



ACT
Government

Services for Children with Harmful Sexual Behaviours: Listening Report

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Content warning

Information in this report may be triggering and confronting as it relates to children with harmful sexual behaviours. If you feel distressed by any information presented, please be sure to look after yourself first and contact support services as needed.

- [Lifeline](#): 13 11 14.
- [1800Respect](#): 1800 737 732
- [Beyond Blue](#): 1300 224 636

For more advice and support providers, visit the Royal Commission into Institutional Responses to Child Sexual Abuse [website](#).

Introduction

The ACT Government has committed to keeping children and young people safe and protected from harm, and to advocate for the importance of the rights of children and young people. This commitment was formalised in the [ACT Government's Response](#) to the recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission).

Royal Commission into Institutional Responses to Child Sexual Abuse

The Royal Commission was announced in 2012 by the then Prime Minister, the Hon Julia Gillard MP, in response to allegations of sexual abuse of children in institutional settings that had been emerging for many years.

The Royal Commission released its Final Report on 15 December 2017. The Final Report included 105 recommendations pertinent to state and territory governments, which aim to make Australia's institutions safer places for children. The Royal Commission also released specific reports on Working with Children Checks, Redress and Civil Litigation, and Criminal Justice, which together totalled 409 recommendations made by the Royal Commission.

In June 2018, the ACT Government responded to the 105 recommendations of the Final Report relevant to its jurisdiction, with a significant majority of the recommendations accepted or accepted in principle

The Royal Commission found that child sexual abuse is not only perpetrated by adults, but also by children and young people. It heard that institutions and families did not effectively address abuse perpetrated by other children, including not providing appropriate support and intervention to either the children harmed or the children who exhibited harmful sexual behaviour.¹

In the Final Report, Volume 10: Children with Harmful Sexual Behaviours, the Royal Commission made 7 recommendations which relate to prevention, clear referral pathways, early assessment, and specialist therapeutic interventions to address and support children with harmful sexual behaviours.

¹ [Final Report - Volume 10, Children with harmful sexual behaviours \(childabuseroyalcommission.gov.au\), page 9.](#)

The ACT Government accepted the first of these recommendations, and accepted in principle the remaining 6, noting the need for further analysis to determine the scale of unmet demand and the most appropriate model for treatment options.²

In 2021, as part of the ACT Government's response to the Royal Commission's recommendations, the ACT Health Directorate consulted with stakeholders who work with children with harmful sexual behaviours and their families.

The consultations aimed to establish a clear understanding of current services available for children with harmful sexual behaviours and their families in the ACT, the demand for these services, and what training and clinical supervision is available for clinicians providing these services.

Consultation insights, summarised in this report, will inform a 'Service Mapping Analysis' (the Analysis) of supports in the ACT for children with harmful sexual behaviours and their families. The Analysis will be used to determine the next steps for addressing the Royal Commission's recommendations for children with harmful sexual behaviours in the ACT.

Children with harmful sexual behaviours

This report uses the Royal Commission's definition of children with harmful sexual behaviours being 'children under 18 years who have behaviours that fall across a spectrum of sexual behaviour problems (see Sexual Behaviour Spectrum table below), including those that are problematic to the child's own development, as well as those that are coercive, sexually aggressive and predatory towards others.'³

The Royal Commission found that children can be sexually abused by other children and that harmful sexual behaviour exhibited by children is an ongoing problem. It found there can be immediate and long-term impacts on children and young people who experience harmful sexual behaviours, including effects that could be 'detrimental to physical and psychological health, neurobiological development, interpersonal relationships and connection to culture and sexual identity.'⁴

Trauma, stigmatisation, isolation and other lingering impacts from harmful sexual behaviours can affect people who have experienced, and who exhibit, harmful sexual behaviours.

² [ACT Government response to the Volume 10 Recommendations](#)

³ [Final Report - Volume 1, Our inquiry \(childabuseroyalcommission.gov.au\)](#)

⁴ [Final Report - Volume 10, Children with harmful sexual behaviours \(childabuseroyalcommission.gov.au\)](#)

The Royal Commission's Volume 10, which is focused on children with harmful sexual behaviours, recommended a public health approach to enhance community-wide awareness of harmful sexual behaviours and improve identification of risk factors for the development of those behaviours.

