

The need for a system response to harmful sexual behaviours in children

The Commissioner for Children and Young People believes the South Australian government must invest resources into primary, secondary, and tertiary interventions that ensure timely and appropriate responses to children who are displaying or engaging in harmful sexual behaviours (HSB) toward themselves or others.

The interventions should be therapeutic, non-stigmatising and accessible. This is in-line with the recommendations made by the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA) undertaken in 2017.¹

HSB observed in children is a taboo subject. No-one wants to talk about these behaviours when they see them in their own child, or others, with many parents, carers, teachers and service providers unsure how best to respond.

When HSB presents, the child can often be stigmatised so that the reasons behind their behaviours are rarely explored. Stigmatising HSB can make it worse. Making sense of the behaviour is challenging and requires the child's behaviours to be addressed and treated in complex ways.

Treatment can't only involve the child. It also requires working closely with the child's parents, guardians, care givers, teachers, and service providers, to ensure all stakeholders are supported to make positive change and thereby provide the child with the best opportunity for changes that will lead to healthy sexual behaviours while they are still a child.

What is HSB in children?

HSB is defined as a spectrum or continuum of behaviour of a sexual nature expressed by a child.

HSB includes behaviours that:

- are outside what is considered culturally typical sexual development and its expression;
- are obsessive, coercive, aggressive, secretive, degrading, violent, or cause harm to the child or to other children or young people;
- involve a substantial difference in the age or developmental ability of the child or young person involved.²

There is a range of common, healthy sexual behaviours that typically occur at different developmental stages throughout childhood and adolescence. There is evidence in South Australia, however, that some social workers, carers, teachers, and other professionals looking after children, have little understanding of what these are, or of the differences between what is considered “normal” sexual behaviour and what is “concerning” or “harmful” sexual behaviour. Unsurprisingly this can result in responses that are not appropriate to the circumstances, and may result in a child displaying degrees of harmful sexual behaviour being labelled and stigmatised, thereby making their situation worse.

When children display sexual behaviours that are harmful to themselves or others it can be traumatic, not only for the other child or young person being impacted, but also for the child who is displaying the behaviour.

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There are many complex reasons why a child may choose to engage in harmful sexual behaviours. They may have had cumulative harmful experiences throughout their developmental years, with HSB the result of these adverse childhood experiences.³

What is the prevalence of HSB in South Australia?

Data is not currently being collected to indicate the prevalence of harmful sexual behaviour in children in South Australia. Most reports utilise crime data and child protection data instead, with references to data from the following:

- An Australian Institute of Family Studies report which collected crime data from the Australian Bureau of Statistics. Of those children who were charged with a sexual offence, the most serious were for harmful sexual behaviours. The report found that 30–65% of childhood sexual abuse is carried out by children and young people and that “most young people target young children or peers and know their victim.”⁴
- The RCICRSA had 1,129 private sessions with people who spoke about experiences of sexual abuse when they were a child. Of these, 473 (41.9%) stated that they had been sexually abused by another child.
- The RCICRSA commissioned research to help understand the extent of child sexual abuse in an institutional context, and obtained data to support this research from police, education, and child protection services. In examining crime reports made by police between the years of 2008 and 2013 in Victoria 67% of the reports made were for child sexual abuse relating to harmful sexual behaviours, in NSW this figure was 76% and in Queensland it was 93%.

As crime statistics only include data on what is reported to the police, the true extent of child-on-child sexual abuse is probably under-reported. It is also very likely that the prevalence of harmful sexual behaviour not classified as being criminal is even higher.

Evidence presented to the RCICRSA showed that child-on-child sexual abuse occurring in institutions and incidents of HSB vary greatly.

