

# **:training**

## **Understanding and Responding to Harmful Sexual Behaviour**

**ACT Department of Education  
12 March 2024**



**The Centre for Excellence in Therapeutic Care acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land.**

We pay our respects to their elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong.



- Explore our individual approach to the work and the influence of the sociopolitical context
- Identify the use of language and the role of shame in working with children and young people
- Understand the continuum of sexual behaviours including age-appropriate, concerning behaviours and harmful sexual behaviours.
- Understand the factors that contribute to these behaviours including the neurobiology of trauma, attachment, family violence and pornography and disability.
- Identify risk and protective factors and how to develop specific strategies for managing these behaviors - underpinned by a safety framework.
- Review key aspects of brief treatment from a needs-based response framework.

# Principles guiding this workshop

- We assume a knowledge of child abuse and mandatory reporting requirements
- Abuse related trauma covers the impact of all forms of child abuse, including sexual abuse, physical abuse, emotional abuse, family violence and neglect
- Discussion & questions enhance the session
- Children and Young People used interchangeably

**Your emotional safety  
is paramount**

# Safety

The content of this training can evoke strong emotions and may stir up personal experiences of trauma.

Please be mindful of your own wellbeing during this training and if you need support please ask the facilitator.





**“You cannot wipe the tears off another’s face without getting your hands wet”**

*(Zulu proverb, as quoted in Hagwood et al 2014)*



The term '**harmful sexual behaviours**' 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)

- Impact of working with trauma and in particular sexual abuse will have a cumulative effect on you – “second hand smoke on the soul”
- Effects of secondary trauma/ vicarious trauma is different for everyone
- May include hypervigilance about the safety of our own or other children
- Compassion fatigue for victim survivors
- 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)*





#SchittsCreek

**FOCUS ON YOUR  
CRITICAL SELF-CARE**

# **Contextualising Harmful Sexual Behaviour**

## ***Current Perspectives***

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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).

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National Survey of Children's Exposure to Violence (2008, 2011, 2014): 70-77%

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Australian Childhood Maltreatment Study 2023: 12.3%

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In Australia, between 2010-2014, 20% of reports to police were in relation to children being the subject to sexual abuse by other children (Royal Commission 2017)

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

- Me Too
- Royal Commission into Institutional Responses to Child Sexual Abuse
- Increase awareness of sexual abuse and impacts on victim survivors – Grace Tame Australian of the Year
- Parliament Sexual Harassment
- Family Violence Awareness/Reforms
- Consent Education
- Raise the Age

**A** The Age

## Boys from St Kevin's College filmed chanting sexist song

Students at the prestigious St Kevin's College have been filmed singing a sexist chant on a Melbourne tram.

22 Oct 2019



**A** Al Jazeera

## Inquiry finds widespread sexism in Australian parliament

A high-profile inquiry into sexual harassment and bullying in Australia's parliament has found "sexist culture" to be widespread.

30 Nov 2021



**G** The Guardian

## Milkshake consent video earlier script referred to 'modern progressive' 1950s

Exclusive: scripts also used example of 'borrowing leggings' instead of 'touching your butt' to teach students sexual consent.

22 Apr 2021



victimfocus

60 second series

Topic: Harmful sexual behaviours in  
children

By Jessica Eaton



**What are some of the words you have heard to describe children and young people who display sexual behaviour?**



Join at [menti.com](https://menti.com) | use code **7747 6892**

# Words describing young people display sexual behaviour

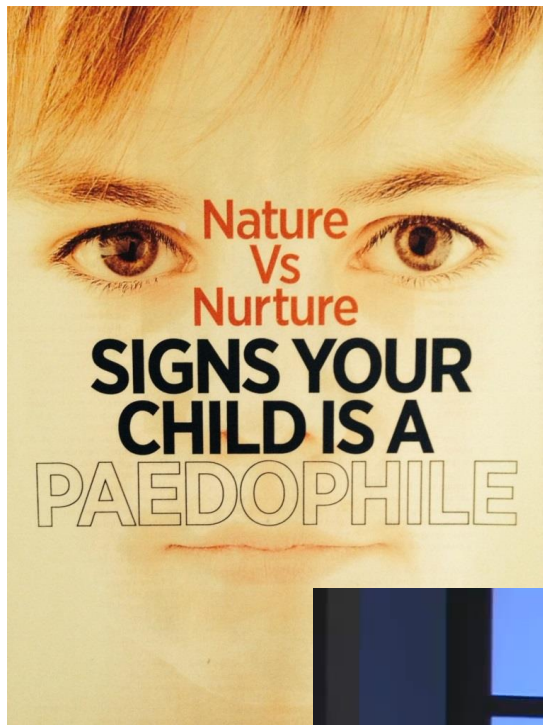
Waiting for responses ...

Avoid labelling young person as a (potential) “sex offender”

Labelling (or “naming and shaming”) increases risk

They need a **SAFE** environment to help them distinguish between their behaviour and themselves as a person and to talk about what happened

We should separate the young person from their behaviour  
i.e. they are not a bad person: their behaviour was bad

