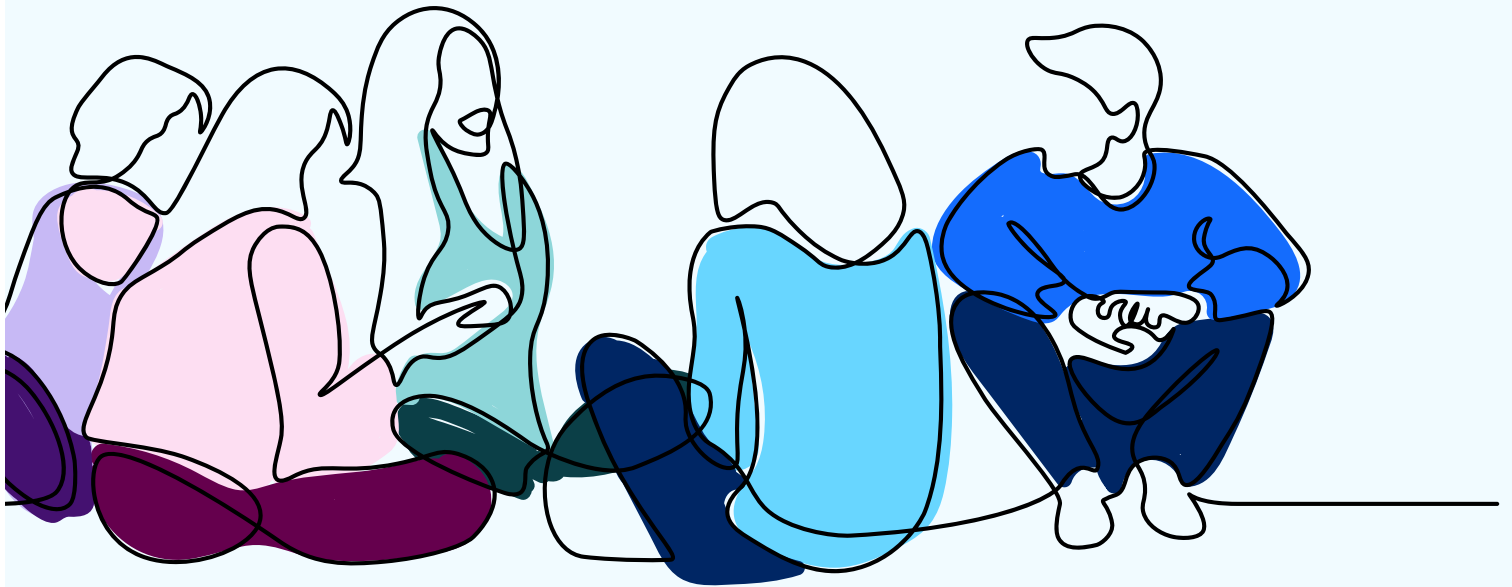


Children First

2022 - 2031



Our shared framework for preventing and responding to problematic and harmful sexual behaviours by children and young people

Our shared commitment

We are pleased to present Children First, the NSW shared framework for preventing and responding to problematic and harmful sexual behaviours by children and young people.

Children First is the culmination of a significant and complex program of work across government that responds to the findings and recommendations of the 2017 Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission).

Children First sets the vision and priorities for how NSW can and will work together to support children and young people who have displayed, or been affected by, problematic and harmful behaviours by applying a sector wide, multiagency public health approach. It delivers on a key commitment the NSW government made, in June 2018, in response to the Royal Commission.

It includes a strong focus on universal prevention for all children, targeted prevention and early intervention for children, young people and communities at higher risk, and building system sustainability.

Supporting Children First, Talking About It is the whole of NSW prevention action strategy. Talking About It presents the evidence for why and how NSW as a whole needs to act to prevent problematic and harmful sexual behaviours occurring.

Children First along with Talking About It builds on the considerable progress NSW has already made in response to the Royal Commission and, importantly, contributes to our overall vision and priority for NSW to secure a safer future for our children.

Michael Coutts-Trotter

Secretary, NSW Department of Premier and Cabinet

Susan Pearce

Secretary, NSW Health

Michael Tidball

Secretary, NSW Department of Communities and Justice

Georgina Harrisson

Secretary, NSW Department of Education

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.

We would like to thank the many individuals and organisations that have shared their time, expertise, and experiences in developing this *Children First: Our shared framework for preventing and responding to problematic and harmful sexual behaviours by children and young people* (the Framework).

We would particularly like to acknowledge:

- The children, young people, and families who shared their experiences of problematic and harmful sexual behaviours (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 this Framework builds on the many strengths and good work underway in NSW and will deliver change in the areas where it is most needed.

An overview of how this Framework was developed in partnership with many stakeholders across NSW is included in Appendix B.

Statement of commitment to safety, support, justice, and healing for victims and survivors

The strength, resilience and courage of all children, young people, adults, families and communities with experience of violence and abuse, including by children and young people with problematic or harmful sexual behaviours (PHSB) underpins and drives the work described in this Framework.

The NSW Government acknowledges the lived experience of victims and survivors, and hopes that this Framework contributes to our collective vision for all children and young people to experience caring and respectful relationships and live healthy and safe lives free from violence, abuse, and neglect.

In public hearings and private sessions, the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) heard from many survivors about sexual abuse they experienced as children by other children.¹ Data also tells us in the general population, young people, particularly girls and young women, are most at risk of experiencing sexual assault and that this is often perpetrated by peers of a similar age.²

The impacts of sexual harm by children and young people on others are often serious and long-lasting and can resemble the impacts of adult-perpetrated abuse, causing significant adverse effects on psychological, physical and sexual health, neurobiological development, interpersonal relationships, drug and alcohol misuse, sexual and gender identity, and connection to culture.

Substantial research also tells us children and young people who displayed or engaged in problematic and harmful sexual behaviours often have their own experiences of violence, abuse, neglect and trauma.³

Breaking this cycle is critical. Evidence-based public health approaches that recognise and address the intimate links between prevention, early intervention and specialist tertiary responses for both children and young people with problematic and harmful sexual behaviours and children, young people, their carers, families and communities that are victimised or at risk of being affected or harmed, are essential.

Promoting treatment and support for children and young people who have harmed others, does not minimise the serious health and wellbeing impacts that harmful sexual behaviours and sexual abuse can have on victims and survivors, nor does it reduce the importance of accountability and responsibility.

Instead, the initiatives and proposed outcomes outlined in this Framework reflect the evidence that the best way to reduce the prevalence and detrimental impacts of sexual harm, abuse and assault in our communities is to 'stop it before it starts' and prevent repeated or future harm. This will be achieved through policies and programs that address the contributing factors for PHSB and seek to change and address the social norms, attitudes and individual circumstances that lead to harmful behaviours in the first place.

The safety, welfare, health and wellbeing of all children and young people are central to NSW Government's approach to preventing and responding to PHSB.

The voice and views of children, young people, their families, carers and communities, must be respected and valued, and concerns taken seriously and acted upon.

Implementation of this Framework is underpinned by the NSW Governments commitment to upholding the NSW Charter of Victims' Rights, contained in the Victims' Rights and Support Act 2013. The Charter sets out how victims of crime are to be treated and what supports must be provided in NSW, including victims' rights to be treated with courtesy, compassion, cultural sensitivity and respect.

Children First recognises that no single service system or organisation can ensure the safety and wellbeing of children and young people, and that it is our collective approach to healthcare, child protection, justice, education, and community wellbeing that will help us achieve our vision.



EVERYONE has a part to play in ensuring children and young people in NSW are healthy and safe.

Help and support

Children and young people's sexual safety can be a challenging issue and may bring up strong feelings for some people. The following services are freely available in NSW and can give you help and support:


- **If you or someone else is in immediate danger, call**
Triple Zero: 000
- **For mental health support and advice, call**
Lifeline: 13 11 14
Kids Helpline: 1800 55 1800
Beyond Blue: 1300 22 4636
MensLine Australia: 1300 78 99 78
or QLife: 1800 184 527
- **For sexual assault and domestic and family violence support and advice, call**
NSW Rape Crisis: 1800 424 017
NSW Domestic Violence Line: 1800 65 64 63
or 1800Respect: 1800 737 732
- **For child sexual abuse support and advice, call**
Blue Knot Foundation: 1800 657 380
Survivors & Mates Support Network (SAMSN): 1800 472 676
or NSW Sexual Violence Helpline: 1800 424 017
- **To find local support for adult or child sexual assault, go to**
NSW Health's Sexual Assault Services directory:
<https://www.health.nsw.gov.au/parvan/sexualassault/Pages/health-sas-services.aspx>
- **To find local support services for young people with harmful sexual behaviours, go to**
NSW Health's New Street Services directory:
<https://www.health.nsw.gov.au/parvan/hsb/Pages/new-street-services.aspx>
- **For victims of a violent crime, counselling, financial support and a recognition payment may be available from the Victims Support Scheme. For information call:**
Victims Access Line: 1800633063
Aboriginal Contact Line: 1800019123
- **Employee Assistance Program (EAP)** is offered by many workplaces. It is confidential and free and provides assessment, counselling and referrals for personal and work related issues.

Reporting concerns that a child or young person is at risk of significant harm

- **Child Protection Helpline: 132 111**

Any member of the community, including mandatory reporters, who suspect, on reasonable grounds, that a child or young person is at risk of significant harm should report their concerns to the Child Protection Helpline, 24 hours, on 132 111.

Mandatory reporters can call or make an eReport through the ChildStory reporter website: <https://reporter.childstory.nsw.gov.au/s/>



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

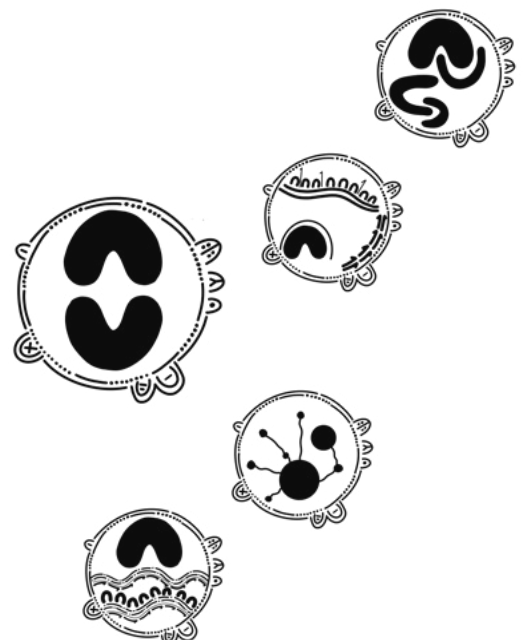
INYADOT ART featured in this document was created by Indigenous artist Jake Simon, proud Worimi-Biripi man living on Gadigal lands.

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.





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1. Our vision for change

Our vision is 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.

This is our vision for NSW.



We must be able to talk about sexual development, respectful relationships and have a better understanding of problematic and harmful sexual behaviours (PHSB) without any shame or stigma if we are to achieve our vision.

We have an opportunity now, to improve services, systems and our cultures to better understand PHSB; prevent these behaviours from occurring; and support children and young people who have displayed PHSB and their families, as well as those who are affected by these behaviours.

This Framework involves the whole of government, the service sector and the communities of NSW to better address PHSB in NSW. It describes arrangements to empower and build the capacity of organisations, workforces and communities to partner with families, so the health, safety, welfare and wellbeing needs of children and young people are met. 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 make the vision reality.



For more information:

Visit www.childabuseroyalcommission.gov.au

This Framework is a key part of the NSW Government response to the Royal Commission.

The Royal Commission into Institutional Responses to Child Sexual Abuse

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission, 2017), found that there was an ongoing problem of child sexual abuse by children with harmful sexual behaviours within institutions and the wider community.

The final report of the Royal Commission recommended:

- A public health model is adopted in strategies to prevent child sexual abuse.
- Timely expert assessments are available for children, so they receive appropriate responses.
- Specialist and general therapeutic services are funded and resourced to support each other.
- There are clear referral pathways for children to access expert assessment and therapeutic interventions, including referrals through criminal justice and child protection systems.
- Therapeutic staff receive professional training and clinical supervision.
- Multi agency coordination strategies are implemented to protect children in residential care.

The purpose of this Framework

Who is this Framework for?

This Framework is for all people who work with children (under the age of 18 years) and families in NSW and have a role to prevent, identify or support responses to PHSB.

It provides guidance and direction for government and community organisations and services. This is not just for those who may traditionally be considered part of the health, education, children and families or child protection systems.

The Framework will also strengthen our community's ability to have respectful and informed conversations about PHSB. Everyone has a role to play in challenging the contributing factors for PHSB, where they live, work and learn. There are many opportunities to identify these behaviours early and promote access to holistic and culturally safe supports for children and families who are affected. Through effective collaboration and understanding, we can support all children and young people to lead happy and safe lives.

The scope of this Framework

The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission, 2017) noted that children and young people display sexual behaviours as part of their expected sexual development, and that sexual development is influenced by biological, psychological, social and environmental factors. Most sexual behaviour in children and young people is age-appropriate and a typical part of their development.

However, some sexual behaviours are not within the typical range of behaviours expected for the child or young person's level of development. Sexual behaviours outside of this range may harm the child themselves and/or other children.

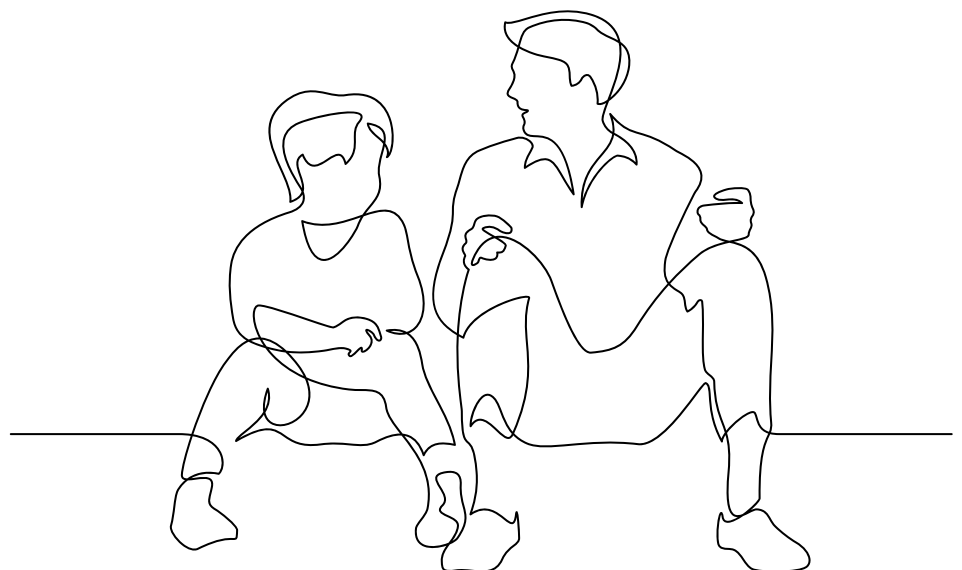


In this Framework, Problematic and Harmful Sexual Behaviours are defined as:

Sexual behaviours by children and young people under the age of 18 years that fall outside the range of expected activity for a child's age and stage of development may be developmentally inappropriate, harmful towards self or others, or abusive towards another child, young person or adult (derived from Hackett, 2014). See Section 3 for more information on this.

