Supporting children and young people who display harmful sexual behaviours Practice Paper

1. Introduction

This practice paper supports the Department for Child Protection (DCP) workers in the assessment and support of children and young people who display harmful sexual behaviour. This practice paper must be read in conjunction with the DCP Practice Principles and the Assessment Framework.

DCP workers may need to consider children and young people who display harmful sexual behaviour across different domains of child protection including notifications, family preservation, reunification and long-term work. This practice paper provides DCP workers with an understanding of harmful sexual behaviours and guidance for assessing and intervening with children and young people who display these behaviours.

It is important to acknowledge the disconnection of Aboriginal and/or Torres Strait Islander people from family, community, culture, Country and spirituality, and associated intergenerational trauma, related to past and ongoing practices of colonisation. Applying a cultural lens when working with Aboriginal and/or Torres Strait Islander people is therefore essential. Refer to the Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper and the DCP Practice Principles, Cultural safety pillar (pages 7-8) for further information.

This practice paper refers to children and young people living with their families as well as those in care settings. The term 'caregiver/s' in this context, refers to both parents and carers.

2. Terminology

Gender, sex and sexuality are complex and contested concepts that are shaped by social and cultural meanings. The terms below are explained to make their meaning clear in this paper:

- **Sexuality** encompasses thoughts, feelings, beliefs, attitudes, values, behaviours, and relationships, including – but not limited to - the sexual feelings and attractions we feel towards others.
- **Sexual identity** describes people's experience of their sexuality and their sense of self. The term 'sexual orientation' is sometimes used interchangeably with sexual identity, however, while a person's sexual identity may incorporate their 'sexual orientation', it is not reducible to this. Sexual identity is related to, but distinct from, gender identity and both are embedded in social and cultural contexts and beliefs.
- **Sexual expression** refers to the way people express their sexuality, including through their behaviours. Expectations of sexual behaviour and expression are strongly influenced by social and cultural norms.
- **Sexual development** begins at birth and continues through childhood and adolescence into adulthood. It includes both physical development (internal and external sex organs, changes in hormones and physiological responses to stimuli) and emotional development (attitudes, beliefs, and interest in sexual

activities, intimacy, and exploration) (Paton & Bromfield, 2024, p. 11). Child sexual development, like all human development, occurs within complex cultural, social, familial and psychological contexts.

3. Understanding the difference between developmentally appropriate and harmful sexual behaviours

3.1 What is 'normal', or developmentally appropriate, sexual behaviour for children and young people?

For many children and young people, engaging in sexual behaviours is a normal part of their development.

Developmentally appropriate sexual behaviour is typically:

- non-coercive
- mutual and consensual
- spontaneous
- play based
- expressive of curiosity and exploration
- between children and young people of similar age and ability levels
- easily redirected by adults
- occurs within a family and social context that is generally safe and supportive.

Assessing whether a child or young person's behaviour is harmful may not be straightforward or obvious. For example, Paton and Bromfield (2024, p. 7) position children's behaviours on a continuum from developmentally appropriate, to developmentally inappropriate, through to harmful sexual behaviours including those that might be considered concerning, very concerning, or serious/extreme. Important factors to consider include the child or young person's age or developmental stage, their experience of adverse events, care history, how well they understand their sex and sexuality, and their social, physical, language and cognitive abilities (Queensland Government, 2023).

Detailed information distinguishing developmentally appropriate from harmful sexual behaviours for different age ranges, including examples, are available at Practice Guide: Understanding Harmful Sexual Behaviours (pages 31-37) and Age Appropriate Sexual Behaviour in Children and Young People.-

3.2 What are harmful sexual behaviours?

Harmful sexual behaviours, as defined for the National Strategy to Prevent and Respond to Child Sexual Abuse (2021–2030), are:

> sexual behaviours displayed by children and young people that fall outside what may be considered developmentally, socially and culturally expected, may cause harm to themselves or others, and occur with face to face and/or via technology. When these behaviours involve another child or young person there may include a lack of consent, reciprocity, mutuality and involve the use of coercion, force or a misuse of power. (National Office for Child Safety, n.d.)

Behaviours that constitute harmful sexual behaviour vary depending on the age of the child or young person, the circumstances of the behaviour and contextual factors including culture, religion and environment

(Paton & Bromfield, 2024, p. 13). It should also be noted that developmentally appropriate sexual behaviours may become harmful if they increase in frequency and/or are resistant to caregiver intervention to guide more socially appropriate behaviour. For further information refer to the Australian Centre for Child Protection (ACCP) Practice Guide for Understanding Harmful Sexual Behaviours: A Layered Continuum.