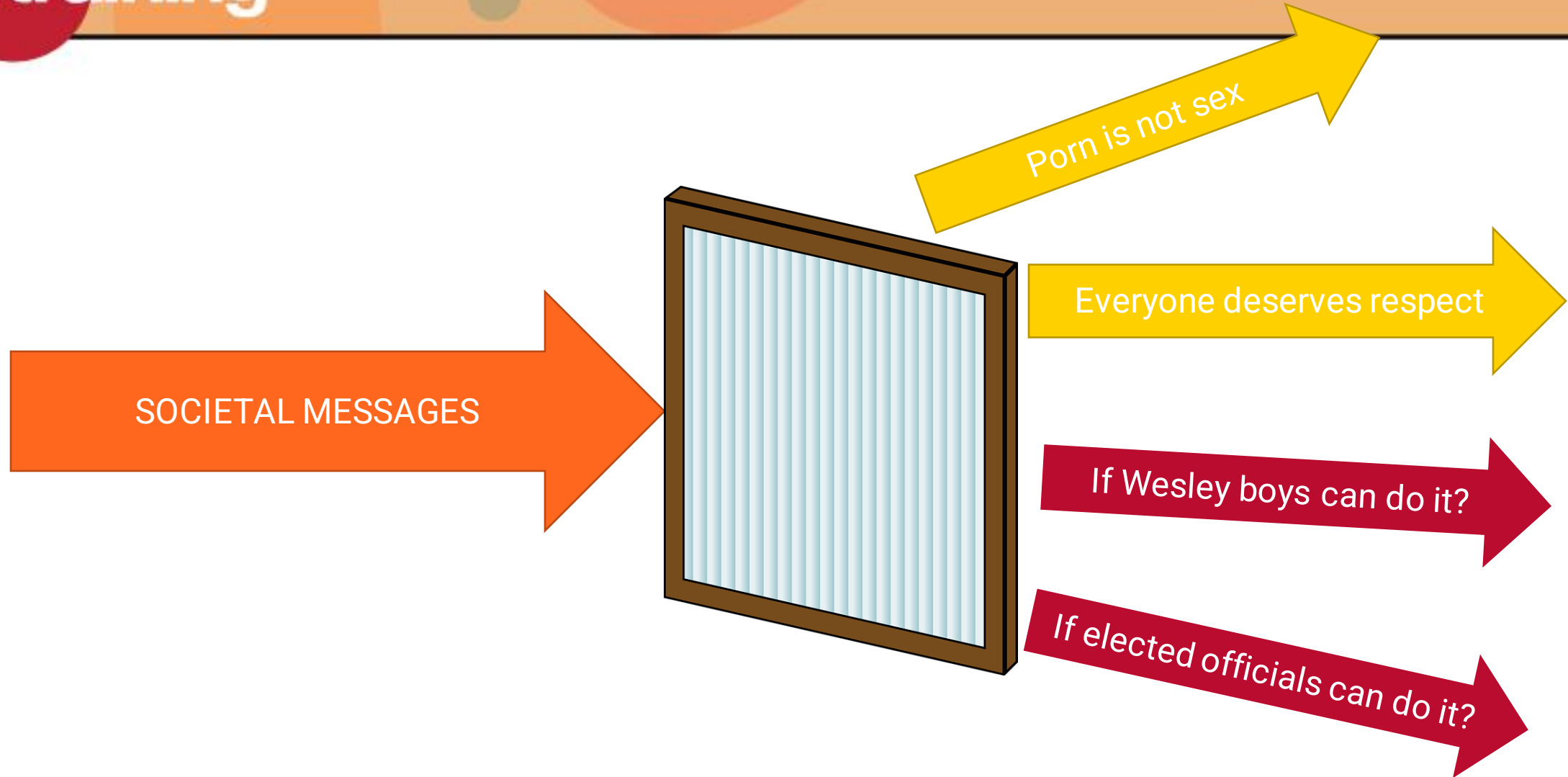


## PROTECT

Identifying and Responding to Student Sexual Offending

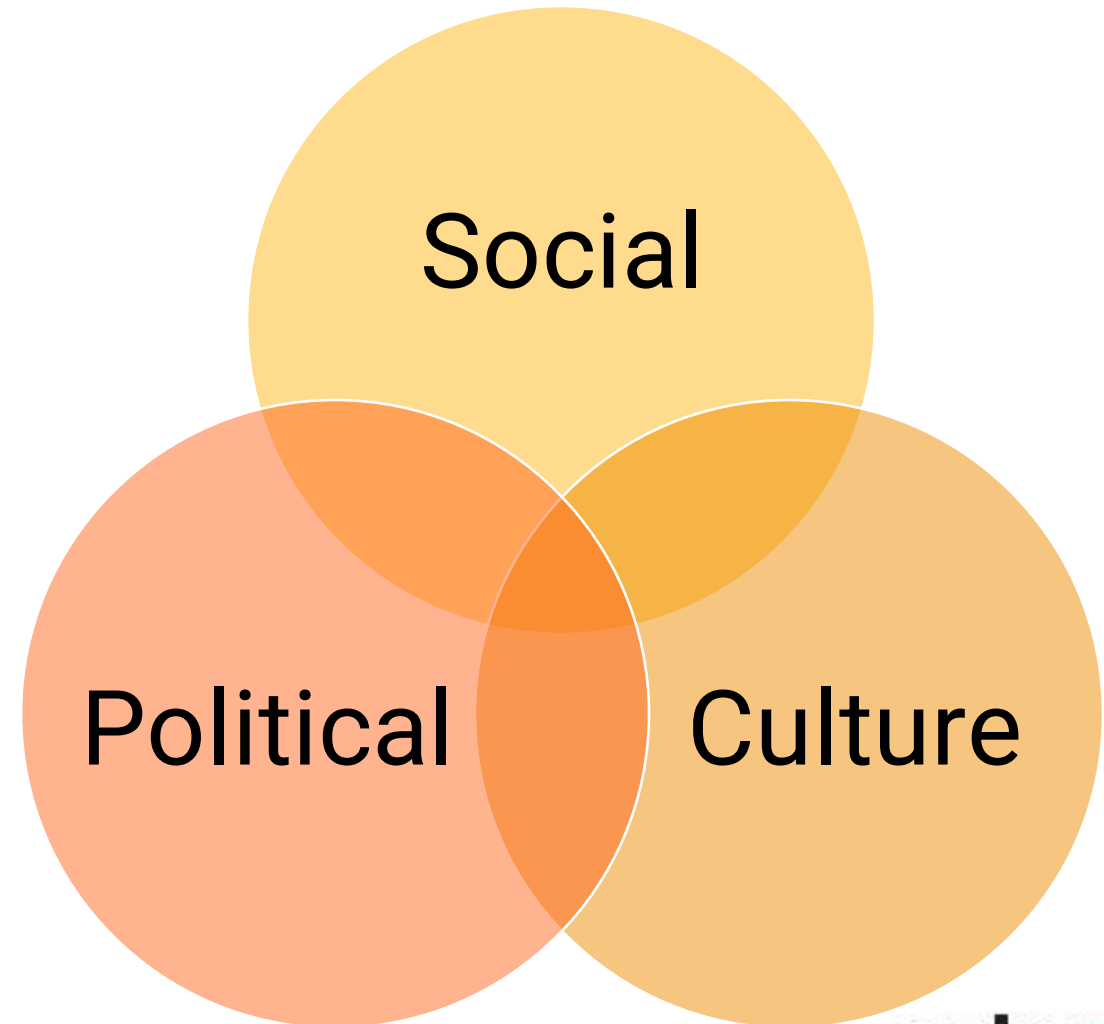


# Are we fostering and maintaining filters?



# What is considered normal?

- Since 19<sup>th</sup> century ages of young people reaching puberty from 17 down to 12.5-13.4 years. Decline continuing.
- Exploratory sexual behaviours in young children observed across history and cultures.
- Biology versus behaviours



Biological changes - no one size fits all timeline however median age in Western societies (gradually falling in most countries)

- Thelarche (secondary breast development) – 10.2 years
- Menarche (start of first menstrual cycle) – 12.7 years
- Male Puberty (testicular enlargement) – 11 years.
- Puberty associated with increase in sex hormones and biological and structural changes.

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Random, Exploratory – primarily of self.

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Touching self and others, genital play, masturbation, poking, watching and showing interest in bathroom functions.

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May insert objects into body opening but stop when it hurts.

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Driven by curiosity and exploration.



# :training Children

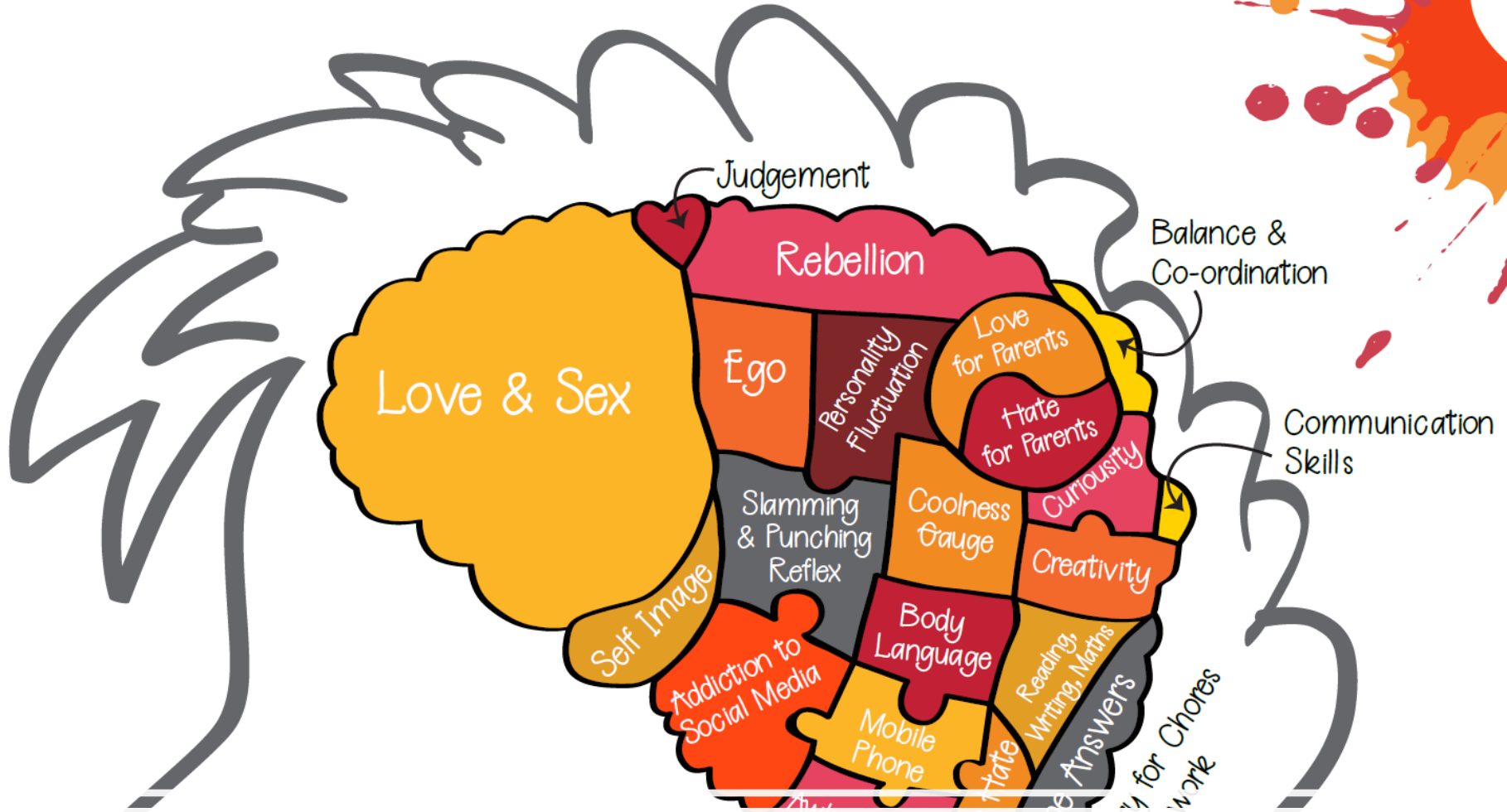
- Begin to imitate what they observe in their environment.
- May involve playing doctor, house or mimicking sexual activity.
- Interpersonal imitative actions include kissing, holding hands and exploratory sexual behaviours with others “I’ll show you mine if you show me yours”
- Males may compare penis sizes.