In this document, we have also shortened the term Problematic and Harmful Sexual Behaviours to PHSB, for ease of reading. A glossary of terms used in this document is included at Appendix A.

We know therapeutic care for children who have displayed PHSB is effective, helps keep other children safe from future harm, and reduces the likelihood of a child or young person who has displayed PHSB re-harming.^{5,6,7}



PHSB is a significant social issue and has serious negative impacts for the child or young person who has been affected by, or displayed the behaviours, as well as on families and communities.⁸ While more comprehensive evidence and data on the scale, nature and complexity of PHSB is needed, Section 2 (The Need for Change) demonstrates that sexual harm committed by children and young people towards other children and young people is prevalent.

A public health approach has a strong focus on preventing the behaviours from occurring and structures the system to deliver the most appropriate and proportionate response to promptly address the needs of children, young people, and families.

Within this approach, we recognise individual, relationship, social, cultural and environmental factors are important to understanding the context of PHSB and inform proportionate, holistic and evidence-informed approaches.

That's why this Framework focuses on:



Promoting respectful relationships and preventing PHSB from happening in our communities.



Targeting prevention for children and young people with experiences that make them more likely to present with PHSB or who have specific needs.



Identifying and responding early to PHSB when the behaviours occur and prevent escalation.



Providing accessible services and supports that meet the complex and diverse needs of children and young people who have displayed PHSB, those affected by the behaviours, and families.



Removing current system barriers preventing children who have displayed PHSB from accessing therapeutic care that would enable them to cease their behaviours and keep children safe.

This Framework guides a broad program of work that builds on many current and planned initiatives delivered by organisations across NSW, including government, non-government and communities. The Framework aligns to broader strategic State Outcomes, Premier’s Priorities and key NSW state initiatives addressing domestic and family violence (DFV), sexual assault, abuse and neglect.

Section 5: How we’ll deliver and know we are successful provides an overview of key related

frameworks, policies, services and programs. Many of these are also referred to throughout this document as examples of good practice. They play an important role in strengthening our collective approach to responding to PHSB in NSW.

The Framework guides a coordinated program of work in NSW to prevent, identify and respond to PHSB. There are several important documents that contribute to achieving the vision and outcomes of the Framework shown below in Figure 1.

Figure 1 Documents that contribute to the vision and outcomes of the Framework

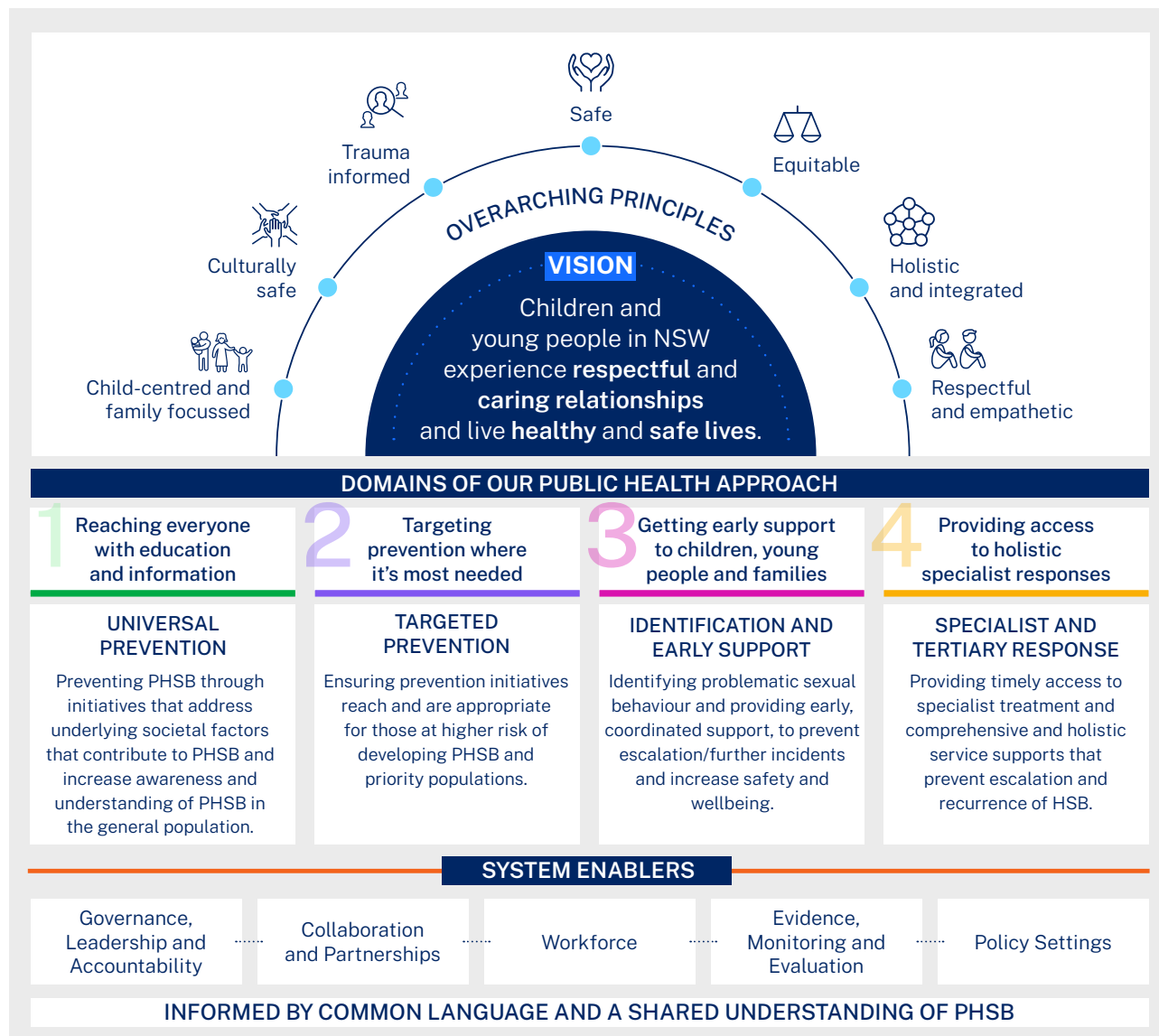


The documents supporting the implementation of this program of work are described in further detail in Appendix C.

Framework at a glance

The evidence, principles, strategic priorities, and high-level actions in this Framework will help staff and organisations across NSW to plan, deliver and improve their services and programs. When this Framework informs our approaches to PHSB, the health, safety, welfare and wellbeing needs of children and young people, families and communities will be better met.

Figure 2 Framework at a glance



The key elements of this Framework are described further in Section 4: Making our vision a reality.



2. The need for change

This Framework is complemented by the companion resource: *A Case for Change – preventing and responding to problematic and harmful sexual behaviours by children and young people*, which provides the evidence base that underpins the Framework and program of work.

The Case for Change includes seven key arguments:

1. A common understanding of PHSB will ensure consistent and effective responses.
2. We can prevent harmful sexual behaviours from occurring.
3. Responding early prevents escalation and reduces harm.
4. Specialist treatment services can prevent harmful sexual behaviours from re-occurring or escalating and help victims to recover and heal.
5. Pathways into treatment can prevent re-harming.
6. We need to build a skilled and confident workforce.
7. Committing vital resources now will deliver benefits and cost savings in the future.

This section provides a snapshot of The Case for Change, but readers should refer to the document for a detailed discussion of these issues.

The impacts of PHSB on children, young people and families are significant

In Australia

ONE IN FIVE  sexual assaults

reported to police between 2010 and 2014 were recorded as an instance where both the child or young person has engaged in and has been affected by, sexual assault was under the age of 18.⁹



IN NSW
over two years,
more than

5,000 
CHILDREN

were reported to the NSW Child Protection Helpline who displayed PHSB across 2018 and 2019.¹⁰

Sexual behaviours in children can be difficult to talk about for children and young people, people affected by others' sexual behaviours, parents/carers and families, teachers and communities. For this reason, it is believed many more instances of children who have displayed PHSB are unreported and unaddressed.¹¹

The effects on children and young people impacted by sexual abuse and PHSB are well documented:

Child sexual abuse can negatively affect mental and physical health, relationships and sexuality, drug and alcohol use, connection to culture, education, employment and financial habits.¹² It can result in Post-Traumatic Stress Disorder and sexually reactive and harmful sexual behaviours.¹³ Young people who have experienced child sexual abuse have suicide death rates 10 to 13 times higher than the national Australian rate and a higher level of suicide ideation and attempted suicide.¹⁴ Self-harming behaviour is also common.¹⁵

Difficulties with interpersonal relationships, connection to culture and sexual identity.¹⁶ Victims of sexual abuse can often experience:

- greater difficulties with interpersonal relationships and trust, often because of feelings of shame, guilt and confusion
- community stigma and isolation
- the breakdown of family relationships, often resulting from out of home care (OOHC) placements.¹⁷

Increased likelihood of experiences of domestic and family and/or physical violence as adults, both as victims and perpetrators.^{18,19} Victims of abuse often experience trauma that can contribute to the development of unsafe sexual behaviours toward themselves and/or others.²⁰

Poor social and educational outcomes including increased likelihood of disengagement from education, lower educational outcomes, reduced access to employment, poor financial habits and increased likelihood of contact with the criminal justice system.^{21,22}

There are also negative impacts on the life of the child or young person presenting with harmful sexual behaviours. These impacts range from poorer educational outcomes, contact with the criminal justice system, facing stigma and isolation from their community, impacts on family and relationships, and breakdown of OOHC placements. People who have displayed PHSB as a child or young person can experience feelings of shame and distress, which can have a detrimental impact on mental health. Without access to appropriate treatment, behaviours may also escalate, causing additional harm.

A public health approach is needed to prevent and respond to PHSB

Building a better system to respond to the complex issues involved in harmful sexual behaviours by children and young people requires multiple, complementary and community-based initiatives, including access to effective therapeutic supports and services.

The Royal Commission recommended that all Australian governments develop a Framework based on a public health approach to PHSB.

NSW has adopted a public health approach to addressing PHSB because it will focus investments, policies and energy in the right directions and therefore achieve sustained change. It builds on the existing public health approach to protecting children that Australian governments are committed to under the *Safe and Supported: the National Framework for Protecting Australia's Children 2021-2031*.

A public health approach identifies prevention as an outcome to pursue across all tiers of the system and typically involves three levels:

- **Primary Prevention** - including universal and targeted approaches that reduce the risk of PHSB occurring in the general population of children and young people.
- **Secondary Prevention** - including early identification and timely responses that prevent more serious behaviours from developing and/or prevent such behaviours from reoccurring.
- **Tertiary Prevention** - that addresses the impacts of significant and harmful behaviours once they have occurred, including a focus on rehabilitation and recovery.

A public health approach considers the complex drivers or underlying causes of PHSB beyond individual risk factors. The interaction between an individual, their relationships, community and other societal factors is important.²³ For example, attitudes and expectations related to gender norms within our society, social groups and institutions can implicitly (and sometimes directly) encourage violence against women and girls.

This approach allows us to understand and address PHSB with complementary and coordinated initiatives across individual, relationships, community and societal levels.

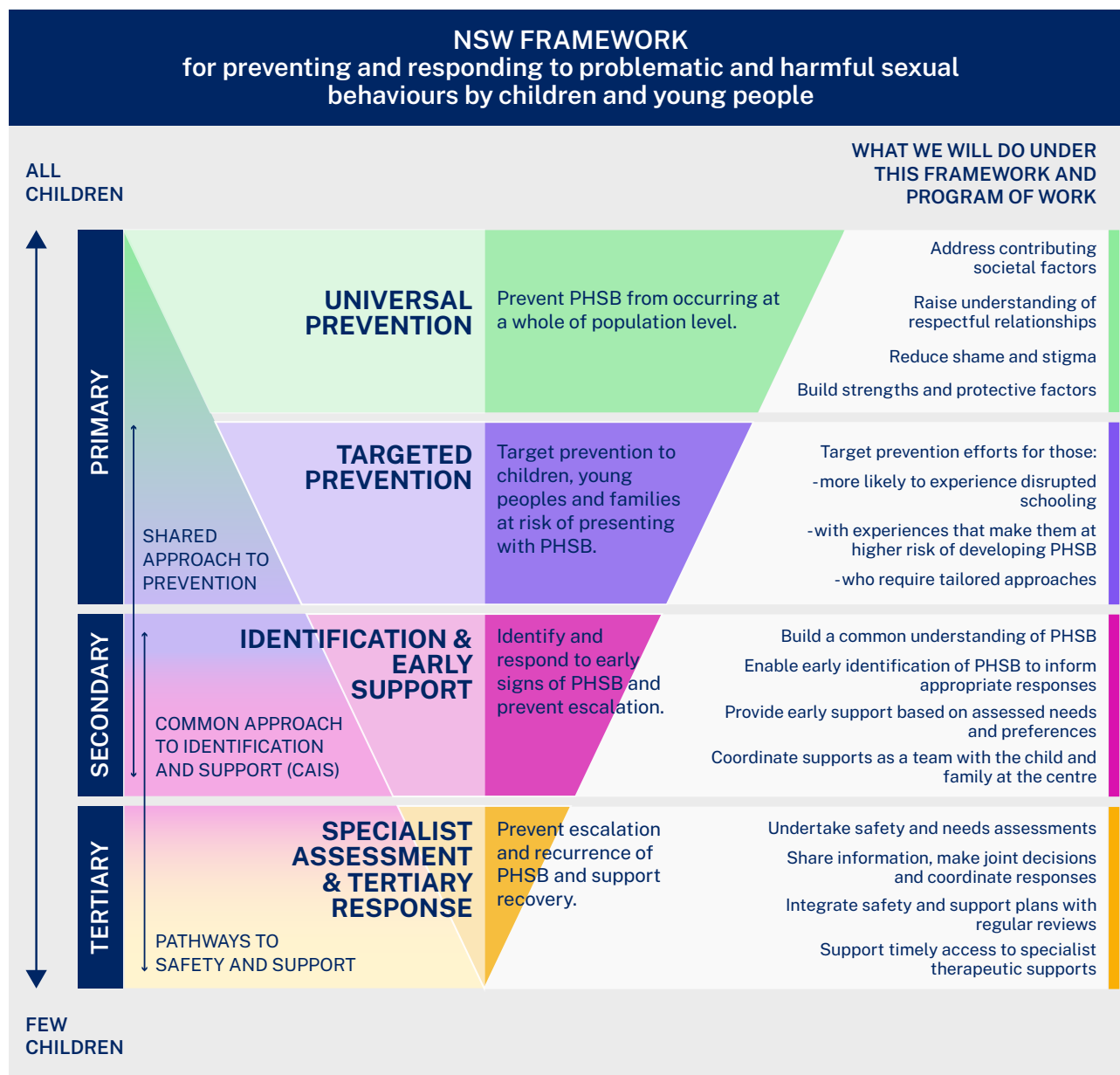
The principles of public health provide a useful framework for both continuing to investigate and understand the causes and consequences of violence and for preventing violence from occurring through primary prevention programmes, policy interventions and advocacy.

