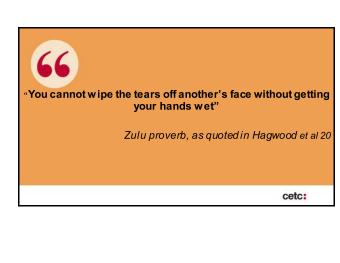
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Defining harmful sexual behaviour, understanding the extent of the problem and pathways to the development of the behaviour Understanding the continuum of sexual behaviour from healthy to problematic as well as harmful sexual behaviours Consider how to respond when harmful sexual behaviour occurs and develop safety plans



How does the neurobiology of trauma help us understand the impact on workers?

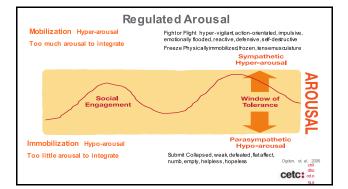
Compassionate Self Care

- Impact of working with trauma and in particular sexual abuse will have a cumulative effect "second hand smoke on the soul"
- Hy pervigilance about the safety of our own or other children
- Difficulties in talking to our partners about the work, sex or the connection between the two
- Intrusive flashbacks about details about the cases
- Feelings of burnout as a result of listening to stories about abuse and trauma (Hackett 1997)

The window of tolerance is a "zone within which 'v arious intensities of emotional and physiological arousal can be processed without disrupting the functioning of the system."

(Siegel, 1999 – pg. 253)





Reducing the impacts of vicarious trauma

- Clarity within the agency about roles, expectations, professional boundaries, decision making process and consistency of treatment of workers/clients
- Staff culture which promotes opportunities for training and development and is open to new ideas and ways of doing things
- Specific and ongoing training to equip workers with appropriate skills
- Formal and informal supervision which provides space and permission for workers to reflect on emotional responses to the work
- Peer supervision and support to reduce isolation and develop a greater sense of ownership of difficult cases

Contextualising Harmful Sexual Behaviour - Current Perspectives

:practice How common is the problem

- In the United States 1/3 of all sexual abuse towards children and young people is carried out by other young people (ATSA Practice Guide 2017)
- In Australia, between 2010-2014, 20% of reports to police were in relation to children being the subject to sexual abuse by other children
- 60% of abuse by children in institutional settings was serious enough for police to lay criminal charges
- The average duration of the abuse lasted 1.6 years
- Victims of child sexual abuse were mostly female 67% and those engaging in harmful sexual behaviours were primarily male 87% (Royal Commission into Institutional Responses to Child Sexual Abuse, Volume 10, 2017)

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- The base rate for young people re-engaging in harmful sexual behavior is between 3- $10\%\,$
- Adolescent experiment with a range of anti social behaviours (including sexual) which do not always continue into adulthood
- Young people's harmful sexual behavior do not generally feature a defined offence cycle, as well as patterns of grooming behaviours and empathy for the victim is qualitatively different to that of an adult
- Sexual fantasies and sexual scripts are not strong features, and the young person may not be fully aware of the nature of their transgressions. (ATSA Practice Guide 2017, Research Briefing 2019)

:practice	Contextualising Harmful Sexual Behavio	ı

Enabling attitudes

Attitudes and responses to children who engage in harmful sexual behaviour vary:

- Collective Silence
- 'Boys will be boys"
- Minimise the behaviours e.g., "he/she will grow out of it
- Overreacting labeling child as evil or bad. Promotes attitude of punishment
- Children are innocent, children who hurt others betray this ideal
- Sex and sexuality are taboo for adults let alone children

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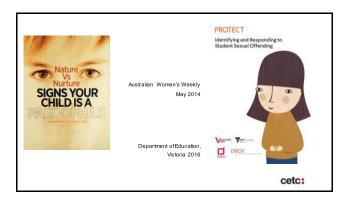
victimfocus 60 second series Topic: Harmful sexual behaviours in children By Jessica Eaton

practice SOCIAL DISCOURSE

- #MeToo
- Royal Commission into Institutional Responses to Child Sexual Abuse
- Increase awareness of sexual abuse and impacts on victim survivors Grace
- Parliament Sexual Harassment
- Family Violence Awareness/Reforms
- · Consent Education
- · Raise the Age









- Harmful Sexual Behaviour (HSB)
- The term 'harmful sexual behaviors' covers a broad spectrum of behaviours. They can range from those that are developmentally inappropriate and harm only the child exhibiting the behaviours, such as compulsive masturbation or inappropriate nudity, to criminal behaviours such as sexual assault.

