



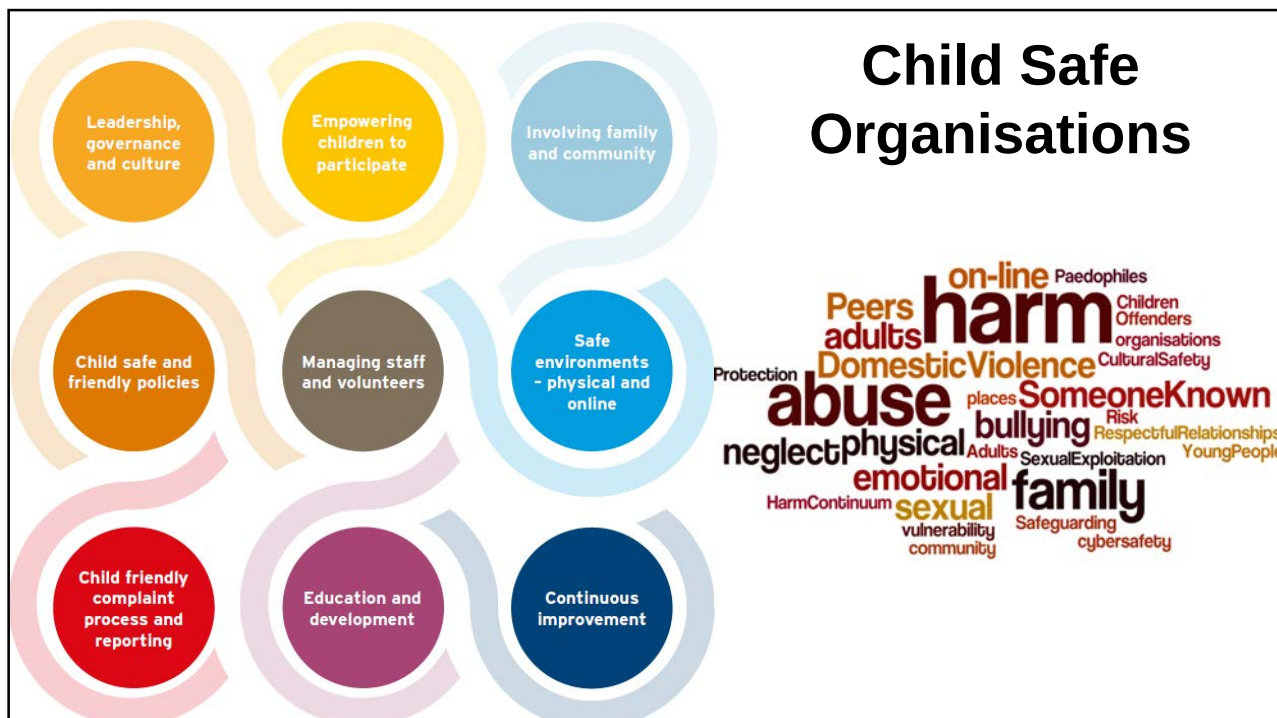
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Children and young people with harmful sexual behaviours

Natalie Hall
25 October 2018



Child Safe Organisations





Statement of Commitment to Western Australia's children and young people

I have the right to:

- be safe and feel safe everywhere
- belong and be me
- be treated fairly and humanely
- contribute, make decisions and be listened to
- education and lifelong learning
- explore, express and create
- a healthy life
- play, have fun and be active
- be loved

ccyp.wa.gov.au

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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



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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))



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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)