- Crosses the spectrum of orientation and include a wide variety of participants (siblings, friends)
- As children move closer to adolescence behaviours start to become more heterosexual (response to social norms)
- Characterised as light-hearted and are associated with silliness and giggles.

- Marked changes in size, shape and functioning of body.
- After puberty behaviours such as kissing, flirting and foreplay are more goal-oriented towards intimacy, sexual arousal and orgasm.

*Sexual maturation in adolescence at the same time they lack experience managing sexual thoughts and feelings at a developmental stage of risk-taking and experimentation*



## Current Issues for Adolescents



# The 7<sup>th</sup> National Survey of Australian Secondary Students and Sexual Health 2021

## 60.6% reported a sexual experience (higher than 1992-2018 surveys)

- 58.5% oral sex
- 52.0% vaginal sex
- 15.05% anal sex

## Average Age

- 13.6 years for viewing pornography
- 14.6 years for deep kissing
- 15.2 years for oral sex
- 15.3 years for vaginal sex
- 15.6 years for anal sex

86.3% received sexual messages or images

70.6% reported sending sexual message or images.

85.7% reporting they had viewed pornography

Majority do not view regularly. Young men more likely heterosexual < LGBTQIA+

**"IF SEX IS SUCH A  
NATURAL  
PHENOMENON, HOW  
COME THERE ARE  
SO MANY BOOKS ON  
HOW TO DO IT?"**

B E T T E M I D L E R

*Your tango*



- Friends (75.6%), followed by seeking information from websites (56.7%) and their mothers (49.7%).
  - Mothers > Fathers
- Only 1.4% of young people reported that they never sought information about sexual matters
- General Practitioners and Mothers continue to be the **most trusted** source of accurate information however young people express **low confidence**.
- Internet and Social Media **low trust**



Power, J., Kauer, S., Fisher, C., Chapman Bellamy, R., & Bourne, A. (2022). The 7th National Survey of Australian Secondary Students and Sexual Health 2021 (ARCSHS Monograph Series No. 133). Melbourne: The Australian Research Centre in Sex, Health and Society, La Trobe University.

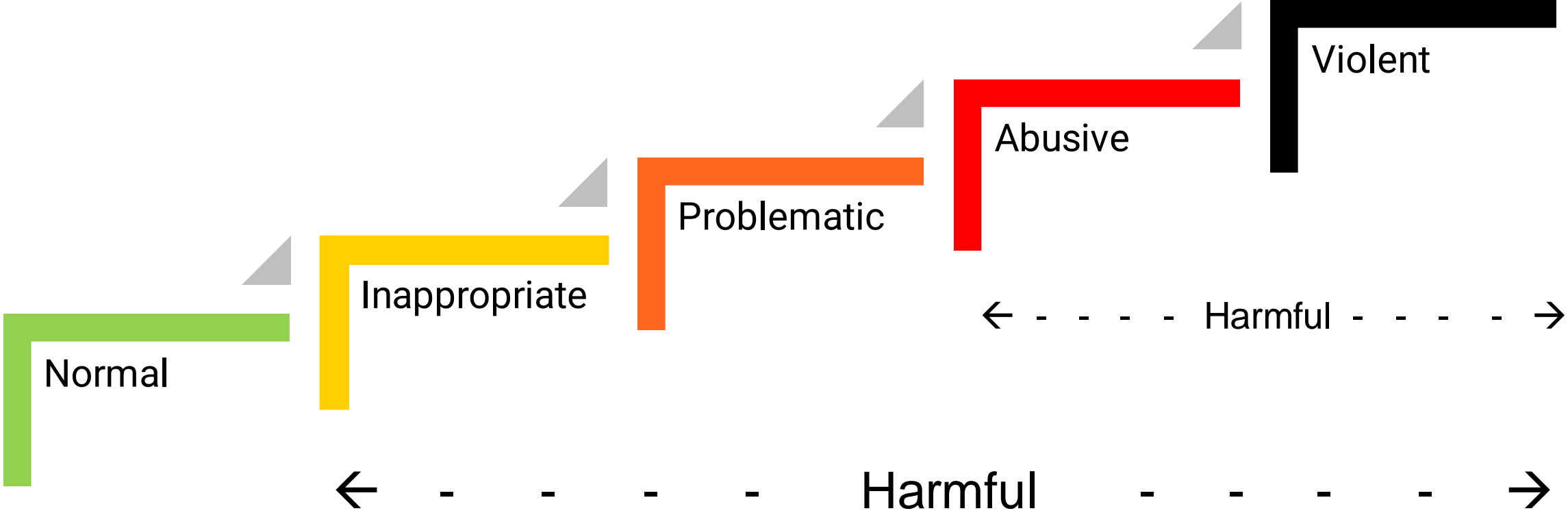
- Overall “inadequate to their needs”
- Basic information – not enough detail on what is involved in having sex
- Many students report focus was on abstinence and if not, contraception.
- With sex and sexual practices being avoided, in turn, leads to less focus on masturbation and sexual pleasure. *We are not teaching young people how to manage sexual arousal*

**If young people are not learning about the how, where do they go?**

# **Continuum of Harmful Sexual Behaviour**

***When should I be  
concerned?***

# Hackett's Continuum of Harmful Sexual Behaviour

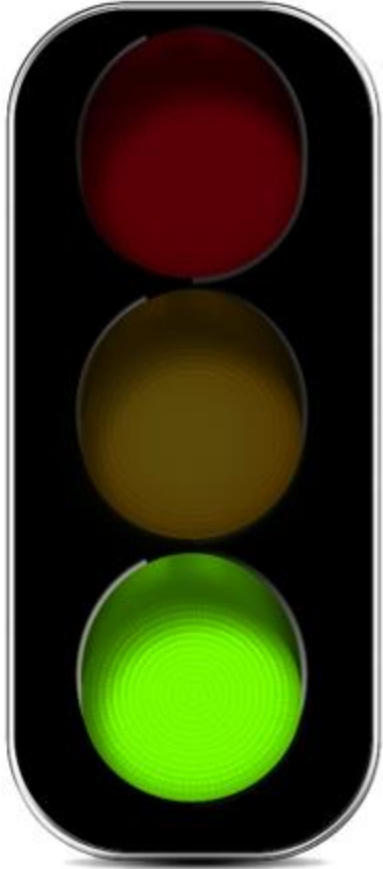


**RED** signals sexual behaviours which indicate or cause harm

**ORANGE** signals sexual behaviours which cause concern

**GREEN** signals behaviours part of normal and healthy development

# GREEN



Sexual behaviours which are part of normal and healthy development.