Sexual behaviours that are considered harmful in children and young people are generally:

- outside of what is culturally accepted as age/developmentally appropriate
- may be compulsive, obsessive, coercive, aggressive or secretive
- may involve a substantial difference in age or developmental stage
- may, or may not, involve physical contact
- may be self-directed or directed towards others.

The following behaviours exhibited by a child or young person may be a cause of concern at any age and are likely to require professional assessment and intervention:

- insisting on hugging or kissing a child or young person when it is clear it is unwanted
- frequently using aggressive or sexual language about adults or other children and young people
- persistent excessive masturbation that is resistant to re-direction
- insertion/use of adult sex toys or improvised objects
- sharing sexual images, materials or pornography of themselves or someone else with other children or young people, especially those who are not of the same age or developmental stage, or with adults
- engaging in and/or initiating sexual discussions via technology (mobile phone or online) with children or young people, especially those who are not of the same age or developmental stage, or with adults
- engaging in sexual acts in exchange for gifts, alcohol or illicit substances
- viewing pornography of children
- making sexually abusive telephone calls
- exposing genitals to children or young people who are not of the same age or developmental stage
- providing alcohol and/or drugs to other children or young people with the aim of sexually exploiting them
- befriending a younger or more vulnerable child or young person with the aim of sexually exploiting them
- taking younger or more vulnerable children or young people to 'secret' places or hideaways, or playing 'special' games or games with sexual themes, especially games unusual for their age
- encouraging or coercing another child or young person to engage in sexual acts/activity, including younger or more vulnerable children and young people
- engaging in any sexual behaviour with another child or young person and requesting or threatening them not to disclose the sexual behaviour
- engaging in sexual activity with someone who is unable to give their consent (for example, due to intoxication or physical or intellectual disability).

4. Why might children and young people engage in harmful sexual behaviours?

A child or young person may engage in harmful sexual behaviours for a range of reasons, from exposure to pornography or other adult content, to experiences of sexual abuse. However, it is important to note that harmful sexual behaviours may not necessarily relate to sexual abuse. Evidence presented to the 2017 Royal Commission into Institutional Responses to Child Sexual Abuse highlighted the complexity of harmful sexual behaviours, including the wide spectrum of behaviours and the diversity of children's backgrounds,

circumstances and experiences of adversity (CCYP, 2023, p. 2). Adult responses to harmful sexual behaviours, either not recognising or failing to respond appropriately, were also identified as a significant part of the problem.

Harmful sexual behaviour, like other concerning behaviours, can be understood through the iceberg analogy. This recognises that what we see on the surface, the 'behaviour', is only a small part of the picture. Beneath the surface are deeper issues which may include unmet developmental needs, overwhelming emotions, experiences of trauma, and difficulties in relationships or coping. Recognising these underlying factors helps us to see the behaviour not just as a problem to be managed, but as a signal that the child or young person needs trauma-informed support and understanding. Refer to the Iceberg Model 'Understanding and responding to harmful sexual behaviour' for further information.



Image from Framework for Understanding and Guiding Responses to Harmful Sexual Behaviour in Young People

Children and young people who display harmful sexual behaviour may have experienced emotional harm and physical harm or neglect and/or related trauma in the context of sexual abuse or domestic and family violence. However, it is important that DCP workers consider/explore the possibility that children and young

people who display harmful sexual behaviour, particularly those in care, have experienced sexual abuse, either historically and/or currently.

While much of the literature on harmful sexual behaviours focuses on boys and young men, girls and young women also engage in these behaviours. Research cited by McNeish and Scott (2023) indicates the tendency for girls' harmful sexual behaviours, relative to boys', to be identified at a younger age, involve younger victims, and rarely involve physical force. Girls who engage in harmful sexual behaviours are also more likely to have experienced chronic and extensive maltreatment, including intra-familial sexual abuse and other forms of abuse, as well as frequent exposure to domestic and family violence (McNeish & Scott, 2023, p. 5).

A holistic and individualised approach is important for understanding the individual needs of a child or young person engaging in harmful sexual behaviours. Children and young people may not, themselves, understand why they are engaging in the behaviour. When children and young people have experienced sexual harm and/or other trauma, harmful sexual behaviour may become normalised as an expression of love, a way of seeking or maintaining connection, or just how people relate to each other. Thus, children and young people may need support to understand healthy relationships and appropriate ways to build and maintain trusting relationships.

