



Supporting children and young people who display harmful sexual behaviours

Practice Paper

1. Introduction

This practice paper supports DCP workers in the assessment and support of children and young people who display harmful sexual behaviour.

DCP case workers may need to consider children and young people who display harmful sexual behaviour in a number of different contexts including notifications, family preservation, reunification work and long-term work. This paper will provide DCP case workers, and other DCP staff working directly with children and young people, with an understanding of harmful sexual behaviour and guidance regarding assessing and intervening with children and young people who display such behaviour.

This practice paper must be read in conjunction with the [DCP Practice Principles](#) and the [DCP Assessment Framework](#).

Please note that as the paper refers to both children and young people living with their families and those in care, the term caregivers will be used to refer to both parents and carers.

2. Understanding the difference between developmentally appropriate sexual behaviour and harmful sexual behaviours

It is essential to understand the difference between developmentally appropriate sexual behaviour and harmful sexual behaviour to prevent the inappropriate labelling of typical sexual development as problematic.

Children and young people involved in healthy sexual exploration where they are of similar age, size and development, and participate on a voluntary basis is developmentally appropriate. The interactions are generally light-hearted and the behaviour occurs spontaneously. When children engaging in developmentally appropriate sexual behaviour are asked to stop the behaviour, they tend to comply. Healthy exploration can occur at different developmental stages, can change in nature and may increase and decrease at different times.

The Royal Commission into Institutional Responses to Child Sexual Abuse notes that there is no universally accepted terminology either nationally or internationally in this area¹. 'Problem sexual behaviour' is a term used in a number of Australian jurisdictions to describe behaviours considered to be

¹ [Royal Commission Into Institutional Responses to Child Sexual Abuse – Children with harmful sexual behaviours – Final report 2017](#) p.30



outside of typical sexual development. However, the term ‘harmful sexual behaviour’ has emerged as the preference in the literature and will be adopted in this paper.

Harmful sexual behaviours includes behaviours that involve only the child or young person, or may involve others. Harmful sexual behaviours are generally coercive, obsessive, aggressive, degrading, violent or cause harm and include a difference in age and development between children and young people engaging in these behaviours together. It should also be noted that developmentally appropriate sexual behaviours may become problematic if they increase in frequency and/or are resistant to caregiver intervention to guide more socially appropriate behaviour².

Behaviours that constitute harmful sexual behaviour vary depending on the age of the child or young person and the circumstances of the behaviour. Refer to [Age appropriate sexual behaviour in children and young people](#) for more detailed information.

The following behaviours exhibited by a child or young person may be a cause of concern at any age and consideration must be given to the need for further 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
- showing sexual materials including pornography to children or young people who are not their age or developmental peers
- sharing sexual images or pornography of themselves or of someone else with other children or young people, especially those who are not their age or developmental peers, or with adults
- engaging in and/or initiating sexual discussions via technology (mobile phone or online) with children or young people who are not their age or developmental peers, or with adults
- viewing pornography of children
- making sexually abusive telephone calls
- exposing genitals to children or young people who are not their age or developmental peers
- providing alcohol 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

² National Center on the Sexual Behavior of Youth. Ncsby.org



- engaging in sexual activity with someone who is unable to give consent (for example, due to intoxication or physical or intellectual disability).

3. Why harmful sexual behaviour occurs

There are multiple reasons why a child or young person may engage in harmful sexual behaviour. A holistic and individualised approach to understanding each child or young person's context and needs is required. Like other concerning behaviours, harmful sexual behaviour may be a symptom of other difficulties and challenges facing the child or young person, or may reflect their unmet needs.

The possibility that children and young people who display harmful sexual behaviour may have experienced sexual abuse either historically and/or currently must be considered. It is particularly important to be aware of this possibility for children and young people in care. Some children and young people who display harmful sexual behaviour may have experienced trauma other than sexual abuse, including domestic and family violence, emotional abuse, neglect and cumulative harm, or physical abuse.

Children and young people may not understand why they are engaging in this behaviour. When children and young people have experienced sexual abuse and/or other trauma, harmful sexual behaviour may have become 'normalised' for them. They may view it as an expression of love, a way of seeking or maintaining connection with others, or it may simply reflect the child or young person's view that it is part of how people relate to each other. These children and young people need support to understand healthy relationships and appropriate ways to build and maintain trusting relationships.

Children and young people who engage in harmful sexual behaviour may also do so as a maladaptive way of coping with their feelings. These behaviours can be a method of self-soothing but can also lead to feelings of guilt, shame and anxiety. These children and young people need assistance to develop adaptive coping and emotional regulation skills.

