



# Working with children who display sexually harmful behaviour

See, understand and respond  
to child sexual abuse.

Issued by FACS for use by Child Protection Practitioners.

November 2016



Family &  
Community  
Services



# Resources

The kit contains a number of practical resources for you to use in your work with children and families. Below are the resources for the Working with children who display sexually harmful behaviour section.



**Traffic Lights:** 🖱 An age-appropriate resource concerning sexual behaviour in children. It breaks this behaviour into green (normal) orange (outside normal) and red (problematic or harmful). This resource should be applied as a guide only. It is not sensitive to diversity (cultural, religious and familial) and should only be used by practitioners with an understanding of the dynamics of child sexual abuse.



**Family Safety Circles:** 🖱 A tool to help children and parents to discuss 'who should know what' about the child protection concerns.



**Helping to Make It Better:** 🖱 Factsheets in clear, plain English that respond to common concerns for parents, address myths about child sexual abuse and provide parents with advice.



**Body Chart:** 🖱 A blank outline of a child's body which can be used with children to identify private parts and talk about where emotion is felt in their body.

# Working with children who display sexually harmful behaviour

About this chapter

PLEASE NOTE

## About this chapter

Working with sexually harmful behaviour can challenge our ideas of 'victim' and 'perpetrator'. It requires a relationship-based approach that is responsive to the victimised child, the child with sexually harmful behaviour, the parents and the community. As with all casework, working with sexually harmful behaviour requires strong partnerships and collaborative practice. When JIRT is involved, the sibling case coordination policy is a valuable resource to guide your work.

This chapter focuses on sexual behaviour that victimises other children as opposed to behaviour that is inwardly directed, for example, compulsive masturbation. In line with the rest of the kit, this chapter will focus on sexual abuse that is committed in a home-like setting rather than sexual abuse that occurs outside the home. This includes sexual abuse that occurs in residential care, foster care and in the general population. While this chapter provides some guidance for children with sexually harmful behaviour who are under 10 years of age, it focuses on children who are over 10 years of age.

For the remainder of this chapter the child with sexually harmful behaviour will be referred to as the child (with sexually harmful behaviour) to emphasise that they are first and foremost a child. The child who has been harmed by the sexually harmful behaviour will be referred to as 'the victimised child'. The term parent applies to any person who is the primary carer for the child (with sexually harmful behaviour), and includes carers.

The term problem sexual behaviour is widely used for children under 10 years of age. The term sexually harmful behaviour is used for children aged 10-18. In this kit, for brevity and clarity, the term sexually harmful behaviour is used for all children.



Go to

the '[Overview](#)' section for definition of sexually harmful behaviour.



## In Practice

**We need to be careful about the way we describe children with sexually harmful behaviour.**

Labels like 'offender' and 'perpetrator' are pathologising, can alienate the child and family, and can cause a lot of hurt. A key protective behaviour for children with sexually harmful behaviour is a connection to social supports. Your ability to connect with the child and understand what drives their positive behaviour as well as their harmful behaviour will be critical to building safety.



## 1 Part one: Seeing and understanding sexually harmful behaviour

Part one will help you to identify factors that increase the risk that a child (with sexually harmful behaviour) will sexually abuse another child.

### Key questions:

- What factors can I explore to understand the context for the sexually harmful behaviour?
- What are the factors that may increase the risk of the sexually harmful behaviour happening again?
- What are the differences between sexually harmful behaviour towards a sibling or a peer? What should I know about sexually harmful behaviour by girls or behaviour that occurs in residential or foster care?



## 2 Part two: Responding to sexually harmful behaviour

Part two will focus on three key questions when responding to a child with sexually harmful behaviour.

### Key questions:

- How can I decide if the child (with sexually harmful behaviour) can remain at home?
- How can I decide if the child (with sexually harmful behaviour) can return home?
- How can I plan for the safe return home of the child (with sexually harmful behaviour)?





## ① Part one: Seeing and understanding

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**Part one will help you:**

- identify factors that increase the risk that a child (with sexually harmful behaviour) will sexually abuse another child.

# 1 Part one: Seeing and understanding



## Risk factors for displaying sexually harmful behaviour

Seeing and understanding sexually harmful behaviour is fundamental to child protection practice. This is because we know that most children with sexually harmful behaviour have been exposed to repeated childhood trauma. There are four known dominant risk factors for why children develop sexually harmful behaviour.

1. Exposure to domestic violence.
2. Chronic, long term neglect.
3. Witnessing sexual activity that is inappropriate.
4. Being a victim of sexual abuse.

These risk factors are explored in further detail in the 'Seeing and understanding' section below.

### Part one will help you to:

- be alert to the signs that a child may be being sexually harmed by another child
- gather information to inform your risk assessment and your safety and case planning interventions
- understand factors that may affect your assessment and responses to children with sexually harmful behaviour
- understand factors that may affect your assessment and responses to sibling sexual abuse, peer-to-peer sexual abuse and sexual abuse in care.



### Evidence

The majority of children who are sexually abused do not go on to develop criminal behaviour of any kind, and sexual abuse is only one risk factor for developing sexually harmful behaviour. However, a 2012 long term study of 2,759 child sexual abuse victims showed that victims of childhood sexual abuse were more likely to be charged with a criminal offence than the general population. There was a particularly strong relationship between young men who were 12 years or older when they were first abused and future criminal offending, including sexual offending.<sup>1</sup>

This research emphasises the importance of providing support to victimised children, their family and their community.

It also demonstrates the particular needs and vulnerabilities of young male victims and the importance of providing targeted support and counselling to this group.



### In Practice

**While we know that a traumatic childhood is a significant risk factor for developing sexually harmful behaviour it is important to remember that many children experience trauma through abuse, neglect, domestic violence or sexual abuse and do not sexually harm other children.**




### Go to

chapter seven of the [OSP Child Sexual Abuse Literature Review](#)  for more information about risk factors for developing sexually harmful behaviour.



### Go to


the ['Working with children'](#)  chapter for more information on noticing when children are telling us about their abuse and providing them with support.

<sup>1</sup> Ogloff, J.R., Cutajar, M.C., Mann, E., Mullen, P., Wei, F.T.Y., Hassan, H.A.B. & Yih, T.H. (2012). Child sexual abuse and subsequent offending and victimisation: A 45-year follow-up study. Trends and issues in crime and criminal justice, (440), p.1. This long term study found that while the majority (77 per cent) of victims of child sexual abuse did not go on to have a criminal record, they were almost five times more likely than the general population to be charged with an offence. While the vast majority (99 per cent) of male and female victims were not charged for a sexual offence, they were 7.6 times more likely to be charged with sexual offences than the general population.





## Go to

the **'Working with parents'**  chapter for information to help you to support and engage parents who are struggling to process information about their child's sexual abuse.

## Seeing and understanding the victimised child

### Building opportunities for the victimised child to disclose


Many children do not tell anyone about sexual abuse by another child until years after the abuse has stopped, especially when the sexual abuse is by a sibling. This is why it is so important that professionals understand the risk factors for sexually harmful behaviour so they can be alert to the signs that a child may be being abused.

**We know that victimised children can find speaking out about their abuse incredibly difficult for many reasons:**

- They may not realise they are experiencing abuse because they live in an overtly sexualised environment with greater exposure to pornography, highly sexualised language and sexualised behaviour from adults.
- Children who are alienated from their parents are at greater risk of sibling sexual abuse, and may also be less able to disclose abuse to their parent. Similarly, children in foster and residential care settings may have had limited positive experiences of adult interactions, and can therefore struggle to disclose to adults.
- Children who have had very few positive interactions with their parents may rely on the harmful sibling or child for comfort and may in some ways welcome their warmth and attention. This may cause confusion and prevent disclosure.
- Children are likely to have been subjected to grooming tactics that prevent them from being able to disclose abuse.



## Go to

page 21-22 for more information on common responses to sibling sexual abuse. 

### In Practice




#### Children who are sexually abused by a sibling can find it difficult to maintain a disclosure.

They may experience greater pressure to retract their disclosure to protect their sibling from a criminal justice response or other consequences of their abuse.



## Go to

the **'Working with children'**  chapter for information about building opportunities for disclosure.

#### Key areas include:

- building trust with the child
- noticing emotional distress
- being curious about the home environment and times when there is greater opportunity for abuse
- being open about your concerns
- using resources such as books or cards to prompt conversations
- taking your time and returning to have multiple conversations with the child.

# 1 Part one: Seeing and understanding



## Informing your risk assessment and decision making

As a child protection practitioner, you will work with children when sexually harmful behaviour has been identified for the first time or when it has been previously confirmed.<sup>2</sup> This section will help you to gather information when you are responding to concerns about sexually harmful behaviour. It focuses on factors that may impact on the risk of the sexually harmful behaviour continuing.



**Proceed with caution. Five important points before reading further:**

1. While the information below may help you to understand the risk posed by the child (with sexually harmful behaviour), you are not able to complete a risk formulation.<sup>2</sup> Risk formulation can only be completed by a clinical forensic psychologist who has been extensively trained in using this tool. Consult with your FACS psychologist for an appropriate referral.
2. Make sure children (with sexually harmful behaviour) who have a number of risk factors for sexually harmful behaviour are not labelled and stigmatised as 'dangerous'. These negative labels can isolate and alienate children who are in great need of social connection.
3. Children go through periods of rapid development. Risk factors may change as the child develops.
4. Risk factors identified in this section are only valid for six months to account for changes as the child develops. They must also be revisited whenever there is a change in the circumstances of the child (with sexually harmful behaviour). For example, a change in school, placement or a new relationship or relationship breakdown.
5. This section has been informed by a tool that was written to assess the risk of repeated sexually harmful behaviour for boys aged 12 - 18 years, who have had previous sexually harmful behaviour confirmed. While the factors in this section can be used as a guide to prompt your reflection when working with children with sexually harmful behaviour, they should not be relied on as a decision-making tool when assessing the likelihood of repeated sexually harmful behaviour by girls or children who are younger than 12.



### Evidence

If a child younger than 10 is engaging in sexually harmful behaviour, they are more likely to have been sexually abused.<sup>3</sup>

<sup>2</sup> This section is informed by Prentky, R., & Righthand, S. (2003). Juvenile sex offender assessment protocol-II (J-SOAP-II) manual. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; and Pratt, R., Miller, R. M., & Boyd, C. R. (2012). Adolescents with Sexually Abusive Behaviours and Their Families: Best Interests Case Practice Model: Specialist Practice Resource. Department of Human Services.

<sup>3</sup> Gray, A., Pithers, W.D., Busconi, A. & Houchens, P. (1999). Developmental and etiological characteristics of children with sexual behaviour problems: Treatment implications. *Child Abuse & Neglect*, 23(6), pp.601-621. Friedrich, B. (2005). Correlates of sexual behaviour in young children. *Journal of Child Custody*, 2(3), 41-55.

## Understanding the sexually harmful behaviour

### Gathering information to understand the sexually harmful behaviour



Understanding the sexually harmful behaviour will help you develop a more accurate assessment of the risk posed by the child (with sexually harmful behaviour), and what interventions might build safety for them and the victimised child.

Some characteristics that are associated with a repeat of sexually harmful behaviour include:


- multiple victims
- multiple instances of sexual abuse (this could include multiple assaults of one child or multiple assaults of multiple victims)
- the use of violence to sexually abuse the victimised child, particularly where this violence was gratuitous
- the use of penetration
- the use of extensive planning and grooming.

### IMPORTANT

The presence of these risk factors does not mean that the child (with sexually harmful behaviour) should be isolated from interactions with other children. It may mean that more intensive support is needed to help them to manage the harmful behaviour.

 **Go to** 

the responding section of **this chapter** for ideas to respond to risk factors for the victimised child, the child (with sexually harmful behaviour), the parents and the community.

**See overleaf for sample questions** 




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# 1 Part one: Seeing and understanding



## Understanding the sexually harmful behaviour continued...

### CONSIDER THE FOLLOWING QUESTIONS

**How did we find out about the harmful behaviour? For example, did the victimised child tell someone? Was the behaviour discovered by someone? Who? What did they do?**

**How long has the harmful behaviour been occurring?**

**How many (known) times has the sexually harmful behaviour occurred?**

**How many (known) victims are there?**

**Have the behaviours become more frequent or more serious?**

**Note: where the harmful behaviour has taken place over a number of years it is likely that the tactics used to sexually abuse the victimised child have changed as both children have developed.**

**Indicators of severity may include:**

- penetration
- greater levels of planning
- greater use of force
- greater levels of threats or intimidation.

