

# Talking About It



**A shared approach to preventing  
problematic and harmful sexual behaviours  
by children and young people**

# Acknowledgements

---

NSW Government recognises Aboriginal people as the First Peoples of Australia and the Traditional Custodians of the lands and waterways where we live and work. We pay our respects to Aboriginal Elders past, present and emerging, and acknowledge that Aboriginal people are part of the oldest surviving culture in the world. We value Aboriginal people's history, culture, knowledge and deep connection to Country, and the many ways that this enriches the lives of all our communities.

The NSW Government would like to thank the many individuals and organisations that have shared their time, expertise and experiences in developing *Talking About It – A shared approach to preventing problematic and harmful sexual behaviours by children and young people*.

We would particularly like to acknowledge:

- The children, young people and families who shared their experiences of PHSB and insights on respectful and caring relationships and what is important.
- Members of the NSW Government problematic and harmful sexual behaviours interagency governance groups who provided expert advice and oversaw the development of this work. This includes the PHSB Steering Committee, the Early Intervention Advisory Group, the Specialist/Tertiary Therapeutic Advisory Group, the Legislative and the Policy Review Development Group.
- Members of other advisory groups across NSW including the Prevention and Response to Violence, Abuse and Neglect (PARVAN) Aboriginal Advisory Group, the NSW Stolen Generations Organisations, the NSW Health Aboriginal Communities Matter Advisory Group and NSW Health Aboriginal Expert Group.
- The many practitioners, experts, services and community organisations who provided their insights and expertise.

These contributions mean Talking About It builds on the many strengths and good work underway in NSW and will deliver change in the areas where its most needed.



# Statement of commitment to Aboriginal children, young people, families and communities

NSW Government recognises Aboriginal people as the First Peoples of Australia and the Traditional Custodians of the lands and waterways where we live and work. We pay our respects to Aboriginal Elders past, present and emerging and acknowledge that Aboriginal people are part of the oldest surviving culture in the world. We value Aboriginal people's history, culture, knowledges and deep connection to Country and the many ways that this enriches the life of all our communities.

More Aboriginal people live in NSW than any other state or territory in Australia. Improving the health and wellbeing of Aboriginal communities is a key focus for the NSW Government.

In July 2020, the NSW Premier signed the new National Agreement on Closing the Gap on behalf of the state. The National Agreement is underpinned by the belief that when Aboriginal people have a genuine say in the design and delivery of services that affect them, better outcomes are achieved. It commits governments to doing things differently – to working in partnership and sharing decision making with Aboriginal organisations and communities in the development, implementation, monitoring and evaluation of policies and programs to improve life outcomes for all Aboriginal and Torres Strait Islander people.

NSW Government recognises that the consequences of colonisation and subsequent inequalities in social determinants of health and wellbeing, including access to education, employment and housing, have had a devastating impact on Australia's First Peoples for over 200 years. The NSW Government also recognises the spirit, strength and cultural identity of Aboriginal families and communities, which has continued despite the impacts of colonisation.

The health and wellbeing disparities between Aboriginal and non-Aboriginal people and the significant over-representation of Aboriginal



children and young people in the statutory child protection and criminal justice systems, must be understood and responded to with recognition of the impacts of colonisation, systemic disadvantage, forced removal of children, land dispossession, racism and discrimination, and the intergenerational trauma that these factors contribute to. This does not suggest that all Aboriginal children and young people would be represented within these systems but acknowledges that the over-representation of Aboriginal children and young people cannot be ignored and must be understood.

Aboriginal children and young people, like non-Aboriginal children, are vulnerable to the impacts of trauma, through direct experiences of violence, abuse and neglect and exposure to family violence or abuse. Adverse childhood experiences including violence, abuse, disadvantage and experiences of racism and discrimination, can increase risk of displaying or engaging in problematic or harmful sexual behaviours, as well as increasing risk of experiencing sexual assault, domestic and family violence and child abuse and neglect. As a result, Aboriginal children and young people are overrepresented in the population of children and young people who have engaged in problematic and harmful sexual behaviours.

The first NSW Closing the Gap Implementation Plan articulates the importance of this Framework for preventing and responding to

---

INYADOT ART featured in this document was created by Indigenous artist Jake Simon, proud Worimi-Biripi man living on Gadigal lands.

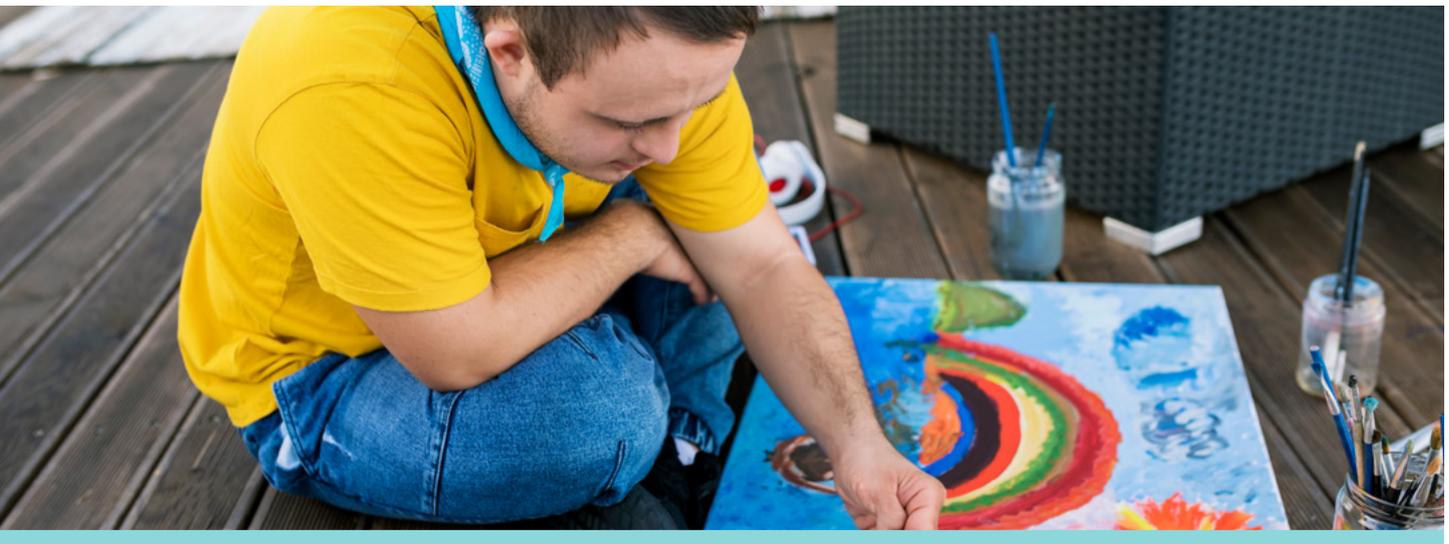
Artwork by Inyadot Art. Inyadot Art was engaged by Ministry of Health to translate the internal values and visions centred on children, young people and families and sets the priorities for how we, as a community, can support all children and young people in NSW to experience caring and respectful relationships and live healthy and safe lives.

children and young people with problematic and harmful sexual behaviours and a commitment to ensuring the needs of Aboriginal children, families and communities are at the forefront of implementation initiatives that aim to improve outcomes for Aboriginal people in NSW.

Although the effects of childhood trauma can be severe and long-lasting, NSW Government recognises that recovery can be mediated by initiatives and programs that nurture the spirit and cultural identity of Aboriginal families and communities. Genuine appreciation and understanding of the impact of power dynamics, the importance of Aboriginal worldviews, and the limitations of Western approaches in the assessment and treatment of trauma is central to demonstrating respect for the lived experiences of Aboriginal people.

NSW Government is committed to supporting the ongoing efforts of Aboriginal people and communities to reduce the impact of the social determinants of health, as well as the effects of individual and collective trauma legacies, to improve the health and wellbeing of Aboriginal families and communities in NSW. We are also committed to building the capacity of mainstream services to support Aboriginal children and families impacted by problematic and harmful sexual behaviours.





# Contents

<b>Introduction</b> .....	<b>1</b>
Talking About It: a shared approach to preventing PHSB by children and young people .....	1
The purpose of this Prevention Action Strategy.....	1
Children First outlines how we will work together to prevent, identify and respond to PHSB.....	1
We will ensure continuity and alignment to other strategies and priorities.....	5
<b>1. Talking about sexual development and respectful relationships matters</b> .....	<b>7</b>
Using the right language is important.....	8
<b>2. A greater focus on preventing PHSB will reduce harm to children, young people and families</b> .....	<b>12</b>
PHSB by children and young people is not uncommon.....	13
PHSB has significant impacts.....	13
Addressing contributing factors can prevent PHSB.....	14
<b>3. Building capacity for whole-of-community prevention of PHSB</b> .....	<b>17</b>
We will build on existing prevention commitments and initiatives.....	18
Everyone has a role to play in preventing PHSB.....	19
We are guided by the evidence for what works to prevent PHSB and will build on existing strengths and efforts.....	22
DOMAIN 1 Reaching everyone with education and information.....	23
DOMAIN 2 Targeting prevention where it’s most needed.....	28
<b>Appendices</b> .....	<b>34</b>
A - Description of supporting documents and projects.....	35
B - Glossary and acronyms.....	36
C - References and notes.....	38

*Talking About It* is a companion document to Children First and the Implementation Plan, with a focus on the opportunities to strengthen prevention in NSW. Preventing PHSB from occurring is the most effective way to reduce the long-lasting associated harms to children, young people, parents, families and the broader community.

Talking About It responds to the Royal Commission into Institutional Responses to Child Sexual Abuse that found “there has been a lack of understanding of children’s harmful sexual behaviours in the general community and within institutions”.

Talking About It links to and supports other documents that contribute to achieving the vision and changes outlined in Children First. The documents supporting the implementation of this program of work are described in further detail in Appendix C.

Figure 1 Documents that contribute to the vision and outcomes of Children First



# Introduction

## Talking About It: A shared approach to preventing PHSB by children and young people

Problematic and harmful sexual behaviours (PHSB) by children and young people can be prevented. We know what the risk factors for children and young people developing PHSB are, and we can put strategies in place to address these building on the known protective factors.

Too often we avoid important conversations about sensitive topics like our children's sexual development and behaviour, but our children and young people are calling to us to take action, to remove the stigma and support their safety and wellbeing.

## The purpose of this Prevention Action Strategy

This Prevention Action Strategy is an accompanying document to Children First: Our shared framework for preventing and responding to problematic and harmful sexual behaviours by children and young people (Children First). This document provides the evidence for why and how we need to act to prevent children and young people presenting with, and being harmed by, PHSB. It responds to the Royal Commission recommendation that we implement primary prevention strategies to “educate family, community members, carers and professionals (including mandatory reporters) about preventing harmful sexual behaviours” (rec 10.1).

Talking About It should be used by all who support and work directly with children and young people, their parents, families and communities to inform policy, practice and organisational level change. This document can be used to align your organisation's prevention activities, efforts and investment over the coming years.

