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:research

Working with Young People with **Harmful Sexual Behaviours**

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Table of Contents

It should be noted that reading about and engaging with material that explores the issue of self harm and suicidality may lead to experiences of distress. This should be acknowledged and support sought if required.

The Centre for Excellence in Therapeutic Care is a partnership between the Australian Childhood Foundation and Southern Cross University. The Centre integrates up to date research evidence with cultural knowledge, practice wisdom and the voices of young people in care to produce reports, practice resources and training to support the provision of high quality, evidence informed therapeutic care.

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Introduction

This research briefing provides an overview of the current literature reporting on young people who engage in harmful sexual behaviours. Workers at the front line of practice have known for decades that these behaviours are a problem. It is only relatively recently, however, that researchers have investigated in any detail those harmful sexual behaviours committed by young people and distinguished young people from adults who offend. Recent studies have focused on understanding the antecedents of these behaviours and classifying them, as well as identifying the backgrounds and demographic profiles of young people with these behaviours and the perspectives of those who engage in treatment.

THIS BRIEFING COVERS EIGHT TOPICS:

1. **What are harmful sexual behaviours?**
2. **When should we be concerned?**
3. **How common is this problem?**
4. **What do we know about these young people?**
5. **Harmful sexual behaviours in residential care**
6. **What are young people telling us?**
7. **Messages from intervention research**
8. **Key take-away messages**

Language and Terminology

In conducting this research, it was evident that a range of terms are used to describe children and young people engaging in harmful sexual behaviours. These terms include ‘sex offenders’ and ‘perpetrators’. Sometimes the language places emphasis instead on the behaviour, referring to ‘those who commit sexually offensive behaviour’. The former terms have been taken from work with adult populations and do not necessarily accurately reflect what has occurred ie the child or young person may not have been convicted of a sexual offence. More importantly, terms such as ‘perpetrators’ do not seek to understand the broader care context in which the child or young person’s behaviour must be understood and can often be shaming and blaming of the child or young person. It is, for this reason, that the term ‘harmful sexual behaviour’ will be used as an umbrella term to describe a broad range of behaviours ranging from problematic sexual behaviour to harmful sexual behaviour (Hackett, 2014).

What are Harmful Sexual Behaviours?

Practitioners and researchers have demonstrated a growing awareness that some children and young people have behaviours that are sexually harmful to others (Hackett, 2014) and do not fall along the continuum of what is generally thought to be normal sexual exploration (Gil & Cavanagh-Johnson, 1993 in Gil & Shaw, 2014).

The term 'harmful sexual behaviour' is defined as:

> ***Sexual behaviour carried out by children and young people that is developmentally inappropriate and abusive toward self or others.*** (McKibbin, 2017, p. 373)

Meiksans, Bromfield & Ey (2017, p. 17) offer a more detailed definition, suggesting that harmful sexual behaviours are:

> ***Any behaviour of a sexual nature expressed by children under 18 years old that:***
>
> - ***is outside of what is culturally accepted as typical sexual development and expression,***
> - ***is obsessive, coercive, aggressive, degrading, violent or causes harm to the child or others and/or***
> - ***involves a substantial difference in age or developmental ability of participants.***

These contemporary conceptualisations represent a move away from long-held assumptions about this group of young people as the same as adult offenders. They signal a more holistic and child-centred approach to assessment and treatment (Campbell, Booth, Hackett & Sutton, 2018). At the same time, they raise questions about the range of behaviours that are included or excluded in the category of 'harmful'.

THE RECENTLY COMPLETED AUSTRALIAN ROYAL COMMISSION INTO INSTITUTIONAL RESPONSES TO CHILD SEXUAL ABUSE FOUND THAT THE COMMON FORMS OF SEXUAL ABUSE BY A CHILD OR YOUNG PERSON WERE:

- **non-penetrative contact abuse**
- **penetrative abuse**
- **violation of privacy and**
- **exposure to sexual acts and materials**

(Australian Royal Commission into Institutional Responses to Child Sexual Abuse 2017, pp. 38–40).

When should we be concerned?

