

Access and Engagement with Services for Sexual Safety



**For children and young people with
problematic and harmful sexual behaviour
(AccESS Study)**

Summary of key findings

Access and Engagement with Services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (AccESS Study)

NSW Ministry of Health

Professor Jo Spangaro, Dr Kenny Kor, Professor Jason Payne, Dr Natalia Hanley, Dr Julaine Allan, Dr Summer Finlay, Dr Helen Simpson & Ms Belinda Fabrianesi

School of Health and Society, University of Wollongong

Suggested citation: Spangaro, J., Kor, K., Payne, J., Hanley, N., Allan, J., Finlay, S., Simpson, H., & Fabrianesi, B. (2021). *Access and Engagement with services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (AccESS Study)*. School of Health and Society, University of Wollongong.

Background

In 2020-2021, the NSW Ministry of Health commissioned the University of Wollongong to conduct research on service accessibility and engagement for children and young people who have displayed problematic and harmful sexual behaviour (PHSB) – the AccESS study.

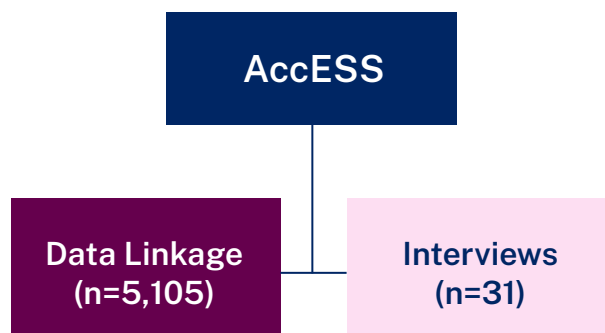
This program of work responds to the findings and recommendations of the Royal Commission into Institutional Responses to Child Sexual Abuse.

The AccESS study aimed to:

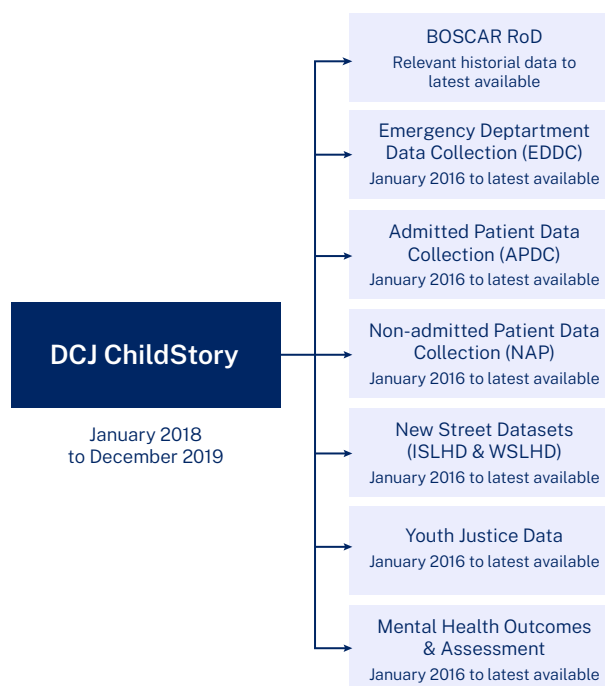
- (i) explore characteristics and services pathways of children and young people who were reported to the statutory Child Protection Helpline because of PHSB
- (ii) draw on the perspectives and lived experiences of young people, parents, and their carers to identify factors that support or hinder service accessibility and engagement.

The AccESS study used a mix-method design including:

- (i) data linkage analysis of over 5,000 children and young people who were reported to the statutory Child Protection Helpline for PHSB between January 2018 and December 2019
- (ii) 31 semi-structured individual interviews with young people and their parents and carers who have accessed services in response to PHSB.