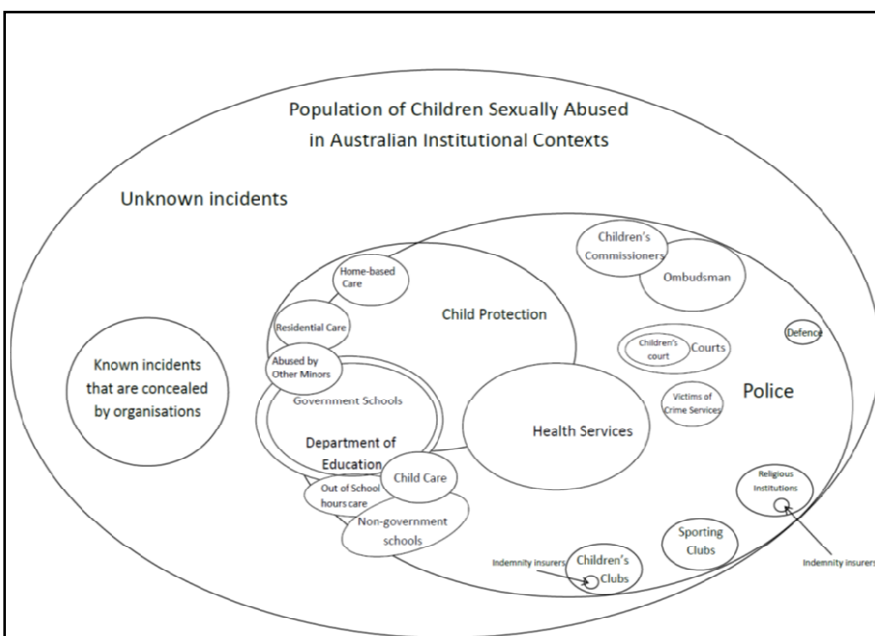


Figure: Organisations with records of child sexual abuse in Australian contexts
Bromfield, L., Hirte, C., Octoman, O., Katz, I. (2017).

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)



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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



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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



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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



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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.



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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



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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.



Royal Commission
into Institutional Responses
to Child Sexual Abuse

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



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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



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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



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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



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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%



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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.



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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.

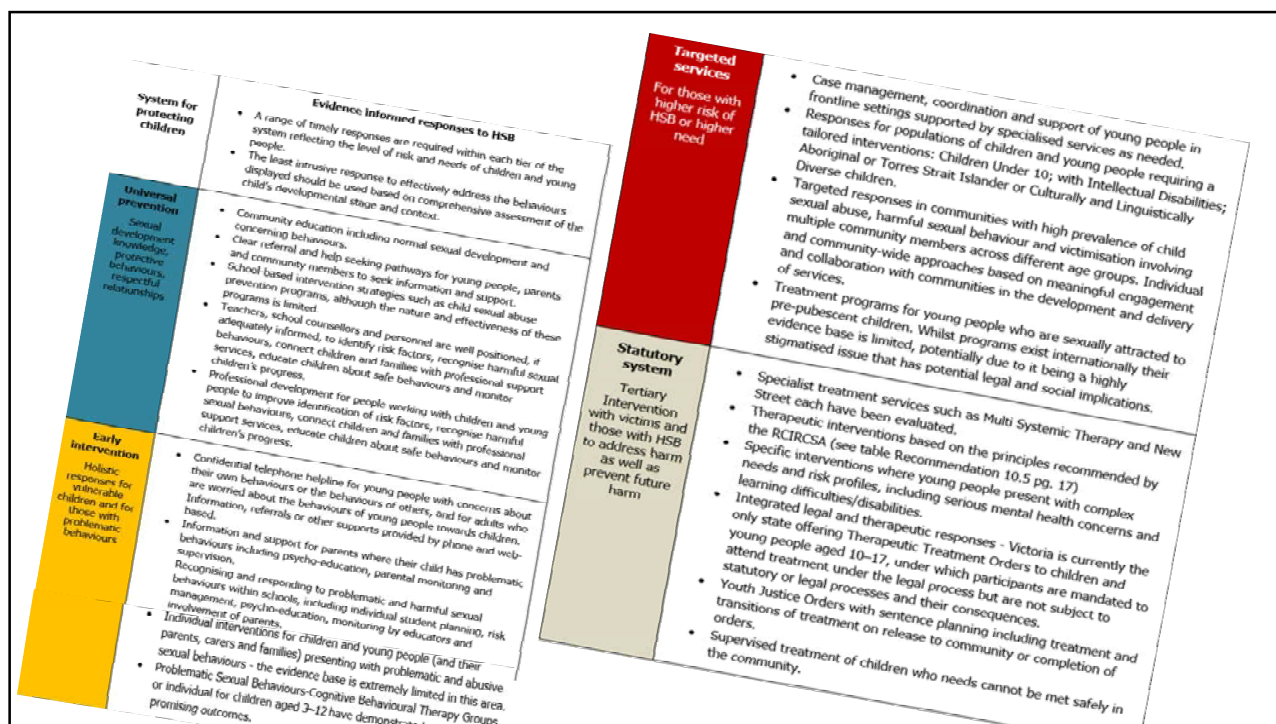


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The program is funded in isolation. Child sexual abuse rarely occurs in isolation and instead is a feature of family and community difficulty. The interrelationship with poverty, neglect, other child abuse and intergenerational trauma cannot adequately 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.