## Children First outlines how we will work together to prevent, identify and respond to PHSB

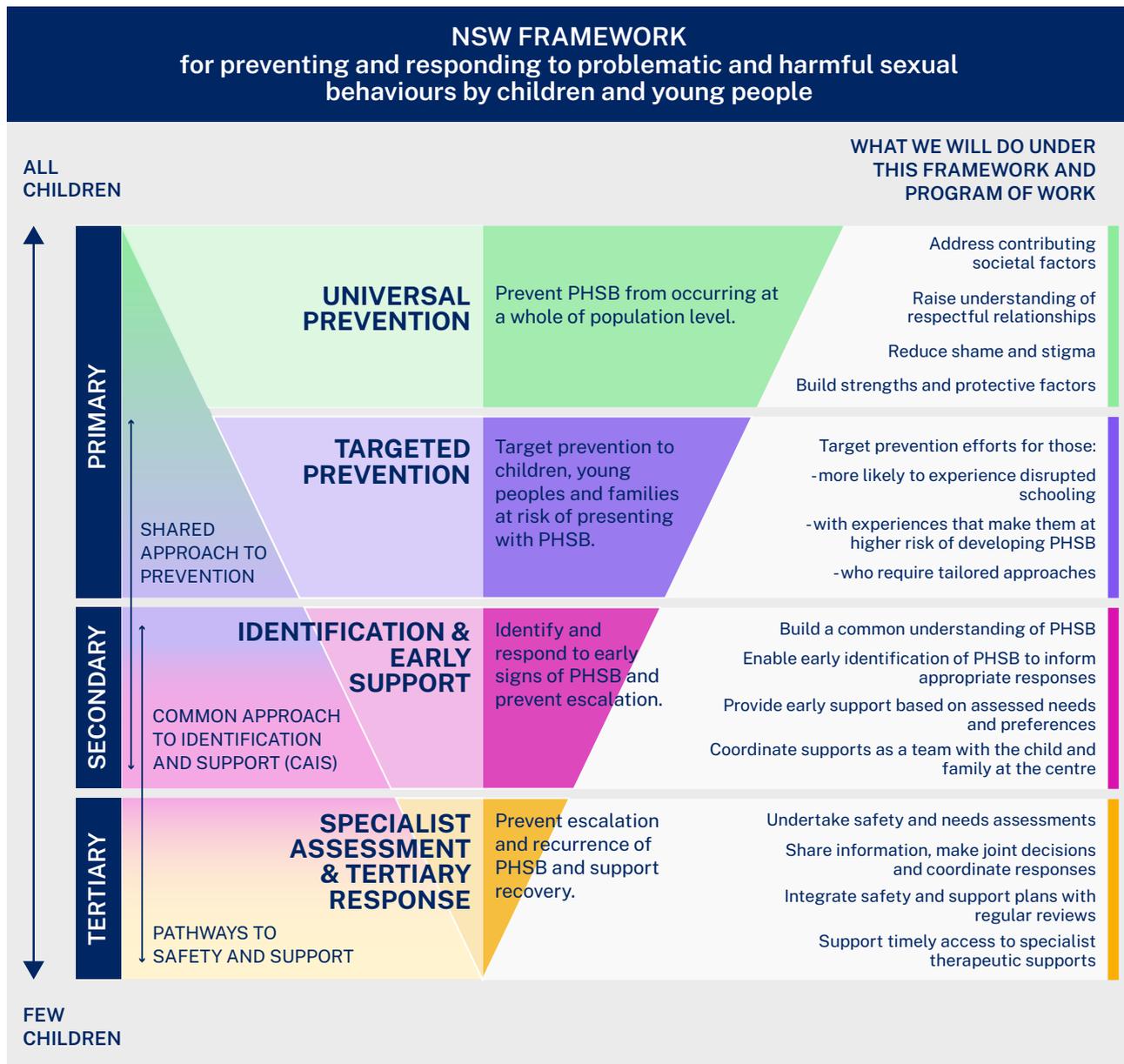
Children First sets out a program of work to improve how the government, service sector and communities of NSW address PHSB. This includes how we can work together to prevent PHSB from occurring, and support the children and young people who have displayed, and been affected by PHSB.

The program of work responds to the findings and recommendations of the 2017 Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission), which found that “children with harmful sexual behaviours harming other children is a kind of abuse that has occurred across all levels of society and in many different settings, in historical and contemporary times.”<sup>1</sup>

The Royal Commission recommended all Australian governments develop a framework based on a public health approach to prevent, identify and respond to PHSB. Children First sets the vision and priorities for how we, the NSW community, can support all children and young people to experience respectful and caring relationships, and live healthy and safe lives.

Children First adopts a public health approach. It focuses on preventing PHSB from occurring and structures the system to deliver early and effective responses that address the needs of children, young people and families in a holistic way.

Figure 2 Talking About It focuses on the primary prevention domains of a public health approach



**Universal prevention** targets the whole community to reduce the likelihood of children and young people displaying PHSB. Universal prevention seeks to address the factors that contribute to PHSB, improve everyone’s awareness and understanding of respectful relationships, safe sexual behaviours and PHSB to reduce stigma, and to strengthen protective factors.

**Targeted prevention** aims to reduce risk factors and strengthen protective factors for children and young people who may be at higher risk of developing PHSB, their families and communities. Those who may experience additional barriers to access, are affected by multiple forms of disadvantage, have specific needs or may be at higher risk of displaying PHSB due to past or lived experiences. It is distinct from identification and early support, in that children and young people for targeted prevention have not yet displayed any PHSB.

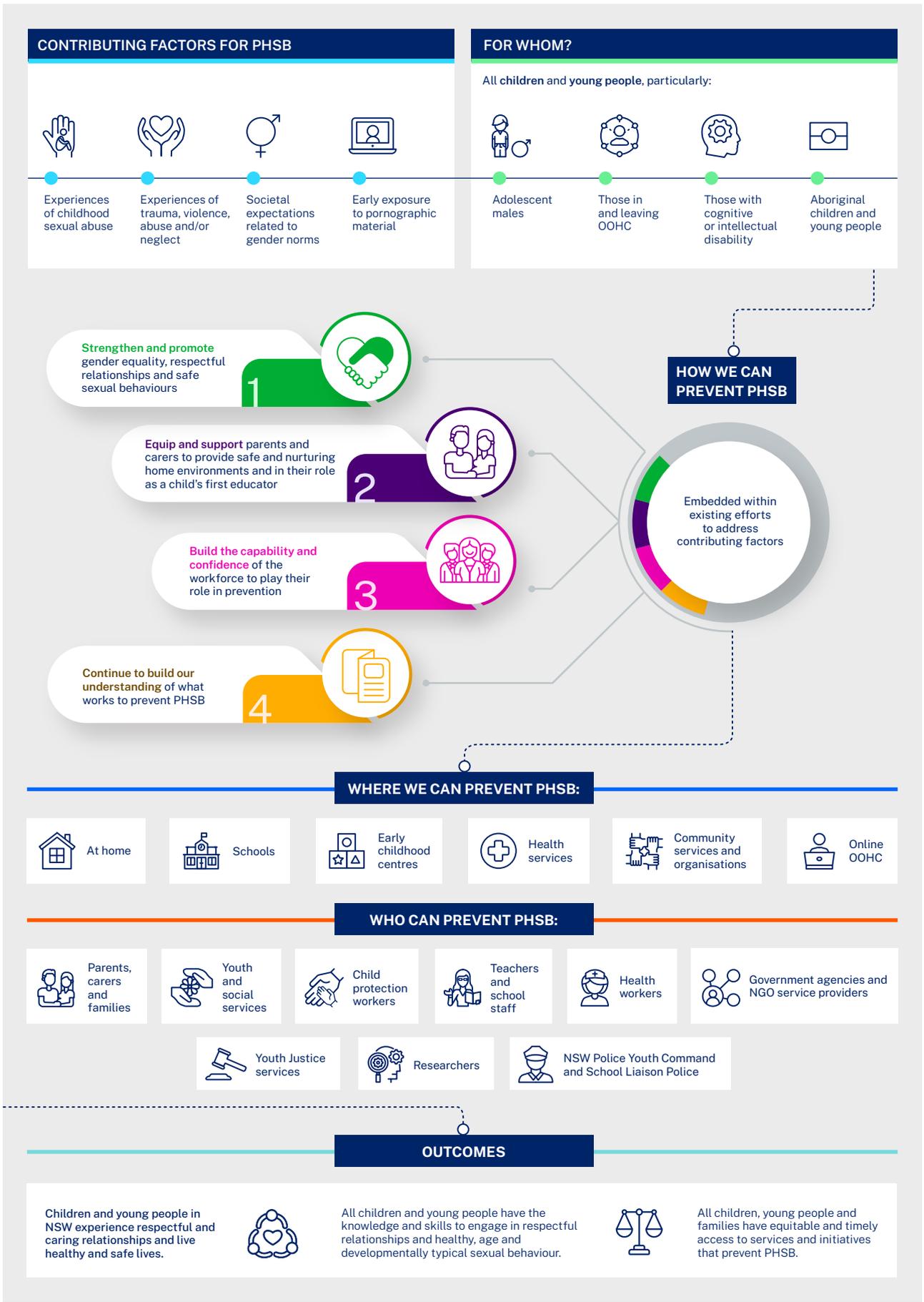
Prevention of PHSB is possible when we take a whole-of-government, whole-of-community approach to addressing the attitudes, behaviours, practices and power dynamics that contribute to gendered violence, including sexual violence.

Effective prevention requires targeted efforts to bring about change not just individually, but through addressing the factors that contribute to PHSB within communities, organisations, and our society.

Figure 3 outlines our approach to the coordinated, consistent delivery of evidence-informed prevention of PHSB for different groups and in a variety of settings across NSW. We all have a role to play so all children and young people experience respectful and caring relationships, and live healthy and safe lives. The approach outlined in this document guides individuals, services and organisations across government and non-government sectors to strengthen their efforts to prevent PHSB.



Figure 3 Talking About It at a glance



## We will ensure continuity and alignment to other strategies and priorities

A coordinated approach to preventing PHSB involves a whole-of-government and whole-of-community commitment, reflected in shared policies and strategies. This program of work aligns to the broader NSW Government strategic context and directions, and commitments made by NSW government agencies.

### Premier's Priorities

The Premier's Priorities represent the NSW Government's commitment to making a significant difference to complex policy areas. The key Premier's Priorities that this program of work aligns with are outlined in Figure 4.

Figure 4 Alignment to Premier's Priorities<sup>2</sup>

ALIGNMENT TO PREMIER'S PRIORITIES	
	Increasing the number of Aboriginal young people reaching their learning potential
	Protecting our most vulnerable children
	Increasing permanency for children in OOHC
	Reducing domestic violence reoffending
	Reducing homelessness
	Towards zero suicides
	Government made easy

## Closing the Gap

The objective of the National Agreement on Closing the Gap is to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people and achieve life outcomes equal to all Australians.

In response to the National Agreement, the NSW Government developed the NSW Implementation Plan. The Plan sets out the Government's roadmap around priority areas outlined in the National Agreement, including the commitment to the program of work.

There are three key outcomes in the National Agreement, relevant to PHSB.

### Closing the Gap - Targets and Outcomes

The National Agreement on Closing the Gap (the National Agreement) has 17 national socio-economic targets across areas that have an impact on life outcomes for Aboriginal and Torres Strait Islander people. Specifically, the program of work aligns to:



**Outcome 11:** Aboriginal and Torres Strait Islander young people are not over-represented in the criminal justice system.



**Outcome 12:** Aboriginal and Torres Strait Islander children are not over-represented in the child protection system.



**Outcome 13:** Aboriginal and Torres Strait Islander families and households are safe.





## NSW Human Services Outcomes Framework

The cross-government NSW Human Services Outcomes Framework sets out the population outcomes the NSW Government seeks to achieve in the delivery of human services. This document aligns to key areas within the Outcomes Framework (see Figure 5).

The Framework provides a more detailed overview of the broader NSW Government strategic context, the directions and commitments made by NSW Government agencies as well as other national initiatives. Strategies and policies specific to the prevention of violence against women, children and young people are described in Figure 12.