The Royal Commission found the following:

- There is a large spectrum of harmful sexual behaviours and the diversity of children’s backgrounds and circumstances mean no one response or intervention is suitable for all children.
- There were many different adverse childhood experiences identified in children who display harmful sexual behaviours.
- Adults are not recognising and responding appropriately to incidents of children displaying harmful sexual behaviours.
- The responses by states were (and still are) both inconsistent and inadequate at the primary, secondary and tertiary levels.
- All treatment or responses are being activated at the more serious end of the spectrum, within the child justice and child protection systems.
- There should be a wider response to the full spectrum of harmful sexual behaviours to ensure a public health approach focused on early intervention and prevention. This includes ensuring multi-agency collaboration is central to any public health response put in place.

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Current situation in South Australia

There are vulnerable groups of children in South Australia that are falling through the cracks and not getting the services and support they need. These children include those who have been placed in state care (particularly those children in residential care), children under the age of criminal responsibility, in child justice, Aboriginal and Torres Strait Islander children, children with culturally and linguistically diverse (CALD) backgrounds, and those living in regional and remote areas.

Aboriginal and Torres Strait Islander children and young people are over-represented in the child protection and child justice systems and underrepresented within Child and Adolescent Mental Health Services (CAMHS).

For Aboriginal children and their families, particularly those living in remote or rural locations, services such as CAMHS are extremely limited, and any funding to these services is usually provided on a short-term, ad-hoc basis.

There are significant barriers to children from CALD backgrounds gaining access to support services. Cultural issues such as shame, a fear of saying anything to authorities, and a desire for members of CALD families to assimilate into culture and language, are just some of these. Currently, South Australia has no culturally appropriate harmful sexual behaviour support services for this group of children and their families.

Stakeholders have indicated that in South Australia there are also very few resources and a lack of an intervention network that can provide wrap around services for children who have learning, intellectual, cognitive, or psychosocial disability. Clinical assessments are also limited by a child's ability to communicate and engage with therapists, clinicians, educators, and other authorities.

Despite it being over five years since the RCICRSA recommendations were made, full implementation has been slow, with no noticeable service improvements.

Within SA progress includes:

- Development of an updated procedure and guideline for responding to children who are displaying harmful sexual behaviours in schools. This was developed by the Department for Education for the government, Catholic, and independent education sectors. The development of this new guideline and procedure included stakeholder feedback from agencies that have had experience working in this area.
- Establishment of research projects into the extent of harmful sexual behaviours in South Australia including:
 - *Children's problematic sexual behaviour in schools: Identifying and addressing collaborative responses to incidents* being led by Dr Lesley-Anne Ey, alongside Professor Leah Bromfield, Dr James Herbert and Dr Sarah Cox. Funded by Channel 7's Children's Research Foundation.
 - *Prevalence study and data mapping of HSB in South Australia*, led by Dr Lesley-Anne Ey, alongside Professor Leah Bromfield, Dr Olivia Octoman and Ms Amanda Paton. Funded by The Daniel Morcombe Foundation.
 - *Enhancing Statewide Responses to Harmful Sexual Behaviours SA*, led by the Australian Centre for Child Protection and funded by The Department of Child Protection SA.
 - *Protecting children online: Investigation of suspects' opening chat grooming language and interactions with police decoys/children*. Led by Dr Enza Tudini and Dr Lesley-Anne Ey. Funded by Westpac Safer Children Safer Communities.

National strategy for prevention of and response to child sexual abuse

The *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* was developed as a response to the findings of the Royal Commission. One of five themes included in the prevention strategy was “enhancing national approaches to children with harmful sexual behaviours”.

Proposed actions include:

- Developing a national standard for responding to, supporting, and safeguarding children with harmful sexual behaviours;
- Setting up a national clinical framework for responding to children with harmful sexual behaviours;
- Increasing workforce capability for preventing and responding to children with harmful sexual behaviours; and
- Supporting the community to better understand what harmful sexual behaviour is and how best to respond to a child displaying HSB in developmentally appropriate ways.