- They are:
  - spontaneous, curious, light-hearted, easily diverted, enjoyable, mutual and consensual
  - appropriate to the child's age and development
  - activities or play among equals in terms of age, size and ability levels
  - about understanding and gathering information, balanced with curiosity about other parts of life.

These behaviours provide opportunities to talk, explain and support.

# ORANGE



- Sexual behaviours which cause concern because of:
  - persistence, intensity, frequency or duration of behaviours
  - the type of activity or knowledge for the age and stage of development
  - inequality in age, size, power or developmental ability
  - risk to the health and safety of the child or others
  - unusual changes in a child's behaviour.

These behaviours signal the need to monitor and provide extra support.

# RED



Sexual behaviours indicate or cause harm because they are:

- excessive, compulsive, coercive, forceful, degrading or threatening
- secretive, manipulative or involve bribery or trickery
- not appropriate for the age and stage of development
- between children with a significant difference in age, developmental ability or power.

These behaviours signal the need to provide immediate protection and follow up support.



# :practice SCENARIOS

14-year-old boy indicates he has a boyfriend who is the same age as him and they are having sex

16-year-old boy provides weed to same aged female resident and when she is stoned, forcibly has sex with her

6-year-old boy is constantly playing with his private parts, this happens both at school and at home

16-year-old female asks a 14-year-old resident to perform oral sex on her in exchange for cigarettes

15-year-old boy threatens 13-year-old girl that he will take pictures of her in the bathroom if she does not have sex with him

Two 8-year-old boys are discovered at school camp engaging in oral sex in their shared bedroom

# KEY QUESTIONS TO CONSIDER

What is the behaviour?

Did the behaviour involve any planning, coercion, force, intimidation and/or in secret?

Is the behaviour considered developmentally unusual and occur at greater frequency than expected?

What is the history of the behaviour and has it continued despite adult intervention?

What are the children's ages and developmental capacities?

What context did the behaviour occur in?

Was emotional distress displayed by the children?

Was the behaviour spontaneous and driven by curiosity?

# **What do we know contributes to Harmful Sexual Behaviours?**

# POP QUIZ

If you did a literature scan in 2013 for all of the risk factors identified as contributing to Harmful Sexual Behaviour, how many would you find?