Figure 5 Alignment to NSW Human Services Outcomes Framework<sup>3</sup>





# 1. Talking about sexual development and respectful relationships matters

Sexual development and behaviours can be a sensitive topic, especially when it involves talking about the sexual development of children. Sexual behaviours are often taboo topics, and sexually problematic and harmful behaviours are even less well understood. Building a better understanding and talking about sexual and developmentally typical behaviours is an important first step in preventing sexual behaviours that put children at risk or cause harm to other children.



## Using the right language is important

Having a common understanding and language about sexual behaviours will support children, young people, families, communities and even some professionals to talk about it. It will:

- minimise the stigma and shame
- ensure our responses to behaviours are proportionate
- allow us to better support children and young people who have displayed and been affected by PHSB.

It is important to remember that a child or young person's sexual knowledge, beliefs and behaviours stem from, and are in response to, a range of contextual factors. Where behaviours are problematic or harmful, a child or young person can be supported to cease those behaviours. It is important that we avoid terms or approaches that may negatively impact a child or young person's view of themselves or have long-term impacts on their self-esteem. The language we use should also occur with consideration for the broader developmental and wellbeing needs and

Figure 6 Why language matters<sup>5</sup>



context of children and young people, rather than through a criminal lens.<sup>4</sup>

Using accurate, strengths-based language can build positive behaviours, attitudes and beliefs around respectful sexual relationships and safe sexual behaviours. Figure 6 summarises the appropriate use of language.

## Accurate and contextualised language is important

Children and young people who have displayed PHSB and adult victims and survivors of sexual harm and abuse are not homogenous groups. In NSW, children under the age of 10 years are differentiated as a group from those aged over 10 years.<sup>6</sup> This is related both to the current age of criminal responsibility (10 years old in NSW) and the related justice responses but also to developmental considerations that must be applied in broader service contexts, to ensure they are targeted, appropriate, and proportionate.

While the terms ‘victim’, ‘survivor’ and/or ‘victim-survivor’ are often used to describe adults who have experienced sexual assault (as a child, young person or in adulthood), it is preferable to use neutral terms, such as ‘affected by’ for children harmed by other children. This does not seek to minimise the seriousness of the behaviours and their impacts, but rather acknowledges that each child’s experience and context is different. Additionally, their relationship to the person causing the harm can impact their experience and understanding.

Children and young people over 10 years of age who have been harmed by the sexual behaviour of another child/young person may be able to identify a preference for language. Terms such as ‘victim’ or ‘survivor’ can have many associations which not everyone will relate to. For example, the severity and impacts of the abuse, the context in which it occurred, the age of the child harmed or having caused harm and the relationship between them. It is always best to test this language with the child or young person and gauge their preference.

Young people who have engaged in harmful sexual behaviour often have experiences of adversity and trauma including family violence, neglect and sexual abuse. It is important to consider what might be happening “in the moment” for the child or young person and trauma sensitive language should be used in all prevention work:

- trauma is expressed through behaviours not language and can mask fear or shame
- stress responses such as “flight”, “fight” “freeze” and “fawn” can resemble anti-social behaviours

- negative language blames children for their trauma, is internalised by children and leads to negative labels.<sup>9</sup>

### Other considerations for the language we use:

#### Evidence informed and proportionate to seriousness and context

- Language should be proportionate to the behaviour, the context it occurs in and its place on the continuum of sexual behaviours. Individual factors such as age or disability should also be considered.
- Language should be guided by evidence informed screening and assessment, rather than an adult’s emotive response.
- Sexual behaviour occurs on a continuum from developmentally typical to problematic and harmful.
- Referring to this continuum will promote a proportionate response i.e. avoid minimising a potentially serious situation and prevent unnecessary escalation when behaviours and context indicate it is not needed.

#### Flexible to reflect diverse backgrounds

Language should be tailored to culturally, religiously and linguistically diverse communities and experiences. For example:

- Sexual behaviour discussions should use terms such as ‘developmentally typical’ rather than ‘normal’ or ‘appropriate’ to align with cultural or religious contexts.
- Culture and religion can impact the level of comfort in discussing PHSB and identify the most appropriate person in the family or community to speak with, which should include consideration of gender and consultation on who is most appropriate to have the conversation.
- Linguistic background may influence word choices when discussing the behaviours.
- Using ‘carer’ rather than ‘parent’ may better reflect non-nuclear family contexts.



Understanding developmentally typical sexual development and behaviour compared to behaviours that are problematic and harmful enables parents, carers and professionals to:

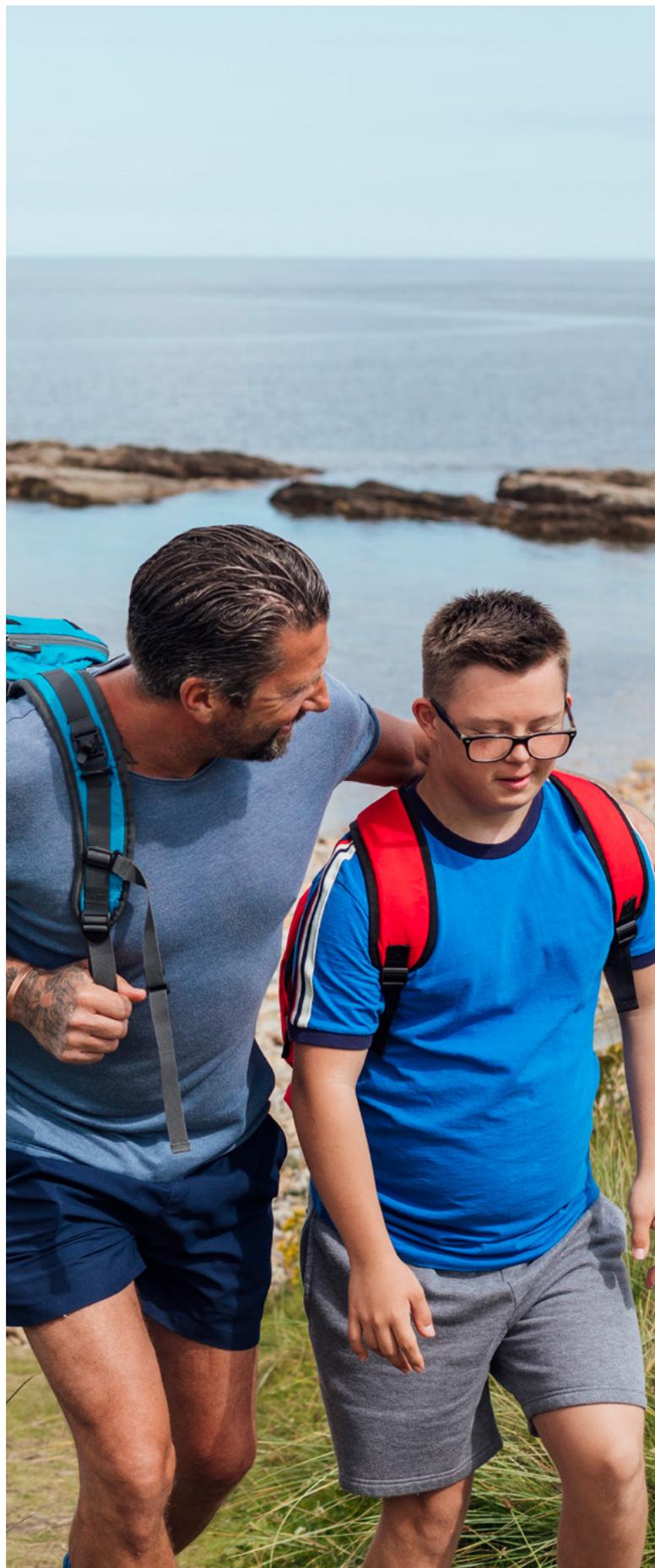
- participate in and create opportunities for supportive conversations with children and young people
- promote a positive home/living environment with appropriate guidance, boundaries and supervision in place
- more effectively develop and implement protective factors
- convey a sense of hope and a way forward
- develop and critique resources and prevention initiatives and programs.<sup>7</sup>

The language we use must convey a sense of positivity, hope and a way forward. There is a low risk of young people continuing to engage in harmful sexual behaviour particularly if they receive appropriate treatment, supervision and support. Children and young people can make effective choices when they have the required knowledge, critical thinking, ethical framework, problem solving and communication skills.

Prevention of PHSB also requires parents and professionals to be aware of their own and societal values and choice of language when discussing key topics related to sexuality, sexual development, gender, relationships and intimacy. Children and young people often choose different language to adults and this varies across age, language and cultural groups. Information and messages provided to children and young people need to be factual and evidence informed. A focus on safety should be balanced with messages that relationships can be rewarding and healthy.

Examples of topics that require careful use of language include:

- consent and the law
- respect and recognising signs of abusive behaviour
- how to talk about sex with a partner
- mutuality in relationships
- the role of social media
- pornography and its influence
- starting and ending relationships.<sup>8</sup>



## Sexual behaviours occur across a continuum based on age and stage of development

Research tells us sexual behaviours of children and young people occur across a continuum. It is important to separate behaviours that involve age appropriate and developmentally typical sexual exploration and curiosity from those that are harmful.<sup>10</sup>

What is considered developmentally typical, problematic or harmful is dependent on a child or young person's age and their cognitive, emotional and psychological development. PHSB provides an umbrella term that is inclusive of the continuum of all concerning sexual behaviours which children and young people may have displayed. Behaviours may be self-directed or directed toward others.

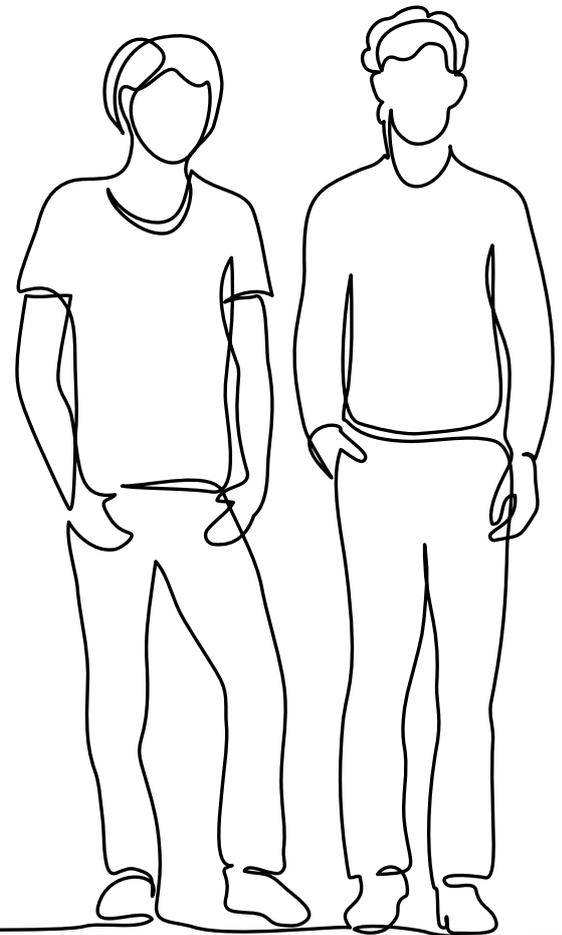
In addition to the presenting behaviours, important contextual factors to consider include:

- the child/young person's age and developmental stage, gender, and any learning or developmental delay
- the age of the other child or young person involved (e.g. age differences, differences in development)
- family and community protective factors and safety concerns.

A NSW-specific screening tool, drawing on the Hackett continuum (2010), will be developed to support professionals to understand and prevent PHSB.

The screening tool will provide additional details about contextual factors that might be contributing to a child who has displayed PHSB and the NSW specific legislative considerations and policy approaches. The screening tool will form part of the Common Approach to Identification and Support (CAIS).

