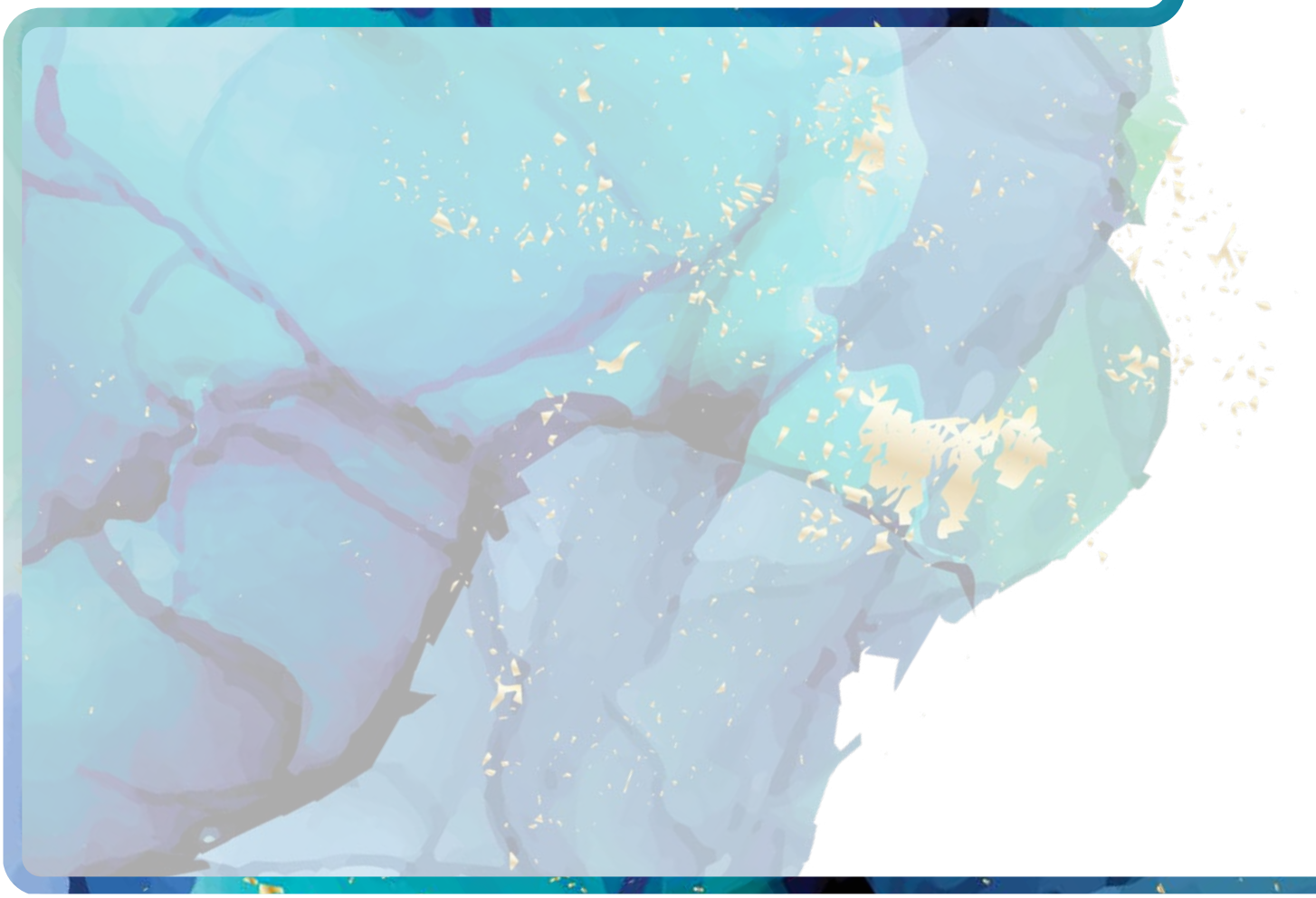
GOVERNMENT OF WESTERN AUSTRALIA

Western Australian Framework for Understanding and Guiding Responses to Harmful Sexual Behaviours



Developed in partnership with the Australian Centre for Child Protection, Western Australia

University of South Australia | Australian Centre for Child Protection, Western Australia

Acknowledgements

The Department of Communities and Australian Centre for Child Protection proudly acknowledges and respects the Traditional Custodians of the lands, seas, skies and waterways throughout Western Australia and recognises their continuing connection to Country, cultures, languages, families and communities.

We pay our respects to Elders past and present, who continue to care for Country, share knowledge and culture and strengthen communities.

Contributors

The Western Australian Framework for Understanding and Guiding Responses to Harmful Sexual Behaviour displayed by Children and Young People (Statewide Harmful Sexual Behaviours Framework) has been developed with local and national experts from the Australian Centre for Child Protection (ACCP) alongside the Framework Interagency Project Team.

We acknowledge Mandy Gadson, Think Culture, for the comprehensive consultations and feedback focused on culturally responsive practice.

We would also like to thank all individuals and groups that have engaged in consultation, provided advice and expert opinion over the course of developing the Statewide Harmful Sexual Behaviours Framework.

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- Department of Creative Industries, Tourism and Sport
- Catholic Education Western Australia
- Association of Independent Schools Western Australia
- Office of the Commissioner for Victims of Crime
- Commissioner for Children and Young People
- Mental Health Commission

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Content warning

The subject of harmful sexual behaviour, and child abuse more generally, can be difficult for many people and may elicit a range of emotional responses, including distress. The topics covered include harmful sexual behaviour, child sexual abuse, child sexual exploitation, children's exposure to sexual content, family and domestic violence and children and young people living in adversity.

Some people may find they have strong reactions because of their own experience or because they are distressed by the experiences of others.

It is important that you look after your health and wellbeing. If you find yourself in distress, the best way to respond is to seek help immediately. Addressing issues causing you stress and trauma early makes them easier to manage.

When you are dealing with vulnerable young people in need, they will be looking to you to be effective and to know what to do. If you are struggling to manage your feelings or have unresolved issues, you will find it hard to support the child or young person effectively.

Remember, taking care of yourself is crucial to being able to take care of others.

Should you experience distress there are many services and supports available. Contact support services within your organisation such as an employee assistance program. Alternatively, the following telephone support lines are available:

- Lifeline 13 11 14 (all ages)
- 13YARN 13 92 76
- Beyond Blue 1300 224 636
- Blueknot Helpline and Redress Support Service 1300 657 380

Additional notes

Proper use

This Framework has been written for the Western Australian context and with service providers in mind. The content, including information, continuum for understanding, principles and responses, are shared in good faith and do not take the place of expert review and recommendations. We advise using the resources contained within this Framework as tools and guidance; we recommend a tailored approach to each individual, ensuring interventions are appropriate for the child or young person's unique needs and circumstances.

The Framework does not specifically address in detail, the full range of impacts of harmful sexual behaviours on those children and young people who may have been harmed, or address in detail what responses may be appropriate to support their healing and wellbeing. It does however recognise the significant impacts and need for safety and wellbeing for all children and young people – focusing on supporting those children who have harmed to prevent, intervene early and stop the behaviour from occurring again.

Use of terms

Every effort has been made to ensure consistent and inclusive use of terms, defining each key term within text as needed. Key language and terms to note:

- The term 'harmful sexual behaviours' has been used to describe a series of behaviours as outlined in the Layered Continuum for Understanding Harmful Sexual Behaviours (Paton & Bromfield, 2024).
- The description 'child or young person who have displayed', or 'who has been responsible for' harmful sexual behaviours has been used throughout rather than 'displaying', in recognition that a child's behaviour is not necessarily enduring.
- Children and young people have been used as the preferred inclusive term, except where the narrative is specifically related to children (approximately primary school age), or young people (approximately high school age).
- The term child or young person who 'has been harmed', or 'impacted' by harmful sexual behaviour has been used as opposed to 'victim and survivor' of harmful sexual abuse. However, it is recognised that some individuals will prefer this term, and that their preference may change over their life. Use of these terms should be adapted to suit an individual's preference when working in this context.
- The term 'Aboriginal' is used in preference to 'Indigenous' or 'Aboriginal and Torres Strait Islander' people, in recognition that Aboriginal people are the original inhabitants of WA. Use of the word 'Aboriginal' throughout this document refers to both Aboriginal and Torres Strait Islander people. This is in line with other key WA documents such as the Aboriginal Cultural Framework 2024–2034.

For a full list of terms please see the glossary at Appendix A.



Message from the Minister

The WA Government is committed to making Western Australia safer for children and young people and supporting those who are most vulnerable in our communities.

The Western Australia Framework for Understanding and Guiding Responses to Harmful Sexual Behaviours (the Framework) builds on work commenced in 2021 by the Australian Centre for Child Protection Western Australia (ACCP WA).

The partnership between ACCP WA and WA Government recognises the importance of developing a Framework that provided guidance across the WA System and context.

The Framework supports service providers to understand harmful sexual behaviours in the context of how these behaviours may develop, and the impacts of harmful sexual behaviours on those who are exposed to this, as well as those who exhibit the behaviour. The Framework also guides service providers to understand harmful sexual behaviours on a continuum and includes information to support improved capability to respond to harmful sexual behaviours that is trauma informed and culturally responsive.

The Framework presents harmful sexual behaviours in the context of a child's developmental stage, requiring service provider responses to consider behaviours with respect to both frequency and persistency.

Through implementation of the Royal Commission into Institutional Responses to Child Sexual Abuse recommendations, the WA Government continues to dedicate efforts to healing past hurts, protecting children now and preventing further harm.

I acknowledge the importance of supporting those children and young people who have had early adverse experiences in their life.

The Framework aims to improve primary, secondary and tertiary responses to children who display harmful sexual behaviours, and increase knowledge to supports these children, with a focus on prevention.

I am appreciative of the efforts of the Interagency Project Team across the State, and the multi-agency collaboration across WA, improving supports to children where harmful sexual behaviours occur.

As Minister, I take great pride in my role to deliver solutions to improve outcomes for children and young people, as well as supporting families and carers to have a better understanding of harmful sexual behaviours. This Framework, developed for service providers, is a resource to further support these efforts in responding to and preventing harmful sexual behaviours.

Hon Jessica Stojkovski MLA

Minister for Child Protection;
Prevention of Family and Domestic Violence



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This Framework

The Statewide Harmful Sexual Behaviours Framework has been developed for the Western Australian context following broad sector and government consultation and co-design. It aims to build a better and more cohesive understanding of harmful sexual behaviours displayed by children and young people across Western Australia to support primary, secondary, and tertiary responses. The guide also aims to provide information to support individuals, services, organisations, and government departments to develop and provide responses that are evidence informed, child safe, trauma informed, and culturally responsive.

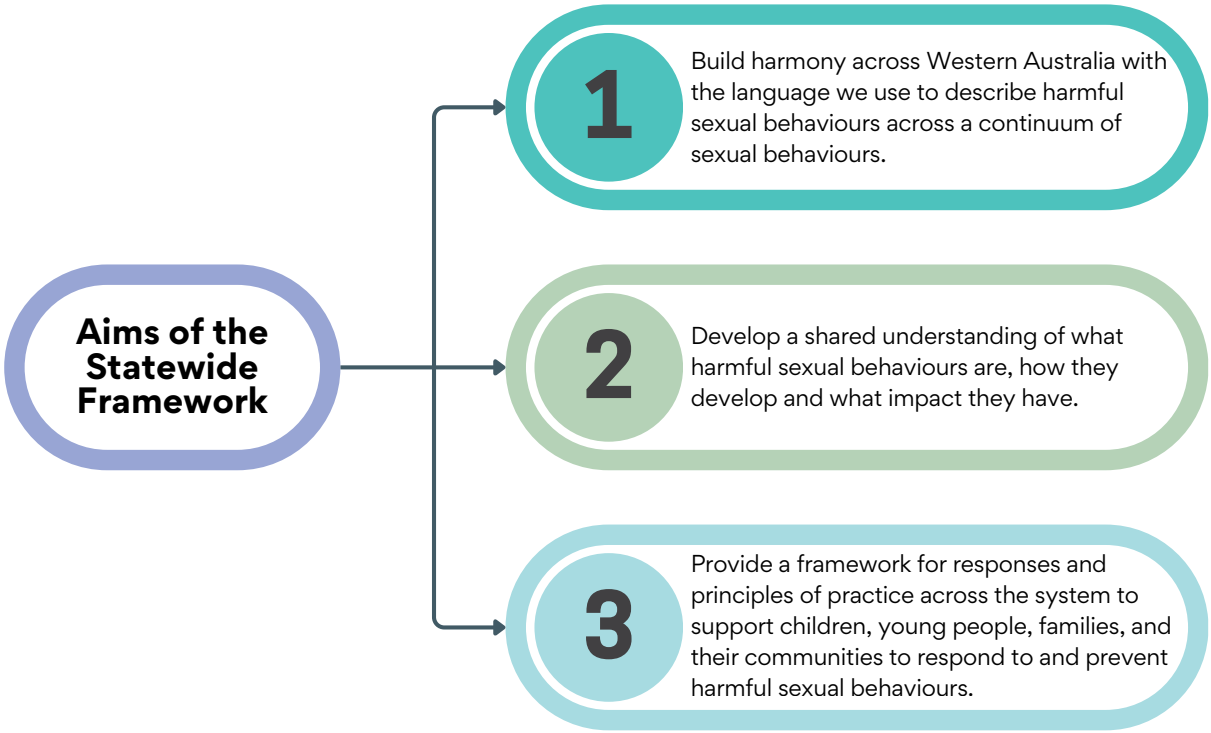


Figure 1: Statewide Harmful Sexual Behaviours Framework Aims

The Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission), highlighted harmful sexual behaviours as a significant issue in Australia, recognising impacts not just in institutional contexts but within the broader community. The 2024 Australian Childhood Maltreatment Study (ACMS) found that a substantial proportion of all child sexual abuse is inflicted by other adolescents (Mathews, et al., 2024) and suggest that this occurrence has been an increasing trend in recent years.

The Royal Commission dedicated an entire volume to guide the country's response to better understand and respond to this ongoing concern. Following this the National Office for Child Safety (National Office) developed the National Strategy Advisory Group (for the National Strategy) and the Children with Harmful Sexual Behaviours - Prevention and Response Working Group. Additionally, the Framework has been informed by consultation, advice, and contributions from the National Clinical Reference Group, which provides expert advice under the National Strategy on Theme 3: Enhancing National Approaches to Children who have displayed harmful sexual behaviour.

In the context of this Framework, harmful sexual behaviour is defined as:

"Harmful sexual behaviours are sexual behaviours that fall outside what may be considered developmentally typical or socially appropriate, cause harm to themselves or others, and occur either in person or online. When these behaviours involve others, they may include a lack of consent, reciprocity, mutuality, and may involve the use of coercion, shame, force or a misuse of power."

(Attorney-General's Department, 2024, p.12)

The presence of childhood harmful sexual behaviour may lead to concern about the development and wellbeing of those involved. Where they involve other children or young people, the behaviours may cause significant harm and may be experienced as abusive by other children and young people involved. Harmful sexual behaviours may include illegal behaviours that require a criminal justice response. Harmful sexual behaviour can occur in any setting, including in person and online.

Behaviours that are both included, and not included, in the group of 'harmful sexual behaviours' can be quite subjective. Even the perception of what is developmentally, socially and culturally expected is varied and relies on the individual perceiving the behaviours to make that determination. Within the term 'harmful sexual behaviours' there can also be significant variability. It is sometimes called an umbrella term which describes a range of harmful and concerning behaviours and recognises the seriousness of these behaviours together with the significant impact they can have on children and young people who have been affected.

A useful model for defining harmful sexual behaviours is the Layered Continuum for Understanding Sexual Behaviours (Paton & Bromfield, 2024) – detailed further in Section 3.

How this Framework was created

The Department of Communities commissioned the Australian Centre for Child Protection to undertake a broad scope of work under the Harmful Sexual Behaviours Solutions Project. The Statewide Harmful Sexual Behaviours Framework was a key initiative within this project, aiming to provide a consistent statewide approach for understanding, recognising, and guiding responses to harmful sexual behaviours.

The Department of Communities' Framework for Understanding and Guiding Responses to Harmful Sexual Behaviours in Children and Young People was used as a foundation document, together with the Paton & Bromfield Layered Continuum for Understanding Harmful Sexual Behaviours (2024). In addition, existing literature on harmful sexual behaviours and new and recent research capturing the views of those with lived experience of harmful sexual behaviours have been integrated into the construction of the Statewide Harmful Sexual Behaviours Framework.

The Statewide Harmful Sexual Behaviours Framework was developed in consultation with relevant government agencies and stakeholders via representatives to the Interagency Project Team. Consultation on the structure and content took place across multiple phases, including broad consultations with individuals and agencies from the community services sector and related government agencies, and targeted consultations with specific agencies, related agency divisions and individuals with specialist knowledge in the area. Further consultation took place via online and in-person workshops over a 12-month period as well as via direct written feedback. Throughout 2024 a process of drafting and refinement was conducted across three iterations of consultation; broadly speaking these three phases included broad exploration of ideas, member checking of draft documentation and refinement.

To strengthen guidance on culturally responsive practice, Mandy Gadson of Think Culture, was engaged to facilitate further targeted consultations. These additional workshops took place in February 2025 and participants represented academic, Aboriginal Community-Controlled Organisations (ACCOs), Aboriginal medical services, not for profit agencies and subject matter experts.

The Interagency Project Team held overall responsibility for specific agency reviews and final Framework endorsement.

Framework Overview

The Statewide Harmful Sexual Behaviours Framework is organised into five sections.

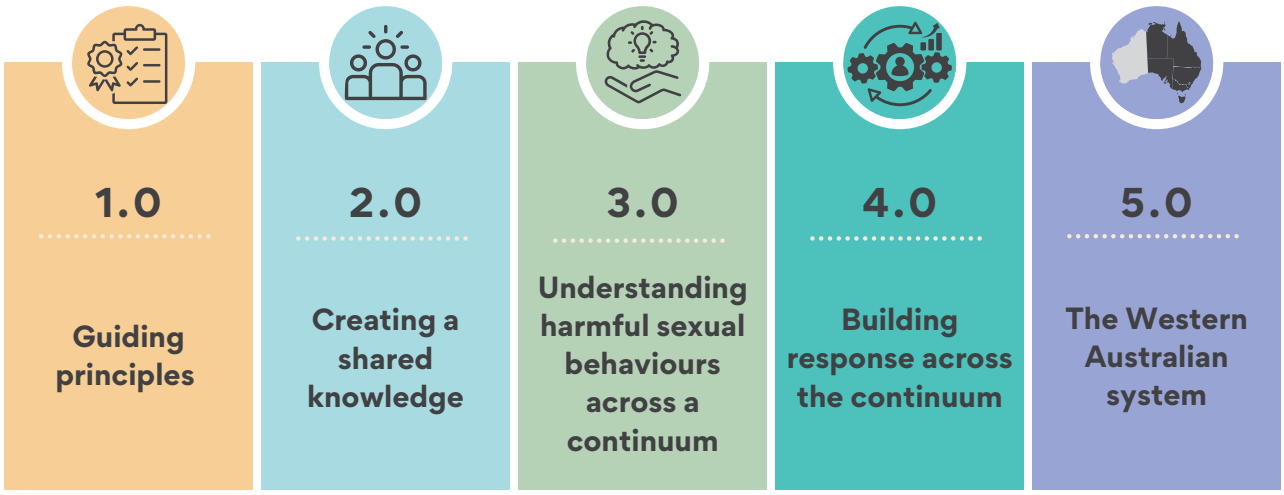


Figure 2: Statewide Harmful Sexual Behaviours Framework Sections

The first four areas work together to provide a comprehensive framework for how to understand and respond to children and young people who have displayed harmful sexual behaviours and how to intervene early to concerns. Each section is based on both practice and research evidence and includes broad theoretical underpinnings that guide our thinking. The fifth section of this Framework provides an overview of the Western Australian service system, agency roles and interactions with harmful sexual behaviours and multiagency collaborations.

Whilst we have taken every effort to use consistent language and terminology that is easily accessible, we have included some key terminology in Appendix A.

This Framework should be used alongside several local and national frameworks, strategies and guidelines:

Practice Guide – Understanding Harmful Sexual Behaviours: A Layered Continuum

This updated version of the Layered Continuum for Understanding Harmful Sexual Behaviours brings together feedback from its use in practice, and recent research conducted by the Australian Centre for Child Protection.

Practice Guidelines - Response Mapping Tools for Understanding, Identifying and Enhancing Safety for Children and Young People living in Out of Home Care who have displayed Harmful Sexual Behaviours

The Response Mapping Tools were developed through an evidence-informed co-design process to support those working with children and young people in Western Australian out-of-home care (OOHC) who may have displayed potentially harmful sexual behaviours.

Designed for use by carers, case managers, and professionals, the tools help identify whether behaviours are developmentally appropriate, assess associated risks, document concerns, and guide responses that prioritise both immediate and long-term safety and wellbeing. Although designed within the OOHC sector, the tools are broadly applicable and available for use across Western Australia.

National Clinical and Therapeutic Framework: for responding to children and young people who have displayed concerning or harmful sexual behaviour.

This framework is planned for publication and will serve as a key measure from the National Strategy and subsequent National Action Plan (NAP), to provide an evidence-informed guide for practitioners, managers, service designers and policymakers from across the sector including government and community organisations who are or will be delivering therapeutic responses to children and young people who have displayed concerning and harmful sexual behaviour.

National Principles for Child Safe Organisations

Published in 2018 by The Australian Human Rights Commission under the guidance of the Community Services Ministers across all jurisdictions they provide a nationally consistent approach to embedding child safe cultures within organisations that engage with children.

Keeping our kids safe: Cultural Safety and the National Principles for Child Safe Organisations

The Commonwealth of Australia, Department of the Prime Minister and Cabinet; SNAICC: National Voice for Our Children; and Victorian Aboriginal Childcare Agency (VACCA) developed this key document to support organisations engaging with Aboriginal and Torres Strait Islander children to implement the National Principles for Child Safe Organisations in a culturally safe way.

Minimum Practice Standards: Specialist and Community Support Services Responding to Child Sexual Abuse

The Standards, published in 2023, represent collective wisdom on the minimum threshold that specialist and community support services should be attaining in responding to child sexual abuse. Services should be aware of and comply with any relevant regulations or mandatory standards in their jurisdiction.

1.0: Guiding Principles

1. Key principles of practice

This section outlines a key set of six principles that should guide practice related to understanding and responding to harmful sexual behaviour within Western Australia. These principles should be the 'lens' through which we consider these behaviours and guide how we respond to children and young people who have displayed these behaviours.

1. Establish Safety Within a Child Centred Approach

A child-centred approach to safety prioritises the protection, needs, rights, and well-being of both children displaying harmful sexual behaviours and those affected, ensuring a secure environment that addresses underlying causes, promotes positive development, and safeguards all involved.

2. Support Healthy Sexual Development

Through education and promotion of developmentally appropriate sexual development and behaviour, children can learn to develop healthy, safe, consensual, respectful, and fulfilling relationships.

3. Family and Community Connected

Children's behaviour and development do not occur in isolation, and harmful sexual behaviour often develops due to a range of contextual and relational factors that work together to influence individual behaviour. Responses therefore need to occur at the individual, family and community level to enact meaningful change.

4. Culturally Responsive and Accessible

Recognise, respect, and integrate diverse cultural identities, perspectives, and experiences into practice. Foster inclusive environments where individuals feel valued, heard, and represented, ensuring equitable access and meaningful engagement.

5. Trauma-informed

Many children and young people who display harmful sexual behaviour have been exposed to cumulative harm. Recognise the impact of trauma and facilitate safety, trust and empowerment in all responses. Use practices that promote healing, avoid re-traumatisation and prioritise emotional and psychological wellbeing.