Children and young people engaging in harmful sexual behaviour may also do so as a way of coping with uncomfortable feelings, for example, as a method for self-soothing. Children and young people may feel guilt, shame and anxiety about their behaviour and may need assistance to develop adaptive coping and emotional regulation skills.

Education about sexual development, sexual health, consent, boundaries and safety may be especially important for children and young people with developmental delays or neurodevelopmental differences (including intellectual disability) who may be at greater risk of developing harmful sexual behaviours.

5. Assessment of harmful sexual behaviour

When it has been identified that a child or young person has displayed harmful sexual behaviour, an assessment must occur to determine the most appropriate support and intervention. If it is unclear whether the behaviour constitutes developmentally appropriate or harmful sexual behaviour, consultation must be sought with a child or young person's therapist, a practice leader, a principal Aboriginal consultant and a DCP psychologist or Child Protection Service/Child Safety and Wellbeing Health Service.

Assessments should be undertaken in partnership with the care team and, in some cases, SAPOL (depending on the age of the child or young person and whether any criminal behaviour has occurred), with a focus on comprehensive information gathering and analysis.

Challenges in assessing harmful sexual behaviours can include:

- barriers to disclosure including reluctance to disclose, partial disclosures, or retraction
- children and young people and/or their caregivers being reluctant to share information due to fear of consequences, removal or placement termination
- varied beliefs and perceptions about sexuality and sexual behaviours
- high levels of distress and fear for the child or young person and/or their caregivers
- obstacles to information sharing between agencies

- differences of opinion, expertise and personal beliefs within the child or young person's care team.

5.1 Risk and safety considerations

Responses to harmful sexual behaviours involving multiple children or young people living in the same space must consider the risks, harms and safety needs for all children and young people present. The factors to be considered are likely to vary depending on whether the child or young person engaging in harmful sexual behaviours is living in a family or residential care setting.

5.1.1 Children and young people living with families

The risk of harm to other children and young people in the home must be considered when a child or young person who is engaging in harmful sexual behaviour lives in a family environment. While, the risk of harm may be mitigated in some circumstances, for example, depending on the parent/caregiver's understanding, capacity and willingness to manage these, decision-making should be informed by careful and balanced evaluation of the family environment as a whole. This must include identifying and taking into account the potential vulnerabilities, such as developmental age, disability and emotional functioning, of all children and young people present

Where safety cannot be ensured, placement outside of the home may be required. In this case, careful consideration must be given to the potential impacts of removing a child or young person who has experienced, or is at risk of experiencing, harmful sexual behaviour, including the perpetuation of trauma and disruption of relationships and support networks, including cultural support, providing a disincentive for future disclosures.

For further information about removing children and young people refer to the Exercise child protection officer powers (including removal) in the Intake, investigation and assessment chapter of the Manual of Practice.

5.1.2 Children and young people living in residential care

Specific guidance has been developed to support decision making in the case of peer-to-peer harmful sexual behaviours involving children and young people in care. The Assessment Protocol: Peer to peer harmful sexual behaviour involving children or young people in care assists decision making about whether children and young people who display or experience harmful sexual behaviour should continue to be placed together.

For further information regarding assessment of children and young people, refer to the DCP Assessment Framework.

6. Responding to harmful sexual behaviour

Children and young people who display harmful sexual behaviour will not necessarily continue to do so in the future. With help from supporting caregivers and/or therapeutic input, most children and young people can overcome harmful sexual behaviours.

6.1 Avoiding stigma

Children and young people engaging in harmful sexual behaviours may experience significant stigma including being "labelled as a sexual deviant, being marginalised, socially isolated or condemned" (Cox et al, 2018, p. 11). Using stigmatising language and labels (such as sex offender or perpetrator) is both unhelpful and misrepresents the nature of harmful sexual behaviour and its relationship to trauma and adversity. Children and young people can internalise such negative labels, impacting how they see themselves and leading to feelings of shame, self-disgust and isolation. The experience of stigma negatively impacts children and young people's identity, their psychological wellbeing and their potential to engage in healthy relationships (Cox et al, 2018, p. 11). It can also reinforce stereotypes that children grow into adults who continue to sexually offend.

Language such as 'offender' or 'perpetrator' should be avoided when working with children or young people who are using harmful sexual behaviours. Maintaining a strengths-based approach to work with children or young people engaging in harmful sexual behaviour is critical, communicating the great potential for change, healing and recovery.