The ages and developmental stages of the children involved, and the behaviour itself must be considered alongside the legislative context. In NSW, the Crimes Act 1900 includes provisions and thresholds for dealing with sexual offences and the age of consent for sexual intercourse.





## 2. A greater focus on preventing PHSB will reduce harm to children, young people and families





## PHSB by children and young people is not uncommon

The Royal Commission found that sexual abuse of children by other children was an ongoing problem, estimating that thousands of children and young people are harmed in Australia each year.<sup>11</sup>

In NSW, more than 5,000 children were reported to the NSW Child Protection Helpline who displayed PHSB across 2018 and 2019. This research found that approximately three quarters of the children and young people in NSW (January 2018 to December 2019) reported to the child protection Helpline for PHSB were assessed as at risk of serious harm (ROSH).

## PHSB has significant impacts

There are a range of both short and long-term trauma impacts associated with child sexual abuse and PHSB.<sup>12,13</sup> The impacts affect all children involved, their families and community.<sup>14,15</sup> Figure 7 summarises the common impacts of PHSB.

Figure 7 Social experiences of rejection, bullying, long-term stigmatisation and social isolation

## Preventing the escalation of risk factors creates cost savings for the government

As well as the significant impact on physical, emotional and psychological health and wellbeing of children, young people and families, these impacts also place considerable economic pressure on our medical, community health, social services and criminal justice systems.<sup>16,17</sup>

Addressing risk factors for vulnerable children and young people could save the NSW and Commonwealth government \$14 billion (vulnerable young adolescents) and \$7.1 billion (vulnerable young people transitioning to adulthood).<sup>20</sup>

Classified as 'tertiary prevention', providing children, young people and families with access to early supports and holistic therapeutic treatment (such as counselling), helps to prevent further escalation of re-occurrence of harm. This is an important form of prevention and more information can be found in Children First: Our shared framework for preventing and responding to problematic and harmful sexual behaviours by children and young people.



The evidence for these impacts is drawn from references: 17, and 21-27





## Addressing contributing factors can prevent PHSB

A socio-ecological lens helps us understand that there are a broad range of contributing factors beyond the individual that affect behaviour. These occur at the individual, relationship, community and broader social levels. Some children and young people experience these as co-occurring challenges, which may increase the likelihood of developing PHSB. Prevention initiatives need to address these contributing factors by leveraging opportunities across all four layers.

**Figure 8** A socio-ecological approach identifies opportunities for prevention

*I think if I had sex education before everything had occurred, like obviously before I hit full on puberty, I think everything would have changed. I think, I'm not even sure if what had happened would have happened, because I would have known it was wrong, more so than what I did at the time. I would have known why it was wrong and why not to do it.*

–Young person, male, 19 who had sexually abused his sister, McKibbin (2017)<sup>28</sup>





## Prevention must address the four main contributing factors to PHSB

Children of all genders, ages, life experiences, ethnicities and abilities can present with PHSB. There is no single factor however there are four main contributing factors to PHSB, which occur within the context of the socio-ecological model. We need to target these factors through prevention initiatives at all four levels, these include whole of population initiatives and targeted measures.

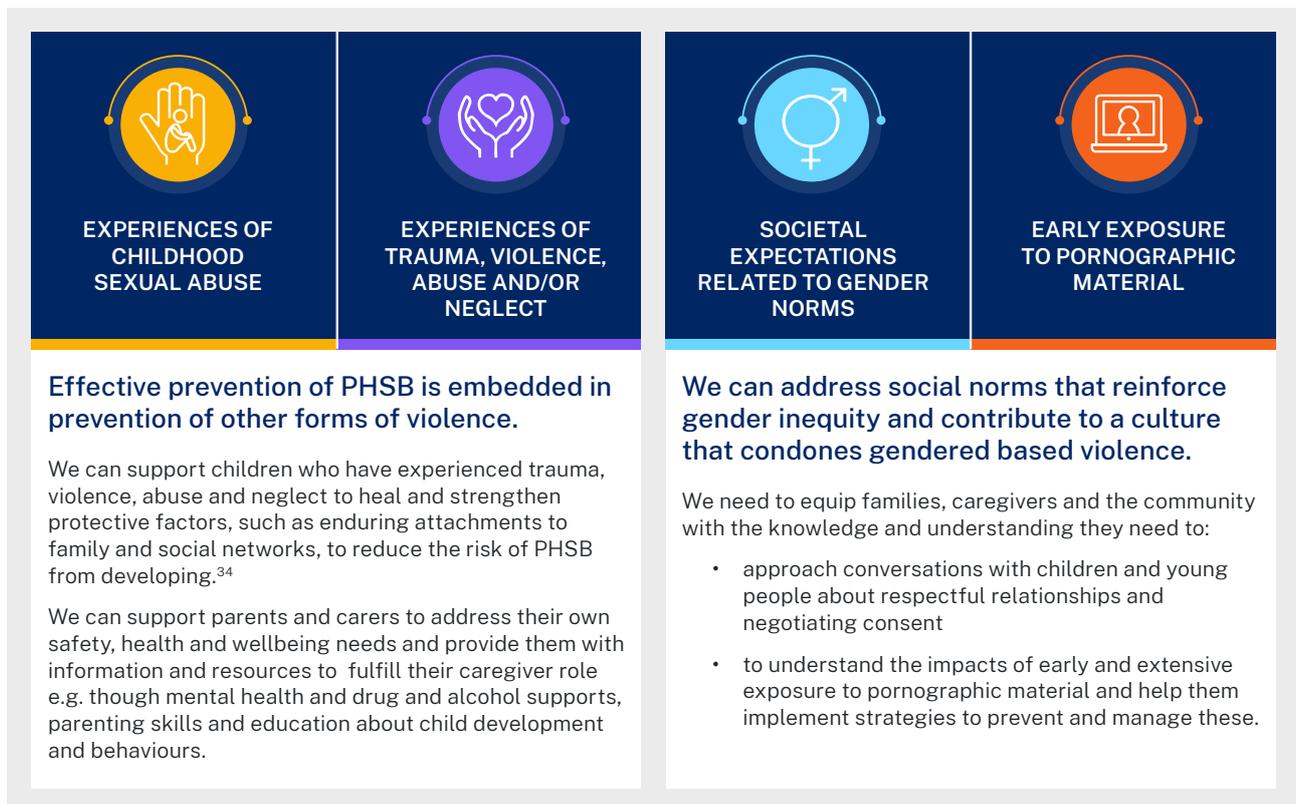
Initiatives that address social norms should be delivered through universal platforms. This includes norms around gender, which drive gendered-based violence. Figure 9 outlines the four main contributing factors to PHSB and how we can address these.

Digital technology, including the internet, social media and apps are part of the shifting landscape in which children and young people are experiencing their sexual development.

There needs to be a specific focus on online safety and preventing early exposure to pornography. Research suggests that in Australia, the median age that a young person first accesses pornography is 13 for young men and 16 for young women.<sup>29</sup>

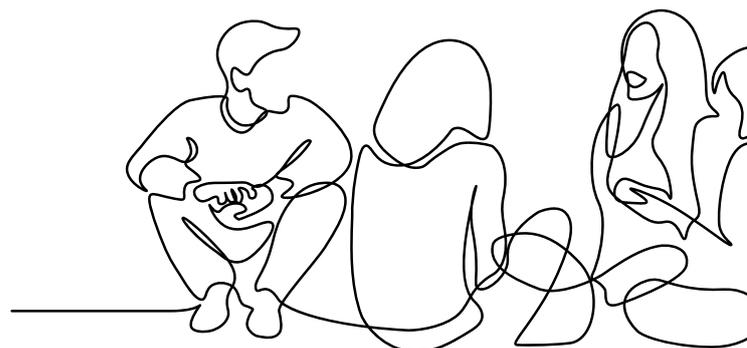
There is evidence that pornography can negatively impact children’s mental health and wellbeing, their knowledge, attitudes, beliefs and expectations about sex and gender and their involvement in risky or harmful sexual practices or behaviours.

Figure 9 There are common contributing factors to children presenting with PHSB<sup>30,31,32,33</sup>



*We now have a generational gap where parents may have different perceptions of what is acceptable behaviour amongst males in their teens compared to females in their teens who are growing up following the ‘Me too’ movement.*

–Agency/service provider representative<sup>35</sup>





Some children are at higher risk of experiencing the four main contributing factors, and therefore presenting with PHSB. Prevention must include initiatives targeted towards these children and young people and be tailored to meet their specific context and needs. Figure 10 identifies those children and young people at higher risk of experiencing contributing factors and opportunities for prevention.

Figure 10 High-risk cohorts and opportunities for prevention

	ADOLESCENT MALES	CHILDREN IN OR LEAVING OOHC	CHILDREN WITH A COGNITIVE OR INTELLECTUAL DISABILITY	ABORIGINAL CHILDREN
CHILDREN WHO ARE AT HIGH-RISK OF PRESENTING WITH PHSB	<p>Male adolescents are most likely to present with PHSB.</p> <p>Adolescent males are most likely to present with PHSB due to the social context of inequitable gender norms and expectations, which are conveyed by family, community, and the media.</p> <p>Pornography is a significant influencer, with research suggesting that 90 per cent of adolescent males have been exposed. Pornography promotes unsafe sexual health practices and promotes sexual sexual violence.<sup>18</sup></p>	<p>Children in OOHC are likely to have experienced trauma and/or violence, abuse or neglect. Those leaving OOHC have an increased likelihood of experiencing trauma and/or violence, abuse or neglect.</p>	<p>PHSB can present because children with a cognitive or intellectual disability are not always aware of, or do not respond to, norms regarding appropriate sexual behaviour and the impact that their behaviour can have on others.</p>	<p>The impact of colonisation and the Stolen Generations continues to cause intergenerational trauma and adverse health and wellbeing outcomes. This contributes to the over-representation of Aboriginal Children and Young People in OOHC and in contact with the criminal justice system.</p> <p>Aboriginal children are overrepresented in the number of children in or leaving OOHC and with experience of trauma, violence, abuse and neglect (including intergenerational trauma). Aboriginal children also have higher rates of charges for offending behaviour and are more likely to experience a justice response.</p>
TARGETED AND TAILORED APPROACHES	<p>Prevention initiatives must address gender norms and provide opportunity for exploration of respectful relationships and safe behaviours. Evidence suggests delivery in mixed gender settings is most effective and that a phased approach to teaching, starting in the early years and building on knowledge and skills with age appropriate content is required.</p>	<p>A tailored and targeted approach to prevention for these children can include a combination of safety planning, specialist counselling, empowering young people with information about sexual safety and increased opportunities to engage in prosocial behaviours within safe relationships.</p>	<p>Discussions and activities within respectful relationships education can require adaption to the particular needs and contexts of children and young people with intellectual disability.</p> <p>Resources should be strengths-based and developed to meet specific learning needs. Trained educators and a child's support person can help facilitate learning.</p>	<p>A community engagement and development approach will be essential. This will involve partnerships between government and community controlled organisations to support culturally safe prevention practice and will include Aboriginal and Torres Strait Islander understandings of social and emotional wellbeing and healing approaches.</p>





### 3. Building capacity for whole of community prevention of PHSB

A coordinated approach to preventing PHSB means working together to build on what we know works and what is already in place. It means linking efforts, investment and approaches for greater impact. It is also important to embed efforts to prevent PHSB within the context of broader efforts to ensure the safety, health and wellbeing of children, young people, families and communities.