6. Self-Evaluating

Engage in continuous reflection and improvement by regularly assessing practices, outcomes, and feedback. Encourage adaptability, accountability, and growth to ensure effectiveness and responsiveness to evolving needs.

Figure 3: Principles of Practice for Understanding and Responding to Harmful Sexual Behaviour

1.1. Establish safety within a child centred approach

> A child-centred approach to safety prioritises the protection, needs, rights, and well-being of both children displaying harmful sexual behaviours and those affected, ensuring a secure environment that addresses underlying causes, promotes positive development, and safeguards all involved.

Ensuring the safety of all children, including those displaying and impacted by harmful sexual behaviours, is critical. Safety is a paramount consideration for all children and young people when responding to harmful sexual behaviours, both in terms of the behaviour that has already developed and the future potential risk of harmful sexual behaviour occurring again with other children. A child-centred approach goes beyond immediate protection—it focuses on creating a secure environment that addresses the underlying causes of harmful sexual behaviours, promotes positive development, and safeguards all involved.

Recognising that safety is unique to each child and both a physical and psychological construct. Establishing safety starts with securing the physical safety of all children involved while also addressing their emotional and well-being needs. Engaging children and families through non-judgmental, strengths based and culturally safe language fosters trust and encourages open communication. It is crucial to avoid stigmatising or labelling children, ensuring behaviours are distinguished from identity.

Throughout the child's healing journey, continuous assessment and safety planning is ongoing. By centring children's voices and experiences in safety planning, we empower them with a sense of protection, agency, and dignity.

1.2. Support healthy sexual development

> Through education and promotion of developmentally appropriate sexual development and behaviour, children can learn to develop healthy, safe, consensual, respectful, and fulfilling relationships.

Healthy sexual development requires appropriate education and guidance. Education is key and plays a crucial role in helping children and young people of all abilities explore their sexuality, relationships and intimacy in a safe and supported environment. Issues such as respect, consent, mutuality, body autonomy, gender, identity, and so on can all be explored through proactive discussions and education with children and young people at a developmentally appropriate level to support their learning and growth in this area.

Open communication and early discussion on a range of issues, (including pornography and others often considered 'taboo') can help to support our children and young people explore their sexual development safely.

Early intervention and prevention are a critical element and principle that should be applied when considering responses to harmful sexual behaviours. Whilst focus must be on tertiary responses and interventions to support those children and young people who have displayed harmful sexual behaviours, this should be complemented by preventative approaches both to ensure behaviours desist and that developmentally appropriate and inappropriate sexual behaviours don't become harmful sexual behaviours.

1.3. Family and community connected

> Children's behaviour and development do not occur in isolation, and harmful sexual behaviour often develops due to a range of contextual and relational factors that work together to influence individual behaviour. Responses therefore need to occur at the individual, family and community level to enact meaningful change.

From the moment children are born, they are dependent on and interact with the world around them to grow, learn, and develop. Those children and young people who develop harmful sexual behaviours do so from a complex interaction of a range of factors within and around them. Therefore, a response to harmful sexual behaviours must also include interventions and responses across these multiple layers, including at the individual, family, and community (including the school environment) level.

For example, a child displaying harmful sexual behaviours may have grown up in a highly sexualised home, with unrestricted internet access and subsequently seen various forms of pornography. In addition, they may have experienced family violence, and a dominant, power-over parenting style. If intervention only focuses on therapy for the child, without addressing these environmental influences, it fails to address and resolve the underlying causes and places responsibility on the child. Children naturally learn from their surroundings, so their behaviour must be understood in context. A holistic response involves therapeutic intervention for the individual alongside psychoeducation and modifications in the home and school environments. Community networks should also be involved in safety planning, ensuring the child receives consistent and supportive messaging from all aspects of their environment.

This principle requires building relationships and trust with families, respecting their unique knowledge and experiences, and empowering them to be active participants in decision-making and intervention planning. Effective collaboration with families involves clear, honest, and sensitive communication, ensuring they feel supported rather than blamed, recognising the role of shame, and equipping them with the tools and knowledge to foster change and safety within their homes and communities.

1.4. Culturally responsive and accessible

> Recognise, respect, and integrate diverse cultural identities, perspectives, and experiences into practice. Foster inclusive environments where individuals feel valued, heard, and represented, ensuring equitable access and meaningful engagement.

Being culturally responsive is more than just being culturally informed or aware, it calls for action to purposefully create safety and respond in ways that are cognisant of cultures that are different to your own.

As noted previously, children develop within a complex system, shaped by their environment, relationships and culture. Cultural and religious beliefs influence ideals, morals, values, roles (that may or may not be gendered) and identity formation. These factors help shape our development as children and young people, how we see ourselves in the world, and how we see ourselves within relationships. This can be particularly evident with the management of sexual development and views on sexuality which can be interpreted as a socio-cultural construct with many differences between groups and belief sets.

This principle recognises the centrality of culture in shaping meaning, understanding, and experiences. Therefore, culturally centred engagement and knowledge of cultural diversity is therefore critical when working with or responding to harmful sexual behaviours. Workers must be cognisant of the cultural and/or faith tradition within which children were raised and within which they have been influenced and currently belong, noting the significant impact of immigration, both planned and via forced migration (i.e., those who are refugees) on culture, community and belonging.

In Australia the impact of colonisation and dispossession, leading to intergenerational and collective trauma continues to shape the lived experience of Aboriginal people today. This has impacted many children and young people's connection to culture and cultural knowledge connection to country and to kin, as well as their sense of identity and self-worth.

Responses for collective communities or groups including Aboriginal, Torres Strait Islander and Culturally and Linguistically Diverse communities must include culturally responsive approaches developed within and by community that understand these cultural and historical perspectives. Accessibility includes addressing systemic and intersectional barriers to accessing appropriate healing services and tailored to the unique needs of the child or young person. This includes the provision of interpreters, accessible communication formats, and trauma-informed approaches tailored to neurodivergent individuals and those with disabilities.

1.5. Trauma-informed

> Many children and young people who display harmful sexual behaviour have been exposed to cumulative harm. Recognise the impact of trauma and facilitate safety, trust and empowerment in all responses. Use practices that promote healing, avoid re-traumatisation and prioritise emotional and psychological wellbeing.

Children who display harmful sexual behaviour often do so in the context of overlapping influences such as trauma, intersectional and systemic barriers, and are navigating their own journeys of healing (Breckenridge et al., 2024). Therefore, it is essential that approaches to harmful sexual behaviours are trauma informed.

Being trauma-informed recognises the multiple forms of trauma, the harmful impacts of trauma on the individual, family, community and broader culture, and the varied manifestations of impacts across the lifespan and throughout generations. Extending this trauma understanding means approaching others and designing services in ways that are trauma safe and seek to empower individuals who have experienced trauma, and prevent further trauma via inappropriate relational interactions, service systems and activities.

Responses to harmful sexual behaviours should be inclusive of a child's past and current experiences and seek to better understand the origins of the behaviour and how and why it is being maintained. Often the behaviour will be highly influenced by past trauma-laden experiences of the child or the collective. Responses must avoid re-traumatisation by being mindful of potential triggers, using respectful language, and ensuring discussions occur in a way that prioritises emotional safety.

Further the ripple effect of child protection and legal responses to harmful sexual behaviours can cause unintended harm and trauma for the individuals involved. System responses that are punitive or involve entry into various justice or child protection systems can lead to separation of siblings and families and development of feelings of shame, guilt, abandonment, and isolation, all of which can be traumatising for all involved. Consequently, service responses should respond with a trauma-informed and trauma-safe lens to avoid further traumatisation to the child or young person and others involved.

1.6. Self-evaluating

> Engage in continuous reflection and improvement by regularly assessing practices, outcomes, and feedback. Encourage adaptability, accountability, and growth to ensure effectiveness and responsiveness to evolving needs.

Practitioners responding to harmful sexual behaviours must engage in continuous reflection and improvement by regularly assessing their practices, outcomes, and the feedback they receive. This principle recognises that decision-making should be guided by empirical data, practitioner expertise, and the evolving body of knowledge guiding responses to harmful sexual behaviours.

Data-driven decision-making enhances accountability by systematically evaluating treatment progress, identifying trends, and refining approaches based on measurable results. Furthermore, grounding interventions in evidence and data prevents reliance on outdated, punitive, or ineffective methods, instead fostering strengths-based, person-centred, and healing-focused practices. This requires an ongoing commitment to evaluating policies, interventions, and support mechanisms to ensure they remain aligned with best practices and emerging research.

Practitioners must remain adaptable, integrating new insights and evidence-based strategies to address evolving challenges effectively. Accountability is essential, requiring individuals to uphold ethical and professional standards, take responsibility for their decisions, acknowledge mistakes, and make necessary corrections. Continuous learning and professional development enhance skills and competencies. By fostering a culture of self-reflection and improvement, practitioners can strengthen their effectiveness, remain responsive to the needs of children, families and contributing effectively to their healing journey.

2.0: Creating a Shared Knowledge

2. Creating a shared knowledge

Harmful sexual behaviour in children and young people is a complex issue that occurs across diverse populations and environments. It is important to develop a shared understanding of how harmful sexual behaviours may develop, various pathways or presentations of the behaviours, and the impacts of harmful sexual behaviours on both those exposed to the behaviour and those children and young people exhibiting the behaviour. It is also critical that we consider these issues (including how to respond) across a wide range of populations and contexts, including those that require a more nuanced approach, such as:

- Those who have experienced childhood adversities, abuse and trauma.
- Children and young people living with an intellectual or developmental disability.
- Those who are gender and sexually diverse.
- Those who live in regional and remote communities.
- Children and young people with cultural, religious and/ or spiritual diversity.
- Aboriginal children and young people.
- Children and young people living within various residential care settings such as out of home care (OOHC) and boarding schools.
- Children and young people who have displayed these behaviours within intrafamilial contexts, particularly between siblings.

Creating a shared understanding of what harmful sexual behaviours are and what they are not, is the foundation of building this shared knowledge. To understand what harmful sexual behaviour is, we first explore typical, healthy, or normative child sexual development.

2.1. Sexual development throughout childhood

Sexuality and development of sexual behaviour and expression is a normal part of a child's development. Like other areas of development such as motor skills and language acquisition, sexuality and sexual development begins from birth and continues through childhood and adolescence.

Sexual development is best understood from a developmental systems perspective which conceptualizes development as involving multiple processes including biological, psychological, and social processes, which interact with each other to influence an individual's overall development (Li, 2022). With regards to sexual development, these processes include the physical development of internal and external sex organs; changes in hormones and physiological responses to stimuli; emotional attitudes, beliefs and interest in sexual activities, intimacy, and exploration (Paton & Bromfield, 2024).

Sexual behaviour is often seen as the expression of our sexuality and development. Sexual behaviour is understood as a continuum characterised by developmentally appropriate, developmentally inappropriate, concerning, very concerning and serious or extreme sexual behaviour (Paton & Bromfield, 2024).

It is important to have a strong knowledge base of childhood sexual development, to differentiate between harmful sexual behaviour and normative or developmentally appropriate sexual behaviour (Mesman et. al. 2019).

Children learn through appropriate, natural, and adaptive sexualised behaviour or play and exploration. Sexual behaviour in children can be separated into two types: solitary sexual behaviour, (such as masturbation and playing with one's own genitals) and partnered or mutual sexual behaviour. Partnered sexual behaviour involves fantasy sexual play such as role-playing (such as playing doctors or 'mums and dads') exposing body parts to another person, experimenting in stimulation of another person's body parts and kissing (Li, 2022). These early behaviours develop over time and with maturation.

An early motivator for development of sexual behaviours is the body's capacity for sexual arousal which is present from infancy and can be seen by male infants having spontaneous erections and children in early childhood being curious and exploring their body parts, inclusive of their sexual body parts. Young children are interested in being naked and both looking and touching themselves and others, particularly same-aged peers. Li (2022) suggests that this and the motivation to engage in sexual activity (sexual proceptivity), are underlying systems that influence sexual development.

Although sexual arousal is triggered by physical stimulation leading to pleasurable sensation (Mesman, et. al. 2019) commonly seen in childhood following typical exploration, the motivation to have sex is hormone dependent and therefore tends to develop later in childhood and adolescence along with the elevation of hormones produced during puberty. Studies have demonstrated a causal relationship between the onset of the first hormonal changes at the onset of puberty and the motivation to engage in sexual activity (Li, 2022).

As children progress through puberty, they continue to develop their sexuality and express these with various sexual behaviours geared more towards sexual proceptivity. They are likely to develop intimate relationships, particularly during later adolescence as a means of exploring their sexuality further. These relationships provide an opportunity for young people to learn about respectful relationships, social norms and healthy and appropriate sexual expression and behaviours.

Section 3 below explores further sexual behaviours across the continuum from those that are developmentally appropriate through to harmful, and across different developmental stages.

2.2. What are harmful sexual behaviours?

> "Harmful sexual behaviours are sexual behaviours that fall outside what may be considered developmentally typical or socially appropriate, cause harm to themselves or others, and occur either in person or online. When these behaviours involve others, they may include a lack of consent, reciprocity, mutuality, and may involve the use of coercion, shame, force or a misuse of power."
>
> (Attorney-General's Department, 2024, p.112)

Like many behaviours and developmental disruptions, harmful sexual behaviours are best understood along a continuum of severity, intensity, and impact within each psychosocial stage of development and range from concerning, very concerning, and serious or extreme behaviours across a continuum. Behaviours in this spectrum vary considerably and are impacted by a variety of factors. These include developmental variations, the emotional experience of children involved, the context within which the behaviour occurs, the pattern of the behaviour, and the level of coercion, power and control displayed by one child over another. An overview of the continuum is depicted in Table 1: Layered Continuum for Understanding harmful sexual behaviours (2024). Using the layered system and further details on understanding harmful sexual behaviours across a continuum are covered in Section 3.

The concept of harmful sexual behaviours is closely tied to forms of child sexual abuse, including child sexual exploitation and this needs to be clearly differentiated. Child sexual exploitation is a form of child sexual abuse characterised by some form of exchange or perceived 'trade', whereby the child or young person is coerced, manipulated or deceived into a sexual interaction for tangible and/or intangible goods (Alderson and Ireland 2020). Children and young people who are survivors of child sexual exploitation should not be misunderstood as displaying harmful sexual behaviours.

The intersection of child sexual abuse, child sexual exploitation and harmful sexual behaviour definitions and behaviours/ experiences is complex. Figure 4. below graphical displays this intersection, noting additional descriptions within each group. For example, harmful sexual behaviours can include both self-directed behaviours and those including other children. The latter having an overlap with child sexual abuse experiences. Child sexual exploitation on the other hand is always considered child sexual abuse, but it must be noted that this can also be caused by another young person and therefore also overlaps with harmful sexual behaviours. And lastly we must note that although there is significant harm caused by any type of child sexual abuse, not all child sexual abuse is to a level or within a context that makes it a criminal offence, for example, if the child causing the harm or child sexual abuse is a minor and under the age of criminal responsibility. For a more detailed overview of harmful sexual behaviours see section 3 below.

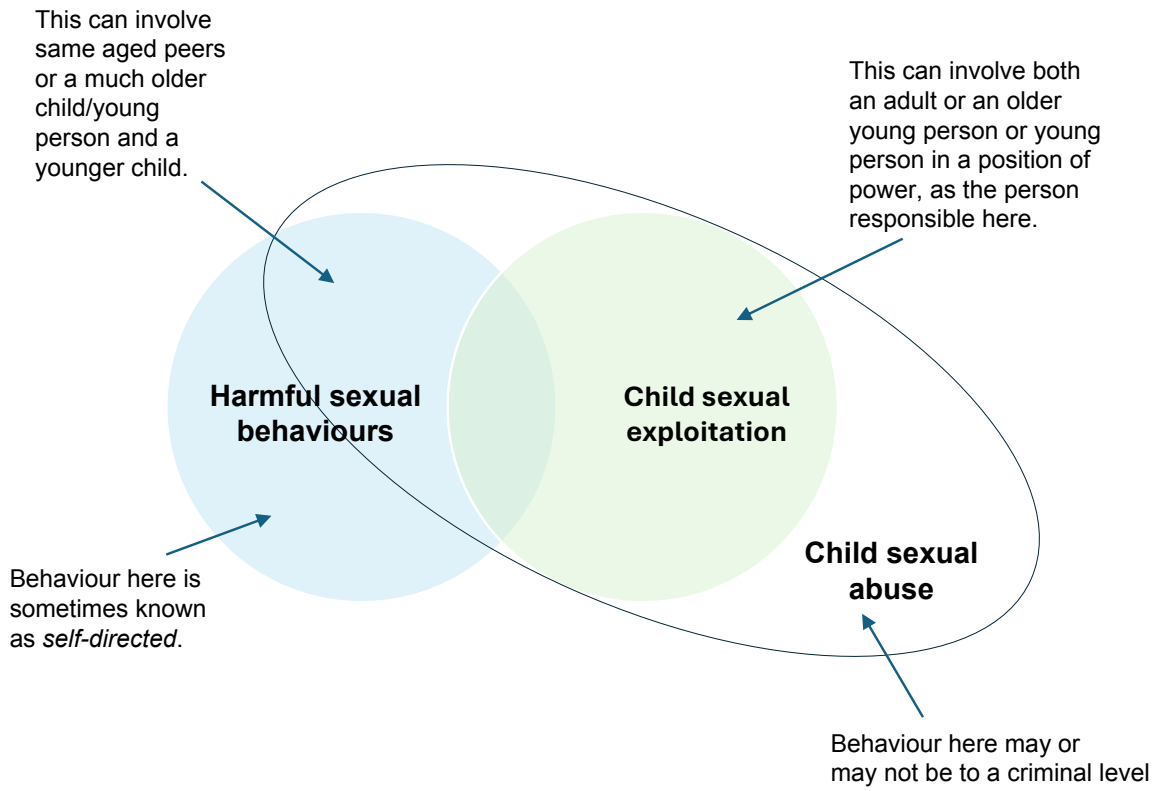


Figure 4: Conceptual overlap of different forms of child sexual abuse

Often discussed together, there is considerable overlap in the presentation of, characteristics of the children involved in, and impact of these concepts. Whilst it is critical to acknowledge the overlap within this Framework, and many of the principles and responses outlined within are applicable to all forms of child sexual abuse, the Framework does not extend to describe these in-depth or provide a continuum for understanding these sometimes-related behaviours in children and young people.

Further Paton & Bromfield (2024) note some exclusions to the definition of harmful sexual behaviour with regards to this overlap.

> "Where the sexual behaviour occurs in the context of child sexual exploitation (i.e. exchange of cash, drugs, gifts, food, protection, accommodation etc, for sexual act) or the sexual behaviour is an induced behaviour in the context of child sexual abuse (i.e. where an adult/adolescent induces a child to perform a sexual act on another child), this should not be labelled as harmful sexual behaviours." (p. 5)

2.2.1. Gendered nature of Harmful Sexual Behaviours

The highly gendered nature of harmful sexual behaviours is well established (Quadara et. al., 2020). Research shows that children and young people responsible for harmful sexual behaviours are predominately male. In a 2013 study Hackett and colleagues found 97% of cases across 9 services were male (Hackett et. al, 2013). An Australian study of more than 5000 children reported to statutory child protection for problematic and harmful sexual behaviour found that females were a significant minority decreasing in prevalence as they aged, from 36% under 10 years of age to 15% between 16 and 17 years of age. This contrasted sharply with males, increasing in prevalence as they aged, from 63% under 10s to 84% between 16 and 17 years of age (Spangaro et al., 2021).

In 2016, Belton & Hollis conducted a review of the research on children and young people who display harmful sexual behaviours online and found that boys were more likely to have been exposed to online pornography at an earlier age, seen more images, seen more extreme images, and viewed images more often. As stated in section 1.5.4 there is evidence that viewing pornography influences the sexual behaviour and attitudes of young people.

Males aged between 18 and 24 years had the highest sexual assault offender rate over the 10-year period, reaching a high of 78.4 offenders per 100,000 males aged 18 to 24 years in 2015-16 (Australian Bureau of Statistics, 2022). Taking a biological lens, testosterone peaks in a male adolescent's late teens. Testosterone is associated with increased aggression and risk-taking behaviours. Being male combined with other individual, cultural and contextual risk factors accounts for the predominance of harmful sexual behaviours.

2.3. The power of language

Harmful sexual behaviour is an umbrella term chosen to convey both the impact and type of behaviour displayed by children and young people. As noted above, it includes behaviours that are deemed outside developmental and societal expectations and are concerning, very concerning or serious/extreme. Behaviours vary across the continuum in impact, intensity, and concern. The term harmful sexual behaviour has been specifically chosen over other terms such as problematic or abusive as it directly describes the impact of the behaviour to children, young people, families, and community.



Like the use of harmful sexual behaviour as a broad term, the language we use to describe individual children is also important. It is critical that their behaviours are not pathologised or placed within our traditional adult constructs. A child and young person's sexual and social awareness, cognitive capacity, and emotional maturity are distinctively different from adults. By their very nature, they are still developing their sense of identity, how they see themselves in the world, and how they relate to others. This includes at its core their sexual and role identity, sexual preferences, and general understanding.

A person's societal and cultural norms influence their understanding and responses to children and young people with harmful sexual behaviours. People often experience fear and concern that the child's behaviour is deviant, abusive, and will lead to long term issues with sexual relationships and behaviour into adulthood. Sexualised behaviour within childhood and adolescence is distinctive from adults' sexual behaviours. Child and adolescent behaviour and expression do not necessarily predict adult behaviour (Department of Communities, 2022).

A lack of understanding may result in children and young people with harmful sexual behaviours being vulnerable to stigmatisation, discrimination and being stereotyped with labels such as sexual deviants, sexual perpetrators, or sex offenders, which they carry through to adulthood. Children with sexual behaviours that fall outside the developmental norm or what would be considered appropriate, are not adult offenders, and whilst it is important not to minimise or ignore any harmful sexual behaviour, it does not define the individual, and children should not be labelled by their behaviours.

Terms such as 'perpetrator', 'predator' or 'paedophile' should never be used to describe a child, young person, or their behaviour. Instead, 'child or young person who has displayed harmful sexual behaviours' is more appropriate. The term 'offender' may need to be used as a technical legal label in policing or justice system responses such as legal proceedings for children and young people where they have reached the threshold for a criminal offence and been charged and convicted of that offence. Wherever possible we should seek to avoid using this label with the child or young person to avoid stigmatising them and encouraging harmful personal identifications.

Children and young people who are given labels will often take on those labels as part of their identity and will act to the descriptors of the label. Descriptors, as noted in the third section of this Framework, can be useful to convey the depth of the behavioural concern that the child is currently displaying. Still, caution must always be used, given the developmental nature of the behaviour.

2.4. How common are harmful sexual behaviours?

Much like identifying the prevalence of child sexual abuse within the community, determining the prevalence of children and young people engaging in harmful sexual behaviours is fraught with difficulty (Bromfield, Hirte, Octoman, & Katz, 2017). This is partly due to varying definitions of what constitutes harmful sexual behaviours and associated data collection issues, but also due to the secrecy within which child sexual abuse occurs regardless of who is causing the harm.

Whilst there is data available for criminal offences related to young people who have been convicted of sexual assault in Western Australia and Australia, this data has its limitations and only represents a very small portion of behaviour within the harmful sexual behaviours continuum. While multiple international studies have been undertaken, adding to the case that harmful sexual behaviours in children and young people is an issue, they offer little to help understand the enormity of that issue within context, particularly in the Western Australian context.