**Has the harmful behaviour stopped? If yes, how do we know it has stopped? Why did it stop? For example, did the victimised child tell someone? Was the harmful behaviour discovered? Did the child (with sexually harmful behaviour) move away?**

**How did the child sexually abuse the victimised child?**

**For example, did they use:**

- tricks, such as pretending the abuse was a game
- manipulation, such as bribing the victimised child with money or toys
- threats, such as threatening to harm the victimised child or others they love
- force, such as punching, kicking, stabbing the victimised child, causing the victimised child injuries that need medical attention? If force was used what type of force was used? Was the force used clearly beyond what was needed to sexually abuse the victim?

**How was the sexually harmful behaviour kept secret?**

**For example, was the victimised child:**

- threatened
- physically assaulted
- alienated from support
- tricked into thinking that the behaviour was normal?

**How much forethought, planning, or pre-meditation was involved in sexually abusing the victim?**

This includes grooming behaviour, and arranging the timing and location of the abuse.

**Are there any obvious triggers for the behaviour? Some possible examples include:**

- jealousy
- bullying
- substance misuse
- anger against the victim
- domestic violence
- shared rooms or sleeping environments
- a lack of privacy in the home
- pornography.

### CONSIDER THE FOLLOWING QUESTIONS (CONTINUED)

**What was happening for the child (with sexually harmful behaviour) at the time the sexually harmful behaviour occurred?**

**For example:**

- where was the child (with sexually harmful behaviour) living
- where was the child (with sexually harmful behaviour) attending school
- who was the child (with sexually harmful behaviour) socialising with
- what was happening in the family environment?

## Understanding historic sexually harmful behaviour

### Gathering information to understand historic sexually harmful behaviour

As you would know historic behaviour can be an important indicator of future behaviour. This is particularly true for adults. Gathering information about the parent's past response to information that their child has displayed sexually harmful behaviour can help to identify if there has been a shift since the last episode of sexually harmful behaviour was reported. For example, a parent who has denied or minimised a previous incident of harmful behaviour, may be more likely to respond with belief when another incident is discovered. Understanding previous interventions from child protective services or police is also important when deciding on the most effective approach.

### CONSIDER THE FOLLOWING QUESTIONS

**How did the parents respond to the victimised child and the child (with sexually harmful behaviour)?**

**For example:**

- did they punish the child (with sexually harmful behaviour) or the victimised child, for example, did they remove privileges, lock the child in their room or verbally physically hurt or threaten them
- did they deny or minimise the harmful behaviour
- did they blame the victimised child
- how did they seek help, for example, did they discuss the behaviour with professionals
- did they discuss the behaviour with extended family or community members
- how did they try to manage the behaviour, for example, did they put rules in place? Did they try to supervise the child (with sexually harmful behaviour)? Did they put other limits in place?

**How did the child (with sexually harmful behaviour) respond to:**

- the victimised child
- parents / other children in the home?

**For example, did they minimise or deny the harmful behaviour, blame the victimised child or show empathy for the victimised child?**

**Were there any child protection or police responses to the previous harmful behaviour? What was helpful? What was unhelpful?**

**Were any protective measures put in place?**

**Were there any consequences for the child (with sexually harmful behaviour)? What were they?**

**Is the child (with sexually harmful behaviour) currently acknowledging the previous harmful behaviours?**

# 1 Part one: Seeing and understanding



## Understanding current risk factors for the child (with sexually harmful behaviour)

### Gathering information to understand the current risk factors for the child (with sexually harmful behaviour)

Answering the questions below will not predict the risk of sexually harmful behaviour on its own. They will help you build a picture of risk and vulnerability and provide an understanding of the types of interventions the child (with sexually harmful behaviour) may need. While researchers and practitioners agree that long term separation of children with sexually harmful behaviour is not recommended, a child who is experiencing multiple risk factors many need more complex and lengthy interventions before it is safe for them to return home.

#### CONSIDER THE FOLLOWING QUESTIONS

**Does the child (with sexually harmful behaviour) have frequent verbal aggressive or angry outbursts? Where do these outbursts occur? For example, in multiple contexts, home, school or with peers?**

**Does the child (with sexually harmful behaviour) have a history of harming animals or sexual behaviour with animals?**

**Does the child (with sexually harmful behaviour) have a sexual abuse history? Did this abuse involve penetration or excessive force?**

**Important:** while sexual abuse is a risk factor for sexually harmful behaviour it is important to remember that most children who are sexually abused do not go on to sexually harm other children.

**Does the child (with sexually harmful behaviour) have a history of bullying behaviour? Are they a victim of bullying behaviour?**

**Does the child (with sexually harmful behaviour) have mental health issues that may lower their inhibitions, alter their mood or make it difficult not to act impulsively? For example, a history of conduct disorders, ADHD, ADD, anxiety disorders, bipolar disorder or substance misuse.**

**Important:** many of the mental health issues that commonly occur in children with sexually harmful behaviour are known to be a result of sustained abuse, neglect and trauma. This understanding should guide your intervention.

**Does the child (with sexually harmful behaviour) have an intellectual disability?**

**Important:** while children with an intellectual disability are over represented in the cohort of children with sexually harmful behaviour, they are also more likely to experience other risk factors for sexually harmful behaviour such as abuse and neglect (including sexual abuse). It is important to holistically assess the child (with sexually harmful behaviour) and their exposure to other risk factors, rather than assuming that the intellectual disability is the cause of the harmful behaviour.

**Is there evidence that the child (with sexually harmful behaviour) is preoccupied with sexual urges or with meeting their own sexual needs?**

**For example (but not limited to):**

- paraphilias (exposing, peeping, fetishes, etc.)
- compulsive masturbation
- chronic and compulsive use of pornography
- frequent highly sexualised language and gestures
- indiscriminate sexual activity with different partners out of the context of any relationship.

## CONSIDER THE FOLLOWING QUESTIONS (CONTINUED)

**Is the child (with sexually harmful behaviour) behaving in ways that are socially unacceptable, or harmful to themselves or others? (This behaviour does not have to involve criminal charges).**

**For example (but not limited to):**

- vandalism and destruction to property
- engaging in activities that are deliberately designed to cause distress
- fighting and physical violence
- owning or carrying a weapon
- theft, robbery, burglary
- reckless driving, driving under the influence of alcohol or other drugs.

**Has the child (with sexually harmful behaviour) used violence?**

**Is the child (with sexually harmful behaviour) experiencing behavioural problems at school?**

**For example (but not limited to):**

- use of alcohol or other drugs at school
- consistently coming to school late
- suspension or expulsion
- truancy.

**Has the child (with sexually harmful behaviour) been charged or arrested for any offence before the age of 16?**

**Is the child (with sexually harmful behaviour) currently living in an unstable living environment?**

**For example:**

- living in a family that is unstable, inconsistent or neglectful
- at risk of homelessness
- homeless
- living in a youth refuge.



### In Practice

**Risk factors and protective factors can be seen as opposite sides of the same coin.**

You can use the risk factors in this section to help you identify protective factors for the child. For example, when assessing if there is any evidence that the child is behaving in an antisocial manner you can also look for evidence that the child has supportive friendships or is engaging in positive social activities such as extracurricular activities, sporting or youth groups.



# Part one: Seeing and understanding



## Understanding risk factors for the family

### Gathering information to understand risk factors for the family

The below factors are known to increase the risk of sexually harmful behaviour. These questions will help you to understand the factors in the family environment that may have enabled or supported the sexually harmful behaviour to occur. The questions will also help you to assess the parent and family's capacity to supervise the child (with sexually harmful behaviour) and keep both children safe. It is important to be mindful of the parent's emotions during the information gathering stage. Parents are likely to feel torn between the needs of each child and are likely to be experiencing emotions that are difficult to manage. Your ability to build rapport with the parent will greatly assist in the level of information you can gather and the quality of your interventions.

#### CONSIDER THE FOLLOWING QUESTIONS

**Have the children in the family been or are they currently exposed to domestic violence?**

**Are the children in the family experiencing:**

- parental disability / illness or other issues that may impact on the parent's capacity
- parental substance use
- poor supervision
- abuse, neglect, emotional or physical violence?

**How connected is the parent to the child (with sexually harmful behaviour)?**

**For example:**

- is the child (with sexually harmful behaviour) given roles and responsibilities that are not developmentally appropriate
- does the parent appear to empathise with the child (with sexually harmful behaviour) / victimised child / other children in the home
- does the parent recognise and respond to emotional cues or distress experienced by the child (with sexually harmful behaviour)?

**Is the family environment highly sexualised? For example, exposure to pornography, explicit conversations about sex or witnessing sex between people in the family?**

**Is there secrecy about sex or a lack of knowledge about genitals, personal boundaries or what constitutes harmful behaviour?**

**Are there inappropriate parent-to-child sexual interactions? For example, prolonged kissing on lips or sexualised interactions?**

**Is there a lack of appropriate boundaries around nudity, privacy or sleeping arrangements?**

**For example,** are older children expected to shower without privacy?



**CONSIDER THE FOLLOWING QUESTIONS (CONTINUED)**

**Does the family have views about gender that may support sexually harmful behaviour?**

**For example:**

- being masculine means dominating women and children
- women should meet a man's needs for sex
- women are objects for male sexual gratification.

**Are some children given power or responsibility over other children in the family?**

**For example, are:**

- older children in charge of disciplining their younger siblings
- the children given adult responsibilities such as feeding, washing, dressing younger children?

**Are the parents able to effectively discipline their children or do they have a history of inconsistent, ineffective discipline or overly harsh discipline?**

**For example, do the parents:**

- allow their children to 'run' the household and rarely impose limits on bedtimes, mealtimes, play activities
- impose different consequences for the same behaviour
- impose inappropriately harsh or harmful discipline?

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# 1 Part one: Seeing and understanding



## Understanding risk factors in the community

### Gathering information to identify risk factors in the community

During adolescence a child's peers become critically important to their emerging sense of self and their belonging. Adult community members can also play a critical role in supporting, encouraging and connecting with the victimised child and the child (with sexually harmful behaviour). Approaches that connect both children to well-functioning peers and safe adult community members are a fundamental aspect of building safety.

The values and beliefs of peer groups and adult community members can also increase the risk of sexually harmful behaviour. Risk factors for sexually harmful behaviours are widespread across all communities, including Anglo-Saxon Australian communities. For example, access to pornography, and beliefs that encourage male sexual aggression or prioritise men's rights to sex over women's rights to consent.

#### CONSIDER THE FOLLOWING QUESTIONS

Does the peer group of the child (with sexually harmful behaviour) condone or encourage sexually aggressive behaviour?

Does the peer group of the child (with sexually harmful behaviour) engage in criminal or antisocial behaviour?

Is the child (with sexually harmful behaviour) isolated from peers, with no close friends?

Do other adults who are involved with the child (with sexually harmful behaviour) condone sexually aggressive behaviour?

Does the community have high levels of pornography use?

Does the community have high rates of violent crime or domestic violence?

## In Practice

**Aboriginal children and young people with sexually harmful behaviours are significantly over-represented in the criminal justice system.**

Aboriginal cultural consultation will help you understand the child, their family and their community develop strategies that will meet the needs of the child (with sexually harmful behaviour).

**Our Aboriginal Practitioners Say:**

'The concept of community is collective, not individualistic in Aboriginal communities. The smaller the community, the more intense the dynamics. Consultations with Aboriginal practitioners are very important. It's the way to engage and to understand who is who in the child's life. It will help you to know the intricate way of how to work and move in the community. Consultation is not a one off; it needs to keep happening. Eileen Munro talks about intuitive reasoning. There is also cultural intuition. Cultural intuition is going into a family and knowing - who is the matriarch? Who is the patriarch? Who is the decision maker? Working with the child rests on your ability to understand that.'

Lisa Matheson, manager casework



# 1 Part one: Seeing and understanding



## Seeing and understanding girls with sexually harmful behaviour

Much of the research about sexually harmful behaviour focuses on sexually harmful behaviour by boys. This is because boys account for over 90 per cent of sexually harmful behaviour. Girls are however, a significant minority and account for seven per cent of known sexual abuse by children. This changes for children who are younger than 10 years of age, with younger girls accounting for higher levels of problem sexual behaviour. At the age of four or five, girls are just as likely as boys to engage in sexually harmful behaviour.

Girls with sexually harmful behaviour are an extremely vulnerable group of children. They are likely to have experienced serious, persistent and multiple types of childhood victimisation including:

- higher rates of sexual abuse and higher rates of victimisation at a younger age
- higher rates of multiple and concurrent types of abuse (physical and emotional abuse, neglect and domestic violence)
- higher levels of family dysfunction.

