

# Webinar:

Responding to problematic and harmful  
sexual behaviours in young people

Friday 10<sup>th</sup> June 1pm-2pm

# Responding to problematic and harmful sexual behaviour in young people

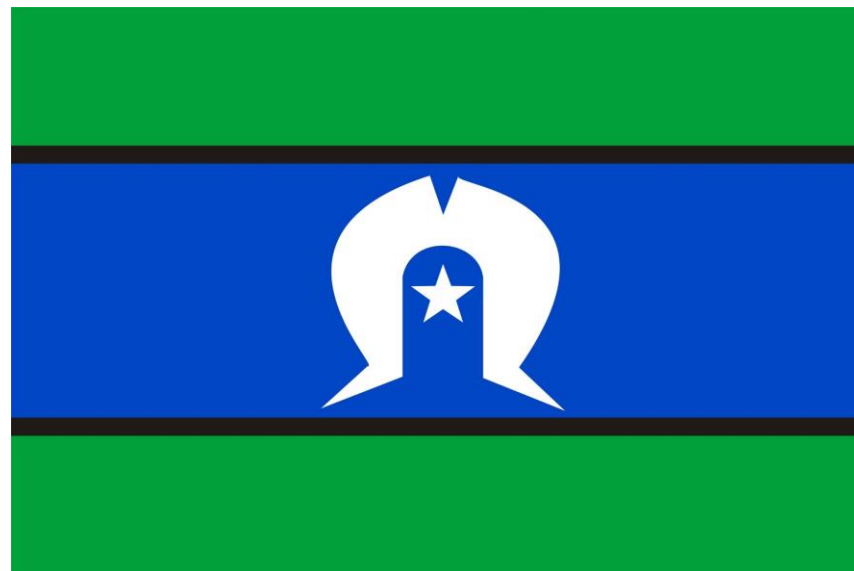
Jackie Bateman, Michael Keane, Jenny Wing



Sexual Assault  
Services Victoria



HARMFUL  
SEXUAL  
BEHAVIOUR  
NETWORK  
Established in Victoria since  
2007



**The Victorian Harmful Sexual Behaviour Network acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land. We pay our respects to their elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong.**

# Context - Language is important



**Separation of behaviour from the identity of young person is critical**

- Language carefully chosen to reflect both current legislation (CYF Act) and developmental context
- Those under 10 years who have exhibited problem sexual behaviour (PSB)
- Those from 10 – 17 years who have exhibited Harmful Sexual behaviour (HSB)
- Note: Terms used to describe adult offenders such as perpetrator, predator or paedophile are developmentally inappropriate and therefore not used to describe children and young people.

# Victorian History

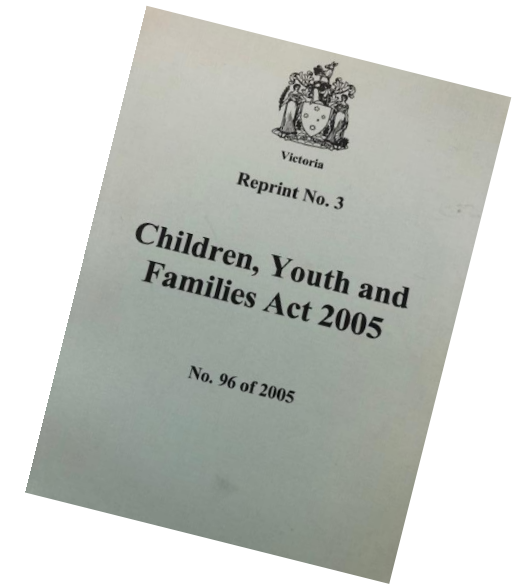
- Shift from adult intervention model
- Developmentally informed; effects of family/environment context.
- Close liaison with victim services...integration of work within state-wide victim treatment services.
- Representative body-CEASE-effective advocacy and liaison with Govt. Influential. Invitation/participation in Royal Commissions.
- Regular increase in funding.
- CEASE/CASA Forum annual training program
- Striving for evidence based and consistent practice yet scope for innovation.
- Participation in annual Aus/NZ Roundtable of agencies involved in this work(Initially under auspice of Australian Institute of Criminology) .

# Victorian HSB therapeutic service system

- Children and young people engage in treatment with funded agencies as voluntary clients or subject to a TTO
- Annually, HSB treatment providers engage in therapeutic treatment to over 1200 young people statewide
- All funded treatment providers work to a common Standards of Practice that includes principles around holistic, ecological approaches, family engagement, and inclusive practice

# Therapeutic Treatment Orders

- 2007: CYFA made provisions for specific treatment services to provide therapeutic treatment for children and young people under 15 years engaging in harmful sexual behaviours.
- Division 3 of the Act sets out provisions for therapeutic treatment
- 2019: CYFA amended to include treatment for young people aged between 15-17.