---

*It's not just about educating parents. It's education across the board including formal and informal community and religious leaders.*

–CALD representative<sup>37</sup>





## We will build on existing prevention commitments and initiatives

To prevent PHSB, we must make societal change. We need to create a culture where violence and abuse is not accepted and children and young people feel safe to speak up. Children, young people and their carers should be able to seek support without stigma and we must promote and normalise gender equality in our communities, schools, homes and public life.<sup>38</sup>

In 2021, former Sydney student Chanel Contos received almost 7,000 testimonials from current and former students about their experiences of sexual harassment and assault in Australian schools. Her ‘Teach Us Consent’ petition for more comprehensive and inclusive consent education to be included earlier in Australia’s national curriculum gained over 44,000 signatures – a clear message that young people are passionate about changes to education to improve attitudes and behaviours around healthy sexual relationships.<sup>40,41</sup>

There are significant violence prevention initiatives already planned or in place. This Strategy builds on this existing work by expanding the reach of these initiatives and including content that focuses on key areas specific to preventing PHSB. There will also be a focus on building the skills and confidence of the workforce to lead and participation in prevention work. Existing initiatives are summarised in Figure 11 and throughout this section.

Building on these opportunities will enable us to equip parents and carers, children and young people with knowledge and understanding about the spectrum of sexual development and behaviours, power and respect in relationships, online safety and the impacts of exposure to pornography.<sup>39</sup>

This Strategy will reinforce and leverage the outcomes of existing prevention initiatives and the current evidence base to ensure we maximise funding and resources, align priorities across sectors and address any gaps. It will also include a strong research and evaluation agenda with the voices of those with lived experience at the centre, to ensure we continue to build the evidence for effective prevention.





Figure 11 Prevention of PHSB is embedded within broader violence prevention strategies and policies



## Everyone has a role to play in preventing PHSB

We all have a role to play in preventing PHSB and broader violence at home, in the community and in the settings in which we work with children and young people. Figure 12 and Table 1 summarises the broad range of settings, people and organisations that can support the prevention of PHSB.

It is essential to recognise that parents, carers and families have a critical role in supporting children and young people to build their understanding of respectful relationships and to develop safe sexual behaviours. Talking About It seeks to support

communities to ensure they feel empowered to play that important role.

The Strategy has a key focus on training and supporting the workforce involved in prevention to ensure capability and capacity to partner with families and community in preventing PHSB.

We know that relationships, sexuality and PHSB can be challenging to talk about. People working in child protection, health and community services need support and clear practice guidance to consistently and effectively deliver key prevention messages.





This includes professional development that supports the workforce to:

- understand and be able to confidently discuss gender norms, respectful relationships and healthy sexual development
- tailor content to age, developmental level and specific needs of the children, families and communities they are working with
- implement flexible and interactive approaches to delivery.

The evidence tells us that we need to invest in strengthening the Aboriginal workforce. Aboriginal children and young people are over-represented in risk pathways for developing PHSB. Aboriginal leadership, partnerships and collaboration in the development and implementation of prevention initiatives is instrumental to successfully engage with Aboriginal children, young people and families. Providing the Aboriginal workforce with the training and support they need to undertake this work therefore needs to be a priority.

Figure 12 Who can prevent PHSB



Some settings present the greatest opportunities to strengthen our prevention efforts in NSW. This includes the home, in the community and our work places.

Table 1 Important settings for prevention of PHSB

 <b>SCHOOLS</b>	<p><b>Schools are an ideal setting to enable a whole community and cross-sector collaborative approach to prevention.</b></p> <ul style="list-style-type: none"> <li>• Schools often have the most consistent and significant interaction with children and young people throughout their formative years.</li> <li>• Schools are a trusted source of education and support for children and young people, parents, carers and families, and often act as a hub for the broader community.</li> <li>• Schools are places where respect and equality can be modelled, positive social attitudes and behaviours can be shaped, and young people be given skills to recognise discrimination and challenge gender stereotypes.</li> </ul> <p>It is important to note that schools cannot do it alone – partnerships with content specialists are key, especially to ensure relevance and appropriateness for diverse groups of students including LGBTIQ+ students and students with specific cultural and religious beliefs.</p>
 <b>EARLY CHILDHOOD CENTRES</b>	<p><b>Early childcare and education settings can support the learning journey of both children and parents, carers and families.</b></p> <ul style="list-style-type: none"> <li>• Early life experiences and learning of prosocial skills are linked to longer-term health and wellbeing outcomes.</li> <li>• Early childcare and education settings are places where children’s skills, attitudes, values, norms and behaviours learnt at home can be further nurtured, shaped and developed. Children have opportunities to practice social skills with their educators and peers as they learn to interact with others.</li> <li>• Educators and families can work together in the early years to monitor social and sexual development and teach core foundations of respectful relationships such as developing independence and resilience, forming positive relationships and learning empathy, recognising and managing emotions, and safety in relationships and situations.</li> </ul>





## COMMUNITY SERVICES AND ORGANISATIONS

**Community services and organisations are settings to model, encourage and reinforce healthy attitudes towards gender, relationships and sexual behaviour.**

- There is a diverse range of community services and organisations providing safe, supportive spaces for children and young people in NSW. These settings often build rapport and trusted relationships between staff and young people and can be important opportunities to provide confidential, non-judgmental support.

This can be particularly important for young people who may not have strong connections with their parents, carers or families, including those experiencing violence, abuse or neglect. NGOs also deliver parenting courses, groups and supports and have an important role in educating parents about sexual development.

- Sports and recreation settings are important opportunities to target particularly men and boys. This includes the opportunity for children and young people to experience positive role modelling from coaches and to learn about teamwork and “good sportsmanship”. Historically, some sports and sports clubs have encouraged negative gender norms and discriminatory behaviours, without opportunities to positively challenge and change these.
- Cultural, faith-based and community leaders are key avenues for shaping beliefs and norms that either support violence or protect against it and have an important role to play in fostering protective cultural norms and practices.



## HEALTH SERVICES

**Health services are trusted providers of information and resources for young people, parents and carers across a diverse network of services.**

- Young people perceive health services as reliable sources of information and a safe, confidential space to share questions and concerns. It is important that health services have the capability to provide non-judgmental advice to a diverse range of young people including people from LGBTIQ+ communities.
- Early childhood, health and family support programs, including those in contact with women during pregnancy and early child-rearing years also have the opportunity to provide information to parents, carers and families, particularly vulnerable families.



## OUT-OF-HOME-CARE

**OOHC providers, including residential OOHC, spend significant time with children and young people in their formative years.**

- Carers and staff in OOHC settings have a significant role in aiding the social and sexual development of children and young people in their care, especially given the likelihood of previous experiences of trauma.



## ONLINE

**Online settings are a key source of both positive and potentially harmful information about relationships and sexuality for children, young people, their parents and carers.**

- Risk factors for PHSB including media representations of inequality and gendered violence, exposure to, and use of, pornography and victimisation of technology-assisted PHSB, are increasingly prevalent in online settings. Children and young people need support to determine the reliability of information about relationships and sexuality.
- Young people view the internet and social media as a key source of information, especially where other learning seems uncomprehensive or unreliable (e.g. abstinence-based sexuality education). Credible and evidence-based resources and information can be developed with and promoted to children and young people online, addressing issues of gender, respectful relationships and safe sexual behaviour.

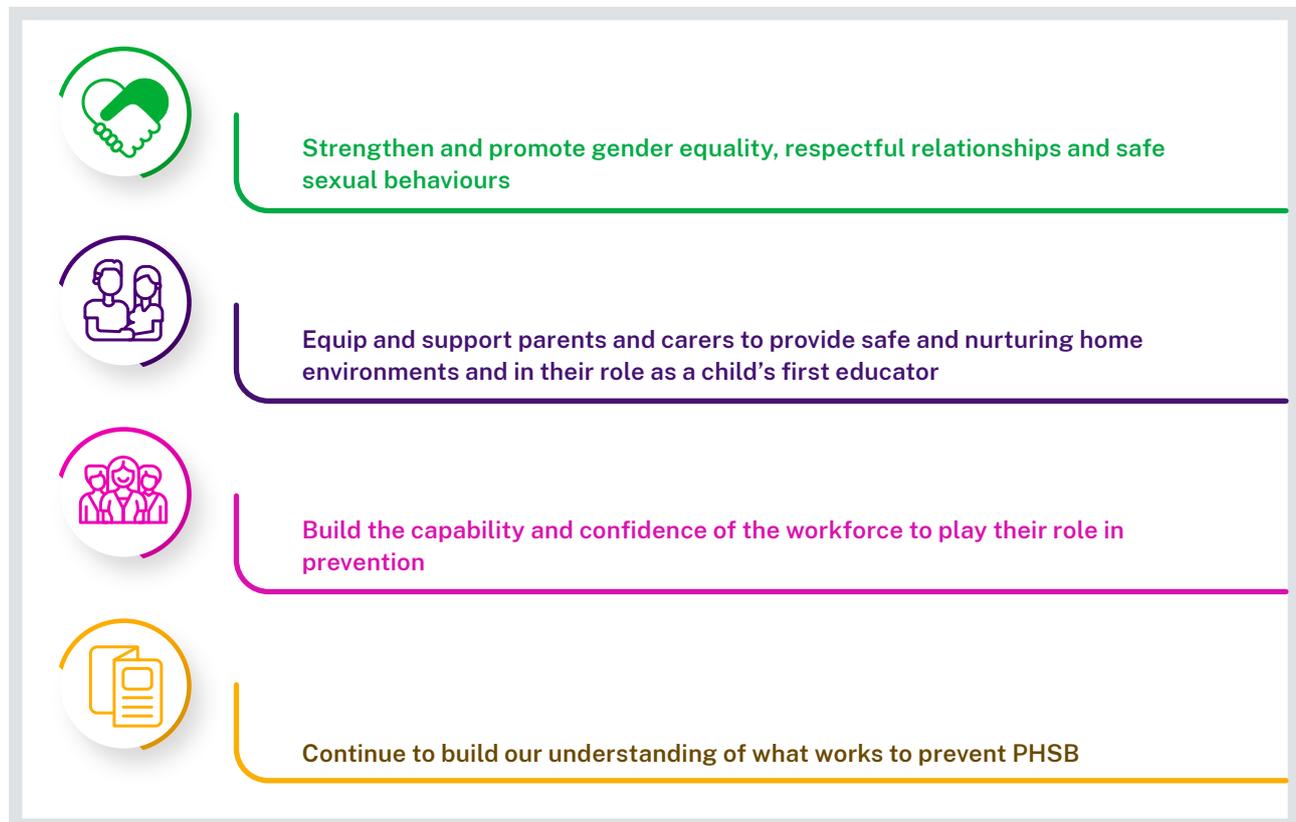




## We are guided by the evidence for what works to prevent PHSB and will build on existing strengths and efforts

The evidence suggests that there are four key focus areas that should be built into broader violence prevention work, to prevent PHSB:

Figure 13 How we can prevent PHSB



Focusing on these four areas, will achieve the following outcomes:

1. a shared understanding of developmentally typical behaviours and healthy and respectful relationships
2. children and young people are supported to develop safe and respectful relationships, and do not experience harm from PHSB
3. prevention initiatives and services are delivered consistently and to a high quality
4. investment in prevention initiatives are evidence informed and effective in meeting the needs of diverse groups.

The four focus areas are embedded in the strategic priorities and high-level actions for universal and targeted prevention, as outlined in Children First.





## DOMAIN 1 Reaching everyone with education and information

Universal prevention will be inclusive of all children and young people, their parents/carers and the broader community.

