



Protective behaviours and sexual education Practice Paper

Introduction

The purpose of this practice paper is to support practitioners to ensure children and young people in care have access to sexual education and information to support their safety. DCP practitioners must work in partnership with carers to ensure that this education is provided to children and young people in care.

Protective behaviours and age appropriate sexual education assist children and young people to understand safe and healthy relationships, to value and respect their and others' bodies, to understand the importance of personal boundaries and their right to safety and privacy, as well as supporting the development of their ability to keep themselves safe. The information provided will vary depending on the child or young person's age and developmental ability. Protective behaviours education does not negate the responsibility of adults to protect children and young people from sexual harm but makes an important contribution to the safety of children and young people.

The importance of sexual and protective behaviour education for children and young people in care

Sexual education assists children and young people to understand:

- their bodies and the changes they will experience during adolescence
- reproductive systems
- safe sexual behaviour and consent.

Protective behaviours education can assist children and young people to:

- understand safe and healthy relationships
- value and respect their own and others' bodies
- understand personal boundaries, safety and privacy
- heal from trauma
- know who they can ask for help if they feel unsafe.

Often protective behaviours and sexual education will be completed as part of school curriculum but it is important that carers and practitioners are aware of what information has been provided to ensure any gaps are addressed. Children and young people in care may have not had the opportunity to receive this education at school due to:

- disruption to their education through non-attendance and/or transience
- lack of access to programs and activities that may include this type of education
- parents refusing to allow them to participate
- developmental delay or disability.



It is also noted that these education programs may not be offered in some independent or Catholic schools. It is important for DCP practitioners to identify what information the child or young person may have accessed.

Children and young people may also have not received appropriate education prior to coming into care or be confused about appropriate behaviour due to:

- poor adult and peer role modelling
- lack of appropriate boundaries with caregivers
- an unstable care environment
- exposure to inappropriate or abusive behaviour by caregivers, siblings or others.

The following factors should be considered when planning sexual and protective behaviours education:

Table 1: Considerations when planning sexual and protective behaviours education	
The child or young person’s past trauma	Careful consideration must be given to the potential for triggering a trauma response, particularly where the child or young person has experienced sexual harm.
The gender of the child or young person and the worker or carer	Children and young people may prefer speaking with someone of a particular gender. Asking the child or young person their preference is important.
The best person to have the discussion	It is important to consider who is best placed to have such discussions with the child or young person to ensure they feel safe and secure. Where the child or young person does not yet have a well developed relationship with the carer, it may be best to delay the conversation until a trusting relationship has developed.
The child or young person’s developmental stage and their chronological age	Some children and young people may experience cognitive and/or receptive and expressive language delays that will impact the type of information that should be provided and how it is delivered.
The child or young person’s current living arrangements and sense of stability	If children and young people are experiencing placement or other significant changes in their lives they may not feel settled or safe enough to hear new information which is sensitive.
Cultural considerations including religion	It may be culturally inappropriate for a person of the opposite gender to discuss these topics with the child or young person. Cultural norms for the gender of the person having these discussions must be respected. Cultural consultation, for example with DCP Multicultural Services, is important to ensure such conversations are conducted by a person who is considered to be culturally appropriate.
Carers are informed	If practitioners or therapists are planning to engage in these discussions, they should ensure the child or young person’s carers are aware. This enables carers to be prepared for questions that may arise, as well as to monitor and support the child or young person.



1.1 Delivery method

Protective behaviours and developmentally appropriate sexual education can be provided to children and young people in a variety of ways including:

- structured group settings (for example, at school)
- using books, online programs and other media resources
- through conversation with a carer or trusted adult
- within a therapeutic relationship with an appropriately skilled clinician (for example, via DCP Psychological Services, Child Protection Services, a Child and Adolescent Mental Health Services clinician or a National Disability Insurance Scheme (NDIS) therapist).

A combination of methods will support most children and young people to retain key messages and concepts. Conversations with trusted adults are likely to have the most lasting impact. Often carers are best placed to have these discussions as they will likely have the closest relationship with the child or young person. Practitioners can support carers, including residential care staff, by providing resources to support these discussions. At times, DCP practitioners may be required to have these conversations with children and young people and it is necessary to be equipped with accurate information to feel confident to have these discussions.

1.2 Sexual and protective behaviours education content

Key messages of protective behaviours education for children and young people include:

- children and young people have the right to feel supported and safe all of the time
- everyone has the right to privacy, respect and to be valued
- nothing is so terrible that you cannot tell someone about it
- secrets should never feel bad, scary or yucky
- there will always be someone who can listen and help
- most adults are helpful, caring and responsible, but some can be dangerous and you should tell an adult if someone is making you feel unsafe.