This approach aligns with the Sexual Assault Prevention and Response Program's identification of the need to improve sex and relationship education as a preventative measure.

Sexual Assault Prevention and Response Program

The Sexual Assault Prevention and Response Program (the Program) was established in 2021 by Minister for Women and the Minister for the Prevention of Domestic and Family Violence, Yvette Berry MLA, to develop recommendations for the ACT Government about sexual assault reforms in the ACT.

A Sexual Assault Prevention and Response Steering Committee (the Steering Committee) was established to set priorities and actions for future work and action by government to drive sexual assault reform in the ACT.

In December 2021, the Steering Committee published its final report: [Listen. Take Action to Prevent, Believe and Heal](#) (the final report). The final report examines the current pathways and services for sexual assault victim-survivors in the ACT, including the experiences of victim-survivors and 24 recommendations to the ACT Government for improvements.

The final report notes that 'children are at a higher risk of sexual violence' and 'the current system fails to meet the needs of children and young people for timely therapeutic support and effective justice responses.'⁵

These themes are consistent with those heard during the Royal Commission inquiries and the Analysis consultations.

⁵ [Listen. Take action to prevent, believe and heal.](#)

Therapeutic Treatment and Interventions

The reasons why a child is engaging in problematic or harmful sexual behaviours influence the best treatment approach.

The academic literature distinguishes between 'sexually-reactive' children from children with harmful sexual behaviours. The reasons underpinning these behaviours differ, as do the behaviours themselves.

Toni Cavanagh Johnson, Ph.D., argues these behaviours are on a continuum with sexually-reactive behaviours at one end and harmful sexual behaviours at the other. Johnson states that sexually-reactive behaviours are 'generally in response to environmental cues that are overly stimulating or reminiscent of previous abuse...Many [sexually-reactive] children have lived in sexually overwhelming environments in which they have not been shielded from adult or adolescent sexuality'.⁶

Whereas sexually-reactive behaviours are often exhibited because a child is trying to make sense of sexual behaviour they have experienced or been exposed to, harmful sexual behaviours often arise from adverse childhood experiences such as domestic and family violence, and/or chronic neglect. Harmful sexual behaviours also tend to be more aggressive and coercive.

The treatments and interventions for sexual behaviours differ because the behaviours have different causes and manifestations. Sexually-reactive behaviours are typically treated with generalist counselling that addresses past abuse. Conversely, harmful sexual behaviours require specialist intervention that includes their family and broader support network to address the behaviour.

The Sexual Behaviour Spectrum

The spectrum of sexual behaviours is detailed in the table below.

The spectrum ranges from healthy 'green' behaviours, which are typical and developmentally appropriate; problematic 'orange' behaviours, which are of concern; and harmful 'red' behaviours that indicate abuse or may cause harm.⁶

The Royal Commission uses the term harmful sexual behaviours to describe 'red' and 'orange' behaviours.

⁶ Adapted from the Child at Risk Assessment Unit. (2000). Age Appropriate Sexual Play and Behaviour in Children. Canberra: Australian Capital Territory Government CommunityCare. 5-11

The Sexual Behaviour Spectrum	
Sexual Behaviour Category	Indications
Healthy	<p>Sexual behaviours that are a part of normal and healthy development which provide opportunities to talk, explain and support children’s development.</p> <p>Healthy behaviours are:</p> <ul style="list-style-type: none"> • spontaneous, curious, light-hearted, easily diverted, enjoyable, mutual, and consensual; • appropriate to child’s age and development; • activities or play among equals in terms of age, size, and ability levels; • about understanding and gathering information, balanced with curiosity about other parts of life.
Problematic	<p>Sexual behaviours classified as problematic are those which cause concern and signal the need to monitor and provide extra support.</p> <p>Behaviours may be concerning due to:</p> <ul style="list-style-type: none"> • persistency, intensity, frequency, or duration; • the type of activity or knowledge for age and stage of development; • inequality in age, size, power, or development ability; • risk to health and safety of the child or others; or • unusual changes in a child’s behaviour.
Harmful	<p>Sexual behaviours which indicate or cause harm and signal the need to provide immediate protection and follow up support.</p> <p>Harmful behaviours are:</p> <ul style="list-style-type: none"> • excessive, compulsive, coercive, forceful, degrading, or threatening; • secretive, manipulative, or involve bribery or trickery; • not appropriate for the age or developmental stage; and/or • between children with significant difference in age, power, or developmental ability.

