



:practice

Responding to **children and young people** living in out of home care who engage in **harmful sexual behaviour**



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● Purpose of this guide

This practice guide aims to support carers and professionals working in and around the out of home care system to know how to best understand their role when responding to children and young people who have engaged in harmful sexual behaviour with other children and young people.

● Key Messages

- Harmful sexual behaviour by children and young people needs to be viewed on a continuum.
- In assessing a child's or young person's sexual behaviour, it is important to consider a developmental perspective, and understand their social, emotional, physical and cognitive maturity.
- The language we use to describe harmful sexual behaviour must reflect what has occurred but also not make children and young people feel even more ashamed about it. Careful choice of language and labelling the behaviour rather than the person will reduce the likelihood of stigmatising and increase their likelihood of engagement in therapeutic treatment.
- Children and young people who have engaged in harmful sexual behaviour often have experiences of trauma including family violence, neglect and sexual abuse. In working with them, it is important to consider treatment that addresses both the harmful sexual behaviour as well as the underlying trauma and experiences of adversity.
- There is a low risk of children and young people continuing to engage in harmful sexual behaviour particularly if they receive appropriate treatment, supervision and support.
- When assessing the risk the child or young person poses to others, it is important to consider the context, nature and frequency of the harmful sexual behaviour as well as the responses to the behaviour.
- It is also critical to understand the protective factors available to the child or young person which can help reduce risk. This will ensure that safety plans put in place to support children and young people and those around them are comprehensive.
- Decisions regarding the matching of children and young people in care need to be carefully considered to ensure the protection and wellbeing for those who have engaged in the harmful sexual behaviour and those that may be at risk of being harmed as a result of living with them in care.

- Treatment for children and young people who engage in harmful sexual behaviour requires an approach that actively encourages and resources the participation of the child and young person and carer/ family in both its planning and delivery. As far as possible, the therapeutic intervention provided to the child or young person needs to be part of an overall therapeutic plan that addresses past unmet needs as well as ongoing precipitating factors which lead to it.
- Safety plans are important to put in place. The best safety plans are developed with the Care Team, the child or young person and their family.
- Children and young people who engage in harmful sexual behaviour need specialist help and intervention.
- It is important to remember the very experiences that make children and young people more vulnerable to engage in harmful sexual behaviour also make them more vulnerable to further exploitation and victimisation.



● Introduction

Harmful sexual behaviour (HSB) engaged in by children and young people in out of home care is a behaviour that challenges those responsible for their care and the care of others who may be at risk from this behaviour. In Australia, research suggests that 9-16% of sexual abuse reported to the police was undertaken by other children and young people (Boyd and Bromfield, 2006).

Many children and young people who engage in harmful sexual behaviour have their own histories of victimisation, trauma, including sexual assault and being forced to live with family violence (Quadara et al., 2020). Early exposure to pornography is also being increasingly identified as a significant contributing risk factor to the development of harmful sexual behaviour (Pratt and Fernandes, 2015).

Once harmful sexual behaviour is discovered, these children and young people experience shame, loss and alienation. They can be ostracised from important relationships and supports. Decision making in relation to their care, education and other social support is often driven by a sense of increased risk and vulnerability for other children and young people around them. It does not always pay enough attention to those who have engaged in the harmful sexual behaviour and how to help them (McNneish and Scott, 2018; Quadara et al., 2020).

Harmful sexual behaviour invariably also has an ongoing adverse impact on the children and young people who were the targets of the behaviour. They require strategies to protect them and ongoing relational and/or therapeutic support to help them be safe, feel safe and come to understand what the experience meant and how it affected them.

Children and young people who have engaged in harmful sexual behaviour need to be supported to take responsibility for their behaviour, address the factors which contributed to the behaviour and engage in more socially constructive and fulfilling behaviour (Creeden, 2017). This is generally achieved through a combination of safety planning, specialist counselling and increased opportunities to engage in pro-social behaviours within safe relationships.

Harmful sexual behaviour often triggers a series of consequences for children and young people who engage in it. It can be a reason for why young people enter into care in the first place. In circumstances where risks cannot be adequately addressed, child protection workers may remove them from their family in order to keep other children and young people protected. They may also be suspended or excluded from school because of fears about their behaviour. They may be charged and/or become involved with diversionary pathways through the youth justice system (McPherson et al., 2019; Quadara, 2020).

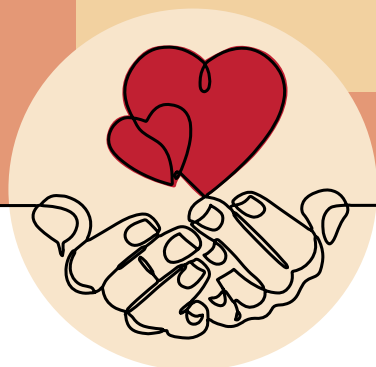
Alternatively, children and young people can engage in harmful sexual behaviour whilst they are already in care. Decisions about placements ending or changing is a common outcome of these events. In addition, if the child or young person who has been the target of the behaviour is also in out of home care, there are a range of immediate and longer term decision trajectories that need to be considered.



This practice guide aims to support carers and professionals working in and around the out of home care system to know how to best understand their role when responding to children and young people who have engaged in harmful sexual behaviour with other children and young people.

It recognises that each child or young person will require a unique response depending on their history and context. It sets out to offer principles that are drawn from current research and practice wisdom about what strategies carers and relevant professionals can use to prevent and respond to harmful sexual behaviour.

Because it is about sexual behaviour, it purposefully does not sanitise issues and uses examples that illustrate specific experiences. The language chosen is not meant to offend but rather reflect the reality of the world that children and young people may experience daily around them.





● ● Setting the scene

How Do I Feel About Doing this Work?

Working with children and young people who engage in harmful sexual behaviour can be confronting. It is important to recognise that behaviours relating to sex and sexuality can be more anxiety provoking than other challenging behaviours such as stealing and aggression. This may be due to the taboos around sex and sexuality that exist in society as well as the personal boundary violations that occur when someone is a victim of sexual abuse.

Carers and professionals have described how difficult it has been particularly when adolescents have propositioned them for sex, simulated sexual acts in their presence and/or engaged in sexualised language with them. Many carers and professionals express significant concern when they first discover that a child or young person has engaged in harmful sexual behaviour towards other children and young people. Reactions to children and young people who have engaged in harmful sexual behaviour range from dismissing it as 'no big deal', being distressed about their boundaries being disrespected to feeling so traumatised that they have not been able to continue working in this field.

Our responses can be influenced by a range of factors including our own past experiences, our values and beliefs, the degree of support and training we have received in managing this issue in our work environment, our own personal coping style and our level of experience in responding to dangerous behaviour that poses risks to others. It is critical to be aware of what our feelings are, why we react in the way we do and what we are left with as time goes on. This awareness is the first step in being able to share our experience, questions and concerns with others. In these reflective discussions, we will find ways to recognise how we can support children and young people who engage in harmful sexual behaviour and those who were the targets of it. We will find our own understanding of what the behaviour means and how relationships with children and young people can continue and be positive if appropriate.



● ● Self Reflections

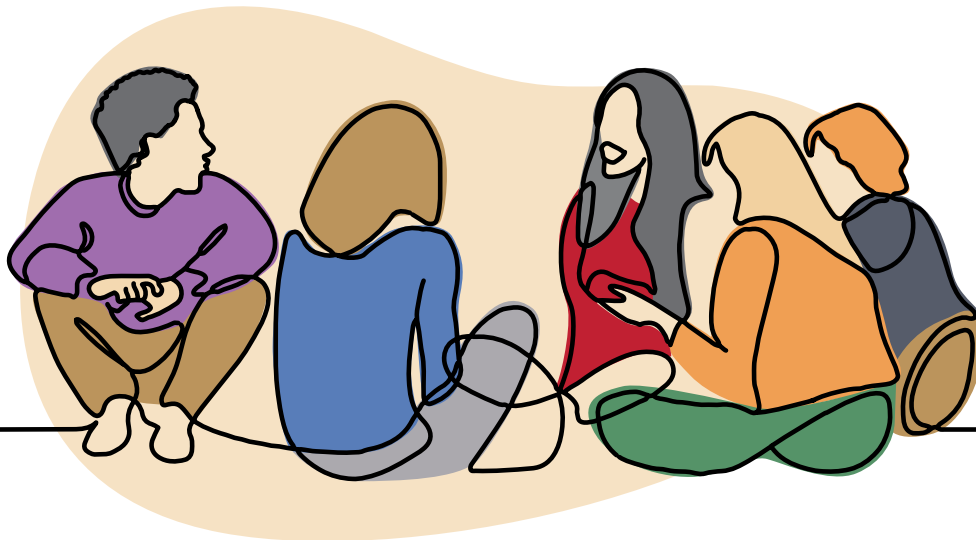
It is important we take some time to consider our own beliefs, thoughts and feelings that arise when we are thinking about working and caring for children and young people who engage in harmful sexual behaviour.