Commissioner's recommendations

Discussion Paper May 2018

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 and includes implementing the Royal Commission Recommendations in Volume 10 Harmful Sexual Behaviours
4. Understanding the needs and experiences of children and young people with harmful sexual behaviours



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Royal Commission into Institutional Responses to Child Sexual Abuse



Royal Commission
into Institutional Responses
to Child Sexual Abuse



GOVERNMENT OF
WESTERN AUSTRALIA

409

ROYAL COMMISSION
RECOMMENDATIONS



310

APPLICABLE TO THE
STATE GOVERNMENT



289

ACCEPT OR
ACCEPT IN PRINCIPLE

"All institutions that work with children must commit to honouring the work of the Royal Commission and ensuring that history does not repeat itself."

Minister for Child Protection Simone McGurk June 2018



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The WA response: Advocacy, Support, Therapeutic treatment and addressing Harmful Sexual Behaviours



Royal Commission
into Institutional Responses
to Child Sexual Abuse



GOVERNMENT OF
WESTERN AUSTRALIA

16

ROYAL COMMISSION
RECOMMENDATIONS



13

APPLICABLE TO THE
STATE GOVERNMENT



13

ACCEPT OR
ACCEPT IN PRINCIPLE



Royal Commission
into Institutional Responses
to Child Sexual Abuse

Tertiary intervention strategies to address harmful sexual behaviours

Recommendation 10.5

Therapeutic intervention for children with harmful sexual behaviours should be based on the following principles:

- a contextual and systemic approach should be used
- family and carers should be involved
- safety should be established
- there should be accountability and responsibility for the harmful sexual behaviours
- there should be a focus on behaviour change
- developmentally and cognitively appropriate interventions should be used
- the care provided should be trauma-informed
- therapeutic services and interventions should be culturally safe
- therapeutic interventions should be accessible to all children with harmful sexual behaviours.

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Adolescents with sexually abusive behaviours and their families
Best interests case practice model
Specialist practice resource

Therapeutic Treatment order program.

Dept. Health and Human Services funds 12 Sexually Abusive Behaviours Treatment Services (SABTs)

SABTs provide therapeutic treatment for children under and their families for up to 24 months, either in a voluntary capacity or subject to a therapeutic treatment order

Children with problem sexual behaviours and their families
Best interests case practice model
Specialist practice resource

Health and Human Services



Health

Policy Directive



New Street Service Policy and Procedures




Summary This Policy and Procedures provides evidence informed clinical practice guidance for New Street Services.

New Street is a coordinated, community based, specialist treatment service for 10-17 year olds who have engaged in harmful sexual behaviours towards others.

Document type Policy Directive

Document number PD2018_035

Publication date 21 September 2018

Author branch Government Relations

Branch contact (02) 9424 5751

Review date 21 September 2023

Policy manual Not applicable

File number H18/47846

Status Active

Functional group Clinical/Patient Services - Baby and Child, Mental Health

Applies to Local Health Districts, Specialty Network Governed Statutory Health Corporations

Distributed to Ministry of Health, Public Health System

Audience NSS management and clinical workforce, LHD/SHN Executives where NSS exist, Ministry of Health



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Ability Relationships Sexuality

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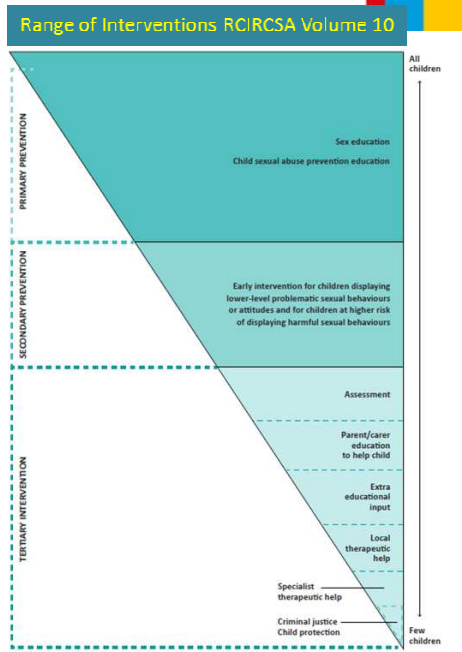
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The diagram illustrates a range of interventions for children with problematic and harmful sexual behaviours, organized into three levels of prevention: Primary, Secondary, and Tertiary. The interventions are categorized by the number of children affected, from 'All children' to 'Few children'.

- Primary Prevention (All children):** Sex education, Child sexual abuse prevention education.
- Secondary Prevention (Some children):** Early intervention for children displaying lower-level problematic sexual behaviours or attitudes and for children at higher risk of displaying harmful sexual behaviours.
- Tertiary Prevention (Few children):** Assessment, Parent/carer education to help child, Extra educational input, Local therapeutic help, Specialist therapeutic help, Criminal justice, Child protection.

Figure 10.2 – A range of interventions for children with problematic and harmful sexual behaviours that span the public health approach to prevention



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