Whilst it is important that children and young people have access to this information and it is reaffirmed as the child or young person develops, it is important that information provided is sufficient for the child or young person's development and unique circumstances. The information provided must be consistent with:

- the age and development of each individual child and young person
- the particular sensitivities for children and young people who have experienced sexual harm.

Too much information can be overwhelming and cause children and young people to feel scared, anxious and confused, but too little information can also have the same effect.



Table 2: Key messages and concepts in sexual and protective behaviours education

Topic	Key messages and concepts for children and young people to understand	Useful approaches
Body parts, sexual health and reproduction	<ul style="list-style-type: none"> The menstrual cycle, female fertility and managing menstruation Sexual intercourse, safe sexual behaviour and contraception Erections, ejaculation and male fertility The changes that happen to their body at puberty and why they occur How puberty can affect mood and behaviour. 	<ul style="list-style-type: none"> Asking children and young people what they already understand about these concepts (they may have some incorrect assumptions or misunderstandings) Using appropriately pitched resources to support this type of education (for example, books for younger children) Encouraging the child or young person to ask questions Checking the child or young person has understood what you have told them by asking a few questions.
Feeling safe	<ul style="list-style-type: none"> What safety is and what it feels like Everyone has the right to feel safe What they can do if they do not feel safe or comfortable in a situation Risk taking behaviour and why people sometimes like to take risks. 	<ul style="list-style-type: none"> Asking children and young people to give examples of times when they have felt safe and unsafe. How did they know they were safe or unsafe? How did their body respond? How did they behave? Suggesting what children and young people can say that is consistent with what is taught at school (for example, "Stop. I don't like it"). Using scenarios to help the child or young person think about what they could do in a situation where they felt unsafe, uncomfortable or pressured.
Respect	<ul style="list-style-type: none"> Everyone deserves respect What respectful behaviour looks like How to know if someone is being respectful or disrespectful How to respect our bodies Personal space How to respect other people's feelings and bodies Respectful language. 	<ul style="list-style-type: none"> Asking children and young people about examples of respectful and disrespectful behaviours towards themselves and other people Writing down a list of ways that children and young people can show respect for their own and others' bodies Role modelling respectful behaviour when provided care Using scenarios and examples to illustrate respectful behaviours.



Trust	<ul style="list-style-type: none"> • What trust feels like and why it is important in a relationship • Signs that someone can be trusted • What feelings may arise when trust is broken. 	<ul style="list-style-type: none"> • Asking children young people to write down the names of some people they can trust and the reasons why • Talking about examples of times when trust has been broken or misused • Using scenarios to unpack situations and talk about trust.
Love and romantic relationships	<ul style="list-style-type: none"> • Different kinds of love (for example, friendship, romantic love) • The difference between love and sexual desire • Important components of a healthy romantic relationship. 	<ul style="list-style-type: none"> • Asking young people to describe what they think a healthy relationship should feel like • Talking about sex in the context of love, trust and respect.
Consent	<ul style="list-style-type: none"> • Definition of consent • Who can legally give consent (note: the legal age of consent in South Australia is 17 years) • How to identify when consent has been given. 	<ul style="list-style-type: none"> • Using scenarios and asking young people to decide whether or not consent was given • Ensuring young people are aware that they have the right to say ‘no’ to requests for touching/sexual acts at any time even if they have said ‘yes’ earlier or to a different activity • Ensuring young people know they can refuse to engage with online material like pornography and take and share photographs of themselves (often referred to as sexting).
Sexual orientation	<ul style="list-style-type: none"> • Definition of sexual orientation • Diverse sexual orientations are healthy • It is okay not to have a clear idea of sexual orientation. 	<ul style="list-style-type: none"> • Talking about who young people can talk to about sexual orientation if they would like to • Talking about appropriate resources to support these conversations and counselling options if required (for example, Shine SA).
Online safety and use of electronic media	<ul style="list-style-type: none"> • The legal and moral implications of taking pictures of themselves or other young people and sending them (often referred to as sexting) • Engaging with people online respectfully • Using social media and cyber bullying. 	<ul style="list-style-type: none"> • Refer to online resources such as eSafetykids and Legal Services Commission SA - Sexting • For children and young people in residential care refer to the ‘E-Safety’ and ‘Communication devices’ sections of the Create a safe and nurturing home in residential care of the DCP Residential Care chapter of the Manual of Practice for more information. • For Aboriginal and Torres Strait Islander children and young people https://www.esafety.gov.au/first-nations