- World Health Organization (2021)²⁴

Addressing PHSB through this multi-level public health approach is more likely to achieve sustained change and helps focus investments, policies, and energy instead of duplicating efforts. See Figure 3 overleaf.



Figure 3 This Framework and the PHSB program of work commits us to action at all levels of the public health approach



We need to weave a safety net through our interagency and collaborative responses

PHSB has complex drivers and contributing factors that require an interagency and whole of community response.

A shared understanding of the continuum of sexual behaviours across agencies and workforces is essential to designing and implementing effective integrated responses to PHSB. There is also growing consensus that no single service or service system has the capacity or expertise to respond to the multi-faceted nature, causes and effects of children and young people who displayed or engaged in PHSB.²⁵ Access to wraparound services that meet the needs of the child and socio-ecological environment is necessary.

The Framework outlines the directions for NSW and provides the guidance to support this shared understanding and a cross-government approach.

Section 3:

- provides definitions and guidance on the continuum of sexual behaviours and appropriate, supportive language to use
- outlines the common contributing factors for PHSB and those who are at higher risk of presenting with PHSB.

There are gaps in the current service system that must be addressed.

The Royal Commission found significant inconsistencies and gaps in Australia's approach to PHSB. Research and engagement to inform the NSW response identified challenges that the Framework addresses. Table 1 presents the current state and future state for NSW's response to PHSB.



Table 1 Current challenges and working to a better future state for NSW's response to PHSB

Current challenges	Moving to a stronger future state
<p>An inconsistent, uncoordinated approach to the prevention of PHSB. There is low awareness and literacy about PHSB among government and non-government agencies and providers, families and the broader community. Broader violence prevention initiatives do not consistently include PHSB, and there is often a lack of agreement about responsibilities for delivering key prevention messaging.</p>	<p>A consistent and coordinated approach to the prevention of PHSB. A higher awareness and understanding of respectful relationships, sexual development and PHSB across government, non-government agencies and providers, families and the broader community.</p>
<p>Inconsistent access to support and training for workforces commonly involved with children and young people at higher risk of engaging in PHSB. Carers also lack specific supports including detailed information about PHSB for children in their care, increased involvement in safety planning, and the offer of respite care.</p>	<p>Training and development for appropriate workforces. This includes the development of multiagency models of working with children and young people who displayed PHSB to support collaboration and best use of resources.</p>
<p>No clear pathway to early support for children and families. Professionals across the human services sector, working with children lack confidence in identifying PHSB and do not know what actions to take when they have concerns.²⁶ There is limited availability of early support services for problematic behaviours.</p>	<p>Accessible pathways to early support are provided for children and young people who displayed PHSB. Key workforce groups are able to identify and respond to PHSB appropriately. They understand their role and how to facilitate appropriate assessment and service provision which prevents escalation and re-occurrence of PHSB.</p>
<p>Limited training available for the relevant workforce to respond to PHSB. Only 36 per cent of respondents to a sector-wide Workforce Survey commissioned by NSW Health had received any training on PHSB in the last two years and 70 per cent reported it was not easy to access good quality training and professional development on how to respond to PHSB. Workforce Survey findings suggested when training was received, this significantly increased confidence and understanding on how to identify and respond to PHSB.</p>	<p>Available and accessible training for all relevant workforces on how to respond to PHSB. Workforces have access to high quality training and professional development on how to identify and respond to PHSB. Training is aligned to internal and interagency roles and responsibilities.</p>
<p>Limited access to specialist services for children who have been harmed by the sexual behaviours of another child. NSW Health Sexual Assault Services (SAS) are unable to meet demand. There is a need for additional identified Aboriginal positions to ensure the cultural safety of the service for those workers and Aboriginal children, young people and families.</p>	<p>Improved access to specialist services for PHSB. Demand for specialist services is met by adequate service supply, particularly for rural and remote areas. Accreditation processes are strengthened to support consistent quality of counselling services.</p>
<p>Improved access to specialist services for PHSB. Demand for specialist services is met by adequate service supply across Greater Sydney, rural and remote areas. Accreditation processes are strengthened to support consistent quality of counselling services.</p>	<p>Improved access to specialist services for children who have been harmed by sexual behaviours of another child. Services can respond to demand with additional capacity to ensure the cultural safety of Aboriginal children, young people and families.</p>
<p>Barriers to referral between the justice, health and child protection systems, meaning children and young people are unable to access timely therapeutic support for their PHSB. This can result in continued or escalated behaviours, school exclusion and family or placement breakdown.</p>	<p>Clearer referral pathways between the justice, health and child protection systems, with minimal barriers and better sharing of information across agencies. Children and young people can access timely therapeutic support.</p>

The system must also respond to the needs of priority population groups.

Priority populations require targeted and tailored education and supports, as universal programs have insufficient reach and/or do not meet their specific needs.

These include:

- **Aboriginal and Torres Strait Islander people and communities**, who need tailored approaches with a focus on building trust and ensuring supports and services are culturally safe and culturally appropriate.
- **Culturally and linguistically diverse groups**, who need similarly tailored initiatives to ensure relevance and appropriateness to diverse cultural and religious values and beliefs, including in people's primary language.
- **Children and young people with disability**, who need prevention and responses that meet their specific developmental needs and consider the important role of family and carers.
- **Children and young people in out of home care**, who need responses that consider an increased likelihood of experiences of trauma and/or risk of sexual violence or exploitation.
- **Children and young people in contact with the criminal justice system**, who also need responses that address their experiences of trauma and provide access via non-mainstream settings (i.e. not through school).

Addressing PHSB will have significant social and economic benefits

The costs of inaction and ineffective services are significant.

PHSB adversely affects the social, emotional, and cognitive development of child and adolescent victims. According to some estimates, the annual budgetary cost of unresolved childhood trauma and abuse in adults in Australia could be as high as \$24 billion. This is in addition to \$6 billion in child protection responses to children and young people in crisis, and \$3 billion in youth justice costs associated with experiences of trauma.²⁷

Reducing future negative outcomes creates cost savings for government and society.

There is a significant opportunity to strengthen prevention and early intervention through a public health approach. A more mature prevention and early intervention system can improve access to supports for all children and young people and reduce costs associated with tertiary services.

Prevention and early intervention can prevent the escalation of behaviours.

Prevention focusing on information, education and training on protective sexual behaviours for all, can prevent the escalation of PHSB. Early identification and intervention of PHSB in younger children (under 10 years of age) and young people (10-17 years of age) has also shown to reduce the likelihood of general offending as adults.²⁸ It is widely agreed that "the return on investment for prevention and early intervention is consistently greater than costly remedial responses."²⁹

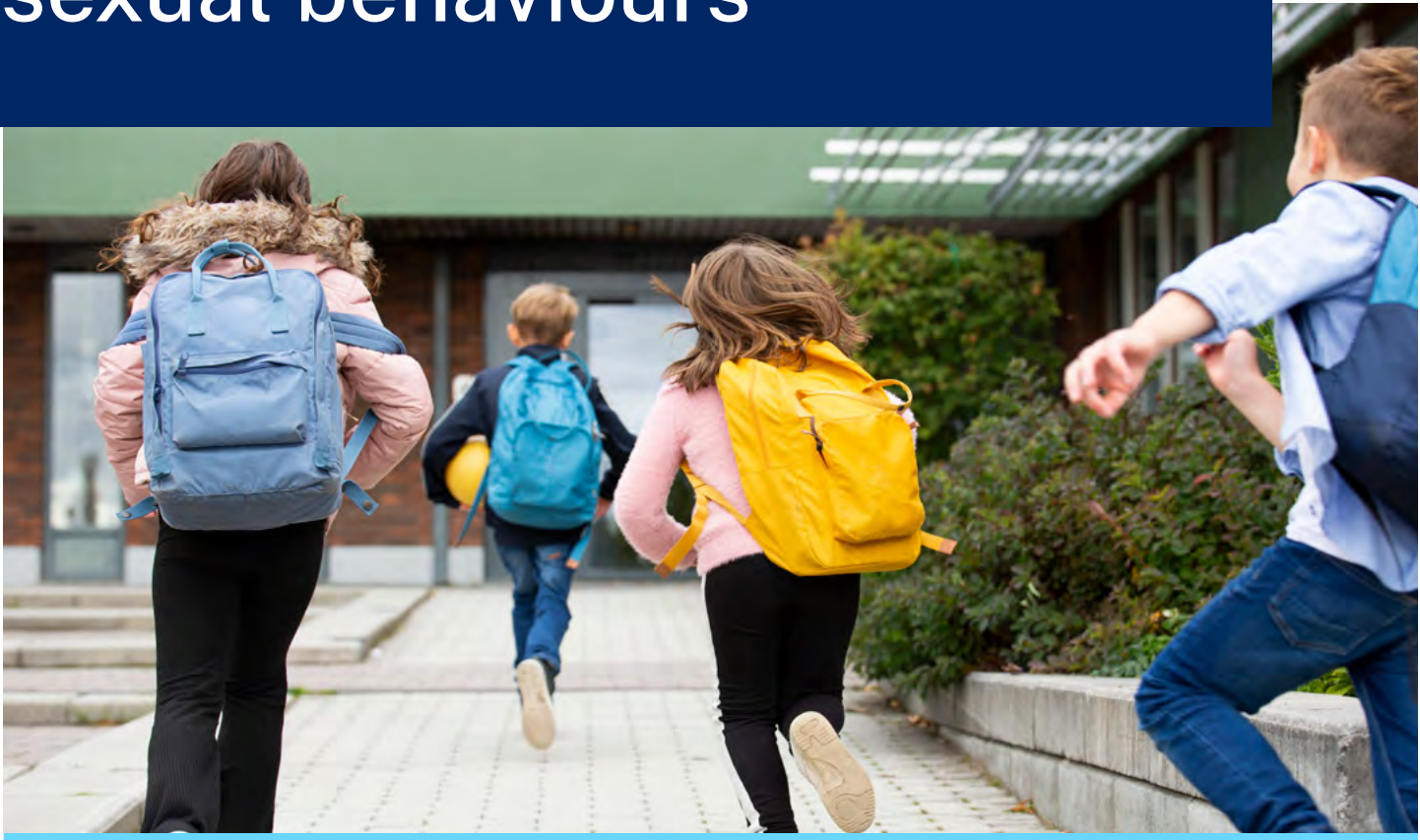
I think if I had sex education before everything had occurred...I think everything would have changed... because I would have known it was wrong, more so than what I did at the time. I would have known why it was wrong and why not to do it.³⁰

–Young 19-year-old male, McKibbin (2017)

Specialist therapeutic care is successful at stopping and reducing PHSB.

Therapeutic care for children who displayed PHSB is effective, reduces further PHSB and keeps other children safe from future harm.^{31,32} An evaluation of New Street Services indicates that effective therapeutic care for PHSB can deliver significant economic value (up to \$64,000 per person over ten years compared to no service at all).³³

3. Understanding problematic and harmful sexual behaviours



Reducing shame and stigma

We can't let embarrassment and stigma jeopardise the safety and wellbeing of children and young people.

The topic of sex, sexual development, sexuality, and relationships can be uncomfortable for many parents, carers and professionals who work with children and young people. Because of this, too often we avoid important conversations about our children's sexual development, behaviours and relationships.

PHSB can be a sensitive and taboo subject and a wide range of terms are used to describe children and young people who have displayed PHSB. We need to equip families, carers, professionals and our communities with the knowledge and understanding to approach conversations with children and young people. A common language and understanding of key terms will help:

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

Why language matters

The way we talk about PHSB needs to change.

The Royal Commission highlighted the importance of language used to describe children with harmful sexual behaviours, and the recent shift in focus from the child to the behaviours themselves. This shift is based on the current understanding that language that frames children in purely criminal terms does not acknowledge that children have a greater capacity for rehabilitation than adult offenders.

While the safety and provision of appropriate supports for those who have been, or are being, harmed by PHSB is of critical importance, we tend to apply an adult lens to the behaviours and ignore what may have contributed to the child or young person who have displayed these behaviours.

The language we use to describe PHSB should be strengths-based, contextualised and accurate. In acknowledging the stigmatising effects of the labels of 'sex offender' and 'perpetrator' and that children are, in fact, different from adults, the Royal Commission uses different language for children than the 'perpetrator' or 'offender' language used for adults. The Royal Commission found that such descriptors can adversely affect the motivation of a child to change their harmful sexual behaviours as well as their self identity, outlook and ability to engage in healthy and positive behaviours.

Stigmatising language and emotive terms can impact the immediate and long-term safety and wellbeing of children and young people and inhibit engagement with therapeutic care and support. Such language should be avoided when working with children and young people who have displayed PHSB. Our language should also reflect the broad spectrum of sexualised behaviours and the circumstances that have likely contributed to them.³⁴

As we learn more about PHSB, it is important to remember we are often talking about children and young people who are developing and learning. A child and young person's sexual development is a natural part of their overall growth and development. A child or young person's sexual knowledge, beliefs, and behaviours stem from and are responses to a range of contextual factors. Where behaviours are problematic or harmful, a child or young person can be supported to cease those behaviours.

Talking about and addressing inappropriate sexual behaviour is difficult. A sensitive, empathic and respectful approach is more likely to positively engage those who have displayed or have been affected by PHSB and contribute to behavioural change, healing and recovery. Using strengths-based language should focus on attitudes and beliefs that contribute to positive and respectful relationships, and safe sexual behaviours.

The overall message provided by children and young people was for the difficult things to be spoken about without feeling embarrassed, ashamed or made to think that something was wrong with them, or they were bad.

–Thompson & Want (2020)³⁵

Figure 4 overleaf provides examples of language we can use and language we should avoid when talking about children and young people who have displayed PHSB.

Figure 4 Why language matters³⁶

In some specific contexts, language might be less flexible. For example, in the criminal justice system, language such as 'offender' are applied to children and young people, where deemed necessary within legal proceedings. However, when working with the young person outside of legal proceedings, it is important to address the offending behaviour, without labelling the young person as an "offender". This acknowledges that offending does not need to set the young person on a trajectory to further offending and rehabilitation is possible and an outcome worth working towards.

We explained the situation, and she still wrote in her referral that [my child] had predatory behaviour...but, it was extremely unnecessary language, the way she was, and the way she was with [my child] verbally in that appointment.

–Caregiver (2022)³⁷

Agreement on a single set of language or definitions for a complex subject like PHSB is challenging and not always practical. Using specific language without considering the broader context in which the behaviours occur can further contribute to the negative impacts outlined previously.^{38,39}



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.⁴⁰ This is related to both 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. Rather, it 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 best to test this language with the child or young person and gauge their preference.