Whilst we don't have a true understanding of how common harmful sexual behaviour is, we do know that nearly half of all child sexual abuse reported by Australians in a recent study indicated that the sexual harm was caused by another child or young person (Haslam et. al., 2023). This is consistent with other previous

reviews in Australia by El-Murr (2017), which described that 30 to 60% of all experiences of childhood sexual abuse are carried out by other children and young people. More locally Herbert and Bromfield (2018) noted a similar figure of 31% (named offenders 10 to 19 years within a forensic setting) in a local Western Australian sample during their review of the Multiagency Investigation and Support Team.

Unfortunately, the recent Australian Childhood Maltreatment Study found there may also be an increase in adolescent-inflicted child sexual abuse over time, with more children having experienced child sexual abuse by an adolescent than by an adult (Mathews et al., 2024). Namely, that Australians aged 16–24 experienced notably higher rates of sexual harm perpetrated by children and young people displaying harmful sexual behaviours compared to harm caused by adult offenders (18.2% versus 11.7%) (Mathews et al., 2024). Currently, sexual harm by adolescents known to the child or young person is the single most common category of child sexual abuse (Mathews et al., 2024; Sutton & Finkelhor, 2024).

2.5. Some thoughts on how harmful sexual behaviours develop

The development of harmful sexual behaviours appears to be related to a variety of complex individual child, family, social, and environmental factors. The Royal Commission highlighted that children with harmful sexual behaviours have often been victims themselves, often with histories of adverse experiences in childhood, including trauma, prior sexual and physical abuse, and exposure to family violence and harmful pornography. However, some young people who have not been exposed to these adverse childhood experiences also demonstrate harmful sexual behaviours, and many young people who have been victims of maltreatment do not display harmful sexual behaviours.

Harmful sexual behaviours are often demonstrated due to a child or young person's lack of internal controls and understanding of boundaries and appropriate sexual interactions with others. Further, research has demonstrated that harmful sexual behaviours are often influenced by a variety of risk and protective factors occurring at the individual child, family, peer, school, neighbourhood, and community levels. There is certainly no single explanation for harmful sexual behaviours, no more than there is a one-size-fits-all method for addressing them.

There are two general models for conceptualising and understanding how harmful sexual behaviours develops. One is to see the behaviour through a needs-led or unmet need approach commonly used in understanding challenging behaviour, (i.e., removing the 'type' of behaviour).

The other is through a series of pathways that seek to understand the behaviour in terms of its sexual expression (Cavanagh-Johnson, 1999; Hackett, Holmes, and Branigan, 2016).

Neither the needs led/unmet need approach or sexual expression model is preferred over the other for understanding harmful sexual behaviours, and in fact this Framework encourages the integration of the two models.

2.5.1. Unmet needs

The needs-led, or unmet need style approach, sees challenging behaviour of any form as a means of fulfilling a need in the individual. The behaviour is a way of communicating that need to others. Further, the behaviour is influenced by present factors (stressors, environment, context etc) and pre-existing factors (personality style, temperament, past behaviour patterns etc).

This principle is often used when exploring the origins of behaviour within the context of trauma, i.e. What we see on the tip of the iceberg is the aggressive behaviour, but what lies underneath the water is emotional distress, trauma reminders and other complex trauma symptoms, that when not resolved lead to unmet needs that display in behaviour above the surface.

The iceberg diagram below is a simple representation of how harmful sexual behaviours may be driven or led by needs from underneath. This conceptualisation is affirmed by a recent scoping review completed by McKibbin et al., 2024, who described these as psycho-social drivers related to the onset of harmful sexual behaviours and useful when considering prevention and early intervention.

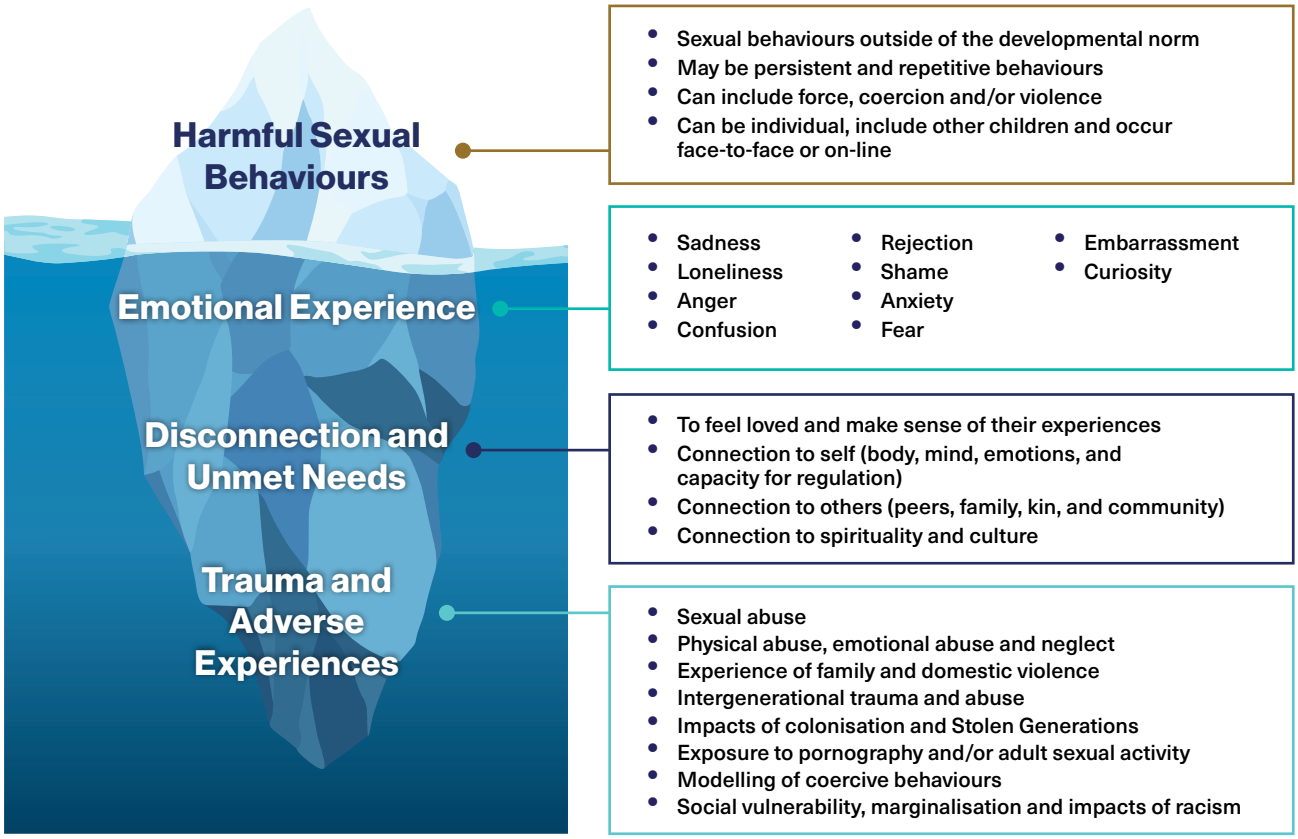


Figure 5: Harmful sexual behaviour is just the tip of the iceberg – what lies beneath.

2.5.2. Connection as a critical unmet need

Connection to self, others, spirituality, country, community and culture is a foundational human need and significant strength for many. Connections across these domains promote purpose and belonging which are essential for wellbeing - strong connections serve as protective factors for children, young people, family and community.

In particular, Aboriginal peoples have a strong history and culture of connection. Therefore, it is critical to understand the enormity of, and devastating impact of, colonisation and removal of children on Aboriginal families and the children themselves. This practice led to widespread disconnection, intergenerational, collective, and cultural trauma. Whilst individual children and young people may not always identify these intergenerational impacts and collective traumas, they nevertheless exist and persist, leading to disconnection across multiple areas and unmet needs. The restoration of connection is critically important for creation of strength, healing and wellbeing.

Gee et al. developed a holistic Aboriginal and Torres Strait Islander understanding of wellbeing, titled Social and Emotional Wellbeing (SEWB) model. This was documented in The National Aboriginal Health Strategy (1989) and Ways Forward report (1995). This model assists to better understand the needs of Aboriginal people. As depicted in the diagram below, it includes seven cultural domains or determinants of health and connection including body; mind and emotions; family and kin; community; culture; country; and spirituality and ancestors.



Figure 6: Social and Emotional Wellbeing Model (Source: Gee et al., 2014)

Although particularly important for Aboriginal children and families, the concept of connection and therefore impact of disconnection is relevant and critically important to understand for all children, young people, and families. Strong connection across these domains leads to an overall picture of health and wellbeing for children and young people. Concerns in any one domain, or across several domains, can lead to unmet needs, loss and disconnection to others and the world around them. Intervention is focused not only on the child or young person but is holistic and inclusive of family and the child's care system. For further information on SEWB and guidance on using this model see SEWB Framework.

2.5.3. Exposure to sexual content

The internet is a fixture of modern life and with pervasive exposure to cyberspace, children and young people are more readily exposed to unfiltered and often developmentally inappropriate content from various sources. Despite controls, this means children and young people can more easily access and be exposed to pornographic material online, whether intentionally or not.

Pornography is a term typically used to describe sexually explicit material that is generally intended to sexually arouse the viewer. Pornography can come in many different forms and include a variety of content that would be considered both common and extreme. Typically, this includes images, videos, text and cartoons or anime representing sexual themes, practices, and scenarios.

Contemporary access to pornography is generally via the internet, although printed material, DVDs and other image storage devices are also used to exchange, view, and store pornographic material.

An inquiry undertaken by the House of Representatives Standing Committee on Social Policy and Legal Affairs (2020) found that children were most likely to first access online pornography between the ages of 10 and 13 years. A review by Quadara, El-Murr, and Latham (2017), noted that 44 percent of children aged 9 to 16 years had been exposed to sexual images in the month before (with males being more likely), either via intentional searching or through accidental exposure while on the internet. A recent online survey of Australians aged 15-20 years recorded that 86% of males and 69% of females had been exposed to pornography with 1 in 4 males and more than 1 in 6 females before they reach 12 years of age (Crabbe et al., 2024).

The impact of exposure to and consumption of online pornographic material on children and young people can be far-reaching. It can impact their knowledge and attitudes towards sex and relationships, including sexual violence, and influence their sexual behaviours and practices (Quadara et al., 2017).

Given children are readily being exposed to sexual content, often inappropriate and outside their developmental capacity, the lines have become blurred for practitioners between what is considered normal and expected - and within that what can still cause harm and is therefore concerning and requires intervention. Hackett et al. (2019) noted that practitioners have become increasingly concerned about this growing trend where children's sexual behaviours have been influenced by what they see online and interactions on social media.

While it is now generally accepted that many children and young people will encounter sexual imagery, the impacts are potentially harmful. They, therefore, require both general and targeted intervention to prevent and resolve harmful impacts. This is particularly so when a child moves from accidental exposure to more repeated, purposeful searching for the material and as the material content becomes more explicit, violent or deviates from acceptable sexual norms of mutuality and consent.

2.5.4. Pathways contributing to the development of harmful sexual behaviours

An alternative view is to consider the sexual expression of the behaviour with the use of some typologies (or groups) of presentations to help articulate some common themes or clusters of harmful sexual behaviours, that include a complex milieu of characteristics and circumstances. The model below draws on contemporary clinical practice building upon work by Tucker (2017) who uses a needs-led approach, and those by Gil and Shaw (2014), Cavanagh-Johnson (1999), and Hackett, Holmes, and Branigan (2016) who utilise a conceptual model incorporating the sexual content of the behaviour. This model proposes four broad groups or pathways to developing these behaviours, notes that each pathway can overlap with the other.

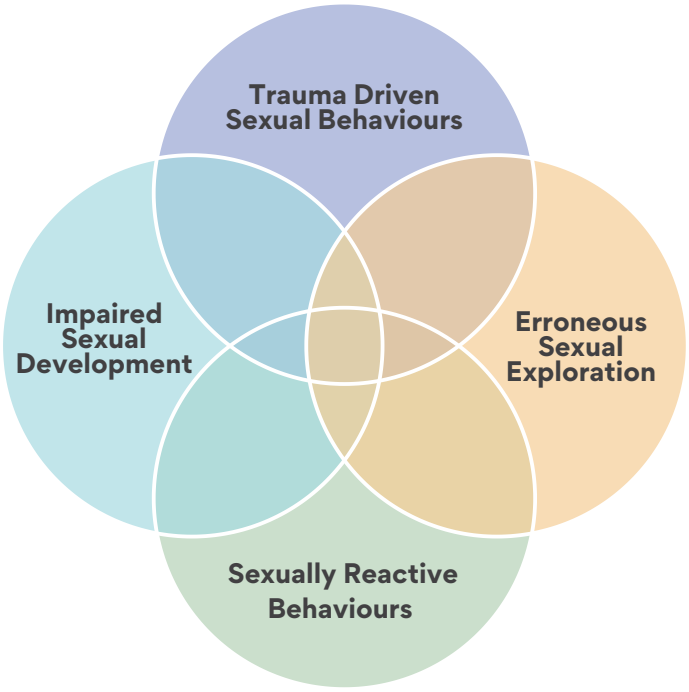


Figure 7: Harmful Sexual Behaviours Pathways

Trauma driven sexual behaviours - may be a function of sensory need, self-soothing, or dysregulation, driven by trauma symptoms, including an inability to self-soothe and form safe and meaningful relationships. These behaviours are outside what would be expected for a child or young person's age. Like those driven by sexual exploration, the child or young person may have a limited understanding of the inappropriate nature of their behaviour. Children in this pathway often have a significant trauma background, including relationship disruption, neglect, exposure to violence and experience of abuse. Many will also have complex care histories.

Erroneous sexual exploration - are generally driven by curious and otherwise appropriate exploration. However, they may either be outside of behaviours that would be considered age appropriate, directed towards a much younger or more vulnerable child, or displayed in inappropriate contexts. These are often seen within environments with poor boundaries, where there is exposure to sexual content such as adult sexual activity or pornography, where children have social delays or difficulties or where there has been a lack of appropriate education on sexual development and behaviour.

Sexually reactive behaviours - often represent a significant deviation from the norm in their sexual explicitness. They are often frequently displayed, persistent and compulsive. This pathway is often seen when associated with children and young people who have a sexual abuse history or a highly sexualised environment with exposure to sexual content, including pornography. Where it includes self-directed behaviour, this may be compulsive and unconscious. This can be seen as a trauma re-enactment or mimicking behaviour, such as masturbation. This pathway may be accompanied by impaired or distorted thoughts, beliefs and impulse control difficulties.

Impaired sexual development - whilst children and young people in this group may display behaviours following a pathway of inappropriate sexual exploration and/or trauma-driven behaviours the Impaired Sexual Development cluster generally develops over time with a pattern of increasing intensity and severity. Children and young people in this pathway often have a complex trauma history, which may include sexual abuse. However, this cluster also includes distorted views, beliefs and thoughts about self, others, behaviour, sexual and gender roles, and so on. In many instances, these behaviours will also be accompanied by impulse control difficulties and lack of understanding and or consideration for others.

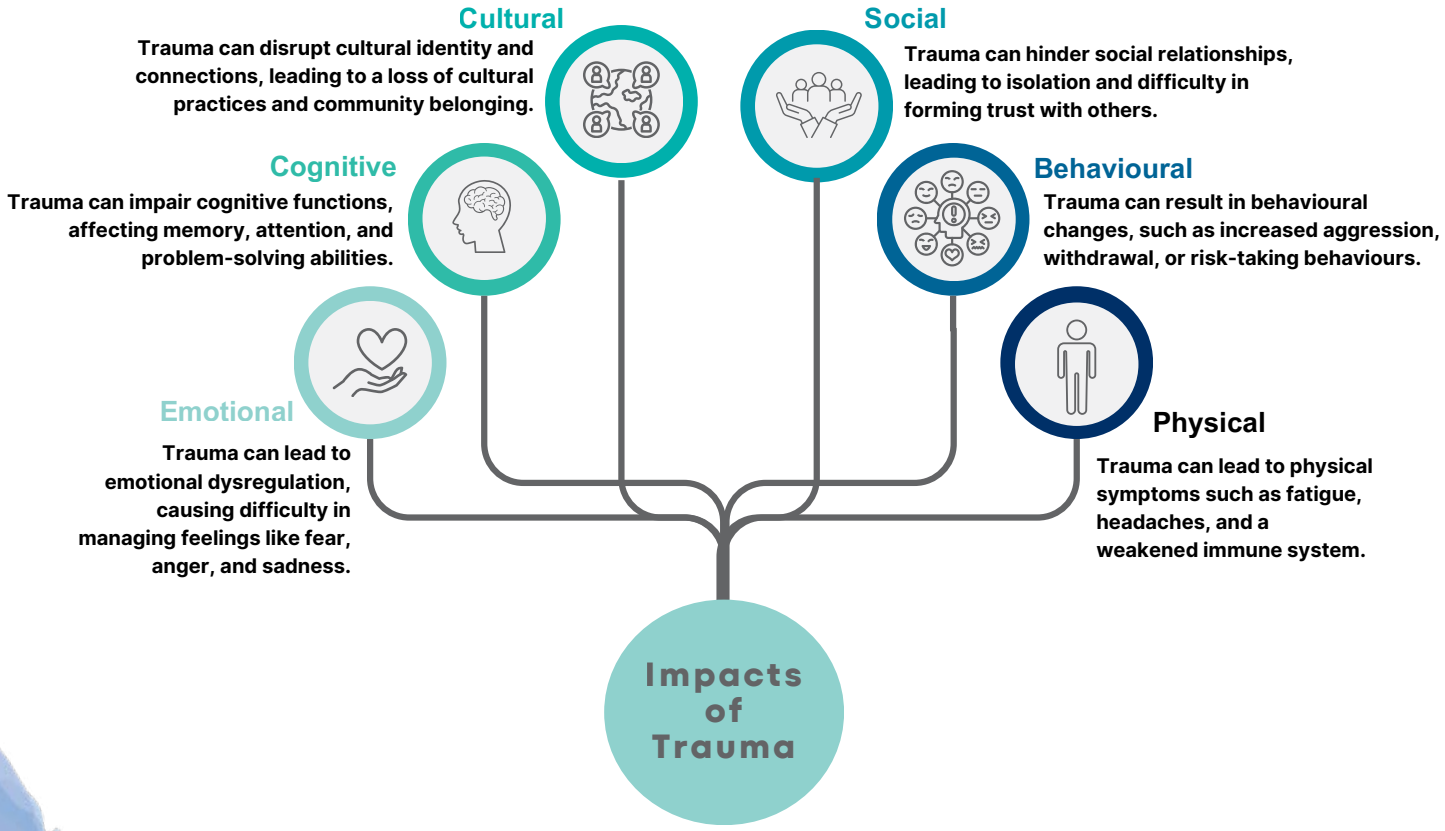
2.6. What are the impacts of harmful sexual behaviours?

Harmful sexual behaviours in children and young people are significant and require our attention and response because they are, by their very definition, potentially harmful to the child, their family and carers, and at times the wider community. Targeted early intervention is needed to minimise the impacts these behaviours can have on the child or young person displaying the behaviour, and on any other children exposed to or experiencing the behaviour. While the impacts of harmful sexual behaviours may vary from child to child depending on their circumstances, life experiences and unique personal attributes, they can be extremely harmful and impact the child throughout their life.

2.6.1. Children and young people exposed to harmful sexual behaviours

Children and young people can be significantly affected by harmful sexual behaviours displayed by other children. Impacts may range from feeling uncomfortable and ashamed when exposed to harmful sexual behaviours to significant health and mental health difficulties (when exposed to extreme and violent acts by another child or young person). Research suggests that some children and young people who have experienced sexual abuse or harm by another child or young person display many of the same trauma impacts as children sexually harmed by adults (Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2000: O'Brien, 2010) and are at risk of experiencing life-long impacts, including trauma. It is important to note that the impact of harmful sexual behaviours is unique to each person and that the occurrence of trauma is based on the child's unique context.

Figure 8: Impacts of Trauma



Immediate and long-term adverse effects of exposure to harmful sexual behaviours can encompass physical and psychological health, neurobiological development, interpersonal relationships, connection to culture, and sexual identity. Like all forms of child abuse and neglect, the impacts are individualised and may exist across all areas of a child's functioning and developmental domains.

Children and young people exposed to harmful sexual behaviours may experience flashbacks and nightmares or develop ongoing learning, social, and behavioural difficulties. They may feel upset, angry, fearful, and confused. Some children may also experience feelings of shame and guilt, blaming themselves for 'getting into the situation' or being unable to stop it, especially if they started as willing participants. They can also be humiliated and shamed by others, even if they are the victim of the behaviours. These impacts can lead to longer-term problems with future intimate relationships, mental health, and wellbeing.

Many complex and interconnected factors may influence how children and young people are affected by sexual abuse. While no single factor can accurately predict how an individual will respond, some factors appear to influence either the severity or type of impacts they experience, including:

- the characteristics of the abuse (such as the type, duration, and frequency),
- the relationship of the perpetrator to the child (including power differential and age differences), and
- the social, historical, and institutional contexts of the abuse; and the victim's circumstances, experiences, and characteristics (such as age, gender, disability, prior maltreatment, and experiences with disclosing the abuse; Royal Commission, 2017)

2.6.2. Children or young people who display harmful sexual behaviours

Harmful sexual behaviours in most instances not only cause harm to those around them, but also to the child or young person displaying the behaviour. Children and young people displaying harmful sexual behaviours visible to others are frequently labelled, marginalised, or stigmatised by their peers and the adults around them because these behaviours are not socially acceptable. They may be pigeonholed as dangerous by other adults and prevented from participating in school activities, play dates or sporting events.

These labels and the views of others tend to stick with the child or young person, being carried with them across environments and over time into adulthood. When this occurs, it can lead to mental health concerns and social difficulties for the child or young person, because they begin to feel hopelessly isolated, bad, ashamed, and different. They may become angry, seek to isolate themselves further, and become less willing to engage in supports or interventions for their behaviour (and the underlying issues) if early intervention is not provided. Self-harm and suicide ideation may be apparent in extreme cases where appropriate supports are not provided, particularly in older adolescents.

Engaging in harmful sexual behaviours can also lead to criminal charges and legal consequences for children and young people who are aged above the age of criminal responsibility and where their behaviours are deemed illegal. The age of criminal responsibility is the age at which a child is considered by law to have understood that their actions were wrong and can face criminal charges. In Western Australia a child over ten years who engages in harmful sexual behaviours toward another child or young

person may be criminally charged in certain circumstances. If convicted, they may be subject to custodial sentences, probations and sanctions that limit their freedoms and future opportunities. Whilst this is not common when viewed within the broad scope of harmful sexual behaviours, the impacts are devastating for a young person.

As noted previously, many children and young people who develop harmful sexual behaviours are also victims of child abuse themselves. They have often been exposed to adverse childhood experiences, leading to a range of complex trauma symptoms similar to those children who have experienced child sexual abuse. Further, many children and young people who display harmful sexual behaviours lack understanding about respectful relationships and boundaries and can have difficulty developing and maintaining peer relationships.

Due to their limited understanding of personal boundaries, many may also experience peer isolation. For some, their indiscriminate friendliness and inability to understand boundaries results in decreased capability to exercise their agency, which may place them at increased risk of being sexually victimised and exploited by others.

2.7. Individuals and contexts requiring our additional thought and consideration

There are a range of individual, family and community characteristics and contexts that heighten children and young people's vulnerabilities. These individual, family and community factors can:

- contribute to the complex melee of factors influencing a child's sexual development, and expression via sexual behaviours,
- contribute to vulnerabilities leading to risk of harm, and
- require a considered approach to understanding and responding to any harmful sexual behaviours that manifests.