# ● Childhood Maltreatment

**Almost Three Quarters** of a sample of adolescents in Queensland had a history of child maltreatment

*McKillop, Rayment-McHugh, Smallbone, & Bromham, 2018*

# Victims of Family Violence

**46.3%** of files analysed  
lived with family and  
domestic violence

*Hallett et al. (2019)*

# Sexual abuse

**26%-92%** of children and young people with experiences of CSA victimisation displayed HSB across a systematic review

*Malvaso et al. (2020)*



# Neglect

Of children engaging in sexualised behaviours,

**60%**

have experienced neglect

*Hackett, 2016*

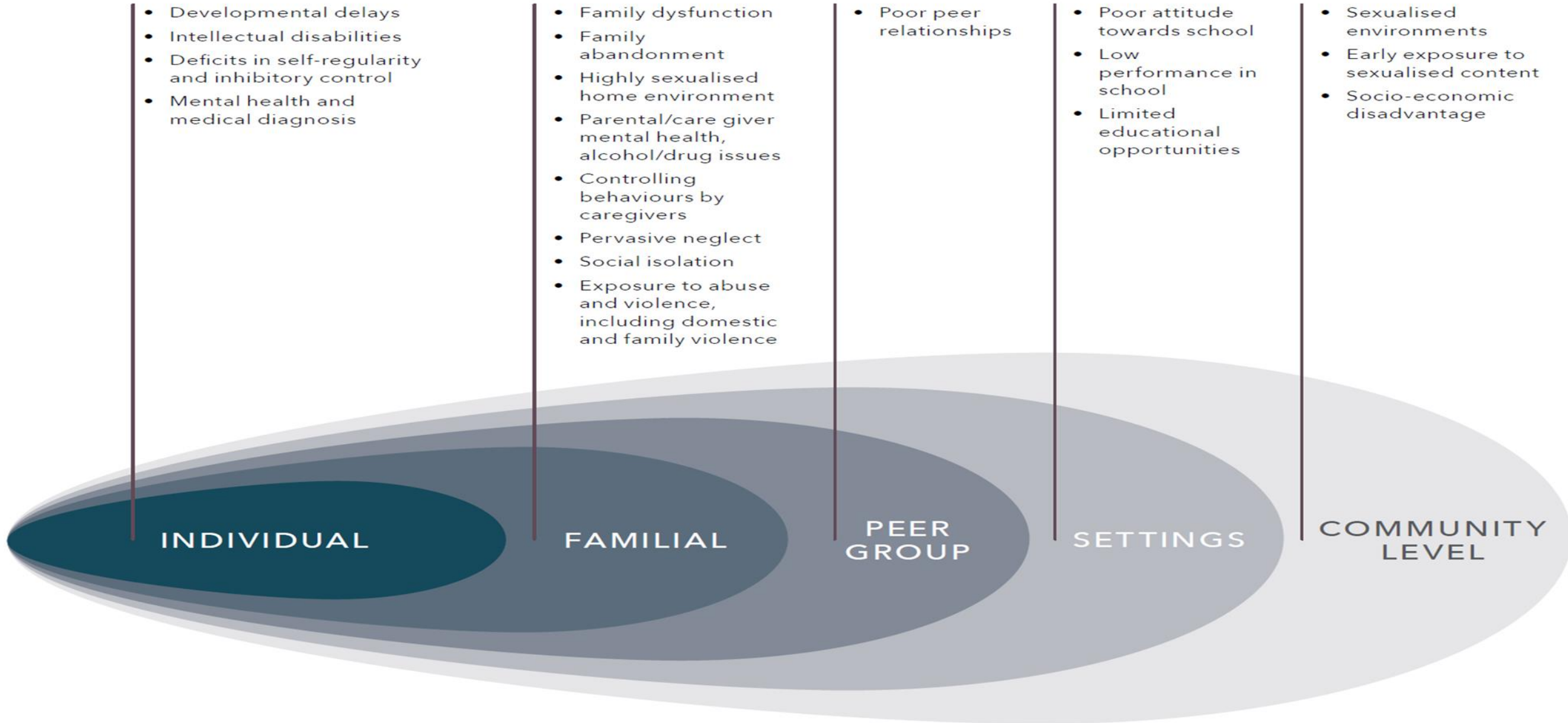


# ● ● Pornography

**1/4** young people first saw  
pornography before the  
age of 12

*NZ youth and porn 2018*

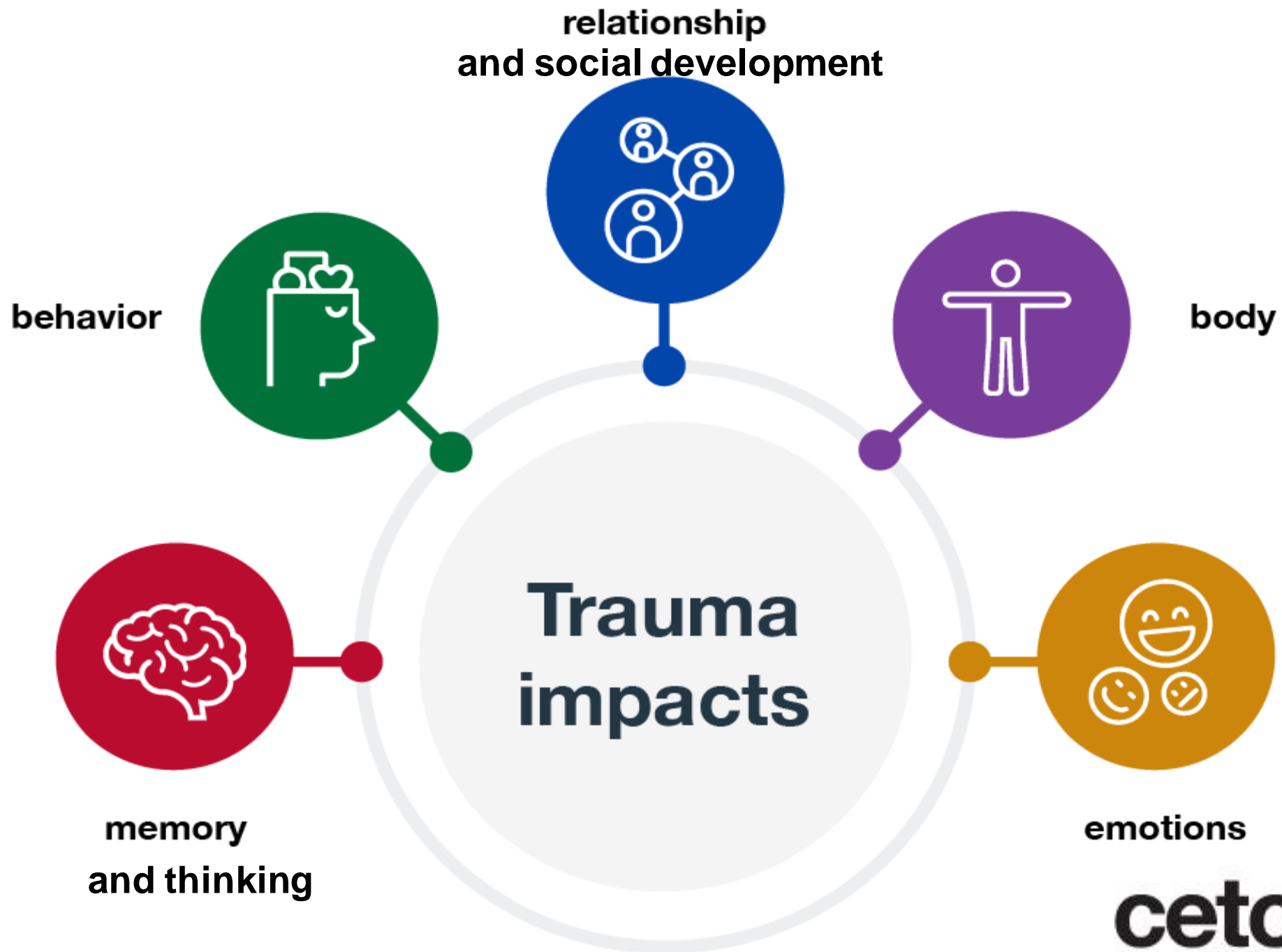
# Growing understanding of complex factors associated with harmful sexual behaviours



- 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 children
- 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

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

(Creeden 2018)



- 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)

## WHAT ARE THE MAIN REASONS?

- 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
- They are cognitively vulnerable and or neurodiverse (ID, ASD, FASD)

## Regulation

- Anxiety reducing
- Self Soothing

## Connection

- Poor social skills
- Attachment

## Renactment

- Something they have seen or had done to them





- Relationships, particularly intimate relationships, requires higher level thinking
  - Impulse control
  - Problem solving
  - Conceptualising consent
- Needs-based response required however requires a different approach and scaffolded support (environmental adaptations). Carer/Family involvement to plan across environments.
- Other considerations – sensory system.
- Rights based approach

# :training **SITUATIONAL RISK**

- In their research on the onset of adolescent and adult sexual offending, McKillop and colleagues (2018) analysed information about the situation in which the behaviours had occurred.
  - Against another child - 43.5% familial, 51.4% non-familial
  - Domestic Setting - 79.4%
  - While playing a game - 29%
  - Or not doing any particular activity - 31.4%
  - Another person present - 82.1%
  - 2/3 known in the year prior
  - Mostly peers first – 26.9%

- Risk assessment is always based upon a history of prior harmful sexual behaviour
- Assessments of children and young people must take into account developmental factors and place the behaviour in the context of social and familial/care environment
- Important to consider protective factors in young person as well in understanding risk and guiding intervention

*(Rich 2016)*

## Environmental factors

- Child's exposure to sexual material
- Exposure to family violence
- Past and present stresses in child's environment
- Level of supervision
- Access to vulnerable children

## Care Context

- Continued exposure to abuse, violence, relational trauma or trauma triggers
- Carer's understanding of, and capacity to predict and manage risks for the young person
- How sexuality is expressed or talked about in the home/care environment
- Degree of privacy, bathing and nudity
- Sleeping arrangements

## Community & Culture

- Community and cultural interpretations of abuse and violence
- A lack of shared definitions and thresholds for risk and safety among service providers working with the child and family
- Communication
- Timeliness of decision making
- Immediate vs. cumulative harm

- Intervention most effective when intensity of service is based on risk factors and treatment targets risk-relevant dynamics.
- RNR adopted more in adult programs however now increasingly in adolescent programs.
- From a developmental perspective (Creeden, 2013);
  - *Risks* are viewed as risk to successful pro-social development.
  - *Needs* are the resources, supports and experiences required to maintain a pro-social developmental trajectory.
  - *Responsivity* requires treatment to be tailored based on developmental assessment (e.g learning style, neurological issues)







**“The most important thing to consider in working with young people ... is to focus on identifying and strengthening the healthy roles and abilities that the trauma has prevented them from developing”**

*Mario Cossa – Rebels with a Cause, 2006*



# **Responding to Harmful Sexual Behaviour**

## ***Immediate Response and Safety Planning***

# S.T.O.P

**S**top 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.

**T**ake the time to acknowledge and address the distress of young people and shame exhibited.

**O**pen 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)

**P**rovide 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.

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

**The first and most important part of the safety plan is talking to the young person about the behaviour and what is expected**

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

Must be tailored to young person – some may like contracts, others visuals.

**Where there are gaps there are risks**



*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.*



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

Safety Plan

Summary of a child or young person's current and history of care arrangements

Summary of a child or young person's concerning or harmful sexual behaviour

Risk factors for harmful sexual behaviour

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

Current drivers of harmful sexual behaviour

Safety strategies

Engagement of a child or young person with the Safety Plan

Person/people responsible for monitoring and reviewing the Safety Plan

Next review

\_\_\_ / \_\_\_ / \_\_\_



## 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

# Beyond Safety Planning

# Trauma Informed Framework for Adolescent Sexual Health



Faulker & Schergen, 2014

T

Take Initiative

A

Ask how they feel/what they think

L

Let them know the facts, the range of values/beliefs and the decision is ultimately theirs as long as there is CARE

K

Keep the conversation going

(MacKillip, 2020 adapted from Faulkner, 2017)

A close-up photograph of two people shaking hands. The person on the left is wearing a red, white, and blue plaid shirt and a white wristband. The person on the right is wearing a blue and green plaid shirt and several bracelets, including a prominent rainbow-colored one. The background is a blurred outdoor setting with wooden chairs and tables.