It is now well established that children will engage in sexual play as a normative part of their development, and that 'typical' play and exploration can be distinguished from play that is concerning (Gil & Shaw, 2014). The differences between typical and atypical sexual play have been summarised as follows:

> ***The dynamics of age-appropriate, exploratory sex play between young children usually includes spontaneity, joy, laughter, embarrassment and sporadic levels of inhibition and disinhibition. On the other hand, harmful sexual behaviours have themes of dominance, coercion, threats and force. Children seem agitated, anxious, fearful or intense. They have higher levels of arousal and sexual activity may be habitual.***
>
> (Gil, as cited in Gil & Shaw, 2014, p.19)

Extending the focus to young people, Hackett has developed a continuum of behaviours that assists to 'disentangle normal, problematic and harmful sexual behaviours in children and young people' (Hackett, 2014, p. 18). This continuum is represented in Figure 1.

Figure 1. Normal, problematic and harmful sexual behaviours (Hackett, 2014, p. 18).

This continuum assists practitioners to locate the sexual behaviours of the child or young person within the context of normative development versus behaviours that are inappropriate, problematic, abusive or violent. A more detailed breakdown of sexual behaviours – identified across ages and stages of children's development – uses a traffic light metaphor. This construction distinguishes between behaviours that are 'green', or healthy and safe, those that are 'amber' and may pose some danger, and those that are 'red', ie clearly represent a threat to a victim (Brook, cited in Hackett, 2014).

How common is this problem?

The secrecy and shame surrounding sexual abuse and harmful sexual behaviours means it is difficult for researchers to measure, with any confidence, the scope of the problem and provide details about what appears to be a diverse population. Behaviours that are problematic, abusive and violent may go largely unreported for a range of reasons (Campbell, Booth, Hackett & Sutton, 2018). A recent systematic review of the literature, however, reported evidence indicating at least a quarter of all sexual abuse in the United States and between a fifth and a third of child sexual abuse in the United Kingdom may be committed by young people (Finkelhor et al., cited in Campbell et al., 2018; Hackett, cited in Campbell et al., 2018). No such estimates have been able to be made with respect to Australian populations, but the international statistics provide a sense of the size of the problem.

What do we know about these young people?

In a major demographic study of young people engaging in harmful sexual behaviours, David Finkelhor and his colleagues investigated more than 13,000 juvenile offenders (Finkelhor, Ormrod & Chaffin, 2009). Key messages emerging from this and other significant studies include:

Gender: More than 90% of all the young people who had engaged in harmful sexual behaviour are male. This is consistent with more recent studies in the United Kingdom, where only three per cent of offenders are female (Hackett, 2016).

Age of onset: The onset of harmful sexual behaviours is often seen to be around early adolescence (Hackett, 2014).

Disability: In a major study in the United Kingdom involving 700 children and young people who engaged in sexually abusive behaviour, 38% were identified as having a cognitive disability (Hackett, Masson, Balfe & Phillips, 2013). Recent research has highlighted the neuropsychological outcomes for young people who have experienced abuse, exploring, in particular, cognitive impairments in young people who engage in harmful sexual behaviours (Barra, Bessler, Landolt & Aebi, 2017). More recently, brain impairment as a result of adverse childhood experiences – affecting mental health, psychosocial capacities and sexual behaviours – was found to be associated with harmful sexual behaviour (Blasingame, 2018).

Living arrangements: More than half of the 700 young people referred for treatment in relation to their harmful sexual behaviour are living at home with their family or relatives (Hackett, Phillips, Masson & Balfe, 2013).

Young person's trauma history: Recent estimates also tell us that about 40% of young people who engage in harmful sexual behaviours have experienced child sexual abuse or physical abuse themselves (Karsten & Dempsey, 2018). Interestingly, a larger group—approximately 60% of young people who engage in this behaviour—are reported to have experienced childhood neglect (Karsten & Dempsey, 2018). These findings are consistent with the UK study conducted in 2013, where just 34% of the 700 referrals indicated that there was no known abuse or trauma in the background of the young person being referred (Hackett et al., 2013). In this latter study, almost 50% of the young people were confirmed or suspected victims of sexual abuse in their childhood.