Deficiencies in current services and responses needed at all levels include:

- No significant change in funding to address harmful sexual behaviours, despite the RCIRCSA recommendation to increase funding for therapeutic services.
- Adults in day-to-day contact with children and young people, in family, early learning, school and recreational settings, need greater knowledge, competence and confidence to take the right actions, at the right time, identify and minimise risk and be able to respond swiftly and appropriately if it appears harm is occurring.

- Lack of services and clinicians trained to appropriately respond, intervene, and support all children and young people impacted by all levels of harmful sexual behaviour, with most existing services geared toward services that treat and manage children who have been impacted after an incident has been reported to authorities.
- There is a clear gap in services available for low to moderate harmful sexual behaviour presentations involving vulnerable children and young people. This group of children are therefore missing out on the early intervention or therapeutic support they need. There are currently very few specialist services in either government, NGOs or private practices that meet this demand. There also appears to be a reluctance for more generalist support services to work with vulnerable children and young people who display sexualised behaviour, even if this behaviour is mild or at lower levels.
- Services are concentrated in the metropolitan area of Adelaide. CAMHS does provide services in rural and regional areas, but most health services for children are in Adelaide, making access to services very difficult for children and young people in rural and regional locations.
- There are inconsistent and inappropriate responses that punish children and risk causing further harm. For example, a child who displayed HSB or was found guilty of sexting who was given the treatment they needed and is no longer engaging in HSB, may be precluded from pursuing career opportunities that involve working with children. This is because when they come into contact with authorities who undertake the mandatory Working With Children's Check their history of HSB may appear on their record.

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What does a system response to HSB look like?

South Australia needs a state-wide approach to the management of HSB and its impact. This needs to be a multi-agency public health response that is delivered across primary, secondary, and tertiary levels, and which includes services for individuals, families, communities, and schools.

It must include therapeutic and rehabilitative services and approaches that respond to children in ways that do not criminalise their behaviours, but instead seek to address them to ensure they remain outside the criminal justice system where possible. Such an approach will benefit the whole community and provide a new basis for intervening earlier to help prevent harmful sexual behaviours from developing. Early intervention can address potential for these behaviours to become ongoing or more serious over time.¹⁵

When a child engages in harmful sexual behaviour the system response needs to be developmentally and cognitively appropriate to the child involved – both the child who engages in the behaviours and the child or young person who has been targeted by them.

Primary Intervention

Primary or universal interventions are those directed at the whole community. They aim to educate adults and children about the differences between healthy and harmful sexual behaviours and thereby help to prevent children from engaging in sexual behaviours that are harmful to themselves or others.

Although the Department of Human Services is undertaking pilot programs to assist children and families living in complex situations, these programs do not specifically cover support for the management or prevention of concerning or harmful sexual behaviours developing in some children.

Secondary Intervention

Secondary interventions are used when harmful sexual behaviours are observed to be developing. These are directed at children who are known to be engaging in concerning or low level sexual behaviours with the aim of intervening early to re-educate and prevent these behaviours from escalating.

Some generalised secondary intervention strategies aimed at prevention of harmful sexual behaviours are currently underway in South Australia, however, HSB is not usually the initial reason for why these services are being sought. Hence, service providers often don't have the knowledge, information or resources needed to support those looking for specific help with harmful sexual behaviours.

Many of the service providers have indicated that if they were to receive appropriate funding, they could provide therapeutic support for children who are engaging in harmful sexual behaviours, in addition to their existing services.

Tertiary Intervention

Tertiary intervention strategies aim to address the impact of harmful sexual behaviours on the children and adults who are victims of these behaviours – noting that sometimes children who engage in harmful sexual behaviours may be victims of sexual abuse themselves.

Tertiary services offered in South Australia provide trauma specialist health care responses that aim to address the health impacts of sexual assault, domestic and family violence as well as child sexual abuse. They do not currently have the resources or model of care needed to provide adequate treatment or intervention for children who are impacted by harmful sexual behaviour committed by children.

Recommendations

To improve outcomes for children who are engaging in or impacted by harmful sexual behaviour South Australia needs to make changes to law, policy, and services.