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, ability, stage of development and level of understanding 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 expected' 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.

Most sexual behaviour in children and young people is a healthy part of their development.

It is important to differentiate developmentally typical behaviours that involve age-appropriate sexual exploration and curiosity from those that are problematic or harmful. There are many different ideas, informed by culture and context, about what constitutes appropriate sexual behaviour. The term 'problematic and harmful sexual behaviour' provides an umbrella term that is inclusive of concerning sexual behaviours across the continuum which may be displayed by children and young people.

WHAT IS PROBLEMATIC vs HARMFUL SEXUALISED BEHAVIOUR?**Problematic sexual behaviour**

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.⁴¹

Harmful sexual behaviour

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.⁴² Therapeutic support is needed to address these behaviours, particularly where there is choice or intent involved.

Using a common screening tool in NSW will enable earlier and consistent identification of PHSB and appropriate responses and support to everyone involved.

A NSW specific screening tool, drawing on the Hackett continuum (2010), will be developed to support professionals identify PHSB and make appropriate referrals and child protection reports. The tool will align with the NSW policy and legislative context and provide the workforce with guidance about the importance of considering the child/young person's behaviours in context, along with providing illustrative examples of developmentally typical and problematic and harmful sexual behaviours.⁴³

Sexual behaviours may also be considered outside the developmentally typical range if they:

- occur at a frequency greater than what is considered developmentally expected
- interfere with the child's development
- are associated with emotional distress
- occur between children of unequal age, size, power or developmental ability⁴⁴

Problematic or harmful sexual behaviour may also include sexual behaviours that are developmentally inappropriate and potentially put the child themselves at risk of harm or have already caused them harm.

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. Screening and assessment tools must be consistent with these legislative definitions and provisions.



Common Approach to Identification and Support (CAIS): A tool for practitioners

A Common Approach to Identification and Support (CAIS) will be developed to support practitioners implement timely, consistent, evidence informed practices that identify, assess and respond to children and young people who have displayed PHSB. The CAIS provides a common process, including steps, key decision points and tools for practitioners in all organisations that work with children and families, including government and non-government organisations and private practitioners.

The CAIS will include the NSW screening tool, based on the Hackett continuum (2010), to support objective and evidence informed decision making about a child or young person's sexual behaviour and the appropriate response.

Factors that may contribute to children and young people who have engaged in PHSB

There is no single pathway that contributes to children and young people developing PHSB. Children and young people of all genders, ages, life experiences, ethnicities and abilities can display PHSB.

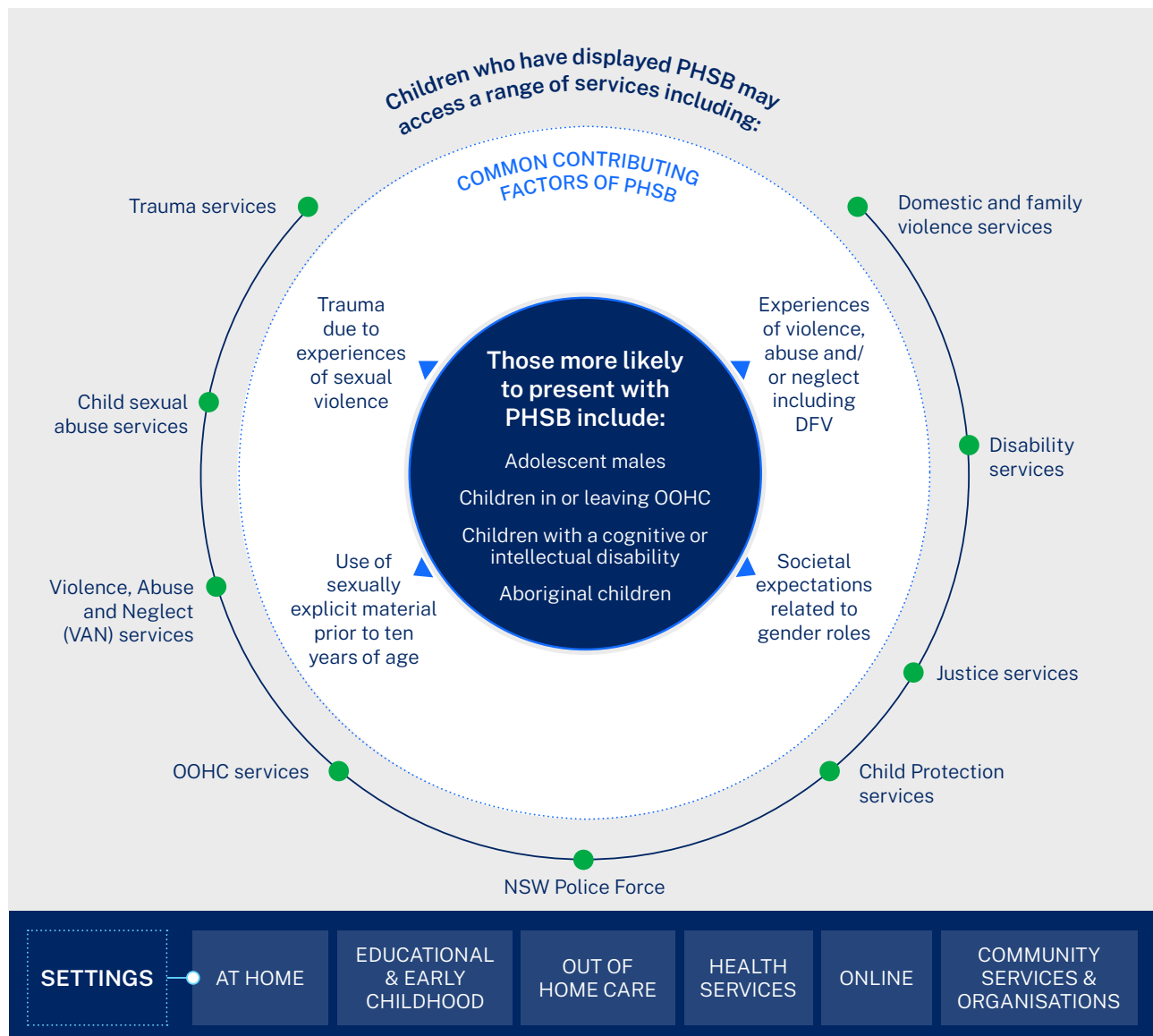
Most sexual behaviour in children and young people is developmentally typical. A small, but significant number of children and young people engage in PHSB. They are not a homogenous group.

More research is required to fully understand the risks for PHSB. However, the existing evidence identifies four common contributing factors. These are often shared across other types of gendered and sexual violence, including child sexual abuse. They may be more prevalent in certain populations and settings.

Figure 5, overleaf, summarises the:

- common contributing factors to PHSB, where universal and targeted prevention efforts should focus
- cohorts of children and young people who are more likely to experience these contributing factors, and therefore may be more likely to have engaged in PHSB
- settings where PHSB may occur, or that may present opportunities to address contributing factors
- types of services and supports children and young people who have displayed PHSB may access, which present opportunities to identify and address contributing factors and PHSB itself.

Figure 5 Who is more likely to present with PHSB?



There are four common contributing factors for PHSB, often shared across other forms of violence.

It is rare that there is only one factor (Figure 5) contributing to PHSB. We know from the evidence that it is important to address these factors collectively, as part of a holistic approach to preventing, understanding and responding to PHSB.

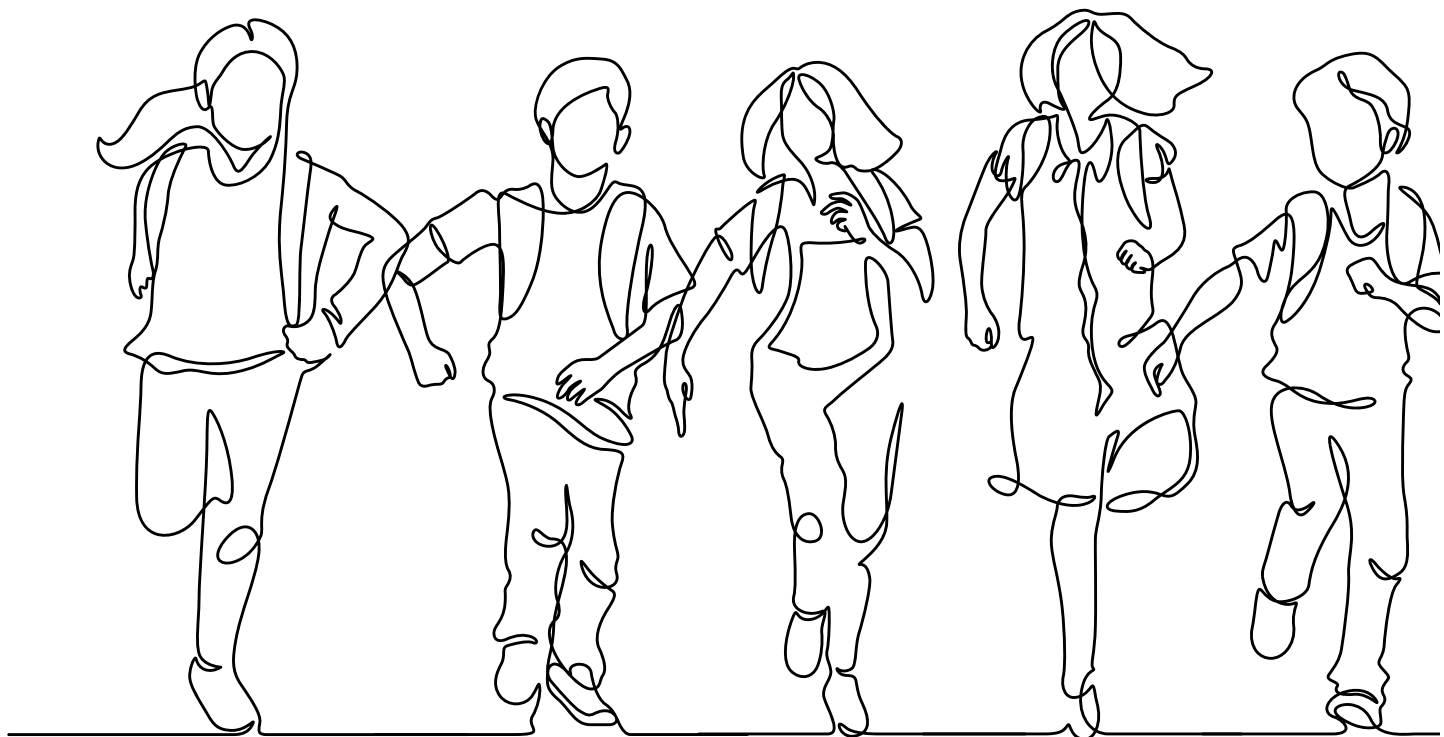
Contributing factors include:

- 1. Social context of inequitable gender norms and expectations:** Children and young people may have been exposed to gendered attitudes, behaviours or violence through their family, community, and the media. Their environment can contribute to their learning about relationships and sexual behaviour, especially if trustworthy adults are not having these conversations with them.
- 2. Trauma due to experiences of sexual violence:** A significant proportion of children and young people who engaged in PHSB, including those who sexually offend, have been harmed by child sexual abuse. Research reports prevalence rates range from 28 per cent to as high as 92 per cent.⁴⁵

3. Experiences of violence, abuse and/or neglect including domestic and family violence (DFV): We know that many children and young people who have displayed PHSB will have experiences of violence, abuse and neglect. Around half of the children and young people reported to the Child Protection Helpline for PHSB had concurrent reports for sexual or physical abuse or neglect.⁴⁶

4. Early exposure to pornographic material: Increasing access to technology and the sexualised nature of online material including pornography and other sexually explicit materials contributes to sexual violence.⁴⁷ It can also enable technology assisted PHSB to occur including compulsive use of pornography, creating, sending or distributing explicit images and viewing explicit materials online.

Protective factors against early support and/or further PHSB include positive connections to parents, peers and community, living in a safe environment and receiving specialised therapeutic care. Positive parental or carer involvement enables more effective therapeutic care.



Children and young people that are more likely to present with PHSB

It is important to consider PHSB in context. PHSB is often an indicator that a child or young person may be experiencing underlying or contributing issues.⁴⁸

For example, 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 ongoing 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 all Aboriginal children and young people presented with, or have been affected, by PHSB but acknowledges that the over-representation of Aboriginal children and young people cannot be ignored and must be understood.

Some children and young people are more likely to present with PHSB due to the presence of contributing factors outlined in Figure 5. Groups of children currently more likely to be identified are:

- **Adolescent males:** 75 per cent of children reported to the Child Protection Helpline who presented with PHSB in 2018 and 2019 were male.⁴⁹
- **Children in or leaving Out of Home Care:** Due to their increased likelihood of experiencing trauma and/or violence, abuse, or neglect.
- **Children with a cognitive or intellectual disability:** 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. Eight per cent of children reported to the Child Protection Helpline who presented with PHSB in 2018 and 2019 had a disability.⁵⁰
- **Aboriginal children:** 17.5 per cent of children reported to the Child Protection Helpline who presented with in 2018 and 2019 identified as Aboriginal. Aboriginal children are overrepresented in the number of children in or leaving OOHC and with experience of trauma, violence, abuse and neglect. Aboriginal children also have higher rates of charges for offending behaviour and are more likely to experience a justice response.



There is strong evidence that those affected or harmed by PHSB:

- are predominantly female
- were known to the person causing harm, including family members or acquaintances
- are more likely to have the PHSB reported when it occurs outside the family environment, than in situations involving family members.⁵¹

Children and young people who have displayed PHSB can often be previous or current victims of sexual violence. This often occurs in the context of a range of wellbeing and safety issues for both the child who has displayed PHSB and the child affected by or harmed by the behaviours. Addressing the holistic needs of both children is critical to breaking this cycle.

The support system must ensure the safety of all children and young people, including those who have displayed, and been affected by PHSB. This can be complex in familial situations, and more specifically, where a child or young person has experienced harmful sexual behaviour by a sibling. Harm by a sibling brings many challenges for the family, carer and child who has displayed PHSB and the child affected by PHSB.^{52,53}

Everyone has a role to play in preventing, identifying, and responding to PHSB to keep our children safe and healthy.

As outlined in Figure 5, PHSB can occur across a range of settings including our schools, community and sports groups, faith-based organisations, primary and community healthcare providers, the justice system, the child protection system, out of home care providers and at home. The attitudes, norms and practices in these settings can also contribute to experiences of PHSB.

A coordinated, collaborative approach where everyone can identify PHSB, and knows their role to support a safe, appropriate and effective approach is critical.

Children and young people who have displayed PHSB often have multiple and complex needs. They may have existing touch points with services and supports within the broader system that present significant opportunity to identify and intervene early. The service system should work in an integrated, collaborative, child-centred and family focused way to identify and respond to the different needs of children and young people who have displayed PHSB.