Universal prevention will address two key contributing factors for PHSB; norms around gender and a culture of silence that contribute to gendered-based violence and the impact of early and/or extensive exposure to pornographic material. Initiatives will:

- address underlying societal factors
- increase awareness and understanding of sexual development and PHSB in the general population
- respond to contemporary issues facing our children and young people as they navigate the digital environment
- equip families, caregivers to support and empower children and young people to engage in respectful relationships.

Talking About It recognises the need to change the culture, reducing stigma and supporting open, effective, early and consistent conversations and education. A culture where children and young people feel safe to speak up and for young people and their parents and carers to seek support.

### NSW Government commitments

NSW Government has committed to the following strategic priorities and actions to support a coordinated and consistent approach to prevention.

**STRATEGIC PRIORITIES** **HIGH-LEVEL ACTIONS**

**1.1** Build the capability and confidence of children and young people to develop and engage in respectful relationships and to negotiate consent.



**1.1.1** Build children and young people's understanding and confidence through education about respectful relationships and safe sexual behaviours.

**1.2** Build community awareness and understanding of safe and healthy sexual development and behaviours, respectful relationships and consent.




**1.2.1** Develop and promote resources and tools that support awareness, learning and positive conversations about sexual development and behaviours, respectful relationships and consent.

**1.2.2** Design and implement a NSW website with information, tools and resources for children and young people, parents, carers, service providers and the broader community.

**1.2.3** Co-design and commission community-led and delivered education and awareness activities that promote healthy social and sexual behaviours.

**1.3** Increase workforce capability and confidence to deliver consistent, quality prevention of PHSB to children and young people.



**1.3.1** Develop a NSW Prevention Action Strategy to guide PHSB prevention efforts in NSW.

**1.3.2** Develop a Workforce Uplift Plan tailored to roles and responsibilities of various workforce groups.

**1.3.3** Implement workforce awareness raising, training and capability building initiatives identified in the workforce plan.

**1.3.4** Ensure implementation of NSW Child Safe Scheme addresses PHSB.

**1.4** Further inform the evidence base for what works to prevent PHSB.



**1.4.1** Establish a strategic prevention research agenda and co-commission research to further inform the evidence base for what works to prevent PHSB.

**1.4.2** Ensure the outcomes of research and evaluation activities inform ongoing service planning and practice improvements.



## A collaborative, whole of community approach

Prevention initiatives begin in the early years and continue through to primary and secondary school ages. There are opportunities for all agencies, organisations and individuals to participate or lead on prevention initiatives across a range of settings:



**Everyone** can role model respectful relationships, challenge harmful gender norms and promote the independence of women - in the community, in schools and in the home. Men and boys in particular can be engaged within schools and community organisations as leaders and active supporters to achieve cultural change toward gender equality.



**Everyone** can challenge stigma and shame around experiences of trauma and gender-based violence to encourage open discussion within communities and services.



**Schools, early childhood providers and youth, health and community organisations** provide children and young people and their parents carers with evidence-informed information and resources that will help prevent PHSB.



**Parents and carers** can access information and resources to have open and informed conversations with children about: healthy sexual development and safe sexual behaviours, online safety and managing access and exposure to pornography.



**Schools and early education providers can collaborate with NSW Health, NSW Police Force and community organisations** to deliver respectful relationships and sexual development curriculum and programs and provide non-judgmental support to children and young people. Partnerships with the whole school community can support the well-being of students and manage disclosures and distress. Single sex schools can collaborate to deliver these initiatives in mixed gender settings, in line with best practice.



**Researchers** can continue to build the evidence base for initiatives that are effective in preventing PHSB and reducing gender-based violence. They can also collaborate with a range of organisations to translate their research into practical resources for children, families and workers.



**All organisations** who deliver prevention initiatives contribute to the evidence base through ongoing monitoring, evaluation and reporting.

## Work is already underway

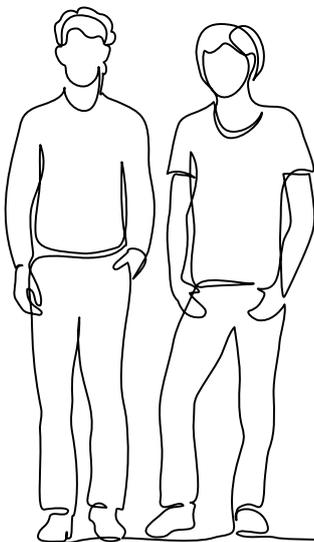


### Statement of Intent

In response to the Teach Us Consent petition started by Chanel Contos, Government, Catholic and independent School sectors signed a Statement of Intent (NSW Department of Education, 2021a) in March 2021 to strengthen the understanding of consent and harm prevention in schools.

The NSW Government is committed to children and young people receiving respectful relationships education, and is reviewing the NSW K-10 Personal Development, Health and Physical Education (PDHPE) syllabus to ensure high quality, contemporary, respectful relationships content that is benchmarked against the revised Australian Curriculum for Health and Physical Education.

Training and practice resources for education staff are being rolled out by the NSW Department of Education. This includes practice resources to support the delivery of the Personal Development, Health and Physical Education curriculum (including education about power and control, consent, and relationships). It also includes a specific module on PHSB as part of mandatory child protection training to support earlier identification and appropriate response to PHSB in education settings.



### NAPCAN's Love Bites and Love Bites Junior

A new collaboration between NAPCAN and NSW Government includes:

- development of an online platform that will support communities to coordinate delivery of NAPCAN's respectful relationships education programs in their respective areas. The platform will also host resources and enable networking and data collection.
- development of Love Bites stand-alone modules for priority populations
- adapt and roll out the Safer Communities for Children (SCFC) for NSW. This is an inclusive, culturally safe, whole-of-community protective behaviours program, specifically designed for young children aged 4 to 8 years. The Program can be delivered by local community members and services across a range of settings.



### Parenting Support Programs in NSW

Parenting Support Programs are readily available through a range of service providers in NSW. Positive Parenting Program (Triple-P), Circle of Security and Parent-Child Interaction Therapy (PCIT) are examples of programs delivered through both government and non-government providers that have been evaluated to demonstrate positive outcomes in helping parents to build healthy attachments, manage behaviours and promote healthy family functioning. These can be tailored to the needs of families where different risk factors are present.

NSW Government is developing resources that can be used by parenting support program providers, to include in the program or use in program follow-up with information about sexual development and behaviours.



## Our Watch Research and Respectful Relationships Education in Schools Program Development

Our Watch undertook a review of national and international evidence on violence prevention in schools, which found that the education system can be a catalyst for generational and culture change (Our Watch, 2021a). They developed a set of core elements of effective respectful relationships education in schools (Figure 15). Our Watch developed a Respectful Relationships Education In Schools (RRreis) Program, which was piloted and evaluated with positive outcomes.

The NSW Government is a member of Our Watch and acknowledges the ground-breaking work of the RREiS pilot which achieved clear, consistent and positive impacts on student's attitudes, knowledge and skills and showed the beginnings of change in school policies, culture and ethos.



## Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services are critical to ensure the development of positive social and emotional wellbeing, a key protective factor for PHSB. A range of government and NGO providers deliver mental health services to children and young people across NSW and work with children who have co-presenting mental health difficulties and problematic sexual behaviours.

In 2021, the NSW Government increased investment in youth mental health including \$110m over four years to establish twenty-five Safeguards Child and Adolescent Mental Health Response Teams. These will deliver 6-8 week multi-disciplinary community care responses to children, adolescents and their families. Wrap around supports will be provided at home and school with the transition to follow-up care as required and link in with other health and social wellbeing services and organisations to ensure the right supports are in place. These teams will be in every Local Health District across NSW and will be provided with prevention resources for use with children and families and training to support them to identify and respond to PHSB.



## It's Time We Talked, In the Picture by Maree Crabbe

It's Time We Talked, In The Picture is a resource kit designed to support Australian secondary schools to address the impacts of explicit sexual imagery. It provides strategies, checklists, guidelines, and a range of practical tools to help schools create a whole-of-school approach to the issues that is tailored to their community and context. In The Picture is also used in a wide range of other settings, including in OOHc and in services working with young people with harmful sexual behaviours.

Training: Sex Ed by Porn? Maree Crabbe has also partnered with NSW Health to deliver this training package for practitioners in NSW Health and partner agencies who are working with young people that may have been exposed to or are watching pornography and who have engaged in harmful sexual behaviours. The training assists the professionals to help young people work through and analyse the messages pornography presents and how it influences sexual expectations and behaviours. The training provides professionals with a clear understanding of how to hold these conversations with their clients.



## A Guide to the Child Safe Standards

A Guide to the Child Safe Standards developed by the Office of the Children's Guardian supports organisations working with children to implement the ten child safe standards recommended by the Royal Commission. These aim to create, maintain and improve their child safe practices.

NSW resources are also being developed to support agencies/organisations to ensure PHSBs are included appropriately in their Child Safe Action Plans.





# DOMAIN 2 Targeting prevention where it's most needed

In addition to prevention initiatives delivered at a whole of population level, it is important to target prevention efforts to children and young people who are more likely to present with PHSB due to the presence of contributing factors. It is important to note the presence of these contributing factors does not mean that PHSB will always occur, but indicates that there is a higher risk, and therefore, resources across the broader system should be prioritised to meet the needs of these children and families. Research and available data indicate that the groups of children more likely to present with PHSB include adolescent males, those in or leaving Out of Home Care, children with a cognitive or intellectual disability and Aboriginal children. Targeted initiatives must directly address the contributing factors and be tailored to the child or young persons context and lived experience. They

should build on the child and family's strengths and protective factors.

Talking About It will embed a partnership approach. Consumer and community engagement will be at the centre of developing prevention approaches, so that they are sensitive to community values, concerns and aspirations.

## NSW Government commitments

NSW Government has committed to the following strategic priorities and actions to support a coordinated and consistent approach to prevention.

### STRATEGIC PRIORITIES

### HIGH-LEVEL ACTIONS

**2.1**

**Improve leadership and coordination of prevention initiatives targeted to children and young people at higher risk of developing PHSB and priority population groups with specific needs.**



**2.1.1**

Establish state-wide and local governance to support strategic prevention priorities and directions as set out in this prevention action strategy.

**2.1.2**

Develop a workforce whose primary role is to lead on and implement prevention of PHSB.



**STRATEGIC PRIORITIES** **HIGH-LEVEL ACTIONS**

**2.2** Build the capability and confidence of children and young people at higher risk of developing PHSB and from priority populations, to engage in respectful relationships and to negotiate consent.




- **2.2.1** Provide Respectful Relationships and sexual development education for children and young people who have experienced disrupted education and/or are residing in higher risk settings such as OOHC and youth justice.
- **2.2.2** Partner and co-design with Aboriginal Community Controlled Health Organisations and culturally and linguistically diverse organisations to ensure the cultural safety and responsiveness of existing and new prevention initiatives and services.
- **2.2.3** Co-design and deliver information and resources to support parents, carers and children and young people with disability, to understand and respond to their specific social and sexual development needs.

**2.3** Build sector-wide workforce capability to deliver targeted prevention.




- **2.3.1** Identify key workforce groups engaged in, or with capacity to deliver targeted prevention of PHSB and develop a strategy to meet their capability building requirements.
- **2.3.2** Develop resources and tools to increase workforce knowledge.
- **2.3.3** Deliver ongoing, evidence informed workforce training and development to support government and NGO (including private practitioner) workforces to deliver high quality targeted prevention..
- **2.3.4** Build the capability of the workforce to deliver PHSB prevention that meets the specific needs of:
  - Children and young people with disability and their families and carers, consistent with the NSW Disability Inclusion Act 2014
  - Aboriginal children and families through partnerships with Aboriginal organisations and community
  - CALD communities, organisations and services to meet the specific needs of diverse groups.