6.2 Supporting children and young people who display harmful sexual behaviours

The following principles are important to consider in practice with children and young people displaying harmful sexual behaviour:

- safety must be established and clear boundaries and expectations must be agreed upon between the child or young person, caregivers, service providers and educators to ensure safe, consistent and effective ways of managing the behaviour are in place (refer to section 7. Creating safety, for further information)
- aim to educate the child or young person to behave and interact with others in appropriate and safe ways
- interventions to support children and young people who display harmful sexual behaviour must be tailored to the individual needs of the child or young person and their caregivers. Each child or young person who displays harmful sexual behaviours does so within the context of their current situation and against the background of their unique upbringing and life circumstances and experiences. Thus, interventions must consider age, development, gender, disability and cultural background and take into account the whole environment, including family, neighbourhood and community supports
- accurate and timely information sharing with all people who provide care for the child or young person is essential
- interventions must be trauma-responsive, recognising that many children and young people who display or experience harmful sexual behaviours have experienced trauma and have associated complex needs. Caregivers must be involved in planning and intervention and be supported to implement strategies
- care environments must provide healthy models for physical, emotional and sexual boundaries and support the development of impulse control, emotional regulation and problem-solving skills
- therapeutic interventions should support the child or young person displaying harmful sexual behaviours to acknowledge and understand their behaviour
- therapeutic services and interventions must be culturally safe to be effective

- Aboriginal and/or Torres Strait islander children and young people and their families require culturally responsive approaches, informed by consultation with a Principal Aboriginal Consultant
- all efforts must be made to stabilise the child or young person's care arrangement to increase the effectiveness of intervention.

6.3 The use of adult sex toys by children and young people

While there is limited research concerning the use of adult sex toys by children and young people, it is widely agreed that this should be understood within the broader context of harmful sexual behaviours. Exposure to pornography/sexual content and experiences of trauma (including sexual abuse) may be associated with concerning sexual behaviours for some children and young people. However, the presence of the behaviour does not, on its own, indicate past or current experiences of sexual abuse.

The DCP response to children and young people's use of adult sex toys should be trauma-responsive and non-shaming, with a strong focus on harm minimisation. If a young person has purchased an adult sex toy for themselves, a blanket approach to confiscation may not reduce risk on its own and can, in some circumstances, be counterproductive. Instead, decisions should consider:

- the child or young person's age and development
- the child or young person's capacity to use items safely, privately and hygienically
- any indications of coercion or sexual exploitation
- any risk of harm to self or others.

Risks associated with a child or young person's use of sex toys, if assessed as safe and appropriate, can be mitigated through clear guidance about privacy, consent and boundaries, safe use and hygiene, and safe storage. If the child or young person resides in residential care, a Red Flag Meeting must be called, with relevant stakeholders present, to discuss the presenting concerns and plan education and other supporting strategies.

Serious concerns regarding harmful sexual behaviours towards others or self, including unsafe masturbation using adult sex toys or improvised objects, must be escalated for multi-disciplinary and/or multiagency clinical consultation. This can occur via the Complex Case Referral Pathway which ensures that complex cases are triaged and supported appropriately.

Carers, residential care staff and/or case managers should **not,** under any circumstances, purchase adult sex toys for use by children or young people. Any concerns or issues should be referred for clinical consultation with DCP psychological services.

7. Creating safety

A support plan should be developed to create safety as soon as possible where harmful sexual behaviour has been displayed or experienced for a child or young person with an open case. This plan must be individually tailored and developed in collaboration with the child or young person (where possible), their caregivers, the child or young person's therapist and other care team members.

Creating safety for children and young people who have experienced harmful sexual behaviour by another child and young person requires listening to and acknowledging any disclosures. It is essential to protect the

disclosing child or young person from further harm while providing them with support and therapeutic intervention as required. Once known, harmful sexual behaviour must be reported (refer to section 10. Reporting incidents of harmful sexual behaviour, for further information).

It is essential that DCP workers play a role in the development, implementation and monitoring of support plans and ensure necessary supports are in place for caregivers to implement this effectively. Clear documentation of roles and responsibilities is essential. Support plans should be shared across environments in which the child spends time including kindergarten, school and respite care placements. It may be necessary to plan variations or considerations for different environments (for example, home, school or during family contact) depending on the circumstances.

Depending on the behaviour, children and young people who display harmful sexual behaviour may need:

- close supervision when in contact with other children and young people
- close supervision when using the internet or social media
- their own bedroom
- boundaries around dressing and bathing
- boundaries concerning the type of play they can engage in (particularly if certain play is a trigger)
- additional support at times when the behaviour is more likely to occur (for example, bedtime or when the child or young person is bored or anxious)
- redirection to other activities (such as deep breathing, drawing, exercising or physical play) and additional support when warning signs are present or harmful sexual behaviours occur.