Notice the feeling, body sensations that may arise.

- Are they primarily negative? Do you feel disgusted or experience a sense of violation when you think about harmful sexual behaviour?
- How do you manage these feelings? Can you be compassionate with yourself about these negative feelings and thoughts? Is there someone you can talk to who can support you to examine and manage these feeling?
- What support does your workplace provide in helping you to respond to children and young people who engage in harmful sexual behaviour? Are these adequate? Are there other measures you need to consider such as personal counselling so that you are not experiencing intrusive images and/or feelings that affect you outside of work?
- Are you aware about how your feelings about this work influence the relationships you have with children and young people? Have you become more vigilant to the risk of harmful sexual behaviour for you and your family? Does this level of concern affect your daily life?

It is important that we continue to take the time to notice these feelings and thoughts on a regular basis and observe any changes that occur in ourselves. These signs may give us reason to pause and consider how our reactions are affecting our daily interactions with children and young people.





The way we talk about children and young people who engage in harmful sexual behaviour is vitally important.

The first step in responding to children and young people who engage in harmful sexual behaviour is to think about the language we use to describe their behaviour. Language is a powerful vehicle in shaping the attitudes and beliefs of those involved in caring for them and facilitating their engagement.

Within both the broader professional network and wider community, there has been confusion about the most suitable language to describe children and young people who have engaged in harmful sexual behaviour towards others. You may have heard children and young people ascribed adult descriptors such as perpetrators and sex offenders to describe their behaviour. This terminology has the effect of reinforcing perceptions that the behaviour is fixed and not able to be addressed. It suggests that children and young people will continue to engage in this behaviour into adulthood. This language is likely to increase a sense of shame for them and lead to an increase in avoidance or defensiveness which in turn will affect their level of engagement in treatment and their motivation to change.

In recent years, some services have used the term problem sexual behaviour to describe children under ten years of age who engage in this behaviour and used the term sexually abusive behaviour to describe older children and young people engaging in this behaviour. Whilst these terms do not have the same negative impact as adult terms such as sex offending, they fail to describe behaviour that is concerning but not abusive or targeted at others, such as excessive masturbation.



Harmful Sexual Behaviour is a more useful umbrella term to describe sexually concerning behaviours by children and young people that may be problematic and/or abusive in nature and directly have a negative impact on their development (Hackett, 2014). The term harmful sexual behaviour as opposed to sexually harmful behaviour identifies that the behaviour is harmful across the emotional, physical and social dimensions of young people's lives.

Later in this guide, you will be able to read about the difference between normal, concerning and harmful sexual behaviour.



What language do you think should be used to describe young people and the behaviour?



● Understanding why harmful sexual behaviour develops

An important part of practice in this area is understanding how harmful sexual behaviour develops and the underlying meaning that the behaviour holds for children and young people who engage in it. This knowledge will help inform the support and treatment that is provided to them.

There are multiple reasons why harmful sexual behaviour develops.



Many children and young people who have engaged in harmful sexual behaviour have experienced trauma and victimisation

Many of the children and young people engaging in harmful sexual behaviour have a history of their own maltreatment including physical abuse, sexual abuse and being forced to live with family violence. When this occurs, children and young people carry with them the pain and hurt of that experience. It affects the way they see relationships, who they can trust, and how they themselves can be trustworthy. Often, they are left with unmet needs for affection and love (Creeden, 2017; McPherson et al, 2019).

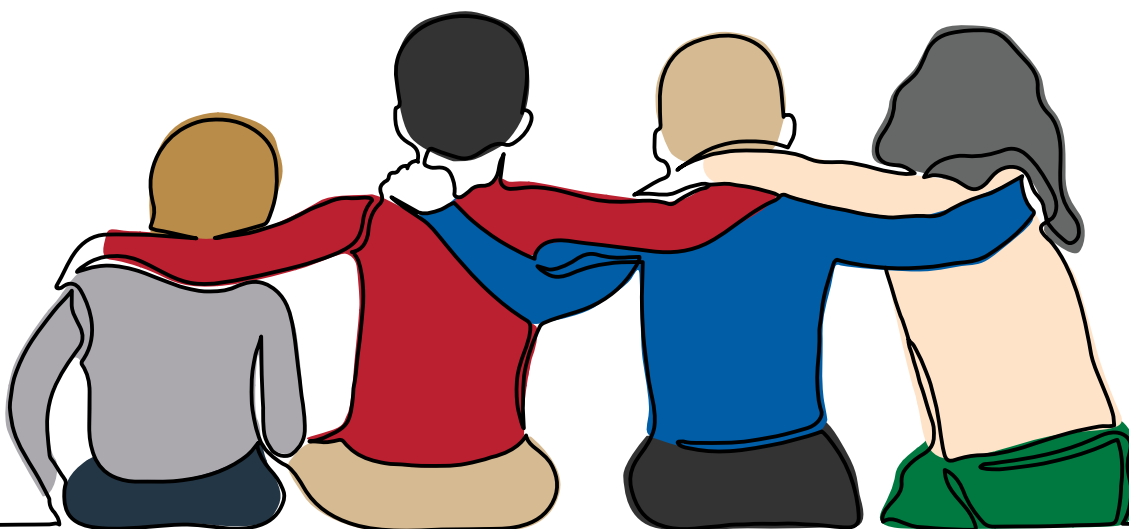
Depending on the experience of supportive and nurturing relationships in their early phases of development, children will seek out comfort from people whom they perceive as safe, consistent and nurturing. This includes seeking out physical attention from others, sitting close and engaging in parallel play, wanting to be fed, wanting their hand or hair to be stroked. Some children, who have experienced inconsistent and victimising interactions, may seek out such comfort from individuals who are not safe or with whom the child misjudges the strength or nature of the relationship. Equally they confuse sex with seeking out closeness in relationships. Their behaviour is driven by wanting to be accepted, wanting to feel affection, wanting to belong. But of course, it hurts others and then once discovered they experience shame, guilt and feelings of remorse. This can make them feel angry. It can amplify their own internal beliefs that there is something wrong with them because they were abused. It stops them from seeking out support.



For children and young people who have been sexually abused, one of the reasons they engage in harmful sexual behaviour is because they are repeating what happened to them. They are seeking to make sense of their own experience.

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For some children and young people, the experience of violation has been accompanied by coercion and control. This dynamic can become a pattern that they use in their interactions with more vulnerable and younger children to regain their own sense of control. Engaging in harmful sexual behaviour can be an expression of the way that traumatised children and young people regain their own sense of power that has been so viciously taken away from them by the adult perpetrator of the violence and abuse towards them.





It is important to remember that the very experiences that make children and young people more vulnerable to engage in harmful sexual behaviour also make them more vulnerable to further exploitation and victimisation.

Some children may engage in behaviour routines that are aimed at self-soothing. This includes rocking, self-stimulation, sleeping, playing computer games, listening to music and eating. These patterns can be helpful to children by putting them into a zone of attention and focus that supports a more relaxed state. However, if these activities become a source of pre-occupation then their benefit is curtailed. Excessive masturbation is an example of a type of behaviour that can start as a strategy for self-soothing but becomes problematic (Creeden, 2017).