Figure 6 There are things we can all do now



4. Making our vision a reality

“Children and young people in NSW experience respectful and caring relationships and live healthy and safe lives”

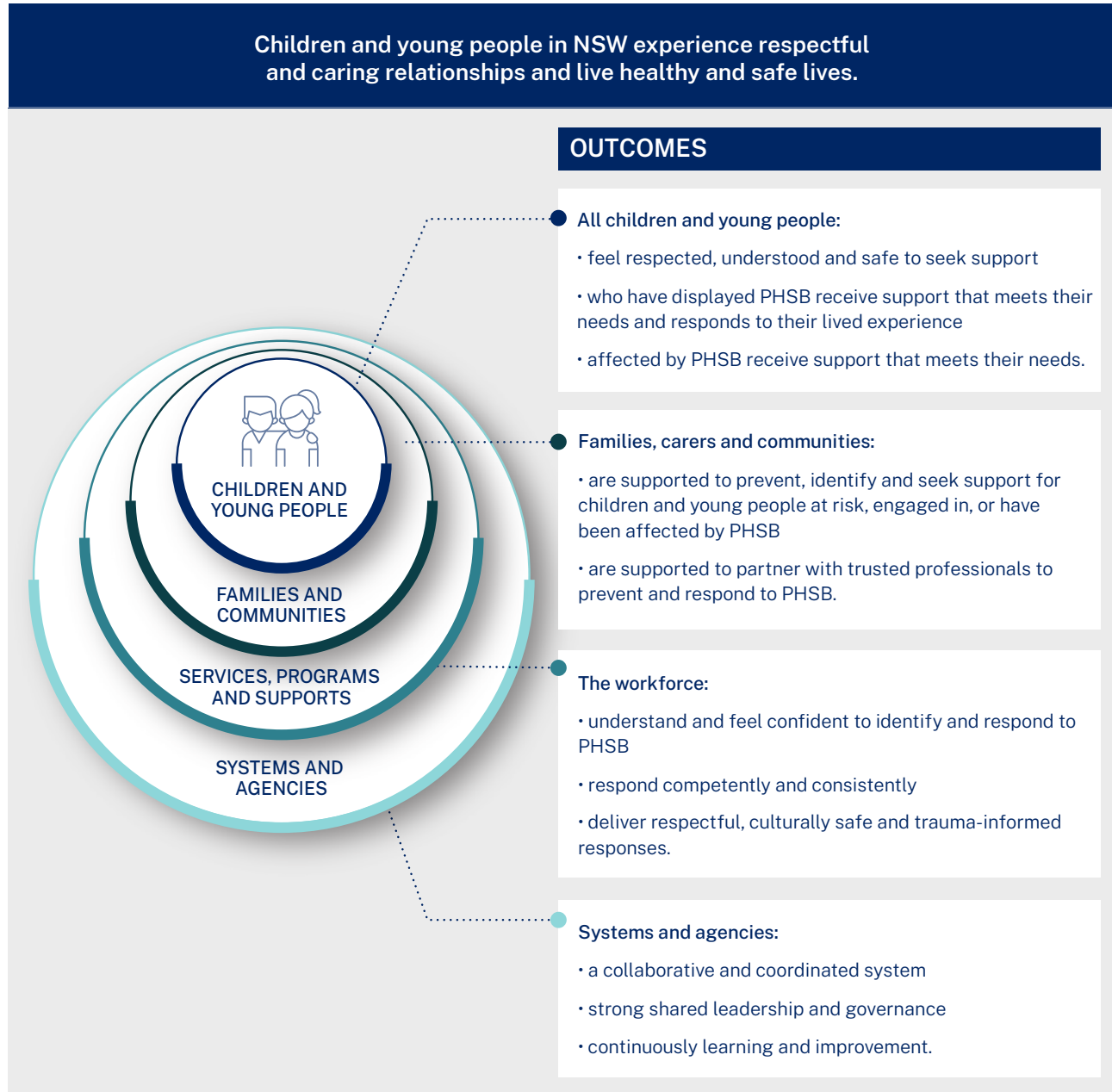
The vision, principles and domains in the Framework support organisations to work collaboratively towards a common purpose.



Framework Outcomes

Figure 7 below describes the outcomes we will achieve for children and young people, families and carers and the system that supports them.




Figure 7



Frameworks principles

These principles guide the strategic priorities described in this Framework. They also describe how we will work to deliver on our vision.

Figure 8 Framework Principles

<p>CHILD-CENTRED & FAMILY FOCUSED</p> 	<p>We place children at the heart of all decisions and understand the needs and strengths of the family are inextricably linked to those of the child.</p> <p>The voice of the child (both who has displayed and been affected by PHSB) is heard and their participation supported at every stage.</p>
<p>CULTURALLY SAFE</p> 	<p>Our approaches are spiritually, socially, emotionally and physically safe for people, and there is no challenge or denial of identity, experiences or needs. This means a flexible and adaptable approach that is responsive to the identity, needs and circumstances of the child/young person.</p> <p>We recognise and support healing from intergenerational trauma and impacts of colonisation on diverse Aboriginal communities.</p>
<p>SAFETY & WELLBEING FOCUSED</p> 	<p>We support all types of safety and wellbeing for children and young people, including physical, psychological and cultural safety, as well as access to appropriate information and support.</p> <p>Assessments of safety should be dynamic, relational and collaborative with a focus on the safety and wellbeing of both the child or young person presenting with or affected by PHSB.</p>
<p>TRAUMA-INFORMED</p> 	<p>We always seek to understand the context in which PHSB occurs and recognise those who have displayed PHSB, as well as parents or carers, may have experienced trauma from violence, abuse and neglect.</p> <p>Strengths-based approaches should focus on preventing trauma, minimising the impact of trauma and avoiding re-traumatisation.</p>
<p>HOLISTIC & INTEGRATED</p> 	<p>We acknowledge children and young people's behaviours are related to social and environmental factors, and the child or young person's mental, emotional, social and spiritual health and wellbeing.</p> <p>We apply ecosystemic approaches based on multiagency collaboration to meet the multiple, complex and intersectional needs of children, young people, their families and carers.</p>
<p>RESPECTFUL & EMPATHETIC</p> 	<p>All our service and individual interactions with children and young people, their families and carers are empathetic, non-judgmental, avoid stigma and shame and create safe environments for children and young people to share their experiences and seek support.</p>
<p>EQUITABLE</p> 	<p>We deliver tailored and proportionate approaches that address individual needs to enable equitable outcomes and are accessible for all children and young people, regardless of age, developmental age, gender, sexuality, culture, disability, ethnicity, behaviour, circumstances or experiences.</p>

The four domains outline our collective focus areas and high-level actions for the next ten years. These are outlined in the following sections.

DOMAIN 1 Reaching everyone with education and information

Universal prevention targets the whole community to reduce the likelihood of children and young people displaying PHSB.

Universal prevention requires us to act before the behaviours occur. It aims to address the common factors that contribute to PHSB by:

- improving awareness and understanding
- promoting respectful relationships
- talking about safe sexual behaviours
- strengthening protective factors.

Our focus on universal prevention ensures children, young people and their families can access information, feel safe and supported to ask questions and raise concerns. It also ensures timely, evidence-based, and accessible information on sexual development and respectful relationships is available to children, young people and their families. These initiatives address the factors that are believed to contribute to PHSB and will be evaluated to continue to build the evidence base of what is effective to prevent such behaviours.

What we know

Sexual development and behaviours can be a difficult subject for children, young people, families, government and non-government services to talk about confidently. Problematic and harmful sexual behaviours are even more difficult to talk about, and there is limited understanding in the community of the causes or what helps to prevent them.

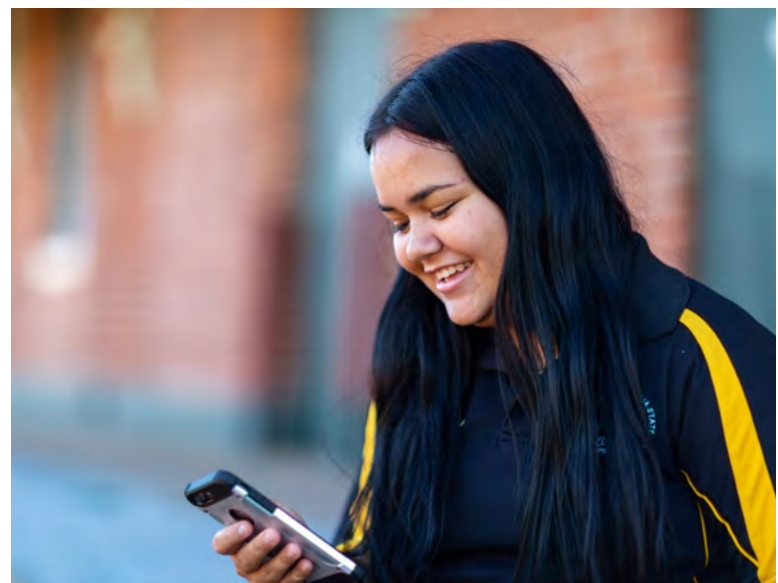
Effective primary prevention involves:

- Access to evidence-based, information and advice about sexual behaviours for children and young people, including specific support to limit exposure to pornography.⁵⁴
- Education curriculum that is tailored to different age and developmental stages and that begins in primary school, as a foundation for secondary school learning. Whole-of-school approaches to teaching and role modeling respectful relationships and open communication about

healthy sexual development are key to enabling young people make safe and respectful choices. The curriculum and teaching approaches must be sensitive to lived experiences and address factors that contribute to PHSB.⁵⁵

- Holistic approaches that include education for parents, carers and families to build understanding of and support for respectful relationships, safe sexual behaviours and prevention of PHSB across the whole community.^{56,57}
- A coordinated approach to the development, delivery and evaluation of prevention resources and programs that supports consistent messaging and delivery and cross-sectoral collaboration across schools, health services, and community services.⁵⁸

Ongoing education about respectful relationships can result in positive shifts in attitude and behaviour in young people, but further research into the long-term impacts on violence prevention, including impacts specific to PHSB, is needed. There is also a need to expand the evidence base for best practice primary prevention for children under ten, children with disability, and Aboriginal and culturally and linguistically diverse families and communities.^{59,60}



Our priorities for reaching everyone with education and information



WHAT DOES SUCCESS LOOK LIKE?

All children and young people have the knowledge and skills to engage in respectful relationships and healthy, age and developmentally appropriate sexual behaviours.

STRATEGIC PRIORITIES			
<p>1.1 Build the capability and confidence of children and young people to develop and engage in respectful relationships and to negotiate consent.</p>	<p>1.2 Build community awareness and understanding of sexual development, respectful relationships and consent.</p>	<p>1.3 Increase workforce capability and confidence to deliver consistent, quality prevention of PHSB to children and young people.</p>	<p>1.4 Further inform the evidence base for what works to prevent PHSB.</p>
HIGH-LEVEL ACTIONS			
<p>1.1.1 Build children and young people’s understanding and confidence through education about respectful relationships and safe sexual behaviours.</p>	<p>1.2.1 Develop and promote resources and tools that support awareness, learning and positive conversations about sexual development and safe, developmentally appropriate behaviours, respectful relationships and consent.</p> <p>1.2.2 Design and implement a website with information, tools and resources for children and young people, parents, carers, service providers and the broader community.</p> <p>1.2.3 Co-design and commission community-led and delivered education and awareness activities that promote healthy social and safe sexual behaviours.</p>	<p>1.3.1 Develop a NSW Prevention Action Strategy to guide PHSB prevention efforts in NSW.</p> <p>1.3.2 Develop a Workforce Uplift Plan tailored to roles and responsibilities of various workforce groups.</p> <p>1.3.3 Implement workforce awareness raising, training and capability building initiatives identified in the workforce plan.</p> <p>1.3.4 Ensure implementation of NSW Child Safe Scheme addresses PHSB.</p>	<p>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.</p> <p>1.4.2 Ensure the outcomes of research and evaluation activities inform ongoing service planning and practice improvements.</p>





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

Access to comprehensive, evidence-based information is critical to children and young people developing an understanding of respectful relationships and safe, developmentally appropriate sexual behaviours. This information should be provided through formal education settings, and must be available from trusted online sources, which is where young people often search for information.

Being afraid of things getting back to your parents is a huge thing in high school – a safe confidential space to ask those things is important.

–NSW Youth Representative (2022)⁶²

Young people in NSW report that there are few reliable sources of information about sexual development and safe sexual behaviours. Prevention education lacks consistency in content and delivery, which means some children and young people receive very limited information or miss out altogether. Young people are turning to pornography for information which does not provide safe or appropriate guidance. It promotes unsafe sexual practices and may strengthen attitudes supportive of sexual violence.

A 2021 petition to include more comprehensive and inclusive consent education earlier in Australian curricula, led by former Sydney school student, Chanel Contos, gained over 44,000 signatures – a clear message that young people are passionate about changes to education to improve attitudes and behaviours around safe sexual relationships.^{63,64} Credible, evidence-based resources should be readily available online to enable young people to access further information independently and in private at the time they are developing these relationships.

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 syllabus to ensure high quality, contemporary, respectful relationships content that is benchmarked against the revised Australian Curriculum for Health and Physical Education. The revised curriculum will be developed through the NSW Education Standards Authority's consultative processes to ensure its suitability for delivery across NSW schools, and as a support to schools and school communities in their broader efforts to develop students' knowledge, skills,

values and attitudes. The expectation of respectful relationships will be embedded into all aspects of the school environment and promoted as everyone's responsibility.

With over 3,000 schools and 1.2 million students across NSW,⁶¹ the education system provides near universal reach to children and young people in their formative years and development. This is a key setting for universal prevention and shaping the attitudes, and beliefs of children and young people about respectful social and sexual relationships and safe sexual behaviours.

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

Parents, families, carers and many others play a key role in teaching children and young people about sexual development, guide them in developing respectful relationships and talking about safe sexual behaviours. They also provide critical support for children and young people to access and engage with prevention initiatives.

There is low awareness and literacy about PHSB among parents, carers and the broader community. Existing resources often do not explicitly address PHSB, may use stigmatising language, and lack a coordinated approach to development and delivery. Providing parents and carers with evidence-based information and support to build their awareness and understanding of these topics, and enable them to engage in safe, age-appropriate, respectful discussion with children and young people and reduce stigma within the community.⁶⁵

It is important to ensure information and resources meet the specific needs of culturally, linguistically and religiously diverse communities.⁶⁶ Community leaders and organisations have a critical role in promoting, and supporting targeted prevention initiatives within their communities.

When the people telling you are uncomfortable about what they're telling you, it makes you feel afraid.

–NSW Youth Representative (2022)⁶⁷





CURRENT PRACTICE EXAMPLE

Love Bites is NAPCAN's respectful relationships education program for young people (11-17 years) that has been run in over 100 communities across Australia. Interactive and creative workshops and community campaigns are used to address knowledge, attitudes and behaviours of young people around relationship violence, sex and relationships.