Nature of the behaviour: Consistent with other studies, the behaviours identified in the study by Hackett and colleagues were diverse and on a continuum of severity from non-contact to violent penetrative sexual harm (Hackett et al., 2013). Studies indicate that harmful sexual behaviour involving violence by a young person was a feature of nearly one in five offences. Almost a third of young people who had engaged in harmful sexual behaviour had attempted vaginal or anal penetration of their victims (Hackett, 2014; Taylor, 2003).

Role of Social Media and Pornography in the Development of Harmful Sexual Behaviour

Recent Australian Research has shown that the majority of young people have used social media for sending and receiving naked pictures and exchanged sexually explicit text messages as part of their sexual practices (Fisher, Waling, Kerr, Bellamy, Ezer, Mikolajczak, Brown, Caraman & Lucke, 2019; Lim, Agius, Carrotte, Vella & Hellard, 2017). Most young people have also viewed pornography by the age of 15, with males being more likely to have viewed it than females. This is with a view both to learn about sex and achieve sexual arousal (Lim et al 2017; Pratt & Fernandes 2015).

Whilst pornography has a role in shaping sexual beliefs, desires and practices of young people, adolescents who use pornography, including violent pornography, will not necessarily go on to engage in harmful sexual behaviour. There is some evidence, however, that the use of pornography at a very young age (prior to 10 years) may lead to earlier onset of sexual aggression. It may also lead to higher rates of engagement in casual sex by early adulthood, and both the experience and perpetration of sexual aggression in adulthood (Bridges, Wosnitzer, Scharrer, Sun & Liberman, 2010; Skau & Barbour, 2011).

Repeated exposure to pornography can also lead to young people become desensitised and develop distorted views of what is acceptable in relationships (Prescott & Schuler, 2011). Finally, Burton, Leibowitz, Buxbaum and Howard (2010) found that whilst pornography did not lead to adolescents to engaging in harmful sexual behaviour, adolescents who had sexually abused reported more exposure to pornography than those who engaged in non-sexual crimes.

For some children and adolescents, this exposure can provide a ‘skewed template’ for sexual practices and expose them to information and images that are inappropriate for their developmental stage (Pratt & Fernandes, 2015). Additionally, young people with a learning disorder or intellectual disability may struggle to properly understand that the activity in pornography can be very different to what individuals prefer or feel safe with in real life.

An important aspect of treatment is educating adolescents about healthy sexuality and to critique pornography in light of what is not usual or desirable in everyday life. Some key components include teaching young people about mutual consent, and respect and pleasure and the capacity to negotiate as equals in relationships.

Risk and Safety

The research indicates that there is a low risk of young people continuing to engage in harmful sexual behaviour over time, especially if they receive treatment. The current estimates for young people continuing to engage in such behaviour posttreatment are between 5% and 10% (Caldwell, 2010, 2016; Worling, Littlejohn & Bookalam, 2010). This low rate does not mean that harmful sexual behaviour in children and young people should not be taken seriously and suitable safety plans not developed to provide support, supervision and guidance.

It is also important to keep in mind that childhood and adolescence is a time of great change, experimentation and risk taking in a range of behaviours and that behaviours that young people exhibited will not necessarily be carried over into adulthood (Pratt, 2013; Creeden, 2017). From a neurobiological perspective, young people's brains – and, in particular their prefrontal cortex – are still undergoing significant development. This has implications for making prudent decisions; an issue that often resolves as they mature (Powell, 2015).

There are no validated risk assessment tools that accurately predict the risk of young people continuing to engage in harmful sexual behaviour. The most commonly used tools such as the ERASOR (Worling & Curwen, 2001) and J-Soap 11 (Prentky & Righthand, 2003) have not been adapted for working with young people with disabilities or females. Their utility may also be considered limited in the sense that they identify collective risk factors rather than issues specific to each young person (Creeden, 2013).

A developmental focus when considering risk enables children and young people to be considered within the context of their families, peers and wider communities. It also aids better understanding of both the protective factors and limitations that will help a young person return to a healthier developmental trajectory. (Pratt, 2013). Adopting a framework that does not just focus on young person's harmful sexual behaviour but on developing strengths, skills and relationships as well will lead to better long-term outcomes for children and young people (Creeden, 2013).