Who we consulted

To inform the Analysis, project officers from ACT Health Directorate consulted representatives from ACT Government and non-government organisations who have experience and/or expertise regarding children with harmful sexual behaviours. These stakeholders came from a mixture of clinical, policy, program, and advocacy backgrounds. Seventeen meetings were held with 44 individuals in October and November 2021. Each meeting was conducted via videoconference due to COVID-19 restrictions, and typically lasted 60 minutes.

Representatives from the following organisations participated in the consultations:

- ACT Health Directorate
- ACT Human Rights Commission
- ACT Policing
- ACT Together
- Canberra Health Services
- Canberra Rape Crisis Centre
- Catholic Care
- Community Services Directorate
- Domestic Violence Crisis Service
- Education Directorate
- New Street, Southern NSW Local Health District.

ACT Health Directorate would like to thank everyone who contributed to the consultations for their time and valuable insights.

Methodology

The following questions, which were derived from the Royal Commission's recommendations, were used to guide consultations:

1. What services and supports are currently available in the ACT for children with harmful sexual behaviours and their families or carers?
2. What therapeutic principles or clinical evidence underpin these services?
3. What is the current demand for the services identified and is this demand being met?
4. How are services accessed, i.e., what are the current referral pathways?
5. Are there gaps in service provision in the ACT and if present how can they be addressed?
6. How do we train and support clinicians working with children with harmful sexual behaviours?

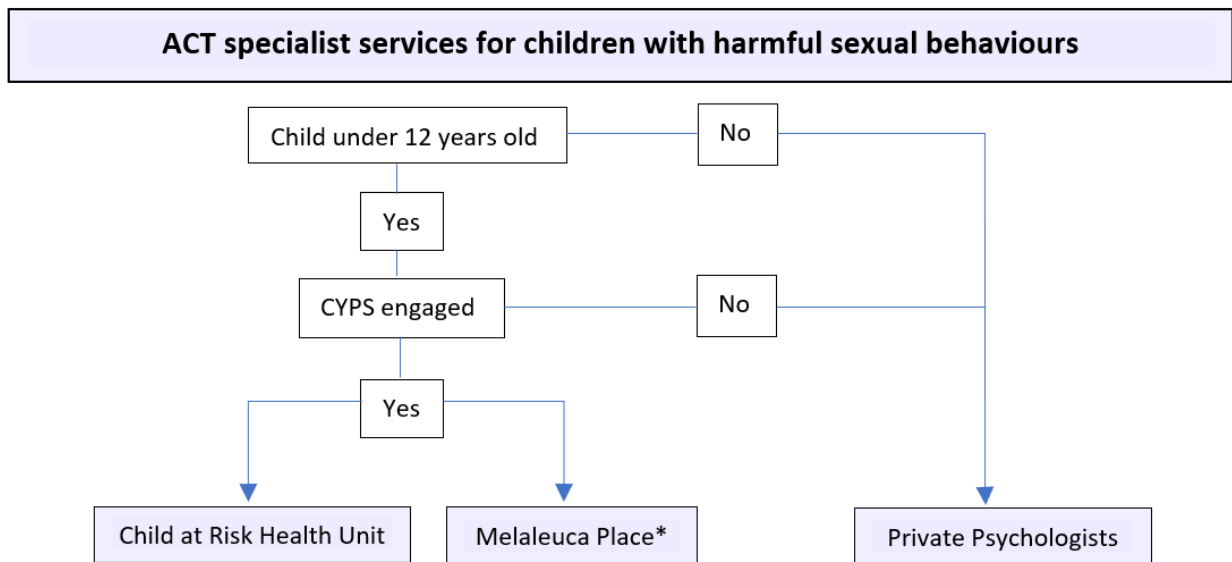
Stakeholders were also encouraged to discuss any other matters they felt were relevant to the Analysis.

What We Heard

Many stakeholders indicated there is not a clear understanding of the current services available – either specialist or generalist – for children with harmful sexual behaviours and their families. The table below and Service Map on the next page provide an overview of the key services and referral pathways identified during consultations.