These considerations are particularly critical if chronologically or developmentally less mature children or young people are also residing in the home or placement.

Support plans should be reviewed or ceased if the child or young person has received therapeutic intervention and has not displayed harmful sexual behaviours for a reasonable period. This should be achieved through a gradual step down in activity. The decision to alter or cease a plan should be made in consultation with the child or young person and their care team.

Refer to Respond to the complex needs of a child or young person section in the Supporting children and young people in care chapter of the Manual of Practice.

7.1 Supporting caregivers to create safety

It is important to acknowledge the efforts that caregivers have already made to respond to harmful sexual behaviours, recognising that they are doing their best in a difficult and unfamiliar situation.

Harmful sexual behaviours can be frightening and confronting for caregivers, and responding appropriately to these behaviours can be especially challenging. Caregivers may also experience distress, including painful feelings of anger, confusion, fear, anxiety, self-doubt, divided loyalties and shame, which may, in turn, impact on their confidence to manage the behaviours. For a child or young person, sensing this distress may increase their own shame and anxiety, leading to an intensification of their behaviours. This may be particularly so if the harmful sexual behaviour is between siblings or involves harm to a child in another family.

Caregivers' reactions can impact directly on children and young people's wellbeing including their self-esteem and sexual development. Thus, it is important that caregivers are both supported to remain non-judgemental, calm and non-punitive in their responses, and linked to appropriate supports including the DCP case worker, kinship care worker or non-government organisation (NGO) placement support worker and other care team members.

For further guidance regarding information to be provided to carers prior to placement, refer to the 'Prepare child profile information', in key step Make a placement request (if required) in the Place a child or young person in care chapter of the Manual of Practice.

Providing a safe, calm and predictable environment is essential when responding to displays or experiences of harmful sexual behaviour. Given the complexity of emotions that can arise, caregivers must be provided with support to ensure they can provide the best care environment for the child or young person. The involvement and participation of a child or young person's caregiver/s is also likely to contribute to the effectiveness of intervention. Thus, caregivers should be prompted to:

- be clear and consistent about what is appropriate behaviour and ensure this messaging is consistent across environments
- educate children and young people about sexual development and provide guidance about the appropriate time and place for sexual behaviour (such as in a safe and private place like their bedroom or bathroom)
- encourage healthy boundaries around nudity and privacy (for example, all household members being clothed when outside their bedroom or bathroom)
- regularly remind and encourage the child or young person to respect others' boundaries
- encourage and support children and young people to be in charge of determining their personal space and boundaries (for example, not requiring children to hug others if they do not want to)
- encourage healthy physical touch (such as sitting side-by-side to read or watch television, hugs, high fives, fist bumps and piggyback rides). Children and young people need healthy physical touch and affection to support their development, and caregiver should calmly and sensitively redirect any inappropriate behaviour
- limit exposure to media that has sexual themes (for example, films, videos, TV, music videos and other internet content)
- provide appropriate supervision of children and young people's contact with peers and adults online
- monitor photographs and discuss and discourage children and young people from engaging in sexual or age-inappropriate poses
- encourage age-appropriate clothing
- avoid sexual remarks, jokes, innuendo or comments
- encourage the child or young person to communicate with the caregiver when they feel the impulse to engage in harmful sexual behaviour and ensure they receive an empathic, supportive response
- identify if there are particular triggers for harmful sexual behaviour (such as time of the day, activities, emotional states or change in routine) and provide additional support and supervision to the child or young person at these times, including being proactive in engaging the child or young person in other activities at this time (for example, playing a game with the caregiver or riding their bike)
- share information with those people and places where the child or young person spends time (such as day care, school and out of hours school care) and ensure they are aware that the child or young person requires support and supervision to not engage in harmful sexual behaviours

- information should be shared about the most appropriate responses to the behaviour to ensure consistent messaging to the child or young person
- be curious and empathic when children and young people display harmful sexual behaviour and avoid shaming them
- notice and comment when children and young people have shown appropriate behaviour or ceased behaviour when asked to do so
- discuss protective behaviours with other children and young people in the home and encourage them to seek help if they are exposed to inappropriate or harmful behaviour or feel unsafe.

Relevant prompts, as listed above, should be documented in children and young people's support plans.

Consultation with the Therapeutic Carer Support Team, within DCP's Disability and Development Program, should also be considered.

For further guidance about strategies to manage harmful sexual behaviours refer to the Trauma informed guides using the Iceberg Model.