Using a Developmental Lens

Creeden (2018) argues for framing a young person's harmful sexual behaviour in terms of obstructions to normal development. This allows a focus, within treatment, on providing experiences, resources and opportunities for skill development relevant to broader personal growth as distinct to simply addressing the maladaptive behaviour itself. Whilst theories pertaining to the etiology of harmful sexual behaviour draw on developmental theory, treatment approaches are much less apt to do so.

Creeden points of a range of evidence that attachment problems are at the heart of harmful sexual behaviour. Amongst such are findings by Marsa, O'Reilly, Carr, Murphy, O'Sullivan, Cotter & Hevey, 2004) that 93% of adolescents in their study who engaged in harmful sexual behaviour experienced attachment difficulties and were more likely to have attachment issues than other categories of offenders. Perhaps most crucially, he identifies that those cognitive abilities most affected by challenges to attachment – self-regulation, reward seeking and problem-solving – are amongst those most compromised in individuals exhibiting harmful sexual behaviours. Creeden also cites findings from adverse childhood experiences research (Creeden, 2013) that the risk of developing many behaviours associated with child and adolescent sexual deviancy – including early initiation to sex and having had many sexual partners – increases with each type of adverse experience to which an individual has been exposed. He argues, from a slightly different perspective, that harmful sexual behaviours echo a young person's need for attachment, acceptance, nurturance and sense of competence.

Creeden (2013) argues that a developmentally cognisant approach to the treatment of harmful sexual behaviour has four dimensions: it assesses for deficits that comprise obstacles to a positive developmental trajectory and resilience; treatment outcomes are measured in terms of the young person's acquisition of pro-social and adaptive functioning consistent with age; developmental needs and what is known about what best promotes learning and that those involved in providing treatment have an understanding of the broad range of social and environmental factors that affect a young person's functioning.

He states that there is no rigorous prescription attached to a developmental approach to harmful sexual behaviour, and that which interventions will prove most appropriate depends on a young person's developmental stage. Nonetheless, a developmental approach should attend to the earliest developmental tasks – attunement with others, attachment, self-regulation, body awareness – ahead of more complex tasks, including those bound up with social judgment and behaviour. With adolescents, work on these may need to occur simultaneously. It is also most appropriate, to start – from a neural perspective – with 'bottom-up' tasks – specifically, those that are associated with brainstem activity (body and sensory based tasks) – before moving to 'top-down' tasks, ie those requiring analysis and good executive functioning. This has negative implications for interventions which are exclusively 'talk-based' and implies the need for those which are multi-modal.

Harmful Sexual Behaviours by Siblings

Sibling sexual abuse is the most common form of sexual abuse encountered by young people in the family context (Caffaro & Conn-Caffaro, 2005; Tener, Tarshish & Turgeman, 2017). It is also the most enduring. The average period of time over which the abuse occurs is thought to be between four and six years (Welfare 2010; Carlson, Maciol & Schneider, 2006). Some researchers have found that sibling sexual abuse involves more severe kinds of abuse than other intrafamilial abuse (O'Brien 1991; Cyr, Write, McDuff & Perron, 2002).

It is, at the same time, suspected to be the most under-reported abuse type, and that for which information on prevalence is most lacking (Caffaro & Conn-Caffaro, 2005). Estimates, however, are that it occurs at a rate of 3 to 5 times more frequently than paternal sexual abuse (Daly & Wade, 2013). The lack of knowledge on this form of abuse pertains to the shame and fear attached, for the victims, to reporting, as well as the difficulty of defining sibling sexual abuse. Welfare (2010) argues that there is disagreement amongst siblings, families and the community as to what constitutes sibling sexual abuse.

Sibling sexual abuse has been difficult to delimit for the reason that a certain level of curiosity about siblings' bodies, particularly amongst young children, is normal (Welfare, 2010). Definitions of abuse emphasise to greater or lesser extents, age difference between siblings, other forms of power difference (as reflected in physical size or position within the family, for example) and coercion (Hardy 2001; Finkelhor 1980; McVeigh 2003; Krienert & Walsh, 2011). Coercion that siblings implement ranges from financial bribes to physical restraint (Carlson, Maciol & Schneider, 2006).