# Remember the CARE principles

**C= Consent**

**A= Age**

**R= Respect**

**E= Equality**

# Key Themes – Working with young people

Shame and  
secrecy

Relationship

Affect  
regulation

Boundaries in  
interpersonal  
relationships

Healthy  
Sexuality

# Shame and Secrecy



*Guilt – condemnation of specific behaviour*

*Shame – negative sense of self ('I am bad/evil')*

*Blame – someone else is responsible*

*Move the child/young person towards a guilt response and away from a shame response*

# Shame and Secrecy

Shame remains the most difficult feeling to resolve – it does not release in the same way other emotions do

Shame only dissipates when it is understood and acknowledged by supportive others - needs contact to diminish

*(Rothschild 2010)*

## **4 Steps in Addressing Shame**

Build Trust in Therapeutic Relationship

Differentiate the Behaviour from the Person

Process the Harmful Sexual Behaviour

Enhance Guilt and Responsibility

*(Worling 2010)*



# Relationship

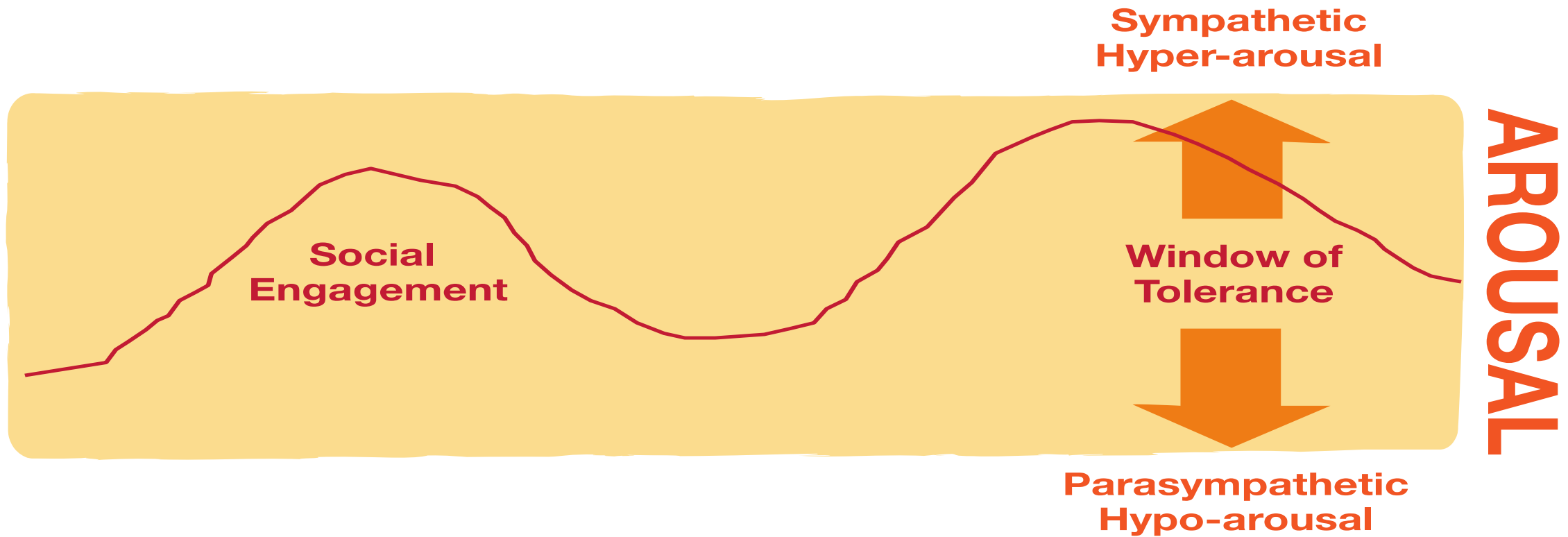
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- Positive therapeutic relationship most significant factor in terms of constructive outcomes for children and young people
- Important to teach young people the reciprocal nature of relationships , communication, compromise , humor and kindness.

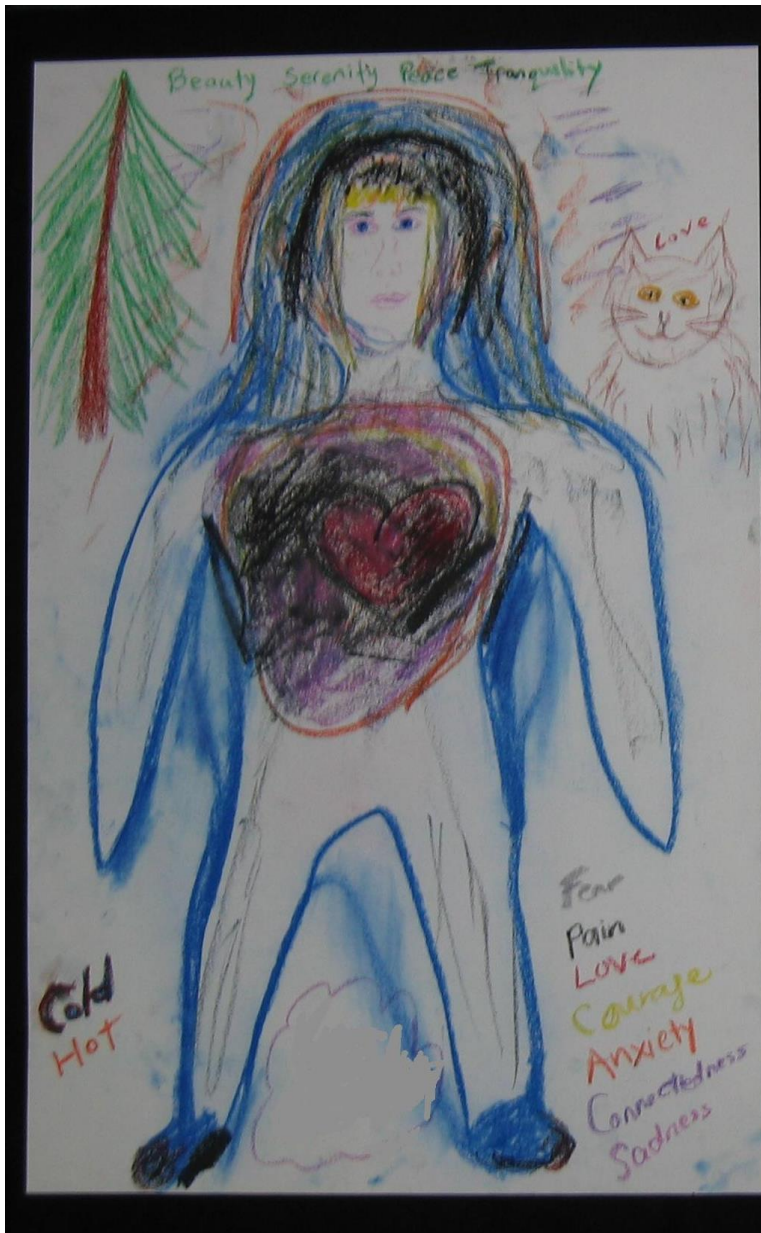
Powell (2015)

- Engagement – important to start with more enjoyable activities before discussing HSB-specific content
- Arousal – children need to learn to engage in pleasurable activities without becoming hyper aroused before they develop capacity to play with others

Steele and Malchiodi (2012)









# Boundaries

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- Healthy boundaries are flexible and change in response to the environment and the inner state of the person
- Children who grow up in traumatic environment have experienced boundary violations and this affects their ability to develop boundaries that are adaptive to their circumstances (Ogden, 2007)
- Children who engage in harmful sexual behaviour exhibit boundary styles that lack containment and are experienced by others as intrusive and harmful

# Boundary Exploration

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- Build a castle
- Create/imagine body armour or mask
- Draw or imagine a bubble around you
- Hula hoop spaceships
- Move your arms around to explore and draw your space
- Practice the gesture of pushing away
  - with the arms- with or without saying 'no' or 'my space'
- Draw or imagine a rainbow around you
- Draw or imagine your favourite cartoon characters around
- Draw a boundary with chalk
- Fly above your worries – hot air balloon