The concept of intersectionality captures how multiple forms of inequality or disadvantage compound and can create obstacles for people (NAIS, 2018). Intersectionality acknowledges that every person has multiple and diverse identities (e.g., race, gender, culture, sexual orientation, socio-economic status, disability, beliefs, and worldview) that combine in unique ways to shape our perspectives and experiences with power, oppression and privilege (Ontario Human Rights Commission, 2001).

2.7.1. Children who have experienced multiple adversities, child abuse and trauma

Some characteristics or groups of children are more vulnerable than others to developing harmful sexual behaviours and require additional consideration when understanding the complex interaction of factors that lead to the development of the behaviour or support its continuation:

- male children (some samples note 97 per cent males) (Friedrich et al., 2001; Hackett et al., 2013),
- children living in out of home care (Bromfield et al., 2017),
- children with a learning disability (Hackett, Phillips, Masson, & Balfe, 2013; Seto & Lalumiere, 2010), and
- children with impulsivity, social difficulties, and difficulty with following rules (O'Brien, 2008).

Experiences that fall within the broad term of childhood adversities have been seen at increased rates within children and young people who have displayed harmful sexual behaviours:

- experience of child sexual abuse (Aebi et al., 2015; Friedrich et al., 2001),
- experience of other forms of child abuse; physical abuse, emotional abuse, neglect, and family violence (with 80 per cent of some samples of children with harmful sexual behaviours also having experienced family violence) (Fox, 2017; Malvaso, et. al, 2020).

- caregiver instability, absence and/or difficulties with parent-child attachment relationships (Malvaso et al., 2020; O'Brien, 2008), and
- children and young people raised in homes with modelling of coercive behaviours, including physical abuse and domestic violence (Mesman et. al., 2019).
- exposure to pornography and/or adult sexual activity (Malvaso et al., 2020; Wright, Tokunaga, & Kraus, 2016).

The diagram below seeks to present how the systems in societies and communities can interact with a child's life, with an interplay between systems leading to the effects on early life adversity. This social ecology of childhood includes positive and negative experiences and involves the interaction of the individual and their environment.

A social-ecological lens considers the environmental interactions to include adverse conditions, protective factors, genetic and epigenetic influences, physical environment, and social policy, within the context of a child's developmental stages (Lopez et al. 2021). When considering the occurrence of harmful sexual behaviours, a holistic view of the child or young person needs to be taken.

Exposure to adversities in childhood, depending on when they occur, can significantly impact development and attachment. Younger children are especially vulnerable to developmental delays and issues with attachment, while older children may face increased susceptibility to mental illness and suicidal thoughts and behaviours (Berk, 2013).

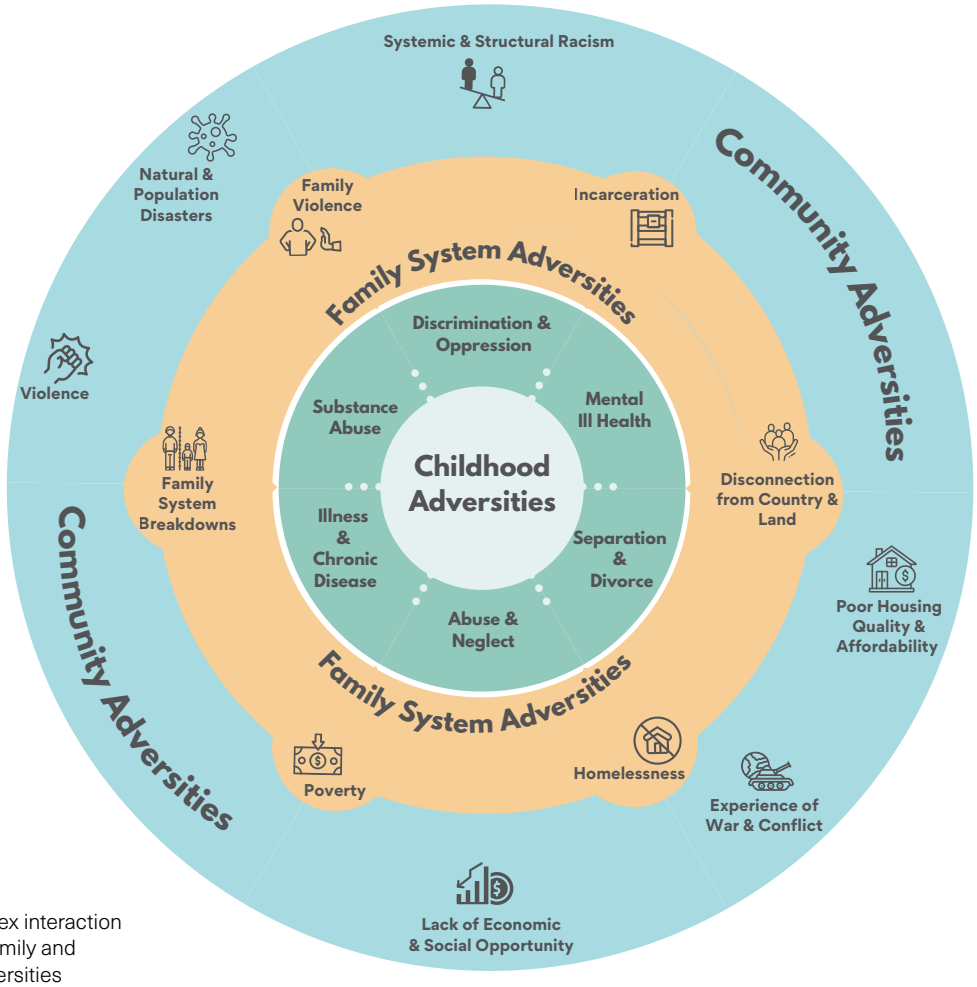


Figure 9: Complex interaction of Childhood, Family and Community Adversities

Experience of adverse life events are commonly associated with the development of trauma. Noting, trauma is highly individualised, as adverse events can impact individuals differently based on their internal resources and perceptions. Trauma is the psychological, physical, social, emotional, cultural, and/or spiritual harm caused by exposure to an event or series of events that are emotionally disturbing or life-threatening (Paton, et. al., 2024). It impacts an individual's sense of self, safety, social connection, and coping methods. Trauma can occur following a single incident or can be repetitive and prolonged resulting from a complex series of events. Trauma occurs across the lifespan and intergenerationally.

Intergenerational trauma refers to the impact of traumatic stressors extending beyond the individual directly affected, impacting their children and descendants. The layers of trauma and loss experienced within a family influence how that family functions. Intergenerational trauma may affect a single generation (i.e., passed from a parent to their child) or span multiple generations (Isobel et al., 2019).

The transmission of trauma to future generations occurs through parental attachment and biological/epigenetic and learned pathways (Isobel et al., 2019). This means that vulnerabilities and adaptations to specific circumstances are passed from parents to children (Isobel et al., 2019). In an exploration of young people who engage in harmful sexual behaviours, Zaniewski et. al. (2020) found that intergenerational patterns of attachment strategies identified that all parents showed disrupted attachment strategies with intrusion of unresolved trauma and loss.

2.7.2. Children with disability and developmental variations

Whilst development of sexual behaviours is a normal or typical part of development, and for many children this will develop without concern, children with varied abilities and developmental capacities including those with neurodivergence, disability and developmental delays can have additional challenges in navigating this complex space.

In alignment with the findings of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2023) (Disability Royal Commission), children and young people with intellectual and developmental disabilities (limitations in intellectual functioning and adaptive behaviour across conceptual, social and practical skills; Luckasson & Tasse, 2021), and those with neurodivergence, such as people with autism spectrum disorder, attention deficit hyperactivity disorder, and foetal alcohol syndrome, are all likely to experience additional vulnerabilities to both displaying harmful sexual behaviours and responding to re-direction and intervention (Malovic, 2021; Miccio-Fonseca & Rasmussen, 2020).

These children are, unfortunately, consistently over-represented in cohorts of children who have displayed harmful sexual behaviours (Allardyce & Yates, 2013; Hackett et al., 2013; Miccio-Fonseca & Rasmussen, 2020; Seto & Lalumiere, 2010). Further, the Disability Royal Commission found that people with disability are more than twice as likely as people without disability to experience sexual abuse before the age of 15 (p. 47). Children who have varied abilities therefore require additional consideration with regards to their capacity to understand certain concepts, navigate social relationships and understand social norms, manage impulse control and regulate physiological responses to arousal, stress, and distress.

Young people with low intellectual functioning (those diagnosed with intellectual disability, borderline intellectual function or learning disability) who have displayed harmful sexual

behaviours differ in several ways from young people with typical developmental abilities (Miccio-Fonseca & Rasmussen, 2020). These children and young people may not understand the harmful nature of their behaviours; they are more likely to engage in harmful sexual behaviours opportunistically and impulsively and are less likely to use grooming strategies. Further they tend to have fewer protective factors including social connections and capacity to make and retain appropriate peer relationships (Hackett, 2014; Miccio-Fonseca & Rasmussen, 2018; Timms & Goreczny, 2002).

For male children with intellectual and developmental disabilities, their risk increases with age and for those who have experienced sexual abuse as they are more likely to engage in harmful sexual behaviours as they grow older (Hackett et al., 2013). They are likely to have more distortions supportive of entitlement and control-based strategies for coping and they likely have more ingrained behaviours (Miccio-Fonseca & Rasmussen, 2019). Given their developmental age does not match their chronological age, they often seek connection with children whose functional maturity and age is more like their own. This often results in young people with an intellectual disability seeking friendships with children much younger than them chronologically, but who they can relate to functionally (McNeish & Scott, 2023). Unfortunately, this can, in some cases, create opportunity for harmful sexual behaviours.

People with disability may experience a unique set of experiences which typical protective behaviours education does not cater to – for example, the need for personal care and assistance from support staff and others. In this sense people with disability are often expected and socialised to comply, and in contexts where personal care is occurring.

From a social and cultural perspective infantilising and overprotective attitudes towards individuals with disabilities can hinder opportunities to develop decision-making skills and understand boundaries, which may result in a struggle to engage in healthy relationships and manage their own behaviours effectively (McConkey & Ryan, 2001). Individuals with disabilities often receive inadequate relationship and sex education as well as protective behaviours support compared to their non-disabled peers (Shandra & Hogan, 2008). This gap can be attributed to societal discomfort with discussing sexuality and relationships with people with disabilities, as well as assumptions that they are not interested or capable of engaging in sexual relationships (Priestley & Waddington, 2021).

2.7.3. Children with gender and sexual diversity

Gender and sexual diversity encompass the range of gender identities and expression, sexual orientations, and sex characteristics that children and young people may use to describe themselves (Australian Government, 2023). The acronym LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, and gender diverse, Intersex, Queer and Asexual) is also used as an umbrella abbreviation of diverse sexualities, genders, and sex characteristics. Whilst gender and sexually diverse children and young people are no more likely to display sexual violence than cisgender heteronormative young people, those with diversity are more likely to experience a range of adverse experiences including sexual violence, child abuse, and neglect, increasing their overall vulnerability, (Ybarra et al., 2022; Higgins et al., 2024).

It is also evident that gender and sexually diverse young people experience higher rates of adversities, and often experience cumulative stress because of experiencing stigma and being socially marginalised (Diamond & Alley, 2022). Issues such as mental health difficulties, health risk factors (e.g., substance use), homelessness and higher risk of suicidality are also present for children and young people with sexual and gender diversity (Higgins et al., 2024; LGBTIQ+ Health Australia, 2021).

The adversities experienced by gender and sexually diverse people, particularly child abuse, is not solely due to a person's diversity, rather the risk of harm is heightened by the stigma, discrimination and oppression that occurs due to diversity (Capaldi et al., 2024). Some of the adversities experienced by gender and sexually diverse people, such as child abuse, have been seen at increased rates within children and young people who have displayed harmful sexual behaviours. At present, with the research into gender and sexual diversity and harmful sexual behaviours being limited, it is important that historical and unhelpful stereotypes that link gender and sexual diversity to perpetrating sexual abuse not be reinforced through linking gender and sexual diversity, child abuse experiences, and harmful sexual behaviours (Capaldi et al., 2024; Bennett et al., 2024).

Further, given the increased vulnerability and potential for childhood experiences (e.g., child abuse and sexual violence experiences) of young people who have displayed harmful sexual behaviours who are also gender and sexually diverse, it is critical to consider these experiences as likely contributing to the harmful sexual behaviour's development and/ or maintenance. Another contributing factor that may be present in gender and sexually diverse young people who have displayed harmful sexual behaviours is their potential use of pornography. Research on the frequency of pornography use in adolescents that considered sexual diversity found that boys reported more pornography use than girls (weekly or more frequent vs. monthly or less frequent), and although heterosexual and sexually diverse boys' pornography use was similar, sexually diverse girls used pornography more frequently than their heterosexual peers (Bőthe et al., 2022). Again, given the significant impact of pornography exposure and use on the development and maintenance of harmful sexual behaviours, this increased use by young people with sexual diversity must be considered in responses and in understanding the origins of any behaviour.

2.7.4. Harmful sexual behaviour in the online context

Computer technology is ubiquitous in today's society, and interactions with the online world are increasing at an exponential rate. Devices for online connection are fixtures of modern life including smartphones, computers, and other internet-connected devices. Children and young people are 'logging on' to various social media platforms, interactive gaming forums and online learning throughout their day (Paton & Bromfield, 2024). Unfortunately, this universal use of computer technology has provided an environment where harmful sexual behaviour occurs.

Although terms such as 'technology assisted harmful sexual behaviour' has been commonly used to describe when a child or young person engages in harmful sexual behaviour online or using technology (Brown & Tregidga, 2023; Hollis & Belton, 2017; Lewis, 2018; Ossa et al., 2019), differentiating offline and online behaviour is not always helpful. More recently, there is growing recognition that categorical distinctions between offline and online behaviours may be limited, as children and young people traverse both online and offline social worlds seamlessly. The range of harmful sexual behaviours in the online context may include:

- accessing pornography
- exposing other children to pornography
- downloading, distributing and/or producing child abuse material

- online grooming, soliciting, or sexual harassment
- online child sexual abuse or exploitation including impersonating others for grooming and exploitation
- self-directed harmful sexual behaviours
- image-based abuse; and
- internet or social media use that forms part of overall harmful sexual behaviours.

Image-based abuse, sometimes called 'revenge porn', is when someone shares, or threatens to share, an intimate photo or video of another person without their consent (eSafety Commissioner, 2024). This could include digitally created and altered sexually explicit material that is an extremely realistic but false depiction of them doing or saying something that they did not actually do or say.

The sending of sexual text messages via mobile phone messages or social media message platforms, commonly known as sexting, involves the sending of nude and sexually explicit images or videos via electronic communication. Whilst sexting can be a form of harmful sexual behaviour, this categorization is dependent on contextual factors that will be covered in Section 3.

2.8. Cultural considerations

When working with children and young people who have displayed harmful sexual behaviours and their families who have been impacted by their behaviour, we need to be mindful of cultural considerations from our very first interactions and at every step through our work with them, the specifics of which will vary according to your role. Culture can impact how harmful sexual behaviours are reported, understood, and viewed by individuals and families. It is helpful to explore the understanding, language and meaning held by the children, young people, and their families early on in your work with them. The cultural background of the child or young person is important in understanding how best to support them and be responsive to their needs.

Reflecting on your own culture, beliefs and practices is central to this understanding. Together with being curious and open in your enquiry, having awareness of your own bias will reduce the likelihood of incorrect assumptions being made and the child, young person, or family feeling misunderstood or unheard. It is also important to enquire about any cultural implications or consequences for the child relating to their harmful sexual behaviours, such as shame, social exclusion, or impact on cultural standing. Once you have this information, you must consider how this may impact the child, their circumstance, and your work with them.

It is okay to feel uncertain or underinformed about cultural considerations related to harmful sexual behaviours. However, it is essential you remain aware of this and seek guidance and input from appropriate members of the relevant community.

Belonging to a particular cultural or community group does not cause harmful sexual behaviours. Unfortunately for many cultural groups, structural factors, intersectionality, systemic racism, collective trauma from

persecution and cultural bias has led to ongoing and intergenerational harm and therefore additional vulnerabilities (Darwin, et. al., 2023).

2.8.1. Aboriginal peoples

Aboriginal communities throughout Australia are diverse, with each community holding unique customs, traditions, and ways of knowing and being. Awareness of lore, which governs relationships, responsibilities, and cultural protocols, is essential when engaging with communities. Societal norms differ across groups, so it is important to avoid making assumptions, as different language groups may share some practices while maintaining distinct cultural traditions. To provide culturally responsive support, seek guidance from local Aboriginal Elders, community organisations, and professionals who can offer insights grounded in cultural knowledge and protocols.

Given the intergenerational and collective trauma experienced by Aboriginal people because of colonisation, we need to recognise the ways in which people's reactions and expressions of distress may be linked to their lived experiences (Gee, et al., 2014).

Aboriginal people have been adversely impacted by legislation and policies, including the forcible removal of children over several decades, which has led to multiple generations of children and young people experiencing disconnection from culture, kin, and Country. Western Australia is home to 22% of the nation's Stolen Generations survivors (Healing Foundation, 2018). This is significant considering Western Australia is home to 12.2% of Australia's Aboriginal population (Census, 2021). These impacts have resulted in increased intersectional vulnerabilities inclusive of increased rates of exposure to other adversities, such as child abuse, neglect, incarceration and child protection involvement.

Culturally responsive practice creates the conditions for Aboriginal children and young people to experience cultural safety. This means embodying cultural humility and partnering with Aboriginal children, families and communities in decision making and working together on co-developed solutions. See section 4.3 for further guidance on culturally responsive practice and healing.

2.8.2. Multi-cultural, multilingual and multifaith communities

Australia has a multi-faith, multi-lingual and multi-cultural community with significant diversity in beliefs, values, languages, and cultural backgrounds. In Western Australia we have a history of very high levels of immigration and settlement over the last century, with 32.2% of the population being born overseas, 130 faiths being followed, and 249 languages and dialects spoken (Australian Bureau of Statistics, 2021). This means there is great variation in ethnicity, ancestry, beliefs, values, language, and culture.

Consistent with this diversity is great variation in values around sexuality and sexual behaviour from extremely conservative to extremely liberal (McKee, et. al., 2010). Judgements about what is appropriate sexual behaviour in children differ dramatically in different societies (McKee, et.al., 2010).

2.9. Harmful sexual behaviours within sibling relationships

Harmful sibling sexual behaviour within sibling relationships is the most prevalent form of intrafamilial sexual abuse, causing significant impacts for those children involved and their family (Yates, 2019). The term sibling is used to refer to children jointly cared for including biological siblings, adopted, step- or half-siblings and cousins if residing in the same household (Allardyce, 2024). There are often additional complexities related to harmful sexual behaviour within sibling relationships, natural power imbalance and divided loyalties for both the child who has been harmed and the parents who must respond to both children.

For these reasons harmful sibling sexual behaviour has a low disclosure rate and is more likely to occur over extended periods of time than other forms of sexual abuse (Allardyce, 2024).

It is important to address how siblings relate to each other and consider siblings' roles and responsibilities. Whilst the mean age is 6-9 years for a child being exposed to the behaviour and 12-16 years for a child who exhibits the behaviour, the key factor to understand is the role of power rather than age (Allardyce, 2024). Sibling sexual abuse often occurs in families with significant stressors (detailed in 1.7.1.1). McCartan et al., (2024) highlights the importance of professionals understanding the family context of this type of harmful sexual behaviours and understanding the role of the family system in creating conditions where harmful sexual behaviours can occur. Children who engage in harmful sexual behaviour within sibling relationships may or may not engage in harmful sexual behaviour with unrelated children. Consistent with other forms of child sexual abuse, comprehensive assessment and safety planning is required for the child and their unique needs. The impact of harmful sibling sexual behaviour within sibling relationships is complex, including the child who has been harmed, parents, non-abusing siblings and the sibling who has caused the harm.

2.10. Harmful sexual behaviours within Out of Home Care

Harmful sexual behaviours occur within institutional settings and can be a form of institutional child sexual abuse. Out of Home Care is a term given to children and young people living in alternative care arrangements under the care and protection of the Department of Communities. Alternative forms of care can include residential care (a form of group care where often unrelated siblings of similar age live together with professional rotating rostered carers), family group care (typically utilised when sibling groups are kept together and placed with paid professional carers – usually on much longer rotating shifts), foster care (placement within a family home environment with a family who is supported via a foster care subsidy – this may include unrelated children also in care and other children of the family carers), and lastly kinship care (similar to foster care, but the children placed have a family or kin connection to the family/carers).

Children and young people in residential care are more likely to display and be exposed to harmful sexual behaviours than their peers in other forms of care, who, in turn, are more likely to encounter it than others not living in Out of Home Care. Unfortunately, this is not a concern unique to Western Australia or even Australia, with studies from all over the world articulating this trend and the complex milieu of factors that contribute to and maintain harmful sexual behaviours (Attar-Schwartz, 2014; Collin-Vézina, et. al 2011; Euser, et. al. 2013; Moore, McArthur, & Death, 2020).

Children and young people in residential care who have displayed or are exposed to harmful sexual behaviours are also at-risk of experiencing sexual exploitation by both their peers in residential care and by adults and other young people outside of residential units (Gatwiri, et. al., 2020). Examples of sexual exploitation highlighted in recent Australian inquiries include facilitated prostitution, sex for shelter and adult-child sexual abuse (Bruce & Mendes, 2008). The international literature suggests that there are several individual and contextual factors for this situation.

- Children and young people are placed in residential care due to experiences of abuse, neglect, and trauma, often because other care options are not available or have broken down (Bath, 2008; Green & Masson, 2002).
- These adverse and ongoing traumas can play a part in children and young people's use of harmful sexual behaviours and vulnerabilities that can increase the likelihood of their exposure. Many young people who display harmful sexual behaviours are placed in residential care because foster and kinship carers are not willing or adequately equipped to manage their behaviours (Moore, et. al., 2016).

- At the same time, especially vulnerable children and young people who have not used harmful sexual behaviours (including those with disability, mental health concerns and limited connections) are more likely to live in residential care and be exposed to their peers' behaviours (Bath, 2008).
- Many children and young people in residential care have also not been exposed to healthy and appropriate relationships and may have distorted views about appropriate expressions of sexuality (Moore, et. al, 2016).

The international literature highlights several contextual factors that increase the likelihood that children and young people in residential care will display or be exposed to harmful sexual behaviours. The workplace culture of some residential care units can either cast children and young people as being asexual (and any sexual expressions as problematic) or as hypersexual (with harmful sexual behaviour being excused or minimised), (Barter, 2006). This affects how workers in these settings identify and respond to instances of harmful sexual behaviours and their willingness to have appropriate conversations and intervene when concerns about young people's expressions of sexuality emerge (Charles, Coleman, & Matheson, 1993). Macho, misogynistic, and homophobic cultures - and cultures that either promote or turn a blind eye to problematic behaviours - also enable harmful sexual behaviours to occur, as do those where workers feel unwilling or ill-equipped to identify and prevent harmful sexual behaviours from occurring (Bruce & Mendes, 2008; Green, 2005).

Conversely, in residential care units where staff are empowered to play a role in encouraging healthy sexual development, there is an increased likelihood that appropriate conversations with young people about their needs and behaviours will take place, which in turn can reduce the likelihood that harmful sexual behaviours will occur (Green, 2001).

Although the prevalence of harmful sexual behaviours in residential care is significant, there is an argument that the increased surveillance of children and young people in these settings also increases the likelihood that concerning behaviours will be identified.

