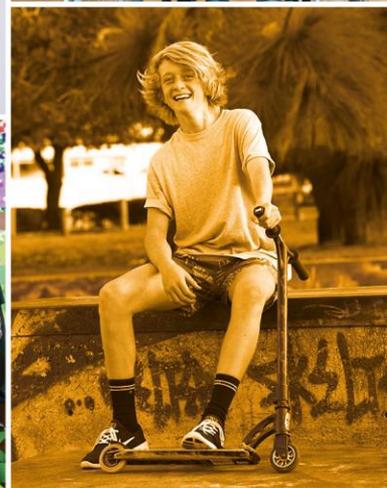




Commissioner for Children and Young People
Western Australia

Children and young people with harmful sexual behaviours seminar

12 June 2018





Commissioner for Children and Young People
Western Australia

Welcome





Commissioner for Children and Young People
Western Australia

Natalie Hall

Principal Policy Officer, Commissioner for Children and Young People





Child Safe Organisations



A word cloud of terms related to child safety and abuse, with the most prominent words being:

- harm
- abuse
- Domestic Violence
- on-line
- Peers
- adults
- abuse
- neglect
- physical
- emotional
- sexual
- family
- bullying
- Someone Known
- Paedophiles
- Children Offenders organisations
- Cultural Safety
- places
- Risk
- Respectful Relationships
- Young People
- Sexual Exploitation
- Safeguarding
- cybersafety
- Protection
- Harm Continuum
- vulnerability
- community



Child Safe Organisations WA: Guidelines

April 2016



Child Safe Organisations WA: Seminar workbook

April 2016



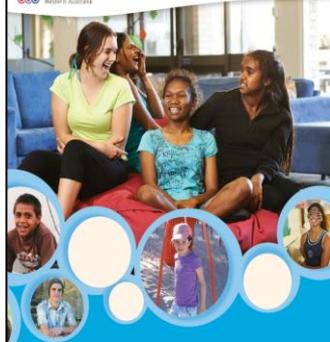
Child Safe Organisations WA: In brief

April 2016



Child Safe Organisations WA: Self-assessment and review tool

April 2016



Creating Child-Safe Organisations

Report on consultation with children and young people

June 2015



Feeling Safe and Respected Wherever You Are

Information for children and young people

All organisations should be safe and friendly for children and young people. You have the right to be **safe, to feel safe and to be respected** wherever you are and whatever you do - at sport, clubs, churches, in out-of-home care, residential care, schools - everywhere!

What does 'safe and friendly' mean?



Children and young people have said they feel safe and welcome when:

- people care about you and helped you
- you feel included and people are kind to you
- no one is mean to you or you are not hurt
- you know the rules or know how to find them out
- you have choices
- you can have fun and feel happy
- people listen to you
- you can talk to someone about any problems and they will help you solve them.

What if you or someone you know doesn't feel safe?



You always have the right to be safe and to feel safe, no matter where you are. If you don't feel safe talk to an adult you trust - like a parent, teacher, a friend's mum or dad or a leader at the place you go to. If you are worried about yourself or someone you know and you don't know who to talk to, contact the Kids Helpline:

- Call 1800 05 1800 (it's free)
- Go to www.kidshelpline.com.au



Top tips for making a complaint

1 Get support

Talk to a parent, carer, friend or someone you trust and ask them to help you. They can help you write or deliver any complaint. If you need to:

2 Find out how

Sometimes it is tricky to know how to make a complaint. It is usually best to talk to the organisation you are dealing with first.

3 Plan what you want to say

Write down what you are not happy about and how this has affected you. Also decide what you think should be done.



Feeling safe and respected wherever you are

Commissioner for Children and Young People
Western Australia

TOP TIPS ON HOW TO MAKE A COMPLAINT

MORE VIDEOS

0:07 / 2:53



Information for parents, carers and family

Child Safe Organisations WA

Children and young people have the right to be safe, feel safe and be treated with respect wherever they are - at home, school, clubs, churches, sport - everywhere.

This information sheet describes three main things you can do to help keep children safe wherever they are.

Did you know?

Children and young people are more likely to be harmed by someone they know, and even trust, than by a stranger.



Commissioner's Project 2017

- A mapping of currently available services for children and young people who have been harmed and/or who display harmful sexual behaviours in WA.
- An issues paper by the Australian Centre for Child Protection on *A Continuum of Responses for Harmful Sexual Behaviours*.
- Review of the research including the Royal Commission into Institutional Responses to Child Sexual Abuse research reports, case studies, final report and recommendations
- Release of a Discussion Paper May 2018



Definitions and Language

“Harmful sexual behaviours - this term covers children who display the full spectrum of sexual behaviour problems, including behaviours that are problematic to the child’s own development, as well as those that are coercive, sexually aggressive and predatory towards others. Our use of the term, therefore, captures all child sexual abuse by children, including juvenile sexual offending”

Royal Commission into Institutional Responses to Child Sexual Abuse (2017)

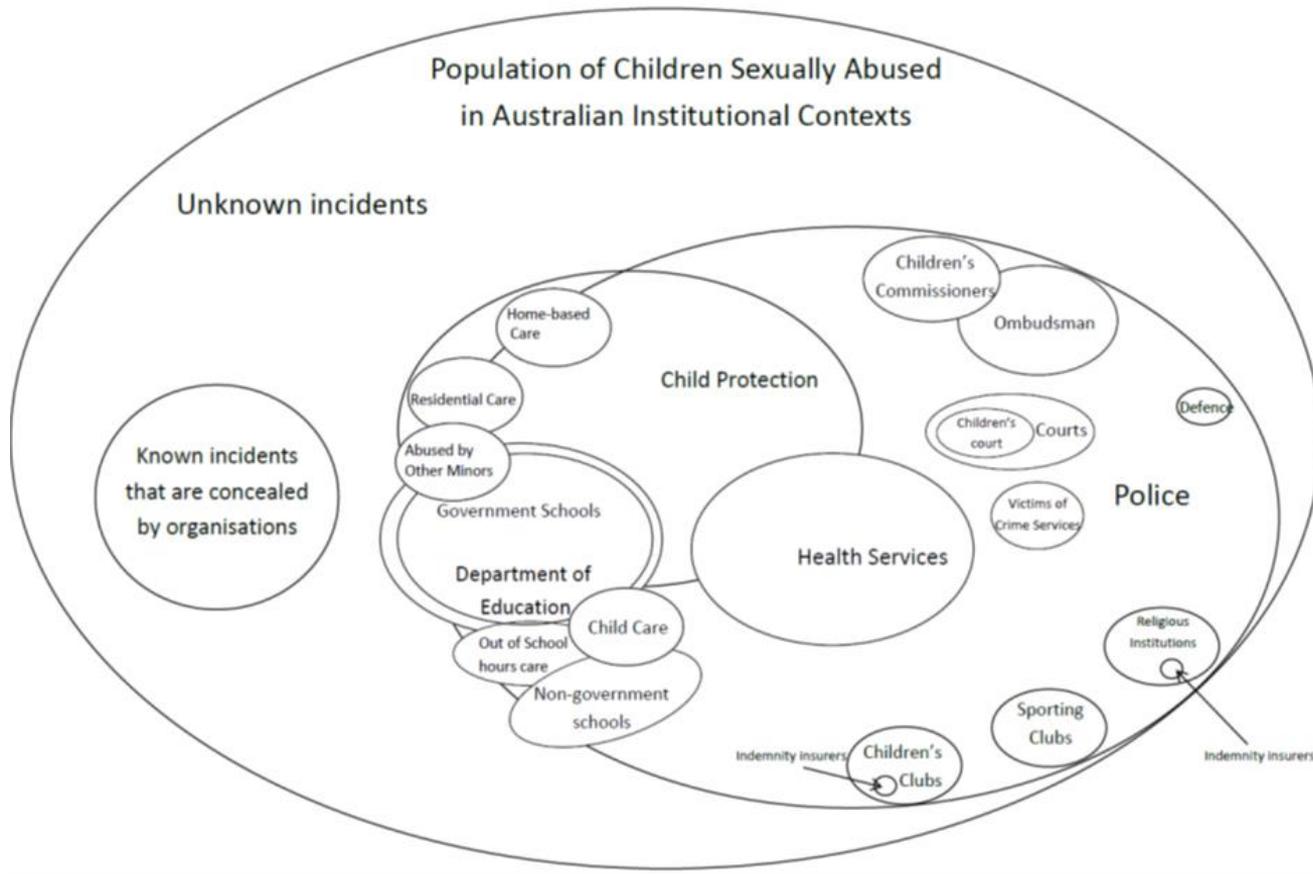
Careful use of terminology is required to ensure that systems can respond appropriately, and with sensitivity, to the broad spectrum of sexualised behaviours and the conditions that are likely to have contributed to them.