Service	Description	Who can access
Child at Risk Health Unit (CARHU)	CARHU provides medical examinations, health screens, education for families, consultation and therapy for children and their families/carers where there are concerns of child abuse and/or neglect. Referrals are accepted through an intake line from various channels, including Child and Youth Protection Services (CYPS), ACT Policing, GPs, schools and self-referrals.	CARHU is available for children up to 18 years of age and their family/carers, however the harmful sexual behaviours therapeutic program is only available for children 10 years or younger, with consideration of clients already accessing services. CARHU also provide support and information for people not directly engaged in services.
Melaleuca Place	Melaleuca Place provides services utilising trauma and attachment informed interventions. Referrals received via Assessment and Support Unit of CYPS when capacity is advertised by Melaleuca Place.	Melaleuca Place supports children up to 12 years of age who have experienced abuse and neglect and have care and protection orders in place.
Private psychologists	Psychologists in the ACT and NSW with expertise in harmful sexual behaviours can be engaged privately. Referrals to these clinicians may be made by General Practitioners, Bimberi Youth Justice Centre, CYPS, CARHU or self-referral.	Clients of all ages (at the discretion of the practitioner), including children and young people up to 18 years of age.
Non-government services	There are a range of non-specialist services in the ACT for children and young people that can also support children with harmful sexual behaviours and their families, and often consult with CARHU if they need specialist advice and support.	Service accessibility requirements are determined by the individual service. For more information visit the ACT Government MindMap website.

Service Map

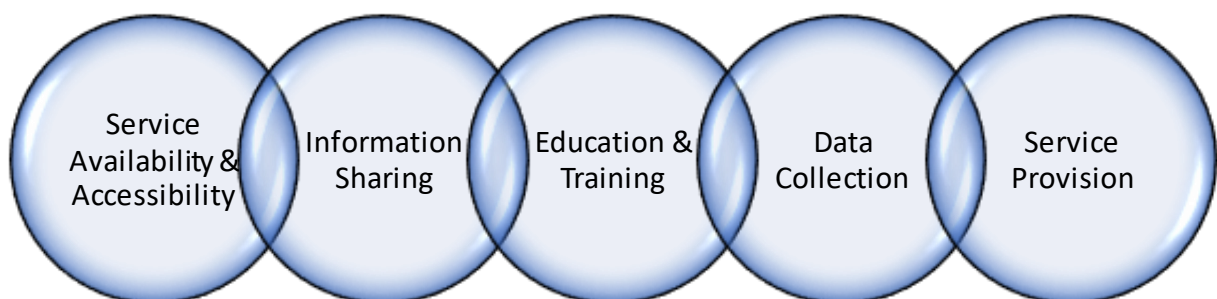


*Closed referral system, services for children with care and protection orders

Consultation Insights

Though many stakeholders emphasised the importance of primary prevention in long term health outcomes, consultation discussions focused on current service provision (tertiary interventions) for children with harmful sexual behaviours.

Participants shared a range of views and insights about the current supports and services available for children with harmful sexual behaviours and their families. Five key themes emerged from the consultations, as shown in the pictorial below.



Service Availability and Accessibility

Regarding service accessibility and availability, issues raised included barriers to clients accessing support due to cost of services, lack of services for clients over 12 years of age, challenges for children and families with co-morbidities or psychosocial concerns, inter-jurisdictional service access, necessary statutory agency involvement and the distinction between harmful sexual behaviours and reactive sexual behaviours.

Sub-theme	Insights
Cost of private services	While free support is provided through public services (for example, CARHU and Melaleuca Place), children and their families who are unable to access these services often need to pay to see private psychologists. Due to limited specialists available in the ACT further costs can be incurred by needing to access services interstate.
Age limits	There is no harmful sexual behaviours-specific service available for adolescents in the ACT. The main harmful sexual behaviours service (CARHU) supports children aged 0-10.
Psychosocial factors	Harmful sexual behaviours often arise or are exacerbated by other factors including (but not limited to) trauma, alcohol and drug use, mental health disorders, experience of domestic and family violence, and an unstable home environment. These factors may affect the child and/or their family and can limit or complicate the ability to access therapeutic support.
Ongoing statutory agency engagement	CARHU and Melaleuca Place, though they are voluntary services, require current CYPs involvement due to potential future disclosures or concerns regarding environmental safety that would require CYPs reporting. Due to this, families may choose not to engage or decide to disengage from services from fear of statutory involvement.
Interjurisdictional services	Clients over the age of 12 residing in surrounding NSW who attend school in the ACT may be eligible for harmful sexual behaviours support through New Street. ACT residents are not eligible for the NSW service.