Many children and young people, including those with intellectual disabilities, may require education regarding sexual development, sexual health, consent and safety. Children and young people who have intellectual disabilities may be at greater risk of developing harmful sexual behaviours due to difficulties with impulse control, poor sexual education, limited understanding of social norms³, poor boundaries or responses from caregivers that confuse them.⁴

At times, caregivers will struggle to respond appropriately to harmful sexual behaviour and may become very distressed, which may exacerbate the problem. This is particularly the case where there has been harmful sexual behaviour that has occurred between siblings or where a child from another family has been harmed as this can cause conflict in families. Caregivers can struggle with painful feelings of anger, confusion, fear, anxiety, self-doubt, divided loyalties and shame. Caregivers' distress may impact on their

³ [Royal Commission Into Institutional Responses to Child Sexual Abuse – Children with harmful sexual behaviours – Final report 2017](#) p. 67

⁴ [Children with problem sexual behaviours and their families - Best interests case practice model - Specialist practice resource DHHS Victoria 2012](#) p. 18.



confidence to manage the behaviours or situations. The child or young person may sense this distress, which can increase their own anxiety, and can in turn exacerbate the behaviour.

4. Assessment of harmful sexual behaviour

Where it has been identified that a child or young person is exhibiting harmful sexual behaviour, an assessment must occur to determine the most appropriate support and intervention for the child or young person. If it is unclear whether the behaviour constitutes developmentally appropriate behaviour or harmful sexual behaviour, consultation should be sought with a child or young person's therapist, a practice leader, a DCP psychologist or Child Protection Services. Any assessment must involve obtaining comprehensive information and working 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).

When harmful sexual behaviours involve multiple children or young people in the home or placement, assessment of how the behaviour may harm or present a risk to all children and young people must occur. Where risk of harm to other children and young people is possible, consideration must be given as to whether there are safety factors that can mitigate this risk.

It should be noted that assessment of harmful sexual behaviour could have challenges including:

- disclosures of harmful sexual behaviour may continue to emerge during assessment (children and young people may be reluctant to disclose or may disclose gradually)
- reluctance to share information by children and young people and/or their caregivers due to fear of consequences, removal or placement termination
- cultural beliefs and perceptions
- high levels of distress and fear for the child or young person and/or their caregivers
- quality of information recorded and information sharing between agencies
- differences of opinion, expertise and personal beliefs within the child or young person's care team.

4.1 Assessing harmful sexual behaviour of children and young people living with their families

When a child or young person displays harmful sexual behaviour and lives with their family, the risk of harm to other children and young people in the home must be assessed. Safety factors that may reduce the risk of harm when harmful sexual behaviour is present in the home include⁵:



<p>The child or young person who displays harmful sexual behaviour is:</p>	<ul style="list-style-type: none"> • not currently at risk of abuse (physical, emotional, sexual) and neglect • able to understand why a plan to create safety and address the behaviour is required and follow the plan with support • receiving appropriate therapeutic treatment or willing and able to engage • not currently demonstrating behaviour that makes any children or young person in the home who have been subjected to the harmful sexual behaviour or their caregivers fearful or intimidated.
<p>The caregivers are:</p>	<ul style="list-style-type: none"> • not denying or minimising the harmful sexual behaviour • able to identify triggers or warning signs and can effectively intervene • acknowledging the likely impact on those affected by the harmful sexual behaviour • not currently behaving in ways that are harmful or neglectful • able to provide an environment that does not expose the child or young person to known triggers for the harmful sexual behaviour • able to put limits in place to manage non-sexual behaviour where necessary • demonstrating that they are willing and able to implement a plan to create safety and can effectively supervise the child or young person • willing and able to engage actively with a therapeutic intervention and support the child or young person to attend • able to respond to the needs of any children or young people in the home who may have been the subject of the harmful sexual behaviour • able to support and maintain a connection to the child or young person with harmful sexual behaviour • are willing and able to escalate concerns or to seek support when necessary.
<p>Any children or young people impacted by the harmful sexual behaviour are:</p>	<ul style="list-style-type: none"> • not currently at risk of abuse • not fearful of the child or young person who displayed the harmful sexual behaviour • believed and supported by their caregivers • able to understand what behaviours are inappropriate • able to understand the plan to create safety and address the harmful sexual behaviour and why this has been put in place • able to identify their emotions and signs that they are not safe • showing signs that they trust their caregiver and can tell them if they are feeling worried or unsafe.

*This is not intended as a checklist but as a guide for factors to consider when undertaking a risk assessment.