(Wendy O’Brien 2010 in RCIRCSA (2017))



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 Involve coercion or force	Highly intrusive
Consensual, mutual and reciprocal	Behaviour is in an inappropriate context	May lack reciprocity or equal power	Intrusive	Instrumental violence, physiologically or sexually arousing to the perpetrator
Involves shared decision making	Generally consensual and reciprocal	May include compulsivity	Lack informed consent or victim unable to give consent	Sadism
			May include expressive violence	

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



There is no accurate national data relating to the current prevalence of child sexual abuse in the Australian community – in any context.

The Royal Commission conducted Private Sessions with 285 children and young people. 42.9% were sexually abused by another child (RCIRCSA 2017)

Figure: Organisations with records of child sexual abuse in Australian contexts Bromfield, L., Hirte, C., Octoman, O., Katz, I. (2017).



When I was younger I was round at a friend's house and he asked me to come and look at his room. I can't really remember what happened after that,

I know that he made me pull down my pants and that something happened.

I've tried to block the memory, but I struggle sleeping sometimes because I get night terrors.

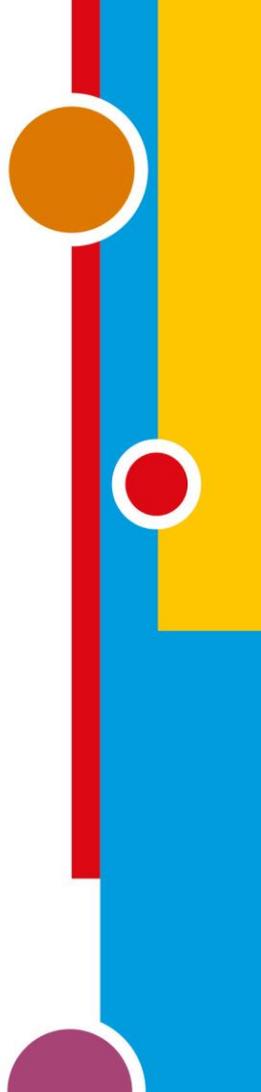
Girl, 16, National Society for the Prevention of Cruelty to Children (NSPCC) 2018



I sent a picture to my boyfriend of myself naked. I didn't want to even send it but he threatened me... Now he's sent it to his friends and everyone at school has seen it. I feel so ashamed. Now he's asking me for more pictures and I don't know what to do.

He's very forceful, I don't really like having sex with him but when I say no he just carries on. I've tried talking to my friends but they all say it's my fault that everyone's seen the pictures because I was the one who took them in the first place.

Girl, 13, NSPCC 2018





I think I was raped by somebody I knew from school when I was six. When we were in his room he would take my clothes off and pressure me into doing sexual things, even though I told him no. At the time I didn't really know what was happening, I didn't know why the things he was doing were wrong until recently. I tried to block out the memories of what happened, but now I've started thinking about it again I feel upset and embarrassed. I also feel guilty that I didn't try and stop it at the time or tell anybody.

Girl, 14, NSPCC 2018

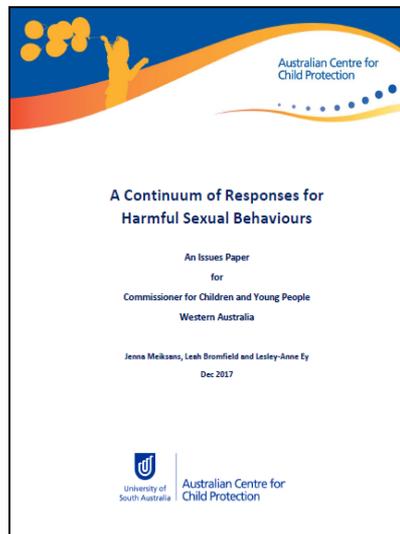
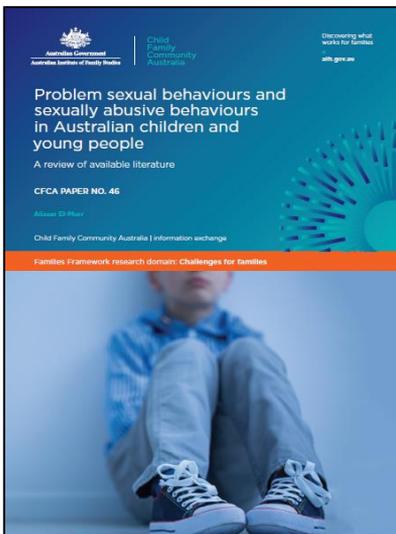
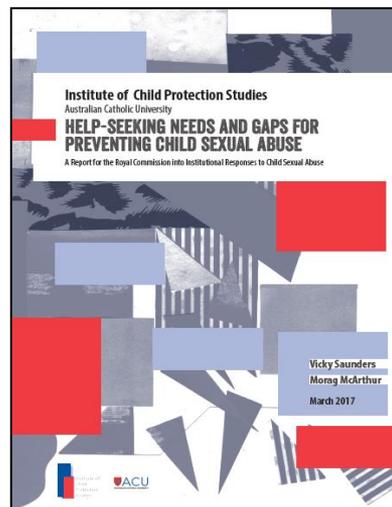
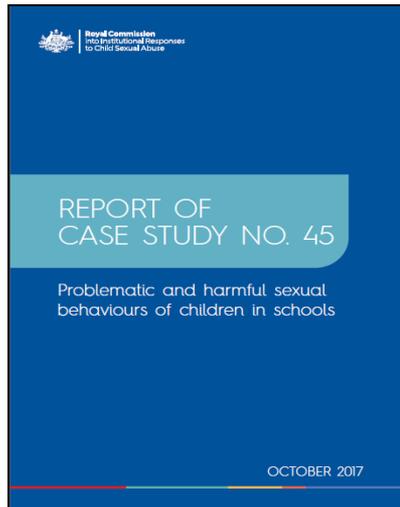
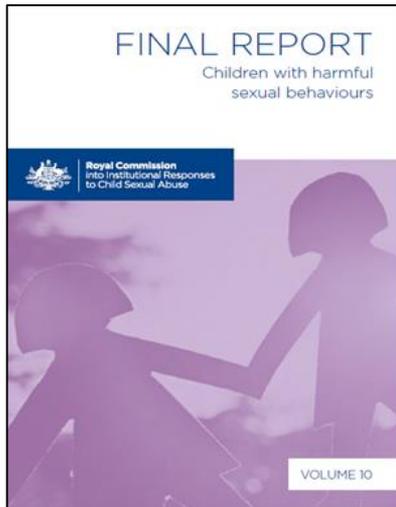