These high levels of childhood victimisation mean that girls with sexually harmful behaviour are more likely to be diagnosed with PTSD and other mental health concerns such as depression, suicidality and eating disorders than the general population.

Girls with sexually harmful behaviour are more likely than boys to have been at risk of significant harm at the time of their sexually harmful behaviour. For many girls, these experiences of risk continue into their adult lives. They often have limited positive social support and are more likely to be victims of interpersonal abuse in future.

### **Risk factors for reoffending in girls with sexually harmful behaviour:**

Girls are much less likely than boys to reoffend in any type of violent behaviour, including sexual violence. There is no known empirically validated tool for assessing the risk that a girl will reoffend sexually. However, researchers have identified some risk factors and protective factors for girls that may be useful when assessing the risk that a girl will display sexually harmful behaviour again.

### **Risk factors for continuing to display sexually harmful behaviour:**

- Current experiences of harm or a current lack of safety.
- A history of sexual abuse.
- Early onset of puberty.
- A history of the child harming herself.
- A history of being inconsistently parented.
- A poor attachment to parents.
- Preoccupation with sex.
- A belief that sexual activity is a necessary component of what she does and who she is.
- Difficulty forming relationships with peers.
- A lack of closeness with a female parent.

**While there is no scale that measures protective factors for girls with sexually harmful behaviour, general research on girls' criminal behaviour has shown that the following factors can prevent girls from engaging in future criminal activity.**

- Safety from all other types of abuse and neglect.
- Healthy identity development as shown by close and supportive relationships, particularly with mothers but also with peers and other female role models.
- A sense of belonging.
- The ability to express emotions.
- The ability to regulate emotions.
- Normal rates of aggression.
- Involvement in extracurricular activities.<sup>6</sup>

<sup>6</sup>Weldon, V. (2011). 'The Difference That Makes a World of Difference' Clinical Practice Considerations for Adolescent Girls with Harmful Sexual Behaviour, Safe Network New Zealand

## Seeing and understanding sibling sexual abuse, peer-to-peer sexual abuse and sexual abuse in care

This section will focus on understanding each type of behaviour and identifying risk factors.

The 'Responding' section will provide information on protective factors.



### Evidence

Sibling sexual abuse is the most common type of child sexual abuse to occur in families. Researchers estimate it occurs between three to four times more often than father-to-daughter sexual abuse. A study by the NSPCC (UK) interviewed 2,869 young adults and found that of those who were sexually abused, 43 per cent were victims of sibling sexual abuse.<sup>7</sup>



### Children Say

**'I had great difficulty in finding my place in the family and elsewhere, in daring to trust in others. I was an extremely anxious child and afraid of other people, both big and small. This feeling persists even today. I always feel insecure. My greatest problems are those connected with nearness and intimacy.'**

Survivor of sibling sexual abuse<sup>8</sup>



## Seeing and understanding sibling sexual abuse

Until recently, sexual behaviour between siblings was only considered to be harmful when there was more than a five-year age gap between the siblings or force had been used. We now understand that age is not a significant factor. Children are much more likely to choose their victims because they are vulnerable rather than because they are younger in age.

Caffaro and Conn-Caffaro define sibling sexual abuse as 'sexual behaviour between siblings that is inappropriate for their age or developmental stage, is not transitory and is not motivated by developmentally appropriate curiosity'.<sup>9</sup> This definition needs to be used with the understanding that sibling sexual abuse is not a 'transient stage' that children go through. It is just as serious as other types of sexual abuse.

The most common form of sibling sexual abuse is a brother sexually abusing his sister. The next most common is a brother sexually abusing his brother. Researchers have found that there is often a larger age gap when a brother is sexually abusing his brother.

### Risk factors for sibling sexual abuse

Sibling sexual abuse is strongly related to family trauma and stressors. The risk factors for the family described (page 16-17) of this chapter will provide you with an understanding of family dynamics that can impact on sibling sexual abuse.

<sup>7</sup> Stathopoulos, M. (2012). Sibling sexual abuse. Australian Institute of Family Studies.

<sup>8</sup> Veigh, M., & Jo, M. (2003). 'But she didn't say no': an exploration of sibling sexual abuse. Australian Social Work, 56(2), 116-126.

<sup>9</sup> Caffaro, J. & Conn-Caffaro, A. (1998). Sibling abuse trauma: assessment and intervention strategies for children, families and adults. The Haworth Maltreatment and Trauma Press, Binghamton, New York.

# 1 Part one: Seeing and understanding



## Seeing and understanding sibling sexual abuse

continued...



### Evidence

**Beware of minimising the victimised child's experience of sibling sexual abuse in your own practice. Be ready to challenge the views of family members, community members and other professionals who appear to be minimising sibling sexual abuse.**<sup>10</sup>

A 2007 Australian study focused on the responses of family members, professionals and other community members to women who disclosed sibling sexual abuse. It found a number of unhelpful responses that made it difficult for the victimised child to maintain their disclosure, and to receive support and therapeutic assistance. These findings are consistent with other research.<sup>11</sup>

**The following are common responses from family, community and professionals that minimise sibling sexual abuse:**

- The abuse is natural / normal. 'It's just experimentation, boys just do that, it's just a stage.'
- The abuse is the victim's fault. 'You asked for it, you are a slut, you haven't proved it.'
- The abuse is not serious. 'It's only your brother'.
- The abuse is a private, family matter. 'It can't be abuse – he's your brother; you are betraying your family'.
- The abuse is a taboo subject.
- The abuse is part of romantic love / a sexual relationship. 'He must have loved you'.

There are times when a victimised child may have been coerced into believing that the sexual abuse is 'normal' or 'a game' and may not appear to be distressed by the abuse. This belief can be reinforced by parents, community members and professionals. It is not uncommon for victimised children to experience distress and trauma later in life as they develop an adult awareness of their experience of sibling sexual abuse.<sup>12</sup> Regardless of the level of support a child may receive, the evidence increasingly shows that the impact of sibling sexual abuse is just as serious as sexual abuse by a father.<sup>13 14</sup>

The victimised child, their parents and the child (with sexually harmful behaviour) will still need sensitive therapeutic support and protection.

**Victims of sibling sexual abuse are more likely than the general population to experience:**

- depression, eating disorders, substance misuse, suicidal feelings, flashbacks and low self-esteem
- future physical / sexual abuse, relationship intimacy problems
- family breakdown (for which the victim may be blamed)
- being forced to connect with the harmful sibling
- feeling pressured to retract.

<sup>10</sup> Rowntree, M. (2007). Responses to sibling sexual abuse: Are they as harmful as the abuse?. *Australian Social Work*, 60(3), 347-361.

<sup>11</sup> Veigh, M., & Jo, M. (2003). 'But she didn't say no': an exploration of sibling sexual abuse. *Australian Social Work*, 56(2), 116-126.

<sup>12</sup> Ballantine, M. W. (2012). Sibling incest dynamics: Therapeutic themes and clinical challenges. *Clinical Social Work Journal*, 40(1), 56-65.

<sup>13</sup> Cyr, M., Wright, J., McDuff, P., & Perron, A. (2002). Intrafamilial sexual abuse: Brother-sister incest does not differ from father - daughter and stepfather - stepdaughter incest. *Child Abuse & Neglect*, 26(9), 957-973.

<sup>14</sup> Rudd, J. M., & Herzberger, S. D. (1999). Brother-sister incest—father-daughter incest: a comparison of characteristics and consequences. *Child Abuse & Neglect*, 23(9), 915-928.

## Seeing and understanding sexually harmful behaviour towards children of the same age

Children with sexually harmful behaviour towards children of the same age are more likely to abuse children that they have a relationship with.

For example, peers at school or peers that belong to the same sporting club or group. However, they are also more likely to sexually abuse strangers than children who sexually abuse their siblings. They are also more likely to use aggression and force in their sexually harmful behaviour.<sup>15</sup>

When investigating sexually harmful behaviour against a child of the same age, it is important to look beyond the behaviour itself and focus on how the behaviour was experienced by the victimised child. The definitions below can help us distinguish between consensual sexual activities between peers and sexually harmful behaviour :

### 'Without consent' - in order to consent each participant must:

- understand the proposed sexual behaviour and how society views that behaviour
- be aware of the potential consequences for the behaviour
- have a mutual respect for any agreements or disagreements related to the behaviour
- have the capacity to participate voluntarily.

For example, a child with an intellectual disability who does not understand a peer is gaining sexual gratification from their behaviour has not provided consent.

### 'Without equality' - where two children have:

- physical, cognitive, emotional, developmental differences
- differences in assertiveness, authority, power or control between the two participants.

For example, a young man who has been living in a residence for many years is likely to have authority and power over a young woman who has just started living there.

**'Coercion' - pressures that deny the victimised child free choice including power and size differences, bribery, threats and overt violence.**

For example, a young man is forced to have sex with his peer by being threatened with social exclusion if he does not. He is then further threatened with social exclusion if he tells anyone about the rape.

### Risk factors for displaying sexually harmful behaviour towards a child of the same age

While many children who sexually harm children of the same age have experienced childhood trauma, they are less likely to have a traumatic family background than children who sexually harm younger children. They are more likely to sexually harm girls and strangers than children who sexually abuse other children are. They are more likely to have a history of engaging in other types of criminal behaviour and are more likely to use violence and aggression when sexually harming their victim.



Go to

chapter seven of the [OSP Child Sexual Abuse Literature Review](#) for more information.

### In Practice



#### **A child who has sexually abused a peer is at risk of sexually abusing their siblings.**

It is important to provide siblings with an opportunity to disclose any abuse and to conduct a holistic family assessment when responding to peer-to-peer sexually harmful behaviour.

<sup>15</sup> Ryan and Lane, 1997, cited in Pratt, R., Miller, R. M., & Boyd, C. R. (2012). Adolescents with Sexually Abusive Behaviours and Their Families: Best Interests Case Practice Model: Specialist Practice Resource. Department of Human Services.



## Evidence

**Children in care are significantly more likely to be victimised children and children with sexually harmful behaviours, particularly those in residential care.**

The OSP Child Sexual Abuse Literature Review reports that approximately 50 per cent of sexual abuse in care is perpetrated by other children.

A 2010 study in the Netherlands examined sexual abuse that happened to children who were living in out of home care.<sup>16</sup> The study found that children who were in out of home care were more likely to be sexually abused than the general population of Dutch children. The highest rates of sexual abuse were in residential care. Of the children who were sexually abused in out of home care in 2010, 57 per cent were abused by adolescents from the same foster home. In residential care, 50 per cent of sexual abuse was perpetrated by adolescents in the same residential setting while 20 per cent was committed by other adolescents.

Consistent with all the other kinds of sexual abuse, girls in out of home care were three times more likely to be sexually abused by their peers than boys, and their abuse was of the most severe type.



Go to

chapter seven of the [OSP Child Sexual Abuse Literature Review](#).



## **Risk factors for sexually harmful behaviour in out of home care**

Children in care are likely to have been exposed to a number of risk factors that are linked to sexually harmful behaviour over a prolonged period of time. These risk factors include abuse and neglect, developmental trauma and exposure to domestic violence.

**These risk factors can be particularly compounded by living in residential care, an environment that may:**

- provide very little privacy, particularly around showering, toileting, dressing and sleeping
- ritualise sexually harmful acts. For example, initiation ceremonies involving sexually harmful behaviour
- place them in a living environment with children who have sexually harmful behaviour and respond to their peers in sexual ways
- limit opportunities for a close connection to adult role models. For example, children are generally exposed to adult staff members who are supervising a number of children and may not be able to develop close and connected relationships with one child
- limit opportunities for positive social support systems. For example, supportive family and extended family, supportive community members (teachers, youth workers) and participation in extracurricular activities
- expose the child (with sexually harmful behaviour) to homelessness and instability. For example, changes in school and neighbourhood as a result of coming into care or multiple placement changes while in care
- limit the amount of contact the child (with sexually harmful behaviour) has with well-functioning peers. For example, children who are engaged in positive activities, have strong mental health and are strongly connected to positive social support systems.

<sup>16</sup> Euser, S., Alink, L. R., Tharner, A., van Ijzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2013). The prevalence of child sexual abuse in out-of-home care: A comparison between abuse in residential and in foster care. *Child maltreatment*, 1077559513489848.



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## ② Part two: Responding

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**Part two will help you:**

- focus on three key questions when responding to a child with sexually harmful behaviour.

