**Murky Waters: Sexual abuse and harmful sexual behaviours displayed by children and young people**

**Developmentally Expected Sexual Behaviour**
A behavior that is in keeping with the child or young person’s physical, cognitive, emotional and social development. This is a process that continues over the course of childhood and is influenced by biological, psychological, social and environmental factors, e.g. gender, developmental stage, individual temperament, parental attitudes, and the cultural context in which the child is raised.

**Harmful Sexual Behaviour**
Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards themselves, or be abusive towards another child, young person or adult.

**Problematic Sexual Behaviours**
Sexual behaviours that do not include overt victimisation of others but are developmentally disruptive and can cause distress, rejection or increase victimisation of the child displaying the behaviour.

**Abusive Sexual Behaviours**
Sexual behaviours that involve an element of coercion or manipulation and a power imbalance that means the victim cannot give informed consent, and where the behaviour has potential to cause physical or emotional harm. Power imbalance may be due to age, intellectual ability, race or physical strength.

**Reactive Sexual Behaviours**
Sexual behaviours in children which appear to be trauma-related, originating from sexual abuse the child has experienced directly or indirectly. Children may re-enact the sexual abuse they experienced or become hyper-sexualised; however, any harm to others is not intentional. Can occur in both Problematic and Abusive Sexual Behaviours.

**MODELS OF UNDERSTANDING HARMFUL SEXUAL BEHAVIOURS**
When trying to understand and explain what the causes of Harmful Sexual Behaviours may be, there are several theoretical perspectives that need to be taken into consideration.

- **Learning Theory** (Modelling and observation)
- **Trauma theory** (Considers the child displaying behaviours in the light of their history of abuse and neglect)
- **Social Constructivist Theory** (Looks at gender roles and prevalence of young offenders)
- **Developmental Theory** (Considerations of normal child development; Biological factors)
- **Family Systems Theory** (Locates behaviour within the family dynamics)

**IMPACTS**

- **Individual**
- **Carer/s**
- **System**
- **Those 'harmed'**

The context of the individual (developmental and social) needs to also carefully be understood and taken into account. Not doing so can severely limit assessment and intervention.

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Children and Young people who engage in harmful sexual behaviour are likely to experience multiple challenges and, as such, they will require an integrated service response that is attuned to their particular needs. Given this intervention needs to be guided by an individual and systemic comprehensive assessment that is developed in discussion with the treating multi-disciplinary team and key stakeholders.

1. Things to keep in mind and question:
   - What are the impacts for the individual, carer/s, system, and those ‘harmed’?
   - Impact of trauma history on sexual development and identity?
   - Developmental stages (including cognitive, speech and language and psychosexual development)?
   - Functional capacity?
   - Mental health presentation (e.g. dissociation/PTSD)?
   - Ecological/system relationships, challenges, and capacity?
   - The context in which the child/young person is situated?
   - Dynamics of sexual play vs harmful sexual behaviour? and
   - What is the impact of my personal values and beliefs?

2. Dynamics of Sexual Play vs. Harmful Sexual Behaviours

   Need to take into consideration age difference, developmental difference, size difference, status difference of those involved. Behavioural indicators to also consider include:
   - how/where it takes place
   - how persistent is it
   - how does it progress
   - distinguished characteristics
   - sexual fantasy

3. Using a ‘needs’ led approach to gain a deeper understanding

<table>
<thead>
<tr>
<th>Describe the problem behaviour</th>
<th>Identify the need</th>
<th>Consider alternative ways to meet the need</th>
</tr>
</thead>
<tbody>
<tr>
<td>What behaviour? (Be specific)</td>
<td>Where, when and with who?</td>
<td>Why now? (Triggering events)</td>
</tr>
<tr>
<td>What need is being met by behaviour?</td>
<td>What solutions is the child trying to seek by acting this way?</td>
<td></td>
</tr>
<tr>
<td>What has already been tried?</td>
<td>What resources does the child/family already have?</td>
<td>What is within my scope to change / add / advocate for?</td>
</tr>
</tbody>
</table>

Adapted from Jackie Bateman

4. What needs to occur for a change to happen?

   This includes, for instance:
   - What is the intervention, safety, risks and supervision plans across the individual, dyadic (carer) and systemic levels? Clear and collaborative goals.
   - Collaborative understanding of everyone’s role and responsibilities within these plans.
   - Clear collaborative communication processes across the stakeholder and care team.

5. What resources do we have access to that will help change to occur?

   This includes, for instance:
   - Individual and dyadic therapeutic sessions (frequency, duration and location)
   - Carer and stakeholder support and professional development
   - What additional resources will need to be put into place/secured supervision?

6. After we intervene how do we know ‘intervention’ worked?

   Having realistic goals and clear understanding of when intervention has been successful is important. What are the measures of success, risk reduction and future risk mitigation.

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Please be prepared for ‘shame’ in the dyadic and systemic system as much as in the individual.

Potential Individual Intervention Points

- Trauma Symptoms (including dissociation)
- Emotional identification and regulation
- Modifying maladaptive coping strategies
- Develop / enhance pro-social skills, including,
  - Problem solving
  - Planning
  - Interpersonal communication
  - Emotional expression and regulation
  - Impulse control
  - Making and maintaining friendships
  - Conflict resolution
  - Perspective taking (related to empathy development)
- Promoting health sexual development
- Provision of age and developmentally appropriate information pertaining to sexuality, sexual behaviour, sexual development etc
- Enhancing Self-esteem / Self concept
- Enhancing / exploring self-identity
- Enhancing Social functioning
- Enhancing Coping/Functioning
- Stabilising / enhancing protective factors, e.g., academic achievements, social connectedness
- Increasing / enhancing perception of own sense of mastery and control
- Addressing mental health functioning, e.g., Anxiety & Depressive symptoms
- Increasing and enhancing sense of personal and environmental safety
- Building on personal strengths and resilience.

Potential Dyadic Intervention Points

- Building attachment and attunement
- Address environmental and relationship boundary issues, e.g., house rules
- Acknowledge family trauma story/ies – not always related to the child / young person presenting for intervention
- Improve adult/carer relationships – dyadic and systemic
- Consideration to be provided to biological and other children residing in placement

The role of the carer and the quality of the carer-child/young person relationship is foundational for effective outcomes. However, progression of dyadic intervention can be limited / counter-productive for a number of reasons. Being aware of what these barriers are is critical and need to be identified and addressed in a sensitive, supportive and collaborative manner.

Potential Systemic Intervention Points

- Increase and enhance support network
- Increasing sense of safety
- Collaborative safety planning – to be reviewed and modified regularly
- Clear communication pathways
- Increase individual carer support to manage impact of hearing the child’s history / story
- Psychoeducation – trauma, sexual abuse, developmental expected sexual behaviours, self-care, transference and counter-transference etc
- Being open about the impact upon the system and potential for becoming trauma organised / system freeze.

TREATMENT + SUPERVISION = INTERVENTION

![Diagram with Systemic, Carer, Dyadic, Young Person, and Safety]

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