## A collaborative, whole of community approach



**Child protection, OOHC providers, disability, health and community organisations** ensure that their workforce understand sexual development, PHSB risk factors and developmentally typical sexual behaviours, and how these can be affected by experiences of trauma.



**Child protection, OOHC providers, disability, health and community organisations** can provide families experiencing trauma, DFV, VAN, mental health and/or substance use issues with information on healthy social and sexual development and proactively link them into additional supports.



**NSW Health VAN services** are key in responding to children and young people’s experience of trauma and in preventing future harm. In their therapeutic work with children and young people and their families, these services should provide tailored advice and support in relation to respectful relationships and healthy sexual development.



**Community-led and controlled organisations** are best placed to deliver Aboriginal specific initiatives that promote healthy and respectful relationships and strengthen protective factors within families and communities.



**Community leaders and community-led/controlled organisation** can partner with other services to ensure information, resources and programs are culturally appropriate and safe. This will improve community confidence and ensure initiatives meet the needs of diverse community audiences.



**Researchers and research commissioners** can build on the evidence of effective PHSB initiatives for priority populations. This includes children and young people at higher-risk of developing PHSB, culturally and linguistically diverse communities and children and young people with disability. It is important to support Aboriginal-led and designed PHSB research to ensure initiatives meet community determined outcomes.

## Work is already underway



### Mackillop ‘Power to Kids: Respecting Sexual Safety’ Program

Mackillop ‘Power to Kids: Respecting Sexual Safety’ Program was evaluated to indicate promising reductions in the risk of harmful sexual behaviour, child sexual exploitation and dating violence for children and young people in OOHC. The program effectively supports residential care workers to engage with young people in OOHC to raise awareness of respectful relationships and sexual safety. It also supports building stronger relationships between carers and young people, and training carers to identify early warning signs of sexual abuse and how to access appropriate support. As part of the national roll out, the program is now being offered to all residential care agencies, workers and children and young people in NSW.



### Links Trauma Healing Service

Links Trauma Healing Service is an evidence based, therapeutic treatment service to address trauma for children in OOHC, funded by the NSW Department of Communities and Justice. Children with complex needs are assisted to find or maintain stable, family-based placements. Evaluations show reductions in post-traumatic stress, risk of harm, school suspensions and court appearances for children and young people, and improvements in carer wellbeing.

To further build the effectiveness of this service, Links staff will have access to new NSW prevention and early response resources and training to address PHSB.



### From the Ground Up to Equality

From the Ground Up to Equality is a whole of community prevention program for the Arabic speaking community, developed by the Arab Council Australia. It aims to challenge specific drivers of violence in the Arabic community in Bankstown and Liverpool. It will be evaluated as part of an independent evaluation.

The NSW Government will collaborate with the Arab Council Australia, and other NGOs piloting similar programs, to understand promising practice in targeting prevention initiatives to meet the needs of culturally and linguistically diverse communities.



### Strong Aboriginal Men and Strong Aboriginal Women

Strong Aboriginal Men and Strong Aboriginal Women community development programs are delivered by NSW Health Education Centre Against Violence. Strong Aboriginal Men is a series of workshops delivered by Aboriginal men to Aboriginal men, talking in a safe way about the trauma associated with domestic family violence and child sexual assault. Strong Aboriginal Women is a related program where Aboriginal women can connect and talk about keeping themselves and children safe from domestic and family violence and child abuse with the aim of ‘helping women to say NO to violence’.





## NSW Health Violence, Abuse and Neglect (VAN) Services

NSW Health VAN Services, including Sexual Assault Services (SAS), New Street Services, Child Protection Counselling Services (CPCS) and the Joint Child Protection Response Program (JCPRP), are key in responding to children and young people's experiences of trauma and in preventing future harm. The NSW Government is continuing to implement the VAN Redesign program to enhance the capacity of the public health system to provide 24-hour, trauma-informed and trauma-specific, integrated responses to violence, abuse and neglect.

This will also enhance the system capacity to deliver prevention initiatives that address the drivers of violence abuse and neglect, including PHSB.



## NSW Health Safe Wayz Program

Safe Wayz is NSW Health's state-wide program for children under ten years presenting with PHSB and their families. Safe Wayz is culturally safe and inclusive, with identified Aboriginal roles in each District.

The Program delivers child-centred and family-focused responses and support, that enables a safe way forward. Safe Wayz supports the coordination, planning and delivery of prevention activities by NSW Health and in collaboration with agency and community partners. This includes community engagement, education and prevention activities, including providing clear guidance on what sexual behaviours are considered developmentally typical or problematic and harmful.



## Support for parents and families with complex needs

Support for parents and families with complex needs is available through the NSW Government and NGO sector. These services deliver a range of health, wellbeing and safety support for children and families experiencing the contributing factors to PHSB. Three examples:

- **Whole Family Teams** is a NSW Health funded service that provides AOD and mental health support to parents. It works with the whole family to reduce the risk of harm to the child.
- **Men's Behaviour Change Programs (MBCPs)** are predominantly group-based programs and services that focus on working with men to enable them to recognise their violent behaviour and develop strategies to stop them from using violence.
- **Child, Youth and Family Support (CYFS)** is one of the Targeted Early Intervention (TEI) programs funded through DCJ and delivered by NGOs and local councils. It delivers a broad range of services to meet the needs of vulnerable children, young people and families who fall below the threshold for statutory child protection intervention.





## Phunktional Beyond the Walls

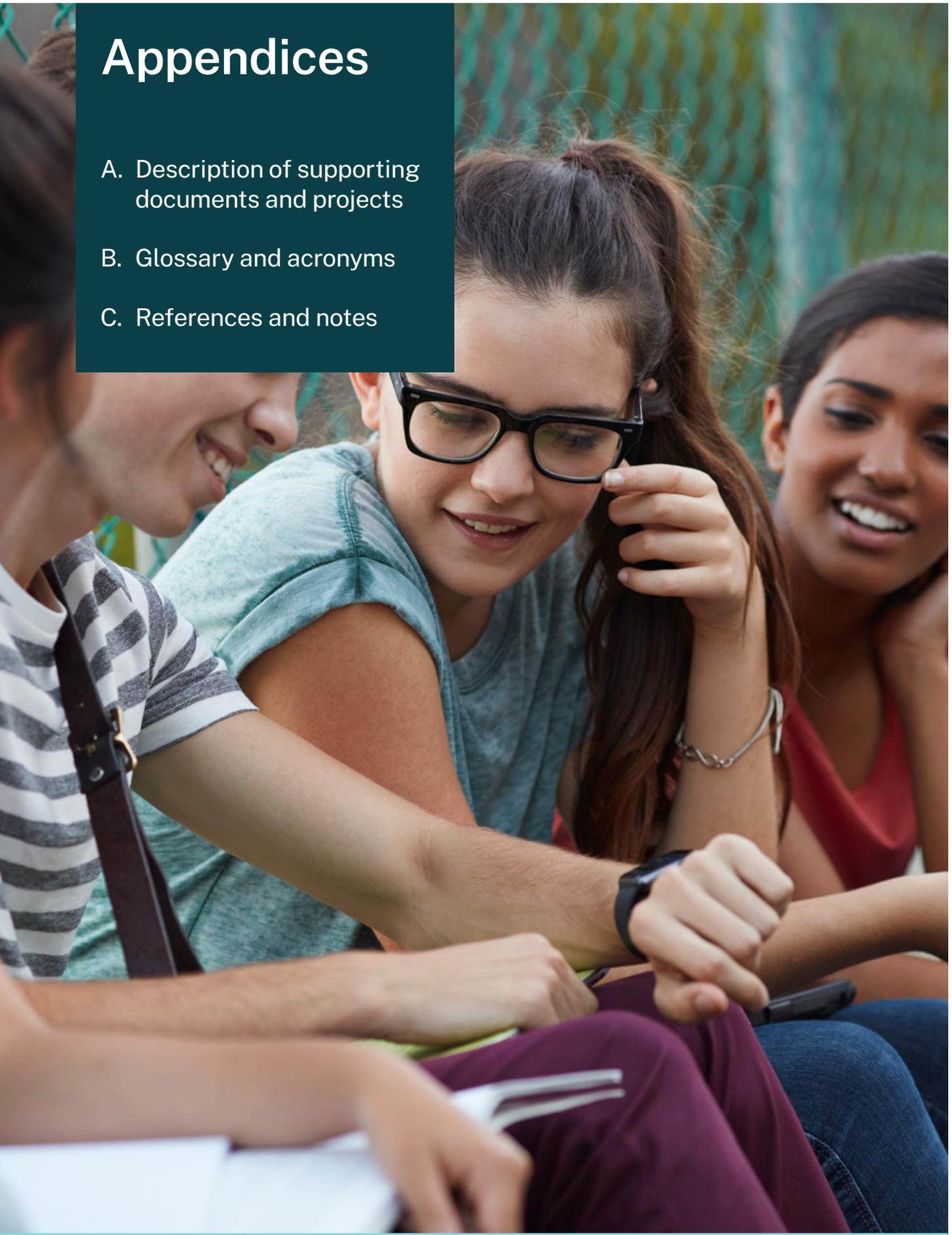
Phunktional is an Australian not-for-profit arts company delivering long-term Community Arts and Cultural Development projects, tours educational theatre, and productions. Phunktional supports the creation of art as a lens for greater connectedness, community engagement and inter-cultural understanding.

Beyond the Walls, was created in consultation with Aboriginal and Torres Strait Islanders artists and community, Muru Mittigar, NSW Police Force, Youth Justice Centres and Amnesty International. Beyond the Walls is a dance project that tells the stories of young people aged 10-17 years (in custody) and was developed with professional dancers through workshops delivered inside NSW Youth Justice Centres. This program will continue as a collaboration between Phunktional and NSW Government.



# Appendices

- A. Description of supporting documents and projects
- B. Glossary and acronyms
- C. References and notes



## A - Description of supporting documents and projects

Title	Description
<b>Children First: Our shared framework for preventing and responding to problematic and harmful sexual behaviours by children and young people</b>	Guides a coordinated program of work in NSW to prevent, identify and respond to PHSB across the whole-of-government and the communities of NSW. The Framework includes the language and the concepts we should all use to underpin our work. It describes the priorities and actions we must achieve together to realise change and bring the vision into reality.
<b>A Common Approach to Identification and Support (CAIS)</b>	Will provide practitioners with a consistent, evidence-informed approach to identify, assess and respond to children and young people displaying PHSB, across all organisations that work with children and families.
<b>Pathways to Safety and Support</b>	A proposed model for NSW that will improve pathways, enabling access to treatment that supports children and young people to address their PHSB.
<b>Supporting evidence, implementation, and evaluation:</b>	
<b>Case for Change</b>	Provides the evidence that underpins Children First, the public health approach to PHSB; identifies gaps in current research, knowledge and responses; and champions the need for collaborative agency approaches across the continuum of sexual behaviours.
<b>Implementation Plan</b>	Provides high-level actions that need to be taken by NSW organisations and agencies to deliver on the vision and outcomes of this Framework and program of work.
<b>Monitoring and Evaluation Framework</b>	Outlines how implementation and outcomes of Children First and program of work will be monitored and evaluated, including to inform improvement over time.