## 2 Part two: Responding



### Key protective factors for children with sexually harmful behaviour

Key protective factors for children with sexually harmful behaviour include living in a safe environment where the risk they pose is managed (where possible in their current living situation), connection to their family and community, and attending specialised treatment programs. Placement decisions for children with sexually harmful behaviour are complex and must address the needs of the victimised child, risk factors in the home environment and the capacity of parents and community members to supervise the child (with sexually harmful behaviour).

This section will help you to make decisions about separation and reunification of children with sexually harmful behaviour by discussing three considerations: whether the child (with sexually harmful behaviour) can remain at home, whether the child (with sexually harmful behaviour) can return home, and strategies to plan for the safe return of the child (with sexually harmful behaviour).



#### In Practice

**This section will refer to key concepts from other chapters that may be useful in responding to sexually harmful behaviour.**

The **safe family rules** address specific situations that provide access or opportunity for sexually harmful behaviours to occur. The safe family rules are only effective where they respond to the circumstances of the child (with sexually harmful behaviour), the victimised child, and the parent, and where they focus in on the minutiae of their daily life. As with all safety planning, the rules should be reviewed regularly and should change when additional information comes to light. For example, when more information is uncovered about triggers for the sexually harmful behaviour the rules should specifically address these triggers.



#### In Practice

**The safe people and safe object approaches aim to give children an opportunity to speak out about situations that make them feel unsafe or uncomfortable.**

They also give parents and community members responsibility for supporting the child and monitoring the risk of sexual abuse.



#### Go to



the responding section of the **'Safety planning'** chapter to develop an understanding of the safe family rules and how to put them in place.



#### Go to



the responding section of the **'Risk assessment and casework'** chapter to understand the safe people and safe object concepts and how they may be used when responding to sexually harmful behaviour.

#### IMPORTANT

The practice prompts, conversation ideas and case examples used in other chapters refer to situations where sexual abuse is suspected or confirmed to be by someone over the age of 18. They will need to be amended in your responses to children with sexually harmful behaviour.

## Deciding whether the child (with sexually harmful behaviour) can remain at home

A key consideration for many practitioners responding to sexually harmful behaviour is whether or not to separate the child (with sexually harmful behaviour) from the home. Short term separation (days or weeks rather than months) can provide immediate safety for the victimised child and can help them to make further disclosures about sexual abuse. Short term separation can also allow practitioners to assess risk factors in the family environment, assess the parent's capacity to effectively supervise the child (with sexually harmful behaviour), and involve other safe people in the case plan.


### IMPORTANT

**Separation is not generally recommended where both children are under 10 years of age, unless factors in the home environment place the child (with sexually harmful behaviour) or the victimised child at significant risk of harm.**

#### Consider the following points:

- The current evidence base suggests that services should adopt a very measured and individualised approach to separation of children following a disclosure of sexual abuse by another child in the home.
- Long term separation is widely believed to be counterproductive as it removes the child (with sexually harmful behaviour) from known protective factors such as stable living environment, stable schooling and connections to family and peers.
- The parent's belief that abuse occurred and a lack of denial or minimisation of the abuse are critical factors in determining their ability to supervise the child (with sexually harmful behaviour). A period of separation can help parents to increase their belief through interventions and support.

 **Go to**

the **'Working with parents'**  chapter for ideas on working with parents.





### Deciding whether the child (with sexually harmful behaviour) can remain at home

Diagram one describes safety indicators to be aware of when responding to sexually harmful behaviour. The diagram is not a check list. It can be used to guide your decision making around whether a child (with sexually harmful behaviour) over 10 years of age should remain at home while an assessment is carried out.

Assessment is a complex and lengthy process and you are likely to uncover more information about the harmful behaviour and home environment as you progress. The remainder of this chapter provides more detailed information to guide your assessment and help you make decisions that are in the best interests of the victimised child and the child (with sexually harmful behaviour) where sufficient safety is not identified.

#### Diagram One

Safety indicators when responding to sexually harmful behaviour

#### The child (with sexually harmful behaviour) is:

- not currently at risk of abuse (physical, emotional, sexual) and neglect
- able to understand and follow the safe family rules
- able to understand why the safe family rules have been put in place
- receiving appropriate therapeutic treatment
- not currently demonstrating behaviour that makes the victimised child or their parents fearful or intimidated
- willing and able to attend a therapeutic treatment program.

#### The victimised child:

- is not currently at risk of abuse
- is not fearful of the child (with sexually harmful behaviour)
- has had their experience of abuse believed and validated by supervising parents
- understands what behaviours are sexually harmful
- is able to understand the safe family rules and why they have been put in place
- can identify their emotions and signs that they are not safe
- can demonstrate that they trust the supervising parent and can tell them if they are feeling worried or unsafe.

#### The parents are:

- not denying or minimising the harmful behaviour
- acknowledging the likely impact of the sexual abuse on the victim
- not currently behaving in ways that are harmful or neglectful to children in the home
- able to provide an environment that does not expose the child (with sexually harmful behaviour) to known triggers for the sexually harmful behaviour. For example, domestic violence, sexualised language or acts, access to drugs or alcohol, pornography
- not fearful of the child (with sexually harmful behaviour) and can demonstrate they have been able to put limits in place to manage their (non-sexual) behaviour where necessary
- demonstrating that they are willing and able to implement the safe family rules
- demonstrating that they are an effective primary supervisor for the child (with sexually harmful behaviour) (more information on page 49)
- willing and able to attend a therapeutic treatment program and support the child (with sexually harmful behaviour) to attend a program
- able to maintain a connection to the victimised child and notice and respond appropriately to any cues of emotional distress
- able to maintain a connection to the child (with sexually harmful behaviour).

## In Practice



**Diagram one refers to the parent's ability to implement the safe family rules / supervise the child.**

It is important that you assess this ability and do not simply take the parent's statement that they will supervise the child as fact.

Page 46 provides information on the characteristics of an effective supervisor and ideas for implementing supervision (safe family rules).



**Go to**



the responding section of the '**Safety planning**' chapter for detailed information on the safe family rules and guidance for implementing and reviewing these rules in practice.

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## 2 Part two: Responding



### Deciding whether the child (with sexually harmful behaviour) can return home

**If a decision is made to separate the child with sexually harmful behaviour, the next decision that will need to be made is when (or in some circumstances if) they can return home.**

When working with the child (with sexually harmful behaviour), it is important that you still remain focused on the victimised child's safety and wellbeing, and vice versa. You can do this through your work with the parents and collaborative work with JIRT and any other practitioners involved with the victimised child.

This section will explore factors to consider when deciding if the child should return home.

**Key factors for the victimised child when making decisions about separation or reunification:**

When working with sexually harmful behaviour, it is likely that under the sibling case coordination policy, JIRT child protection practitioners will work with the victimised child while the CSC practitioners work with the child (with sexually harmful behaviour). Both practitioners will be working closely with the children's parents to build safety.

The 2014 FACS training about safety planning with adolescents who engage in sexually abusive behaviours<sup>17</sup> provides the following guidelines for keeping the victimised child's experience at the centre of your work.

- Make sure you are made aware of any additional disclosures by the victimised child.
- If the victimised child has a caseworker or counsellor, talk to them to get their views.
- Meet any practitioners involved with the family early and come to an agreement on the case plan goals. For example, what will success look like? How will we keep each other up to date? How can we make sure we are giving the parents consistent messages?
- Critically reflect in your case review meetings and supervision on how your work with the child (with sexually harmful behaviour) and family is keeping the victimised child safe from:
  - further sexual abuse
  - other forms of harm by the child (with sexually harmful behaviour)
  - other forms of harm within the family
  - negative consequences from their disclosure.

<sup>17</sup> The safety planning with adolescents who engage in sexually abusive behaviour training was developed in 2014 for practitioners in JIRT and CSC's with current knowledge and experience interviewing young people with sexually harmful behaviour. The training package can be accessed through the clinical issues team or your casework specialist.



## Working with the victimised child

The practice considerations presented below may be most appropriate for the victimised child's therapist or JIRT practitioner, if they have one. They have been included in the kit to provide you with some questions to consider when working collaboratively with JIRT and any therapists.

### CONSIDER THE FOLLOWING QUESTIONS

**Are there other risk factors occurring for the victimised child?**

**What is the victimised child's relationship to the siblings / other children in the home?**

**For example:**

- is the victimised child liked
- how much power does the victimised child have
- is the victimised child being bullied by siblings / other children in the home
- is the victimised child included in the games and activities of their siblings / other children in the home
- how do siblings tend to respond when the victimised child is distressed
- how do the siblings / other children in the home view the sexually harmful behaviour
- is the victimised child fearful of any siblings / other children in the home?

**Important:** when the victimised child is in residential care, their relationships with their peers will form a critical part of your assessment.

**Is the victimised child fearful of the child (with sexually harmful behaviour)? If yes, are there particular behaviours that have made them fearful?**

**How much does the victimised child understand about the sexually harmful behaviour?**

**Does the victimised child:**

- recognise that the behaviour was harmful
- describe the harmful behaviour
- describe any grooming behaviour that was used by the child (with sexually harmful behaviour)
- know what a respectful sexual relationship looks like (consensual / equal / without coercion)?

**Go to page 23** for more information.

**What does the victimised child understand about protective behaviours, including:**

- private parts
- inappropriate touch
- keeping secrets
- what to do or say if someone touches their private parts
- what to do or say if they are feeling unsafe or unsure?

**Does the victimised child understand the safe family rules and why they have been put in place?**

**Can the victimised child recognise their emotions?**

**Are they able to tell their parents / other adults in the home if they are feeling unsafe or unsure?**

## 2 Part two: Responding



### Key factors for the child (with sexually harmful behaviour) when making decisions about separation or reunification

#### Building a strong relationship with the child (with sexually harmful behaviour)

Strong relationships are fundamental to keeping children safe. Work as hard as you can to build a relationship with the child (with sexually harmful behaviour) and strengthen their connection to their parents and other protective people in a safe way. We know that recovery for both the victimised child and the child (with sexually harmful behaviour) is dependent on their connection to their parent and that strengths-based, family-focused interventions are the key to building safety.



#### In Practice



#### Ideas for building a relationship with the child (with sexually harmful behaviour)

##### Connect:

Understand what they like doing, who they like spending time with, what they want / don't want in a practitioner. This will help you identify any protective factors that can be built on. It will also help you to understand all the ways that the child is more than their behaviour.

##### Be clear about your role including:

- the differences between your role and JIRT
- the differences between your role and a therapist's role
- the limitations to confidentiality.

**For example:** 'I am going to work with you and your parents and together we will come up with a plan so that you do not behave in a way that is sexually harmful to other children.'

##### Talk about hope:

For example, 'some kids worry that they will be this way forever. We know that with help, most kids do not hurt other kids again.'

##### Always be upfront about what will happen next, even if you think the child (with sexually harmful behaviour) will find it distressing:

For example, 'we are all really worried about you coming home while you are still struggling to control your behaviour. We need to make sure you are seeing a therapist who can help you manage your behaviour before you come home.'

##### Be clear about your goal:

For example, 'I will be working with you and trying to help you go home. To do this I need to make sure that you are safe at home and that (victimised child) is safe too. Everyone will need to work hard to make this happen, including you.'

## Building a relationship with the child (with sexually harmful behaviour)

This table focuses on building a relationship with the child (with sexually harmful behaviour) and gathering information to inform your assessment of separation or reunification. Information on understanding triggers for the harmful behaviour and implementing supervision rules (the safe family rules) are explored later in the chapter.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Gain a shared understanding of why you are hoping to talk with the child (with sexually harmful behaviour).</b> Identify which harmful behaviours the child can acknowledge.</p>	<p><b>'I work for a Department called Family and Community Services - why do you think I am here to talk with you today?'</b></p> <p><b>'I have spoken to [JIRT practitioner] and she has told me about the things you did to [victimised child], but I would really like you to tell me.'</b></p>
<p><b>Name the sexually harmful behaviour.</b></p>	<p><b>'I know lots of kids find this really hard to talk about but I need to let you know why I am here. I know that you [describe behaviour].'</b></p> <p><b>'Some kids worry that because they have [describe behaviour] they are a bad person. I don't think you are a bad person, I think you made some harmful decisions. I will be working with you to help you make better decisions.'</b></p>
<p><b>If possible, come up with a term that everyone can use to refer to the sexually harmful behaviours.</b> This can help the child (with sexually harmful behaviour) and their parents talk about the harmful behaviour. It can also be helpful when developing safety and case plans that are child and family focused. <b>Some ideas could include:</b></p> <ul style="list-style-type: none"> <li>■ the touching problem (for younger children)</li> <li>■ abusive behaviour</li> <li>■ harmful or hurtful behaviour</li> <li>■ harmful or hurtful decisions.</li> </ul> <p><b>Important:</b> be sure that your language does not minimise the sexually harmful behaviour. 'The touching problem' may be appropriate for younger children. For older children, 'sexually harmful' or 'abusive behaviour' will be more appropriate.</p>	<p><b>'Can you think of a name that we can all use when we are talking about the things you did to [victimised child]. Having a word can help us to talk to your parents and other people who need to know about the behaviour.'</b></p>



**Experts say:** 'Be careful when talking about the impact of the sexually harmful behaviour on the victimised child. Don't assume that the child (with sexually harmful behaviour) understands that they have hurt the victimised child. It may also take some time for their parent to recognise this without denial or minimisation.'