I remember the first round of assaults by the two perpetrators as incidents where wrestling got [out] of hand. Every incident mirrored itself in that one of the boys would start to wrestle me, then the other would jump in and pin me down.

I believe [staff] called these 'rumbling'. As these incidents kept reoccurring, the more violent and invasive they became.

What happened to me was not an isolated incident, but manifested itself from a culture of bullying that was entrenched before I arrived.

RCIRCSA 2017 Case Study HSB





Government policies

2010 COAG in the National Framework for Protecting Australia identified therapeutic services for children with HSB across the country were impeded by:

- An **overburdened unregulated** sector
- A lack of commitment to **specialised training**, supervision, accreditation, evaluation and ongoing research on best practice
- A broader **lack of awareness** in professional contexts and in Australian society generally.

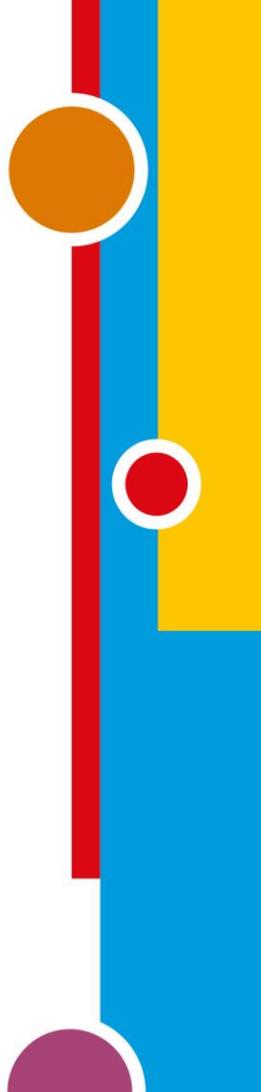
2017 the RCIRCSA found:

- Australian jurisdictions have not 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 with **minimal evidence of their effectiveness**
- No state or territory government has a comprehensive and coordinated policy approach for **preventing, identifying and responding** to children with HSB.



2017 Western Australia

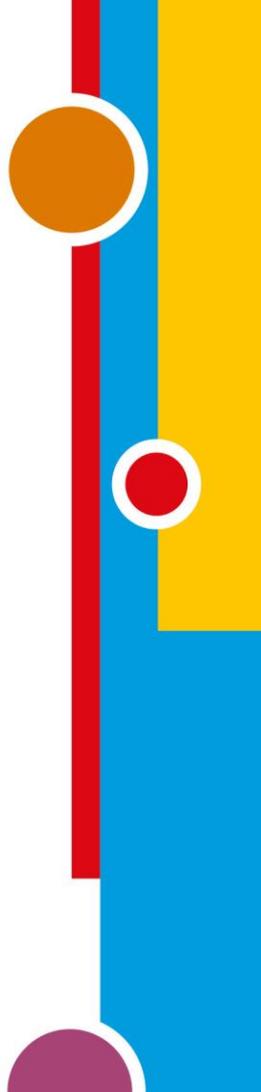
- No common definition, language or framework for understanding and responding to HSB across agencies
- Agency representatives unaware of other agencies services, protocols or guidelines
- Language includes labelling of children with HSB as abusers or offenders
- Data available within agencies about children with HSB is generally poor
- No common data set across agencies to inform service locations and type





2017 Western Australia

- Responses within agencies varied in quality, 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
- Level of training of personnel is variable across and within agencies
- Reliance on private practitioners by agencies where services or expertise do not exist
- Quantity, quality and effectiveness of services state wide is not clear.





Recommendation 10.1

- Governments should ensure the issue of children's HSB is included in the national strategy to prevent child sexual abuse (linked to Recs 6.1 to 6.3).
- HSB should be addressed through primary and secondary prevention and tertiary intervention strategies.

Recommendation 10.2

- Governments should ensure timely expert assessment is available for individual children with HSB so they receive appropriate responses, including therapeutic interventions which match their particular circumstances.

Recommendation 10.3

- Governments should adequately fund therapeutic interventions to meet the needs of all children with HSB.
- These should be delivered through a network of specialist and generalist therapeutic services.

Recommendation 10.4

- Governments should ensure that there are clear referral pathways for children with HSB 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.

Recommendation 10.5

- Therapeutic intervention for children with harmful sexual behaviours should be based on nine principles

Recommendation 10.6

- Governments should ensure that all services funded to provide therapeutic intervention for children with HSB provide professional training and clinical supervision for their staff.

Recommendation 10.7

- Governments should fund and support evaluation of services providing therapeutic interventions for HSB



I think if I had sex education before everything had occurred, like obviously before I hit full on puberty, I think everything would have changed.

I think, I'm not even sure if what had happened would have happened, because I would have known it was wrong, more so than what I did at the time. I would have known why it was wrong and why not to do it.

Male, 19 in McKibbin, G. et al 2017

“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 RSCIRCSA Vol 10 pg.77



Probably [I became sexually abusive] because I was sexually abused at a young age myself, in school, by a Grade 6 and I was in Grade 2. After that happened to me, I think that really confused me...It took a while. It took maybe two to three years before I started thinking different. Just having those memories of what happened back then, and I started to think different [about sexually abusing]...I didn't know, firstly, why it happened to me, especially not the boy doing it to me. I didn't know that. So I thought that if I'd try it myself, what was he thinking when he'd done it to me [would become clear].