Sibling sexual abuse is often considered one of the most opportunistic forms of abuse in the sense that young people often perpetrate it on the basis of proximity to their victims (Stathopoulos, 2012). Krienert & Walsh (2011) found that of more than 10,000 cases of sibling abuse the considerable majority of victims were female (over 70%), under 13 years of age (82%) and more than five years younger than the person committing the abuse. The young person committing abuse was far more likely to be male (over 90% of abusers) and to have perpetrated against a female sibling.

Little research has been undertaken on those who commit sibling sexual abuse. Extant research findings, however, include that adolescents who abuse their siblings are more than twice as likely to, themselves, have reported sexual victimisation (O'Brien 1991; Rayment-McHugh & Nisbet 2003 in Grant et al 2009a; Grant et al 2009b). Physical victimisation by either family members or peers has also been associated with sexual abuse (Adler & Schutz, 1995).

A range of studies have also indicated that those who have committed the abuse are more likely to come from a home characterised by broad dysfunction (for example: Worling 1995; Thornton, Stevens, Grant, Indermaur, Chamarette & Halse, 2008). By contrast, and in a review of literature and her own primary research, Welfare (2010) found that sibling sexual abuse is as likely to occur in well-functioning as dysfunctional families and that there are many antecedents beyond those relating to family dynamics. Citing Ryan and O'Brien she also states (2014) that family systems are more significant to the perpetuation and subsequent treatment of sibling abuse.

Other factors associated with abuse include conduct disorder, Attention Deficit Hyperactivity Disorder and limited or under-developed social skills, Post Traumatic Stress Disorder and exposure to pornography (Grant, Indermaur, Thornton, Stevens, Chamarette & Halse, 2009b; Zolondek, Abel, Northey & Jordan, 2001). Little research has been undertaken that focuses on individuals' understandings of why they abused their siblings but Welfare (2010) found that main reasons offered ranged from being bullied to being exposed to pornography at a young age, exposure to patriarchal ideology and/or being subject to some form of abuse (including sexual abuse) by a parent.

The success of interventions for those engaging in harmful sexual behaviour towards their siblings have been found to vary according to the families' circumstances. Bass, Taylor, Knudson-Martin and Huenergardt (2006) found that close families were devastated by the removal of the young person who had abused their sibling and where family members were not close foster care placement proved constructive. Grant, Indermaur, Thornton, Stevens, Charmarette and Halse (2009b) have argued that interventions should be tailored according to the findings that there are anxious versus antisocial categories of intrafamilial adolescent sexual offenders.

Harmful Sexual Behaviour in Residential Care

Recent literature suggests that harmful sexual behaviour is a significant problem in out-of-home care settings (McKibbin, 2017). The Victorian inquiry into the adequacy of the provision of residential care services (2015) found that 'peer sexual abuse in residential care accounted for the second largest proportion of CIRs (critical incident reports) analysed by the Commission during the inquiry period. These reports of child to child sexual abuse were mostly for acts categorised as indecent sexual assault, rape or sexual behaviour (Commission for Children and Young People, 2015, p. 78). Clearly these incidents do not fall within the 'normative' or 'inappropriate' sexual development categories and were identified as an issue of concern.

A recent literature review (McKibbin, 2017) located publications focusing on primary educative interventions for harmful sexual behaviours in residential care and identified two key messages. The first message was in relation to young people in residential care and the need to ensure that they are offered targeted educative opportunities to develop their knowledge and skill in relation to safe and respectful sexual relationships. The second message related to practitioners' knowledge requirements to deliver this education and to act proactively to prevent harmful sexual behaviours. The review also examined tailored secondary prevention responses which addressed the issue of harmful sexual behaviour and sexual exploitation of young people in residential care settings. Strategies included the use of specific resources such as case studies and images which could be used to initiate helpful conversations with young people in care (McKibbin, 2017). The tertiary level responses, once harmful sexual behaviours have been identified within a residential care context, were found in this review to be consistent with the messages from young people (see below) and include the need for a holistic approach that works with and plans for the 'whole' young person (Hackett, cited in McKibbin, 2017).

What are Young People telling us?