Information Sharing

The theme of information sharing includes legislative restrictions, the importance of sharing pertinent information about a child and their circumstances to facilitate optimal treatment, and how these issues can inhibit providing the best support and therefore care outcomes for clients accessing a service.

Sub-theme	Insights
Legislative barriers	During consultations some stakeholders shared a belief that, in comparison to other states, ACT legislative frameworks do not facilitate a culture of information sharing between agencies to inform service provision. Stakeholders also indicated that the ACT lacks a centralised mechanism to encourage safe interagency information sharing.
Families and primary carers	Stakeholders advised that as primary figures in a child's life, parents and carers are vital participants to include in therapeutic engagements. This is to ensure therapy uptake and to support the family to manage potential future behaviours.
Clinicians and care teams	Information sharing between clinicians and care teams (e.g. CYPS case managers) promotes interservice collaboration and understanding of how to best support the needs of the child or young person with harmful sexual behaviours.
Schools	Information sharing between school executives, teachers, families and support services, as appropriate, enables best-practice therapeutic intervention in school settings and a more holistic environment of support for children.
Sex and relationship education for children	Several stakeholders raised the importance of comprehensive sexual education for children, including education about the spectrum of sexual behaviours, consent, and respectful relationships. Students and teachers can access resources tailored to age and developmental groups and areas such as online safety, though some stakeholders suggest there is still a gap in sex education for children. Some stakeholders noted that children and young people may miss out on sexual education due to lack of attendance or engagement with formal schooling.

Education and Training

The similarities between issues of education and training were often discussed during consultations. Education in this context refers to skills, knowledge and understanding relating to harmful sexual behaviours, which can be facilitated through training.

Sub-theme	Insights
Knowledge of spectrum of sexual behaviours	Currently there appears to be a limited understanding, outside of specialist services, of the spectrum of healthy to harmful sexual behaviours across all developmental ages.
Timely and proportionate responses to sexual behaviours	Appropriate and proportionate responses to healthy, problematic, or harmful sexual behaviour is a primary step in therapeutic relationships. Stakeholders suggested that families and people who work with children, including educators and clinicians, may have difficulty in responding appropriately to sexual behaviours without understanding the spectrum.
Importance of language	Using appropriate language when referring to harmful sexual behaviours and the wider behaviour spectrum is vital to ensure children do not experience stigma, isolation or other social impacts. Language blaming children for behaviours, for example labels such as 'sexual offenders', 'perpetrators', or calling behaviours 'abnormal' perpetrates stigma.
Knowledge of services and referral pathways	Stakeholders indicated that educators, health professionals, other frontline workers, and parents and carers would benefit from increasing awareness of services available and their referral pathways.
Training for frontline workers	Previously CARHU delivered training for schools and CYPS case managers is currently unavailable due to resource limitations. The Education Directorate offers annual Protective Behaviour training to teachers and parents. Stakeholders stated evidence-based clinician led training would be highly valued to ensure practical knowledge is available for frontline workers such as educators, psychologists, social workers, and case managers.
Ongoing specialist professional development	Some stakeholders suggested the expertise clinicians have in this speciality could be further supported through more regular training which would increase clinical knowledge and support ongoing best practice.

Data Collection

Data collection was identified as affecting every aspect of service provision. Data informs service resourcing including funding, recruitment, and specialist staff training. Without sound statistics, service demand is unable to be fully understood and potentially met.

Sub-theme	Insights
Prevalence and service demand unknown	Currently there is no formal data on service demand or prevalence of harmful sexual behaviours in the ACT. Data is further limited regarding adolescent demand for services as there is currently no specialist services for clients over the age of 12.
Record keeping	Stakeholders suggested a need for a central data management system to provide oversight and consolidate data on service demand and accessibility. Data must be deidentified and securely stored to ensure client privacy and confidentiality.
Scope of data collection	Stakeholders stated that recording details such as client age, number of instances of harmful sexual behaviours, where incidence(s) occurred, referral origin and eligibility for services would be valuable in understanding demand across services.