Children and young people who have experienced abuse related trauma in their background may never have had their own experiences of rejection, violation and pain validated by those around them. In fact, they have had their own needs relegated to meet the needs of the perpetrator of the violence. They also have not experienced someone empathising with them and taking the time to understand their perspective, their fear, their feelings. These missing experiences of empathy makes it very difficult for young people to have empathy for others. In turn, they fail to consider the sensitivities and needs of others. Their needs come first. They follow through with engaging in harmful sexual behaviour because they cannot appreciate how their behaviour will impact on the children and young people they target. They find it difficult to empathise, find it difficult to accept responsibility for another's pain, and often shift blame for the behaviour onto the targeted child and away from themselves.

It is important to remember that the very experiences that make children and young people more vulnerable to engage in harmful sexual behaviour also make them more vulnerable to further exploitation and victimisation.



Children and young people may engage in harmful sexual behaviour because they have been exposed to poor role modelling of healthy relationships.

Healthy and respectful relationships can be the subject of direct education that is increasingly offered through schools. For many children and young people, they learn important lessons from these programs. They also learn about the ways relationships are negotiated and experienced through exposure to the important adults in their family and network. Poor modelling of relational respect to children and young people by adults can lead to the development of harmful sexual behaviour. As they were growing up, children and young people may have witnessed one carer/parent repeatedly use coercion to force another carer/parent to engage in sexual activity with them. They may have been forced to watch pornography. They may have been told that, “*Women are only good for one thing*”, or, “*Make sure you get your own way in a relationship*”, or, “*She is just asking for it*”. These are the sort of messages which reinforce and normalise the use of power and control. Often, they have inherent messages that are misogynistic – reflecting the gendered nature of violence in families. With these sorts of experiences, it is not surprising then that children and young people repeat what they have come to know as the truth and engage in harmful sexual behaviour themselves. Children and young people in these circumstances are influenced by the relationship norms and values that are set by the important adults around them (Smallbone, 2006).



Practice Reflections

Consider a child or young person you have cared for or supported who has engaged in harmful sexual behaviour.

What do you know of their history and consider if they have experienced any of the adverse experiences listed above?

How does their experience of trauma or adverse experience connect with their harmful sexual behaviour?

How do your views about the child or young person change when you consider their experience of violation and trauma?

What difference will it make to the support that they need?



Children and young people may engage in harmful sexual behaviour because they have poor sexual knowledge

Children and young people seek their understanding about sex, sexuality and relationships via a range of positive sources such as parents/carers, school and peers. However, there are multiple reasons that they fail to access the chance to explore the topic of sex and gain clear and helpful knowledge that can shape their behaviour (McPherson et al., 2019; McKibbin, 2017). Some children and young people in care have not had a history of positive relationships through which open and supportive discussions have taken place about sex. For others, their families have not been safe enough to feel comfortable to raise questions and dilemmas about sex and sexuality. Whilst school can provide opportunities to learn about sex, some children and young people in care may not be attending regularly and therefore miss out on these chances to learn. With poor sexual knowledge comes confusion about what is appropriate, when and with whom. Children and young people may engage in sexual behaviour without understanding the implications of particular activities, such as anal sex or masturbation with objects. Their attempts at what they deem to be normal explorative sexual activity end up being harmful because they lack the awareness of how it may affect others, how to understand responsibility and accountability and how sex can affect relationships.



Children and young people may engage in harmful sexual behaviour because they have been exposed to pornography that they cannot make sense of at their stage of development.

There is increasing evidence that the majority of children and young people have not only viewed pornography by the age of 15, but it has been their primary source of information about sex and relationships (Pratt and Fernandes, 2015). Internet pornography often depicts unrealistic sexual activity that also reinforces destructive, gendered and abusive power dynamics. Without the chance to reflect on and critique the meaning of these graphic images and narratives, young people are left to believe the world view that those who produce pornography instil in their content.

Pornography can particularly influence children and young people's understanding and beliefs about how consent is sought and negotiated with peers. If a child or young person repeatedly sees women repeatedly refuse men's sexual requests, be forced into sex and then appear to enjoy it, then it is likely that they may carry distorted views about consent. They may think it is acceptable to keep pressing a peer for sex, not recognising signs that consent has not been enthusiastically given and engage in sexual activity without consent. This is only one example of how harmful sexual behaviour then develops resulting in negative consequences for the targeted peer and ultimately shame and confusion by the young person who has engaged in it.



Children and young people may engage in harmful sexual behaviour because they have been forced into dynamics in which they are exploited and have to exploit others to survive.

It is increasingly recognised that young people in care, and in particular residential care, can be drawn into circumstances where they engage in relationships or join a group of other young people or adults to gain access to things they may want such as money, drugs, alcohol, mobile phones and electronics. In these webs of relationships, young people then find themselves being forced into sex, or being manipulated to force others to have sex with them (Hallett, Deerfield and Hudson, 2019). This level of exploitation can be accompanied by other forms of violation and/or threats. Young people in these circumstances are victims of exploitation but are also coerced into engaging in harmful sexual behaviours with other young people. These dynamics are clearly powerful, tapping into vulnerable young people's need for belonging and affection. It is critical to consider why children and young people engage in harmful sexual behaviour when developing strategies to support them.



For these young people, focusing on the harmful sexual behaviour, to the exclusion of what has been done to them can only further their experience of being isolated and not understood.



Children and young people with some disabilities are particularly vulnerable to engaging harmful sexual behaviour.

Children and young people with disabilities such as intellectual disabilities and those on Autism Spectrum Disorder have a high representation when it comes to harmful sexual behaviour (Hackett, 2014; Blasingame, 2018). These children and young people also often have histories of trauma and abuse which may lead to them engaging in a range of problem behaviour including harmful sexual behaviour (McPherson, 2019; O'Brien, 2008; Quadara, 2020). The developmental difficulties they face such as low cognitive functioning, poor social skills and increased impulsivity may contribute to the development of harmful sexual behaviours. Additionally, some children and young people with disabilities may not understand social rules and view much younger children as their peers, leading them to become a focus of their own sexual needs.



It is important to remember, regardless of the type of disability a child or young person may have, their sexual development requires support from adults to help them make sense of their changing body and reactions.

What are the main reasons that children and young people engage in harmful sexual behaviour?

- They have experienced childhood trauma and victimisation
- They have been exposed to poor role modelling of healthy relationships
- They have poor sexual knowledge
- They have been exposed to pornography that they cannot make sense of at their stage of development
- They have been forced into dynamics in which they are exploited and have to exploit others to survive

It is critical to understand the factors that contribute to the development of harmful sexual behaviour by children and young people. Each reason can lead to a different strategy that should be implemented. Not all the factors are relevant to all children and young people who engage in harmful sexual behaviour.

What is harmful sexual behaviour?

Sexual exploration is part of a normal development. At some stage, all children and young people will engage in sexual behaviour. It only becomes problematic or harmful when it includes some of the following elements:

- Frequency and persistence – behaviour does not stop after being discovered
- Evidence of planning – seeking and creating opportunities to engage in harmful sexual behaviour
- Use of coercion or manipulation
- The presence of a power imbalance (Quadara et al., 2020)

There are a number of traffic light systems that can help distinguish between normal and harmful sexual behaviour.

Hackett's traffic light system is a continuum to assist practitioners to locate the sexual behaviours of the child or young person within the context of normative development versus behaviours that are inappropriate, problematic, abusive or violent. You can see how behaviours are classified, green, amber and red depending on the severity of the behaviour and the harm it causes.



Below: Figure 1. Normal, problematic and harmful sexual behaviours (Hackett, 2014, p. 18)

 Normal	 Inappropriate	 Problematic	 Abusive	 Violent
Developmentally Expected Socially acceptable Consensual, mutual, reciprocal Shared decision making	Single instances of inappropriate sexual behaviour Socially acceptable behaviour within the group Context for behaviour may be inappropriate Generally consensual and reciprocal	Problematic and concerning behaviours Developmentally unusual and socially unexpected No overt elements of victimisation Consent issues may be unclear May lack reciprocity or equal power May include levels of compulsivity	Victimising intent or outcome Includes misuse of power Coercion and force to ensure victim compliance Intrusive Informed content lacking or not able to be given freely by victim May include elements of expressive violence	Physically violent sexual abuse Highly intrusive Instrumental violence which is physiologically and/or sexually arousing to the perpetrator Sadism

Brooke (cited in Hackett, 2014) has also developed a detailed breakdown of sexual behaviours that uses a traffic light metaphor. It also distinguishes behaviour according to age. This alternative system, shown on the page below, identifies behaviours that are ‘green’, or healthy and safe, those that are ‘amber’ and may pose some danger, and those that are ‘red’ and clearly represent a threat to a victim (Brook, cited in Hackett, 2014).