Where safety cannot be ensured, placement outside of the home may be required. Careful consideration needs to be given as to which child or young person is placed outside of the home. Removing the child or young person subjected to the harmful sexual behaviour may perpetuate trauma, diminish their support network at a time when they most need it, and potentially affect their willingness to disclose any future experiences.



4.2 Assessing harmful sexual behaviour of children and young people in placements

Specific guidance has been developed to support decision making for children and young people where there have been incidents 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](#) will assist decision making about whether children and young people involved in any incidents or harmful sexual behaviour should continue to be placed together.

For further information regarding assessment of children and young people, please refer to the [DCP Assessment Framework](#).

5. Supporting children and young people who display harmful sexual behaviour

Children and young people who display harmful sexual behaviour, whether because of sexual abuse or other factors, will not necessarily continue to experience difficulties with harmful sexual behaviour into later adolescence or adulthood. With help from supporting caregivers and/or therapeutic input, most children and young people can overcome harmful sexual behaviours. Labelling children and young people who display harmful sexual behaviours as ‘molesters’, ‘perpetrators’, ‘prostitutes’ or ‘sex offenders’ stigmatises children and young people and can lead caregivers, families and professionals to lose hope that change is possible. Negative labels often follow children and young people, and may continue long after the behaviour has stopped. Keeping a focus on the positive aspects of the child or young person’s life is important to creating a hopeful outlook for the child or young person, their caregivers and others supporting them.

The following principles reflect best practice when supporting children and young people with 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 there are safe, consistent and effective ways of managing the behaviour (please see [section 6 Creating safety](#)).
- The aim should be to educate the child or young person in appropriate and safe ways to behave and interact with others.
- 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 exhibits 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, which may have contributed to the development of the behaviours in question. Interventions must consider age, development, gender, disability and cultural background and take into account the whole environment, and include family, neighbourhood and community supports.
- Accurate and timely information sharing with all people who provide care for the child or young person is essential.



- Non-punitive responses are most effective⁶.
- Interventions must be trauma-responsive, recognising that many children and young people with 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 assist the child or young person with the harmful sexual behaviours to acknowledge and take responsibility for their behaviour in a supportive manner.
- Therapeutic services and interventions must be culturally safe to be effective. Aboriginal children and young people and their families require culturally responsive approaches.
- Early intervention⁷ from a contextual and systemic approach including multi-agency collaboration (including DCP, SA Health, SAPOL and Youth Justice) is critical in more serious matters.
- All efforts must be made to stabilise the child or young person's care arrangement to increase the effectiveness of intervention.

(Best practice principles adapted from the [Child Abuse Royal Commission Final Report - Children with Harmful Sexual Behaviours 2017](#) and Cavanagh Johnson, T (2011) *Helping Children with Sexual Behaviour Problems. A Guidebook for Professionals and Caregivers*, San Diego, United States).

6. Creating safety

A plan should be developed to create safety as soon as possible where harmful sexual behaviour is identified 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.

An important part of creating safety is to listen to and acknowledge any disclosures from children and young people who have been engaged in harmful sexual behaviour by another child and young person. It is essential to protect the disclosing child or young person from further harm and provide them with support and therapeutic intervention as required. Once known, harmful sexual behaviour must be reported (for further information please see [section 9 Reporting incidence of harmful sexual behaviour](#)).

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

⁶ ibid

⁷ [Problem sexual behaviours and sexually abusive behaviours in Australian children and young people](#), Child Family Community Australia paper 46 – December 2017.



Depending upon the behaviour, children and young people with 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 (this is particularly important if there are chronologically or developmentally younger children or young people in the home or placement)
- boundaries around dressing and bathing
- boundaries around 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 (such as bedtime or when the child or young person is bored or anxious for example)
- 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.

Regular monitoring and review of the plan to create safety should occur. The plan may not need to be in place on an ongoing basis and might be reviewed or ceased if the child or young person has received therapeutic intervention and has not shown harmful sexual behaviours for a reasonable period. There should be a gradual step down of any plans and the decision to alter or cease a plan needs to be made in consultation with the child or young person's care team.

For complex cases, it may be appropriate to consult with DCP Psychological Services to determine strategies that can be included in a plan to ensure safety for the child or young person and/or other children and young people at risk from the harmful sexual behaviours.

6.1 Supporting caregivers to create safety

It is important to acknowledge the efforts that caregivers have already used to respond to harmful sexual behaviours. Caregivers responding to harmful sexual behaviours are often doing the best they can in a difficult and emotive situation, in which they may have limited experience.

When new placements are being identified 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. It is important to ensure that carers are fully aware of and are 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. It is inappropriate and dangerous to not fully disclose this information to carers. Information should, however, be balanced with the other positive information about the child or young person so as not to create a negative perception of the child or young person before the placement has commenced. It is important to advise carers that support is available to them including through the DCP case worker, kinship care worker or NGO placement support worker and other care team members. For further information regarding information to be provided to carers prior to placement, please see Prepare child profile, 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.