(Royal Commission, Vol. 10, 2017)

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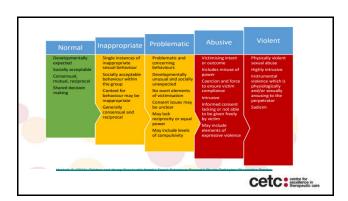
When should I be concerned?



practice Age-Appropriate vs Harmful Sexual Behaviour

- Important to understand continuum of childhood sexuality
- Behaviour is age-appropriate, occurs in private private, is consensual & not interfering with development
- Is it a problem:
 - for the child?
 - for others?





	Developmentally Appropriate	Developmentally Inappropriate	Concerning	Very Concerning	Serious/Extreme
General Description	Behaviour that is expected for child's developmental stage and socially acceptable	Behaviour that is considered socially, developmentally and culturally inappropriate, May include a single incident and may be accepted by social group.	Behaviour that is clearly outside of the developmental norm and is considered inappropriate regardless of context and peer group.	Behaviour that is often intrusive and harmful to the child displaying the behaviour and to others. Child or young person's intent or motivation may ignore wishes of other child over graffication of others.	May include elements of physical violence, sadism and is highly intrusive and harmful to others.
Persistenc y & Frequency		May involve single incidents or low level behaviour that responds to redirection or psychoeduca tio n.	Behaviour has a compulsive nature.	Behaviour occurs repeatedly but increases in frequency and seriousness over time.	Behaviour is likely to continue without specialised intervention.
Involvemen t of Child/Youn g Person	Behaviour mutual and reciprocal with no power or coercion. May not be at the legal age of consent.	Behaviour is generally mutual, may involve peer pressure.	May involve use of power lack of respect and mutuality.	Clear disrespect for the wishes of others and may involve some coercion and force.	Involves force, coercion , threats deception and limited.
Emotional Experience	Positive, accompanied by giggling and laughter.	Positive but may be embarrassed if exposed.	Often accompanied by feelings of guilt, remorse and shame.	Greater intensity of concerning emotions.	Can include shame / anger and or pleasure.

- · 15-year-old boy pulls down the pants of another young person in the unit
- Two 17-year-old boys cover the CC TV footage and proceed to expose themselves to a 15 year old girl walking past
- 14-year-old is always making sexualized comments to young female staff about the size of his penis and propositioning them for sex
- 15 year old female is often lifting her t-shirt when walking past young males .She is also writing letters to boys at the unit which are highly sexualized and requesting them to be her boyfriend
- Two 13-year-old boys are discovered in the common area of the unit touching each other on the penis
- 15-year-old boy is constantly wandering around the unit with his hands down his pants. He has been told to stop but the behaviour has continued
- Two sixteen year old boys are seen giving each other love bites in the corridor
- Two 17 years old's are observed dry humping each other on c

- Does the behaviour.
 - \bullet put the child/young person or others at risk of physical or emotional harm?
 - involve aggression or coercion and is abusive (lack of consent, equality)?
- Is young person pre-occupied with the behaviour?
- What is the duration and frequency of the behaviour?



•	ıs	tne	bena	aviour:

- interfering with the young person's development?
- causing the young person to be embarrassed, anxious,
 - feel guilty or bad about self?
- · kept secret or have elements of secrecy?
- Has the behaviour continued despite redirection/intervention?
- Does the child's/young person's behaviour or sexual interest exceed what is developmentally appropriate?



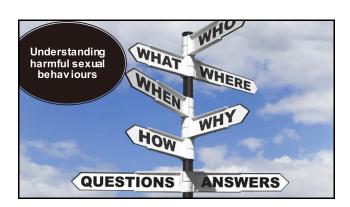
What is the carers:

- $\circ\,$ Understanding of the behaviour?
- $\circ\,$ Capacity to intervene and implement a safety plan?
- o Own history of sexual abuse?