A Love Bites Junior program is run for 11-14 year olds, with age-appropriate topics such as jealousy, power and control in relationships, bullying, sexualised images, gender stereotypes and when to seek help.

In partnership with Indigenous organisations, the Love Bites program has been adapted for Aboriginal communities, incorporating local language and stories, and delivered by facilitators with cultural knowledge.

Using the partnership success of the Love Bites program as a framework, other programs will be sourced and tailored for priority population groups. Resources will be specifically developed to ensure an inclusive experience for all children and young people.

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

Educating those who work and engage with children and young people on the importance of prevention and the effectiveness of prevention education, therapeutic supports and related initiatives, is needed to reduce the stigma and enable conversations about respectful relationships and sexuality in children and young people.

Building the confidence and capability of the workforce responsible for delivering prevention education and information is critical and should address the diverse value and belief systems of professionals and educators and the families they work with.

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

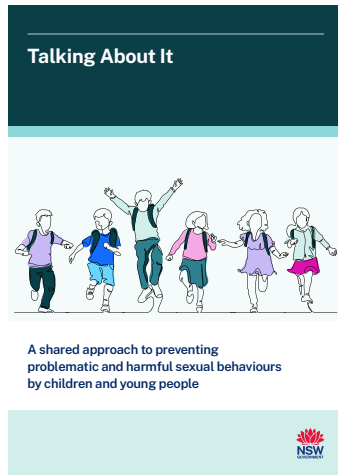
It is important that universal and targeted prevention initiatives are informed by the evidence for what works to prevent PHSB. There is also significant opportunity to collaborate across sectors to share promising practice in prevention.

There is a strong evidence that PHSB intersects with broader forms of violence, including domestic and family violence and child sexual abuse. This includes evidence for the effectiveness of whole-of-school or whole-of-community approaches to respectful relationships education at addressing these intersections. This improves the knowledge and skills of children and young people (and their parents and carers) on gender equity, violence and power in relationships, which are key contributing factors for PHSB.⁶⁸

More evidence is needed on what works to prevent PHSB for culturally and linguistically diverse communities, children and young people with disability, Aboriginal children and young people, and those at higher risk of developing PHSB (for example, children and young people in out-of-home-care or in contact with the criminal justice system).

The NSW Government will build the evidence base by establishing a research alliance to bring together expertise on PHSB to develop and drive the long-term NSW research agenda and through implementation of a coordinated evaluation framework.





“Talking About It” - A Shared Approach to Prevention

The actions outlined above are explored further in *Talking About It – A shared approach to preventing problematic and harmful sexual behaviours by children and young people*. It is a whole of government and community response to preventing PHSB and details how these actions will leverage and build on existing work in the current system.

The Shared Approach to Prevention provides a roadmap to develop and implement a coordinated approach to prevention of PHSB for children and young people across NSW, including opportunities for action across all settings.

EVERYONE HAS AN IMPORTANT ROLE TO PLAY

Primary prevention aimed at the whole of population is a shared responsibility. These strategic priorities will be delivered in partnership with:

- education providers including the Department of Education, government, independent and catholic schools and early education providers
- health care providers including NSW Health services, community health services, GPs and paediatricians
- community organisations and service providers such as Police Citizens Youth Clubs, sports and recreation clubs
- multicultural services, Aboriginal community-controlled organisations, and disability service providers
- NSW Office of the Children’s Guardian.



DOMAIN 2 Targeting prevention where it's most needed

Targeted prevention aims to reduce risk factors and strengthen protective factors for children and young people at higher risk of developing PHSB, their families and communities. It also includes the delivery of prevention initiatives tailored to children, young people and families with specific needs. It is distinct from early intervention in that children and young people in this cohort have not yet displayed any PHSB.

What we know

There is strong evidence for the effectiveness of early intervention where low-level problematic behaviours have emerged (as outlined in Domain 3).

The common contributing factors for PHSB in children and young people are outlined in Figure 5. This section focuses on:

- children and young people with individual risk factors including age, gender, and disability
- children and young people who have past experiences of trauma including violence, abuse and/or sexual abuse or neglect
- children and young people in settings where they are at higher risk of experiencing or engaging in PHSB including OOHC and juvenile justice settings
- over-representation of some population groups, including Aboriginal children and young people who may be affected by the inter-generational impacts of colonisation in addition to racism and social disadvantage.

It is important to note the presence of these risk factors does not mean that PHSB will occur, but indicates that resources across the broader system should be prioritised to meet the needs of these children and families.

Meeting the prevention needs of children, young people and families in these cohorts includes:

- holistic therapeutic responses for children and young people who have experienced violence, abuse or neglect, particularly sexual abuse⁶⁹ to support recovery and support non-stigmatising

conversations about safe sexual development.

- support and training for parents, carers and the workforce to better understand the associations between risk factors and PHSB⁷⁰ and to build the skills in delivery of prevention initiatives that are flexible and adaptive or tailored to specific needs.
- providing integrated psychosocial, Alcohol and Other Drug (AOD) and DFV support to vulnerable families during pregnancy and infancy which can support improved child development and behaviour, and child protection outcomes.⁷¹

Recognising the impact of trauma and disrupted care arrangements on development, social connections and engagement with education and the service system,⁷² and carrying out targeted prevention efforts in response.





Our priorities for targeting prevention where it's most needed



WHAT DOES SUCCESS LOOK LIKE?

All children and young people have the knowledge and skills to engage in respectful relationships and safe, age and developmentally appropriate sexual behaviours.

STRATEGIC PRIORITIES		
<p>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.</p>	<p>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.</p>	<p>2.3 Build sector-wide workforce capability to deliver targeted prevention.</p>
HIGH-LEVEL ACTIONS		
<p>2.1.1 Establish state-wide and local governance to support strategic prevention priorities and directions as set out in the NSW Prevention Action Strategy.</p> <p>2.1.2 Develop a workforce whose primary role is to lead on and implement prevention of PHSB.</p>	<p>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.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>2.3.2 Develop resources and tools to increase workforce knowledge.</p> <p>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.</p> <p>2.3.4 Build the capability of the workforce to deliver PHSB prevention that meets the specific needs of:</p> <ul style="list-style-type: none"> • 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.



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.

Children and young people who have presented with PHSB are likely to have a background of adverse life experiences. This might include trauma, such as sexual abuse, from adult perpetrators or other children who have displayed PHSB. There is significant work underway in NSW to improve the availability of, and access to, integrated services and supports for children, young people and families experiencing violence, abuse and neglect.

While this broader integration agenda will strengthen cross-agency coordination and governance for tertiary services, the scale of change required to achieve prevention of PHSB and other forms of violence, requires commitment, agreed prevention focused priorities, strong leadership and coordination across all key sectors, at both the central and local level.

A coordinated approach to preventing PHSB means working together to build on what we know works, what is already in place, and other strategic initiatives for improving the service system.



CURRENT PRACTICE EXAMPLE

Children and young people who have displayed PHSB often have complex, co-presenting needs that require holistic and integrated service delivery.

The IPARVAN Framework and Violence, Abuse and Neglect (VAN) Redesign seeks to improve access to holistic, integrated care across the service system that prevents and responds to violence, abuse and neglect.

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

While universal prevention is targeted at the whole population, there are some children and young people who experience barriers to accessing these prevention initiatives. Some children and young people also require tailored content about respectful relationships and safe sexual behaviour to reflect their needs and lived experiences.

Targeted prevention education and support should be delivered in institutional and community settings, and is particularly important for:

- **Children with disability**, who may need additional support to engage in and understand universal prevention education.
- **Their parents and carers**, who need tailored information about differences in key developmental milestones for social and sexual behaviour, and ways to support them.
- **Children and young people with experiences of violence, abuse or neglect**, who need trauma-informed prevention education that is sensitive to their family and living situation and draws on strengths identified within their family and social connections.
- **Children and young people in OOHC, who are likely to have experienced violence, abuse or neglect**, and require prevention education delivered through carers and community services, rather than traditional family contexts. Children and young people in residential care are at higher risk of experiencing or developing PHSB and other intersecting risks such as sexual exploitation. Prevention of PHSB must specifically address these additional risks.
- **Children in non-traditional education settings**, including justice settings, extended hospital or home-schooling, or children who are disengaged from education, need access to prevention education which should be delivered in those settings or other health or community service settings. Prevention resources and guidance need to be available and promoted with the educator of these children and young people.
- **Aboriginal children and young people and their families**, require culturally appropriate prevention resources and access to culturally safe supports to enable community-led approaches to prevention of PHSB and other forms of violence.

Parents, families and carer networks of children and young people with risk factors for PHSB require targeted support and education to develop an understanding of sexual development and safe sexual behaviours. There are opportunities to provide education in the early years of child development to ensure parents and carers understand key developmental milestones for social and sexual development, and the support their child might require.



CURRENT PRACTICE EXAMPLE

MacKillop's '**Power to Kids: Respecting Sexual Safety**' program supports residential care workers to engage with young people in OOHC to raise awareness of respectful relationships and sexual safety. The program also focuses on 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.

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

A coordinated workforce capability uplift strategy will support a shared understanding of PHSB and effective prevention, which is critical to reduce stigma and ensure children and young people have access to safe, non-judgmental holistic supports at the earliest opportunity within the service system. With additional resources, training and interagency support services will have the capacity to undertake this work.



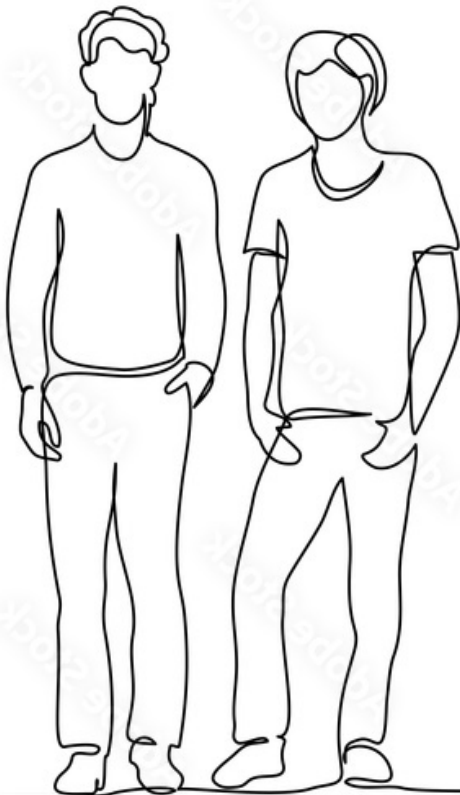
CURRENT PRACTICE EXAMPLE

The following services provide a range of multidisciplinary and/or multi-agency supports, such as early intervention, case coordination and counselling for young people, focusing on engaging disadvantaged children and young people and their families.

The Sustaining NSW Families Program is a sustained home visiting service that aims to strengthen family relationships and improve child wellbeing. Supporting parents through each phase of their child's development is a key component of the program including health promotion and brief interventions to build parenting capacity.

NSW Youth on Track is an early intervention, multiagency support program for 10–17-year-olds that identifies and responds to young people at risk of long-term involvement in the criminal justice system and NSW Health Youth Service.

NSW Youth Health Services are specialist services providing multidisciplinary, primary healthcare to young people. Focusing on engaging disadvantaged young people they address a range of issues including alcohol and other drug use, nutrition, self care, anger and aggression, depression and anxiety, behavioural concerns, grief and loss, sexuality and sexual health. The service can link young people into other services and support them to navigate the care systems.



WHO HAS AN IMPORTANT ROLE TO PLAY?

These strategic priorities will be delivered in partnership with:

- OOHC providers
- Health care providers including NSW Health funded community health services and VAN services
- Education providers including schools, early education and alternative education providers
- Community based services and programs
- Services and programs targeted at priority populations and for vulnerable children, young people, and families.



DOMAIN 3 Getting early support to children, young people, parents, caregivers and families

Early identification that leads to appropriate support and proportionate responses for initial problematic sexual behaviour is needed. Addressing the needs of a child or young person early can prevent harmful behaviours. Early identification can involve different supports in a range of settings. Parents, carers, families, the broader community, non-government providers, schools, police, health, community workers and others all have a role to play in identifying the early signs of problematic behaviour and responding appropriately.

What we know

Early support and therapeutic care offer the best opportunity to prevent escalation of PHSB, its negative impacts on social and emotional development, and possible psychological and physical harm to other children.⁷³ To provide children, young people and families with early support, we need to understand their needs, and the protective and contextual factors in their lives, as well as how to identify PHSB.

Sexual behaviours are influenced by organisational, cultural, religious, and personal factors. However, the definition of 'problematic' or 'harmful' behaviours should not vary based on these factors. The identification of PHSB should be objective, professional and, non-judgmental.

The identification of PHSB should occur along a continuum of behaviours, informed by age, developmental stage, culture and gender.⁷⁴ Awareness of and access to common identification tools and response pathways is important to enable effective assessment and referrals to appropriate support services. Research indicates that early intervention not only reduces PHSB, it also improves nonsexual behaviour problems, emotional problems, and trauma symptoms. Positive outcomes also extend to families and caregivers.

Effective identification and early supports include:

- identification and assessment of the behaviour in the context of what is developmentally appropriate based on age, the presence of intellectual or developmental disability, gender, or differences in cultural norms around sexual behaviours.⁷⁵
- identification and early assessment tools that are holistic, evidence-based, safety-focused, consistent across services/agencies, culturally appropriate and flexible.⁷⁶
- early responders and practitioners having the confidence and capability to identify behaviours in a non-judgmental and de-stigmatising way.⁷⁷
- early responders and practitioners responding proportionately to a child or young person who has displayed PHSB to ensure safety for all children and enable access to appropriate and proportionate supports.⁷⁸

A non-judgmental and de-stigmatising approach is important to caregivers in the early stages of identification and responding.

"They were really understanding and really caring and didn't put the blame on us, which was good."

–Caregiver, Spangaro et al (2022)⁷⁹



Our priorities for getting early support to children and families



WHAT DOES SUCCESS LOOK LIKE?

The needs of children and young people are identified and understood early and addressed with access to appropriate supports using a consistent, evidence-based and trauma-informed approach.

STRATEGIC PRIORITIES		
<p>3.1 Implement effective screening, assessment, and processes to improve identification and responses to PHSB.</p>	<p>3.2 Build a more accessible and widely understood suite of early support services.</p>	<p>3.3 Strengthen the capability and confidence of workforces to identify PHSB by children and young people, and respond appropriately.</p>
HIGH-LEVEL ACTIONS		
<p>3.1.1 Implement the PHSB Pathways to Safety and Support model, supported by a staged roll out of the Common Approach to Identification and Support (CAIS).</p> <p>3.1.2 Evaluate the PHSB Pathways to Safety and Support model and make model adjustments to respond to evaluation recommendations.</p> <p>3.1.3 Undertake state-wide implementation of the CAIS.</p>	<p>3.2.1 Build a tiered system for the provision of early supports including expansion of state-wide leadership and capacity of early support providers.</p> <p>3.2.2 Improve visibility of pathways into early support services for PHSB.</p>	<p>3.3.1 Implement a Workforce Uplift Strategy, led by an interagency Training and Standards Committee, to support the introduction of <i>Lead Professionals</i> and <i>Team Around the Child</i> into existing agency approaches.</p> <p>3.3.2 Provide workforce training and resources for early responders and early support providers for PHSB.</p> <p>3.3.3 Enhance pathways for early responders and early support workers to access case consultation and advice for PHSB.</p>



3.1 Implement effective screening, assessment, and processes to improve identification and responses to PHSB.

Early identification of problematic behaviours provides an opportunity to prevent behaviours from re-occurring or becoming more harmful. The use of agreed, standardised identification and assessment tools among those who work with and care for children is critical, as it supports a shared understanding of the behaviours and responses that might be required.