2.11. Harmful sexual behaviours within educational settings

Education communities include a broad range of school types, from kindergarten, childcare and after school hours education settings, to primary and secondary schools, boarding schools, and schools with specific purposes for students who are unable to access or have significant difficulty accessing mainstream education such as Curriculum and Reengagement in Education (CARE) Schools and education support schools for those with disabilities and additional needs.

Children spend a considerable amount of time in education environments including classrooms, school grounds, extra-curricular activity environments, boarding houses, camps, and excursions. Given the time spent in education environments and the high number of children and young people in these environments it is unsurprising that international literature suggests that there is a high prevalence of harmful sexual behaviours in education settings (Kor et al., 2023). A recent Australian study found that 45% of harmful sexual behaviours incidents reported to statutory child protection were from education communities (Spangaro et al., 2021).

When considering factors that enable harmful sexual behaviours in education environments there are characteristics about individual schools, the student body, staff knowledge and training and harmful social norms that can facilitate different forms of harm (Lloyd, 2019). Characteristics of school environments, such as the layout of the school, lack of or ineffective policies and practice guidelines, can enable the occurrence of harmful sexual behaviours (Lloyd, 2019; Kor et al., 2023). Teachers may not be aware of harmful sexual behaviours or the extent it occurs in education environments; may not understand harmful sexual behaviours; may lack adequate training; or may not be equipped to identify and respond to harmful sexual behaviours (Lloyd, 2019; Ey & McInnes, 2020). Teachers, childhood educators and sports coaches report gaps in their understanding of identifying and responding to harmful sexual behaviours and identify a need for more training and professional development (McKibbin & Humphreys, 2021).

The implementation of appropriate responses to harmful sexual behaviours by teachers and school staff can be impacted by the normalisation and minimisation of harmful sexual behaviours in the school environment, where a lack of response for harmful sexual behaviours at the lower end of the continuum may increase risk for harmful sexual behaviours occurring at the higher end of the continuum (Kor et al., 2023). The inability of staff to appropriately respond to harm in schools can be seen to facilitate abuse or reduce the likelihood of students seeking help (Lloyd, 2019).

Harmful social norms in education communities, particularly relating to masculine and feminine gender norms, can influence how students, teachers, and the wider education community view, identify and respond to harmful sexual behaviours (Kor et al., 2023). Research into sexual harm in schools has shown how education can reinforce, rather than challenge, harmful sexist cultures (Dobson & Ringrose, 2016) by normalising dominant gender norms (Lloyd, 2019). The prevention of harmful sexual behaviours in education communities can be improved through education on protective behaviours, respectful relationships, respectful sexual behaviours, and boundaries (Kor et al., 2023).

The key considerations in the occurrence of harmful sexual behaviours in education communities includes the physical environment, staff understanding and response, community culture and quality of sexual education.

2.12. Community as a context

Communities are commonly thought of as being groups of people living within geographical areas, such as suburbs, shires, or towns; inter-connected groups of people that can influence one another's wellbeing (Australian Bureau of Statistics, 2001). Other connections between people such as shared values, traditions and lifestyles also contribute to a sense of community. People with a shared culture or heritage such as groups of Indigenous people, people belonging to religious groups, or groups of people born in other countries who maintain associations with each other, are often viewed as belonging to a community (Australian Bureau of Statistics, 2001). Communities may also be defined in terms of people with a shared set of interests or activities, for example, school communities or sporting clubs.

Western Australia has both varied and numerous communities of each of the above-mentioned types. It is important to have awareness and understanding of the interconnecting communities a child or young person is a member of and the characteristics, values, and beliefs of these – and how they may have contributed to harmful sexual behaviours developing or being maintained.

2.13. Regional and remote Western Australian communities

Western Australia, Australia's largest state, spans some 2.5 million square kilometres, with approximately 92% of the population residing in the southwest corner of the state (79% within Perth, the capital city). Australia is divided into 5 classes of remoteness, on the basis of a measure of relative access to services. Namely these are major cities, inner regional, outer regional, remote and very remote. For government administration purposes Western Australia is divided into 9 regions (Kimberley, Pilbara, Gascoyne, Mid-West, Goldfields – Esperance, Wheatbelt, Peel, Southwest, Great Southern). Each region has distinct socio-economic communities.

It is important to be cognisant of the immense land mass of Western Australia and the unique characteristics of the regions and classes of remoteness. Remote and very remote communities have small populations. As communities become increasingly distant from the metropolitan area their access to assessment and treatment options for children who display harmful sexual behaviours and/or have experienced abuse and trauma vary greatly between different services and there are often inadequate training opportunities or supports available.

3.0: Understanding Harmful Sexual Behaviours Across a Continuum

3. Understanding harmful sexual behaviours across a continuum

3.1. Using a layered system

Models first suggested by Cavanagh-Johnson (1999), and Hackett, Holmes & Branigan (2016), and supported by Meiksans, Bromfield & Ey (2017), all suggest that a continuum-based approach should be taken to understand harmful sexual behaviour recognising that harmful sexual behaviour includes a range of behaviours of varying severity, deviation from the norm, and impact. This Framework utilises Paton & Bromfield's (2024) layered approach to understanding and responding to harmful sexual behaviours across a continuum. This approach was developed with the Western Australian service system in 2022 and updated after further research and national and international implementation across a variety of contexts. Practice Guide - Understanding Harmful Sexual Behaviours: A Layered Continuum.

Paton and Bromfield's harmful sexual behaviours Continuum builds on the work of previous continuums, adding additional layers (developmental stage, social and environmental context etc), providing additional practice guidance for different developmental stages, and using fewer stigmatising labels to better enable the continuum to be used as a practice tool between disciplines.

Detailed in Table 1, the continuum classification of sexual behaviour displayed by children is designed to guide practitioners' understanding and response to a range of behaviours. The proposed continuum extends from sexual behaviour that is developmentally appropriate through to that which may be considered harmful sexual behaviours, inclusive of concerning, very concerning and serious/extreme sexual behaviours.

The continuum should be used in a layered manner. Practitioners should first look to review the behaviour in terms of a child or young person's developmental age and stage (physically, psychologically, socially, and cognitively), the social and environmental context within which the behaviour occurs, and through any relevant cultural lens.

Once this level of assessment is complete, additional factors must be considered at the bottom end of the continuum. These additional factors include persistency and frequency of the behaviour, the emotional experience of the child or young person when the behaviour is displayed (and observed or uncovered), as well as the dynamic created when another child is involved in the behaviour, specifically with regards to the concepts of respect, mutuality, and consent. All behaviours of a sexual nature displayed by children and young people must be understood against the backdrop of this context of complex inter-related considerations to ensure accurate identification and appropriate responses.

Of note in the continuum is the explicit consideration of the frequency and persistency of any behaviour. It is not uncommon for children and young people displaying harmful sexual behaviours to engage in behaviours simultaneously from across the continuum, or for these behaviours to escalate across the continuum over time. While it is critical to assess each behaviour within the individual context, consideration should also be given where patterns or clusters appear over time, even when most behaviours may be deemed within the lower end of the continuum.

Table 1: Layered continuum for understanding harmful sexual behaviours (2024)

Descriptor	Developmentally appropriate	Developmentally inappropriate	Concerning	Very concerning	Serious/extreme
General description of the behaviour	The type of behaviour is expected for the child's developmental stage; it is seen as socially acceptable and aligned with community expectations. It is typically considered appropriate sexual expression and/or exploration.	Sexual Behaviour is developmentally, socially, contextually and/or culturally inappropriate. Considered on the fringe of being developmentally acceptable. May be displayed as a single incident behaviour that is slightly outside the developmental norm or behaviour that may be outside the developmental norm but readily accepted within a social peer group or set context. Inappropriate sexual behaviour can include appropriate sexual behaviour that is displayed in inappropriate contexts, particularly by younger children.	**Concerning, very concerning and serious/extreme behaviours in this series are considered Harmful Sexual Behaviours. This is because they can cause harm to either the child or young person displaying the behaviours, or any other child or young person involved.** Behaviour that is clearly outside developmental expectations. May also include developmentally inappropriate behaviours displayed as part of a pattern of behaviour. Regardless of context, the behaviour is generally socially unacceptable even within diverse peer or social groups.	This behaviour is clearly outside developmental expectations and is considered socially unacceptable. It is often intrusive and harmful to the child or young person displaying the behaviours and/or others. A child's intent or motivator of the behaviour may also differ markedly from the norm in this group. They may disregard the other child's wishes, distress or resistance prioritising their own gratification or needs over others.	An extension of behaviours that are 'very concerning', 'serious/ extreme' behaviours may include elements of physical violence, sadism, degradation, and be highly intrusive and harmful to others. Particularly in early adolescence and adolescence, these behaviours may evoke sexual arousal linked to levels of violence and use of power and force.
Consent, mutuality, reciprocity and respect - for behaviours involving another child or young person	The children involved have a shared understanding of the behaviour. The behaviour is mutual and reciprocal with no power differential or coercion. ***may not be at the legal age of 'consent'.**	The children involved have a shared understanding of the behaviour. Generally consensual, reciprocal and includes mutuality with no or minimal power differential. Possible self-induced pressure to fit in with peers.	May involve inequity in power, lack of respect or reciprocity for the other and limited mutuality. There may be differences in the understanding of the children involved regarding the sexual nature of the behaviour or gratification experienced.	Will likely include a lack of respect for the rights of the other child, inequity in power, disregard for the concept of mutuality (particularly in early adolescence and adolescence where sexual gratification is a motivator) and will often involve coercion or force, or involvement of younger children in sexual activity which they do not understand.	Often involves force, coercion, threats, and deception with limited respect for the rights of the other children involved. The child displaying the behaviours may have developed or be developing a fixated sexual interest in younger children.

[Table continues on next page]

Table 1: Layered continuum for understanding harmful sexual behaviours (2024)
[continues from previous page]

Descriptor	Developmentally appropriate	Developmentally inappropriate	Concerning	Very concerning	Serious/extreme
Emotional experience and expression	Generally positive or neutral. May include displayed curiosity, giggling, laughter and joy in younger children, and engagement or pleasure by adolescents.	May include positive, neutral, curious or embarrassed, particularly if the behaviour is exposed.	May include non-emotion, extreme or intense emotion, expressed internal conflict of emotions, or non-expected emotional responses. Can however be accompanied with complex feelings of guilt, remorse and/or shame*, particularly where the child or young person is aware the behaviour may not be appropriate. May have feelings of confusion if there is a lack of understanding of sexual development for children with disability. ***shame is an internal expression of humiliation and distress that may manifest in many ways. Particularly for those with a history of childhood trauma, external expression of shame varies and may include anger and hostility.**	May include non-emotion, extreme or intense emotion, expressed internal conflict of emotions, or non-expected emotional responses. May have feelings of confusion if there is a lack of understanding of sexual development for children with disability or special needs. May display a lack of insight, care or empathy for the experience of other children involved. Distress may be more situated in the consequences of 'getting caught'.	May include non-emotion, extreme or intense emotion, expressed internal conflict of emotions, or non-expected emotional responses. Varies widely and is often related to the motivating and causal factors of the behaviour, though can include shame, anger and pleasure. There is likely to be a lack of care or empathy for the experience of any children harmed by their behaviours. As with very concerning behaviours, emotional response may be more situated in the consequences of 'getting caught'.
Pattern of behaviour	Pattern of the child's sexual expression has been developmentally appropriate.	Sexual behaviours displayed outside of appropriate contexts are typically one-off play/peer based. Child or young person responds to redirection or explanation about appropriate context as required. Generally seen in early adolescence and adolescence as healthy experimentation or in pre-school aged children exploring their bodies. Often single incidents that can be shifted with minimal boundary setting, psychoeducation and/or redirection.	May be single incident, but typically repeated and sometimes compulsive/driven behaviour.	Often repeated but not always compulsive, behaviour can sometimes be seen to 'escalate' in level and frequency over time. Likely to persist despite targeted redirection or intervention, sometimes in secret. May involve multiple children and occur across varied locations.	Behaviour is often persistent and accompanied by rigid or ingrained patterns of thought that have developed over an extended period. Behaviour is likely to continue without specialised therapeutic intervention, and often persists in secret. Likely includes multiple children and varied locations.

3.2. Behaviour that can be considered appropriate or harmful across the ages

To support the application of this continuum, see links below to tables 2 to 7 which have been created as examples of sexual behaviours across a range of developmental stages described in terms of age, schooling and sexual development drawn from the work of child-developmental theories and mapped onto contemporary schooling levels in the Australian context.

- Infancy and Early Childhood: Approximately birth to 3 years
- Lower Primary School: 4 to 6 years
- Middle Primary School (Pre-pubescent): 7 to 9 years
- Upper Primary School (Pubescent): 10 to 11 years
- Lower High School (Early Adolescence): 12 to 14 years
- Upper High School (Adolescence): 15 to 17 years

These tables provide examples only and must be considered in terms of contemporary evidence as it arises. It does not remove the need for specialist consultation in this space, particularly where the behaviour is in the concerning, very concerning and serious or extreme end of the continuum.

4.0: Building Responses Across the Continuum

4. Responses to behaviours across the continuum

Using the continuum presented in the previous section we can begin to better understand the nature of a child's behaviours and the impact on themselves and others. This enhanced understanding improves our capability to provide documented, measured, trauma-informed, culturally responsive, and developmentally aware responses. Understanding, categorising, and responding to harmful sexual behaviour is dependent on context and can sometimes require a high level of skill and experience.

Four essential criteria emerge when considering responses across the continuum:

1. Enhancing and managing safety and wellbeing
2. Building workforce and caregiver capacity to respond
3. Ensuring responses are culturally responsive
4. Planning and implementing supports across the system at the primary, secondary, and tertiary levels for the individual, family and community.

4.1. Establishing and enhancing safety and wellbeing

Before enacting any responses across the continuum, establishing safety for children and young people who have displayed harmful sexual behaviours is essential. There are a variety of elements that can contribute toward establishing and enhancing safety, including those related to the child or young person themselves, their environments, and the supports in place around them.

Regarding safety, one should be aware that children and young people distinguish between 'feeling safe' and 'being safe' (Moore et al., 2016). Feeling safe is unique to the child/young person and requires action related to the environment, style of interaction and expectations to be established and maintained. Services have a responsibility to address any barriers to 'feeling safe' and accessing supports.

Enhancing safety within the context of harmful sexual behaviours should include both a review and plan to ensure immediate, acute, or short-term safety, as well as looking at enhancing safety and wellbeing or building strengths in the longer term. The next section outlines some key elements to consider when building safety plans for immediate and longer-term safety, and some components of an effective safety plan.

4.1.1. Enhancing immediate, acute, short-term safety

The following themes describe key elements and guide immediate and acute responses to harmful sexual behaviours with the aim of enhancing short-term safety. As the term suggests, immediate and acute plans need to be monitored and reviewed frequently to follow the principles of strengths-based and least restrictive responding to harmful sexual behaviours. Regardless of the context, enhancing acute safety requires explicit planning and responses, implementation of clear rules and boundaries, proportionate and time limited supervision, restricting digital engagement, and proactive safety strategies.

Additional considerations include social interactions with other children, cultural safety, environmental and contextual considerations, placement support requirements, and including children and young people in the development of such planning. Figure 10 below (adapted from Paton et al, in review), highlights the key elements that should be considered when supporting children and young people who have displayed harmful sexual behaviours and their care system to build and enhance immediate, acute, and short-term safety.

4.1.2. Enhance safety over time – building strengths and protective factors

Once acute and immediate safety has been developed, a child or young person who has displayed harmful sexual behaviours should then be supported to develop an enhanced sense of wellbeing and safety over the longer term. Moving away from a risk assessment and management focus, this approach of ensuring immediate safety for all children, then swiftly looking towards longer term wellbeing, ensures that the child who has displayed the harmful sexual behaviours can learn more appropriate ways of interacting with peers and / or younger children and develop increased connection and skills.

The following themes describe key elements and responses to harmful sexual behaviours with the aim of enhancing safety over time, building on children and young people's strengths, and increasing protective factors.

Although these themes involve longer-term planning to enhance safety and wellbeing, given the pace of children and young people's biological, social, and emotional development and ever-changing contexts, safety plans must be monitored and adjusted frequently. Safety can be enhanced over time through:

- developing positive relationships
- empowering responsible and safe digital engagement
- meeting children and young people's needs
- fostering cultural safety and connections
- building knowledge, skills and capacity
- being responsive to trauma
- providing harmful sexual behaviour specific and holistic therapeutic support
- fostering placement stability and positive dynamics.

Aligned with acute and immediate safety above, the below Figure 11 has been adapted from Paton et al., (In review) and describes the key elements to consider in enhancing safety and wellbeing over time.

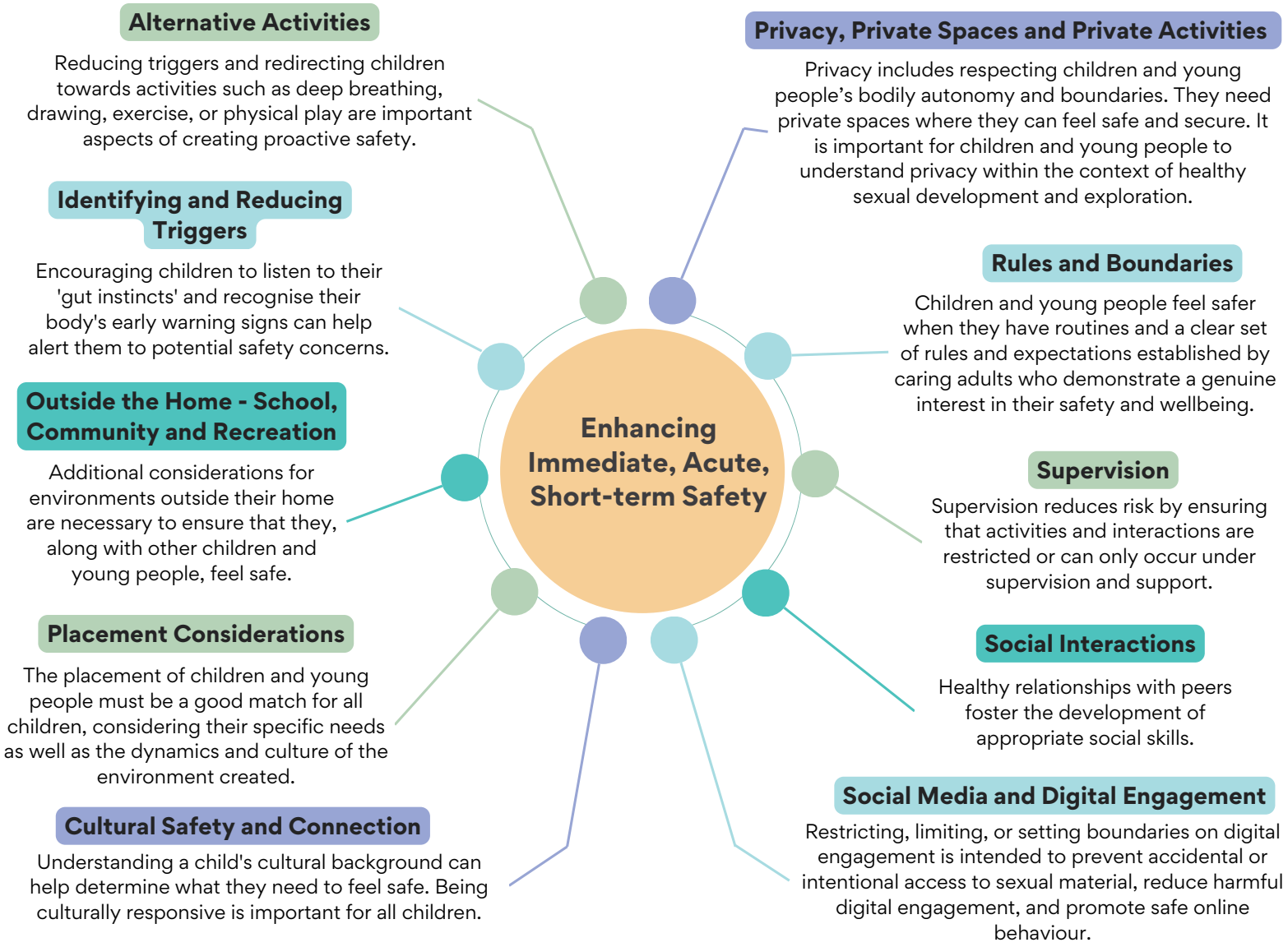


Figure 10: Key elements for enhancing immediate, acute, short-term safety

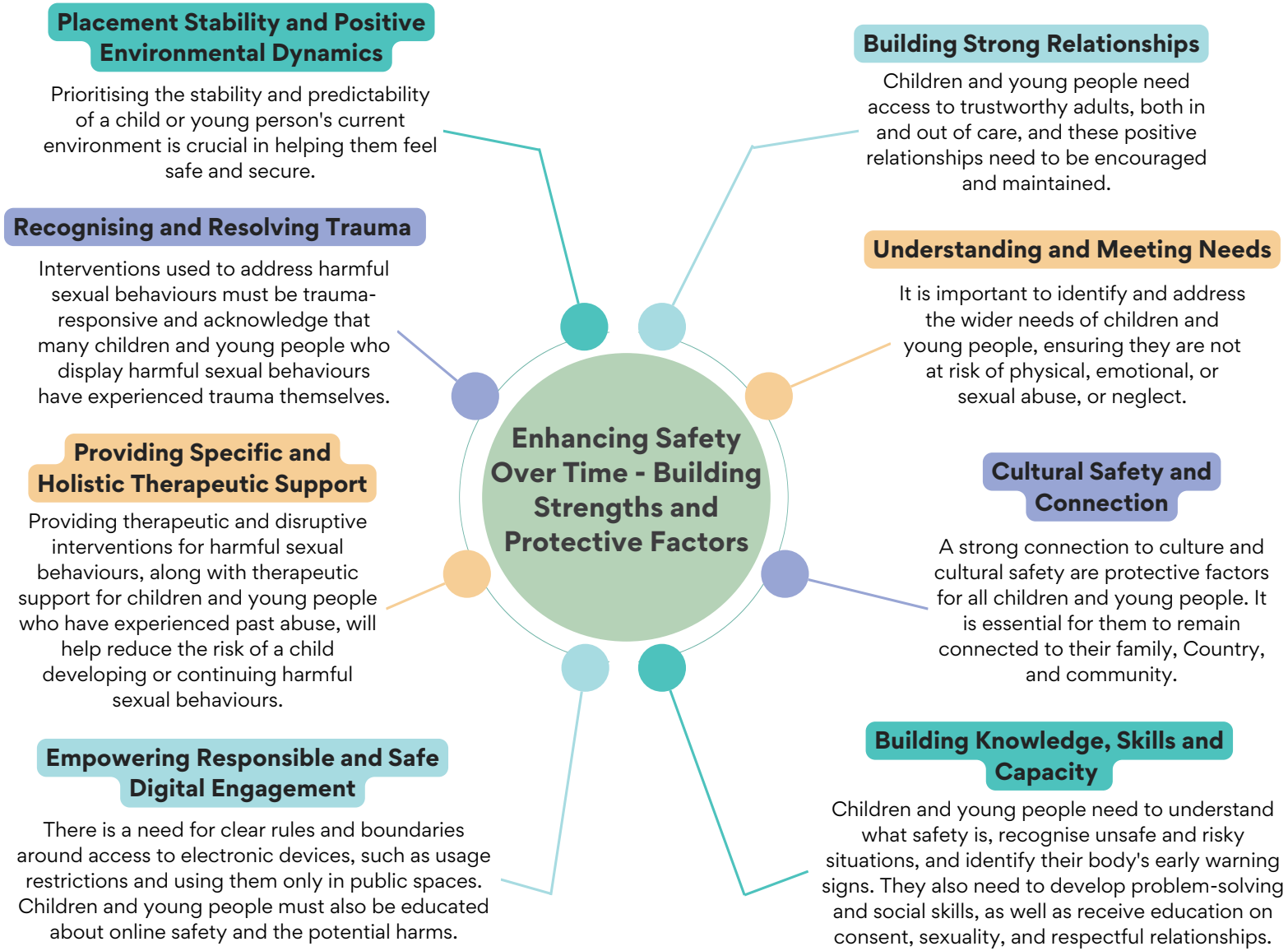


Figure 11: Key elements for enhancing long-term safety and wellbeing

4.2. Workforce and caregiver capacity and capability

Worker response to children and young people with harmful sexual behaviours has a significant impact on their wellbeing and outcomes. Initiatives to manage worker capacity and increase capability are essential for a healthy workforce. Regular professional supervision for individuals and teams ensures ethical practice, staff well-being, and monitoring of quality and safety of service provision (Australian Commission on Safety and Quality in Health Care, 2017).