Yes to some or all – be alert to the possibility that the behaviour is a problem

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	Childhood Maltreatment	
4		
	Almost Three Quarters of a sample of adolescents in Queensland had a history of child maltreatment	
1	McKillop, Rayment-McHugh, Smallbone, & Bromham, 2018	
1	cetc: 31	

97% of young people referred to treatment for harmful sexual behaviours were victims of family violence

A study by the Children's Protection Society, Melb., 2010



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38-48% of children referred to treatment for harmful sexual behaviours were victims of sexual abuse

Bonner et al, 1992



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18% of young people displaying sexually abusive behaviours were victims of bullying



Kishan et al, 1998

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- Many of the young people who engage in harmful sexual behav iour have experienced trauma and abuse
- Harmful sexual behaviour may represent a distorted attempt to meet fundamental relational needs for connection, acceptance and nurturing
- Disruptions in primary attachment relationships may also affect their capacity to regulate, particularly negative feelings and hamful sexual behavior may be a means of self scothing when distressed
- Important to address trauma and relational experiences as well as harmful sexual behaviour in order for new learning and narratives to occur

(Creeden 2018)

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practice HARMFUL SEXUAL BEHAVIOUR IN A RELATIONAL CONTEXT

- Impact of parents unresolved trauma history on responding to their child's sexual behaviour
- Poor personal boundaries by parents serve as a model that are imitated by
- How a parent has come to make sense of their early life experiences, is the most robust predictor of how their children will become attached to them (Siegel 2006)
- Children have limited templates to negotiate intimacy and closeness
- Parents struggle to accurately observe and monitor child's harmful sexual behaviour.



Young People and **Pornography**

- Children and young lack the context for understanding explicit sex and may experience feelings of confusion, embarrassment and fear.
 (Skau and Barbour 2011)

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What do we know about young people's use of pornography? :practice

Young People may also be accessing pornography at time of their sexual development as well as an exploration of identity , gender roles and relationships

Average age young people have viewed pornography is 13 years for young men and 16 years for young women(Lim 2017, Our Watch 2020) .

Research suggest that significantly more boys and young men access pornography, view it more positively, consider it a valuable source of sex education and sexual arousal (Horvath et al 2013, Lim 2017, Our Watch 2020)

Young People more likely to access pornography to gain information on sex than to gather this information from parents, healthcare workers and family members (Our Watch 2020)

practice What do we know about young people's use of pornography?

- For young people repeated exposure to porn may lead to a desensitisation about the material and distorted views of healthy relationships (Shuler & Prescott)
- Viewing pornography may increase the likelihood of engaging in coercive sexual behaviour, sexually aggressive language and bestiality for 'at-risk' young people (Owens et. al., 2012)
- Pornography may be a driving factor for young people engaging in sexually harmful behaviour, rather than more traditional, well-researched (and in some ways, well-understood) risk factors (Pratt & Fernandes, 2015)

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Harmful Sexual Behaviour and Institutions

- Many victims at the Royal Commission discussed harmful sexual behaviour occurring institutions such as out of home care, educational settings and youth detention facilities
- Many of the institutions had a culture of bullying and intimidating which escalated to sexual violence
- Opportunities where children were unsupervised as well as not having a trusted adult to turn to for protection contributed to children being abused
- Staff also lacked the knowledge to appropriately identify and respond to harmful sexual behaviour-underreporting or overreacting

(Royal Commission Institutional Child Sexual Abuse 2017)

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Protective Factors

- Consistent Structure in young people's lives.
- Support and Guidance from adults
- Positive prosocial experience with others and peers
 Access to good sex education
- Presence of a consistent supportive adult
 (Creeden 2018)



:practice Summing Up

The behaviour seldom occurs on it's own or in isolation of other factors:

- Abuse, violence and neglect histories may have a direct bearing on the development of the behaviours
- · There is no one pathway or explanation for the behaviour
- The child's care context can play an important part in the development of HSB's as well as providing a site for healing
- The caretaking, socialisation (including cultural context) and developmental experiences of children influence the development of these behaviours





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Josh is a 16-year-old male who is articulate and enjoys sports and art. Josh has a grandfather who visits him regularly He has spent significant periods of time in youth detention since he was 14 years old

Josh has resided in several kinship placements with aunts and his grandmother since he was 7 years old. Most of these have broken down due to his violent behaviour and substance use. Josh has limited contact with his parents, both of whom have substance abuse histories and have also spent time in prison. There is also a significant history of family violence including his father holding a gun to his mother when he was six.