NORMATIVE SEXUAL BEHAVIOURS

Developmentally expected and socially acceptable

Spontaneous, curious and able to be redirected

Consensual, mutual and reciprocal

Greater need for privacy
Masturbation in private
Desire to know more about sexuality
Use of sexual language
Girlfriend or boyfriend relationships
Hugging/kissing with known peers
Exhibitionism with same age peers during play eg. flashing or mooning
Use of technology to connect with known peers

LOW RISK

Need for privacy
Masturbation in private
Seeking information about sexuality
Viewing material for sexual arousal
Sexually explicit mutual conversations and or use of humour and obscenities with peers
Relationship with same or other sex
Consensual sexual activity with same-aged partner
Use of technology to connect with peers

10-13 Years

14-17 Years

PROBLEMATIC SEXUAL BEHAVIOUR

Developmentally unusual and socially unexpected

Persistence and compulsivity

Unequal power dynamics and consent issues

Prioritising masturbation over other activities, in public or causing self-injury
Persistent explicit talk, act or play which is sexual or sexually intimidating
Accessing age restricted materials with sexually explicit content (pornography)
Flirting behaviours not expected for age and seeking relationships with older children or adults
Sexual activity with an unknown peer
Intimate sexual activity with known peer of similar age
Use of technology to connect with unknown people and sharing private details

MODERATE RISK

Sexual preoccupation impacting on daily life
Spying on others who are nude or engaging in sexual activity
Explicit communication that is obscene or sexually intimidating
Repeated exposure of private parts to peers
Unsafe sexual practices including unprotected sex and multiple partners.
Presence of STI or unplanned pregnancy
Intimate sexual activity with a partner who is more than two years age difference or with difference in development
Arranging meetings with unknown people met online
Using technology to send or receive sexual images of another person with their consent

10-13 Years

14-17 Years

ABUSIVE AND VIOLENT SEXUAL BEHAVIOUR

Excessive and compulsive with use of force

Significant power imbalance

Use of Coercion, threats and manipulation

Compulsive masturbation resulting in self-harm and voyeurism
Engaging others in sexual acts by using grooming techniques
Forcing or coercing others into sexual activity
Intimate sexual activity with a person of different age or with different developmental ability
Presence of STI or unplanned pregnancy
Sending and/or publishing sexual images of self and others
Arranging meetings with unknown people met online
Sexual contact with animals
Sexual activity in exchange for money or goods
Possessing accessing or sending child exploitation material

HIGH RISK

Compulsive masturbation resulting in self-harm and voyeurism
Preoccupation with sexually aggressive and/or illegal pornography
Intimate sexual activity with a partner who is more than two years age difference or with significant difference in development
Engaging others in sexual acts by using grooming techniques
Sending and/or publishing sexual images of self and others without their consent
Arranging meetings with unknown people met online
Sexual contact with animals
Sexual activity in exchange for money or goods, accommodation, drugs or alcohol
Forcing or manipulating others into sexual activity
Possessing accessing or sending child exploitation material



Exercise: Using the traffic light systems, how would you evaluate the level of concern of sexual behaviour in the following examples?

Jemma

Jemma is an 11 year old girl in foster care. For the last 6 months Jemma has been periodically playing music in the lounge room and dancing provocatively to sexually themed lyrics in the presence of younger foster children.

- How concerning is this behaviour? Green, Amber or Red? ☒ ☐ ☐ ☐
- What characteristics of the behaviour give it that level on the continuum?

- What further information would you need?

Xavier

Xavier is a 13 year old young person in Kinship care with his maternal aunt. He frequently masturbates in his bedroom. Xavier is known to make loud noises in his bedroom and will make comments to his aunt after such as "did you hear how good that was?".

- How concerning is this behaviour? Green, Amber or Red? ☒ ☐ ☐ ☐
- What characteristics of the behaviour give it that level on the continuum?

- What further information would you need?

Kai

Kai is 15 and Ryan is a 13. Ryan has an Intellectual Disability. They both live in the same residential care unit. Kai is observed to be convincing Ryan to come into his bedroom to be on their own. When carers attempt to intervene, Kai becomes aggressive and continues. Ryan enters Kai's bedroom and locks the door. Both do not respond to carers requests for them to open the door. Kai has historically asked same aged peers to perform oral sex on him.

- How concerning is this behaviour? Green, Amber or Red? ☒ ☐ ☐ ☐
- What characteristics of the behaviour give it that level on the continuum?

- What further information would you need?

● What can carers and professionals do to ● address harmful sexual behaviour by young people in out of home care?

Now that we understand what contributes to the development of harmful sexual behaviour by children and young people and how to identify and categorise it, the next step is to map what can be done to address it as a problem and organize the support that is needed for both the child or young person in care who engage in it and those who are targeted by it.

The issue is complex and therefore requires a complex set of inter-related strategies to tackle it. For carers and professionals in out of home care and related systems, these strategies involve the following eight actions.

Action 1.

Be more aware of it. Look out for the signs. Understand what is normal, problematic and harmful sexual behaviour. Recognise how it can affect you.

Action 2.

Understand why harmful sexual behaviour develops.

Action 3.

Take action to reduce the risk of it developing before it does.

Action 4.

When it is discovered, understand the risks for the child or young person who engaged in it and for those who were the target of harmful sexual behaviour.

Action 5.

Seek out support for you and engage others to help.

Action 6.

Be part of a team that creates a safety plan that aims to protect everyone.

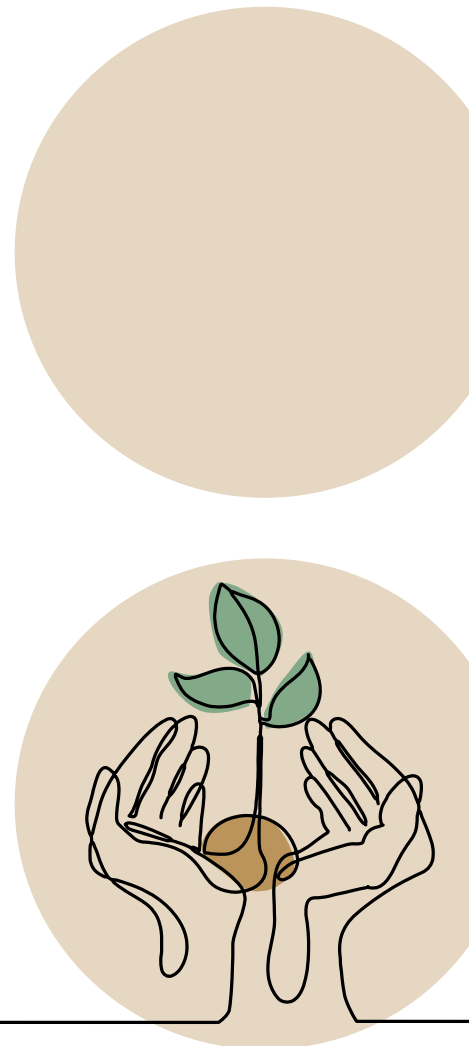
Action 7.

Provide access to specialist support for the child or young person when engaged in harmful sexual behaviour.

Action 8.

Provide access to specialist support for children and young people who are the targets of harmful sexual behaviour.

Each of these eight actions is examined in more detail below.



Action 1.

Be more aware of it. Look out for the signs. Recognise how it can affect you. Understand what is normal, problematic and harmful sexual behaviour.

In the first part of this practice guide, information about harmful sexual behaviour was explored. Clearly, the way that carers and professionals understand it and then react to it shape the outcomes that can be achieved.



THE MOST IMPORTANT PRINCIPLES TO KEEP IN MIND ARE:

- Having knowledge prepares you better to know what to do and respond positively to help children and young people who engage in harmful sexual behaviour
- These children and young people are not sex offenders – they are young people with specific vulnerabilities and need your help and support
- Compassion towards the child or young person who engage in it and those who are targets of it will make it easier for both groups to avoid shame and disengagement from the supports that can help them

Action 2.