Practice considerations for particular groups of children and young people

1.3 Aboriginal and Torres Strait Islander children and young people

When talking with Aboriginal and Torres Strait Islander children and young people, it is essential to consider the impacts of intergenerational trauma, past practices and colonisation have had on children and young people's feelings of safety and trust when engaging with practitioners. It is each practitioner's responsibility to work in ways that support Aboriginal and Torres Strait Islander children, young people and families to develop trust. In Aboriginal and Torres Strait Islander communities, there will be important protocols to be aware of regarding who is most appropriate to educate Aboriginal and Torres Strait Islander children and young people about puberty and sex related matters (for example, gender and role in community). Seeking advice from Principal Aboriginal Consultants, Aboriginal practitioners as well as culturally appropriate health services (for example, Nunkuwarrin Yunti) is essential. It is important to remember that these norms and protocols will be vary across families and communities.

1.4 Children and young people from culturally and linguistically diverse backgrounds

Parents, caregivers and communities from culturally and linguistically diverse (CALD) backgrounds may hold concerns about sexual education for children and young people. Such concerns may arise from strong cultural and/or religious beliefs that may dictate that sexual discussions are not for public discussion and that sex is reserved for married persons. Additionally, many parents from CALD backgrounds may believe that sexual education programs may direct the child or young person to engage in sexual activity or condone such behaviour, which may not reflect cultural norms. It is important for the Practitioner to work in partnership with caregivers to ensure children and young people from CALD backgrounds are provided with culturally and age appropriate sexual education. Seeking cultural advice from the DCP Multicultural Services team can assist in determining the most appropriate approach.

1.5 Children and young people with developmental delay and disability

Children and young people with developmental delays or disabilities will experience physical and sexual development, interest in sex and feelings of sexual arousal in the same way as other young people. However, their social, emotional and cognitive development may be delayed and this can potentially increase their vulnerability to harm. Assuming children and young people with developmental delays and disabilities cannot understand can lead to them not having access to important information and support that they need for their healthy development. The extent to which each topic outlined in Table 2 can be explored will vary depending on the nature of the child or young person's developmental delay or disability. For children and young people who have significant intellectual disabilities, it may only be possible to redirect sexual behaviour to a private, safe space through repetition and simple reminders. Seeking the advice of a professional with disability expertise and preferably a person that knows the child or young person is important to ensure that information provided is appropriate for the individual. Children and young people with a disability may be able to access NDIS funded supports relating to sexual and protective behaviours education. It is recommended that consultation occur with a regional disability consultant to explore these supports.



1.6 Children and young people with a known or suspected past history of sexual harm

For all children and young people, it is essential that discussions about protective behaviours and sexual health are undertaken with a child focus and with sensitivity. Additional consideration and planning is required when having these discussions with children and young people who have experienced sexual harm. It is important to be mindful that a child or young person may have experienced sexual harm even if such concerns are not identified or substantiated in their child protection history.

If the child or young person is receiving therapy, it is important to consult with their therapist to determine the most suitable approach. The child or young person may require therapeutic support to process the trauma associated with sexual harm before this education occurs.

Given the vulnerability of children and young people who have experienced sexual harm, these discussions should not be avoided. It is crucial to monitor and respond to the child or young person’s reactions and responses both during and after conversations. Flexibility and responsiveness to the child or young person’s needs is imperative to ensure that they do not experience trauma as a result of such education. There is no ‘right’ approach to talking about protective behaviours and sexual health with children and young people who have experienced sexual harm. Every approach should aim to minimise further trauma and decrease feelings of shame, fear or guilt.

The below factors require consideration before talking to children and young people who have experienced sexual harm:

Key messages	Factors for consideration
Love and relationships should feel safe and comfortable.	Children and young people will need to learn or re-learn basic concepts such as safety, trust and respect and will need support to do so in a way that does not increase feelings of shame and guilt. This may require professional therapeutic advice and support but children and young people may benefit most from being able to have these conversations with a carer or staff member with whom they have an established safe and trusting relationship.
Children and young people are never responsible for harm they have experienced.	Children and young people may have complicated feelings about what happened to them. They might feel responsible or guilty and they may require support to understand that what happened was not their fault. It can help to explain that children and young people are vulnerable because they are taught to believe what adults say and do what they are told. It may be useful to discuss that the perpetrator may love them (particularly if they were a family member) but that their behaviour was not safe or appropriate.
Acknowledge the child or young person may be experiencing a range of emotions (including	Children and young people who have experienced sexual harm are sometimes unable to recognise interactions as abusive. This understanding may emerge as they grow and mature and begin to understand more about sexual harm. They may have been led to believe