DCP case workers and kinship care workers should provide education for carers that outlines the difference between developmentally appropriate and harmful sexual behaviours and should encourage carers to remain emotionally attuned to the child or young person and to work with the child or young



person to identify what they are feeling when engaging in this behaviour. DCP case worker and kinship care workers should advise carers to respond to any behaviours in a calm manner wherever possible, to repair the relationship if the carer has responded in a reactive or punitive manner and to avoid using terms such as 'bad' and 'naughty' to describe the behaviour.

Providing a safe, calm and predictable environment is essential for addressing harmful sexual behaviours. 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. Intervention undertaken without the participation of the child or young person's caregivers is unlikely to be successful. It is important to support caregivers to remain non-judgemental, calm and non-punitive in their response. Harmful sexual behaviours can be frightening and challenging for caregivers and can trigger their own trauma. Caregivers require support to manage the difficult emotions that arise. Caregivers' reactions have a direct impact on the child or young person's sexual development and self-esteem.

Prompt caregivers 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 on 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 piggy back 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 tell 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 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

Document the relevant prompts listed above in plans to create safety in relation to children and young people's harmful sexual behaviours.

For more information on strategies to manage harmful sexual behaviours see [Iceberg Model](#) fact sheets.

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

DCP makes every effort to place children and young people in placements tailored to their needs that ensure their safety and the safety of other children and young people. Careful assessment and placement matching is required when children and young people who have a history of harmful sexual behaviour are placed in care. It is essential to consider the combination of children and young people in a placement, including their potential vulnerabilities (such as developmental age, disability and emotional functioning). Where children and young people's harmful sexual behaviours are uncontrolled and/or have occurred despite a comprehensive plan being implemented, consideration must be given to placing the child or young person separately from other children and young people until intervention can assist them to develop the skills they need to behave safely. However, it may not always be possible or appropriate to place children and young people into single placements. Isolating children and young people from others may affect their social and emotional development and have a long-term negative impact on them. Ensuring information has been shared between the DCP case worker, Placement Services Unit and prospective care agencies and carers is essential. For further information please see, [Assessment Protocol Peer to peer harmful sexual behaviour involving children and young people in care.](#)

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

8.1 Siblings or related (or psychologically close) children and young people

Children and young people who have been exposed to harmful sexual behaviour by a sibling, other family member or a child or young person with whom they have a close relationship can experience confused loyalties, fear of not being believed, both guilt and relief upon disclosure, fear of retaliation and distress about 'breaking up' the family. Divided loyalties can lead caregivers to either minimise the harmful behaviour or reject the child or young person with the harmful sexual behaviour. It is essential to establish safety and to minimise the risk of future harmful sexual behaviours. Where siblings are



involved, it is critical to encourage caregivers to provide emotional support for the child or young person who has been subjected to the behaviour but also support the child or young person with harmful sexual behaviour. When siblings are placed in care, an assessment must be undertaken to ensure safety and consideration should be given to the placement needs of each of the children or young people involved.

8.2 Children and young people in residential care

Carers in residential care are required to provide ongoing management of complex behaviours. Children and young people in residential care will have multiple carers who may have different values and experiences relating to harmful sexual behaviour that impact on their understanding of the behaviour and their beliefs around the importance of supervision and other responses to behaviour. It is critical that carers are provided with adequate information about the child or young person's harmful sexual behaviours so that they can plan how to positively engage the child or young person whilst providing appropriate boundaries, monitoring and supervision.

The information held by carers who provide day-to-day care for the child or young person is pivotal to inform the therapeutic approach. It is useful for the therapist to work closely with the team of carers to provide advice, resources and support in responding to behaviours. Any review of the approach to responding to behaviour must be undertaken in conjunction with the child or young person's care team, particularly the child or young person's therapist. 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.

For children and young people in residential care, Wellbeing plans are used to support safety, identify underlying causes of behaviours and identify appropriate responses and strategies to support and assist children and young people, including those who display harmful sexual behaviours. For more information regarding the Wellbeing plan 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.

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.