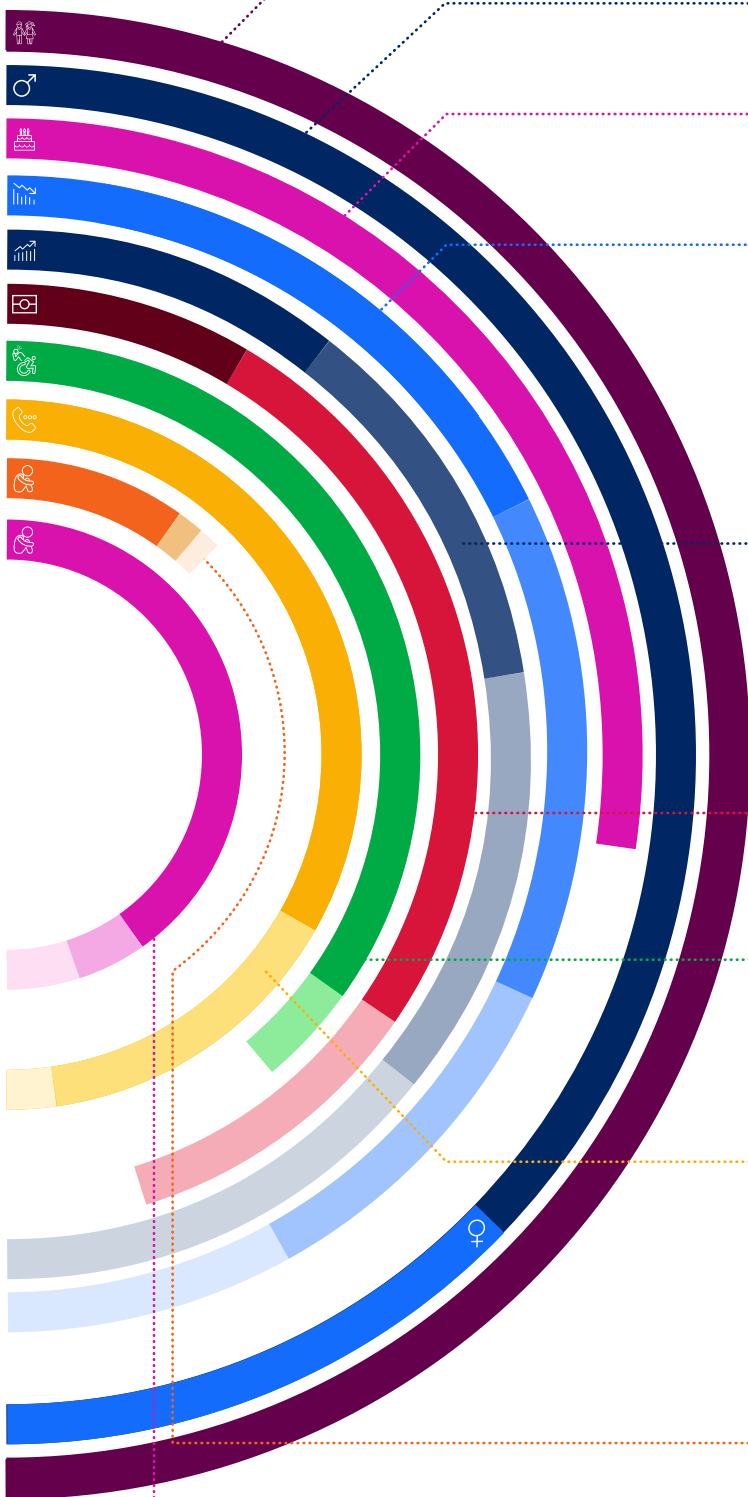


DCJ ChildStory data are linked with seven administrative datasets:



What have we found?


Characteristic:




 In total, **5,105** children and young people displaying PHSB were reported to the statutory Child Protection Helpline between January 2018 and December 2019

 Almost **75%** were male
24.5% were female


 **55%** were aged between **10 and 15**

 Overall, females were a **significant minority** decreasing in prevalence as they age, from **36%** under 10 years of age to **16%** between 16 and 17 years of age


- **36%** (Under 10)
- **29%** (10-13)
- **20%** (14-15)
- **16%** (16-17)


 This contrasted sharply with males, **increasing in prevalence** as they age, from **64%** under 10's to **85%** between 16 and 17 years of age


- **64%** (Under 10)
- **71%** (10-13)
- **80%** (14-15)
- **85%** (16-17)

 **17.5%** identified as Aboriginal
52% as non-Aboriginal,
21% were unable to be identified as either

 **70%** were reported to have **no disability**
8% with a **disability**
Learning disorders were most common, followed by intellectual disability and autism