8. Placement of children and young people who display harmful sexual behaviour

Careful assessment and placement matching is required when children and young people who have a history of displaying harmful sexual behaviour are placed in care. It is essential to consider the combination of children and young people in a placement, including potential vulnerabilities relating to developmental age, disability and emotional functioning.

Where children and young people continue to display harmful sexual behaviours despite comprehensive planning/action, consideration should be given to placing the child or young person separately from other children and young people until safety can be assured. However, this should be approached with caution given the potential long-term negative impacts for children and young people's social and emotional development. Thus, placing children and young people in single placements should be considered only in certain circumstances, for example, if immediate safety cannot be managed and there are highly vulnerable children in the home. This recognises the importance of stability, relationships and connection in the lives of children and young people.

When identifying new placements for children and young people in care who display harmful sexual behaviour, it is essential that accurate information about the child or young person's behaviour and needs is shared with carers prior to placement (or as soon as it is known). This is important to ensure that carers are fully aware of, comfortable and confident to support the child or young person. The provision of accurate information also gives carers the opportunity to plan to ensure the safety of other children and young people. However, information about a child or young person's harmful sexual behaviours should be balanced with other, more positive, information to avoid stigmatising and promote empathic understanding before the placement has commenced.

Ensuring information has been shared between the DCP case worker, Placement Services Unit and prospective care agencies and carers is essential. For further guidance, refer to the Assessment Protocol Peer to peer harmful sexual behaviour involving children and young people in care.

9. Practice considerations for particular groups of children and young people

9.1 Siblings or children and young people in close relationships

Children and young people who have experienced harmful sexual behaviour by a sibling, other family member or a child or young person with whom they have a close relationship, can experience divided loyalties, fear of not being believed, fear of retaliation and distress about 'breaking up' the family. They might feel a confusing mix of both guilt and relief upon disclosure. Caregivers may also experience a sense of divided loyalty, potentially leading them to either minimise the harmful sexual behaviour or reject the child or young person who is displaying this behaviour.

Establishing safety and minimising the risk of future harmful sexual behaviours is a key priority. When siblings are involved, it is critical to encourage caregivers to provide emotional support to all of the children or young people present, both those engaging in and/or experiencing harmful sexual behaviours. Placement decisions involving siblings must consider the individual safety and placement needs of each child or young person involved.

9.2 Children and young people in residential care

Carers in residential care routinely manage the complex behaviours of children and young people. This can be made more difficult by the presence of multiple carers, each with their own values and experiences that shape their understanding of and responses to harmful sexual behaviour. It is critical that residential care workers have access to accurate information about a child or young person's harmful sexual behaviours so they can plan how to positively engage the child or young person whilst providing appropriate boundaries, monitoring and supervision.

The carers who provide day-to-day care for children and young people hold valuable information to inform the therapeutic approach. Enabling the child or young person's therapist and/or other specialist therapeutic professionals to work closely with the team of carers, including in case reviews and decision-making, is important, ensuring consistency of approach in responding to behaviours. In some circumstances a change of placement may be required, and careful transition planning should be undertaken. All decisions for children and young people in residential care must be determined in partnership with the DCP case worker, residential care workers, other DCP staff involved in placement management and other relevant members of the child or young person's care team.

Wellbeing Plans are used in residential care to support children and young people's safety, identify underlying causes of behaviours and plan appropriate responses and strategies. For further guidance, refer to the Wellbeing Plan section in the Support children and young people in residential care key step in the DCP Residential Care chapter of the Manual of Practice.

The Power to kids (P2K) program is a therapeutic program designed to strengthen prevention and responses to sexual exploitation, harmful sexual behaviours and dating violence for children and young people who reside in DCP Residential Care. The program supports both children and young people and DCP Residential care workers to build their capacity to prevent, identify and intervene when a child or young person's sexual

safety is at risk. P2K program implements sexual health and safety plans for all children and young people and a specific Safety plan for children and young people who display harmful sexual behaviours.

The Specialist Services Team, through DCP's Disability and Development Program, offers support and consultation for residential care teams to understand and respond to the complex support needs of children and young people in their care.

9.3 Aboriginal and/or Torres Strait Islander children and young people

It is important to understand the impact of intergenerational trauma, the continuing removal of Aboriginal and/or Torres Strait Islander children and young people, and the legacy of the Stolen Generations on feelings of trust and safety for Aboriginal and/or Torres Strait Islander families and communities engaging with DCP. Recognising the significance of culture for strong and positive identity is also critical, underpinning the need to ensure that Aboriginal and/or Torres Strait Islander children and young people have an ongoing connection to culture, family, kin, community and Country. The complexity of kin relationships and their deep embeddedness within wider family and community networks highlights the cultural, spiritual, and relational bonds that go beyond Western understandings of family. Therefore, effective engagement and intervention with Aboriginal and/or Torres Strait Islander children and young people requires a holistic approach that considers the full context of their lives.