Service Provision

Therapeutic principles, safety and mandatory reporting obligations were all identified as highly relevant for generalist and specialist support service provision.

Sub-theme	Insights
Mandatory reporting obligations	Clinicians as mandatory reporters face the difficulty of maintaining therapeutic relationships while prioritising the safety of clients and others. Disclosures of harmful sexual behaviours against another person must be reported to CYPS and/or Police.
Therapeutic models	Trauma-informed and family-focused models were the most common therapeutic principles of services accessed by children with harmful sexual behaviours.
Prioritising child safety	CARHU and Melaleuca Place cannot effectively treat children with harmful sexual behaviours if they are not living in a safe environment, which means CYPS and/or police involvement typically precedes access to support. Though in-line with best practice, this can lead to exclusion from or delays to service provision.
Appropriate treatment for the type of sexual behaviour	Stakeholders advised that children displaying sexually-reactive behaviours require different treatment from those with harmful sexual behaviours. Stakeholders advised that harmful sexual behaviours require specialist treatment, which involves the network around the child, including their parents/carers, and school. Sexually-reactive behaviours can typically be treated through generalist support services, and are usually treated by addressing the past event(s) that triggered the sexually-reactive behaviour.

What's next

The ACT Health Directorate will use the information provided through the consultations to inform the Analysis and determine the next steps for addressing the Royal Commission's recommendations for children with harmful sexual behaviours in the ACT.

In addition to considering opportunities for alignment with the Sexual Assault Prevention and Response Steering Committee's final report recommendations, this work will align with, and be informed by, the national approach to children with harmful sexual behaviours being undertaken by the Australian and state and territory governments as part of the [National Strategy to Prevent and Respond to Child Sexual Abuse \(2021-2030\)](#) (the National Strategy). Theme 3 of the National Strategy, *Enhancing National Approaches to Children with Harmful Sexual Behaviours*, outlines in 5 measures support for children with harmful sexual behaviours and the services that deliver this support. In accordance with the [First National Action Plan](#) of the National Strategy, the ACT Government will contribute to a framework that will be developed by the Australian, state and territory governments to implement these measures.

Further information

Further information is available on CARHU, the Royal Commission's Final Report, the ACT Government's response to the Royal Commission, the Program, and the National Strategy here:

- [Child at Risk Health Unit](#)
- [Royal Commission Final Report](#)
- [ACT Government Response to the Royal Commission](#)
- [Sexual Assault Prevention and Response Program](#)
- [National Strategy to Prevent and Respond to Child Sexual Abuse \(2021-2030\)](#)

Glossary

Children, for the purposes of this report, refers to all people up to 18 years of age.

Harmful sexual behaviours are ‘those that are problematic to the child’s own development, as well as those that are coercive, sexually aggressive and predatory towards others’⁷.

Healthy sexual behaviours are understood to be behaviours that are within the expected development stages of a child’s life.

Mandatory reporter refers to a person who is required by legislation to report known or suspected child abuse or neglect to the nominated government agency (in the ACT this is CYPS).

Out-of-home-care refers to children who are placed in substitute care, such as foster, residential or kinship care, following removal from the family setting for short or long term interims.

Problematic sexual behaviours are defined by the Royal Commission as ‘sexual behaviours outside the age-appropriate range that may or may not result in harm to another person’.⁸

Sexually-reactive behaviours are behaviours that are ‘generally in response to environmental cues that are overly stimulating or reminiscent of previous abuse...Many [sexually-reactive] children have lived in sexually overwhelming environments in which they have not been shielded from adult or adolescent sexuality’.⁸

⁷ [Final Report - Volume 1, Our inquiry \(childabuseroyalcommission.gov.au\)](https://www.childabuseroyalcommission.gov.au)

⁸ Johnson, Toni Cavanagh, 2002, “Some Considerations about Sexual Abuse and children with Sexual Behaviour Problems,” *Journal of Trauma and Dissociation*, vol. 3 (4), p. 92.

Acknowledgement of Country

ACT Health Directorate acknowledges the traditional custodians throughout Australia and specifically the Ngunnawal and Ngambri people, on whose lands consultations for the Service Mapping Analysis were held. We pay our respects to elders past, present and emerging and extend that respect to any Aboriginal and Torres Strait Islander people who contributed to, or are reading, this document.

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