Dale Tolliday, Clinical Advisor, New Street Services



## 2 Part two: Responding



### Identifying strengths and protective factors for the child (with sexually harmful behaviour)

Diagram one (page 30) describes strengths and protective factors that are more likely to be observed in children during the early stages of assessment. The factors below are most likely to be observed in the medium to long term, especially in the therapeutic context. The child (with sexually harmful behaviour) does not have to demonstrate all these protective factors to be able to return home.

These factors are likely to mean there is a decreased risk of reoffending because the child (with sexually harmful behaviour) is taking an active role in risk management, taking greater responsibility for their behaviour, and recognising the impact of their behaviour on others.



### In Practice

**Case planning is most effective where you are focused on the change you are hoping your interventions will achieve.**

It may be helpful to use the strengths and protective factors listed in the table to create shared goals in your work with JIRT, therapists and other partners as these help to keep you all focused on positive outcomes.

It is particularly important that you regularly review these factors since they are highly likely to change as the child (with sexually harmful behaviour) matures and engages in the therapeutic process.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Does the child (with sexually harmful behaviour) accept responsibility for the behaviour?</b> Look out for 'I' statements that show that the child (with sexually harmful behaviour) is not denying that the behaviour occurred or minimising responsibility for the behaviour.</p>	<p><b>'How did the harmful behaviour happen?'</b> <b>'What do you think could have stopped the harmful behaviour?'</b></p>
<p><b>Does the child (with sexually harmful behaviour) appear genuinely distressed by their harmful behaviour and the impact on the victimised child?</b></p>	<p><b>For younger children: 'When the harmful behaviour happened do you think [victimised child] liked or didn't like it?'</b> <b>For older children: 'If you were the victimised child, how would you feel about the [sexually harmful behaviour]?''</b></p>
<p><b>Is the child (with sexually harmful behaviour) motivated to change? Are they accepting treatment? Are they accepting supervision? Are they accepting the consequences of the behaviour?</b></p>	<p><b>'What do you think needs to happen for you to stay / return home?'</b> <b>'Other people will need to know about the harmful behaviour so that they can keep you and [victimised child] safe. How should they be told?'</b></p>
<p><b>Does the child (with sexually harmful behaviour) think they will sexually harm again?</b> <b>Important:</b> a child's statement that they will never harm another child again is not a protective factor or an indicator of safety. It is important that the child can identify strategies they can use to prevent the behaviour.</p>	<p><b>'Are there times when you think [sexually harmful behaviour] might happen again?'</b></p>

**Working with the child (with sexually harmful behaviour) to make decisions about separation or reunification.**

This table focuses on building a relationship with the child (with sexually harmful behaviour) and gathering information to inform your assessment of separation or reunification. Information on understanding triggers for the harmful behaviour and implementing supervision rules (the safe family rules) are explored later in the chapter.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Does the child (with sexually harmful behaviour) have a good understanding of risk factors for their harmful behaviour, including triggers and high risk situations?</b></p>	<p><b>‘How did you feel in your body and in your head before the harmful behaviour started?’</b></p> <p><b>‘What was happening for you before the harmful behaviour started?’</b></p> <p><b>‘Can you think of a time when you really wanted to make a bad decision and you stopped? What helped you stop?’</b></p>
<p><b>Does the child (with sexually harmful behaviour) demonstrate empathy for the victimised child?</b> Is this empathy transferred to many different victim experiences or is it expressed at an intellectual level? For example, the child (with sexually harmful behaviour) may be able to identify how the victimised child is feeling, but may struggle to identify the impact of their behaviour on the victimised child and develop strategies for how they can respond to them.</p>	<p><b>‘How do you think [victimised child] might feel about you coming home?’</b></p> <p><b>‘How do you know when [victimised child] is feeling upset?’</b></p> <p><b>‘What can you do to help [victimised child]?’</b></p>
<p><b>Does the child (with sexually harmful behaviour) have thinking errors which justify their harmful behaviour?</b> For example, ‘he enjoyed it; I was teaching her about sex; I was making sure no one else would abuse him?’</p>	<p><b>‘Do you think [victimised child] could have stopped you? What could they have done?’</b></p> <p><b>‘Why do you think [victimised child] didn’t stop you?’</b></p>

## 2 Part two: Responding



### Key factors for the parent when making decisions about separation or reunification

#### **Never underestimate what it is like for a parent to hear that one of their children has sexually abused another child.**

After coming to terms with this knowledge, parents may also have the challenge of balancing the needs of both children and trying to understand the information from the perspective of both children. It is understandable that a parent's first reaction can be to close down and disbelieve, or that they may waver between belief and disbelief as it all soaks in. Slowing down and acknowledging these common parental experiences and feelings will help you to build a relationship with parents and assess their ability to implement safety measures. This will keep both the victimised child and the child (with sexually harmful behaviour) safe. It is also important that you continually assess the parent's understanding of the harmful behaviour and their capacity to supervise the children as this is likely to change.

Parents will usually be involved with at least two different therapists, the therapist for the child (with sexually harmful behaviour) and the therapist for the victimised child. There is a risk that parents can be confused and torn between the recommendations of the two therapists and that they may be left without any support to help them to cope. You play an important role in making sure that any therapists and agencies working with the family develop collaborative and integrated therapy plans or case plans.

#### **These plans should include provisions for:**

- shared planning
- how information will be exchanged
- how the underlying family dynamics will be addressed
- how the parents will be involved
- how the parent's therapeutic needs will be addressed.



#### In Practice

#### **The parent may have had experiences with different professionals before you meet with them.**

Asking them about what they liked about these interactions and what they didn't like will help you to understand how these interactions may have shaped their understanding of the sexually harmful behaviour. It will also help you how to establish a good working relationship with them.

Be very mindful of the language you use when talking with parents about their child's sexually harmful behaviour. Involve both the parents and the child (with sexually harmful behaviour) in discussions about how to describe the behaviour.

## In Practice



### Ideas for building a relationship with parents

#### Start from a place of empathy

Parents are likely to feel shame, sadness and wavering belief. They will be torn between the needs of both their children.

**For example,** ‘other parents have told me that it is incredibly difficult to be there for two children who are both hurt and both needing your attention and your care. What do you think each child needs right now? How can we work together to make sure they both get the support they need?’

#### Focus on shared goals

**For example,** ‘I can see you care deeply about both children and want them both to be safe. I am here for the same reasons’.

#### Talk about hope

Let parents know that children with sexually harmful behaviours are not like adult sex offenders and that most children who behave in ways that are sexually harmful do not go on to reoffend sexually as an adult.

**For example,** ‘we know that with help many children in these situations never sexually abuse another child again.’

#### Reinforce the importance of the parent

**For example,** ‘you are so important to your child’s recovery. Children who have parents who believe the abuse happened, and can put rules in place to stop the abuse, are often able to fully recover.’

#### Clearly describe the purpose of your work role and the limits to confidentiality

**For example,** ‘I will be working with you on a plan that keeps both the children safe. I will also be trying to work out if it is safe for (the child with sexually harmful behaviour) to return home. I will need to ask you lots of questions and I will share information with JIRT and the therapists so that we can all work together.’

## 2 Part two: Responding



### Working with the parent

A solid connection between the child and parents is a cornerstone of safety for the child (with sexually harmful behaviour) and the victimised child. However, a parent who is connected to their child (with sexually harmful behaviour) but is unable to believe the abuse occurred, or is minimising the impact of the abuse, is likely to struggle with the level of supervision required to keep both children safe. This table provides ideas for assessing the parent's ability to supervise the child (with sexually harmful behaviour) while also building their belief and increasing their connection to their children.

It is particularly important that you regularly review these factors since they are highly likely to change as the child (with sexually harmful behaviour) matures and engages in the therapeutic process.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Respond to disbelief:</b> Believing that the abuse occurred is a critical factor in assessing the parent's ability to keep the victimised child safe from further abuse.</p> <p><b>Does the parent believe:</b></p> <ul style="list-style-type: none"> <li>the victimised child's disclosure</li> <li>that the child (with sexually harmful behaviour) used grooming tactics to sexually harm the victimised child</li> <li>the victimised child has a right to safety</li> <li>the child (with sexually harmful behaviour) is responsible for the abuse?</li> </ul> <p><b>Important:</b> if more information is disclosed, keep a check on whether the parent continues to believe.</p>	<p><b>Use scaling questions, for example:</b></p> <p><b>'I know you told me that it is hard to believe this could have happened. On this scale where one means you think [child with sexually harmful behaviour] definitely did not sexually harm [victimised child] and 10 means that you think [child with sexually harmful behaviour] definitely did sexually harm [victimised child] where are you sitting today?'</b></p> <p><b>Use the scale to understand more about what this means for the parent:</b></p> <p><b>'What is making you sit at an eight? What is stopping you sitting at a five?'</b></p> <p><b>'What do you know about how this has happened? What do you know about how each child responded?'</b></p> <p><b>'Is there anything you think [victimised child] could have done to stop the abuse? I am wondering what might have happened if [victimised child] had done that?'</b></p>
<p><b>Respond to minimisation:</b></p> <p>Parents will have heard the common myths about sexual abuse and may struggle to accept that sexual abuse can be perpetrated by children.</p> <ul style="list-style-type: none"> <li>Ask the parents what they consider to be normal sexual behaviour and how they respond.</li> <li>Be clear about what separates the harmful behaviour from 'normal sexual curiosity' or 'rough and tumble' play between siblings.</li> <li>Emphasise that any sexual behaviour which occurs without consent, without equality or with coercion is abusive.</li> </ul>	<p><b>'There are moments when children tease each other about their bodies, tickle each other and do embarrassing things. They might even touch each other in an age-appropriate way. Have you seen any of this sort of behaviour? What did you do?'</b></p> <p><b>'Why do you think I am worried about the things [child with sexually harmful behaviour] did to [victimised child]?'</b></p> <p><b>'In this jar are stones that represent power. People can have power over other people because they are stronger, know more, are older, have more money etc. How many stones would you give [victimised child]? How many stones would you give to [child with sexually harmful behaviour]?'</b></p> <p><b>Use the <a href="#">traffic lights</a> resource:</b></p> <p><b>'The traffic lights resource might help you understand what is normal sexual exploration and what is concerning. Can I look at it with you so we are both clear on why I am so concerned?'</b></p>



PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p>Be curious about the parents' relationship with their children.</p> <p>How connected is the parent to each child?</p> <p>How empathetic is the parent to each child?</p> <p>How does the parent respond to the needs of each child?</p>	<p><b>'What are your favourite things to do with [child / victimised child]?'</b></p> <p><b>Use the 'Inside Out' book:</b></p> <p><b>'Choose an emotion that you think [victimised child / child with sexually harmful behaviour] is feeling? Why do you think they are feeling that way? What do you think you could do to help them?'</b></p> <p><b>'Most children have times when they say hurtful things to their parents. What do you do when [victimised child] says something hurtful? What about [child with sexually harmful behaviour]?'</b></p> <p><b>'What have you noticed about [each child's] behaviour lately? Why do you think they might be behaving that way? How do you think they might be feeling?'</b></p> <p><b>'How does [each child] like to be comforted?'</b></p>
<p>Be curious about the parents' own abuse history (particularly sexual abuse) and how this may impact on their relationship with the child (with sexually harmful behaviour) or the victimised child.</p> <p><b>Remember:</b> any conversation like this is deeply personal, full of emotion and may prompt stories that have been hidden for years. Be respectful, compassionate and gentle with your questions.</p>	<p><b>'Most adults have had some form of unwanted sexual attention at sometime in their lives. Did anything like this ever happen for you? Can you tell me about that? Did you tell anyone about that? What did they do / say? Did you tell anything like this ever happen for you as a child? Can you tell me about that? Did you tell anyone? What did they do / say?'</b></p> <p><b>'How does the harm you experienced as a child make you feel about [victimised child / child with sexually harmful behaviour]?'</b></p> <p><b>'Knowing that you also experienced this type of harm as a child, what do you think needs to be done for [victimised child]? What about [child with sexually harmful behaviour]?'</b></p>

## 2 Part two: Responding



### Strategies to plan for the safe return of the child (with sexually harmful behaviour)

#### This section will focus on planning for the child (with sexually harmful behaviour) to return home.

It will explore triggers for sexually harmful behaviour and provide suggested safe family rules to moderate these triggers. It will also help you to implement effective supervision, and help people in the child's network to become effective primary supervisors.