Screening is a common and effective secondary prevention approach across many health and wellbeing areas. PHSB screening tools are used widely across Australia and other jurisdictions, including the United Kingdom, to support professionals to make consistent and informed decisions about the health and safety of children. These tools, with appropriate training and broader child protection guidance and policies, can support workers across a range of settings to identify past, present, or future risks related to the behaviours.

Many workforce groups across NSW are well placed to identify and respond to early signs of PHSB. For example, all schools should have access to resources and support that can help identify and respond to early signs of PHSB. Similarly, child protection caseworkers are supported with clear guidance issued by the Department of Communities and Justice (DCJ). This will be strengthened by a sector-wide approach with common, clear and consistent tools and guidance that meets the needs of all workforces interacting with children, young people and their families/carers.

The over-representation of Aboriginal children and young people who have displayed PHSB also requires that identification and assessment processes are culturally safe, culturally appropriate, and trauma-informed. Practice guidance needs to improve how Aboriginal children who have displayed PHSB are identified and supported. Best practice evidence indicates that Aboriginal-designed and led responses are more effective for Aboriginal children and families.

Children with disability, particularly children with cognitive and intellectual disability, are also more likely to be identified as having displayed PHSB. Early supports must be inclusive and meet the specific development needs of children with disability, as well as consider the important role of parents and carers in identifying early signs of PHSB. Inclusive and tailored information, tools, training and practice guidance are needed and should be co-designed with children with disability, their parents and carers, and the disability sector.

Earlier identification will facilitate earlier access to support for children who present with problematic behaviours and safety for children who are at risk of being harmed by PHSB, and ultimately, reduce the number of children who are harmed by PHSB.

A common approach to identification and support (CAIS) in NSW

We will strengthen our ability to identify and provide timely responses to PHSB in NSW. The CAIS will set the NSW standard for a common and consistent approach across all government and non-government agencies by:

- introducing a PHSB screening tool for NSW that will support the workforce and families to identify developmentally appropriate problematic and harmful sexual behaviours
- providing guidance on steps to take when concerns about sexual behaviours arise, including how to talk to children and families
- providing guidance on how to undertake an early assessment to understand the behaviour and context in which it is occurring and to determine whether referrals to other agencies/ services are needed, including if a child protection report is required
- providing guidance for sharing information, coordinating responses, safety and support planning and ensuring children and families have an identified key contact.

Individual agencies and providers may develop more tailored guidelines, but all approaches should be consistent with the CAIS.

The CAIS will leverage the common approaches already in the child protection system, including the Mandatory Reporter Guide⁸⁰, the Child Protection Helpline, Child Wellbeing Units and Family Connect and Support services.

3.2 Build a more accessible and widely understood suite of early support services.

With training, resources, and mechanisms for collaboration in place, a range of generalist, community and government providers can deliver early support for low-level problematic behaviours. We need to build the capacity and visibility of these services as support pathways for children and families impacted by problematic sexual behaviours. This will reduce inappropriate escalation of these cases into the specialist services.

Early support can involve services that:

- address an underlying need that has triggered the problematic behaviour (e.g. experience of sexual assault or experience of violence, abuse and/or neglect)
- provide counselling or support to assess and address the behaviour (e.g. community health services, family support services)
- involve other supports, as required by the child or family (e.g. disability support services or Aboriginal Medical Services).

Capacity building will need to include support for these services to develop and implement effective safety plans to manage the behaviours so that children can remain in school or the home, wherever possible. Early support services also need to know when and how to refer children and young people to specialist therapeutic care when needed.

3.3 Strengthen the capability and confidence of workforces to identify PHSB by children and young people, and respond appropriately.

An effective public health approach to PHSB requires that the workforce be equipped with the knowledge, skills and confidence to identify and respond appropriately to PHSB, and to collaborate to ensure the child or young person and their family receive appropriate and timely support.

While parts of the workforce have had access to training and support to build their knowledge about PHSB, the number of unreported cases of PHSB remains high, and practitioners across the sector reported through a NSW survey in 2021 that they had low confidence in identifying PHSB and responding appropriately. Reporters in settings such as schools

or OOHC need to know where to seek further support, and require the capacity to respond appropriately to manage PHSB in their setting.

In addition to common tools, workers need access to supervision, specialist case consultation and knowledge sharing opportunities.

WHO HAS AN IMPORTANT ROLE TO PLAY?

These strategic priorities will be delivered in partnership with:

- NSW Department of Communities and Justice
- NSW Police Force
- GPs and primary health care providers
- NSW Health
- NSW Department of Education
- Community service organisations, independent and Catholic schools, sports and religious organisations
- Government and non-government OOHC providers
- Aboriginal Medical Services
- Disability service providers
- Early Childhood service providers
- Aboriginal Community Controlled Organisations.



DOMAIN 4 Providing access to holistic specialist responses

While some children and young people's needs can be addressed through generalist responses, including case management and/or parental monitoring plans; other children and young people may require additional psychoeducation; and some may require specialist assessment and response.⁸¹

What we know

There is strong evidence that therapeutic care can address problematic and harmful sexual behaviours, reduce the concerning behaviour, and help keep other children safe from future harm, especially for children over ten.^{82,83}

However, children who have displayed PHSB often have complex intersecting needs such as a history of trauma, neglect, abuse, developmental delay, behavioural problems, socio-economic disadvantage, and exposure to domestic and family violence.⁸⁴ These complex needs are often compounded by the presence of child protection, youth justice and/or police involvement, requiring a coordinated system response.

The needs of children and young people affected by the sexual behaviours of others must also be addressed, including through access to NSW Health Sexual Assault Services and other specialist supports.



For children aged under 10 years, the evidence supports similar themes of trauma-informed, developmentally, and contextually appropriate therapeutic care. However, there remains a significant gap in the research about effective specialist interventions for children aged under 10 years who have displayed PHSB.⁸⁵

Effective specialist assessment and tertiary responses include:

- access to services and supports that are tailored to different needs, including age, developmental age, culture, gender, and responsive to intersecting needs such as the experience of trauma, child sexual abuse, violence, abuse, and neglect and other needs.⁸⁶
- specialist therapeutic services, and other tertiary responses that are accessible, local, and appropriate (including culturally safe).⁸⁷
- tertiary services that are coordinated, timely, and place the burden on the system to provide effective coordination, rather than on the child who has displayed PHSB, or the child affected by PHSB (or their families) to navigate the system.⁸⁸

The Royal Commission published *best practice principles for therapeutic intervention*, which were based on research, overseas and domestic frameworks, and consultations with experts. These include:

- taking a contextual and systemic approach
- involving families and carers
- establishing safety
- assisting children to acknowledge and take responsibility for their behaviours
- a focus on behaviour change
- developmentally and cognitively appropriate interventions
- trauma informed and culturally safe interventions
- accessible interventions.⁸⁹

What's in place

NSW Health New Street Services (10-17yrs)

New Street Services (New Street) is the NSW Government's community-based service provider of therapeutic care for children aged 10-17 years who have engaged in harmful sexual behaviours towards others. New Street works with the child or young person to assist them in understanding, acknowledging, taking responsibility for, and ceasing the harmful sexual behaviour. New Street is recognised as a leading provider in the field of child sexual abuse. It:

- continually adapts in line with developments in research and emerging trends
- offers an outreach component
- works with the whole family
- uses an interagency approach to sustain and support interventions
- has a deliberate focus on engaging Aboriginal young people and families through the employment of Aboriginal staff, cultural competency practices and the use of an Aboriginal Advisory Group in its governance.⁹⁰

New Street helped me in my past with my problems, they've helped me become the person I am today. - New Street Service Client (2022)⁹¹

NSW Health Safe Wayz Program (Under 10 yrs)

Safe Wayz is NSW Health's state-wide program for children under ten years who have displayed 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.
- Builds the capacity of generalist services who engage with children and families to provide early responses and support to address PHSB.
- Provides pathways into NSW Health specialist services so that children and families receive counselling and support to meet their needs. This might include child and family services, child and adolescent mental health services, sexual assault, or other VAN services.

NSW Health Sexual Assault Services

Specialist Sexual Assault Services (SAS) are NSW Health services for victims of sexual assault. They provide important clinical services and support for those affected by PHSB, and are delivered by local health districts. The services available to those affected by PHSB include:

- counselling including information provision and support
- specialised medical services
- support for non-offending family members
- advocacy
- court preparation.

Other therapeutic treatment services

All specialist therapeutic care and services for children and young people who have displayed PHSB can be accessed through the **NSW Harmful Sexual Behaviours Counsellor's Accreditation Scheme (HSBCAS)**, administered by the NSW Office of the Children's Guardian (OCG). This includes private practitioners, non-government organisations (with in-house practitioners), NSW Health New Street Services and Department of Communities and Justice psychologists.

In response to the Royal Commission, the Scheme has been refreshed to ensure safe and evidence-informed practice by counsellors working with children and young people over the age of 10 years, who engaged in harmful sexual behaviours. Key stakeholders have contributed to the Scheme review and subsequent development of revised accreditation criteria and a new practice framework. NSW government agencies will register with the Accreditation Scheme, which will re-launch in 2023.

NSW Sexual Violence Helpline

NSW Sexual Violence Helpline is for anyone in NSW who has experienced sexual assault (recently or in the past), family members or other supporters. Telephone and on-line support and information is available.





Our priorities for providing access to holistic and specialist responses



WHAT DOES SUCCESS LOOK LIKE?

Children, young people, and their families have equitable and timely access to safe, effective and holistic specialist responses that can respond to multiple and complex needs.

STRATEGIC PRIORITIES			
<p>4.1 Improve access to specialist services for children harmed by PHSB.</p>	<p>4.2 Improve access to specialist services for children who have displayed PHSB.</p>	<p>4.3 Build the capability of the specialist workforce working with children who have displayed PHSB.</p>	<p>4.4 Remove barriers to access timely therapeutic treatment and enable coordinated investigations, assessments, safety planning and decision-making.</p>
HIGH-LEVEL ACTIONS			
<p>4.1.1 Increase the capacity of NSW Health Sexual Assault Services to respond to victims (children and young people who have been harmed by the sexual behaviours of other children).</p> <p>4.1.2 Ensure that NSW Health Sexual Assault Services are culturally safe and responsive to diverse needs.</p> <p>4.1.3 Continue to build expertise within the specialist workforce to respond to the needs of children who have been harmed by PHSB, with a specific focus on children in OOHC and in contact with the justice system.</p> <p>4.1.4 Implement system improvements to reduce the impact of trauma, support recovery from trauma, and promote long-term health and wellbeing.</p>	<p>4.2.1 Strengthen the policy settings to enable access to therapeutic treatment for children and young people.</p> <p>4.2.2 Increase capacity of the programs and services to deliver assessments and therapeutic and cultural care to children who have displayed PHSB, with a focus on children and families with complex needs.</p> <p>4.2.3 Monitor and evaluate to continue to build the evidence on what works and understanding of demand for specialist programs across community and custodial settings.</p>	<p>4.3.1 Set new accreditation standards to ensure counsellors undertaking assessments and providing therapeutic treatment to children and young people who have displayed PHSB are delivering evidence-informed practice and working to principles for therapeutic treatment recommended by the Royal Commission.</p> <p>4.3.2 Develop and implement an interagency workforce capability building strategy for social workers, counsellors, psychologists and others seeking to further develop specialist skills in working with children who have displayed PHSB.</p> <p>4.3.3 Create professional pathways for new graduates into cadetships with specialist PHSB programs in NSW government agencies (Education, Health and DCJ) with a focus on Aboriginal identified graduates and rural/regional placement locations.</p>	<p>4.4.1 Create pathways to safety and support for children and young people with and impacted by harmful sexual behaviours.</p>



4.1 Improve access to specialist services for children harmed by PHSB.

The needs of children harmed by another child's PHSB must be at the centre of any response to PHSB. Specialist services for victims of another child's PHSB are primarily delivered through the NSW Health SAS.

SAS provide specialist support for victims through both ongoing counselling and support and a 24-hour crisis response. While crisis responses should be, and are, prioritised, the evidence is clear that access to counselling is a critical component of recovery. For some children, young people and their families this may be a brief intervention but for others it may need to be longer-term. SAS offer trauma-informed counselling and other therapeutic psychosocial services for survivors of sexual assault, children under 10 years who have displayed PHSB, family, significant others and carers. The main psychosocial services offered by SAS are assessment, safety planning, counselling and group work. Services also provide information and support, for example, about the justice system or attending a police interview as a support person, advocacy and casework.⁹²

An effective response recognises the link between sexual assault and other forms of violence, abuse, and neglect, including an increased risk of re-victimisation,⁹³ and provides ongoing interventions that are evidence-based by offering a range of flexible holistic interventions.⁹⁴

4.2 Improve access to specialist services for children who have displayed PHSB.

While generalist responses can address the needs of some children and young people, others may require specialist assessment and response.⁹⁵

Specialist therapeutic care is primarily delivered by the New Street program for children and young people aged 10-17 years and the Safe Wayz program for children aged 0-10 years. There are a small number of non-government services and private practitioners who also provide these services.

Demand for specialist services for children presenting with harmful sexual behaviour is high. Between January 2018 and December 2019, over 5,000 children were reported to the NSW Child Protection Helpline, with PHSB being a primary or secondary reason for the report.⁹⁶ However, as the Royal Commission identified, the extent of unmet demand is likely underestimated.⁹⁷ As the system matures and more children and young people are identified and referred into therapeutic care, it is likely that demand will continue to grow.

Similarly, as awareness of PHSB increases in the community, and pathways to access therapeutic care are strengthened, it is likely that demand on specialist therapeutic services to treat PHSB will increase further.

Respondents to a NSW Government sector-wide Workforce Survey in 2021 emphasised greater difficulty accessing specialist services in regional and rural areas and recommended specific strategies to attract counsellors in these areas.

We will invest in recruitment pathways that support the workforce to take up positions in specialist services and programs, particularly in regional areas as a priority.