Prior to being in detention, Josh resided in a residential unit where he was accessing pornography and engaged in low-level harmful sexual behaviour, which included touching other residents on their private parts and making sexualized comments

At the detention facility, Josh makes sexual comments towards female staff and when confronted laughs them off as a joke. He is also known to constantly have his hands down his pants and at times touch other young people on their private parts. Recently Josh was discovered masturbating on the phone whilst talking to his girlfriend. He had built a barrier around him using couches, and chairs to try and conceal what he was doing.



:practice

- · What are some of the underlying factors contributing to Josh's behaviour?
- · What are some protective factors that may help buffer the impact of trauma?
- What are some contextual factors that may have contributed to the behaviours occurring?
- · How would you respond to him?

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Responding to Harmful Sexual Behaviour

Immediate Response, and Prevention

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S.T.O.P

Stop with clear instruction about the behaviour that needs to stop and what is expected of the young people. Support disclosures in a non-judgmental and safe space.

 ${f T}$ ake the time to acknowledge and address the distress of young people and shame exhibited.

Open and honest communication with the young person, creating a safe space where they can discuss their thoughts, feelings and experiences without fear of reprisal. Discuss how to increase safety (Safety Plan)

Provide age-appropriate information about healthy relationships, consent, boundaries, and the consequences of harmful sexual behavior. Offer resources and guidance to help them develop healthier attitudes and behaviours.

:practice Follow Up Response

- Consider what action needs to be taken (is this proportionate to what has occurred?)
- Do you need to call a code, do you need to record this information?

Reflect on how you can involve young people in plans going forward?

What type of safety plan would the unit need to implement to keep young people safe?

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:practice Follow Up Response

- Does Josh need to be referred to a specialist service to receive help in relation to his harmful sexual behaviour?
- Does the victim also need to be referred to a sexual assault counselling service?
- Does the staff need support in identifying and responding to these behaviours?
- Is there a need for primary prevention action in terms of education with other
- Are there policies in place to guide and be proactive in these responses ?

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Children and young people often need outside resources (parents, carers, schools and authority figures) to act protectively until they develop their own internal resources for managing the behaviour

A safety plan is typically the first step, often prior to a full assessment of the behaviour

The purpose of a safety plan is to keep all children (the child engaging in the behaviour, the child who has been the target of the behaviour and other children) safe



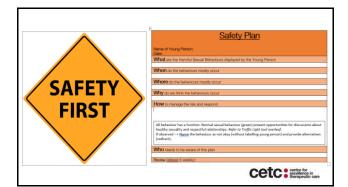
th	
Must be context specific – plan across all domains (school, home, social)	
Identify when the behaviour occurs and who needs to be involved in the	
plan	
Ensure child / young person are involved in the safety plan	
Have a clear time limit on the plan and regularly review the plan	
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CELC succione in a succione in the support of the s	
Physical & emotional environment Reduction of child's/ young person's risk factors - reduce opportunity Adults take responsibility and control (constant support, supportive supervision and reassurance) Stability, nurturing and predictability in routines	
Remember: the young person will feel stressed, afraid, alone and ashamed: needs to be given hope	
cetc: certify for a contraction of a certific for a certification of a	
EXAMPLE OF SAFETY PLAN TEMPLATE FOR SUPPORTING YOUNG PERSON WHO HAS ENGAGE IN HARMFUL SEXUAL BEHAMOUR	-
Safety Plan Summary of a child or young person's current and history of care arrangements	

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



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.



practice	
Work in pairs to set up a safety plan for Josh within his unit and the detention facility	
What steps do you need to take to reduce the likelihood of the behaviour occurring?	
Would you involve Josh in the plan?	
How can you ensure that the plan is followed by all staff	
	cetc: 57

:practice Safety Planning - Summary

- · Protection for other children at risk
- Support for everybody involved
- Appropriate case discussion & regular reviews
- Maintain good communication with all involved
- · Ensure consistent responses
- Assess severity of behaviour & understand triggers and risk factors
- · Draw up procedures and boundaries
- Safe containment by minimum necessary measures

Where there are gaps, there are risks!