Understanding why harmful sexual behaviour develops is critical to knowing how to take action.

In an earlier section, a number of possible reasons for why harmful sexual behaviour develops were examined. There are of course more. The factors that shape the emergence of the behaviour are not separate to each other. One vulnerability adds to another, amplifying the risks and needs of this group. These reasons point to how important it is to understand the child or young person's history and set of experiences in their entirety. For each of them, there is likely to be a combination of factors which need to be addressed. The reasons also provide clues about what carers and professionals in out of home care and related systems can do to prevent and respond effectively to harmful sexual behaviour. These strategies are explored later in this guide. It is critical to understand the factors that contribute to the development of harmful sexual behaviour. Each reason can lead to a different strategy that should be implemented. Not all the factors are relevant to all children and young people who engage in harmful sexual behaviour.

For example, a lack of understanding about how consent for sex is negotiated positively may be addressed by carers using opportunities to have regular discussions where consent is explored for different behaviour. It may be relevant to involve some young people in empathy training early in their time in care. Supervising children and young people's exposure to the internet where they may inadvertently access pornography may be important for some children and young people who have experienced trauma.



REMEMBER THE FOLLOWING PRINCIPLES:

- Don't jump to conclusions about why a child or young person has engaged in harmful sexual behaviour
- Seek out support from specialists in the area to help you develop a comprehensive picture of the reasons behind the behaviour
- Background factors are not excuses for their behaviour – they help explain not justify it
- The factors which make children and young people vulnerable are the very factors that make them also at heightened risk of engaging in harmful sexual behaviour

Action 3.

Take action to reduce the risk of it developing before it does.

Build the protective factors in the lives of young people.

Protective factors serve to lower the risk that a child or young person will engage in harmful sexual behaviours. In order to best support children and young people who have or are at risk of engaging in harmful sexual behaviour ensure:



Healthy boundaries are supported and modelled

Everyday encounters with the child or young person offer an opportunity to model healthy and safe boundaries as well as what they may observe within the staffing team. Conversations with the child or young person when they have not respected their own or others' rules about social interactions and personal space can support their developing understanding of what is right and wrong. It is important to start these conversations early so a child can build and develop their understanding and skills in this area as they mature.



Protection from trauma and harm

Children and young people should be protected from further trauma and their home be safe. Working as a care team to manage risks associated with sexual exploitation, substance use and other risks in the community is paramount.



Guidance and supervision

Children and young people are not given the best chance to recover from harmful sexual behaviour without support. Supervision offers a direct opportunity to notice, name and redirect a child or young person if they are engaging in inappropriate behaviour so that they can learn what is right and wrong.



Healthy friendships

Children and young people should be afforded opportunities to engage in friendships with likeminded peers whether this be through school or other community activities. Think about safety planning and consider if a strategy limits their capacity to engage in friendships safely and find the least restrictive strategy to manage risk.



Open communication about feelings with a trusted adult

Children and young people need a consistent adult that they can develop trust in, to have difficult conversations about vulnerable feelings.



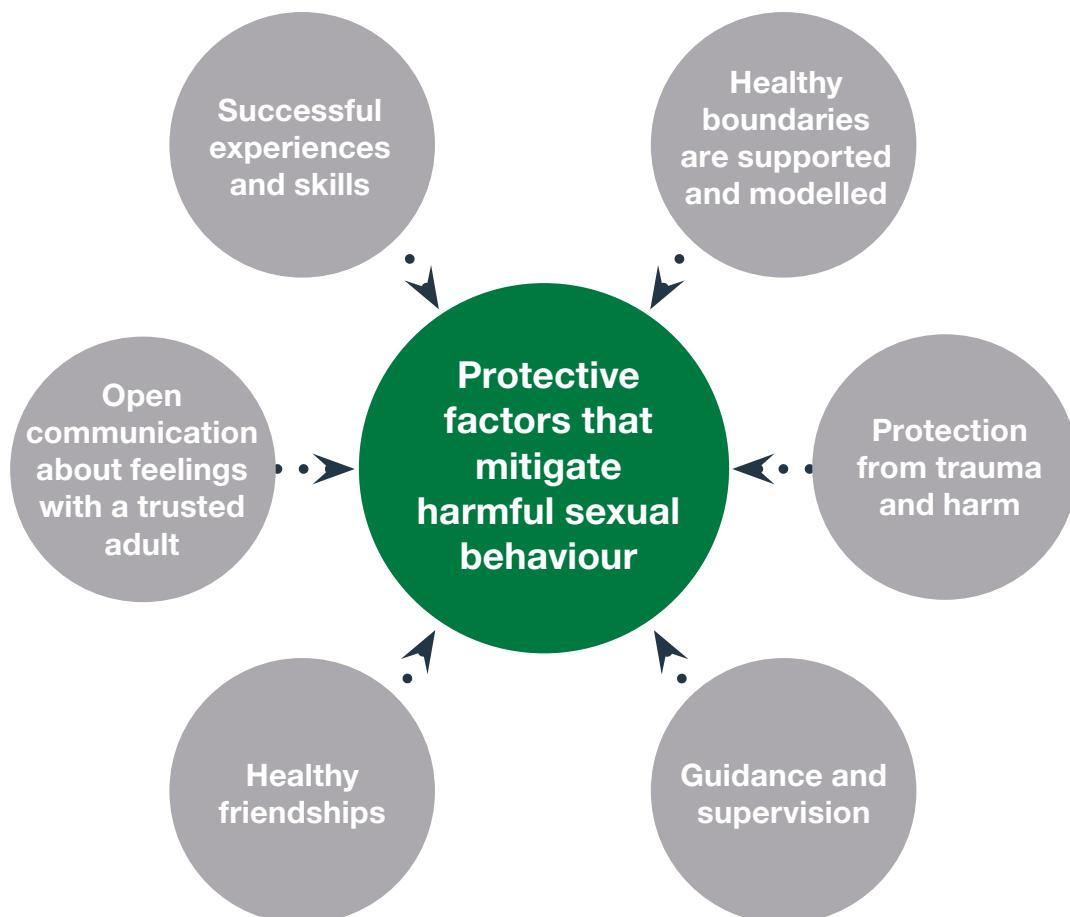
Provide opportunities for successful experiences and skills development

Children and young people should be proactively praised when they have mastered a positive relational skill to reinforce the behaviour. Further, care teams should work to find activities that they can engage in that offers them a sense of reward and mastery.



Maintain and strengthen connection to culture and community

A strong connection to culture is a protective factor for children and young people, especially those who come from Aboriginal and Torres Strait Islander backgrounds.





Where appropriate and relevant, provide children and young people with informal and formal opportunities to learn about sex and sexuality.

The Commission for Children and Young People (2015) has advocated for improved sexuality and respectful relationships education for young people in care, which is age and developmentally appropriate, especially those living in residential care.

Carers and professionals can play a role in providing informal and formal opportunities for children and young people to learn more about sex that is realistic and accurate. These are some of the ways that sex education can be supported for children and young people in care:

- Ensure children and young people have access to age appropriate material on sexual development and respectful relationships
- Determine who is in the best position to support conversations with a child or young person to find out what they already know and what else they need to know more about. This may be a carer who is the same gender and has a strong relationship with them
- Promote a positive social climate in the home that models respect and safety (See [Practice Guide – Empowerment and Limit Setting in Residential Care](#))
- Open up conversations in a non-confrontational way when they are most suitable and naturally arise. For instance, whilst watching TV in which a sexual theme may be represented leading to the start of a conversation
- If it is known that a child or young person has viewed pornography, consider having a conversation with them that critiques the validity of what they have seen and answer any questions that they continue to hold. Create opportunities to review the value base of pornography and reflect on the parts which reinforce stereotypes about the roles of men and women and the use of coercion and power in relationship dynamics
- ATSA (2020) guidelines suggest that conversations about healthy relationships could include the following areas
 - o Consent
 - o Respect
 - o Mutuality in relationships
 - o Freedom to say no and negotiate what is mutually acceptable in the relationship
- Try to use appropriate terminology that is age appropriate. Be black and white – it might be more comfortable to use slang but avoid it
- If questions from the young person move to exploring areas that are about your approach to sex, then go as far as you are comfortable. More often than not it is better to remain calm and return the conversation to the subject matter you are discussing



Action 4.