From a content knowledge perspective, all practitioners must be supported to develop and maintain a comprehensive understanding of harmful sexual behaviours. This must include risk factors and pathways for developing harmful sexual behaviours, the impacts of harmful sexual behaviours, comprehensive assessment, conceptualisation and responding to harmful sexual behaviours. Practitioners must also have a sound understanding of normative child development, childhood trauma, abuse and its impacts. Paton et al., (In review), highlights caregiver capacity as a key element in ensuring that harmful sexual behaviours is safely managed, noting in their literature scoping review that this was a critical theme for enhancing safety. Carer training, support, capacity and application of this knowledge within the care environment leads to enhanced safety and longer-term wellbeing.

International research points to the centrality of worker-youth relationships in both preventing and responding to harmful sexual behaviours. There is evidence that workers who have trustworthy relationships with young people and who are empowered to raise behaviours of concern can play a part in identifying and challenging behaviours before they become harmful (Lerpiniere et al., 2013). Similarly, survivor accounts suggest that children and young people who have been exposed to harmful sexual behaviours or are concerned about the behaviours of their peers are more likely to seek support from a worker they trust (Moore et al., 2020). In both instances, such workers demonstrate they are willing to openly discuss sensitive topics, appreciate the gravity of concerns, and are empowered to take deliberative action to respond. The accessibility, confidence in and perceived responsiveness of these staff influence young people's decisions to seek support (Green & Masson, 2002).

Workers must be equipped to identify risks associated with harmful sexual behaviours and take proactive steps to minimise these risks. A broad perspective that considers how personal and environmental risks, along with protective factors, influence the likelihood of harmful sexual behaviours is essential (Hackett, Holmes, & Branigan, 2016).

Effective prevention strategies include providing staff, children, and young people with appropriate psychosexual education, addressing grooming and harmful behaviours early, and empowering children and young people to voice concerns (McKibbin et al., 2019; McKibbin, 2017). Equally important is ensuring staff receive proper training, supervision, and authorisation to take a proactive role. Policies and practice frameworks must embed sexual abuse prevention while fostering a culture of reflective practice. Encouraging workers to critically assess their responses, biases, and decision-making processes helps strengthen their ability to recognise risks and adapt their approach, ultimately improving outcomes for children and young people.

4.3. Culturally responsive practices and healing

Cultural responsiveness is essential for fostering cultural safety, which goes beyond merely avoiding racism or discrimination, and transcends cultural awareness and sensitivity.

> "Cultural responsiveness is the ability to understand, interact and communicate effectively and sensitively with people from a cultural background that is different from one's own. It is characterised by respect for culture, ongoing self-reflection, expansion of knowledge and commitment to improving practices and relationships."
>
> (Department of Education, 2015, pp.16).

It involves actively empowering people to feel respected and valued in expressing their cultural identities within a child-safe environment. As stated by the Secretariat of National Aboriginal and Islander Child Care (SNAICC), cultural safety entails recognising and celebrating cultures, ensuring that children, young people, families, and community members can contribute and be themselves without fear.

A foundation of cultural responsiveness is cultural capability. The figure below illustrates this concept, highlighting core and functional areas of capability that can be applied by individual workers, and agencies to achieve cultural capability.

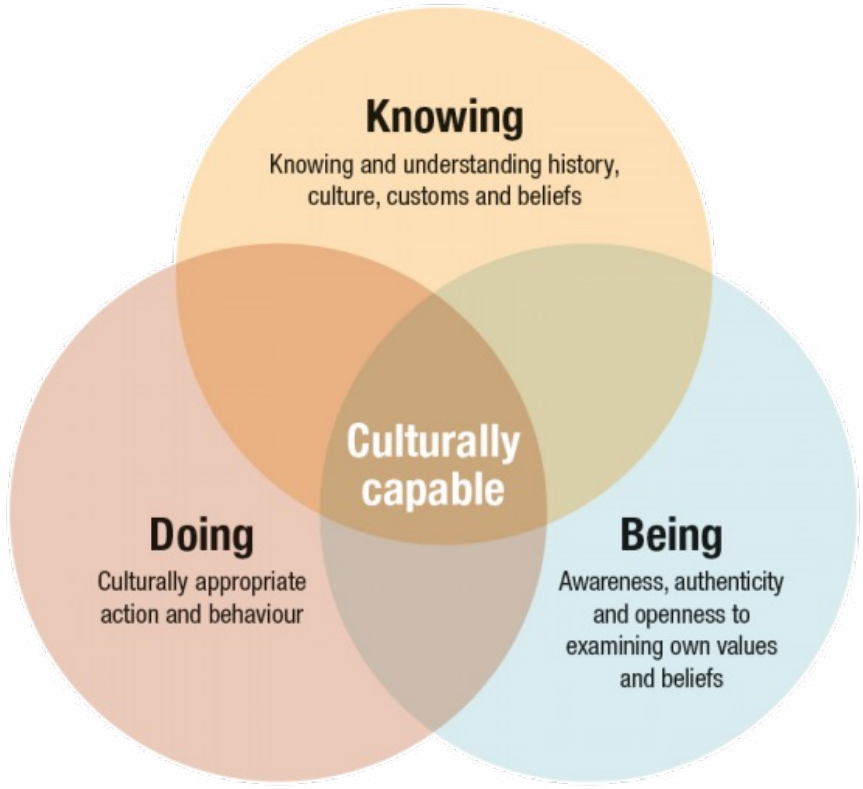


Figure 12: Culturally Capable - Ways of Knowing, Doing and Being (Commonwealth of Australia, 2015, p. 3).

Building on a foundation of cultural capability and enacting cultural responsiveness is respect for culture. This involves:

- actively seeking information to ascertain where a child or young person comes from, who their community is and what their connection to community looks like.
- seeking a detailed understanding of their kinship system inclusive of adults and older siblings who may provide them caregiving.
- developing mutually respectful and trusting relationships with children and their families.
- understanding the role of children in family and kinship structures.
- engaging with families and communities in discussions about child safety and decisions affecting their children.
- understanding that their social wellbeing is predetermined by their connection to family, community, culture and Country.
- using culturally responsive ways of asking children if they feel safe, for example through clinical yarning (Lin, Green & Bessarab, 2016).
- building children's confidence to speak up by regularly providing them opportunities to voice their opinions and listening to them.
- receive information, support and services in a culturally responsive manner.

Being culturally responsive requires ongoing learning and adaptation to both local contexts and diverse communities, acknowledging that each situation may require unique responses (Bessarab, 2014). This is particularly pertinent when considering approaches to healing. Approaches to healing are informed by community and cultural understanding and beliefs around harmful sexual behaviours.

The Social Emotional Wellbeing (SEWB) model (Gee et. al., 2014) can be used as a foundation for healing practices. Healing can take place via strengthening of cultural connection which may include healing on country for some Aboriginal peoples.

Being culturally responsive requires active self-reflection, both 'in' practice and 'on' practice. Self-reflection allows practitioners to constructively critique the processes and outcomes of their work, consider their own bias and knowledge gaps. Seeking cultural supervision in addition to other forms of supervision creates space for reflection on culturally responsive practice, expansion of knowledge and commitment to improving practices and relationships.

4.4. System wide responses

Taking only an individualised approach to harmful sexual behaviours is inadequate; it must be paired with a more public health approach to ensure individuals, families and whole communities are included in prevention, early intervention responses, secondary and tertiary measures to help reduce harmful sexual behaviours occurring and re-occurring.

The public health model is best placed to inform understanding of the structure of the service system and most importantly the levels of intervention and response required (Australian Institute of Family Studies, 2014). As detailed in the figure below, when applied to harmful sexual behaviours in children and young people the public health model provides a theoretical framework that spans the service continuum from primary intervention services that target everyone, to secondary intervention services that target children and families at risk of developing harmful sexual behaviours or those who have displayed developmentally inappropriate to concerning harmful sexual behaviours, through to tertiary intervention services that target children and families impacted by very concerning or extreme harmful sexual behaviours.

Responses need to be holistic, focused on providing experiences, resources and opportunities for knowledge and skill development, strengths-based, and multilayered (Hackett et al., 2016; McKibbin et al., 2019; McPherson et.al., 2024) including individual responses for the child or young person, family system responses and place-based contextual and system responses.

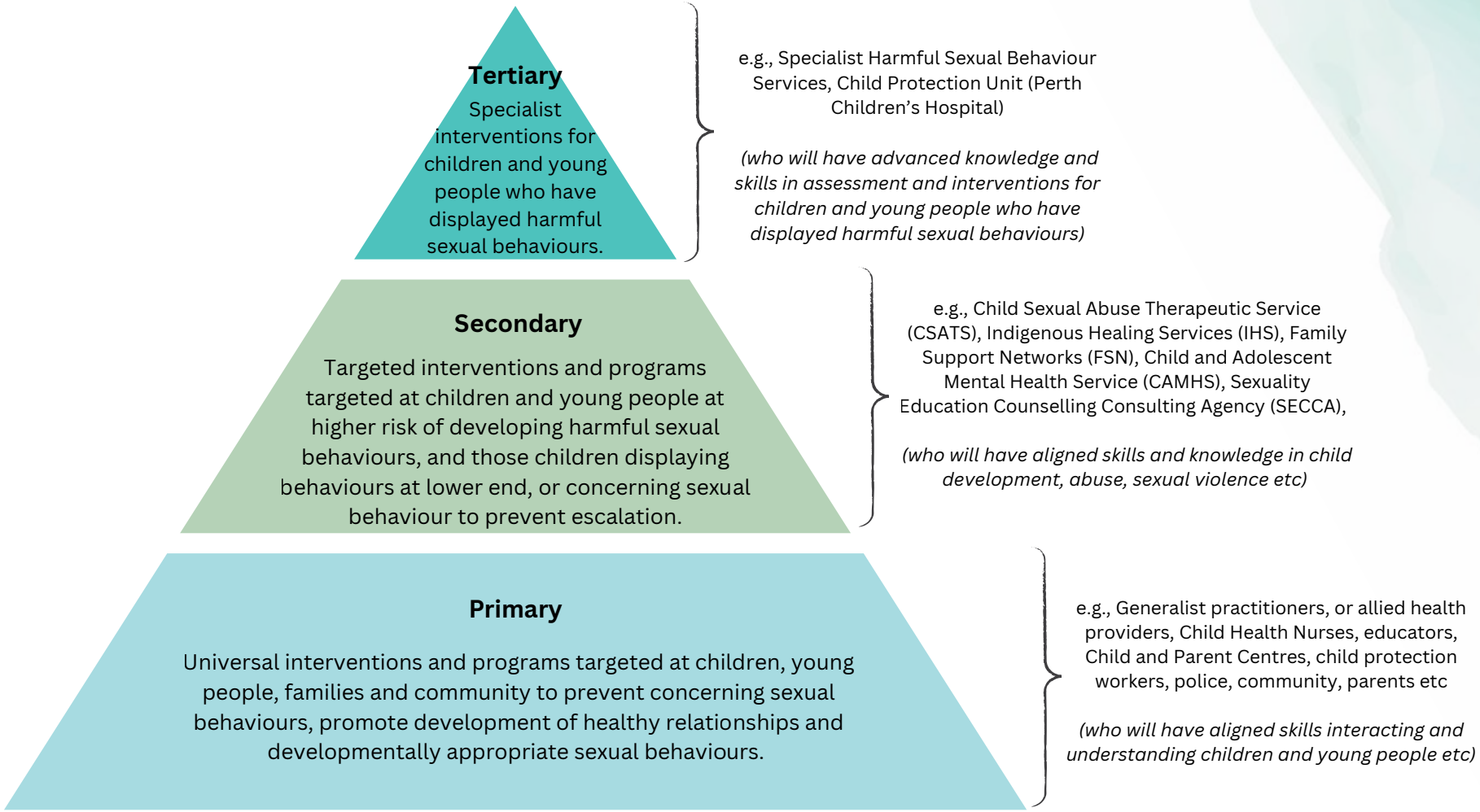


Figure 13: Applying a primary health model to Harmful Sexual Behaviours

4.4.1. Contextual Safeguarding

When considering interventions for children and young people who have displayed harmful sexual behaviours it is essential that we take a broader approach to understand their support system and context. Taking a contextual safeguarding lens we are able to consider additional contextual factors and potential harms or negative influences outside the child or young person.

> "Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse."
>
> (Firmin, 2017. P. 1)

Therefore, interventions regardless of target or intensity (e.g. primary, secondary, or tertiary), should reach beyond the individual child to extend to their caregivers and family, their school or recreational community, their broader community and finally to society as a whole (see figure 14 below).

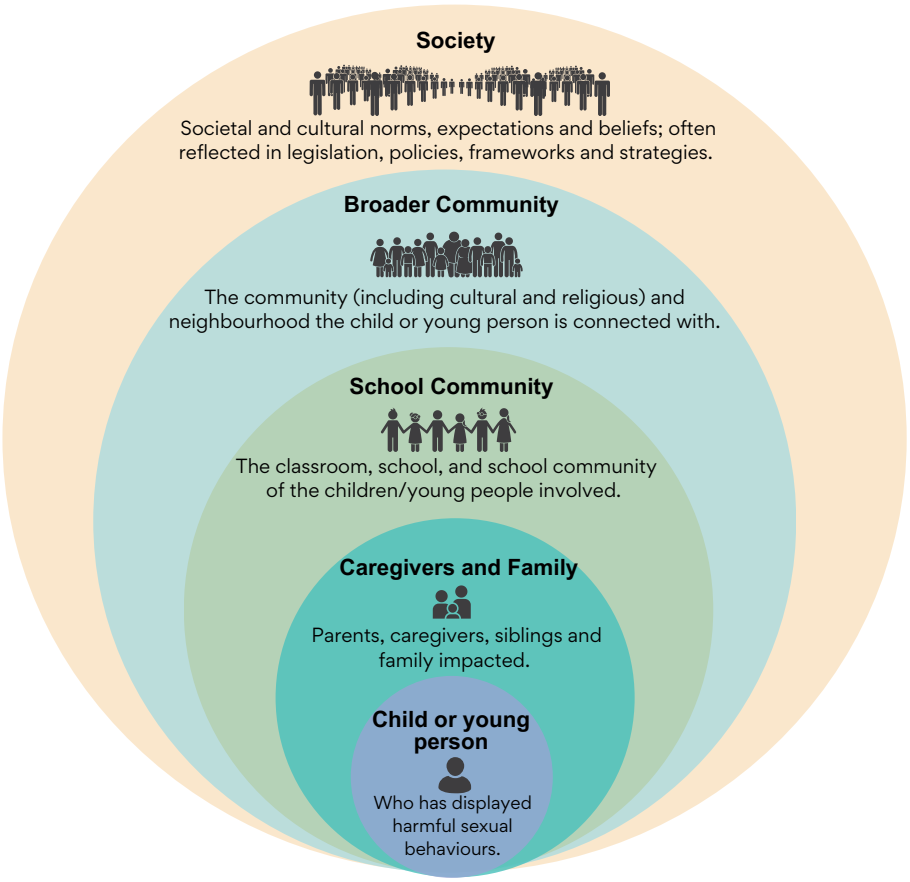


Figure 14: Contextual Safeguarding considerations for Harmful Sexual Behaviours

4.4.2. Contextual Safeguarding – across school, community, and broader society

Place-based approaches focus on the social and physical environment of a community as well as integrated and accessible service systems. Contextual safeguarding is a method of taking a broader approach to reducing contextual factors that influence the likelihood of harmful sexual behaviours developing or reoccurring – rather than focusing solely on the harmful behaviour, and extending to contexts, and relationships beyond the family home.

This approach recognises the different environments and relationships children have, in their schools, peer groups, online and in their community (North Yorkshire Safeguarding Children Partnership, 2021). Recognising also that an individual's experience is influenced by their access to economic, social and cultural resources. For young people leaving their family homes and entering their schools, peer groups and neighbourhoods, their experiences of harm and safety will be determined by the social norms and rules of these spaces, and by the resources they have to navigate these (Wroe, Lloyd & Manister, 2023).

Place-based interventions are grounded in the notion that to understand young people's decisions and behaviours, we need to understand the contexts in which decisions and actions are taken – that there is a reflexive relationship between environments and individual behaviour. Investment in the collective capacity of agencies and organisations to safeguard children and young people includes responses that challenge the social conditions where harmful sexual behaviours may occur such as enabling cultures, and instead empower workers, children, and young people to raise concerns (McKibbin, Halfpenny, & Humphreys, 2019). So too should agencies consider and respond to issues of power, gender, and sexuality to both prevent harmful sexual behaviours but also enable staff and children and young people to seek support (Green & Masson, 2002).

In practice this means when an organisation such as a school identifies children or young people experiencing extra-familial harm or engaging in harmful sexual behaviours, that in addition to information sharing they have a responsibility to create safety for and around those children and young people involved (Firmin & Lloyd, 2023).

Broader safe-guarding systems include statutory agencies and social care services. Policy and professional responses need to consider whether they are reinforcing harm and inequalities that govern the lives of young people and their communities.

4.5. Individual responses across the continuum

Responses at the individual or child level need to be cognisant of the child's developmental capacity and their unique intersecting contexts. Recognising the child's beliefs, values, cultural background (including customs, history, stories, and language) that influence their identity, how they see the world and interact with others is important to understanding them and collaborating to select the best placed intervention. Responses that operate beyond a risk focus include wider protective factors and targeted treatment domains, which promote young people to develop a greater sense of well-being.

Figure 15 below demonstrates the cumulative response required across the continuum, noting that responses should begin with preventative psychoeducation to promote healthy sexual development, exploration and understanding where they occur in the developmentally appropriate and inappropriate ranges. However, this type of response is also required within the response for behaviours that present further along the continuum (such as, concerning, very concerning, serious/extreme).



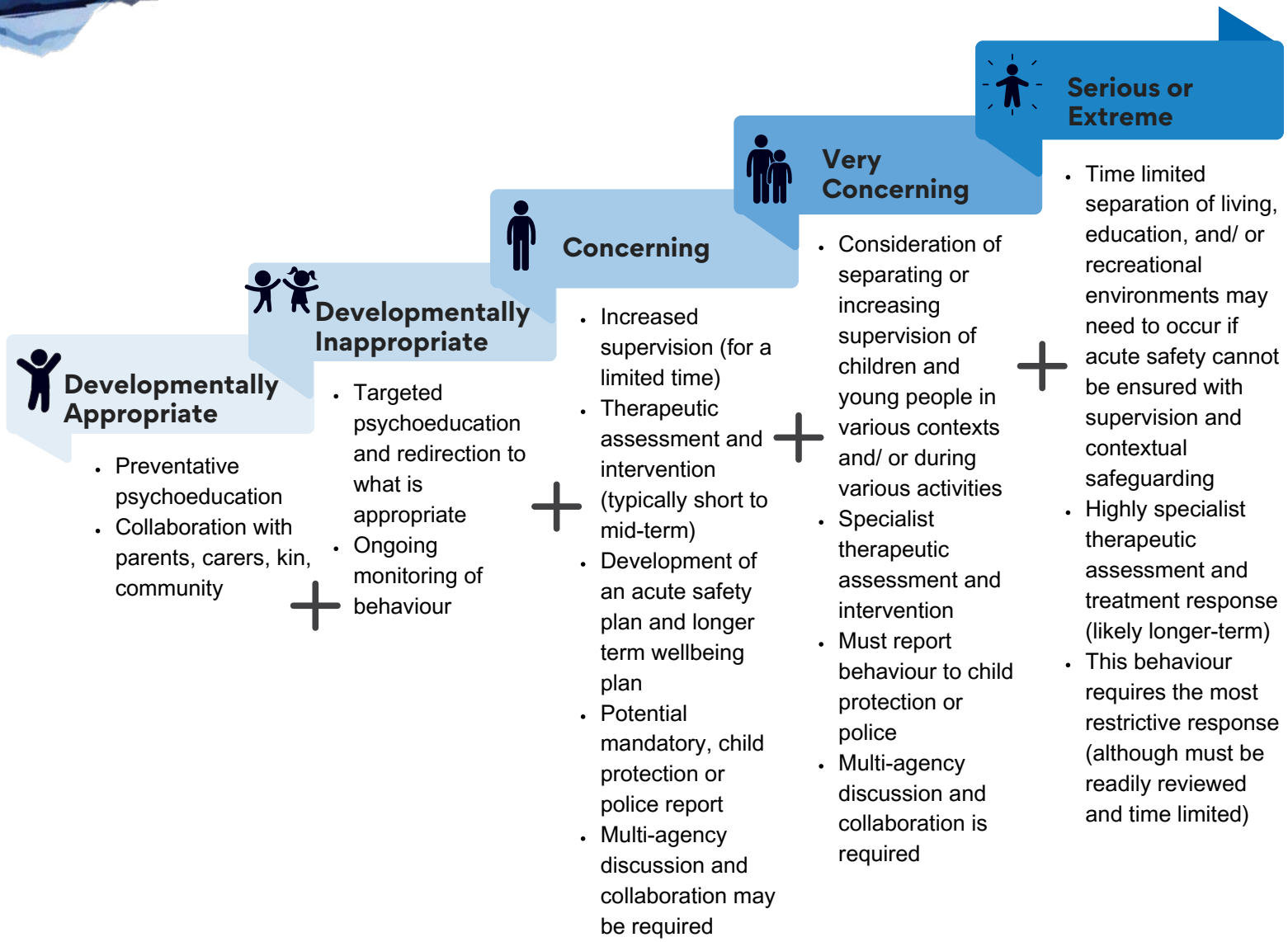


Figure 15: Progressive responses to harmful sexual behaviours across the continuum

Whilst the individual responses (above in figure 15) act as a guide, they should not and cannot take the place of practice wisdom and consultation with other professionals. Particularly within the adolescent space, there is a delicate balance in applying the notion of legal consent alongside what may be harmful to a young person, what is developmentally appropriate, and what is considered typical behaviour in an ever-progressing, sexualised world. Regardless, responses should be progressive and proportionate as the behaviour moves along the continuum.

Particularly in the context of out of home care, there is a growing body of evidence suggesting preventative measures and interventions for young people engaging in or exposed to harmful sexual behaviours need to be informed by their needs, wishes and preferences. Young people report improved confidence and engagement in responses to their experience of harmful sexual behaviours when they believe that the approach is driven by their needs rather than external compliance requirements (Fernandez et al., 2016; Moore, McArthur, Roche, et al., 2016). Rather than a narrow focus on harmful sexual behaviours, a developmental and trauma-informed approach emphasises healing, growth, and wellbeing. Remembering childhood and adolescence are a time of great change, experimentation, and risk-taking in a range of behaviours that will not necessarily be carried over into adulthood (McPherson et.al., 2024).