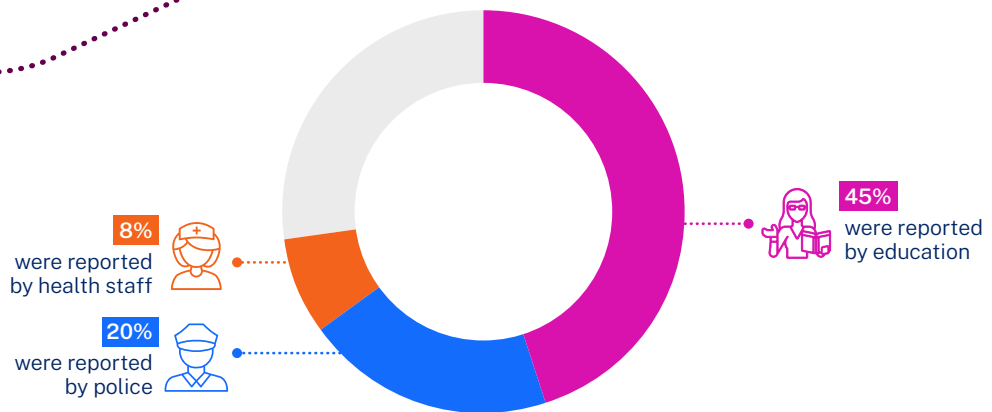
 **67%** had their PHSB reported as the **'primary issue'** in the Child Protection Helpline
29% had their PHSB reported as the **'secondary issue'** in the Child Protection Helpline
4% whose PHSB were identified through child protection caseworker's assessment

 Of the **'primary issue'** group (n=3,424):
14% had a concurrent report of **sexual abuse**
2% neglect
1% physical abuse

 Of the **'secondary issue'** group (n=1,462):
88% had a concurrent report of **sexual abuse**
9% neglect
9% physical abuse

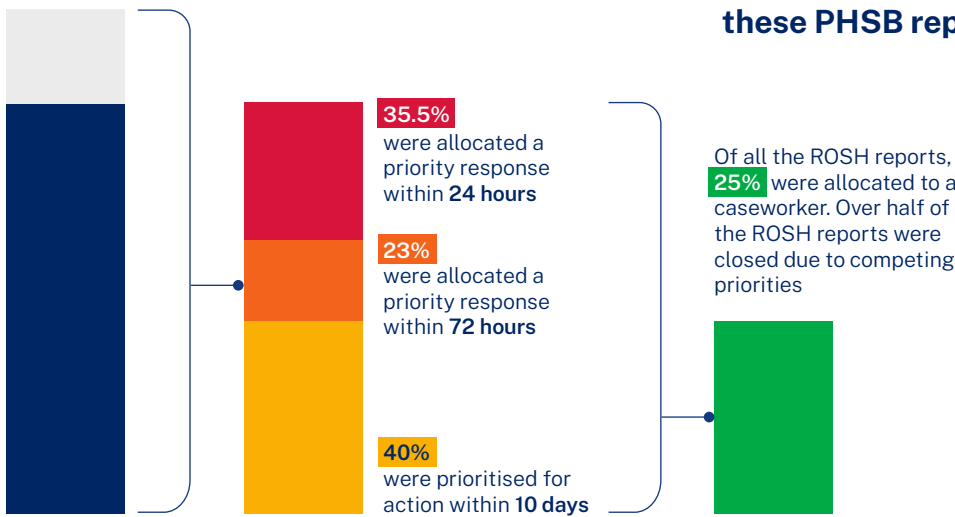
1

Who made these reports?



What were the outcomes of these PHSB reports?

2

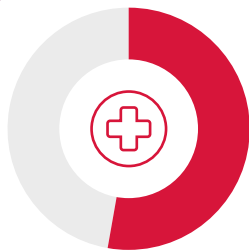


76% of were assessed as risk of significant harm (ROSH)

What else do we know about these children and young people?