#### Working with the child (with sexually harmful behaviour), parent and community to explore and moderate triggers for the harmful behaviour:

There will be times where it is relatively easy to identify triggers for the sexually harmful behaviour. The child (with sexually harmful behaviour) may be able to identify what was happening for them before the harmful behaviour happened, or the parents or victimised child may be able to link specific events to the onset of harmful behaviour. There will be other times when it is difficult to determine any clear triggers for the behaviour.

The information below will help you assess the presence of likely triggers for sexually harmful behaviour.

You need to ask questions about each trigger even where you have not identified the trigger in the initial assessment. It is suggested that the safe family rules are used to address the following triggers even where they are not identified in your assessment:

- privacy
- sleeping arrangements
- nudity
- pornography
- bullying
- physical punishment
- emotional connection.

When planning your interventions, you will need to assess whether or not the parent is able to recognise, monitor and remove triggers for the sexually harmful behaviour through the safe family rules. Be realistic about the parent's strengths and limitations. You may set a parent up to fail if they are still ambivalent or do not have a close attachment with the child (with sexually harmful behaviour) or the victimised child.

#### Go to

the responding section of the '[Safety planning](#)' chapter for more information on the safe family rules.

#### Go to

the responding section of the '[Risk assessment and casework](#)' chapter for more information on the safety object and safe people concepts.

**Working with the child (with sexually harmful behaviour), parent and supervisor to understand triggers for the harmful behaviour**

The factors below are known to be triggers for sexually harmful behaviour. The presence of these factors does not mean that the child (with sexually harmful behaviour) should not return home, but it does mean that you will need to work with the parent to assess their capacity to moderate or remove this trigger. The table contains suggested safe family rules that could be implemented to minimise the risk of the trigger occurring. These rules are suggestions only and will need to be changed to reflect the circumstances of the child (with sexually harmful behaviour) and family you are working with. This table introduces the idea of a supervisor. This concept will be explored in more detail in the supervision section below.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Exploring triggers with the child (with sexually harmful behaviour).</b>  <b>Talk about:</b></p> <ul style="list-style-type: none"> <li>■ emotions they were feeling when they behaved in the sexually harmful way</li> <li>■ what was happening in the home when they behaved in the sexually harmful way</li> <li>■ what was happening at school when they behaved in the sexually harmful way</li> <li>■ the time of day or week when they behaved in the sexually harmful way.</li> </ul> <p><b>Important:</b> many children struggle to identify clear triggers in the early stages of therapeutic work. Some may struggle to ever identify triggers themselves. This is particularly true for children who have experienced abuse, neglect and other kinds of developmental trauma. These experiences impact on their brain development and can make it difficult for them to make sense of their behaviour.</p>	<p><b>‘Sometimes the harmful behaviour can happen when kids are upset. Were you upset before the harmful behaviour happened? What was upsetting you?’</b></p> <p><b>‘Let’s look at this [day / week / month] (depending on the frequency of the harmful behaviour). Let’s colour in the times when the harmful behaviour happened the most, red, when it happened a bit, orange, and when it hardly happened, green. What was happening then? Who was there?’</b></p> <p><b>Use the Bears cards or Bears app:</b></p> <p><b>‘Can you choose a bear that shows me how you were feeling before you had the harmful behaviour?’</b></p>



**In Practice**

**When understanding the home environment and potential triggers for the sexually harmful behaviour, it can be helpful to talk to other children in the home as well as the child (with sexually harmful behaviour).**

## 2 Part two: Responding



### Working with the child (with sexually harmful behaviour), parent and supervisor to understand triggers for the harmful behaviour continued...

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Exploring triggers with parents</b> Are the parents able to identify any events or changes that happened close to the time the harmful behaviour started?</p>	<p><b>Talking to parents:</b> ‘We think the behaviour started when [child with sexually harmful behaviour] was around <b>11 years old</b>. <b>Can you think of any things that happened around that time? They may not have been big events to you but may have had an impact on [child with sexually harmful behaviour].</b>’</p>
<p><b>Exposure to domestic violence is a traumatic experience for children which may trigger their sexually harmful behaviour.</b></p> <p>Important: returning a child (with sexually harmful behaviour) to a home where there is current domestic violence is not recommended without intensive support. Consult with the OSP’s clinical issues team and FACS psychologists to develop some appropriate interventions.</p>	<p><b>Talking to the child (with sexually harmful behaviour) and other children in the home:</b> ‘Sometimes kids get scared or upset when their parents fight or argue. Has that happened to you? Can you tell me about that?’</p> <p><b>Talking to parents:</b> ‘What do the children do if you have a fight or an argument with your partner?’ ‘Do you ever feel frightened or intimidated by your partner?’ ‘How do you think your partner will react when I talk to him / her about my worries?’</p>
<p><b>Sexual abuse is a known risk factor for sexually harmful behaviour.</b> The dynamics of sexual abuse also mean that it may not have been identified previously. It is important to assess the child protection history for the child (with sexually harmful behaviour) and family thoroughly, and review previous reports or case notes to see if they indicate historic or current sexual abuse.</p> <p><b>Be curious about:</b></p> <ul style="list-style-type: none"> <li>■ the opportunity for the child (with sexually harmful behaviour) to disclose sexual abuse</li> <li>■ any sexual abuse concerns held by the parent</li> <li>■ any contact the child (with sexually harmful behaviour) has had with known sex offenders</li> <li>■ sexual abuse experienced by friends or family members of the child (with sexually harmful behaviour).</li> </ul> <p>The discovery of sexual abuse will need to be explored and assessed in detail. <b>The safe family rules should explicitly state that the child (with sexually harmful behaviour) and family will have no contact with any known sex offenders (where applicable).</b></p>	<p><b>Talking to the child (with sexually harmful behaviour) and other children in the home:</b> ‘Sometimes kids have sexually harmful behaviour because they have been hurt by someone else. Has anything like that happened to you?’ ‘Do you have any ideas about why this behaviour might have started?’ ‘Has anyone you know ever been sexually abused? How long ago? What happened to the friend? Were they believed? What happened to the person who hurt them? Where do they live now? Do you ever see them?’</p> <p><b>Talking to parents:</b> ‘We know that some kids with sexually harmful behaviour have not experienced sexual abuse. We also know that experiences of sexual abuse can make it more likely for kids to have sexually harmful behaviour. Have you ever been worried that your child was being sexually abused? What made you worried? What did you do? What did you say?’ ‘Do you know of anyone in the community who people think has sexually abused kids? Do they still spend time with your family? Who are they? How often do you see them?’</p>

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Physical discipline is a traumatic experience that may trigger sexually harmful behaviour.</b></p> <p><b>Suggested safe family rule:</b> the children will not be hit or touched on any part of their body as a punishment. If the children need to be disciplined, the parent / supervisor will wait until they have calmed down and will take away privileges (like computer or TV time). The parent will talk to (practitioner / therapist) about other ways to discipline the children (if needed).</p>	<p><b>Talking to the child (with sexually harmful behaviour) and other children in the home:</b></p> <p><b>‘What is the worst trouble you have ever got into with your parents? What did they say or do?’</b></p> <p><b>Talking to parents:</b></p> <p><b>‘Which of your kids generally require more discipline? Tell me about a time when [child with sexually harmful behaviour] did something wrong - what happened? Tell me about a time when [victimised child] did something wrong- what happened?’</b></p> <p><b>‘When the kids are doing something wrong, or out of line, what does the [supervisor / other parent] think should happen?’</b></p> <p><b>‘Does [supervisor / other parent] ever punish the kids or tell them off? How do they do that?’</b></p>
<p><b>Parental disconnection and lack of empathy may cause children to seek comfort from their siblings or other children in the home. This comfort seeking may be a trigger for sexually harmful behaviour.</b></p> <p><b>Suggested safe family rule:</b> [Parent] will notice when [victimised child / child with sexually harmful behaviour] is upset. [Parent] will talk to [victimised child / child with sexually harmful behaviour] about their feelings and will comfort [victimised child / child with sexually harmful behaviour]. [Parent] will check each day to see if the [victimised child / child with sexually harmful behaviour] has moved the safety object and will help them talk about their worries or fears.</p>	<p><b>Talking to the child (with sexually harmful behaviour) and other children in the home:</b></p> <p><b>Use the Bears cards / Bears app:</b></p> <p><b>‘Can you pick a bear that shows me how you feel when you are upset? How do you show [mum / dad / carer] that you are upset? What does [mum / dad / carer] do when you are upset? Are there other people in the house you go to when you are upset? What do they do? What do you wish they would do?’</b></p>
<p><b>Shared sleeping arrangements can be a trigger for sexually harmful behaviour. Sleeping arrangements can change significantly depending on the time of the week / month / year or other family circumstances.</b></p> <p>Shared sleeping can also be a cultural practice for some people. It is important to talk with an Aboriginal practitioner or a multicultural practitioner who shares the same cultural background of the family to understand this practice. However, as it is a known trigger for harmful behaviour it will still need to be addressed.</p> <p><b>Suggested safe family rule:</b> [child with sexually harmful behaviour] will always sleep by themselves or on a mattress next to [parent]’s bed.</p>	<p><b>Talking to the child (with sexually harmful behaviour) and other children in the home:</b></p> <p><b>‘Are there times when you sleep in the same room as [siblings / other children in the home]? What is happening then?’</b></p> <p><b>‘What happens when you are scared at night? Where do you go? What do you do?’</b></p> <p><b>Talking to parents:</b></p> <p><b>‘Where do the kids sleep? What about when family stays over?’</b></p>

## 2 Part two: Responding



### Working with the child (with sexually harmful behaviour), parent and supervisor to understand triggers for the harmful behaviour

continued...

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p>Children who take on responsibility for their siblings may be given particular power and responsibility over the victimised child. This may be a trigger for the harmful behaviour.</p> <p><b>Suggested safe family rule:</b> the only person who can tell the children what to do is [parent / supervisor]. The only person who can punish the children is [parent / supervisor].</p>	<p><b>Talking to children:</b> ‘Do you ever look after [siblings]? How do you look after them? What are [parents] doing when you are looking after them?’</p> <p><b>Talking to parents:</b> ‘What generally happens if you are sick? Who looks after the children? What responsibilities might [each child] have? How does that change when you are well again?’</p> <p>‘Are there times when [child with sexually harmful behaviour] needs to tell the [victimised child] what to do? What happens if [victimised child] doesn’t do what they say?’</p>
<p>Sexually harmful behaviour can be an extension of other types of bullying behaviour. This means that bullying behaviour that is not addressed and moderated may be a trigger for the sexually harmful behaviour.</p> <p><b>Suggested safe family rule:</b> Children will not tease, yell at or hurt other children in this house. Children will not make other children feel scared. If anyone is teased, hurt, yelled at or feels scared they should tell [parent / supervisor].</p>	<p><b>Talking to the child with sexually harmful behaviour:</b> ‘How do you get [victimised child] to do something you want them to do. What happens if they say no?’</p> <p>‘What happens if you get angry with [victimised child]? What do [parents / other children in the house] do?’</p> <p><b>Talking to parents:</b> ‘How do you show [victimised child / other children in the home] that you are annoyed with them? What about your partner?’</p>