The perspectives of young adults who had participated in treatment for harmful sexual behaviours was explored in a recent systematic review of the research (Campbell et al., 2018). Seven studies were identified for examination, with five core themes emerging as central to interventions that were seen to be successful—from the perspective of young people and their carers. These themes were seen to be consistent with holistic approaches that emphasise the role of development, family connectedness and context for the young person. The five themes for successful intervention are discussed below.

The key role of the practitioner

In five of the studies, the quality of the relationship between the practitioner and young person was highlighted as influencing the latter's acquisition of skill development and positive outcomes. The nature of positive relationships was most often characterised by young people as that of practitioner and confidante, or as the young person having someone they could talk to about issues that were often hard to discuss (Campbell et al., 2018, p. 7).

The key role of parents/carers

A key research message here was the importance of engaging parents and carers at the outset of a young person's treatment. Parents and carers commonly needed time to work through their own feelings — which may include fear, loss, grief and shame — before they were able to actively support their child through the treatment process (Campbell et al., 2018, p. 8).

Seeing the bigger picture

Young people who experienced treatment as focusing not only on their behaviours but also their broader life context – including their school, social group and community connections – were more likely to report that an intervention as being successful. A detailed developmental assessment was reported to be an important foundation for a tailored response. Young people who were responded to holistically were able to consolidate an identity as a young person with a range of strengths and capabilities (Campbell et al., 2018, p. 8).

Communication and disclosure

Communicating the detail of their harmful behaviours to practitioners, family members and others was seen as a difficult but necessary component of treatment. Detailed disclosure narratives were seen by some programs as a marker of success, whilst others caution that some young people can be merely imitating the stories told by others. Notwithstanding this note of caution, programs that facilitated a trusting environment, including wilderness therapy approaches, were seen as helpful to adolescents in promoting disclosure (Campbell et al., 2018, p. 9).

Developing self and learning skills

Three areas of life skill development—social competency, self-esteem and selfefficacy— were noted by young people as helpful to managing their harmful behaviour. These life skills were seen as essential to the long-term prevention of reoffending since they included the capacity to recognise and act upon potential triggers. Physically challenging programs were seen as useful and positive by young people. An important message was the need to provide opportunities for skill rehearsal, including for the development and demonstration of empathy (Campbell et al., 2018, p. 9).

Messages from Intervention Research

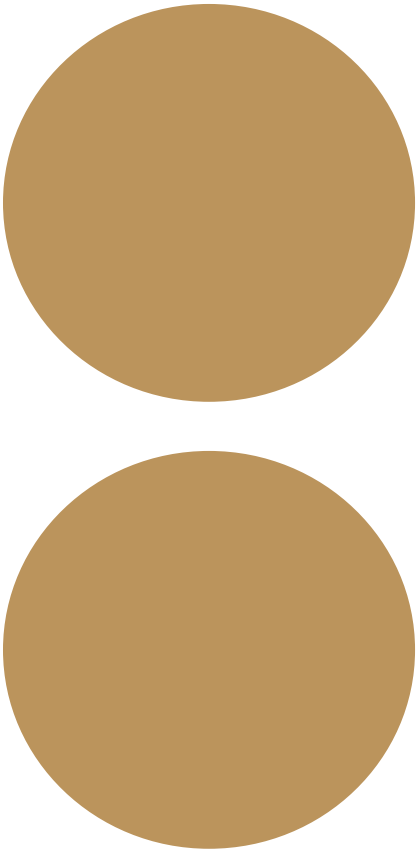
Major theoretical influences in the development of intervention models include Post Traumatic Stress as a lens, the Four Preconditions of Abuse, and the Trauma Outcomes Process Approach. These are briefly summarised below.

Post-Traumatic Stress lens

Post-Traumatic Stress Disorder (PTSD) theory suggests that an incident experienced by a child or young person who has been abused either physically or sexually may cause recurring recollections and negative affective states that elevate their risk of engaging in harmful sexual behaviour (Staiger & Kambouropoulos, 2005). Research examining PTSD (Finkelhor, 1987 in Staiger & Kambouropoulos, 2005) does not reveal conclusive evidence of all children and young people with PTSD engaging in harmful sexual behaviour, therefore it should be regarded as a diagnostic tool rather than a theory, as it only pertains to a specific sample of children and young people (p. 26).