The family and care system surrounding a child has a key role in prevention, responding and healing from harmful sexual behaviours (McCartan et al., 2024). Responses need to assess and transform family and sibling dynamics, rebuild relationships, promote safety, and teach ways to express sexual feelings appropriately (Allardyce & Yates, 2013; McCartan et al., 2024).

Research has demonstrated the value of implementing whole-of-house psychoeducation programs (for staff, children, and young people), reinforced through policies and practices (McKibbin et al., 2019).

4.6. Responses in practice – across the various contexts

With place-based intervention in mind, it is important to be able to address the full continuum of harmful sexual behaviours inclusive of early, secondary, and tertiary interventions and increasing protective behaviours, consent and respectful relationships education.

Applied in this context Contextual Safeguarding allows us to consider responses to harmful sexual behaviours at different levels blended with the public health approach. The table below provides some examples of each of these focus areas, where the ecological meets the public health approach.

Table 2: Example responses across the intersecting ecological and public health perspectives

	Primary or Universal	Secondary	Tertiary
Child/Individual	• Personal safety programs. • Sexual education and reproductive health at age-appropriate levels for children at all ability level	• More targeted programs and education as children progress into adolescence. • Targeted programs for males. • Targeted programs and education on pornography access, impacts and safety online.	Specialised targeted assessments, interventions, and supports for children and young people who have displayed harmful sexual behaviours – noting effective treatment leads to low recidivism rates.
Parents/Caregivers/Family/ Kin Group	• Child development psychoeducation delivered from birth. • Psychoeducation on healthy sexual development.	Parent programs on sexual development, respectful relationships, consent, boundaries etc.	• Targeted individual and group programs/ psychoeducation for parents/ families of children and young people who have displayed harmful sexual behaviours. • Environmental changes to manage safety related to harmful sexual behaviours.
School Environment	Education and programs for all children and young people on relationships, respect, boundaries etc. Engagement of parents and the school community.	Targeted education for at risk groups/ schools or classrooms on sexual behaviours, consent etc. Engagement of parents and the school community.	• Management processes for support of children and young people in the school environment who have displayed harmful sexual behaviours. • Engagement of relevant parents.
Whole Community	General media awareness of sexual development, sexual violence, safety, consent, respectful relationships etc.	Targeted media campaigns in at risk communities.	Intensive community interventions – community safeguarding.
System/Policy	Framework for understanding sexual behaviours, language, responses etc.	• Data collection on general sexual violence, and lower continuum behaviours. • Workforce capacity efforts for high-risk areas.	• Targeted data monitoring and case tracking • Policy and procedures to respond, assess, treat and place young people with harmful sexual behaviours. • Targeted workforce capacity building.

5.0: The Western Australian System

5. The Western Australian system

Harmful sexual behaviour occurs across a continuum of severity, with key government organisations responsible for a variety of responses across this continuum. Although some will not have a statutory responsibility, many government and non-government agencies and those from the community services sector working with children, young people, and families, will encounter sexual behaviours inclusive of harmful sexual behaviours on a daily basis. They may be required to provide acute responses to re-direct developmentally inappropriate behaviours, provide general education and supports to families, or support those impacted by harmful sexual behaviours.

It is useful for us to better understand the intersections across the continuum with various agencies who encounter these behaviours, who provide various levels of responses, and who have statutory responsibility to respond to individual cases of harmful sexual behaviours.

5.1. Responses within the system across agencies

Given the need for responses across the layers of primary, secondary, and tertiary and within a Contextual Safeguarding approach that extends further than just looking at the individual child's behaviour but to the broader system, there is a need for coordinated and effective multiagency collaboration. Particularly when behaviours are on the upper end of the continuum, multiple agencies will be required to be involved and together with the family and community they must work together to build effective holistic responses.

The below map provides a high-level overview of the various areas of our Western Australia system as they respond to harmful sexual behaviours, including decision-making points.

The Department of Communities, all education organisations and the Department of Creative Industries, Tourism and Sport may observe and respond to sexual behaviour displayed by children and young people that span the full continuum. In addition, they also respond to the highest volume of children and young people due to their function in the service system of Western Australia. The Department of Justice on the other end, has responsibility for only those young people who have displayed the most severe harmful sexual behaviours and have subsequently been convicted of a sexual offence. It is important to remember that despite each agency's 'role' in the system to respond, all agencies will likely encounter children who display a range of sexual behaviours across the continuum (not just harmful sexual behaviours), due to the nature of this behaviour, i.e., healthy, developmentally appropriate sexual behaviours across the ages is likely to be seen broadly across the service system.

The map below (Figure 16) provides a high-level overview of the multiple agencies that respond to harmful sexual behaviours across the service system, noting the various decision points and pathways that a response can generate. This provides an 'at a glance' look at the system, with further details in section 5.2 below which elaborates on different services and agency roles and responsibilities.

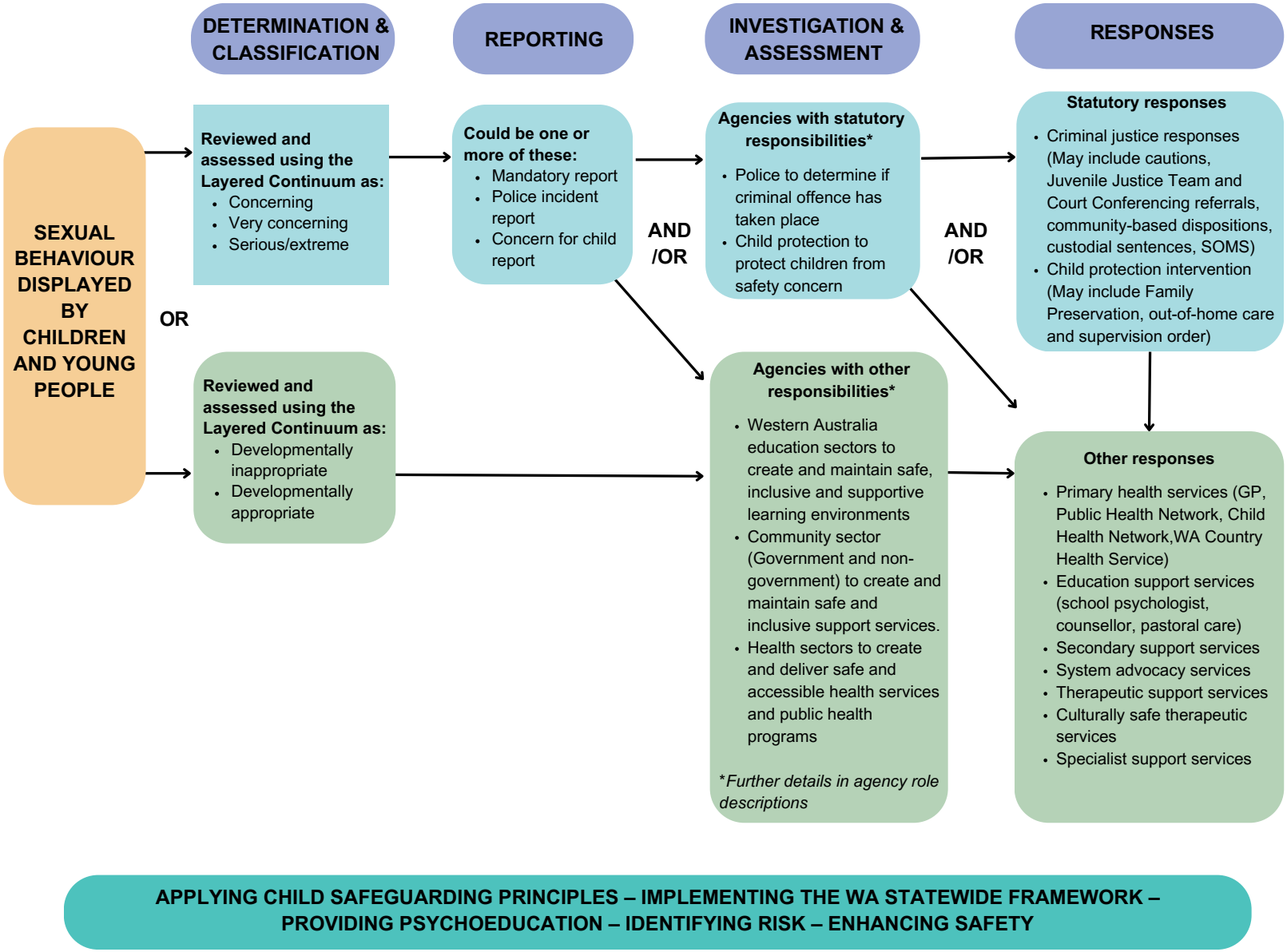


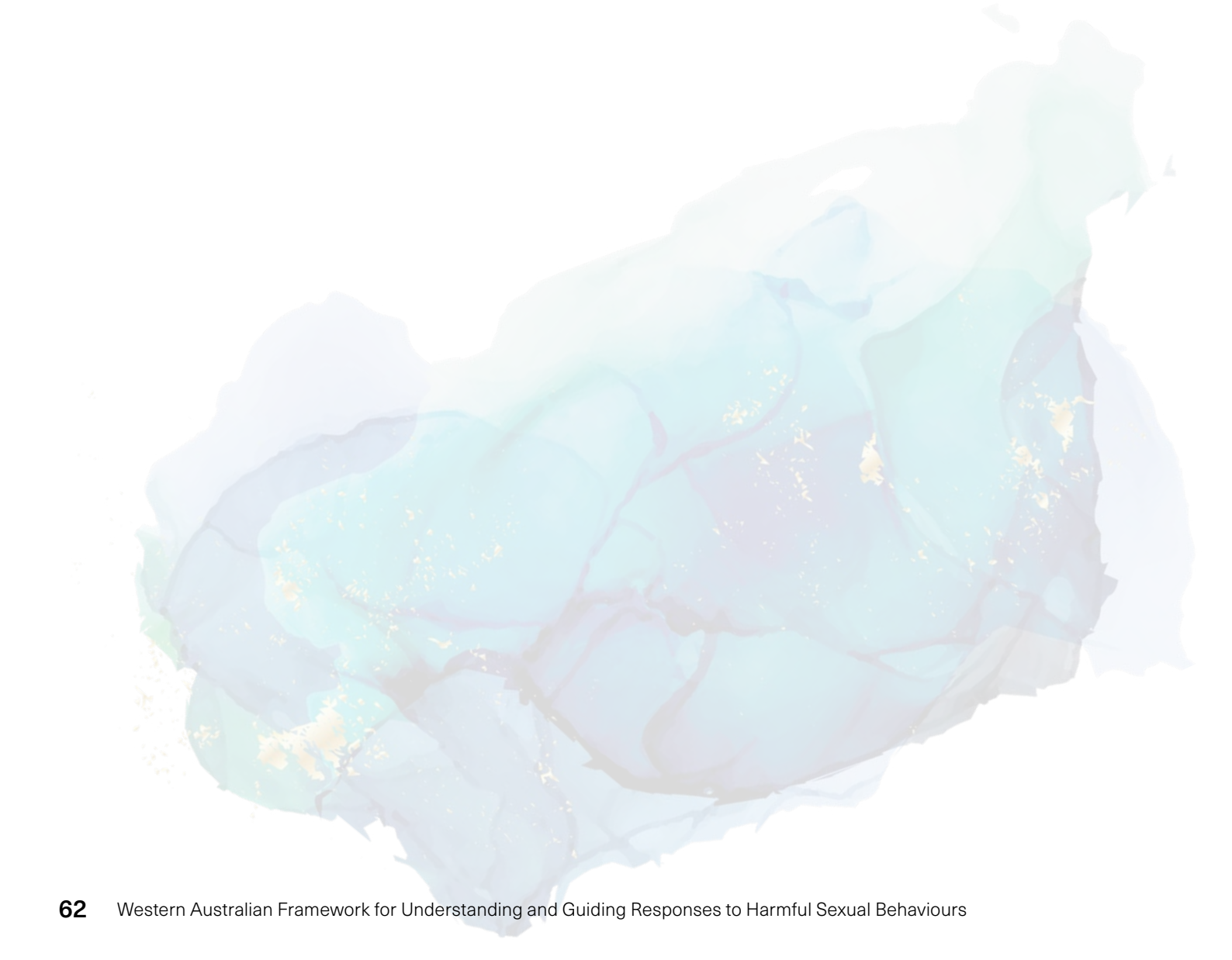
Figure 16: Multiagency responding across the Western Australian service system for Harmful Sexual Behaviours

5.1.1. Decision making points

When a child or young person has displayed harmful sexual behaviour (where there is another child involved or not), the person observing or receiving a disclosure of the behaviour must make two critical determinations:

1. Where along the continuum does the sexual behaviour sit? E.g. is it developmentally appropriate or is it more concerning and therefore maybe a harmful sexual behaviour.
2. Should a report be made to the Department of Communities in relation to concerns for either of the children's wellbeing - in relation to sexual abuse or another form of abuse or neglect? E.g. is there a concern that either child has experienced abuse or harm.

Figures 17 and 18 provide decision-making prompts for use by practitioners and front-line workers within the system to determine if a report should be made to the Department of Communities and via which pathway – by submitting a mandatory report to the Mandatory Reporting Service (if the person is a designated Mandatory Reporter) or by reporting concerns through the Central Intake Team. These decision-making prompts are helpful guides to support individual agency and professional mechanisms and processes to record, provide and seek supports following an incident of harmful sexual behaviour.



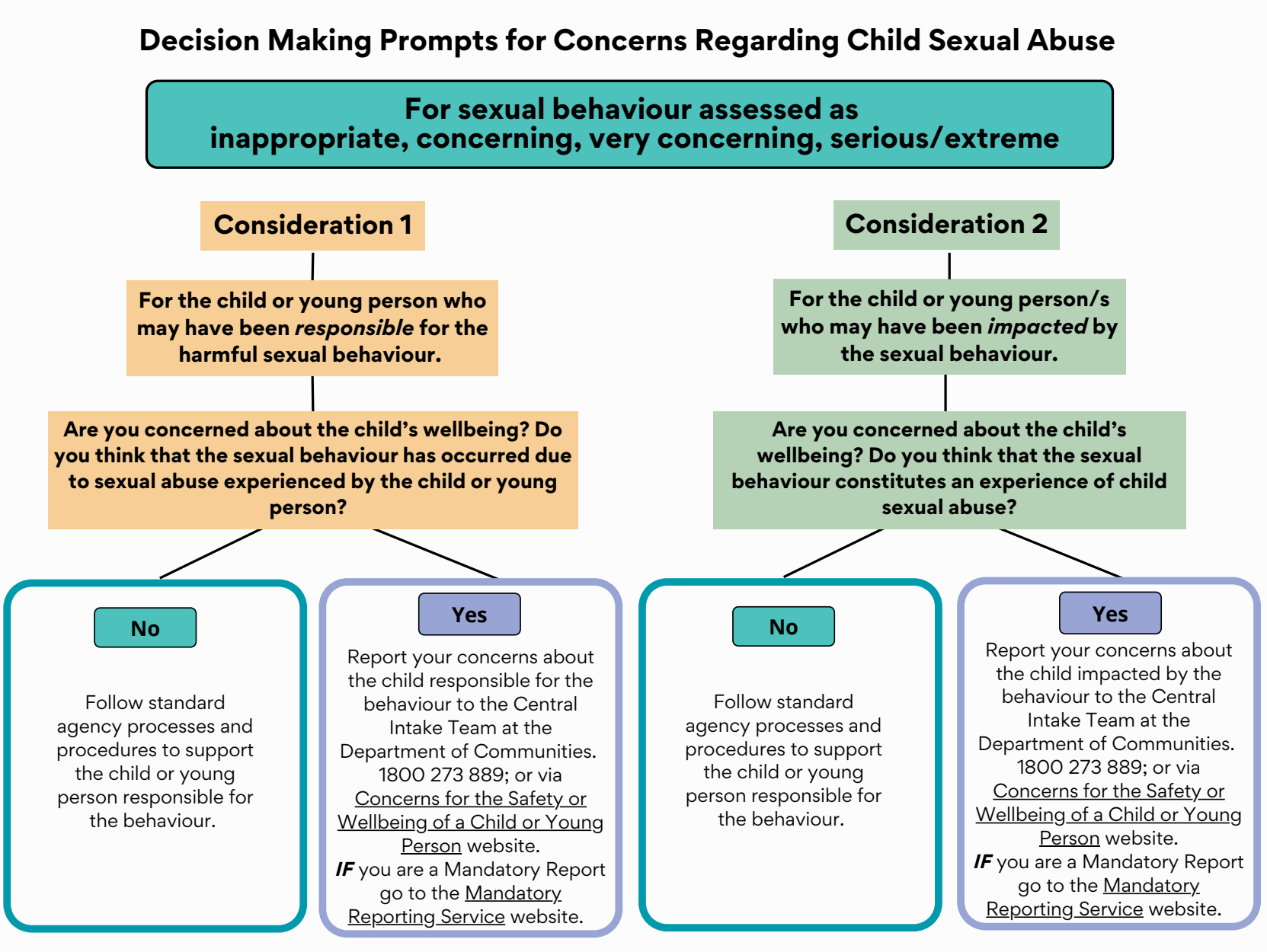


Figure 17: Decision making prompts for child sexual abuse reporting thresholds related to harmful sexual behaviours

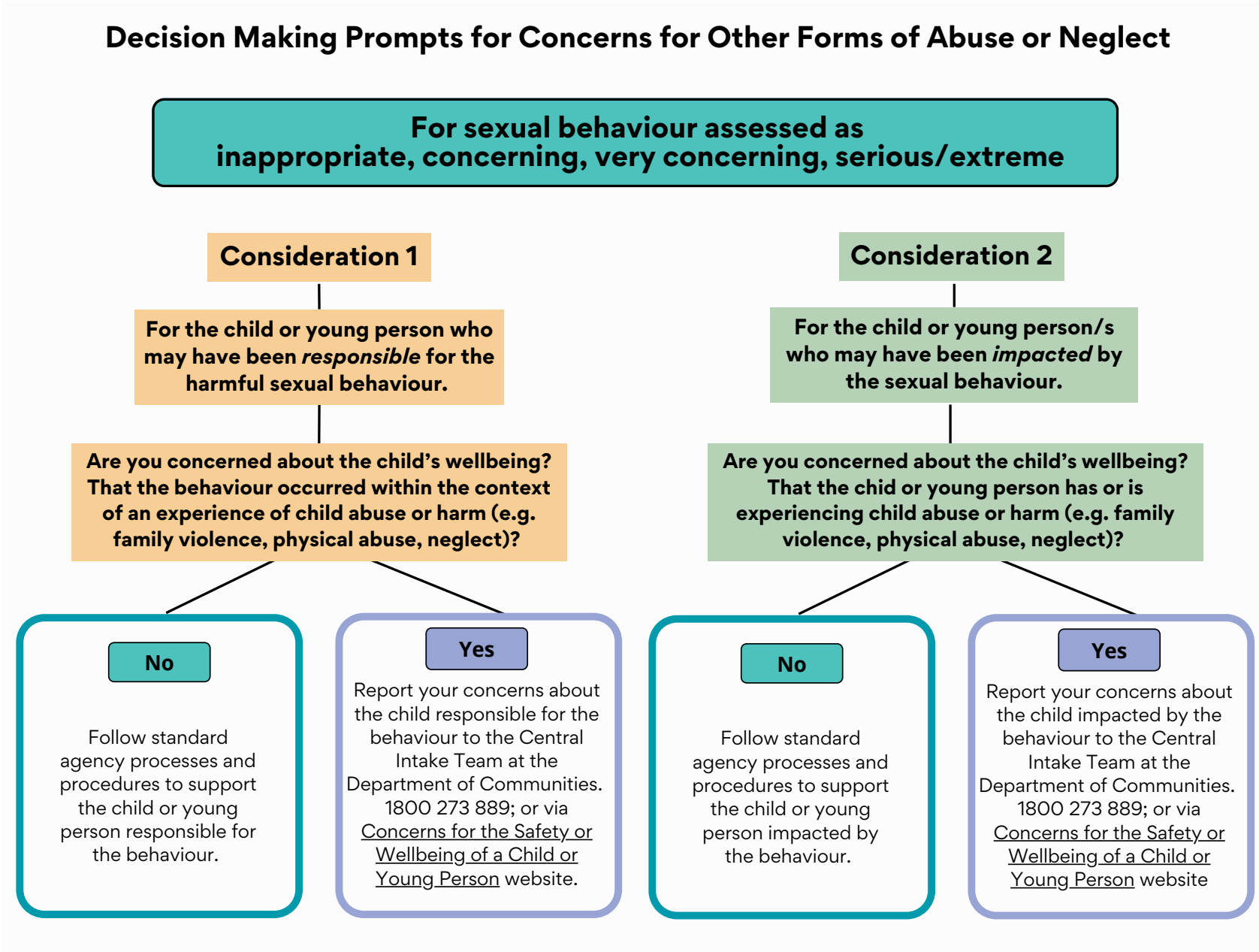


Figure 18: Decision making prompts for concerns for other forms of abuse or neglect reporting thresholds related to harmful sexual behaviours

5.2. Key agency roles with regards to harmful sexual behaviours

The below describes each key agency's specific role, responsibility, and interactions with regards to children, young people and families impacted by harmful sexual behaviours.

5.2.1. The role of the Department of Communities

Communities is WA's major human services department, bringing together vital services and functions that support individual, family and community wellbeing. Communities works collaboratively with partners across government and the community services sector to deliver disability services, child protection, housing, and community and regional initiatives.

Communities has a statutory role in protecting and caring for WA children and young people who are in need of protection and supporting families and individuals who are at risk or in crisis. Communities' child protection responsibilities are set out in the *Children and Community Services Act 2004* and operationalised through practice frameworks, policies and procedures.

Communities works proactively with families to keep children with them, safe at home. In circumstances where a child is in need of protection and is placed into the care of the CEO, Communities works with the child's carer(s) and family to provide them with a safe, stable and culturally secure care arrangement. To support this mandate, Communities provides and funds a range of child safety and family support services throughout the state, including Child Sexual Abuse Therapeutic Services and Indigenous Healing Services.

Communities' role in assessing and responding to child sexual abuse, which is inclusive of sexual harm caused by other children and young people, includes:

- Assessing the wellbeing (safety, protective and support needs) of the child/ren involved.
- Assessing protectiveness by ascertaining whether parental factors:
  - » have contributed to the sexual abuse
  - » may lead to placing the child at risk of sexual abuse; and
  - » may impact their ability to provide adequate support or protection to the child.
- Referring the allegations to the Western Australia Police Force as appropriate.
- Undertaking Child Assessment Interviews in relation to an allegation of child sexual abuse (regardless of the age of the person causing the sexual harm) where a criminal offence may have occurred, and an assessment is being undertaken to determine if harm has occurred and whether the child needs protection.
- Providing protection and care for children in circumstances where parents have not protected or are unlikely or unable to protect their child from harm or further harm.
- Assessing the safety of specific children and young people who have contact with a person (regardless of age) convicted by the Courts or assessed by the Communities to have harmed a child.
- Assessing and responding to Sexually Transmitted Infections (STIs) in children under 14 years of age.
- Joint investigations with the Western Australia Police Force in communities experiencing multiple reports of child sexual abuse.
- Providing or arranging for the provision of support and counselling services to the child and family as required.

Although child sexual abuse of a criminal nature may fall outside of Communities' mandate unless there are indicators that the parent/caregiver may not have been protective, or children may be at risk of future harm, Communities has a significant role in responding to harmful sexual behaviours. Communities will undertake assessments and support children, young people and their families impacted by harmful sexual behaviours to ensure the immediate and ongoing safety of all those children involved. For young people who have been charged with harmful sexual behaviour related offences, Communities is also a partner in the Multi-agency Protocol for Education Options for Young People.