## B - Glossary and acronyms

Term	Description
<b>Common Approach to Identification and Support (CAIS)</b>	Provides practitioners with a consistent, evidence-informed approach to identify, assess and respond to children and young people displaying PHSB, across all organisations that work with children and families.
<b>Continuum of sexual behaviours</b>	The continuum categorises sexualised behaviours as ‘developmentally typical’, ‘problematic’ and ‘harmful’ and should be used by agencies and organisations to identify and respond to PHSB.
<b>Harmful sexual behaviours</b>	Describes sexual behaviours that are developmentally inappropriate, may cause harm to the child themselves or others, or be abusive toward another child, young person, or adult. These behaviours need to be addressed through therapeutic support, particularly where there is choice or intent involved.
<b>New Street Services (New Street)</b>	NSW Government’s community-based specialist therapeutic treatment provider for children presenting with PHSB.
<b>Pathways to Safety and Support</b>	A proposed model for NSW that will improve pathways, enabling access to treatment that supports children and young people to address their PHSB.
<b>Shared Approach to Prevention</b>	Describes the evidence for prevention of PHSB, key opportunities, priority actions and next steps for NSW government agencies and its partners to achieve better prevention of PHSB for children, young people, families and communities in NSW.
<b>Primary prevention</b>	Approaches aimed at preventing PHSB from occurring at a whole-of-population level.
<b>Problematic and harmful sexual behaviours (PHSB)</b>	Sexual behaviours expressed by children and young people under the age of 18 years old that fall outside the range of typical (or ‘normal’) activity for a child’s age and stage of development, may be developmentally inappropriate, harmful towards self or others, or be abusive towards another child or young person or adult. <sup>19</sup>
<b>Problematic sexual behaviours</b>	Describes behaviour of a sexual nature that falls outside the range of typical or developmentally appropriate activity for a child’s age. Problematic behaviours may not include overt intent to harm and/or may be developmentally appropriate but expressed in an inappropriate context.
<b>Public health approach</b>	A public health approach recognises that the complex drivers for PHSB occur within socio-ecological context. We must understand PHSB and these underlying risk factors through the interplay between an individual, their relationships, community, and other societal factors. <sup>20</sup>
<b>Royal Commission</b>	Royal Commission into Institutional Responses to Child Sexual Abuse.
<b>Safe Wayz</b>	A program that enables Local Health Districts (LHDs) to lead on a collaborative inter-agency approach to prevention, early intervention and tertiary service responses for children under the age of criminal responsibility (currently ten years) with PHSB.
<b>Targeted prevention</b>	Prevention aimed at children and young people, and their families, with higher likelihood or at greater risk of presenting with PHSB.
<b>Socio-ecological model</b>	Model recognises individual, relationship, social, cultural and environmental factors are important to understanding the context of PHSB and inform proportionate, holistic and evidence informed approaches.



<b>Tertiary prevention</b>	Prevention targeting children and young people after behaviours have occurred, aimed at reducing escalation, further harms and to improve safety.
<b>Universal prevention</b>	An umbrella terms used in the document, which includes both primary and targeted prevention.

Acronym	Explanation
<b>ACCHO</b>	Aboriginal Community Controlled Health Organisation
<b>AOD</b>	Alcohol and other drugs
<b>CALD</b>	Culturally and linguistically diverse
<b>CSC</b>	Community Service Centre
<b>CWU</b>	Child Wellbeing Unit
<b>CYP</b>	Children and young people
<b>DCJ</b>	Department of Communities and Justice
<b>DFV</b>	Domestic and Family Violence
<b>ECAV</b>	NSW Health Education Centre Against Violence
<b>HSB</b>	Harmful sexual behaviours
<b>IPARVAN</b>	Integrated Prevention and Response to Violence, Abuse and Neglect
<b>JCPRP</b>	Joint Child Protection Response Program
<b>LHD</b>	Local Health District
<b>NSW CSOCAS</b>	NSW Child Sex Offender Counsellors Accreditation Scheme
<b>OOHC</b>	Out of home care
<b>PCYC</b>	Police and Community Youth Club
<b>PHSB</b>	Problematic and harmful sexual behaviours
<b>PSB</b>	Problematic sexual behaviours
<b>SAS</b>	Sexual assault services
<b>UoW AccESS</b>	University of Wollongong Access and Engagement with services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (study)
<b>VAN</b>	Violence, abuse and neglect



## C - References and notes

- 1 Aboriginal Affairs NSW (2020). Closing the Gap in NSW. NSW Government. Accessed at: <https://www.aboriginalaffairs.nsw.gov.au/closingthegap/>
- 2 See Premier's Priorities. Access at: <https://www.nsw.gov.au/premiers-priorities>
- 3 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 4 Thompson, B. & Want, C. (2020). Project Report: Problematic and Harmful Sexual Behaviours (0-17 Years) – Training and Resource Needs of Children, Families and the Workforce in NSW. Rosie's Place.
- 5 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours, Australian Government
- 6 NSW Health (2018). New Street Service: Policy and Procedures. (Internal NSW Health document)
- 7 Mitchell, J., Tucci, J., Fernandes, C. and Howell, D. (2020). Practice Guide: Responding to young people living in out of home care who engage in harmful sexual behaviour. Centre for Excellence in Therapeutic Care: Sydney.
- 8 Moira Carmody & Georgia Ovenden. (2013). Putting ethical sex into practice: sexual negotiation, gender and citizenship in the lives of young women and men, *Journal of Youth Studies*, DOI:10.1080/13676261.2013.763916
- 9 Research Centre for Children and Families .(n.d.). Words Matter: Trauma sensitive language with children. Accessed at: <https://www.sydney.edu.au/content/dam/corporate/documents/faculty-of-arts-and-social-sciences/research/research-centres-institutes-groups/rccf-words-matter-trauma-sensitive-language.pdf>
- 10 Hackett, S., Branigan, P. & Holmes, D. (2019) Harmful Sexual Behaviour Framework: An Evidence-Informed Operational Framework for Children and Young People Displaying Harmful Sexual Behaviours. 2nd edition. NSPCC, London.
- 11 Ferrante, A., Clare, J., Randall, S., & Boyd, J. (2017). Police responses to child sexual abuse 2010–2014: An analysis of administrative data for the Royal Commission into Institutional Responses to Child Sexual Abuse.
- 12 Paolucci, E. O., Genuis, M. L., & Violato, C. (2001), A meta-analysis of the published research on the effects of child sexual abuse. *The Journal of Psychology*, 135(1), 17-36.
- 13 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours, Australian Government.
- 14 Thompson, B. & Want, C. (2020). Project Report: Problematic and Harmful Sexual Behaviours (0-17 Years) – Training and Resource Needs of Children, Families and the Workforce in NSW. Rosie's Place.
- 15 O'Brien, W. (2010). Australia's response to sexualised or sexually abusive behaviours in children and young people. Australian Crime Commission, Canberra.
- 16 Letourneau, E.J., Eaton, WW., Bass, J., Berlin, FS. & Moore, SG. (2014). The need for a comprehensive public health approach to preventing sexual abuse. *Public Health Reports*, 129(3), 222-228.
- 17 Freyd, J.J., Putnam, F.W., Lyon, T.D., Becker-Blease, K.A., Cheit, R.E., Siegel, N.B., & Pezdek, K. (2005). The science of child sexual abuse. *Science*, 308, 501.
- 18 MJ Fleming, S Greentree, D Cocotti-Muller, K A Elias & S Morrison, 'Safety in cyberspace: Adolescents' safety and exposure online', *Youth and Society*, vol. 38, no. 2, 2006, pp. 135–54.
- 19 Hackett, S., Branigan, P. & Holmes, D. (2019). Harmful Sexual Behaviour Framework: An Evidence-Informed Operational Framework for Children and Young People Displaying Harmful Sexual Behaviours. 2nd edition. NSPCC, London.



- 20 World Health Organisation Violence Prevention Alliance (2021). The ecological framework. Accessed at: <https://www.who.int/groups/violenceprevention-alliance/approach>
- 22 Cashmore, J. & Shackel, R. (2013). The long-term effects of child sexual abuse. CFCA Paper, No. 11. Australian Institute of Family Studies.
- 23 Letourneau, E.J., Eaton, WW., Bass, J., Berlin, FS. & Moore, SG. (2014). The need for a comprehensive public health approach to preventing sexual abuse. *Public Health Reports*, 129(3), 222-228.
- 24 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 25 Paolucci, E. O., Genuis, M. L., & Violato, C. 2001, A meta-analysis of the published research on the effects of child sexual abuse. *The Journal of Psychology*, 135(1), 17-36.
- 26 Paolucci, E. O., Genuis, M. L., & Violato, C. 2001, A meta-analysis of the published research on the effects of child sexual abuse. *The Journal of Psychology*, 135(1), 17-36.
- 27 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 28 Meiksans, J., Bromfield, L. & Ey, L. (2017). A continuum of responses for harmful sexual behaviours: An issues paper for Commissioner for Children and Young People Western Australia. Commissioner for Children and Young People Western Australia.
- 29 eSafety Commissioner (2021a) Development of industry codes under the Online Safety Act: Position Paper, eSafety Commissioner, Australian Government, <https://www.esafety.gov.au/sites/default/files/2021-09/eSafety%20Industry%20Codes%20Position%20Paper.pdf>
- 30 McKibbin, G. & Humphreys, C. (2020). Future directions in child sexual abuse prevention: An Australian perspective. *Journal of Child Abuse and Neglect*, 105, 104422. doi: 10.1016/j.chiabu.2020.104422.
- 31 Crabbe, M. & Flood, M. (2021). School-based education to address pornography's influence on young people: A proposed practice framework. *American Journal of Sexuality Education*, 16(1), 1-37.
- 32 Meiksans, J., Bromfield, L. & Ey, L. (2017). A continuum of responses for harmful sexual behaviours: An issues paper for Commissioner for Children and Young People Western Australia. Commissioner for Children and Young People Western Australia.
- 33 Our Watch. (2020). Pornography, young people and preventing violence against women. Our Watch. Accessed at: <https://www.ourwatch.org.au/resource/pornography-young-people-and-preventing-violence-against-women-background-paper-2020/>
- 34 Quadara, A., O'Brien, W., Ball, O., Douglas, W., & Vu, L. (2020). Good practice in delivering and evaluating interventions for young people with harmful sexual behaviours (Research report, 18/2020). ANROWS, Sydney.
- 35 NSW Health (2021). 2021 NSW Workforce survey. Unpublished.
- 36 MJ Fleming, S Greentree, D Cocotti-Muller, K A Elias & S Morrison, 'Safety in cyberspace: Adolescents' safety and exposure online', *Youth and Society*, vol. 38, no. 2, 2006, pp. 135-54.
- 37 NSW Health. (2022). Listen, Talk, Act. A co-design and engagement report: Children First, NSW Framework for preventing and responding to problematic and harmful sexual behaviours. Unpublished.
- 38 Kearney, S., Gleeson, C., & Leung, L. (2016). Respectful Relationships Education in Schools: The Beginnings of Change - Final Evaluation Report. Department of Premier and Cabinet and Department of Education and Training, Victoria. Available at: <https://www.ourwatch.org.au/resource/final-evaluation-report-respectful-relationships-education-in-schools-the-beginnings-of-change>
- 39 Johnson, B., Harrison, L., Ollis, D., Flentje, J., Arnold, P. and Bartholomaeus, C. (2016). 'It is not all about sex': Young people's views about sexuality and relationships education. University of South Australia.
- 40 Hollands, A. (2021). Now is the moment to listen to young people. Australian Human Rights Commission. Accessed at: <https://humanrights.gov.au/about/news/now-moment-listen-young-people>



- 41 More information available at: <https://www.teachusconsent.com/>
- 42 Hackett, S (2010). Children, young people and sexual violence. In Barter, C and Berridge, D (eds) Children behaving badly? Exploring peer violence between children and young people. London: Blackwell Wiley.
- 43 World Health Organisation Violence Prevention Alliance (2021). The ecological framework. Accessed at: <https://www.who.int/groups/violenceprevention-alliance/approach>