Four Preconditions of Abuse

There are four preconditions of abuse according to a theory developed by David Finkelhor (1987, in Staiger & Kambouropoulos, 2005). The first factor that can impact a child or young person's motivation to engage in problematic sexual behaviours is an experience of physical or sexual abuse prior to, or during, an important period of their own sexual development (Finkelhor, 1987 in Staiger & Kambouropoulos, 2005). The second and third factors involve internalised and externalised challenges. Internalised challenges encountered by children who have been abused include heightened sexual, aggressive and self-destructive thinking. Externalised challenges may include stressors within the child or young person's physical environment. Examples of this include having parents or guardians with unaddressed issues, often relating to their own early experiences of abuse or violence, such as 'inadequately developed moral values and a consequent lack of empathy' or 'poorly defined boundaries and limited sense of self-control' (Araji, 1997 in Staiger & Kambouropoulos, 2005, p. 27). The fourth factor is a tendency, common amongst those individuals without a sense of power or control in their lives, to direct harmful behaviours to those they perceive as less powerful. With a reduced or absent feeling of power and control , this factor involves the likelihood that some children will direct their harmful sexual behaviours toward children who are smaller and younger.



Trauma Outcome Process Approach

The Trauma Outcome Process Approach provides a helpful extension to the Sexual Abuse Cycle Theory by classifying the three response patterns to instances of physical or sexual abuse: the self-destructive response, the abusive response, and the understanding and integrating of experiences collectively (Rasmussen, 1999 in Staiger & Kambouropoulos, 2005, p. 28). Whilst children who have experienced physical and/or sexual abuse are more at risk of developing harmful sexual behaviour, evidence is inconclusive regarding whether all children experiencing abuse develop problem sexual ideations or behaviours. The risk increases when their abuse has caused them to manifest a lack of empathy, feelings of social inadequacy and a lack of accountability (Rasmussen, 1992 in Staiger & Kambouropoulos, 2005). Cognitive behavioural interventions may be useful here and, in particular, for helping young people strengthen their self-awareness and selfcontrol, as well as their pro-social thinking and behaviours. It should be emphasised that victim recovery is rarely static and is more dynamic and diverse: children may express self-destructive, abusive or self-aware responses at different stages during their recovery (Staiger & Kambouropoulos, 2005, p. 28).

Treatment Programs for Children and Young People

Victorian Programs

From 2007, therapeutic treatment for children and young people aged 10-15 years engaged in harmful sexual behaviour has been part of the Victorian legislation and funded by the state government. In 2017, the legislation was expanded to cover young people up to the age of 18 years. Children, young people and their families have comprehensive access to services in both metropolitan and rural areas of the states. Treatment is community based and focuses on helping the young person manage the harmful sexual behaviour and develop skills in regulation and problem solving. It also assists the young person to strengthen their relationships with family members, peers and their communities. A state-wide audit of the program of clients between 2007–2012 revealed positive outcomes, with over 92% of clients fully, substantially or partially reaching their goals (Pratt, 2013).

In a recent review, Shlonsky, Albers, Tolliday, Wilson, Norvell and Kissinger (2017) examined Australian programs for children aged 10–17 years exhibiting harmful sexual behaviours. There was only one study located for the sub-population who had not received a conviction, whilst there were 24 studies on programs for young people who had sexually offended and received treatment through a mandated intervention. Shlonsky and colleagues (2017) found that multifactorial approaches appeared to be the most promising for young people in this age range.

Multi Systemic Therapy

Three of the studies identified by Shlonsky and colleagues (2017) evaluated Multisystemic Therapy (MST). This program uses an ecological approach to harness potentially useful approaches, and may include cognitive, behavioural and family therapy. MST is delivered in conjunction with family or caregivers, important professionals in the young person's network, and members of the neighbourhood or community. This multifactorial approach recognises the complexity of harmful sexual behaviours. Multisystemic Therapy has been evaluated favourably for young people, particularly when compared to more traditional cognitive behavioural approaches (Meiksans, Bromfield & Ely, 2017).