3

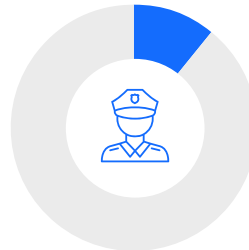
Prior to the first Helpline report for PHSB within the study period:



53% of the children and young people presented in a hospital emergency department at least once, for reasons not necessarily related to PHSB



55% of children and young people had contact with other health services



11% had contact with the criminal justice system



4% had at least one admission to NSW Youth Justice

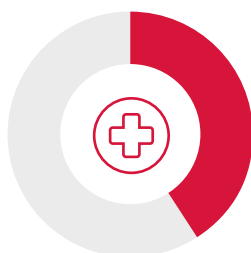
After their Helpline report for PHSB with the study period:



48% were again reported to the Child Protection Helpline

40% were related to PHSB and

60% related to other child protection concerns



41% presented at an emergency department, for reason not necessarily related to PHSB



Almost **6%** who had a child protection report for PHSB made about them were convicted of a crime. This compares with 11% prior to first PHSB reports



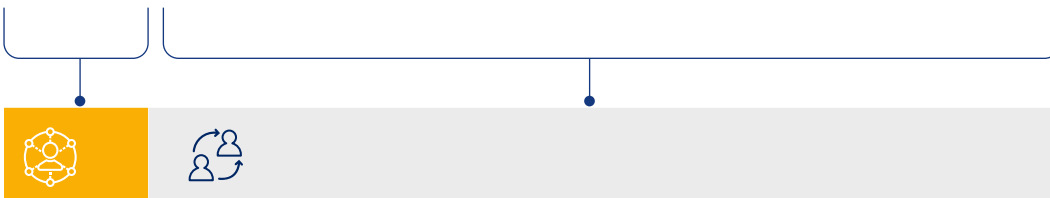
Nearly **7%** recorded at least one admission with NSW Youth Justice. This compares with 4% prior to first PHSB reports

4

How many of these children and young people accessed PHSB services?

Whilst the available data could not confidently establish any links between Helpline reports and service referrals, what we found was that:

 **440 children and young people received a PHSB-related service in Health** (excluding New Street but including child protection counselling services or sexual assault services)



63 of them were **already engaged with the service** before their PHSB report

It is therefore the remaining **377** young people for whom we can be reasonably confident that a **new service engagement** occurred, likely because of a referral following Helpline reports



This is approximately **1 in 3** young people whose cases are triaged to caseworkers' assessment from the Department of Communities and Justice



Among these children and young people, **young girls** were more likely to access PHSB-related services than young boys



Although for both boys and girls, **younger children** were more likely to access PHSB-related services in Health