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Pornography</b>  <b>Access to pornography is a known risk factor and trigger for sexually harmful behaviour. Indicators of problematic pornography use may include:</b></p> <ul style="list-style-type: none"> <li>■ less interest in human interaction than computer-based interaction</li> <li>■ a tendency to use the internet in private and to block others from seeing the content the child (with sexually harmful behaviour) is viewing</li> <li>■ obsessive deletion of browser history</li> <li>■ comments that show the child (with sexually harmful behaviour) has sexual knowledge that is beyond an age-appropriate level</li> <li>■ obsessive or harmful sexual activity for example: compulsive masturbation</li> <li>■ fetish-like interests of a sexual nature</li> <li>■ obsessive degree of anxiety, frustration or anger when denied access to pornographic websites.</li> </ul> <p><b>Suggested safe family rule:</b>                      pornography should not be seen by any children by accident or on purpose. This includes, legal and illegal pornography in magazines, on the internet or on television. The child (with sexually harmful behaviour) will only be able to use a computer or a device in a room with the parent.</p>	<p>Talking to the child (with sexually harmful behaviour) and other children in the home:</p> <p><b>‘When do you look at the internet?                      What do you like doing on the internet?’</b></p> <p><b>‘Where do you look at the internet?                      Who is there when you are looking at the internet?’</b></p> <p><b>‘Do you have rules about looking at the internet?’</b></p> <p>Talking to parents:</p> <p><b>‘Are there times when your child [child with sexually harmful behaviour] has seen pornography?                      How did they see it?                      Is it something they did alone or with friends?                      Who did they do it with?’</b></p> <p><b>‘Where do the children look at the internet?                      What does [child with sexually harmful behaviour] tend to look at?                      How do you monitor what they are looking at?’</b></p> <p><b>‘Are there times when you try to stop [child with sexually harmful behaviour] looking at the internet?                      What happens?’</b></p>
<p><b>An overtly sexualised environment in the home may trigger sexually harmful behaviour.</b>  <b>Discuss:</b></p> <ul style="list-style-type: none"> <li>■ sexual language in front of the children</li> <li>■ sexual acts that happen in view of the children</li> <li>■ nakedness</li> <li>■ a lack of reasonable privacy (children are able to clean themselves and toilet in private).</li> </ul> <p><b>Suggested safe family rule:</b>                      There is to be no adult nakedness / near nakedness around the children, this includes wearing underwear only. The children will not be naked or nearly naked around each other. The children will only be naked / nearly naked around the parent or the supervisor when they need help with bathing or going to the toilet.</p>	<p><b>‘Have the children ever seen any sexual activity?                      How did they see it?’</b></p> <p><b>‘When are children in the home naked?                      What about adults in the home?’</b></p> <p><b>‘How did your children learn about sex?                      Who taught them? What do they know?’</b></p>

## 2 Part two: Responding



### Implementing supervision (the safe family rules)

The constant line of sight supervision that is recommended for children with harmful behaviour asks a great deal of parents. Parents and supervisors need to be available and willing to monitor the interaction of the child (with sexually harmful behaviour) with any other vulnerable children at all times (both inside and outside the home).

They also need to be aware of warning signs or triggers for the harmful behaviour and implement intervention strategies to stop the abuse occurring. Finally, they also need to be able to maintain a connection to the child (with sexually harmful behaviour), not minimising the harmful behaviours while remaining responsive to the needs of the victimised child. As the child (with sexually harmful behaviour) progresses in therapy and is able to demonstrate some of the key protective behaviours (diagram one, page 30), the level of supervision may change. This will need to be discussed with both children's therapists and any other practitioners involved.

Parents who are able to ask family and community members to assist in supervising the child (with sexually harmful behaviour) are far more able to effectively implement the safe family rules. Having these conversations can be very difficult for parents. Providing practical support by explaining the sexually harmful behaviour and the safe family rules to potential supervisors can be helpful to parents who may struggle to have this conversation without support.



#### In Practice

**There will be times when the parent or supervisor is not able to have direct line of sight supervision of the child (with sexually harmful behaviour).**

You will need to discuss these times with the parent and come up with routines and expectations to cover short breaks (like going to the toilet) and longer breaks (like sleeping).

When having these discussions with parents it is important to remain aware of how difficult constant supervision would be. Check in regularly with the parent to find out how they are coping and what support they need to maintain this difficult role.



#### In Practice

**There are likely to be different people with different levels of supervision and you will need to work with the child and family to decide how much each person needs to know.**

**For example**, a family friend who visits the home with their children while the parent is there may only need to know that '[child with sexually harmful behaviour] has problems with boundaries with other children and needs to be supervised at all times'. A family friend who has the child stay for a sleepover with other children in the home is a primary supervisor and will need to know everything.





## In Practice

**An effective primary supervisor (adult in charge of supervising the child with sexually harmful behaviour) will need to have the following characteristics:**

- Awareness of the history of sexually harmful behaviour by the child.
- Ability to acknowledge the impact of the sexual abuse on the victimised child and hold the child (with sexually harmful behaviour) accountable for the abuse.
- Ability to make sure the child (with sexually harmful behaviour) is not in a situation where they are able to sexually abuse the victim (safe family rules).
- Ability to closely supervise the child (with sexually harmful behaviour) around any other children (safe family rules).
- Ability to identify grooming behaviours and the impact of this behaviour on the victimised child.
- Awareness of court orders that affect the child (with sexually harmful behaviour).
- Ability to notice any change of behaviour or emotional distress in the victimised child and the child (with sexually harmful behaviour).



## 2 Part two: Responding



### Implementing supervision (safe family rules) with the parent and any other supervisors

This table is a summary of key practice considerations.

 **Go to** 

the responding section of the **'Safety planning'** chapter, for detailed information on suggested safe family rules, implementing the safe family rules and reviewing the safe family rules.

PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>It is important to talk to parents / other supervisors about risk factors that may impact on their capacity to supervise the child (with sexually harmful behaviour). This includes mental health issues and substance misuse.</b></p> <p>You will need to continue to revisit these risk factors as you develop a relationship with the parent.</p> <p><b>Note:</b> domestic violence is explored in the table on page 44 of this chapter.</p> <p>Assess the parent / supervisor's capacity to supervise the child (with sexually harmful behaviour).</p> <p><b>Is the supervisor able to demonstrate:</b></p> <ul style="list-style-type: none"> <li>■ that they are not fearful of the child (with sexually harmful behaviour)</li> <li>■ times when they have appropriately disciplined their children when they have broken family rules or done something wrong or harmful</li> <li>■ how they plan to respond to times when the child (with sexually harmful behaviour) breaks a safe family rule?</li> </ul>	<p><b>'How do you cope with stress (or diagnosed mental health issue)? What do you do? What does your partner do when you are having a hard time? What do the kids do?'</b></p> <p><b>'When do you generally like to have a [drink / take your medication]? How does drinking / medication make you feel?'</b></p> <p><b>'When are the times that supervision might be tricky? What might be going on then? Who can you call on during those times?'</b></p> <p><b>'Are there times when you are scared of [child with sexually harmful behaviour]? What is happening during those times? What do you do? What do the other children do?'</b></p> <p><b>'If you were to walk into [child with sexually harmful behaviour's] room and find him watching pornography on his phone, what would you do? What do you think is a good punishment for that type of behaviour?'</b></p> <p><b>'It can be very hurtful when a child breaks the rules, but it can happen. Who could you call on for support if this type of thing happens?'</b></p>



PRACTICE CONSIDERATIONS:	CONVERSATION IDEAS:
<p><b>Assess the parent / supervisor’s ability to implement the safe family rules.</b></p> <p><b>Can the parent:</b></p> <ul style="list-style-type: none"> <li>■ understand the concept of rules</li> <li>■ identify times when they have put rules in place</li> <li>■ describe the daily routine of the child (with sexually harmful behaviour) and other children in the home, and identify times when there is access or opportunity for the harmful behaviours to occur</li> <li>■ describe how the child (with sexually harmful behaviour) will be supervised outside the home (school, sporting activities, sleepovers)</li> <li>■ describe how they will manage times when they are not able to supervise the child (with sexually harmful behaviour) at home. For example, times when they are not in the room with the child (with sexually harmful behaviour) or times when they are asleep</li> <li>■ identify signs that the victimised child is distressed</li> <li>■ identify signs the rules are not being followed?</li> </ul>	<p><b>‘What are some of your family rules? Can you think of any rules that need to be added to keep [victimised child] safe?’</b></p> <p><b>‘Are there times of the day when [child with sexually harmful behaviour] is most likely to be alone with [victimised child]? What do you think needs to happen to make sure [child with sexually harmful behaviour] is not alone with [victimised child] during those times?’</b></p> <p><b>‘When will it be difficult to supervise [child with sexually harmful behaviour]? What can you do to keep [victimised child] safe during those times? What about when you are asleep / in the shower?’</b></p> <p><b>‘What things might you notice that tell you [victimised child] is worried or feeling scared again? What would you do?’</b></p>

## 2 Part two: Responding



### In Practice

IMPORTANT

#### Supervision of children (with sexually harmful behaviour) at school and childcare:

You will need to work with the school or childcare centre to implement supervision rules that address bullying, toileting and nudity and make sure the child (with sexually harmful behaviour) is constantly able to be seen by an adult. You may also need to address other areas depending on the age and circumstances of the child (with sexually harmful behaviour). Wherever possible, you should work with the child and family and come to an agreement about what information needs to be shared. It can be helpful to identify a 'primary supervisor' (see page 49 for characteristics of an effective primary supervisor) who can support the child (with sexually harmful behaviour) and the school to implement supervision (safe family rules). This person will need to know everything about the sexually harmful behaviour.

#### Conversation ideas

**Bullying behaviour.** 'Has (the school) observed the child (with sexually harmful behaviour) bully other children or be bullied by other children? How is this behaviour managed?'

**Supervision in the playground.** 'How are children supervised in the playground? Are there places in the playground that are less visible to teachers? Are children always in the direct line of sight of a teacher?'

**Supervision of toileting.** 'When do children go to the toilet? Are children supervised when they go to the toilet? Do children go to the toilet together?'

Special events where children may be expected to be naked, shower or toilet together, for example, swimming carnivals or school camps. 'Are there some events where children might change clothes in the same room together?'

The school is likely to be looking to you as an expert in how to respond to sexually harmful behaviour. It is important to provide clear messages about the need for social connection and the fact that many children with this behaviour do not continue to harm other children. Make sure everyone is using language that respectfully describes the sexually harmful behaviour and does not stigmatise the child (with sexually harmful behaviour).

 Go to



the **Lachlan and Chris case study** at the end of **this chapter** for some ideas on implementing supervision at school.

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## 2 Part two: Responding



### Supervision of children (with sexually harmful behaviour) in residential care

Much of the guidance about how to supervise the child (with sexually harmful behaviour) in the home can be adapted for the residential care environment. You will need to work closely with the residential care service to understand their house rules and how these rules may need to be adapted to make sure the child (with sexually harmful behaviour) and other children in the placement are safe.

Placement in residential care means that the child (with sexually harmful behaviour) will have multiple supervisors / parental figures. These workers may have different values and experiences of children with sexually harmful behaviour which can impact on their understanding of the behaviour and their beliefs around supervision. It is important that any workers who are responsible for supervision of children in the unit know everything about the sexually harmful behaviour and have access to a practitioner with expertise if they have any questions. Each person should also have the characteristics of an effective primary supervisor (page 49 of this chapter). It is also important that the workers are given information about the child (with sexually harmful behaviour)'s strengths, interests and abilities, and that they are able to support the child (with sexually harmful behaviour) to form relationships with other children and adults in the residential care facility.

#### In Practice



**New Street provides early intervention and prevention programs for young people who have demonstrated sexually harmful behaviours and their families.**

New Street can also provide advice to agencies and professionals about how to respond to sexually harmful behaviour.

Contact the clinical issues team ([clinicalissues@facs.nsw.gov.au](mailto:clinicalissues@facs.nsw.gov.au)) for New Street services in your area.





## In Practice

### Supervision of children in residential care:

#### Is the residential care placement suitable?

- Is the organisation Child Safe?
- Can the child be supervised effectively? Review the guidelines for implementing supervision on page 49 of this chapter.
- Will the placement put other children at risk?
- Will the placement put the child (with sexually harmful behaviour) at risk?
- What are the characteristics of other children in the placement? Are there children who have been victims of sexual abuse? Are there other children who have sexually harmful behaviour?
- Do any children in the placement have behaviours that could be triggering for the child? For example, bullying or sexualised behaviours?

#### How will ongoing communication be managed?

- How will the service be informed of any new information about the child's sexually harmful behaviour?
- How will the service make sure that all new staff members are effective supervisors?
- How will the service be informed of times when the child may need extra support and supervision, for example, difficult therapy sessions, difficult contact sessions, or conflicts at school?
- How will the service keep the therapist and child protection team informed of the progress of the child (with sexually harmful behaviour) in the placement, for example, signs they are distressed, developing friendships, managing their behaviour after contact, or therapy?