New Street Services – NSW

There are few treatment programs for the cohort of young people in the 10 to 17- year age group that have been publicly documented and evaluated. The New Street Services program, however, was identified by Shlonsky and colleagues (2017) as promising from the perspective that it involves multiple agencies, is based on specialist protocols and has developed specialist training. The target group for treatment are young people who engage in harmful sexual behaviours who have not been convicted of a sexual offence. Its theoretical influences include trauma theory and family restoration, along with approaches that facilitate young people to take responsibility for their harmful behaviour.

School-Based Interventions

These interventions are founded on the premise that effective intervention for harmful sexual behaviours requires a public health response involving the whole community. An important component of this is community education to enable children and young people to understand what are normative versus inappropriate sexual behaviours for their developmental stage (Ey, McInnes & Rigney in Meiksans et al., 2017). Interventions in school settings are an important aspect of primary prevention (Meiksans et al., 2017) in that they can reach the whole community, and children and parents and/or carers equally. Education on respectful relationships has taken various forms in Australia, with evaluations offering mixed evidence of their efficacy (Shlonsky et al., 2017).

Key take-away messages

The prevailing literature on harmful sexual behaviours can be distilled into three key take-away messages:

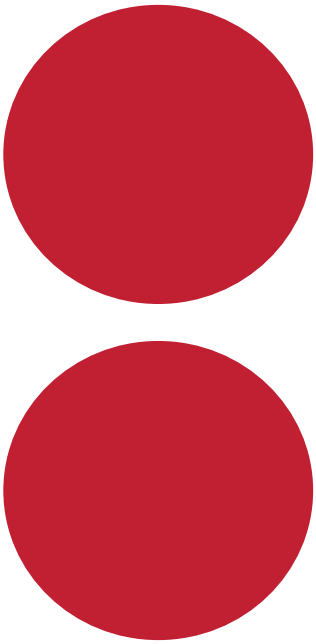
A range of responses

Just as harmful sexual behaviour has been described as being on a continuum, contemporary research identifies intervention responses as holistic, integrative and on a continuum (Hackett, Holmes & Branigan, 2016). The English National Society for the Prevention of Cruelty to Children (NSPCC) framework for responding to harmful sexual behaviours suggests that an evidence-informed, multi-agency response to this behaviour that guides professionals through the process of a detailed behaviour audit, preventative practice and assessment and intervention. As well as promoting collaborative, targeted interventions, the framework seeks to promote the use of 'a shared language, skills and training exchange and development of appropriate local peer support systems' (Hackett, Holmes & Branigan, 2016, p. 7). The Association for the Treatment of Sexual Abusers (ATSA) *Practice Guidelines for Assessment, Treatment and Intervention with Adolescents Who Have Engaged in Sexually Abusive Behaviour* supports both primary prevention, sound public policy and an empirical framework for specialist assessment and treatment of young people who have sexually abused (ATSA, 2017).

Tailored and targeted

Overwhelmingly, the research indicates the need for a holistic and multi-faceted response that responds to this detailed assessment of the behaviour and the context for the young person (McKibbin, 2017). Individualised treatment for young people living with a disability, a group that is over-represented amongst perpetrators, is especially important (Hackett, Holmes & Branigan, 2016). The ATSA (2017) practice guidelines provide clearly specified guidance on assessment, and promote treatment that is rigorously based on these assessments. The treatment plan should also take account of 'the youth's and family's strengths, risk factors for recidivism and intervention needs' (ATSA, 2017, p. 47).

Upskill workers



An international systematic review that those who work with young people showing harmful sexual behaviours often need better training and, in particular, to be able to distinguish between normative and harmful sexual behaviours (McKibbin, 2017). The NSPCC framework rests on a set of key principles that indicate the need for a 'tiered' primary, secondary and tertiary prevention approach, well-developed professional understanding of the nature of harmful sexual behaviours, and the assessment of the child or young person in the context of their history of adversity and family relationships (Hackett et al., 2016).

Whilst it is beyond the scope of this research briefing to elaborate on the detail of practice, it is noted that the evidence-informed assessment, treatment and intervention tool that is referred to earlier has recently been developed by the Association for the Treatment of Sexual Abusers (ANTA, 2017), and offers both a comprehensive and accessible suite of tools for practitioners in this complex arena.

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