# TTO: a family focused therapeutic response

- TTO – a child protection order made in the Children’s Court – Family Division
- A therapeutic alternative to criminal charges
  - direction to engage for 12 months with conditions
  - Family also engage
  - Overseen by Child Protection.
- Family can also self refer for therapeutic treatment and engage voluntarily without the need for an Order, with no statutory oversight

*[note: voluntary engagement often includes the family being advised that no engagement will lead to Child protection involvement. A Structured choice?]*



# Snapshot of our clients

- Majority of children and young people engaged in treatment are voluntary clients
- Approximately 5% are mandated to attend through a TTO
- Majority of clients are male; only about 5-7% are females
- Metropolitan services – work is primarily office based with some outreach,
- Rural locations - extensive outreach is provided to increase accessibility to the service
- Average duration of treatment for most clients = 12-14 months



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# Theories and Approaches to the Work

- Developmental and Strengths Based Approach – focusing on strengths, skill development and increased competency  
*(Powell 2012, Creeden 2018)*
- Importance of viewing the child and young person within the context of their environment and developing holistic treatment  
*(Hackett 2016)*
- Influence of trauma and attachment on brain development leading to poor relationships, difficulties in regulation and executive functioning  
*(Creeden 2018, Pratt 2013, Rich 2006)*



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# Can we predict who will exhibit HSB?

- Despite multiple lines of enquiry ...“there is no factor X” that clearly identifies [or predicts] children and young people at risk of exhibiting further HSB.(Rich, 2006. p.237)
- There is agreement about common sets of risk variables within the developmental histories of these children and young adolescents that align their psychological profiles with other same-aged clinical groups (Chaffin, Letourneau and Silvosky, 2002).
- Individual differences
- Common variables in the family environments and relationships
- Secondary trauma – systems responses (young people in out of home care)

# Development of harmful sexual behaviour

- Family Violence
- Exposure to Pornography
- Sexual Abuse
- Chronic long term Neglect
- Bullying



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# Common variables in presentations

- *Atypical Neurodevelopment*
  - Autism Spectrum Disorders
  - Cognitive impairment
  - Learning disability
  - Language disorders
  - Behaviours of concern as a form of Communication

# Individual differences

- Problems with sensory processing
- Dissociative Disorders
- ADHD – difficulties with concentration, attending and emotional regulation due to hyper arousal
- Oppositional Defiance
- Conduct Disorder
- Mood instability (Bipolar)
- Complex PTSD
- Borderline Personality Disorder - emerging
- Anxiety and depressive disorders – less often identified at time of referral, most often identified through assessment and treatment.

# Pornography

## The 'porn genie' is out of the bottle: Understanding and responding to the impact of pornography on young people (Russell Pratt, 2015)

- .."youth are the main consumers of pornography, with research indicating that young males aged 12-17 years were the most frequent consumers of online pornography".. (Haggstrom-Nordin, Hanson & Tyden, 2005).
- research indicating that large cohorts of teenage girls do not regard oral sex as sex, but rather something that is provided to young men as a way of not having sex – thank the porn industry;
- pornography is also bringing an increasingly aggressive edge in its portrayal of sex.
- Australian research by Crabbe and Corlett (2013) showed very clearly that young men actually believe that what they are watching provides real templates for sexual activity.

# Common variables in family environments and relationships

- an increased presence of family violence, past and current
- Attitudes and beliefs which underpin the use of violence
- Traumatized and under resourced sole parents – predominantly mother's parenting traumatized and highly dysregulated adolescent boys
- Financial disadvantage leading to an increased likelihood of the presence of neglect (Elkovitch et al. 2009)
- Poor boundaries – highly sexual or sexually repressed family environments
- Poor distinction between the roles of young people and adults within the family