<p>confusion, anger, sadness and fear).</p>	<p>the sexual harm was a way of expressing love and affection. This can affect how they respond to messages about harm and risk as it might trigger painful and confusing feelings of shame, self-loathing and grief. Learning to manage emotions and strengthen positive behaviours, increasing wellbeing and safety.</p>
<p>It is okay to talk about experiences and ask for help.</p>	<p>Sexual harm is often associated with shame and secrecy and may lead to feelings of loneliness and isolation. The child or young person may feel that what has happened to them is so terrible and shameful that they cannot talk about it because others will be upset. It is important to support them to know they are not alone and that there are people who can help them with their experiences and feelings.</p>

1.7 Sexual and protective behaviours for young people

It is important that children and young people are provided with timely information to understand the changes that are happening to their body. In the absence of this information they can feel confused and frightened or use the internet to gather information which can lead to misinformation or exposure to inappropriate content (for example, pornography).

Older young people in care may present as knowledgeable and sexually experienced but they still require sexual and protective behaviours education. The information they have received in the past may not be accurate, healthy or safe. If children and young people have been exposed to sexually explicit material, poor boundaries and poor adult role models in the past, it is possible they have developed beliefs and ideas that are unhelpful or dangerous. When talking with young people about protective behaviours, it is important to be mindful that it may be necessary for them to ‘unlearn’ unhelpful information or behaviour.

It is important to introduce and reiterate the key messages of protective behaviours, which need to be approached in a different way than for younger children. Creating supportive, strong, trusting relationships with young people is an important first step to being able to have these conversations. When explaining about puberty or sexual health and sexual identity, it is essential that these discussions are undertaken with safety, respect and privacy.

Responding to children and young people during and after discussions

Discussions regarding sexual and protective behaviours education have the potential to trigger memories of past experiences which can be traumatic and distressing. It is also possible that these discussions could lead to a disclosure of abuse that was previously unknown.

During protective behaviours or sexual education discussions, careful attention should be paid to the body language and verbal responses of the child or young person. If they are giving indications that they are distressed or uncomfortable, this should be respectfully acknowledged (for example, “These things can be hard to talk about”) and they should be given the option to pause the discussion and/or postpone it.

It is also essential for practitioners and carers to pay attention to reactions after these discussions and ensure that appropriate supports are in place. It is important to consider a range of reactions that can occur and these may be internalised (for example, withdrawing) or externalised (for example, aggressive



outbursts). It is also important to ensure other adults around the child or young person are aware that they may require support. Consideration should be given to arranging therapeutic support if required.

Resources

The following resources can be used by practitioners and may also be suitable for carers.

Sexual abuse and protective behaviours – Aboriginal and Torres Strait Islander children and young people	Yarning quiet ways (health.wa.gov.au) Got a lot going on? Strong and healthy relationships - Headspace Childwise - Yarning Up About Child Sexual Abuse
Sexual health and education – Aboriginal and Torres Strait Islander children and young people	‘Yarning About’ resources Family Planning NSW (fpnsw.org.au)
eSafety – Aboriginal and Torres Strait Islander families	First Nations eSafety Commissioner
Protective behaviours	Keeping Kids Safe ALL Resources - The Daniel Morcombe Foundation Our Body Safety Rules (bodysafetyaustralia.com.au) Body safety Parent Booklet (bodysafetyaustralia.com.au) Bravehearts - resources for parents and carers NAPCAN - Tips for talking to children about personal safety Circle of friends and personal boundaries Raising Children Network
E-safety	Social media and safety What can parents do? Kids Helpline Online Grooming What Parents Need to Know Kids Helpline
Respectful relationships	Building respectful relationships Kids Helpline
Puberty	Puberty: helping children handle changes Raising Children Network
Sexual development	Teen sexuality & sexual development Raising Children Network Teens development Raising Children Network
Sexual health	A Guide to Safer Sex for Young People and All People - SHINE SA Sexually transmitted infections - Shine SA Teens sexual health - Raising children network



	Adelaide Sexual Health Centre - Services
Consent, sex and the law	Sex and Consent - Legal Services Commission SA Sex, consent and the law card - Legal Services Commission SA Porn and sexual photos and films fact sheet - Legal Services Commission SA Trusted moments - video - Education on consent and respect - Legal Services Commission SA Sexual health law - Shine SA
Children and young people with disability	Planet Puberty Autistic children preparing for puberty Raising Children Network Friendships and dating - Information about relationships for parents, carers and young people with a disability - Shine SA

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