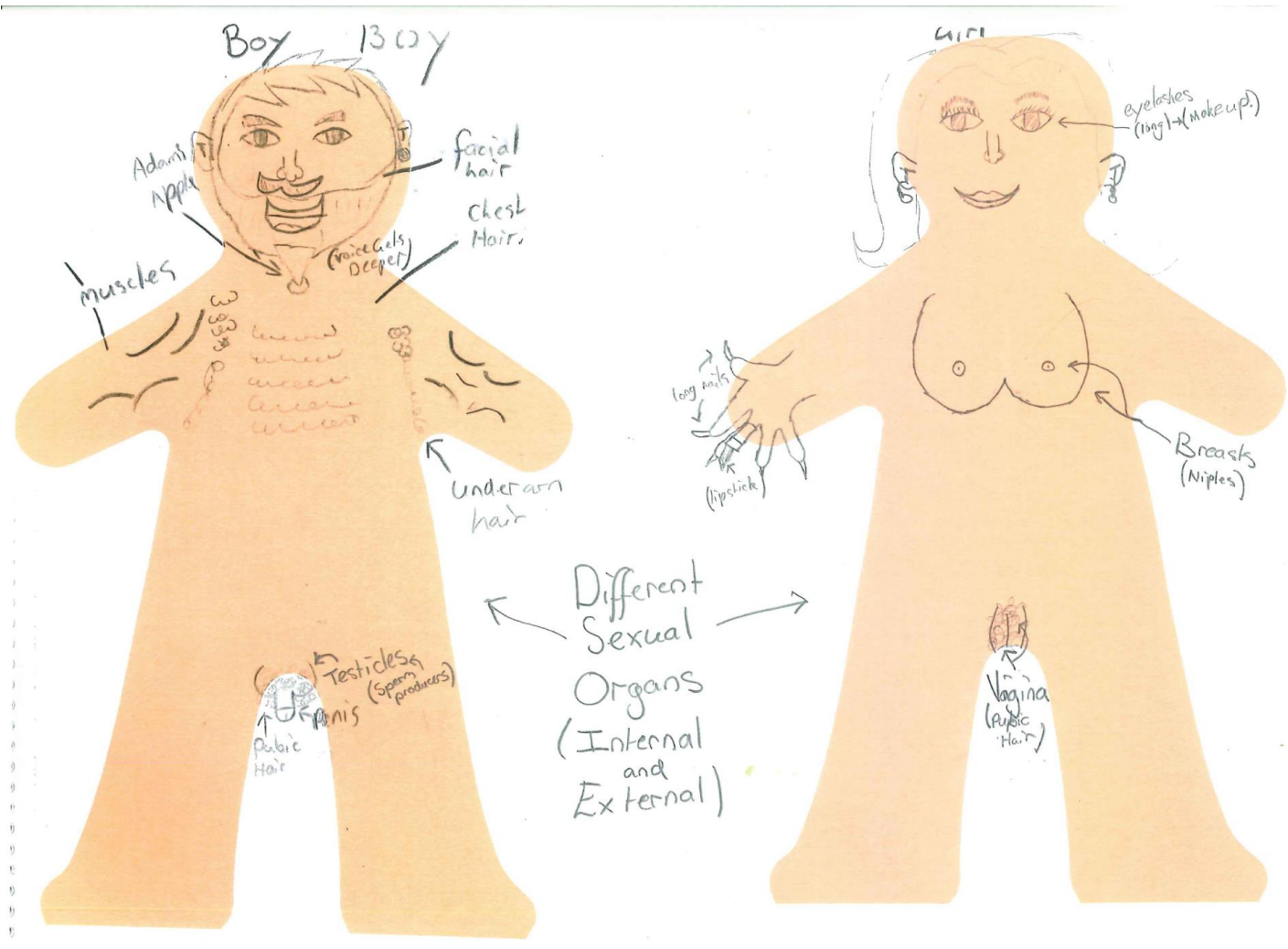
# Healthy Sexuality

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- Sexual and Reproductive Health
- Sexual Behaviour and Practices
- Sensuality
- Sexual Orientation and Gender Identity

*(Creeden 2018)*





# Continuum

## SEX

Male

Intersex

Female

## GENDER IDENTITY

Man/Boy

Transgender/Genderqueer  
Two-spirited/etc.

Woman/girl

## GENDER EXPRESSION

Masculine

Androgynous

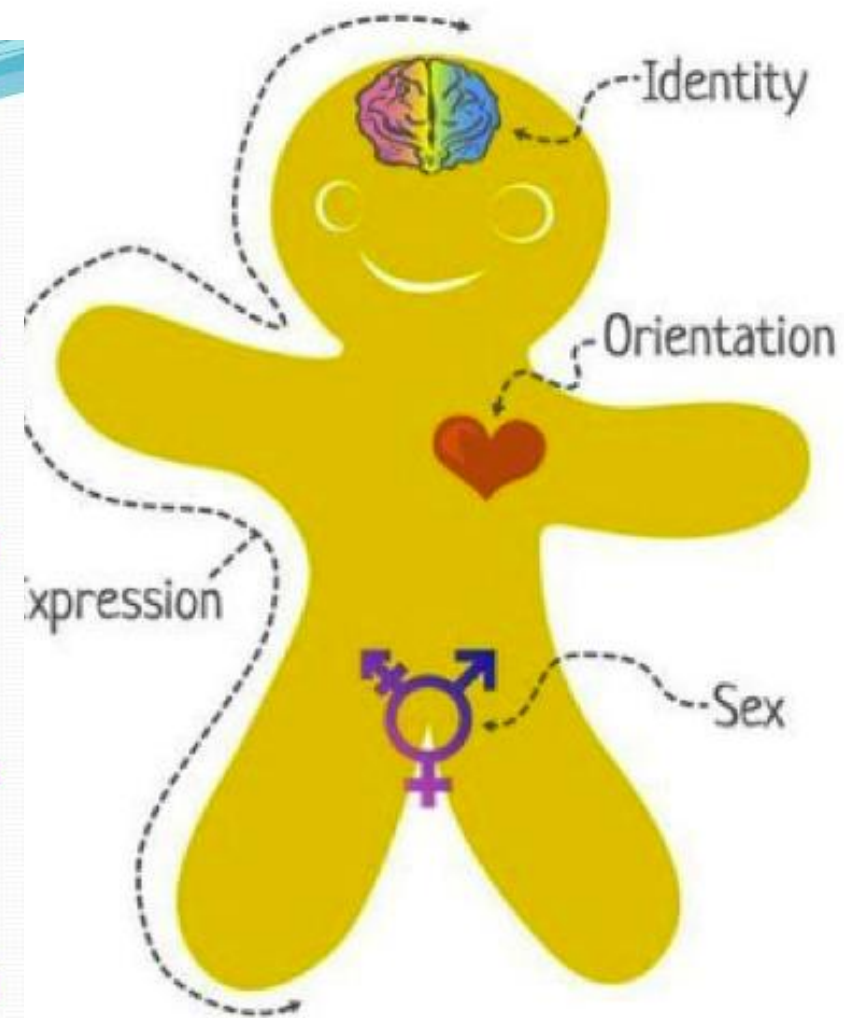
Feminine

## SEXUAL ORIENTATION

Attracted to women

Attracted to all/both/none

Attracted to men



CONSENT

IT'S SIMPLE AS TEA



# FEEL LIKE GETTING SEXY?

## MAKE SURE YOU GET **F.R.I.E.S.** WITH THAT!

**CONSENT IS:**

- F. FREELY GIVEN**  
Consent means **saying YES** through words and actions without pressure, or under the influence of drugs or alcohol
- R. REVERSIBLE**  
Consent means **being able to stop or change your mind** at any point
- I. INFORMED**  
Consent means **you have the full story**. E.g. if someone agrees to condoms then doesn't use one - that is not consent
- E. ENTHUSIASTIC**  
Only **do things you really WANT to do** when it comes to being sexy. Not things you feel expected to do
- S. SPECIFIC**  
Saying yes to one thing (e.g. kissing) **doesn't mean you've said yes to others** (e.g. sex)

Cairns Sexual Assault Service  
[true.org.au/counselling](http://true.org.au/counselling)

- 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 discussions around safety planning and behavioural expectations.
- Children and young people who have engaged in harmful sexual behaviour often have experiences of trauma including family violence, neglect and sexual abuse.

- 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.