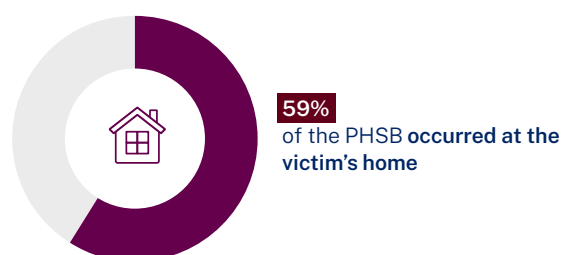
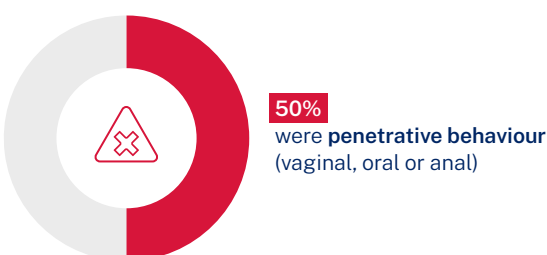
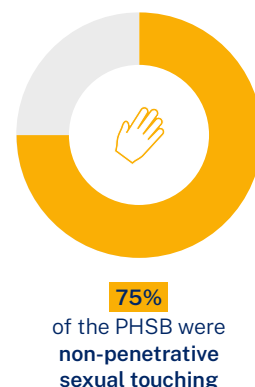
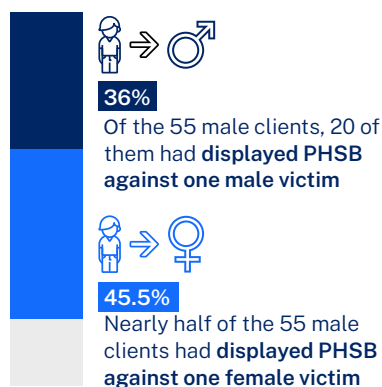
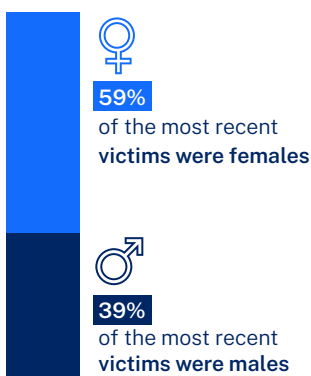
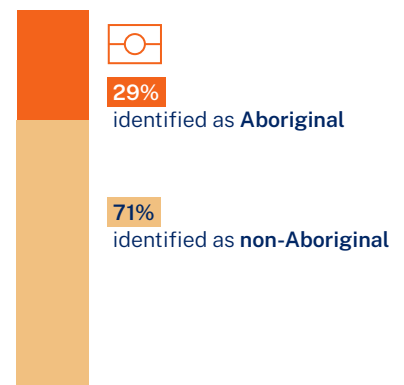
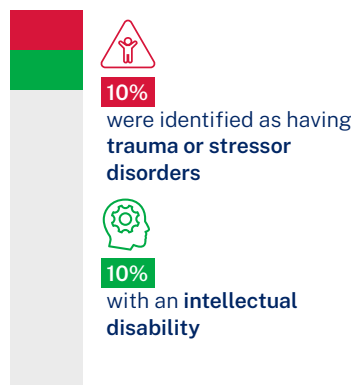
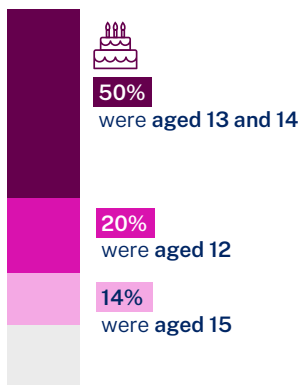
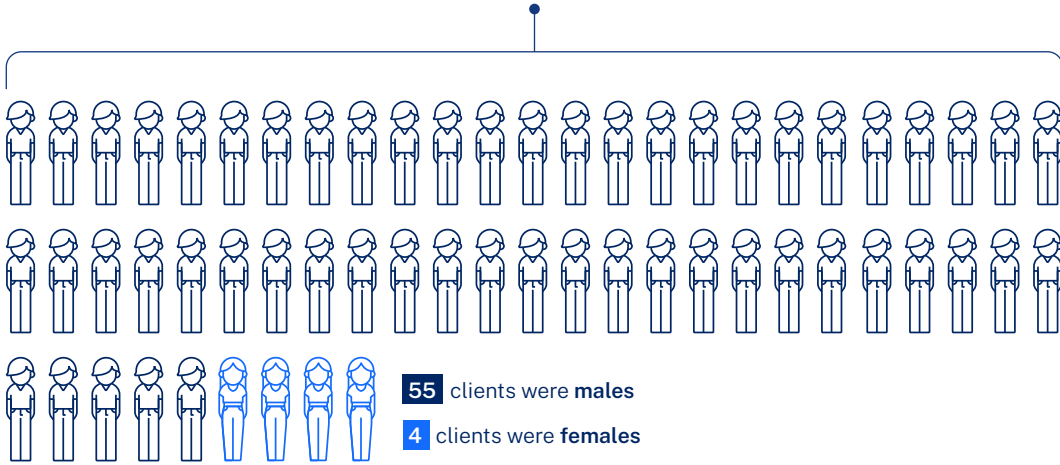
Further, children and young people who had **concurrent reports of either physical or sexual abuse** were more likely to access PHSB-related services

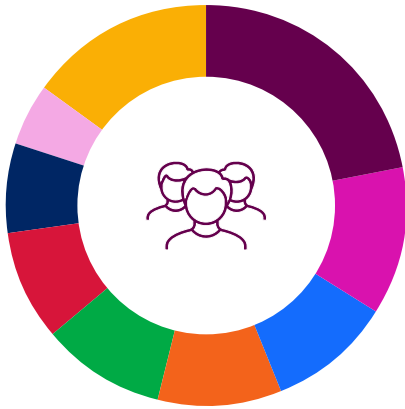
5

What about New Street?

