respondents were also asked if there were any issues, challenges, gaps or barriers within their program or across the service system that they identified as important for the Commissioner to consider when reflecting on the services available for children and young people who have experienced sexual abuse and/or with HSB, and their families.

Data analysis

A separate report details the survey methodology, data analysis and detailed findings²⁶. In summary, 65 responses were received and a desktop review of agency websites and service standards occurred as part of data cleansing to clarify service scope, eligibility criteria or location. The following information is based on 61 of the responses.

Funding	Count of responses	Proportion of survey responses
Government service	9	15%
Government-funded service	28	46%
Private practitioner	24	39%
Total	61	100%

Key messages from the data

Service challenges

Of the 61 responses, 46 participants replied to the unprompted, open invitation to identify any challenges, gaps or barriers within programs or across the service system. Many of these participants identified 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 issues	9	20%
Collaboration, how services work with each other	7	15%
Insufficient Education/ prevention	6	13%

A snapshot of the comments made by these respondents is provided on page 11.

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 where funded services have long waitlists. Many private practitioners indicated they were willing to travel regionally to provide services when funded by communities or government agencies.

Summary of findings

In Western Australia:

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

Snapshot of survey responses on issues, challenges, gaps or barriers within programs or across service system in Western Australia

Insufficient service availability

- Education programs about child sexual abuse indicators, risk factors and appropriate responses is one of the gaps in the area of prevention and education in the broader community.
- School based sexual health education is difficult in a crowded curriculum and is not mandatory; skilled teachers are essential for high quality sexual health and relationships education.
- Poor variety of services – country and remote, including specialists.
- More services needed with children at risk of engaging in HSB.
- More counselling for both child victims and teenagers and for those addicted to pornography.
- Justice services don't continue with a client after completion of orders; though onward referral can be made, this can be a barrier to continuity.

Inadequate service funding

- More funding is required to allow the services to have a balanced role in prevention and intervention.
- Funding levels are insufficient and result in challenges in terms of coverage and capacity.
- Not funded to be able to provide a crisis response.

- 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.
- 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.

Increased acuity and complexity of client presentation

- 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 with inpatient wards, youth justice staff, community mental health clinics and private psychiatrists. This process is made difficult by funding constraints.
- 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; in some communities, sexual behaviours can be normalised.

Collaboration, how services work with each other

- 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.
- In regional communities where many children and young people have been identified as victims of sexual abuse there is huge stigma, cultural pressure and negative community repercussions in coming forward to seek support and counselling.
- Service providers need to work together more collaboratively.

Workforce and development issues

- 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. Clinicians with this experience and expertise are highly sought after and expensive. We are required to dedicate a high level of training, supervision, coaching to develop staff to ensure they are fully competent in all relevant areas of clinical expertise. This is at an additional cost to the agency within a program that is only funded for the sessions themselves. There is a lack of suitable clinical training into evidence-based treatment approaches to working with children and young people with HSB - training that is offered is often interstate.

- Lack of experienced practitioners (with the specialist knowledge/skills) and lack of consistency and minimum qualification of staff across agencies who offer these services. 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.
- More training of grass roots workers such as Youth Justice Officers would be of benefit.

Other relevant research and the RCIRCSA

Research conducted in 2017 by the Institute of Child Protection Studies (ICPS)²⁷ for the RCIRCSA focused on the help-seeking needs and behaviours of professionals, parents and community members concerned about child sexual abuse (the ICPS report). It was 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 ICPS 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-based 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 ICPS report also notes the current gaps in child sexual abuse primary prevention services provision at a national level. Those of relevance to children and young people include:

- 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 and no coordination among primary prevention education or training programs, nor quality control of those currently being delivered.²⁸

In 2017 the RCIRCSA found that despite the existence of the National Framework for Protecting Children:

- no state or territory government has a comprehensive and coordinated policy approach for preventing, identifying and responding to children with HSB
- Australian jurisdictions have not yet adopted a nationally consistent approach to preventing, identifying and responding to children with HSB
- every jurisdiction has incorporated the issue of children with HSB into its policies in some way, but the nature and scope vary considerably and, as yet, there is minimal evidence of their effectiveness
- expertise and resources should be directed towards prevention and early intervention to address children's HSB
- governments should ensure children exhibiting these behaviours have access to specialist assessment and a range of therapeutic interventions that can address their varying levels of need and be tailored to the child's particular background and situation
- for the small proportion of children with HSB who enter the criminal justice system, support and therapeutic intervention services are important both during detention and upon release.²⁹

Furthermore, the RCIRCSA found limitations in current therapeutic interventions including:

- services are not sufficiently timely
- the lack of effective training and staff retention in service agencies hinders youth engagement
- there is a view among some service agencies that children with HSB are 'predators' and are incapable of rehabilitation
- conducting therapeutic interventions for children with HSB is a 'separate and specialised field of service provision necessitating specialist training and supervision for clinicians'
- few professionals working with children with harmful sexual behaviours have sufficient therapeutic expertise
- despite accreditation arrangements in some services – practice standards are inconsistent and there is a possibility that interventions by unqualified practitioners may cause further harm
- the lack of widely applicable practice standards is compounded by a lack of education and training for psychologists, psychiatrists, social workers or counsellors in responding to this issue

- effective therapeutic intervention for children with HSB is limited by the lack of research on this topic.³⁰

The findings of the Commissioner’s service mapping is consistent with both the ICPS research and the RCIRCSA findings. The following table considers the relevant recommendations of the RCIRCSA and reflections from the service mapping in WA.

Findings of the service mapping

RCIRCSA	WA service mapping findings
<p>Recommendation 10.1</p> <p>The Australian Government and state and territory governments should ensure the issue of children’s harmful sexual behaviours is included in the national strategy to prevent child sexual abuse that we have recommended (see Recs 6.1 to 6.3).</p> <p>Harmful sexual behaviours by children should be addressed through each of the following:</p> <ol style="list-style-type: none"> primary prevention strategies to educate family, community members, carers and professionals (including mandatory reporters) about preventing harmful sexual behaviours secondary prevention strategies to ensure early intervention when harmful sexual behaviours are developing tertiary intervention strategies to address harmful sexual behaviours. 	<ol style="list-style-type: none"> The Department of Education provides education to children within the school curriculum. This is the only statewide provision of preventative education to children. Monitoring or quality assurance mechanisms of this education, including consistency, or information to/inclusion of parents is unknown. <ul style="list-style-type: none"> Some private practitioners and funded agencies indicated they provide education to children and young people, parents, communities and professionals, or to some of these groups. Government departments indicate they have training in place for some or all staff about child protection. Less is known about specific training regarding HSB (with the exception of training for carers and staff in the Department of Communities). 31 (51%) respondents indicated they provide interventions in populations at risk. No information on quantity, type or quality was sought. See comments on other recommendations.
<p>Recommendation 10.2</p> <p>The Australian Government and state and territory governments should ensure timely expert assessment is available for individual children with problematic and harmful sexual behaviours, so they receive appropriate responses, including therapeutic interventions, which match their particular circumstances.</p>	<p>Insufficient service availability was the most prevalent issue mentioned by 50% of respondents to the open-ended question about systems issues.</p> <p>Information on timeframes, expertise and assessments was not sought from respondents.</p>

<p>Recommendation 10.3</p> <p>The Australian Government and state and territory governments should adequately fund therapeutic interventions to meet the needs of all children with harmful sexual behaviours.</p> <p>These should be delivered through a network of specialist and generalist therapeutic services. Specialist services should also be adequately resourced to provide expert support to generalist services.</p>	<p>Insufficient service availability was the most prevalent issue mentioned by 50% of respondents to the question about systems issues.</p> <p>Inadequate service funding was identified as an issue by 24% of the respondents.</p> <p>The RCIRCSA did not identify any specialist services in WA. Child Sexual Abuse Treatment Services (CSATS) funded by Department of Communities are classified by the RCIRCSA as generalist services.</p>
<p>Recommendation 10.4</p> <p>State and territory governments should ensure that there are clear referral pathways for children with harmful sexual behaviours to access expert assessment and therapeutic intervention, regardless of whether the child is engaging voluntarily, on the advice of an institution or through their involvement with the child protection or criminal justice systems</p>	<p>Increased acuity and complexity of client presentation was mentioned by 24% of the respondents who identified issues in service delivery.</p> <p>Access to private psychologists in regional and remote areas and lack of experienced practitioners (with the specialist knowledge/skills) were also noted by government agencies as problematic.</p> <p>It was also noted that for young people on justice orders, continuity of intervention post order does not always occur.</p>
<p>Recommendation 10.5</p> <p>Therapeutic intervention for children with harmful sexual behaviours should be based on the following principles:</p> <ol style="list-style-type: none"> a. a contextual and systemic approach should be used b. family and carers should be involved c. safety should be established d. there should be accountability and responsibility for the harmful sexual behaviours e. there should be a focus on behaviour change f. developmentally and cognitively appropriate interventions should be used 	<p>CSATS services funded by the Department of Communities have Service Standards (2014).³¹</p> <p>These standards do not specifically mention HSB or any principles of therapeutic responses for HSB.</p> <p>The CSATS standards focus on professional service provision with 2.3 noting evidence based theoretical and practice models inform and guide intervention.</p> <p>No information was received about therapeutic service models in government services.</p>