Male, 18 in McKibbin, G. et al 2017





I didn't really watch [pornography] when my sister was around, usually at that point my head was thinking let's try what I've seen.

Then, so as well as the pornography and that sense of power, they just pretty much added together and then caused [my harmful sexual behaviour].

Male, 19 in McKibbin, G. et al 2017

“Mostly everyone looks at pornography nowadays. Like pretty much everyone’s has their phone and they go on to, what do you call it, Red Tube and Porn Hub and stuff. They look at everything.”

Male, 16 in McKibbin, G. et al 2017



WA survey mapping

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



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.

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.

Education and training on child sexual abuse and HSB is critically limited (and more often absent) from current tertiary degree programs in social and human services.

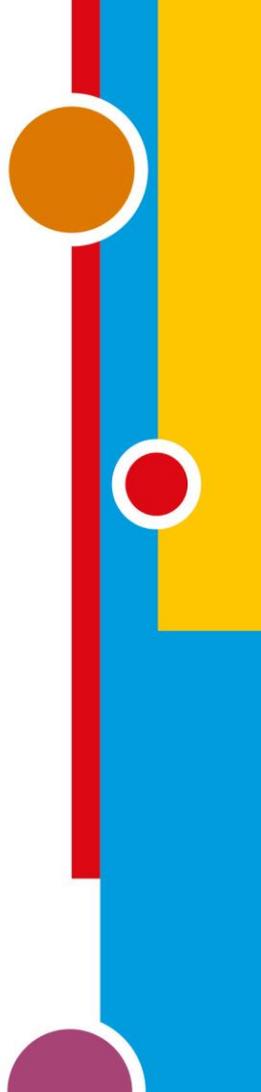
We are required to dedicate a high level of training, supervision, coaching to develop staff to ensure they are fully competent in all relevant areas of clinical expertise.

This is at an additional cost to the agency within a program that is only funded for the sessions themselves.



Over time the acuity and complexity of 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.

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.





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.

System for protecting children

Evidence informed responses to HSB

- 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.

Universal prevention

Sexual development knowledge, protective behaviours, respectful relationships

- 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.

Early intervention

Holistic responses for vulnerable children and for those with problematic behaviours

- 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.
- 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.

Targeted services

For those with higher risk of HSB or higher need

- 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.

Statutory system

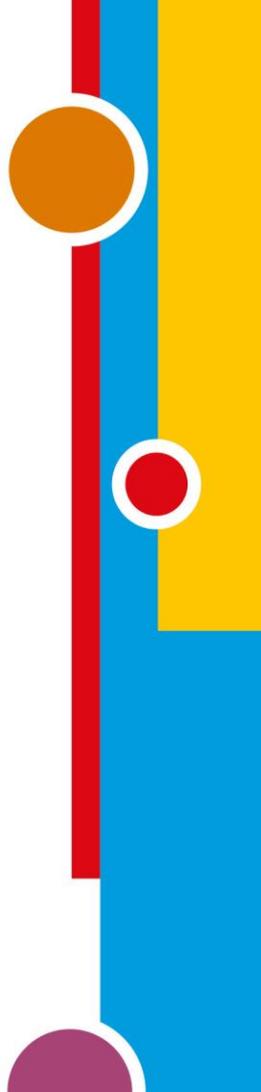
Tertiary Intervention with victims and those with HSB to address harm as well as prevent future harm

- 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.



Commissioner's recommendations

1. Recognition and support of children and young people with HSB as a priority group
2. Improving community understanding and acceptance
3. A strategic approach is required
4. Understanding the needs and experiences of children and young people with harmful sexual behaviours



Building therapeutic service responses for children and young people who have engaged in harmful sexual behaviour

Children and young people with harmful sexual behaviour seminar

Commissioner for Children and Young People W.A. June 2018

Dale Tolliday
Clinical Advisor
New Streets Services
NSW Ministry of Health



The Sydney
children's
Hospitals Network



Health

- By whom?
- How is this accessed?
- Specialist or generalist?
- Context for services
- Accountability for service
- What precisely is the service required?
..... and for whom?

Building a response

- NSW Juvenile Justice established a program in 1990
- By mid 1990s a number of sources identified a need for services for children and young people who did not meet threshold criteria for a service through Juvenile Justice
- At that time there were no specialist service providers who could be identified outside juvenile justice
- NSW Health was providing a service for families in which a parent had sexually abused a child and NSW Health provided most, but not all child sexual assault counselling services

NSW System

- Services for children and young people who have engaged in harmful sexual behaviour and are not eligible for justice services
- Specialist services located in NSW Health aligned with other violence and neglect services
- Integrated with broad range of health services and are regarded as prevention, training and consultative services as well as a tertiary level clinical service
- As with other specialist services in Australia have been evaluated
- These services are regarded as an essential part of the health service system for children and young people

New Street Services

- 1997-98 New Street Sydney
- 2007 Rural New Street HNE
- 2010 RNS Western NSW
Clinical Advisor
Enhance NS Sydney
- 2014 New Street Illawarra
& Shoalhaven
- 2018 New Street
Murrumbidgee
- Wood Royal
Commission
- Aboriginal Child
Sexual Assault TF
- NSW 'Keep Them
Safe'
- Transfer funds
from Pre-trial
Diversion
Program
- LHD funded

Development of services

- First 2 years, qualitative and process evaluation by Prof. Tony Vinson
- Outcomes evaluation University of Sydney 2006, 2014
- KPMG evaluation 2014

Evaluations

- Safety
- Multi-agency platform
- Supervision
- Adequacy of responses
- Unstable residence
- Availability of specialist services
- Family involvement
- Peer relationships
- Online/ technology
- Outreach
- Poor data available
- Model of care
- Information for parents & carers
- Support and therapy for parents & carers
- Organisational strategies include HR
- Training staff
- Supervision
- Physical environment
- Assessing risk
- Case management
- Advocacy

Treatment service challenges

- State level multi-agency advisory committee
- Performance targets set by Ministry of Health for Local Health Districts
- Services Guidelines and Standards of practice and care provided by Ministry of Health, including service 'Ethos Statement'
- Service Level Agreements between SCHN for Clinical Advisor services to New Streets
- Each New Street has minimum staff profile of Clinical Coordinator, Senior Clinician, 3 counsellor positions of which one must be Aboriginal identified

Service organisation

Rapid Evidence Assessment: Principles and approaches of best and promising practice in therapeutic treatment of children with problem sexual behaviour, sexually harmful behaviour, and children who have sexually offended.

Shlonsky, A., Albers, B., Tolliday, D., Wilson, S., Norvell, J., Kissinger, L. (2017). Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.