When it is discovered, understand the risks for the child or young person who engaged in it and for those who were the target of the harmful sexual behaviour.

The knowledge base about children and young people who engage in harmful sexual behaviour has evolved over the last twenty years leading to improvements in the way that the risk they pose to others is assessed and managed. Children and young people who engage in harmful sexual behaviour are not all the same with over 136 different risk factors identified across the literature (Rich, 2011). Applying a developmental framework, it is important to note that risk factors change and evolve as the child or young person develops. As such, it is essential that there is a focus on constant review of individual risk assessment and safety plans.

Whilst the risk of children and young people continuing to engage in harmful sexual behaviours with support and treatment is low, a thorough assessment of them to understand the context and nature of the behaviours helps in addressing the salient risk factors that exist in their environment. Caldwell's (2016) research found a 2.75% recidivism rate between 2000 and 2015 and shows that children and young people who engage in harmful sexual behaviour can recover with the right support.

Risk assessment is less about predicting risk and more about understanding the risk in context. This offers a point of intervention to further reduce the likelihood that the child or young person will engage in harmful sexual behaviours. Risk doesn't stay the same. It changes all the time.

For example, children and young people can be safe in one peer group, but become more likely to engage in harmful sexual behaviour when or after they have been involved in another peer group. The risk of engaging in harmful sexual behaviour can escalate at times when children and young people are under the influence of alcohol.

Understanding risk requires everyone to keep their eye out across multiple parts of a child or young person's life. It is why care teams are so important in responding to young people who engage in harmful sexual behaviour. It allows multiple perspectives to be held at the same time. It also makes planning more comprehensive. It means that it is clear who is expected to do what and when. Care teams also help decision making be more collective and shared. It stops different parts of the system working at cross purposes.

It is important to consider the needs of the child or young person who has been the target of the behaviour. They need their experience validated and acknowledged. They need support to make sense of it. They need to feel safe and be safe. They are not responsible for protecting themselves. This should be made clear to them. They need the adults to monitor the risk of them being hurt again and act if they need to protect them from further harm.



IMPORTANT CONSIDERATIONS TO REMEMBER WHEN ASSESSING RISK OF HARMFUL SEXUAL BEHAVIOUR

- Risk is not static. Who the child or young person is with, what they are doing, what has happened to them will all affect how serious the level of risk is
- Keep in mind the things that make the child or young person vulnerable. For example, the younger they are, the more they can be manipulated by others to engage in harmful sexual behaviour
- If the child or young person has been known to have engaged in the behaviour before, the risk of them doing it again increases significantly
- Appreciate the young person's strengths when assessing risk. Young people can have experience at problem solving. If they have, then involve them in making plans about how to keep themselves and others safe
- The community of adults around children and young people also can offer help and assistance in managing risks. They can offer levels of supervision that will support the child or young person if they find themselves in circumstances where they find it difficult to control their behaviour
- It is better to be part of a team thinking about the needs of a child or young person than to try and do it on your own. Multiple perspectives can offer more insight and understanding about what to do support them

Action 5.

Seek out support for you and engage others to help.

Carers and professionals working in out of home care will need to come together to support each other. Care teams are critical in the process of helping children and young people who engage in harmful sexual behaviour and those who were the targets of it.

Care teams facilitate a holistic view of the child or young person to be developed (Hackett, cited in McKibbin, 2017). This can avoid punishing consequences that may further shame them and increase the risk that they will engage in the behaviour again.

Care teams should work together to make plans that involve strategies in all parts of the child or young person's life. The care team should develop specific goals for managing the behaviour, supporting them and encouraging them to have opportunities with peers and other adults. These goals and strategies should be applied across settings, such as school, home with friends, with family, when the young person is on their own and/or public transport. The care team should regularly monitor the plans and make sure they can track whether risks are increasing or reducing in order to know what to do next.

Similarly, care teams are critical to the wellbeing of the children and young people who may have been the targets of the harmful sexual behaviour. Care teams need to plan for

- how to best organise counselling that may be needed
- managing any ongoing contact that is required between the child/young person who was the target and the young person who engaged in the behaviour
- ensuring that the child/young person who was the target of the behaviour has the opportunity and relationship support to explore the impact of their experience on their own sexuality as they grow and mature

You can find out more about how to work effectively in a care team by looking at the practice guide.

[Care Teams- Collaborative processes for creating healing and change.](#)

Action 6.

Create a safety plan that aims to protect everyone.

Safety planning is a critical step in helping children and young people to modify their behaviour and manage risks associated with their behaviour towards others around them.

The nature of the safety plan that is appropriate depends on the child or young person's age and stage of development, their cognitive capacity and their attitudes toward the harmful behaviour. It is also helpful to think about the resources within the care environment to provide the necessary support and supervision to implement a safety plan. As part of the safety planning process, it is important to engage the young person in open discussions that are centred on accountability, clear responses to risk and the ongoing need to meet the emotional needs of the child or young person. The inclusion of protective factors and consideration of their strengths serves to ensure the safety plan is not problem saturated or deficit focused.

An important element of a safety plan includes supervision which allows for adults to help redirect the child or young person if they begin to engage in harmful sexual behaviour so that they can learn more appropriate ways of relating to others. Discussions should occur within care teams and house meetings to plan who and what each member of the team will do to support the child or young person. This extends to outside of the home, for instance on outings at parks or swimming pools and at school.

Safety plans should serve to manage risks that may be present in the child or young person's environment to reduce the likelihood of harmful sexual behaviours. The safety plan should be fit for purpose taking into account the context in which the behaviours occurred. There should be a balance achieved between ensuring that risks are identified and addressed with the need to ensure that the child or young person can engage in day to day activities that are positive, relational and promote optimism. Overly restrictive safety plans which may limit the child or young person's capacity for safe community engagement and peer relationships will not serve to improve long-term outcomes.



There should be a balance achieved between ensuring that risks are identified and addressed with the need to ensure that the child or young person can engage in day to day activities that are positive, relational and promote optimism. Overly restrictive safety plans which limit the child or young person's capacity for safe community engagement and peer relationships will not serve to improve long-term outcomes.

Safety plans start with asking the following questions:

How concerning was the behaviour that the child or young person engaged in? Should there be a report or consultation with the police or child protection about the incident?

What was its impact on other children or young people/carers in the household?

How often did the behaviour occur? Has it occurred in the past? If so, when and how frequently? How easy is it for the young person to talk about the behaviour in the past?

How does the child or young person describe the behaviour? Do they understand how concerning it was? What do they understand was its impact on the target of the behaviour? What do they understand was the impact on other people in the household, including carers?

How much responsibility does the child or young person accept for the behaviour? Do they blame anyone else for making them do it or influencing them in some way? Do they seek to minimize their role in the behaviour?

How has the child or young person who engaged in the behaviours responded since the harmful sexual behaviours were disclosed? Have they shut down/denied the behaviour due to shame / embarrassment or are they willing to speak about it?

How much was the behaviour planned? How long had the child or young person been thinking about engaging in it? Did they take advantage of an opportunity when no-one was around to engage in the behaviour?

How easy will it be for the young person to not engage in the behaviour again? To what extent, can they control their behaviour in the future now that it has been discovered? What actions can they take to support themselves to stop engaging in any lead-in behaviours when they begin wanting to do it?

How compulsive is the behaviour? What is the extent to which the child or young person is aware that they are thinking about it or planning it?

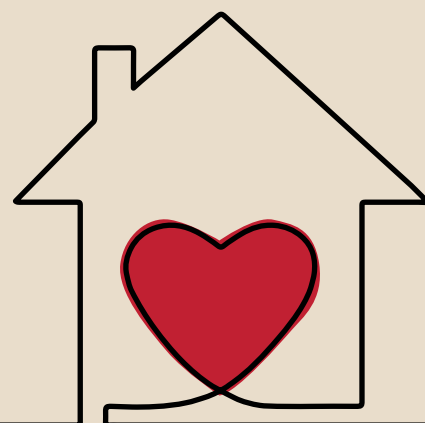
How confident are you that the child or young person will approach an adult to seek out support if they feel themselves beginning to engage in the behaviour again? What would stop them from seeking out an adult to talk about their feelings? What would support them to approach an adult in these circumstances?