Law

- Amend the *Children and Young People (Safety) Act 2017* to ensure there are no barriers to appropriate responses to harmful sexual behaviour. This means implementing a response in South Australia that is adequately resourced and consistent with a public health approach. This could include legislating for Therapeutic Treatment Orders similar to that which is in place in Victoria.
- Review The *Criminal Law Consolidation Act 1935* to ensure children who display harmful sexual behaviours are supported through a public health response and not criminalised for their behaviours.
- Review The *Young Offenders Act 1993* to ensure SAPOL has the power to divert children displaying harmful sexual behaviours away from the child justice system and toward interventions that provide therapeutic treatment and wrap around support for the child and their family.

Policy

- Develop a state-wide policy framework that provides a consistent, joined up therapeutic response to management of South Australian children who display harmful sexual behaviours. This should include establishing a lower threshold in primary and secondary health responses that can support treatment, along with guidance for agency responses so that intervention by SAPOL is only ever used as a last resort.
- Develop resources for families and children to raise awareness about the spectrum of healthy to harmful sexual behaviours and make these resources available at all child-care and family health centres.
- Within the next 2 years, the Department for Education should evaluate the implementation and effectiveness

of its new HSB procedure and guidelines to determine whether school responses have resulted in better outcomes for students, educators, families, and communities.

- Given the significant potential for intervention to exacerbate trauma, SAPOL's General Orders should include a requirement for specialised police to attend incidents of harmful sexual behaviours that are reported who should have comprehensive training on how to divert these children away from the child justice system.

Services

- The government fund therapeutic services for children who are presenting with sexual behaviours that are at the lower end of the spectrum. This should include wrap around supports for families.
- The Department for Health and Wellbeing expand resourcing in CAMHS and Child Protection Services to provide HSB services state-wide and increase training/professional development for frontline health and wellbeing staff who work with children to identify and respond to incidents of HSB.
- The Department of Human Services provide specialised therapeutic resources for children and young people in Kurlana Tapa who are engaging in HSB.
- The Department for Child Protection develop protective sexual behaviour education in residential care, as well as providing timely and therapeutic responses for children who are displaying harmful sexual behaviours.
- The Department of Human Services establish a helpline for parents and families to seek support for sexualised behaviours.
- The Department for Education reviews its curriculum resources to ensure the Keeping Safe: Child Protection Curriculum (KS:CPC) and Health and Physical Education (HPE) adequately address HSB with students, including how best to keep themselves safe, what to do if they feel at risk, and who to turn to for help. This must consider those children and young people whose circumstances place them at greater risk of abuse and exploitation from their peers.

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Commissioner for
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Endnotes

- 1 Royal Commission into Institutionalised Responses to Child Sexual Abuse (2017). Volume 10, Children with harmful sexual behaviour at page 33. Accessed at https://www.royalcommission.gov.au/system/files/2021-08/carc-final-report-volume-10-children-with-harmful-sexual-behaviours_0.pdf
- 2 J. Meiksans, L. Bromfield, L-A, Ey (2018) A Continuum of Responses for Harmful Sexual Behaviours, Australian Centre for Child Protection, Uni SA. page 3. Accessed at <https://www.ccyp.wa.gov.au/media/2973/a-continuum-of-responses-for-harmful-sexual-behaviours-australian-centre-for-child-protection-april-2018.pdf>
- 3 Problem sexual behaviours and sexually abusive behaviours in Australian children and young people: a review of the available literature, https://aifs.gov.au/cfca/sites/default/files/publication-documents/46_problem_sexual_behaviours.pdf
- 4 (Department of Human Services [DHS], 2012; Hunter 1999; KPMG, 2014, p. 22; Weinrott, 1996 https://aifs.gov.au/cfca/sites/default/files/publication-documents/46_problem_sexual_behaviours.pdf
- 5 Victoria, Parliamentary Debates, Legislative Assembly, 6 October 2005, Ms Garbutt, 1368.