<p>g. the care provided should be trauma-informed</p> <p>h. therapeutic services and interventions should be culturally safe</p> <p>i. therapeutic interventions should be accessible to all children with harmful sexual behaviours.</p>	<p>24 private practitioners responded to the survey, 70-80% provided therapeutic services to children and young people. No information on their therapeutic interventions was sought.</p>
<p>Recommendation 10.6</p> <p>The Australian Government and state and territory governments should ensure that all services funded to provide therapeutic intervention for children with harmful sexual behaviours provide professional training and clinical supervision for their staff.</p>	<p>Workforce and development issues were noted by 20% of the respondents who identified barriers to service provision.</p>
<p>Recommendation 10.7</p> <p>The Australian Government and state and territory governments should fund and support evaluation of services providing therapeutic interventions for problematic and harmful sexual behaviours by children.</p>	<p>No questions were asked about evaluation in the service mapping.</p>

What needs to be done to improve responses to children and young people with HSB in Western Australia?

Effective prevention strategies and timely, critical responses are required across the pyramid of universal, early intervention, targeted and statutory services for protecting children (Figure 1 pg. 9). An important preventative strategy in addressing these behaviours is ensuring that all children and adults know what constitutes developmentally appropriate or inappropriate sexual behaviours.³² There is clear evidence that children and young people with HSB require the earliest possible intervention tailored to the specific circumstances of the child or children.³³

Challenges currently exist in responding effectively due to:

- limited recognition and understanding about children’s sexual development and what constitutes age appropriate behaviour across different developmental stages
- the underlying cause of these behaviours may vary from: re-enactment of a child’s past trauma; exposure to sexualised media; manifestation of bullying

or peer-to-peer sexual harassment; to preferential attraction to pre-pubescent children

- appropriate responses and interventions are needed for distinct population cohorts (eg children under 10, Aboriginal children, and children with disability)
- criminal justice responses can be a deterrent for seeking help for children over the age of criminal culpability.

Evidence suggests however, that there are several characteristics common to therapeutic interventions for HSB that have the potential to generate positive change in children and young people who display these behaviours. These include:

- considering the individual needs of the child and their family system and taking into account the age and developmental level of the child
- involving the child or young person's parents or caregivers, who are the primary agents of change when they are able to attend to other issues in the child's environment and address behavioural issues at home
- collaborative and integrated multi-agency approaches, as HSB does not occur in isolation and arises from complex and cumulative interacting factors.³⁴

Successful interventions for HSB should aim to promote stable and supportive relationships, helping young people develop self-awareness, self-management and a healthy lifestyle. Interventions should be:

- evidence-based
- holistic
- strengths-based
- supportive
- proportionate to each young person's risks and needs
- multi-modal – addressing issues within the whole context of the young person's life as well as working individually with them
- focused on resilience – with an emphasis on identifying factors that improve a young person's strengths and enabling them to understand what influences their behaviours
- collaborative – using professional networks to make best use of different people's expertise.³⁵

Commissioner's recommendations

1. Recognition and support of children and young people with HSB as a priority group

- Given the estimate by researchers that 30–60% of all experiences of childhood sexual abuse are carried out by children and young people who exhibit HSB, and the findings from the research of WA Police case files that 70% of recent child sexual abuse allegations within an institutional location involved a minor as the person of interest, these children and young people should be recognised as a priority group for interventions and service provision.
- Holistic and integrated service provision, which is responsive and supportive of the individual needs and differences of children and young people with HSB across a diverse range of backgrounds, is required to ensure these young people received early, high quality interventions to prevent and minimise harm to themselves or other children and young people.
- Coordinated service planning should occur for young people within HSB across education, child protection, therapeutic and justice services, including transition to adult services if required.

2. Improving community understanding and acceptance

Children and young people who have experienced HSB think adults should act to prevent all forms of sexual abuse by: providing good education on healthy relationships, abuse and consent from a young age; recognising the seriousness of sexual abuse; and engaging in purposeful conversations with young people about it.³⁶

- Community awareness and education strategies directed at children and young people, parents, professionals and the general community are required to improve understanding about HSB in children and young people, including age-appropriate sexuality education for children and young people and information and support for parents and families.
- Common language and definitions of HSB in WA are required to: ensure that people and systems respond with sensitivity to the broad spectrum of HSBs; and the conditions that are likely to have contributed to them; increase effective communication between professionals; and assist in the accurate assessment of behaviours. It is also important to use terminology carefully to avoid labelling children and young people inappropriately, including in media reporting.

3. A strategic approach is required

An across-government approach is required in Western Australia involving the government departments of Communities, Education, Health, Mental Health, Justice and Police to bring a strategic focus to the system improvements required for children and young people with HSB. The recommendations of the RCIRCSA in their *Final Report Volume 10 of Harmful Sexual Behaviours in children and young people*³⁷ should be supported, resourced and implemented in full and guide the work of an across-government approach.