What was happening in the environment at the time that the behaviour occurred? What could be identified as triggers for the behaviour? For example, had there been conflict in the household? Had the young person experienced distress or disappointment in relation to their family?

Are there specific vulnerabilities with the child or young person that are continuing that increase the likelihood of them engaging in the behaviour in the short term?

What strengths does the child or young person have that may be relevant for them to be able to draw on to stop engaging in the behaviour? What are the circumstances in which those strengths are readily available to the child or young person? How can these strengths be integrated effectively into a safety plan?

What strengths can the child or young person access in the adults in their relational network that may be relevant for them to support them to stop engaging in the behaviour? What are the circumstances in which those strengths are readily available to them? How can these strengths be integrated effectively into a safety plan?





How confident are you that you will be able to notice if the likelihood of the child or young person engaging in the behaviour increases again?

What are the actions that can be taken to prevent the child or young person from engaging in the behaviour immediately? What will need to continue to occur for them to not engage in the behaviour again?

What is the plan that will need to be put in place to prevent the child or young person from engaging in the behaviour and keep other children and young people and/or staff safe?

How will this plan be monitored? Who else is part of the plan? What is their role? How will you know if these other people are enacting the plan effectively/ What will you do if they are not?

Is there any additional levels of danger that you need to consider for other people in the household or network of the child/young person? What are the measures in place to keep these individuals safe? Are they adequate to keep that individual safe in the immediate future? If not, what is the plan that needs to be put in place that effectively reduces the risk of the harm occurring?

These questions will require some time and investigation to compile answers to. In many ways, therapeutic specialists and other relevant staff are best placed to work alongside the child or young person, and the carers to determine the answers to these questions.

A safety plan compiles this information into an easy to understand format that can be shared with the child or young person and involve them in its development and implementation.

Each organisation will have a different approach to drawing up a safety plan. A basic version is contained in the table set out below.

In forming the safety plan, consideration should be given to putting in place both proactive and child or young person specific safety measures.

Proactive measures can also be taken to set the foundation for all safety plans.

Child or young person specific measures refer more to the support to be provided to the young person by carers and other related professionals. For example,

- carers will supervise the child or young person when they are interacting with younger aged children
- child or young person will alert a carer or teacher at school if they begin to experience feelings of distress or anger; and

- carer will acknowledge and then redirect child or young person if they engage in language that involves sexual themes

The process of developing safety plans become an expression of how communication about normative sexual behaviour can occur between carers, children and young people. This is a vital platform for preventing harmful sexual behaviour and identifying and addressing it as it occurs.



EXAMPLES OF PROACTIVE MEASURES CARERS CAN TAKE TO REDUCE THE LIKELIHOOD OF CHILDREN AND YOUNG PEOPLE ENGAGING IN HARMFUL SEXUAL BEHAVIOUR:

- They can ensure that household rules are made clear from the outset and constantly revisited
- They can talk to children and young people and come to an agreement on the rules about how private spaces are used by whom and how including bedrooms and bathrooms
- They need to be active and spend as much time as possible in the living areas of the home - this helps with keeping track of where the children and young people are whilst also maintaining connection
- They can provide consistent messages about personal space, privacy and respect
- They can positively reinforce all appropriate behaviour



PRACTICE EXAMPLE

Think about Jasmin, Xavier, Kai and Ryan from the exercise on page 19.

Do these children and young people need to have a safety plan in place? If you think so, what would be important elements of their safety plan?

Write a safety plan using the Safety Plan Template provided. How easy was it? What did you need to know? What support did you need to develop it? Who else needed to be involved before you were confident it would work?



EXAMPLE OF SAFETY PLAN TEMPLATE FOR SUPPORTING YOUNG PERSON WHO HAS ENGAGE IN HARMFUL SEXUAL BEHAVIOUR

Safety Plan	<input type="checkbox"/>
Summary of a child or young person's current and history of care arrangements	<input type="checkbox"/>
Summary of a child or young person's concerning or harmful sexual behaviour	<input type="checkbox"/>
Risk factors for harmful sexual behaviour	<input type="checkbox"/>
Protective factors/ strengths of young person and/or care environment	<input type="checkbox"/>
Current drivers of harmful sexual behaviour	<input type="checkbox"/>
Safety strategies	<input type="checkbox"/>
Engagement of a child or young person with the Safety Plan	<input type="checkbox"/>
Person/people responsible for monitoring and reviewing the Safety Plan	<input type="checkbox"/>
Next review	___ / ___ / ___



Practice Reflections

Review the sample safety plan for Kai on the following page and reflect on how it is similar or different to the ideas you came up with.



● ● Safety Plan

Summary of young person's current and history of care arrangements:

Kai is a 15 year old young person who has resided in residential care for two years. Kai has witnessed significant family violence and experienced significant neglect. Kai has experienced multiple placements in out of home care after he was removed from parental care when he was seven years old and he has been subject to two attempts at reunification into parental care.

Summary of young person's concerning or harmful sexual behaviour:

Kai has previously asked same aged male co-residents in residential care, foster-siblings and peers at school to perform oral sex on him. This often occurs when he is attempting to seek connection with other young people. It is unknown if any of Kai's requests have been successful. Kai has previously disclosed that he witnessed adult sexual activity regularly when in parental care.

Risk factors for harmful sexual behaviour:

- Kai often expresses low self-worth and verbalises feeling helpless and depressed for being a "resi kid".
- Kai can become aggressive and threatening when carers are unable to meet a request or when carers attempt to implement rules and boundaries.
- Kai has difficulty relating appropriately with other people and can become inappropriate and hyperactive in an attempt to be acknowledged.
- Kai often becomes withdrawn and hard to engage after contact with his family.
- Kai often absconds from placement for several hours and returns substance affected by cannabis.

Protective factors/ strengths of young person and/or care environment:

- Kai has a strong connection to his school and attends regularly.
- Kai loves cooking and has recently started practicing piping icing in different patterns. This concentrated activity keeps Kai calm and attentive to others at the same time.
- Kai loves riding and fixing bikes. He enjoys being praised for his skills understanding about mechanics.
- Kai thrives on one-to-one support and enjoys joining carers on a drive.
- Kai is placed with other young people who have individual interests and they rarely engage in the community together however mostly live amicably in the home.



● ● Safety Plan

Current drivers of harmful sexual behaviour:

Kai has difficulty in social settings and has a constant desire to be liked and feel connected with others. Kai was exposed to adult sexual themes at a young age and has developed expectations that connection is achieved through sexual activity. Kai's trauma experiences have impacted on his impulse control and emotional regulation. When he becomes distressed or stressed around other young people, he will make sexually inappropriate statements as a means to seek the attention of others to maintain a sense of belonging and relationship.

Safety strategies:

- Kai is to be supervised in his interactions with other young people in the home. Kai is to be positively praised when relating appropriately.
- Kai is not enter the bedroom of other young people and he should dress in private in his bedroom or bathroom.
- Carers should redirect Kai when they notice he is becoming inappropriate and hyperactive with other young people to an activity such as going for a bike ride, drive or baking with a carer.
- Kai is to be engaged in a one-to-one activity if carers notice he is withdrawn and expressing low self-worth.
- Should Kai start asking another young person to "give me head", carers should acknowledge that it is inappropriate and redirect him to a more prosocial activity together such as playing PlayStation. Further conversations with Kai about the inappropriateness of those statements should occur in private without the other young people present to reduce shame.
- Kai is to be reminded that bike rides are an activity he can do by himself or with a carer and that his interactions with other young people should occur in the home.