Evaluation

- Review of RCT and QED
- 3 target groups
- Not limited to Institutional settings
- International review
- Rapid review
- Published, grey literature, meta-analyses*
- Systematic review strategy – transparent and replicable research strategies
- Content specialist provided additional studies
- Review of data from Australian jurisdictions

- Only 27 studies met criteria ...what does this mean? Most more than 6 years old
- 2 for under 10's
- 1 for children 10-17 with HSB (New Street)
- 24 for children 10-17 who have sexually offended (MST strongest*)

- Insufficient strength to demonstrate difference in repeat harming
- Marked difference in completers Vs non completers
- Different profiles and outcomes for girls
- Unique outcomes in relation to the subsequent safety and wellbeing of children referred for HSB

New Street Evaluation 2006, 2014

- Holistic and ecosystemic
- Family /care and context focussed
- Developmentally appropriate
- Coordinated multi-agency in partnership with families
- Individually assessed and unique therapeutic processes (with specialist approach to the HSB)

Key elements for programs (RC research)

- Non specialist response
- Engaging, supporting and reflecting alone insufficient
- Manualised group based programs
- Group programs which can produce peer contagion
- Aggregating children based on sexual behaviours

Features to avoid (RC research)

- Same time at RC research, different research strategy –qualitative synthesis
- Mirrored the RC recommendations with exception of MST (though noted MST research*)
- Recommends all treatment be family engaged, holistic, developmental and engage multiple systems
- Based on individual assessment of C&YP
- HSB requires specialist work

- Assessing and intervening in relation to harming behaviours has a distinct knowledge and skill base
- Has not been demonstrated in any research that non-specialist or mixed service provision is effective
- While many of the children and young people referred have trauma histories, some do not. The understanding and management of safety including potential for harming of others has distinct differences to other sexual harm intervention

Why specialist?

- Services should not function in specialty silos
- Services for HSB should be integrated into systems of response and prevention
- Relational nature of most HSB is an indicator of need for integration
- Multi-agency participation in providing a holistic and contextually based system of response is the primary driver for integration

Integration of services

- New Street services increased rate of Aboriginal participation post ACSAT review 2006 by factor of 7

KPMG 2014

Responding with relevance and safety for Aboriginal children, families and communities

- Aboriginal clinicians network
- ACMAG (Aboriginal Communities Matter Advisory Group)
- Commitment to cultural safety
- Recognition of trauma caused by colonisation and related practices
- Organisation of workforce committed to culturally competent practice
- Review of all policies and procedures with embedded recognition and protocols
- Implementation of cultural consultation as both formal and informal processes

- Development of an Aboriginal workforce as part of the service at every service site
- Local Aboriginal engagement plans at every service
- Delivering services by outreach according to local protocols
- Holistic and family-interagency assessment for individualised therapeutic response and attention to community and social ecology of young person and family
- Engagement in community based programs (WTN, SAW, SAM)

- Original recruitment of Aboriginal workforce was slow, particularly attracting Aboriginal men
- None of the original workforce held professional qualifications
- 7 of 8 workforce have professional qualifications and 1 is engaged in pathway developed by NSW Health in partnership with University of Sydney
- 1 of our workforce, Julie Shelly is 2018 Aboriginal Woman of the Year

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Contact



Commissioner for Children and Young People
Western Australia

Morning Tea



The Victorian Therapeutic Treatment order program.

A case for change: Victoria's response to children who engage in harmful sexual behaviours.

Lisa Rodda: Senior Program Advisor,
Department of Health and Human Services
Lisa.rodde@dhhs.vic.gov.au

Overview

A case for change

- Legislative and policy context
- Definition of harmful sexual behaviours
- When is a child in need of therapeutic treatment
- Legislative provisions to support a child's engagement in treatment
- Role of child protection responding to therapeutic treatment reports
- Therapeutic Treatment Board
- Role of SABTs
- Working with children checks
- Future directions

A case for change

Children and Young Person's Act 1989

- Young people who sexually harmed others were unable to be supported over the long term, by child protection due to no 'mandate' enabling statutory intervention.
- Young people engaging in harmful sexual behaviours was deemed a criminal matter and little focus was paid on providing a therapeutic response separate from a criminal response – principles of adult sex offending influenced responses to young people engaging in sexual harmful behaviour.

Review of the Children and Young Person's Act

The Act underwent a review in 2000, to address concerns regarding: safety, stability and cumulative harm experienced by children with the episodic nature of child protection intervention.

Provided the opportunity to consult with a wide range of community sector organisations, including sexual assault centers who were concerned about the number of child victims of sexual abuse disclosing older children had engaged in harmful sexual behaviour.

Why a different response – doli incapax and other complexities.

Victoria Police highlighted the difficult issue of pursuing a criminal justice response for children aged 10 and under 15 years due to '**doli incapax**' – children aged 10 and under 14 are 'incapable of crime' under legislation of common law – if there was no finding of guilt, then no mandated treatment via the MAPPS program.

Children were engaging in harmful sexual behaviours towards siblings; close family members; friends or school peers – a criminal justice response placed families in an untenable position – ***forcing them to either choose one child's needs over the other, pitting one child against the other in a criminal court.***

Why a different response?

Research findings indicated a large number of adult sex offenders commenced offending in adolescence (Flanagan and Hayman-White (1999); Araji, SK 1997).

Lack of understanding of harm caused by children engaging the behaviours and where the behaviours occurred within a family context, parents difficulty to support both siblings – one who was harmed, and one who has harmed.

Harmful sexual behaviour should be viewed as developmentally inappropriate and placing the child 'at risk'.

Growing recognition a therapeutic response with a focus on child development/attachment/trauma and inclusive of the family was more appropriate.

Sexually abusive behaviour moved from criminal to a child protection response.

Definition of harmful sexual behaviours

A child has exhibited harmful sexual behaviours when they have used:

their power, authority or status to engage another party in sexual activity that is either unwanted, or where, due to the nature of the situation, the other party is not capable of giving consent (eg. young children, disability, animals).

The legal framework for children under 10 is different as they can't commit a crime and are not subject to legally sanctioned therapy ie: a therapeutic treatment order (TTO).

Children, Youth and Families Act 2005

The Children, Youth and Families Act (The Act) commenced operation in April 2007 and provisions for TTOs commenced in October 2007. Provisions regarding TTOs sought to:

- Add to the existing system, rather than seeking to replace.
- Allow for access to voluntary treatment.
- Allow for a criminal justice response.

The importance of language

Victoria's approach attempts to address the child's behaviours using a child development, attachment and trauma framework.

It is important the child is not labelled a sex offender or perpetrator.

Legislative provisions – *Children, Youth and Families Act 2005.*

Two parts of the Act provide the legislative context for the Victorian Children's Court to operate:

The Family Division of the Children's Court determine:

- Applications relating to the protection and care of children at risk of harm.

The Criminal Division of the Children's Court determine:

- Matters relating to criminal offending by children.

The uniqueness of Victoria's approach to harmful sexual behaviours provides for the Criminal Division of the Children's Court to refer matters to the Secretary of DHHS for investigation to determine the suitability of a Therapeutic Treatment Order.

When is a child in need of therapeutic treatment

A child is in need of therapeutic treatment when:

- They are of or above the age of 10 years and under the age of 15 years; and
- They have exhibited sexually abusive behaviours.