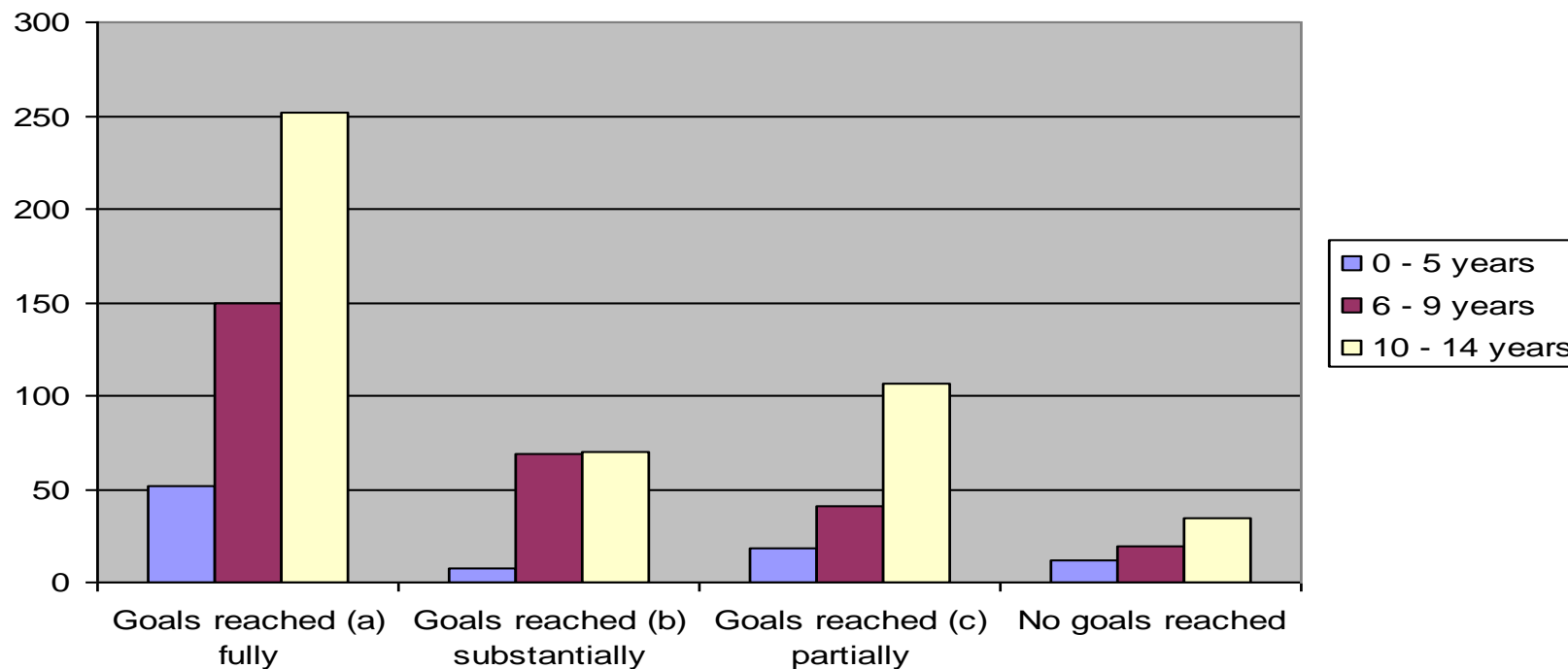


# An Australian snapshot

- ABS statistics indicate that 15 years was the peak age at which young people carry out sexual offences
- Young men aged 15 responsible for 3% of all reported sexual offences committed by males
- Young women aged 15 responsible for 15% of all sexual offences committed by females (Warner & Bartels, 2015)

# Early Intervention brings positive results

Case Outcome by Age (N = 831)



# Principles of Therapeutic Treatment

**Flexible:** to accommodate the needs of children and young people and their families, including those from Indigenous and culturally diverse or disadvantaged backgrounds

**Ecological:** Work with both the child, young person, their family and broader care context

**Holistic:** model of treatment that address both the relational dimensions of harmful sexual behaviour as well as other key needs of young person

*Can accommodate both mandated and non mandated clients and provide a tailored treatment approach*

# Key Elements of Therapeutic Treatment

- Risk and Safety
- Affect Regulation, Emotional Awareness and Boundary Work
- Improving Relationships with Important People
- Processing the Harmful Sexual Behaviour
- Healthy Sexuality
- Skill Building – Communication and problem solving

# Therapeutic Treatment Process

- Develop a Safety Plan in collaboration with the child/young person and their family/care context
- Undertake a comprehensive assessment of the child/young person and their care context including:
  - therapeutic needs,
  - risk and safety,
  - Shame, and
  - identified key areas of practice
- Develop a therapeutic plan which has “buy in” from the young person and their family
- Regularly Review the therapeutic work and safety plan

# Strengths of the work

- Able to shape understanding and responses to what has happened and
- Collaborative practice with statutory and community-based organisations can provide an integrated response and act as a buffer to contain difficult emotions that can be evoked in this work
- Clear and open communication between services leads to a shared understanding of risk and common goals for intervention
- Role modelling healthy relationships provides a template for young people and families
- Joint training and reflective practice facilitate a greater understanding and appreciation of roles and responsibilities





# Challenges

- Providing a timely and responsive service for children young people and families
- Limited involvement from DFFH, even when client has been placed on a TTO
- Young people not wanting to be recognised or seen entering a HSB service
- Lack of sustained parental engagement in therapeutic work
- Effectively engaging care context for young people in OOHC
- Poor Communication and sharing of information between the

# Treatment Services

Rural Areas	Provider	Phone Number
East	Australian Childhood Foundation	1300 381 581
	Centre Against Violence	5722 2203
North	CASA Central Victoria (Loddon Area)	5441 0430
	Mallee Sexual Assault Unit (Mildura)	5025 5400
South	Gippsland Centre Against Sexual Assault	5134 3922
West	The Sexual Assault & Family Violence Centre (Barwon Region)	5222 4318
	South Western Centre Against Sexual Assault	5564 4144
	Ballarat Centre Against Sexual Assault	5320 3933

Metropolitan	Provider	Phone Number
East	Australian Childhood Foundation	1300 381 581
North	Kids First	9450 0900
	Gatehouse Centre	9345 6391
South	South Eastern Centre Against Sexual Assault, AWARE Program	8769 2200
West	Gatehouse Centre	9345 6391
Statewide	Provider	Phone Number
Statewide	Caraniche: MAPPS program	9417 0181



# Centre for Excellence in Child and Family Welfare

<https://www.cfecfw.asn.au/>

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