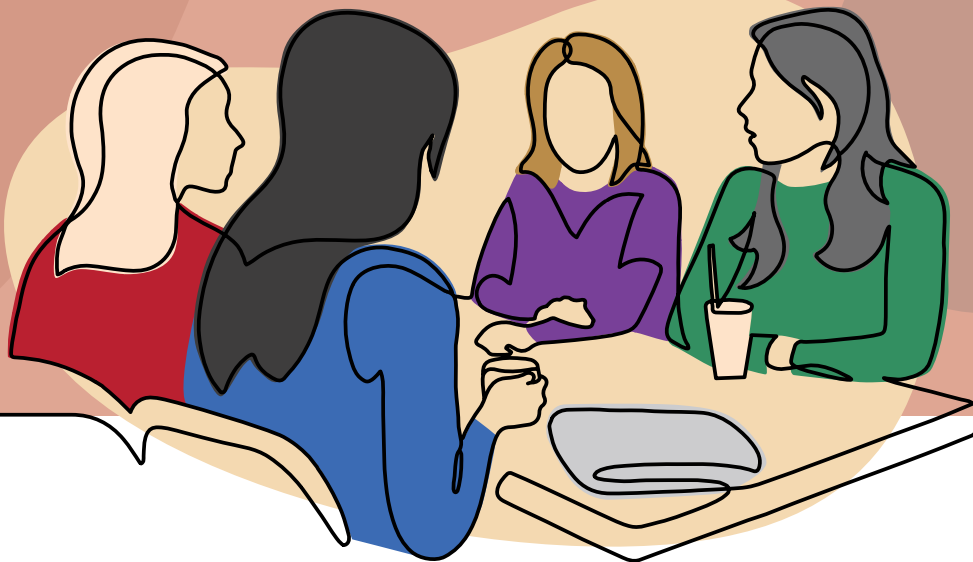
Engagement of young person with the Safety Plan:

Kai was reluctant to engage in conversations around safety planning however stated he would agree to dress and bathe privately and go for bike rides by himself or with a carer. Kai is able to reflect on the inappropriateness of asking other people to perform oral sex on him. He states he is unable to control it but will try to follow the expectations of this plan.

Person/people responsible for monitoring and reviewing the Safety Plan:

Therapeutic Specialist and House Manager

Review: 3 weeks



Action 7.

Access specialist support for the child or young person who engaged in harmful sexual behaviour.

It is important to recognise harmful sexual behaviour requires a specialised response. The police may become involved. Young people may be charged or involved in a youth justice diversionary program depending on their age and the severity of the behaviour they engaged in. Other agencies may have a specific interest in understanding the risks that are posed by the child or young person in different environments. For example, schools will become involved to ensure that they have adequate strategies in place to be able to support the child or young person not to engage in the behaviour again and also protect others from the behaviour.

Therefore, it is critical that carers and professionals seek out specialist support from professionals who have experience and a defined role in responding to harmful sexual behaviour. They will be able to

- assist and/or become part of the care team that undertakes a safety plan in relation to the child or young person
- provide advice to, or directly undertake, assessments of risk relevant to the child or young person
- provide specialist therapeutic intervention that aims to assist the child or young person to understand the impact of their behaviour on the individual who was the target of the behaviour, take responsibility for the behaviour, address any background factors that may have contributed to the behaviour and work out a plan that supports the child or young person to be involved in positive and healthy relationships with peers and other important adults in their network

Professionals with specialist experience will also be able to support the young person, their carers and other important adults in their network to

- identify and appreciate the strengths of the young person and how they can help the young person change their approach to relationships
- understand and mobilise the supports and resources that are available to child or young people in their family and community; and
- a thorough understanding of the child or young person's developmental progress is used to shape how they responded to by different systems around them; and
- ensure that the experience of the child or young person's culture is central to the way that they are responded to and supported, to know what to do next



STRATEGIES THAT ARE IMPORTANT IN RESPONDING TO CHILDREN AND YOUNG PEOPLE WHO ENGAGE IN HARMFUL SEXUAL BEHAVIOUR

- Ensure that the child or young person has a consistent and predictable routine in their care environment
- Involve children and young people in setting and practicing clear rules about social interaction in their care environment
- It is important that your message is simple but specific about the behaviour you are trying to encourage. For example, you must wear clothes at all times in the unit or you can only take your clothes off in the bathroom or the bedroom with the door shut
- Give children and young people different ways to talk about sex using everyday opportunities to raise it
- Provide frequent chances for children and young people to learn and practice new skills such as reading social cues or engaging in kindness
- Repeat guidelines and rules about behaviour over and over with children and young people. The more chances they have, the greater the likelihood that they will learn and apply them

Culture

The integration of culture as a protective factor in the lives of children and young people who engage in harmful sexual behaviour is particularly relevant when working to support children and young people from Aboriginal and Torres Strait Islander communities. Culturally sensitive responses are important for all children and young people.

For Aboriginal and Torres Strait Islander children and young people who have engaged in harmful sexual behaviour, cultural considerations need to form part of the assessment and therapeutic responses offered to them. It is important to understand how sex and sexuality is understood through the lens of their community's culture. In particular, there should be an emphasis on understanding the shame the child or young person may bring upon themselves, their family and their community as a result of their harmful sexual behaviour. Shame is a major hurdle for the engagement of children, young people and families in processes that explore and ultimately support them to address harmful sexual behaviour. Other considerations include the child/ young person's personal experience of racism and discrimination. All of these experiences affect the extent to which children and young people and their families are disposed to speaking up about the harmful sexual behaviour, taking responsibility for what has occurred and seeking help (Funston, 2013).

It is critical for carers and therapeutic staff to understand the spoken and unspoken rules about sexual relationships, consent and the sanctions imposed in breaking these rules for the community of the child, young person and their family. Aboriginal and Torres Strait Islander culture is diverse and relational norms vary according to the specific community's customs and obligations. The inclusion of an Aboriginal Elder and/or Aboriginal liaison officer who is aware of the child or young person's community and country can help support workers about the sensitivities and nuances that are important to understand and integrate into ways of interacting with the child / young person and their family.

Taking time to respectfully listen and learn from the knowledge and expertise of Aboriginal people in the community is vital.

In this two-way process, opportunities may be created to support the Aboriginal Elder or liaison worker to resource the community understand the effects of harmful sexual behaviour on the victim of the behaviour. Working in partnership with family and community may allow children and young people to be supervised and supported in interactions they have with others whilst they live at home or returning to community whilst they live in care. Maintaining the child or young person's connection to their family and community who can be empowered to provide clear and safe boundaries for them will only serve to support them and reduce the likelihood of further incidents of harmful sexual behaviour.



● ● Practice Reflections

Think about how sexuality is expressed in your culture / family of origin?

How did you learn about your changing body, healthy sexuality and relationships?

How will this influence how you work / relate to a young Aboriginal person who has engaged with harmful sexual behaviours?

What supports might you need to work effectively with Aboriginal children and young people?

How can you support the child or young person's connection to family and community? What are the factors that need to be overcome? How is culture a protective factor for these children and young people?

Action 8.

Access specialist support for children and young people who are the targets of harmful sexual behaviour.

Children and young people who are targets of the behaviour will have experienced a form of trauma. They will have been forced or manipulated into doing something that they could not consent to. Threats, intimidation and/or violence may have been used against them. More than likely, they will have been given the message that they cannot disclose the behaviour to anyone. They may have experienced physical pain. They may carry with them feelings of being embarrassed. It will affect their own experience of their own sexuality. Their sense of relationship and the importance of mutuality and care will have been betrayed.

These children and young people will need specialist help to recover from the impact of the experience on them. The counselling will support them to resolve any of the confusion they carry. It will help them to understand that it was not their fault. It will support them to feel safe in relationships and being able to trust again. They will need support to manage any ongoing feelings of helplessness and uncertainty.

Carers and the professionals around children and young people in care need to keep their needs in mind at all times. They understand that recognizing the adversity is the beginning of the healing. They structure the everyday interactions with these children to reinforce the messages they experience through counselling.



IMPORTANT CONSIDERATIONS FOR CARERS IN RESPONDING TO CHILDREN AND YOUNG PEOPLE WHO ARE THE TARGETS OF HARMFUL SEXUAL BEHAVIOUR

- Always believe the child or young person
- Reassure them that it was right to disclose
- Reassure them that they are safe and they will be protected from that behaviour again
- Follow their lead if they start talking about what happened. Do not ask too many questions. Validate their experience and help them to feel supported.
- Support them attending counselling by reinforcing that it is a positive thing to do for children
- Dispel any fears or concerns that the child or young person has about the counselling
- Provide supervision in line with the Safety Plan if the child who was the target of the behaviour and the young person who has engaged in the behaviour have contact
- Follow the Safety Plan. Make sure you communicate any observations you have about the child and their progress towards recovery

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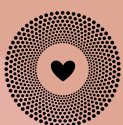
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