Communities-funded specialist services

Communities funds a range of organisations within the community services sector to provide specialist support to children, young people, adults, and families who have been impacted by child sexual abuse, inclusive of those at risk of or who have displayed harmful sexual behaviours. These services known as Child Sexual Abuse Therapeutic Services (CSATS) and Indigenous Healing Services (IHS) operate across Western Australia in 13 locations, providing a range of healing, support, counselling, and therapeutic responses.

The IHS take an Aboriginal perspective on health and wellbeing, encompassing physical, social, emotional, cultural, and spiritual wellbeing to provide a holistic service response for vulnerable Aboriginal children and families.

Mandatory reporting

In Western Australia, the Department of Communities is the responsible government agency for the administration of Mandatory Reporting. The legislation covering mandatory reporting of child sexual abuse is the *Children and Community Services Act 2004* (the Act). Currently, under Section 124B of the Act, doctors, nurses, teachers, police officers, psychologists, school counsellors, midwives, boarding supervisors, out-of-home care workers, ministers of religion, early childhood workers, assessors who visit residential care and secure care services, youth justice workers and departmental officers of the Department of Communities are required to make a mandatory report if they form a belief, on reasonable grounds, during the course of their paid or unpaid work, that a child has been the subject of sexual abuse or is the subject of ongoing sexual abuse. This is inclusive of sexual abuse by another child or young person.

5.2.2. The role of the Western Australian Police

The Western Australian Police is responsible for investigating all child sexual offences contained within Chapter XXXI – Sexual Offences, *Criminal Code Compilation Act 1913*. In Western Australia a child is defined under *Criminal Code Compilation Act 1913* as any boy or girl under the age of 18 years and in the absence of positive evidence as to age, any boy or girl apparently under the age of 18 years. Children under the age of 10 years of age are not capable of committing any offence including child sexual offences. It is the responsibility of the Western Australian Police in criminal matters to prove that a child aged between 10 and 14 years was criminally responsible for an act or omission, Section 29 - *Criminal Code Compilation Act 1913*.

Where a prima facie case exists, Police have the discretion when investigating offences (including child sexual offences) not contained within Schedule I or II of the *Young Offenders Act 1994* to divert a child away from the Judicial System by not taking any action; issuing a juvenile caution; or referring to the Juvenile Justice Team.

The prosecution of a charge should not proceed, even when a prima facie case exists, unless there is a reasonable prospect of conviction, and it is in the public interest to do so. This requires, in part, the balancing of the proper administration of criminal justice against available resources (PP-01.01.6 Public Interest and the Decision to Prosecute).

If an investigator determines there is a prima facie case in relation to a child sexual offence contained in Schedule I or II of the *Young Offenders Act 1994* a Commissioned Officer can be called upon to use prosecutorial discretion, (PP-01.01 Statement of Prosecuting Policy and Procedures) to not charge the child.

Western Australian Police do not have any legislative power to refer a young person to any therapeutic programs such as harmful sexual behaviours. Any referrals are conducted on a voluntary basis by the young person and their responsible person.

Criminal responsibility for minors and legal age of consent

Unfortunately for some children and young people who have displayed some types of harmful sexual behaviours, their behaviours will be considered criminal and have significant consequences. In Western Australia, Section 29 of the Criminal Code provides that a child cannot be found criminally responsible under the age of 10 years. A child under the age of 14 is not 'criminally responsible for an act or omission, unless it is proved that at the time of doing the act or making the omission [they] had capacity to know that [they] ought not to do the act or make the omission'.

In WA, the Criminal Code provides that a young person or child under the age of 16 cannot legally consent to having sex or to the distribution of an intimate image. However, the age of consent is 18 years of age if there is a position of power or authority in the relationship (for example, between a teacher and student or a sports coach and team member). Commonwealth legislation, which applies nationally, states the legal age of consent is 18 years of age. Technology-assisted harmful sexual behaviour can occur across state bounds and therefore Commonwealth legislation applies.

The WA Police Child Exploitation Operations (CEO) brings together intelligence and investigative capabilities to focus resources on child sexual exploitation investigations. CEO engage with national and international stakeholders to provide a pathway for the referral of investigations and the sharing of intelligence and assist national and international law enforcement bodies in child sexual exploitation investigations. The primary area of investigation for CEO is found under Chapter XXV – Child Exploitation Matter in the Criminal Code. "A Child" in this chapter means a person under the age of 16 years (noting a child under Commonwealth legislation refers to an individual under the age of 18 years).

Further offences outside Chapter XXV subject to investigation, are:

- Show offensive material to a child under 16, Section 204A Criminal Code, and
- Using electronic communication to procure, or expose to indecent matter, a child under 16, Section 204B Criminal Code.

The sexting of images of persons under the age of 16 years involves offences such as the production, distribution, and possession of child exploitation material under the *Criminal Code Act Compilation Act 1913*. Investigations which involve a child being exploited in circumstances of coercion, threats, or another serious disparity of power, will be investigated by CEO after consultation with the Officer in Charge or Investigations Manager.

Whilst sexting is an offence, the WA Police Force and the Office of the Director of Public Prosecutions deem it is not in the public interest to charge and prosecute persons under 16 years old where there is no evidence of coercion or threats. Police officers should consider the Office of the Director of Public Prosecutions Statement of Prosecution Policy and Guidelines 2022 - Prosecution of Children, and proceed with alternate options in accordance with the *Young Offenders Act 1994*.

5.2.3. The role of the Department of Justice

The Department of Justice has responsibility for responding to young people who have been charged with criminal offences related to harmful sexual behaviours and for ensuring victims of harmful sexual behaviours are supported during their engagement with the criminal justice system.

Any children and young people convicted of sexual offences must be automatically referred to the Youth Justice Psychological Services (YJPS) by their primary case manager in the community and/or senior case manager in custodial environments. When requested by the judiciary, the YJPS section of the Youth Justice Service (YJS) prepare psychological reports for children and young people who have displayed this level of harmful sexual behaviours.

Young people may receive counselling from YJPS and/or other external service providers to address their criminogenic needs (attributes of the young person that have contributed to their current offending and may contribute to further offending). Additionally, YJPS assist YJS and other key stakeholders with case management and safety planning for children and young people with harmful sexual behaviours who are in contact with the justice system.

Children and young people who have displayed harmful sexual behaviours are assessed for accommodation suitability in custodial environments to ensure no other children and young people are placed at risk of potential offending behaviour. In some instances (dependent on individual circumstances and risks), children and young people with significant histories of displaying harmful sexual behaviours may be managed on a one to one or two to one (custodial staff to young person) ratio in custodial environments to reduce any risk of harm to other children and young people.

Office of the Commissioner for Victims of Crime

The Office of the Commissioner for Victims of Crime (OCVoC) advocates for and supports victims of crime in the WA criminal justice system. This includes victims of harmful sexual behaviours. The OCVoC can assist victims of harmful sexual behaviours by providing information and referrals to appropriate agencies or services.

A court may direct a young person to attend court conferencing if they plead guilty to a charge where there have been harmful sexual behaviours. The OCVoC assists a victim in engaging in this process. The Children's Court can also make a referral to the Victim Mediation Unit (VMU) within the OCVoC for pre-sentence reparative mediation for a young person who has pled guilty.

Any conviction for a sexual offence where the young person is subject to a supervised order or detention, must be referred to the VMU for the protective conditions process. This process involves talking to a victim or guardian about any concerns and future contact with the young person. These protective conditions can be included as part of a release order or supervision order. The conditions are monitored by YJS and VMU together.

Post-sentencing, a victim can choose to engage in a Victim Offender Dialogue with a young person. The VMU facilitates these meetings, which intend to provide victims with an opportunity to discuss the impact of the crime with the offender and ask appropriate questions that were not addressed during the criminal justice process.

The OCVoC also responds to complaints from victims where they believe there has been a breach of the guidelines as to how victims should be treated under the *Victims of Crime Act* (1994).

5.2.4. The role of the Department of Education

The Department of Education is committed to creating safe, supportive, inclusive, and culturally responsive environments which foster positive and safe school environments. This is a responsibility shared by all members of the school community. The Department of Education offers systems of support responsive to students' needs in an evidence-based, culturally safe, and trauma-informed way. The Department has processes, policies, and procedures in place to support student safety in the school environment. Schools implement whole school strategies to address student needs and support students who may be experiencing challenges. School staff have access to subject matter expertise, evidence-based resources, training, and consultation to help them respond to sexual behaviour ranging from developmentally appropriate to concerning and harmful sexual behaviour. Staff work with students and families to provide support, which may include:

- early intervention strategies, family support, and resources for families
- safety planning
- working collaboratively with students and families to identify ways to resolve issues
- collaborating and seeking support from internal and external stakeholders
- identifying and implementing strategies to respond to students' needs
- providing students with school-based supports.

5.2.5. The role of the Department of Health and health service providers

WA Health is a high performing health system dedicated to delivering safe, high quality, and accessible health services and public health programs for all Western Australians, with a focus on the right care in the right place at the right time. The *Health Services Act 2016* (the Act) establishes the Department of Health as the system manager, and the health service providers as responsible for the delivery of health services to the Western Australian community.

WA Health is driving child safety and wellbeing across the system to promote improved experiences for children and young people in their interactions with the health system. As a signatory to the WA Government Statement of Commitment to Child Safety and Wellbeing, it affirms its dedication to the safety and wellbeing of children in its care.

WA Health recognise that child safety is a shared responsibility and is committed to working collaboratively across government and with community partners to develop and implement reforms to support children at risk and children in out of home care. This is supported through co-design and partnerships with non-government organisations including Aboriginal Community Controlled Organisations, carers, families and people with lived experience, to continuously improve delivery of child safe supports and services.

WA Health staff that work with children have a sound understanding of child development, including sexual development, and are supported by legislation, policy, system-level guidelines, and localised procedures in identifying and responding to harmful sexual behaviours.

Responses to sexualised behaviours in children are tailored to the level of concern arising, noting that behaviours in children can range from developmentally normal to violent and harmful. WA Health staff have a role in reporting occurrences of harmful sexual behaviours to the Department of Communities, as well as internally referring children to therapeutic services as required.

If a mandatory reporter has formed the reasonable belief that harmful sexual behaviours has occurred resulting in child sexual abuse, a report is provided to the Department of Communities through the Mandatory Reporting Service.

(Source: Guidelines for protecting Children 2020 (health.wa.gov.au))

WA Mental Health Commission

The WA Mental Health Commission is a government agency responsible for commissioning the state's mental health, alcohol and other drugs services across the service streams of prevention and promotion, community support and treatment, hospital-based and forensics. Key functions include:

- Working across government and the mental health, suicide prevention and alcohol and other drugs (AOD) sectors, together with consumers and carers to identify, develop and lead system improvements, service integration and reforms as required to deliver the government's objectives for mental health and AOD.
- Monitoring the performance of the public and community mental health and AOD systems, and strategic reform objectives/ initiatives.
- Delivering whole of population and targeted programs to improve mental health and wellbeing and prevent and reduce harm related to AOD issues amongst the WA community.
- Developing state-wide, system-wide and sector-wide policies and strategies, governance and stakeholder engagement arrangements, and related projects and initiatives.

The Commission also provides support to three independent bodies, the Mental Health Advocacy Service, the Mental Health Tribunal and the Office of the Chief Psychiatrist. They operate independently but are provided with corporate services support by the Commission.

The Commission has endorsed the State Government's Commitment to Child Safety and Wellbeing and is guided by the National Principles for Child Safe Organisations.

5.2.6. The role of the Department of Creative Industries, Tourism and Sport

The Department of Creative Industries, Tourism and Sport (DCITS), works collaboratively with government, community organisations, peak bodies and other stakeholders to achieve its vision of Western Australia being celebrated as the best place to live in Australia. As part of this vision, DCITS along with organisations in the sport and recreation, arts and creative industry sectors, and multicultural organisations, have responsibilities to embed child safe principles and practices.

DCITS manages significant child safeguarding risks through its management of five Recreation Camps that have more than 100,000 visitors per year and provide around 92,000 overnight stays, the majority of which are children and young people. In addition, large numbers of children and young people attend museums, art galleries and other cultural facilities overseen by the Department.

As part of DCITS' work to improve its own child safeguarding practices and support its sector partners to implement child safe practices in their own operations, DCITS has an education, awareness-raising and capacity-building role. This includes information relating to children and young people displaying harmful sexual behaviours. This support involves building knowledge and understanding of how to identify and respond appropriately to harmful sexual behaviours for staff in DCITS' Recreation Camps and with the broader community who work, and interact, with sport and recreation, the arts and creative industry, and multicultural organisations, through the promotion of harmful sexual behaviours information within child safeguarding communications and training.



5.2.7. The role of the Community Services Sector

The community services sector plays a crucial role in supporting children, young people and families by providing support, intervention, and prevention programs. The sector includes:

- Not-for-profit agencies.
- Non-government agencies funded by government and self-funded.
- Aboriginal Controlled Community Organisations.
    - » Privately funded organisations.

These organisations provide a range of services aimed at reducing harm and promoting healing and can include therapeutic interventions, early intervention programs, education and awareness initiatives, crisis support, and culturally guided services for Aboriginal communities. By working collaboratively with legal, health, and child protection services, the sector ensures a coordinated approach to managing and preventing harmful sexual behaviours.

Beyond direct service delivery, organisations in this space also advocate for policy reforms, improved funding, and community education to address the underlying causes of harmful sexual behaviours and foster safer environments. Through evidence-based programs and a commitment to early intervention and rehabilitation, the community services sector plays an essential role in reducing harm and promoting long-term community safety in Western Australia.

5.2.8. The role of Independent Schools and Catholic Education

One of the roles of Non-government Schools in Western Australia (Catholic Education Western Australia [CEWA] and Association of Independent Schools Western Australia [AISWA]) is to support schools to create and maintain supportive and safe learning environments (Australian Institute for teaching and School Leadership Teacher Standard 4).

Accordingly, both CEWA and AISWA endeavour to build a more cohesive understanding of sexual behaviours in children and young people across Western Australia. They support school staff to provide responses that are safe, effective, proportionate and trauma informed.

This includes:

- supporting implementation of school and/or system, curriculum, and legislative requirements to ensure student wellbeing and safety;
- a whole school approach to educating parent/carer communities;
- providing strategies and professional learning to assist school staff to meet their responsibilities for the care, safety, and protection of children;
- educating students in healthy behaviours and respectful relationships including strategies for keeping safe and recognising abuse;
- responding ethically to concerns, disclosures, and allegations (regarding harmful sexual behaviours) that prioritise the best interests of the children or young people involved and reduce the likelihood of further harm; and
- continuing to embed the practices and processes of the National Principles for Child Safe Organisations.

5.2.9. The role of System Advocacy

System advocates play a crucial role in addressing harmful sexual behaviours by advocating for policies, laws, guidelines and frameworks to ensure that individuals affected by or those who have displayed such behaviours receive appropriate support, intervention, and access to justice. They work across multiple sectors, including child protection, justice, mental health, education, and social services. Advocacy agencies promote early intervention, healing interventions and help children and their families navigate complex legal and welfare systems, ensuring their voices are heard and their rights protected. System advocacy agencies engage in public education and prevention initiatives, helping to create awareness and equip communities with the tools to address harmful sexual behaviours effectively. By promoting a child-centred and evidence-based approach, system advocates help create a safer and more supportive environments for all individuals affected by harmful sexual behaviours.

Commissioner for Children and Young People

The *Commissioner for Children and Young People Act 2006* (WA) established the independent statutory officer role responsible for upholding the rights and interests of children and young people in WA. In undertaking their role, the Commissioner's paramount concern must be the best interests of children and young people in WA, and they must have regard for the United Nations Convention on the Rights of the Child. The Act also establishes the following guiding principles:

- Children and young people are entitled to live in a caring and nurturing environment and to be protected from harm and exploitation.
- The contributions made by children and young people to the community should be recognised for their value and merit.
- The views of children and young people on all matters affecting them should be given serious consideration and taken into account.
- Parents, families and communities have the primary role in safeguarding and promoting the wellbeing of their children and young people and should be supported in carrying out their role.

The Commissioner's functions include researching, inquiring into and advising on matters affecting the wellbeing of children and young people as well as monitoring and advocating for their participation and wellbeing. In undertaking the functions of their Act, the Commissioner must have special regards for the needs of Aboriginal children and young people, and children and young people who are vulnerable or who have been disadvantaged in any way.



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Appendix A – Glossary of terms

Aboriginal and Torres Strait Islander peoples

The first inhabitants of Australia. The definition accepted by Aboriginal and Torres Strait Islander peoples and the Federal Government defines an Aboriginal person as someone who:

- is of Aboriginal descent;
- identifies as an Aboriginal person; and
- is accepted as an Aboriginal person by the community in which he or she lives (Australian Institute of Aboriginal and Torres Strait Islander Studies, n.d.).

Aboriginal peoples comprise diverse Aboriginal nations, each with their own language and traditions and have historically lived on mainland Australia, Tasmania or on many of the continent's offshore islands. Torres Strait Islander peoples come from the islands of the Torres Strait, between the tip of Cape York in Queensland and Papua New Guinea (Australian Human Rights Commission, 2005).

Child sexual abuse

Any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017b; National Office for Child Safety, 2021,p. 17).

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse characterised by some form of exchange or perceived 'trade', whereby the child or young person is coerced, manipulated or deceived into a sexual interaction for tangible and/or intangible goods (Alderson and Ireland 2020).

Children and young people

The United Nations Convention on the Rights of the Child (1989) defines a child as a human being who is below the age of 18 years. Children and young people are also defined in Australian legislation and the National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030 as being under the age of 18 (National Office for Child Safety, 2021). Consistent with these definitions, this Statewide Harmful Sexual Behaviours Framework uses 'children and young people' to refer to people under 18 years of age.

Clinical yarning

A patient-centred communication approach that integrates traditional Aboriginal storytelling with clinical communication to improve interactions between clinicians and Aboriginal patients. It involves building rapport through informal conversation, using storytelling to explain health issues in a meaningful way, and collaboratively developing culturally appropriate health management strategies, ultimately fostering trust, understanding, and better health outcomes (Lin, Green, & Bessarab, 2016).

Complex trauma

Complex trauma often starts in childhood and involves repeated, prolonged and enduring exposure to distressing and abusive experiences, often within interpersonal relationships (Waite & Ryan, 2020; Salter et. al., 2020),

Contextual safeguarding

"Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse" (Firmin, 2017. P. 1).

Culture

The collective behaviour patterns of a group of people. It refers to the characteristic way they approach all living activities, objects arising from these activities as well as the stories, myths, art, music, rituals, and traditions created and perpetuated by the group. Culture also exists essentially in people's memories and consciousness. Thus people within a culture do things in a similar way because they have a common way of understanding life and their environment - and a common system of belief and symbolism. A group's

shared sense of meaning emerges from their collective experiences and unique historical and environmental circumstances. It imbues all their behaviours, giving them a collective personality - a character, or cultural identity. Thus culture can be defined as the shared sense of meaning that determines a group's way of life (Australian Bureau of Statistics, 2001).

Cultural safety

"Cultural Safety is an experience determined by First Nation's peoples when they are in situations where their presence is welcomed and respected, their experiences are believed and validated, their cultures are centred and valued, their knowledge and skills are recognised and supported, their advice is listened to and acted upon, and they do not experience racism in any form". (Gollan & Stacey, 2021, 39).

Cultural Responsiveness

The ability to understand, interact and communicate effectively and sensitively with people from a cultural background that is different from one's own. It is characterised by respect for culture, ongoing self-reflection, expansion of knowledge and commitment to improving practices and relationships" (Department of Education, Aboriginal Cultural Standards Framework, 2015, pp.16).

Developmentally appropriate sexual behaviours

Behaviours that are appropriate for an identified child or young person, according to their stage of development, are seen as socially acceptable, and aligned with community expectations. Where they involve another child or young person, they are mutual, reciprocal, and include shared decision-making. Most sexual behaviour in children and young people is developmentally appropriate and can occur in any setting, including in person and online (Paton & Bromfield, 2024, p. 8).

Family violence

Section 4AB of the *Family Law Act 1975* describes family violence as violent, threatening or other behaviour by a person that coerces or controls a member of the person's family (the family member), or causes the family member to be fearful.

Harmful sexual behaviours

"Harmful sexual behaviours are sexual behaviours that fall outside what may be considered developmentally typical or socially appropriate, cause harm to themselves or others, and occur either in person or online. When these behaviours involve others, they may include a lack of consent, reciprocity, mutuality, and may involve the use of coercion, shame, force or a misuse of power" (Attorney-General's Department, 2024, p.12).

Intergenerational trauma

Intergenerational trauma refers to the impact of traumatic stressors extending beyond the individual directly affected, impacting their children and descendants. The layers of trauma and loss experienced within a family influence how that family functions. Intergenerational trauma may affect a single generation (i.e., passed from a parent to their child) or span multiple generations (Isobel et al., 2019).

Intersectionality

How multiple forms of inequality or disadvantage compound and can create obstacles for people (NAIS, 2018). Intersectionality acknowledges that every person has multiple and diverse identities (e.g., race, gender, sexual orientation, socio-economic status, disability, beliefs, and worldview) that combine in unique ways to shape our perspectives, and experiences with power, oppression and privilege (Ontario Human Rights Commission, 2001).

Mental illness

A mental illness is the most commonly used term to describe conditions diagnosed by a medical professional that significantly affect how a person thinks, feels and interacts with other people.

Mental illnesses, such as depression, anxiety, schizophrenia and bipolar disorder are diagnosed according to standardised criteria (National Mental Health Commission, 2022).

Mental health concerns or difficulties

A mental health concern can interfere with how a person thinks, feels and behaves, but not to the extent that it meets the criteria for a mental illness diagnosis.

Mental health concerns are more common and likely to resolve in time, but if a mental health concern persists or increases in severity, it may develop into a mental illness (National Mental Health Commission, 2022).

Offender

A person who is found by a court to have done something that is prohibited by law (National Office for Child Safety, 2021, p.17).

Intellectual and developmental disabilities

Limitations in intellectual functioning and adaptive behaviour across conceptual, social and practical skills (Luckasson & Tasse, 2021).

Harmful sibling sexual behaviour

Harmful sibling sexual behaviour (sometimes referred to as harmful sexual behaviour between siblings) is the most common form of intrafamilial sexual abuse (Yates, 2019). This is harmful sexual behaviour that occur within a sibling like relationships – this may be within biological, adopted, foster siblings, step, and half-sibling relationships, as well as cousins or other relatives/ kin who live in the same household.

Stolen Generations

The forced removal of Aboriginal and Torres Strait Islander children, now recognised as the Stolen Generations, by government agencies and church missions under acts of parliament. (Human Rights and Equal Opportunity Commission, 1997; Healing Foundation, 2024).

Technology-Assisted Harmful Sexual Behaviour

Harmful sexual behaviours that use the internet and/or any image-creating/sharing or communication device (Allotey & Swann, 2019; Hackett et al., 2019). It may include:

- accessing or exposing other children to pornography;
- downloading, distributing and/or producing child abuse material;
- online grooming, soliciting, or sexual harassment;
- online child sexual abuse or exploitation including self-victimising behaviours; and
- internet or social media use that forms part of overall harmful sexual behaviours.

Trauma

The psychological, physical, social, emotional, cultural, and/or spiritual harm caused by exposure to an event or series of events that are emotionally disturbing or life-threatening (Paton, et. al., 2024).

Trauma-informed practice

An approach that is holistic, empowering, strengths-focused, collaborative, and reflective. It promotes physical, emotional, spiritual, and cultural safety" (Victorian Government, 2022, p. 9).





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