There is little contemporary research into the effectiveness of therapeutic interventions for harmful sexual behaviours for Aboriginal and/or Torres Strait Islander children and young people (Cox et al., 2018). However, the healing and protective value of culture must be acknowledged in assessment and intervention, recognising the strengths of Aboriginal and/or Torres Strait Islander approaches to parenting and the importance of Aboriginal and/or Torres Strait Islander family led decision making, as emphasised in the Aboriginal and Torres Strait Islander Child Placement Principle. It is also important to consider the particular familial and cultural complexities that may be associated with kinship care placements for Aboriginal and/or Torres Strait Islander children and young people. In this context, concerns about confidentiality, information sharing and the privacy of children and young people in care will need to be carefully balanced with safety and wellbeing.

Attention to Aboriginal and/or Torres Strait Islander cultural safety is fundamental for effective engagement. Early intervention and consultation with a Principal Aboriginal Consultant is especially critical and must occur, ensuring targeted and culturally safe supports that acknowledge the impacts of intergenerational trauma, preserve connections and promote the social and emotional wellbeing of Aboriginal and/or Torres Strait Islander children, young people and families. Additionally, DCP case workers must refer to and apply the precursor and five elements of the Aboriginal and Torres Strait Islander Child Placement Principle in their work with Aboriginal and/or Torres Strait Islander children and families.

For further guidance refer to the Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper.

9.4 Children, young people and their families from CALD backgrounds

Culture plays a significant role in shaping how sexual behaviour, particularly harmful sexual behaviours, are understood, judged, and addressed. Partnering with the family to understand the meaning that the family

and community attach to the behaviours, and how these beliefs may impact their response is essential. Gender differences can be marked in many cultures and notions of victim and/or offender can result in shame and rejection from the community. These issues may affect families' capacity to acknowledge harmful sexual behaviours and may lead to denial or minimisation.

Children, young people and their families from Culturally and Linguistically Diverse (CALD) backgrounds may have been exposed to significant trauma through seeking asylum from war and oppression including exposure to violence and sexual violence. In addition, adjusting to a new culture and different cultural norms can place significant stress upon families. Cultural consultation and co-working with cultural experts, both within the child or young person's specific community as well as DCP Multicultural Services, is important for culturally responsive and effective assessment and intervention. For more information regarding working with children, young people and their families from CALD backgrounds, refer to the Working with Cultural Diversity Practice Paper.

9.5 Children and young people with disabilities

Children and young people with disabilities are more vulnerable to experiencing sexual harm. Developmental delays, intellectual disabilities and communication difficulties significantly affect the capacity of children and young people to disclose harm and seek help, thus heightening their isolation and vulnerability. Such children and young people are particularly vulnerable in residential care settings.

Children and young people with learning, cognitive and intellectual disabilities may also be at greater risk of developing harmful sexual behaviours. This may relate to a range of factors including limitations in their ability to form and/or navigate healthy sexuality and relationships (Martinello, 2015), having less understanding of appropriate and inappropriate behaviours etc. Importantly, research shows that children and young people with intellectual disabilities are not more likely to display harmful sexual behaviours; however, when such behaviours do occur, they are often more noticeable (Quadara et al, 2020, p. 36).

Seeking expert advice and co-working with practitioners experienced in working with children and young people with disability is essential to effective assessment and intervention. For further guidance about working with children and young people with disabilities, refer to the Working with children and young people with disability Practice Paper.

10. Reporting incidents of harmful sexual behaviour

DCP case workers must have regard to their Reporting a suspicion a child or young person is at risk Procedure. This procedure sets out the process for reporting a suspicion, on reasonable grounds, that a child or young person has caused harm or is at risk of harm.

DCP case workers must also be aware of their obligation to report significant incidents in relation to children and young people in care, including incidents related to harmful sexual behaviours. For guidance about significant incident reporting including types of significant reportable incidents refer to the Significant incident reporting Procedure.

If the child or young person is in DCP Residential Care and is displaying or experiencing harmful sexual behaviour leading to an incident, DCP residential care staff must refer to the Residential Care Incident Management Procedure for further information.