8.3 Aboriginal children, young people and families

It is noted that there is little contemporary research into the effectiveness of therapeutic interventions for harmful sexual behaviours for Aboriginal children and young people.⁸ When working with Aboriginal children and young people, and their families and communities, it is acknowledged that the concept of family is broad and effective engagement and intervention must consider the entire context within which the child or young person lives. The healing and protective value of culture must be acknowledged

⁸ [Service models for children under 10 with problem sexual behaviours](#), New South Wales Ministry of Health, December 2018.



in assessment and intervention. Cultural safety is a necessary component of therapeutic interventions, as it enables effective engagement and supports therapeutic outcomes.⁹ It is important to understand the impact that intergenerational trauma and the Stolen Generations has had on feelings of safety and trust when engaging with families and communities about harmful sexual behaviour. The impact of intergenerational trauma may require additional and/or different forms of support.¹⁰ It is also important to bear in mind that in kinship care placements for Aboriginal children and young people, information sharing with carers may create additional familial and cultural complexities. Concerns about confidentiality and the privacy of children and young people in care must be carefully balanced with the need to ensure the safety and wellbeing of others.¹¹

When working with Aboriginal children and young people DCP case worker must apply the precursor and five element of the Aboriginal Child Placement Principle (ACPP). Consultation with Principal Aboriginal Consultants and other Aboriginal staff is essential to increasing the cultural safety of assessments and interventions. For further information regarding the ACPP, please see the [Aboriginal and Torres Strait Islander Child Placement Principle Practice Paper](#).

8.4 Culturally and linguistically diverse (CALD) children, young people and their families

Culture affects the way in which sexual behaviour and harmful sexual behaviours are perceived and responded to. CALD children and young people and their families 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.

Partnering with the family to understand the meaning that the family and community attach to the behaviours, and how these beliefs will 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. 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 CALD children and young people and their families please see [Working with Cultural Diversity Practice Paper](#).

⁹ [Royal Commission Into Institutional Responses to Child Sexual Abuse – Children with harmful sexual behaviours – Final report 2017](#) p. 199

¹⁰ [Royal Commission Into Institutional Responses to Child Sexual Abuse – Children with harmful sexual behaviours – Final report 2017](#) p.186

¹¹ [Royal Commission Into Institutional Responses to Child Sexual Abuse – Children with harmful sexual behaviours – Final report 2017](#) p. 157



8.5 Children and young people with disabilities

Children and young people with disabilities are both more vulnerable to experiencing sexual abuse¹² and those with intellectual disabilities may be more likely to display harmful sexual behaviours.¹³

Developmental delays, intellectual disabilities and communication difficulties significantly affect the capacity of children and young people to disclose abuse and seek help from adults, making them more vulnerable to being subjected to harmful sexual behaviour. Such children and young people are particularly vulnerable in residential care settings. 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 information about working with children and young people with disabilities, see [Working with disability Practice Paper](#).

9. Reporting incidents of harmful sexual behaviour

DCP case workers must have regard to their responsibilities under the [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 is at risk when that suspicion is formed in the course of their work. Children and young people may be at risk when displaying harmful sexual behaviours or when affected by harmful sexual behaviours of another child or young person.

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 more information about significant incident reporting including types of significant reportable incidents please see, [Significant Incident Reporting Procedure](#).

If the child or young person is in DCP Residential Care, and the harmful sexual behaviour leads to an incident, DCP residential care staff must also refer to the [DCP Residential Care Incident Management Procedure](#) for further information.

10. Case recording and information sharing

Recording and sharing accurate information is imperative to effectively manage and respond to harmful sexual behaviour. It is possible that by not sharing information with those around the child or young person (such as caregivers, teachers and educators, families and therapists), the child or young person and other children and young people may be at risk of or may experience harm.

To ensure that information shared is accurate and factual, descriptive information regarding the behaviours must be clearly documented. Avoid using general, non-specific terms such as “sexualised behaviour” and instead describe the behaviour specifically. The nature of information that has been shared, with whom and when must be clearly recorded in C3MS.

¹² [Royal Commission Into Institutional Responses to Child Sexual Abuse – Children with harmful sexual behaviours – Final report 2017](#) p. 50

¹³ [Children with problem sexual behaviours and their families - Best interests case practice model - Specialist practice resource DHHS Victoria 2012](#) p. 18.



11. References

[Children with problem sexual behaviours and their families - Best interests case practice model - Specialist practice resource DHHS Victoria 2012](#)

National Center on the Sexual Behaviour of Youth ncsby.org

[Problem sexual behaviours and sexually abusive behaviours in Australian children and young people, Child Family Community Australia paper 46 - December 2017](#) – Australian Institute of Family Studies

[Royal Commission Into Institutional Responses to Child Sexual Abuse – Children with harmful sexual behaviours – Final Report](#)

[Service models for children under 10 with problem sexual behaviours, New South Wales Ministry of Health, December 2018](#)

[Working with children who display sexually harmful behaviour NSW Family and Community Services 2016.](#)

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