Reports are made to the Secretary: i.e.: child protection and can be received from:

- Any member of the community (s185).
- Victoria Police (s185); or
- Criminal Division of the Children's Court (s349(2)).

Family Division: legislative provisions

The Family Division part of the Act provides the role and remit for Child Protection to respond to reports about children who have engaged in harmful sexual behaviours.

All therapeutic treatment reports must be investigated by child protection.

All reports made by Victoria Police or the Criminal Division of the Children's Court **MUST** be referred to the Therapeutic Treatment Board **REGARDLESS** if the recommendation is for **NO THERAPEUTIC TREATMENT ORDER**.

Therapeutic Treatment Orders

Orders are made in the Family division of the Children's Court when the Court is satisfied that:

- The child has exhibited sexually abusive behaviours.
- The order is necessary to ensure the child's access to, or attendance at, an appropriate therapeutic treatment program.

Any statement made by a child is not admissible in criminal proceedings – but they are in the family division of the Children's Court. These provisions also apply to children attending therapeutic treatment in a voluntary capacity.

Therapeutic treatment placement orders

Therapeutic treatment placement orders (TTPO) allow for children to be placed out of their parents care. The order can be made where:

- The Court makes or has made a therapeutic treatment order for that child.
- The Court is satisfied the therapeutic treatment (placement) order is necessary for the treatment of the child.

A TTPO grants parenting responsibility around their day to day living of the child to the Secretary
BUT:

- Does not affect the long term decision making for the child.
- May include conditions concerning contact with a parent or other person;

In the case of an Aboriginal child, a condition incorporating a cultural support plan for the child.

Criminal Division: legislative provisions

The Criminal Division of the Children's Court has capacity to refer a matter to the Secretary where there is 'prima facie' evidence that grounds exist of an application for a therapeutic treatment order.

Where this has occurred, and a therapeutic treatment order has been made, the child's criminal charges will be set aside for the duration of the order.

At the completion of the child's treatment (either via a TTO or in a voluntary capacity), the Criminal Division, having been satisfied the child has completed treatment, must discharge the child without any further hearing of the criminal proceedings (s354(4)).

This provision supports a child centred approach to understanding the context of the harmful behaviours.

Role of child protection

Child protection's investigation and assessment must focus on:

- Parental response to the behaviour.
- Risk child poses to other children (specially siblings or other children residing in the same placement).
- Nature of the behaviours ie: degree to which the behaviours are entrenched, normative through to abusive, equality and coercion.

Where the child is residing in out of home care, assessment includes the most appropriate form of placement taking into account the needs and vulnerabilities of other children (older and younger) in the current or new placement.

Child protection and SABTs role during the TTO

Child protection is responsible for the management of the TTO and TTPO just like any other Children's Court Order. This involves:

- Regular contact with the child and family and SABTs provider.
- Providing reports to Court when required.

SABTs role will:

- Assess and develop a treatment plan for the family.
- Ongoing therapeutic treatment for the life of the TTO and beyond if required.
- Provide regular feedback and reports to child protection regarding the child and the family's progress.

Sexually Abusive Behaviour Treatment Services (SABTs)

Department of Health and Human Services funds 12 therapeutic treatment programs to address the harmful sexual behaviours, across Victoria.

SABTs work with the child, their family, carers, school and community services to provide an assessment and developmentally appropriate response.

SABTs are funded to provide therapeutic treatment for children under the age of 18, and their families for up to 24 months, either in a voluntary capacity or subject to a therapeutic treatment order.

Therapeutic Treatment Board

Provisions in the Act provide for the establishment of an independent Board (s.339), to provide advice to child protection regarding the appropriateness of therapeutic treatment orders.

The Board is made up of 16 representatives, four each from:

- Victoria Police.
- Office of Public Prosecutions.
- Health Services; and
- The Department of Health and Human Services.

Appointments are made by the Governor in Council and board members are not remunerated for their time.

Therapeutic Treatment Board

Sixteen members form four committees which include four representatives from each organisation. The board composition ensures that each member brings their area of expertise in:

- Prosecution of sex offences.
- Therapeutic responses for children.
- Criminal investigations.
- Child protection responses.

This promotes a robust, evidenced based, and most of all, child centred approach to promote the best interests of the child.

Therapeutic Treatment Board

The Board considers the referral in the following areas:

- Have sexually abusive behaviours occurred?
- Is the family able to provide a therapeutic environment for the child?
- Does the family understand the seriousness of the behaviours?
- What is the best pathway for treatment to reduce the risk of the child re-engaging in the behaviours?

Advice from the Board must be considered by child protection prior to making an application in the Family Division of the Children's Court for a therapeutic treatment order.

Working with Children Checks

Victoria's Department of Justice and Regulation (DoJR) have regard to a wide range of matters when deciding whether to grant or deny a Working with Children Check.

Child protection may receive a request from DoJR for information about an adult who was subject to a TTO when they were a child.

Child Protection will provide information to DoJR regarding the child's treatment including a clear rationale and the risk assessment.

Future directions

Victoria's Royal Commission into Family Violence made 227 recommendations in the aim to:

- Prevent family violence.
- Strengthen support for victim survivors.
- Make perpetrators accountable.

Two recommendations include expanding provisions in the Act to enable young people aged 15 – 17 yrs to be made subject to a therapeutic treatment order and to expand SABTs to provide therapeutic treatment for young people aged 15 – 17 years (inclusive).

Work is underway to amend provisions in the Act to provide therapeutic treatment to young people aged 15 17 years.

Harmful Sexual Behaviour in education settings

Children and young people with harmful sexual behaviours seminar

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University of
South Australia



Briggs 2012

Royal Commission into Institutional Responses to Child Sexual Abuse – WA data

4,803 recent allegations of child sexual abuse were reported to Western Australia Police 1 June 2008 – 30 July 2013

Average of 961 allegations per year (2.61 per day).

Table 13.2: Number of recent allegations of child sexual abuse reported to police from 1 July 2008 to 30 June 2013, by year reported

	2008–09	2009–10	2010–11	2011–12	2012–13	2008–13
Female	769	828	706	708	945	3,956
Male	151	168	144	149	206	818
Unknown	8	3	3	6	9	29
All children	928	999	853	863	1,160	4,803

All children includes those whose gender was not recorded.

Source: Western Australia Police data

(Bromfield, Hirte, Octoman & Katz 2017)



Diversity of Language

- Significant debate about how to describe children and young people displaying sexualised behaviour without labelling them as sex offenders.
- Difficulties in defining such behaviour are compounded by a general lack of knowledge of childhood sexuality
- Applying the term 'harmful sexual behaviour' avoids labelling young children as sexual offenders (Cleland 2013, Ey & McInnes 2017, National Institute for Health and Care Excellence 2016)
- In Australia children can be held criminally responsible for sexual assault from the age of 10 years, however it is extremely rare that children aged under 15 years are prosecuted (Boyd & Bromfield, 2006).