11. Case recording and information sharing

Failing to record and share information with relevant others (such as caregivers, teachers and educators, families and therapists), can place children and young people at risk of causing or experiencing harm. Recording and sharing accurate information is imperative to effectively manage and respond to harmful sexual behaviour. This includes clearly documenting in C3MS the nature of information shared, when and with whom.

In recording details of harmful sexual behaviour, it is important to use language that is specific, factual and descriptive. General, non-specific, terms such as 'sexualised behaviour' should be avoided. For further guidance, refer to the Information gathering and sharing chapter in the Manual of Practice.

12. References

Australian Institute of Family Studies. (2017). *Problem sexual behaviours and sexually abusive behaviours in Australian children and young people*. Child Family Community Australia, Paper 46. https://aifs.gov.au/sites/default/files/publication-documents/46_problem_sexual_behaviours_0.pdf

CCYP. (2023). Commissioner's Policy Position The need for a system response to harmful sexual behaviours in children. Commissioner for Children & Young People. https://www.ccyp.com.au/wp-content/uploads/2023/12/Policy-Position-Harmful-Sexual-Behaviours.pdf

Cox, S., Ey, L., Parkinson, S., & Bromfield, L. (2018). *Evidence Check: Service models for children under 10 with problematic sexual behaviours*. The Sax Institute for the NSW Ministry of Health. https://www.saxinstitute.org.au/wp-content/uploads/PSB-in-children-under-10_FINAL-1.pdf

Martinello, E. (2015). Reviewing risks factors of individuals with intellectual disabilities as perpetrators of sexually abusive behaviors. *Sexuality and Disability, 33*(2), 269–278. https://doi.org/10.1007/s11195-014-9365-5

McNeish, D., & Scott, S. (2023). *Key messages from research on children and young people who display harmful sexual behaviour,* 2nd ed. Centre of Expertise on Child Sexual Abuse (UK). https://www.csacentre.org.uk/app/uploads/2023/02/Key-messages-from-research-Harmful-sexual-behaviour-2nd-edition-ENGLISH.pdf

National Office for Child Safety. (n.d.) Glossary of terms. https://www.childsafety.gov.au/about-child-sexual-abuse/glossary-terms

Paton, A., & Bromfield, L. (2024). *Understanding harmful sexual behaviours: A layered continuum*. University of South Australia, Australian Centre for Child Protection. https://www.esafekids.com.au/_files/ugd/4df05e_11e11c04eac040f2a28fe005ca462702.pdf

Quadara, A., O'Brien, W., Ball, O., Douglas, W., & Vu, L. (2020). *Good practice in delivering and evaluating interventions for young people with harmful sexual behaviours*. ANROWS Research report. https://anrows-2019.s3.ap-southeast-2.amazonaws.com/wp-content/uploads/2020/06/30105821/PI.17.07-Quadara-RR-YPHSB-FINAL.pdf

Queensland Government. (2023). *Developmental and harmful sexual behaviour continuum at a glance.* Queensland Health and Office of the Chief Practitioner (Department of Child Safety, Seniors & Disability Services). https://www.health.qld.gov.au/__data/assets/pdf_file/0032/1286168/Developmental-and-Harmful-Sexual-Behaviour-Continuum-at-a-Glance.pdf

Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report: Children with harmful sexual behaviours*. Volume 10.
https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_10_children_with_harmful_sexual_behaviours.pdf

Document control

Reference No./ File No.			
Document Owner		**Lead Writer (position)**	
Directorate/Unit: Office of Professional Practice		Practice Leader, Office of Professional Practice	
Accountable Director: Chief Practitioner			
Commencement date	16 November 2026	**Review date**	3 July 2029
Risk rating Risk Assessment Matrix	**Consequence Rating**	**Likelihood**	**Risk Rating**
	Minor	Unlikely	Low

REVISION RECORD		
Approval Date	**Version**	**Revision description**
13/11/2019	V1.0	Final
15/05/2020	V2.0	Addition of Appendix 1 which was inadvertently omitted in first version.
19/02/2021	V2.1	Minor changes to add and update hyperlinks
29/12/2021	V2.2	Addition of link to the Peer to Peer Harmful Sexual Behaviour involving children in Care Assessment Protocol
03/06/2022	V3.0	Reviewed in line with policy review cycle. Change in title from Supporting children and young people who display problem sexual behaviours Practice Paper.
2 August 2024	V3.1	Updated link to Wellbeing Plan section in the DCP Residential Care chapter of the Manual of Practice.
3 July 2026	V4.0	Reviewed as per policy review cycle and updated to reflect contemporary best practice considerations and new training content