At the time of data collection, New Street was in operation in four LHDs including WSLHD, ISLHD, Western NSW LHD and HNELHD. The following findings were obtained using the administrative data provided by WSLHD and ISLHD only.

59 young people were identified from our data linkage to have accessed New Street





The **relationship** between the 59 young people and their victims:

22%	sister (n=13)	9%	half sister (n=9)
12%	brother (n=7)	7%	half brother (n=7)
10%	acquaintance (n=6)	5%	foster carer's child / grandchild - non-sibling (n=3)
10%	cousin (n=10)	15%	other (n=15)
10%	peer (n=10)		

What have young people and their caregivers told us about service accessibility and engagement?

6

1. **Immediate support** is needed following disclosures, including:



Child protection, Police and Health care workers **recognise that families are at a crisis point**



Families need **prompt follow-up support** such as what will happen next and where they can seek help



Child protection, police and health care workers need to **be sensitive and compassionate to families**



Families in out-of-home care need **relevant information for safety planning and support**

"There are still a lot of families that would never have dreamt that would happen. So, approach it with a bit more compassion and a bit more understanding." (Caregiver)

2. Being non-judgement, trustworthy and **matching counsellors with clients' needs** facilitate service engagement

"The staff are so justice-focused, he wants what's right for the kid, you don't feel like you need to lie or twist your words." (Young Person)

3. Young people and caregivers found it **helpful when services are:**



Child-centred



Family-oriented
(e.g., involving caregivers in the therapeutic process)



Inter-agency working
(e.g., liaising with school and other service providers)

"I've opened up to my family a lot more. They're more realising about how I feel."
(Young Person)

4. Young people and caregivers found it **unhelpful when services are:**



Closed doors

(e.g., being unavailable or unable to make appropriate referrals)



Unprofessional

(e.g., using stigmatising language)



Undermining caregiver autonomy

(e.g., excluding them from decision-making, matters moving at a fast pace that felt confusing)

“Well, we’ve got him booked in for a psychologist, but we booked that last year and his earliest appointment was for May this year.”

(Caregiver)

5. Young people and caregivers wanted **help to remove these barriers:**



Insufficient service availability and capacity, particularly in regional areas



Lack of service visibility



Their apprehension about help-seeking because of **stigmatisation**



Lack of care continuity due to frequent changes of caseworkers

6. Young people and caregivers have made the following **suggestions for improvements:**



More support for caregivers (e.g., respite or support groups)

“There’s not a lot of support for how it affects the carer because it floored us.” (Caregiver)



More accessible and timely supports (e.g., reduce waiting time)



More prevention and early intervention efforts

Acknowledgements

We wish to especially thank our Aboriginal and Torres Strait Islander Advisory Group: Dr Summer Finlay, Aunty Jannice Luland, Kezia Blackledge, Samantha Ivancsik, Julie Shelley, Hector Terare and Nadia Neal.

Thank you also to the Aboriginal Medical Health and Research Council (AH&MRC) and the local Aboriginal Community Health Organisations for providing their support and advice.

We would also like to acknowledge the support from the following services:

- The NSW Department of Community and Justice (DCJ), including the Family and Community Services Insights, Analysis and Research (FCSIAR)
- Youth Justice NSW
- NSW Bureau of Crime Statistics and Research (BOCSAR)
- New Street Service and Domestic Family Violence and Sexual Assault Services (DFVSAS) in Illawarra Shoalhaven Local Health District (ISLHD)
- New Street Service, Integrated Violence Prevention & Response Services (IVPRS) and Child and Family Allied Health Services in Western Sydney Local Health District (WSLHD)
- Rosie’s Place in Mount Druitt
- Waminda South Coast Women’s Health and Welfare Aboriginal Corporation in Nowra and
- The Centre for Health Record Linkage (CHeReL)

We are also deeply grateful to the young people, parents and carers who generously shared their time, experience and insight for the purpose of this research. This research would not have been possible without their contributions, thank you!

Resources developed

Final research report, animations and others:

<https://www.health.nsw.gov.au/parvan/hsb/Pages/default.aspx>