**We all have a part to play in prevention**

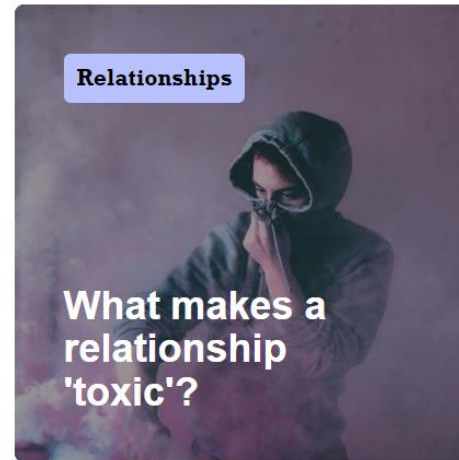
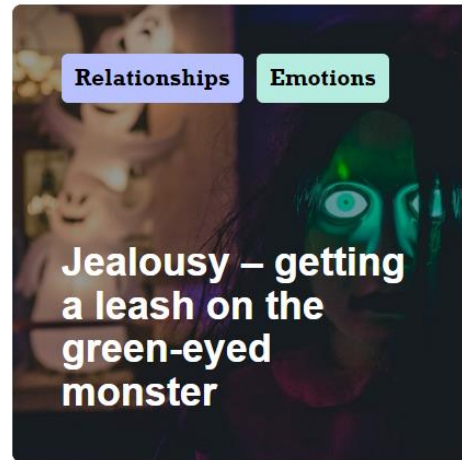
- **Seek** to understand the signs and risks of Harmful Sexual Behaviour and supervise children.
- **Act** on instances and disclosures of Harmful Sexual Behaviour in a non-shaming manner.
- **Facilitate** ongoing and open conversations about personal safety (including e-safety)
- **Educate** children and young people on respectful relationships and bodily autonomy



# Resources



The Line → [www.theline.org.au](http://www.theline.org.au)



Play Safe NSW → [www.playsafe.nsw.gov.au](http://www.playsafe.nsw.gov.au)

# TALKING ABOUT SEXUAL HEALTH

## A TOOL FOR YOUTH WORKERS

Talking about sex, sexuality and sexual health with young people is an important area of work for youth workers. It is not about having all the answers, but understanding young people's thoughts, concerns, challenges and strengths, and supporting them to make informed choices about their health and well-being.

### Youth workers are trusted sources of sexual health information for young people.

Look for opportunities to start a conversation or build on what young people are already asking or talking about.

#### Young people want you to start the conversation:

- It's not complicated – it can be brief!
- It doesn't have to be embarrassing – it's not about you! It's about helping the young people who trust you to have these conversations.
- Don't know the answers? That's OK; you don't have to be an expert!
- Use your own language and be authentic.

#### PERMISSION

Ask permission – it shows respect and helps young people feel safe.

"Can I talk with you about relationships and sexual health?"

"A lot of young people have questions about relationships, and sexual health – I'm always here if you need to chat."

"Do you have anything on your mind you'd like to talk about now?"

#### OPEN THE CONVERSATION

Find out what they already know. Let the young person lead the conversation.

"What do you already know about...?" (e.g. sexual health/condoms/STIs/ going on a date)

"Have you seen these new resources about relationships and sexual health that we have in the centre? What did you think of them?"

#### INFORMATION

Extend on existing knowledge and correct any misconceptions. Give the young person some relevant information to address concerns and keep the conversation going.

"It's important to always use condoms with a new sexual partner, and to have regular sexual health checks."

"Remember to take condoms with you when going on a date, whether or not you think you might need them."

#### CHECK IN

Acknowledge what they have to say and check their understanding.

"What are your thoughts about that?"

"Do you know where you can get condoms?"

#### RESOURCES

Provide the young person with more information and access to resources.

"Let's have a look at some resources together. Have you seen the Play Safe website?"

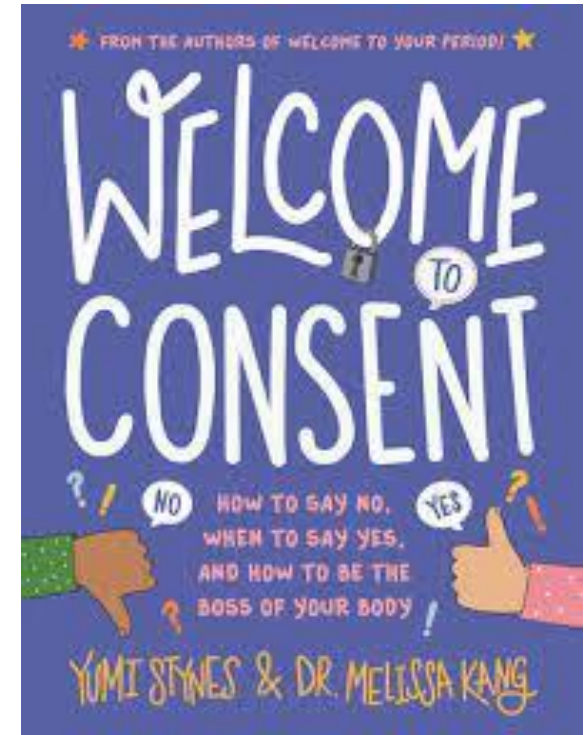
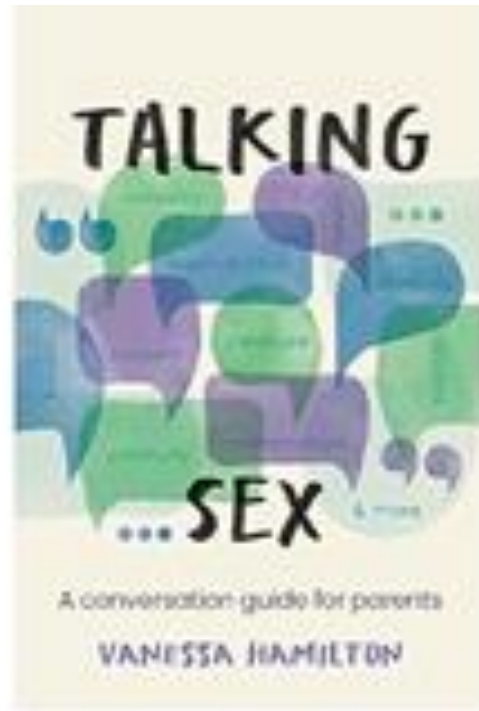
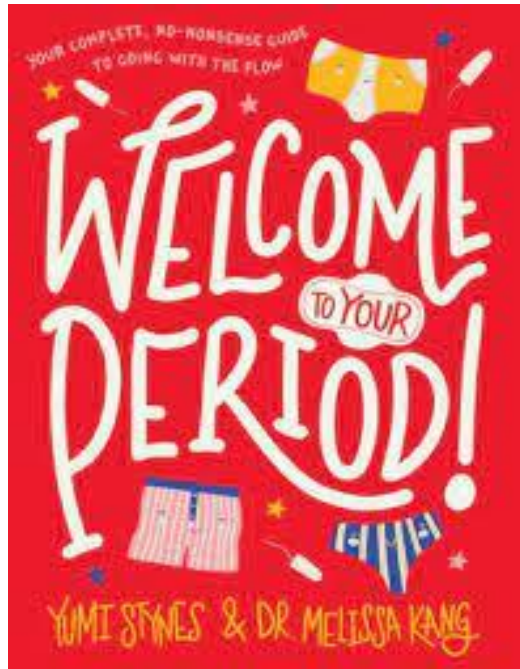
"Can I show you this video about what it's like to go to a sexual health clinic?"

#### REFERRAL

Explore ways to address any barriers to accessing sexual health services (i.e. GPs and sexual health clinics) with the young person, and introduce them to a service that is right for them.

"There are lots of places you can get information and help...can I show you some options?"

"Here are some services other young people have found useful."





# :practice

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

# SAFE CONNECTIONS

A RESOURCE KIT TO SUPPORT YOUNG PEOPLE IN  
CARE AT RISK OF CHILD SEXUAL EXPLOITATION

# :research

Working with Young  
People with **Harmful  
Sexual Behaviours**



- “If our sex life were determined by our first youthful experiments, most of the world would be doomed to celibacy. In no area of human experience are human beings more convinced that something better can be had only if they persevere.”

– P.D. James, *The Children of Men*

**Thank you for attending today**

**Dan Howell**  
**[dhowell@childhood.org.au](mailto:dhowell@childhood.org.au)**

**[cetc@childhood.org.au](mailto:cetc@childhood.org.au)**  
**[www.cetc.org.au](http://www.cetc.org.au)**



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