An across-government approach should include:

- Development of a common definition, language or framework for understanding and responding to HSB within and across agencies and within communities.
- A comprehensive review and assessment of the current services provided by government and funded by government aimed at preventing and responding to HSB in children and young people. Services should be assessed for efficiency, reach and effectiveness.
- Planning the right balance and mix of services across the primary prevention, secondary prevention and tertiary intervention continuum statewide.
- Funding and implementation of responses to meet gaps between iii and iv.
- Reviewing and improving data collection within agencies about children with HSB to continually inform service planning and review.
- Ensuring service referral pathways and services are made clear for parents, community agencies and professionals.
- Identifying and address workforce development issues including the level of training and supervision of professionals providing interventions across the primary prevention, secondary prevention and tertiary intervention continuum.

The table on page 15, informed by the work of the Australian Centre for Child Protection³⁸, the RCIRCSA³⁹ and other research⁴⁰, is offered as a guide for reviewing the current and required service provision across the system for protecting children.

4. Understanding the needs and experiences of children and young people with harmful sexual behaviours

- As recommended by the RCIRCSA the Australian Government and state governments should fund and support evaluation of services providing therapeutic interventions for problematic and HSB by children.
- Research in this area should include consultation with children and young people receiving services to improve the understanding of their specific needs, the effectiveness of services, and the participation that these children and young people have had in decision making that has impacted on them with regard to their HSB.

A summary of evidence informed responses to HSB

<p>System for protecting children</p>	<p>Evidence informed responses to HSB</p> <ul style="list-style-type: none"> • A range of timely responses are required within each tier of the system reflecting the level of risk and needs of children and young people. • The least intrusive response to effectively address the behaviours displayed should be used based on comprehensive assessment of the child’s developmental stage and context.
<p>Universal prevention</p> <p>Sexual development knowledge, protective behaviours, respectful relationships</p>	<ul style="list-style-type: none"> • Community education including normal sexual development and concerning behaviours. • Clear referral and help seeking pathways for young people, parents and community members to seek information and support. • School-based intervention strategies such as child sexual abuse prevention programs, although the nature and effectiveness of these programs is limited. • Teachers, school counsellors and personnel are well positioned, if adequately informed, to 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. • Professional development for people working with children and young people to improve identification of risk factors, recognise harmful sexual behaviours, connect children and families with professional support services, educate children about safe behaviours and monitor children’s progress.
<p>Early intervention</p> <p>Holistic responses for vulnerable children and for those with problematic behaviours</p>	<ul style="list-style-type: none"> • Confidential telephone helpline for young people with concerns about their own behaviours or the behaviours of others, and for adults who are worried about the behaviours of young people towards children. Information, referrals or other supports provided by phone and web-based. • Information and support for parents where their child has problematic behaviours including psycho-education, parental monitoring and supervision. Recognising and responding to problematic and harmful sexual behaviours within schools, including individual student planning, risk management, psycho-education, monitoring by educators and involvement of parents.

	<ul style="list-style-type: none"> • Individual interventions for children and young people (and their parents, carers and families) presenting with problematic and abusive sexual behaviours - the evidence base is extremely limited in this area. • Problematic Sexual Behaviours-Cognitive Behavioural Therapy Groups or individual for children aged 3–12 have demonstrated some promising outcomes.
<p>Targeted services</p> <p>For those with higher risk of HSB or higher need</p>	<ul style="list-style-type: none"> • Case management, coordination and support of young people in frontline settings supported by specialised services as needed. • Responses for populations of children and young people requiring a tailored interventions: Children Under 10; with Intellectual Disabilities; Aboriginal or Torres Strait Islander or Culturally and Linguistically Diverse children. • Targeted responses in communities with high prevalence of child sexual abuse, harmful sexual behaviour and victimisation involving multiple community members across different age groups. Individual and community-wide approaches based on meaningful engagement and collaboration with communities in the development and delivery of services. • Treatment programs for young people who are sexually attracted to pre-pubescent children. Whilst programs exist internationally their evidence base is limited, potentially due to it being a highly stigmatised issue that has potential legal and social implications.
<p>Statutory system</p> <p>Tertiary Intervention with victims and those with HSB to address harm as well as prevent future harm</p>	<ul style="list-style-type: none"> • Specialist treatment services such as Multi Systemic Therapy and New Street each have been evaluated. • Therapeutic interventions based on the principles recommended by the RCIRCSA (see table Recommendation 10.5 pg. 17) • Specific interventions where young people present with complex needs and risk profiles, including serious mental health concerns and learning difficulties/disabilities. • Integrated legal and therapeutic responses - Victoria is currently the only state offering 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. • Youth Justice Orders with sentence planning including treatment and transitions of treatment on release to community or completion of orders. • Supervised treatment of children who needs cannot be met safely in the community.

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