#### How will the child maintain positive connections?

- Can the child remain at school / engaged with sporting or community groups while in the placement? If not, are there opportunities for the child to spend time with peers and supportive adults from their community? How can we make sure this contact is safe for the child and others?
- How can the service support positive connections for the child in the placement?
- How will contact with family be managed? Will the child be able to call their parents / siblings / extended family members? How often will contact occur? Where will it occur? Will it be supervised? By whom?

#### What is the reunification plan?

- What do we need to see for the child / parents / siblings for reunification to occur?
- How will we work together to achieve the greatest chance of success in therapy?
- What are the timeframes for reunification?





## Case Study

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**Lachlan (14) and  
Chris's (8) story**

# Lachlan and Chris's story



Lachlan is 14 years old and has been living in residential care for two weeks after his aunt, Karen saw him forcing his penis into the anus of his half brother Chris (eight). Lachlan and Chris live with their mother, Abby and her partner, Andrew.

JIRT has been involved with the family since Lachlan's abuse was discovered. Abby has signed a temporary care agreement and JIRT is working with Chris and Abby to link them with support. JIRT said they will not be proceeding with charges against Lachlan because the family do not want to give evidence in court.

Six years ago, JIRT substantiated that Lachlan was repeatedly sexually abused by his stepfather, Johnny. The abuse started when Lachlan was six and continued for two years. Lachlan told his mum about this abuse shortly after she and Johnny separated. Johnny is recorded as a PCH on the FACS computer system but was not charged with child sex offences at the time because Lachlan and Abby did not want to give evidence in court. Johnny has always denied his abuse and has said that Abby coached Lachlan because she was upset that he left her. Johnny now has supervised contact with Chris at a family contact centre. Lachlan does not have any contact with his biological father or Johnny. Lachlan and Abby received some counselling as a result of his disclosure, but Lachlan stopped attending counselling when he was 11 years old. Lachlan is medicated for anxiety and depression and has been taking his medication since he was placed in residential care.

There are 20 reports of risk of harm for Lachlan and Chris. Five reports were about Lachlan's experience as a victim of sexual abuse, the risk to the children posed by Johnny's violence towards their mother and more recently, Andrew's violence. The reporters stay that Andrew has used verbal violence to control both Abby and the boys and police and the school have reported that Abby and the boys are afraid of Andrew. There are no AVOs currently in place.

## **Good Practice - building connections, a first step:**

Jane is a caseworker at Forester CSC, she is now working with Lachlan and Abby and JIRT under the sibling case coordination procedure.

Jane begins by having a case planning meeting with the JIRT practitioner, Krystal and their managers. Krystal tells her that Chris has provided more information since his initial disclosure. Chris says that the sexual abuse started when he started school (age six) and that Lachlan has also shown him pornography. Chris says he likes Lachlan but that sometimes he is scary and does 'yucky things'. Chris didn't tell anyone about the abuse because he didn't want Lachlan to get in trouble. Chris is also confused and blames himself because when it happened he got 'a hard on'. Chris and Abby are attending counselling with a NSW Health sexual assault counsellor. Lachlan is on the waiting list for New Street and will begin therapeutic work in the next month. Krystal says that JIRT have not had any involvement with Andrew and know little about him apart from information about his violence in the risk of significant harm reports.

Jane meets with Abby. Abby is very distressed. She says that she has not spoken to anyone about what has happened because she feels so ashamed and is worried that everyone will think 'there is something seriously wrong with my kids'.

Abby also tells Jane that she blames herself for not doing anything when she found Lachlan looking at pornography on his phone and masturbating one year ago. Abby says that at the time she talked to Andrew about the pornography and they both decided that it was just 'normal teenage boy stuff'. Abby tells Jane that now she knows that Lachlan showed Chris pornography she does not think it is 'normal boy stuff' any more. Jane asks about how Andrew has responded to finding out about the pornography. Abby tells her that Andrew is 'disgusted by everything Lachlan has done'. Jane says that looking at pornography can be a risk factor for sexually harmful behaviour, especially when it is violent or degrading. Jane and Abby agree that they will need to understand more about Lachlan's pornography use and put parental controls and supervision in place.

Jane asks Abby about how Andrew has been coping with Lachlan's sexually harmful behaviour. Abby says that Andrew has been very angry with Lachlan. Jane asks Abby to describe what happened when Andrew found out about Lachlan's abuse. Abby becomes teary and says that Andrew 'lost control and screamed at me and Lachlan. He told Lachlan he makes him sick and he didn't want to see him again.' Jane asks Abby how Andrew is coping now. Abby says that he 'still doesn't want anything to do with Lachlan, he thinks there is something wrong with him and he will never be 'normal' again.'

Jane tells Abby that she has information that Andrew has yelled at Abby and the kids before. Abby agrees that Andrew 'has trouble with his anger.' Jane asks Abby to tell her what happens when Andrew yells. Abby says that 'it doesn't happen all the time but when it does it can get pretty scary.' Jane asks Abby what she does when Andrew's yelling gets scary. Abby says she shuts herself and the kids in the bedroom and locks the door until Andrew 'gets over himself'. She explains that Andrew gets angry when he is drunk and he generally sleeps it off and is fine in the morning. Jane asks what the kids do when Andrew starts yelling. Abby says that Chris gets upset and cries but that Lachlan has started yelling back at Andrew through the door and tells him to 'shut up and piss off.' Jane asks Abby what Andrew does when Lachlan yells back at him. Abby says 'he calls him names and yells some more then he gives up eventually.' Jane asks Abby how often the yelling happens.

Abby says that it happens around once a week and that Andrew is not nearly as bad as Johnny because he has 'never laid a finger on any of us'. Abby then describes three years of physical and emotional violence that Johnny inflicted on her and the boys. Jane asks Abby what has kept her going during the years of being hurt by Johnny and scared by Andrew.

Abby says 'those boys are everything to me and I have always tried to keep them safe.' Jane comments on the way that Abby has worked hard to keep the boys safe by locking them in the room and agrees that Johnny's violence and Andrew's yelling sound very scary. Jane also says that 'I am amazed that you are still wanting to do the hard work of protecting your boys after everything you have been through.' Jane explains that sexually harmful behaviour can happen more in families where this kind of violence and yelling happens. She also explains that she will need to understand much more about Andrew's behaviour before she can work out if it is safe for Lachlan to come home. Abby agrees and gives Jane Andrew's mobile number.

Jane asks Abby to tell her about how she has tried to keep the kids safe from sexual abuse. Abby says she had put loads of rules in place since Johnny abused Lachlan. She tells Jane that the kids must always leave their doors open and that they are always private in the shower and toilet. Abby says the rules now seem 'useless, because of what has happened with Chris.' Jane says 'these rules are really important- they show how much you have thought about keeping the kids safe and they are a good stepping stone for more work.' She explains that there will be a team of people (Jane, her manager, JIRT, therapists) who will work with Abby, Andrew, Chris and Lachlan and put some more rules in place to keep both kids safe, before deciding if Lachlan can come home.

# Lachlan and Chris's story



Abby tells Jane that she changes from being angry with Lachlan for hurting Chris, especially when 'Lachlan knows how much what Johnny did to him fucked him up', and feeling worried about Lachlan and wanting to bring him home. Jane explains that those feelings are really normal and emphasises that she and Abby share the same goal - for both boys to be safe from harm. Jane tells Abby that most young people with sexually harmful behaviour don't become sex offenders as adults and that with help they can learn new ways of managing the behaviour. Jane says the two most important things that Abby can do right now are 'to believe that the abuse happened and to love and support both Chris and Lachlan'. She also says that these two important things can be very hard to do. Abby says that she would like to see more of Lachlan and Jane agrees to talk about that with Lachlan and start to organise things today. She tells Abby that many parents find it easier to manage when they have support. Abby and Jane agree that Abby will start to see her own counsellor. They also agree that Jane and Abby will meet with Abby's mother and sister and that Jane will explain Lachlan's behaviour to them so that they can offer her some support.

Jane meets with Lachlan at a park near the residential care unit. Lachlan is in year nine at Forester High School. He has remained enrolled there since moving to residential care but has not attended school. Jane asks him why he thinks he is not living at home at the moment. Lachlan says he is 'a shitty person and I need to be punished'. Jane says 'you have hurt Chris but I don't think you are a shitty person.' She explains that sometimes kids who have been sexually abused can find it hard to control their sexual behaviour. Jane also tells Lachlan that most kids with harmful behaviour can stop doing it with help from counsellors. She explains that everyone wants Lachlan to go home but that they have to make sure he doesn't hurt Chris again before that can happen. Jane also explains that she has to make sure Lachlan is safe at home also. Jane asks Lachlan what he thinks it would be like to go home at the moment. Lachlan tells her that 'Andrew hates me. He thinks I am a freak and he doesn't want to see me again.' Jane asks Lachlan what Andrew's words feel like and he tells her 'I hate him too, he is an angry prick, he is always screaming at us all.' Jane tells Lachlan that she will be talking to Andrew about his behaviour, because screaming is not okay. Jane asks Lachlan to tell her about his mum. Lachlan says 'Mum tries hard but she is always stressed. I am sick of seeing that prick making her sad.' Jane says 'it can be really hard to see your mum sad and stressed, what do you think would help?' Lachlan shrugs and Jane tells him that she will be giving his mum a hand while things are really tough. Jane asks Lachlan when he would like to see his mum again and Lachlan says 'whenever she wants to see me'.

Jane tells Lachlan that his mum wants to see him as much as possible. Jane and Lachlan call Abby on her mobile and organise for Abby and Lachlan to have dinner together that night.

Jane also explains that she does not want Lachlan to be punished and that it is important for kids who have sexually harmful behaviour to see people they care about and do things they like doing. Jane explains that she will need to talk to people about his behaviour and she would like to use words that Lachlan is comfortable with. Together, they decide to use the term sexually harmful behaviour.

Jane explains that the best way for Lachlan to learn to control his behaviour is for him to get some help from New Street. She tells him about the local New Street service and says she has met the therapists there and they are really great and love working with young people. Jane says the best part about working with young people like Lachlan is that they can change their behaviour so that they don't sexually harm any other kids. Lachlan tells Jane he loves Chris and doesn't want to 'do those things' to him any more.

Jane asks Lachlan to tell her about the things he likes doing best. He tells Jane that he has one close friend, Adam and they play computer games together, both face to face and online. Jane asks Lachlan if he and Adam look at porn online. Lachlan says they have done but not anymore because Adam's parents found out and he couldn't play games for a week. Jane asks what Adam knows about why Lachlan is in residential care. Lachlan says he told Adam that 'he has run away'. Lachlan tells Jane that he really wants to see Adam like he did at home.

Jane and Lachlan agree that this should happen and that Adam and his parents will need to know about his sexually harmful behaviour.

Lachlan tells Jane he also likes coding classes with Mark, his maths teacher on a Tuesday afternoon. Lachlan says that Mark has told him he could work for Google one day and he is even organising a trip to the Google office next term. Jane tells Lachlan that she thinks it's really important for him to go back to school but that the only way it can happen is for the school to be told about his sexually harmful behaviour. Jane suggests that Mark could be a good person to watch out for Lachlan at school. Lachlan agrees that Mark and the Principal will need to be told about the behaviour but that he doesn't want everyone at the school to know. He and Jane agree that they will tell Mark and the Principal that 'Lachlan has sexually harmed his little brother and that FACS believes he is a risk to other children, particularly younger children.' Jane also promises to tell Mark that Lachlan is getting help so that he doesn't hurt children again and that most kids with this kind of behaviour recover and never behave this way again. Jane acknowledges how hard it must be for Lachlan to tell people about his harmful behaviour and reinforces that Lachlan will get help so that he can manage his behaviour.

### Where to from here?

Jane has begun to break down some of the stigma associated with sexually harmful behaviour and make important connections for Lachlan and for Abby. Importantly, she has given them all some hope that should help their motivation to stick to the plan.

Jane will need to understand Andrew's verbal violence and his relationship with Abby, Chris and Lachlan in more detail before a decision about reunification can be made. She will also need to work closely with both therapists to understand the individual needs of Lachlan and Chris. This work will help Jane to develop a strong relationship with Lachlan, Abby and Andrew, and to understand their daily life and the triggers for Lachlan's sexually harmful behaviour. At this stage, it is not clear when, or even if, Lachlan can safely return home. Jane will also need to talk to other family members including Lachlan's biological father to see if they have capacity to care for him or be involved in his life in other ways. However, it is clear that Jane is building important connections for Lachlan that will help to keep him safe and reduce the risk of him continuing to have sexually harmful behaviour.





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