Harmful sexual behaviour and sexually abusive behaviour displayed by children and young people

- Growing evidence that CSA is perpetrated by other children and young people (McKibbin 2017; O'Brien 2010).
- 2008–09 to 2015–16 - Sexual assault and related offences displayed by youth aged 10-17 years, increased by 52% (from 1,103 to 1,672).
- Non-assaultive sexual offences (increased from 243 to 823 offenders) (Australian Bureau of Statistics 2017).



Royal Commission into Institutional Responses to Child Sexual Abuse – WA Data

For the period 1 July 2008 to 30 June 2013, **267 (6%)** recent allegations of child sexual abuse occurred in an institutional location

82.8% occurred
in a school

1 case every
third school day

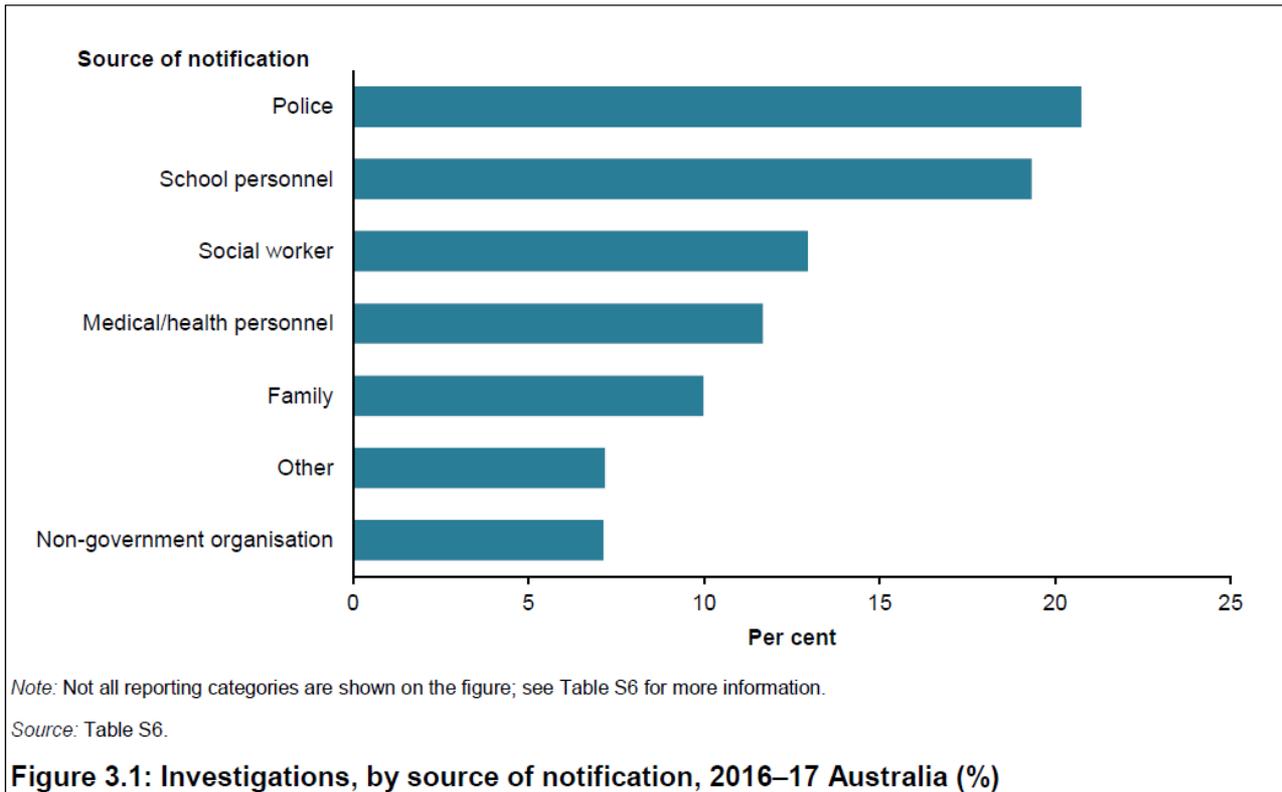
62% children's
harmful sexual
behaviour

Table 13.1.4: Locations of allegations categorised as at an institutional location

Location	n	%
Bush camp	10	3.7
Child care/crèche	14	5.2
Church	4	1.5
Hospital/medical centre/dentist	9	3.4
Nursing home	2	0.7
Police premises	3	1.1
Prison/lockup	4	1.5
School	221	82.8
Total – allegations	267	

Source: Western Australia Police data





Australian Institute of Family Studies. (2017). *Child protection Australia 2016-2017*.



Teachers experiences with young children's sexual behaviour in schools/preschools

- Dearth of information and studies conducted (n = 6 between 1995 - 2016)
- All found that children were displaying sexual behaviour in educational settings
- Behaviours ranged from mainly mild sexual behaviour to more severe displays of sexual behaviour



Australian Research with Teachers and OSHC staff

- **Online survey - 29 questions**
 - Demographic data relating to their teaching career
 - Understanding of typical and harmful sexual behaviour
 - Details of experiences with children's displays of harmful sexual behaviour and responses
 - Training, supports available, and needs
- **107 educators (preschool, primary school, OSHC); 11 from WA**

(Ey & McInnes 2017a)



40% of educators observed children displaying sexual behaviour – upper primary

- A 13 year old girl offering blowjobs to boys in exchange for smokes.
- An in-depth explanation of what a 12 year old girl went through, the first time she had sex with her 19 year old boyfriend in the backseat of the bus coming home from an excursion.
- Genital kissing between a 15 year old boy and a 13 year old girl
- A student trying to blackmail another student into sending sexually explicit photos or show body parts. This involved a 12 year old boy and girl
- 12 year old male removing clothes and masturbating 11 year old male
- A student (female, Grade 6) had been sexually abused in a prior situation and then whilst at school, placed other students in situations where they felt pressured to do/say things that were sexually inappropriate. Behaviours included: written letters with sexually explicit descriptions, changing of online profiles to penis', asking a student to touch another student in a sexual way
- Year 6 boy sharing pornographic material on his phone to others.



40% of educators observed children displaying sexual behaviour – mid primary

- Male (year 3) threatening verbally to "fuck you up the ass" if friend did not comply; rubbing genitals, rubbing up against peer (male) - discussion relating to sexual behaviour, such as pornography - simulated intercourse
- A 10 year old boy displayed his penis to his friends showing them the drawings his 11 year old sister had done the night before
- Year 4 female student tries to coerce younger students into toilet areas so that she can touch them.
- Year 4 girl has been approaching other kids talking about sex, gave someone a note asking him to have sex with her, was sent home from camp for this.



40% of educators observed children displaying sexual behaviour – early childhood

- Two boys in Year 1/2 putting genitals in each others mouths- not observed but reported.
- Prep-2 - sexual play, simulated intercourse
- 6 year old child pulling down another boys pants and touching his penis.
- 3 girls touching each other all aged 6 all because one of them seen it on tv one night when she couldn't sleep and got up and turned the tv on.
- Year 1 girl coercing other students into toilet cubicles to remove underwear etc, this young girl is a 'repeat offender'.
- Year 2 boy continually exposing himself and trying to get other boys to do the same in secret spots.
- Year 2 female student getting boys to kiss her and touch her under clothing.
- A 6 year old girl told a 7 year old boy she would "sex" him when he came over to her house and that she had a secret closet at home where they could "do it".



Age unclear

- A student threatening to rape another student and tackling them to the ground. Also lots of pulling own pants down. Lots of obsession with sex, porn, sexual language
- Boys were in the toilet when once asked 'do you want to have sex?' Then continued to demonstrate with him - this is what you do.
- 2 boys asking a girl to expose herself to them. Exposing themselves to her. Telling her they won't be her friend if she doesn't comply. Touching her inappropriately.
- Touching other students, hiding to show and touch others
- Older child bribing younger children to engage in sexualised activity such as genital touching



Socially inappropriate sexual behaviour

- Year 6 male student today drawing penis' over someone else's work
- A Year 3 male student simulating masturbation during dance performance in front of parents.
- Year 1 student using sexually explicit language
- Year 1 students pulling their own pants down in front of their peers (Ey & McInnes 2017a)



Educator training

Educator training on child protection in Australia is scarce and is conventionally delivered through courses focusing on mandated reporting of child abuse to child protection authorities (n = 66)

Source of education	N	%
Mandated reporting or responding to abuse and neglect	53	80.2
Professional development supplied through workplace	29	43.9
A book or Internet Resource	15	22.7
Pre-service education	14	21.2
Professional development sought on your own	11	16.6
Other	5	7.5

(Ey & McInnes 2017b)



Educator's training needs

89% want specific training

A whole of school approach

Distinguish between normal and problematic sexual behaviours

How to respond to school processes, the children involved and the parents of the children, as well as the general parent community

Educating children and the parent community in protective behaviours and appropriate sexual behaviours

Ensuring self-care when teachers are exposed to traumatising events

Education in the legal contexts applying to children's problematic sexual behaviours

Training in trauma informed practice (Ey & McInnes 2017b)

Documentation (Bromfield, Hirte, Octoman & Katz 2017) Royal Commission into Institutional Responses to Child Sexual Abuse



Educator desires

Resources for children:

- expert counselling at the school level;
- access to community supports to refer families for help;
- access to suitable books and learning materials;
- negotiated education plans

Professional collaboration in managing the consequences of PSB with other suitably qualified professionals

(Ey & McInnes 2017b)



Interventions and services WA

Child Protection Services

Department of Justice

Department of Education

Department of Health

Government funded services

Private practices

(Commissioner for Children and Young People 2018)



Recommendations

- HSB is often a result of a range of problems or underlying vulnerabilities – universal approach
- Collaborative approach between families and all sectors involved in supporting the child's recovery
- Sensitive information sharing based on child at the centre (address legal and confidentiality issues)
- Developing and managing a care plan for children – response, intervention, management, safety, education (CBT, consent education, protective behaviours, self-regulation, help seeking)
- Specific training about HSB
- Further research



Specific for education settings

- Training specific to HSB for educators – knowledge, confidence
- Protective Behaviours Curriculum, consent education – monitored, confidence
- Behaviour policy specific to HSB
- Procedure manual – initial response to observation or disclosure, documentation, next steps, communicating with parents of child/ren displaying sexual behaviour and child/ren exposed, school community risk management
- Care Plan for child/ren displaying sexual behaviour and child/ren exposed
- Internal and accessible support (wellbeing officers, SSOs)
- Resources for Parents

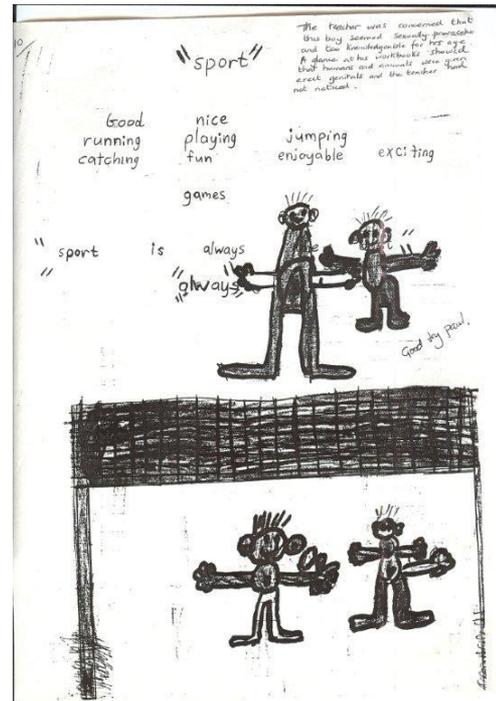




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Freda Briggs Collection



Consent education

<https://www.facebook.com/ParentingTodaybyattn/videos/187583058724293/UzpfSTE3NTAwNTE1Mjl6MTAyMDQ0NjY3MTQ4NjUxNDE>



References

Australian Bureau of Statistics 2017, *Recorded Crime - Offenders, 2015-16* Retrieved from Canberra: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4519.0Main+Features12015-16?OpenDocument>

Australian Institute of Family Studies. (2017). *Child protection Australia 2016-2017*. Retrieved from Canberra: <https://www.aihw.gov.au/getmedia/66c7c364-592a-458c-9ab0-f90022e25368/aihw-cws-63.pdf.aspx?inline=true>

Bromfield L, Hirte, C, Octoman, O & Katz, I 2017, *Child sexual abuse in Australian institutional contexts 2008-13. Findings from administrative data*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney.

Cleland, S 2013, *The Sexualised Behaviour (under tens) Program Evaluation Report*, iconconsult NSW.

Commissioner for Children and Young People 2018, *Western Australian service mapping – Services for children and young people who have experienced sexual abuse or display harmful sexual behaviours*, Commissioner for Children and Young People WA, Perth.



References

Ey, L & McInnes, E 2017, 'Educators' observations of children's display of problematic sexual behaviours in educational settings', *Journal of Child Sexual Abuse*, DOI: 10.1080/10538712.2017.1349855

Ey, L, McInnes, E, & Rigney, L 2017, 'Educators' understanding of young children's typical and problematic sexual behaviour and their training in this area', *Sex Education*, doi:10.1080/14681811.2017.1357030

McKibbin, G 2017, 'Preventing harmful sexual behaviour and child sexual exploitation for children and young people living in residential care: A scoping review in the Australian context', *Children and Youth Services Review*, DOI:10.1016/j.chilyouth.2017.10.008

National Institute for Health and Care Excellence (NICE) 2016, *Harmful sexual behaviour among children and young people*, ISBN: 978-1-4731-2063-1





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Informal Q&A