4.3 Build the capability of the specialist workforce working with children who have displayed PHSB.

Strategies to better support the workforce undertaking this complex work are needed, and will help ensure they have the skills to deliver care that is culturally safe, responsive and appropriate. The Royal Commission reported that there was "a lack of training for staff to work effectively with children with an intellectual impairment, learning difficulties or emotional or behavioural disorders (including conduct disorders), who are over-represented in PHSB therapeutic services".⁹⁸

The NSW Office of the Children's Guardian (OCG) has updated the former Child Sexual Offender Counsellors Accreditation Scheme (CSOCAS) which has been renamed the Harmful Sexual Behaviour Counsellor's Accreditation Scheme (HSBCAS). The updates will ensure high quality therapeutic services for children presenting with HSB. The accreditation criteria aligns with the Royal Commission's best practice principles of therapeutic intervention for children and young people who have displayed PHSB, and a principles-based practice framework has been developed to enable competency-based assessment of counsellors and will support counsellors and services in their quality assurance processes.

We will support inter-agency and inter-disciplinary collaboration in the development and distribution of resources and provision of training to ensure it meets the needs of the specialist workforce. This will include a particular focus on building capacity to support children with an intellectual disability and behavioural disorders.



4.4 Remove barriers to access timely therapeutic treatment and enable coordinated investigations, assessments, safety planning and decision-making

Cases with more serious, abusive or violent sexual behaviours often involve child protection and justice responses. A key finding from the Royal Commission was that there are delays and barriers in accessing treatment if a child or young person was in contact with the criminal justice system, particularly if that child is not convicted. This is the case in the current system in NSW.

Therapeutic treatment is effective at reducing reoffences and harm to other children.⁹⁹ Delays in accessing treatment can increase the risk that children will harm others, and reduce the likelihood that they will access appropriate therapeutic treatment in the future.^{100,101,102} A study on the individual, family and abuse characteristics of 700 children and young people referred to nine services in the UK over a nine-year period (between 1992 and 2000) identified that three quarters of the sample had harmed up to three victims.¹⁰³

In many circumstances, PHSB is a result of previous experience of trauma, child sexual abuse, domestic and family violence, child abuse and neglect. As a result, children and young people often present with multiple intersecting needs beyond PHSB. Providing trauma informed care is essential in supporting young people to cease their PHSB.

Children First recognises that young people charged with sexual offences need clearer pathways into safety and support. The pathways need to account for the seriousness and context of the behaviours,

prioritise the safety needs of all children involved and respond to the capacity of young people and their parents to engage in therapeutic treatment. This will be achieved by strengthening existing pathways and developing new pathways to maximise the possibility of a child or young person accessing treatment where appropriate and needed.

The pathways will be supported by effective investigations, assessments, safety planning and evidence-informed decision-making. There will be a strong focus on coordination across agencies to ensure safety for victims and the community. This will build on the Joint Child Protection Response Program (JCPRP) that already provides coordinated investigations, assessments, safety planning and decision-making for eligible children.





The NSW Government will pilot a new Pathways to Safety and Support model, to enable children and young people to receive timely access to services that support them to cease their behaviours. Proposed mechanisms to support this include:

Safety Assessments will be undertaken where there is concern that a child's sexual behaviour is causing harm or is at risk of causing harm to the child themselves or to other children.

Therapeutic needs assessments will be undertaken when it is believed on reasonable grounds that a child and their family may need specialist counselling and support to address PHSB.

Together the assessments will build a common understanding of the nature, extent and context of the behaviours, safety and support needs of all children involved, including their therapeutic and cultural care needs. The assessments will guide decision-making, safety planning and determination of the most appropriate pathway into counselling and/or support services.

New Case Coordinators for children and young people with problematic and harmful sexual behaviours will ensure coordinated interagency responses to PHSB, including providing a point of contact for the child and family throughout the process and facilitating clear pathways and referrals into treatment and supports.

Multiple pathways into specialist treatment and support will be introduced, linking health services, the child protection system and non-government support services to ensure a trauma-informed and developmentally appropriate response.

WHO HAS AN IMPORTANT ROLE TO PLAY?

These strategic priorities will be delivered in partnership with:

- Parents and carers
- NSW Health (New Street, Safe Wayz, NSW Health SAS)
- Joint Child Protection Response Program
- NSW Department of Communities and Justice (Child Protection, Youth Justice)
- NSW Department of Education
- NSW Police Force
- NSW Office of the Children's Guardian
- Accredited counsellors (private practitioners, NGOs and NSW government agencies)
- Out of Home Care providers
- Family support services (government and non-government) and community controlled organisations
- Children's Court NSW.



SYSTEM ENABLERS

Five system enablers underpin and support the implementation and success of our NSW response. Commitments and actions relating to these enablers are included within the domains of the Framework.

These enablers are broader than just the NSW child and family or child protection system and require collaboration and partnerships across whole of government, non-government, and community sectors.

Figure 9 System enablers

<p>GOVERNANCE, LEADERSHIP, AND ACCOUNTABILITY</p>	<ul style="list-style-type: none"> • We will establish cross sector governance to ensure accountability for change at both the service and system levels. Clear roles and responsibilities for funding, coordination, and the delivery of the priorities in this Framework will support successful implementation. • Strong leadership will enable supportive workplace cultures for the health, safety and wellbeing outcomes of children, young people and families who have experienced PHSB.
<p>COLLABORATION AND PARTNERSHIPS</p>	<ul style="list-style-type: none"> • We will achieve the safety and wellbeing of children and young people through active collaboration. Strengthening existing coordination mechanisms at the local and state-wide level will ensure the diverse and complex needs of children who have been affected by, or have displayed PHSB are met. • NSW government agencies, non-government organisations and local community groups will align efforts to deliver the best outcomes for children, young people, and families under this Framework. • We will build effective partnerships to ensure PHSB prevention and responses are considered in other strategies, frameworks, and plans, increasing the resources and infrastructure available.
<p>WORKFORCE</p>	<ul style="list-style-type: none"> • We will support the development of a workforce with the right skills and capabilities, to deliver child-centred and family focused care and support that meets the needs of all children including our priority populations and those at higher risk of developing or being impacted from PHSB. • Education, child protection, health, justice, law enforcement and community service workforces will be supported to develop the knowledge, awareness, and skills to identify and understand PHSB. • Specialist workers will have access to high quality training, supervision and support to enable accreditation and high quality support for children and families.
<p>EVIDENCE, MONITORING, AND EVALUATION</p>	<ul style="list-style-type: none"> • We will continue to build the evidence for what works through a strategic research agenda supported by a research alliance. • We will ensure that data is available, where relevant and appropriate, to support research on PHSB, planning and decision-making for responses, including for priority populations. • Systems for monitoring, evaluation and reporting will support ongoing accountability and continuous quality improvement. • Monitoring and evaluation will strengthen the evidence-base and ensure existing programs are improved over time.
<p>POLICY SETTINGS</p>	<ul style="list-style-type: none"> • NSW policy settings will be aligned to the vision, principles, and outcomes in this Framework. Further work will be undertaken to enable better access to therapeutic care for children that present with HSB and are under child protection assessment or police investigation or have been charged with a sexual offence. This will contribute to the safety of children who have been harmed or are at risk of harm. Young people will be supported to engage in restitution for harm caused, through a safe therapeutic process for all involved.



5. How we'll deliver and know we are successful

We will phase implementation over time

We are committed to strengthening how we prevent, identify, and respond to PHSB in NSW. We will focus on key priorities and actions to enable all individuals, families, and organisations to play their role in preventing PHSB.

A phased approach is an important feature of our plan for implementation as it helps build support and commitment to change, allows lessons learned from early phase implementation to inform later phases, and means that a solid foundation of governance, monitoring and reporting, evaluation, and evidence gathering can be established early.

These are organised over four time horizons:

- **Phase 1:** 0-3 years (short-term), we will expand or improve current evidence informed and promising activities, and commence new, innovative initiatives.
- **Phase 2:** 3-5 years (medium-term), we will conclude and evaluate initiatives and continue to implement other initiatives.
- **Phase 3:** 5-7 years (medium-term), we will implement and improve initiatives that have been shown to work, to achieve state-wide coverage.
- **Phase 4:** 7-10 years and beyond (long-term), we will embed and sustain improvements resulting from short- and medium-term actions and evaluate the Framework as a whole.



We will ensure accountability, continuity, and alignment with other strategic frameworks and policies

Strong interagency governance arrangements will support the Framework implementation. These will align with existing NSW Government strategic directions and commitments to supporting children, young people and families.

Premier's Priorities

The Premier's Priorities represent the NSW Government's commitment to make a significant difference to complex policy areas. The key Premier's Priorities that this Framework aligns with are outlined in Figure 10.

Figure 10 Alignment to Premier's Priorities¹⁰⁴

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

Key areas of contribution include:

- Decreasing the proportion of children and young people re-reported at risk of significant harm by 20 per cent by 2023 by educating parents and caregivers, equipping the workforce to understand, identify and respond to PHSB, and implementing a holistic approach to addressing known environmental drivers of PHSB such as child abuse and neglect.
- Doubling the number of children in safe and permanent homes by 2023 and reducing street homelessness in NSW by 50 per cent by 2025 by supporting parents, carers and OOHC workers in their role as caregivers in promoting respectful relationships and appropriate sexual behaviours and enabling them to manage PHSB if it arises so that risk of family or placement breakdown is reduced.
- Reducing the number of domestic violence reoffenders by 25 per cent by 2023 by educating the workforce and community that domestic violence is a risk factor for PHSB and ensuring a joined-up and holistic system response to children and young people who have displayed PHSB and are encountering domestic violence.
- Reducing the rate of suicide deaths in NSW by 20 per cent by 2023 by reducing the number of children and young people who are victims of PHSB (and therefore at higher risk of mental health issues and suicide), and by delivering effective and multi-disciplinary therapeutic care for children with harmful sexual behaviours, many of whom also have mental health difficulties and/or have lived experience of trauma.
- Increasing the number of government services where citizens of NSW only need to 'tell us once' by 2023 by implementing a common approach to screening and assessment including effective information sharing and collaborative support and safety planning.



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 Implementation Plan sets out the Government's roadmap around priority areas outlined in the National Agreement, including the commitment to a 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 11).

Figure 11 Alignment to NSW Human Services Outcomes¹⁰⁵



Key intersecting NSW initiatives:

- **NSW Health Integrated Prevention and Response to Violence, Abuse and Neglect Framework.** Provides a Framework to guide the design and improvement of systems to prevent and support recovery from experiences of violence, abuse, and neglect.
- **Future Health: Guiding the next decade of health care in NSW 2022-2032.** Builds on the NSW State Health Plan and sets the future strategic direction for the NSW Health system.
- **NSW Domestic and Family Violence Plan 2022-2027 and NSW Sexual Violence Plan 2022-2027.**
- **NSW Aboriginal Family Wellbeing and Violence Prevention Strategy 2022-2027 (in development).** A framework for responding to family violence in Aboriginal communities, focusing on cultural competency, family-based contexts, and healing.
- **The NSW Strategic Plan for Children and Young People 2022-2024.** The Plan aims to create a future where all children and young people have the supports they need to thrive.
- **NSW Regional Youth Framework.** The Framework aims to empower youth in regional NSW through local solutions informed by local communities and their priorities.



National initiatives

- **Safe and Supported: the National Framework for Protecting Australia's Children 2021-2031** (*Safe & Supported: the National Framework*) aims to ensure that children and young people in Australia have the right to grow up safe and supported, in nurturing and culturally appropriate environments. *Safe & Supported: the National Framework* recognises that to achieve this aim, all Australians need to work together to keep children safe and to achieve the best outcomes for vulnerable children and those experiencing disadvantage
- **The National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030** led by the National Office for Child Safety. The National Strategy was a key recommendation of the Royal Commission and sets up a nationally coordinated and consistent way to prevent and better respond to child sexual abuse in all settings.
- **Closing the Gap in Partnership.** A National Agreement to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome inequalities experience by Aboriginal and Torres Strait Islander people.
- **The National Plan to End Violence against Women and Children 2022-2032.** The National Plan provides a holistic response to gender-based violence and highlights the actions needed across the continuum from prevention, early intervention, response, through to recovery and healing.

Key Inquiries

Royal Commission into Institutional Responses to Child Sexual Abuse (2017).

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (in progress).

NSW Ombudsman Inquiry into the Operation of the Joint Investigation Response Team Program (2017).

International initiatives

UN Convention on the Rights of the Child.

We will build on what's already in place across NSW

The current service system in NSW has a range of existing investment and infrastructure which present strengths and opportunities for the Framework and program of work to build on. This includes:

- **Service and programs** that provide support to children, young people, and their families to prevent and respond to PHSB.
- **Policies, guidelines, and practice guidance** that define clear roles, responsibilities, and standards for system stakeholders involved in preventing, identifying, and responding to PHSB, and provide supports for more effective prevention, identification, and response to PHSB.
- **Resources** that support both individual children and young people, families, and communities to seek information about respectful relationships, safe sexual behaviours, and PHSB.
- **Coordination mechanisms** that support integrated service and system responses to PHSB, including effective service coordination, information sharing, and joint decision making.

Figure 12 overleaf shows key responses across these four categories.



Figure 12 Overview of the current service system for PHSB





We will measure and report on progress, learnings, and success

A monitoring and evaluation strategy will provide guidance for monitoring implementation, evaluating outcomes, and determining the impact of the Framework.

To support further evaluation planning, a logic model (Figure 13 overleaf) has been developed to clarify activities within each domain and the Framework's desired outcomes. The logic model is represented as an 'outcomes hierarchy' that shows the process involved in achieving short, medium, and long-term outcomes across the public health domains.

Key lines of inquiry

Eight key lines of inquiry relating to the Framework design, process, and outcomes evaluation are proposed. Sub-questions will be determined as planning for each stage as the evaluation progresses.

The key lines of inquiry are:

1. How and to what extent are the seven overarching principles evident in the development and delivery of Framework actions and initiatives?
2. What is changing in the system enablers to support Framework delivery?
3. How well is implementation of the Framework progressing? Are milestones being met?
4. What factors are facilitating or inhibiting successful implementation of the Framework?
5. What outcomes have resulted from implementation of the Framework?¹⁰⁶
6. How can the Framework design and implementation be improved to strengthen the achievement of outcomes identified in the logic model?
7. To what extent do current data collection and monitoring activities provide adequate information to determine impact and value for money? What are the gaps?
8. What are the overall benefits and economic impact?

Approach and focus

The monitoring and evaluation strategy will provide a structured and coordinated approach for ongoing monitoring and evaluation that is flexible enough to respond to emergent policy and program directions.

It will recognise that the Framework comprises a suite of priorities, actions, and programs (existing and new) that are collectively designed to achieve outcomes for children and young people, families, communities, workforce, and agencies. As such, it may not be possible to measure the attributable impacts of elements and sub-elements of the Framework.

The monitoring and evaluation strategy will comprise the following areas of focus:

- Routine monitoring to document the extent of implementation as well as changes in outcome indicators across each domain and at different levels of the system.
- Process and outcome evaluation to provide in-depth assessment of strategic priorities and actions delivered during a particular time period. This will also include evaluations of key projects implemented under the Framework.
- Overall evaluation of the impact and value of the Framework, drawing on all available evaluation and monitoring data.

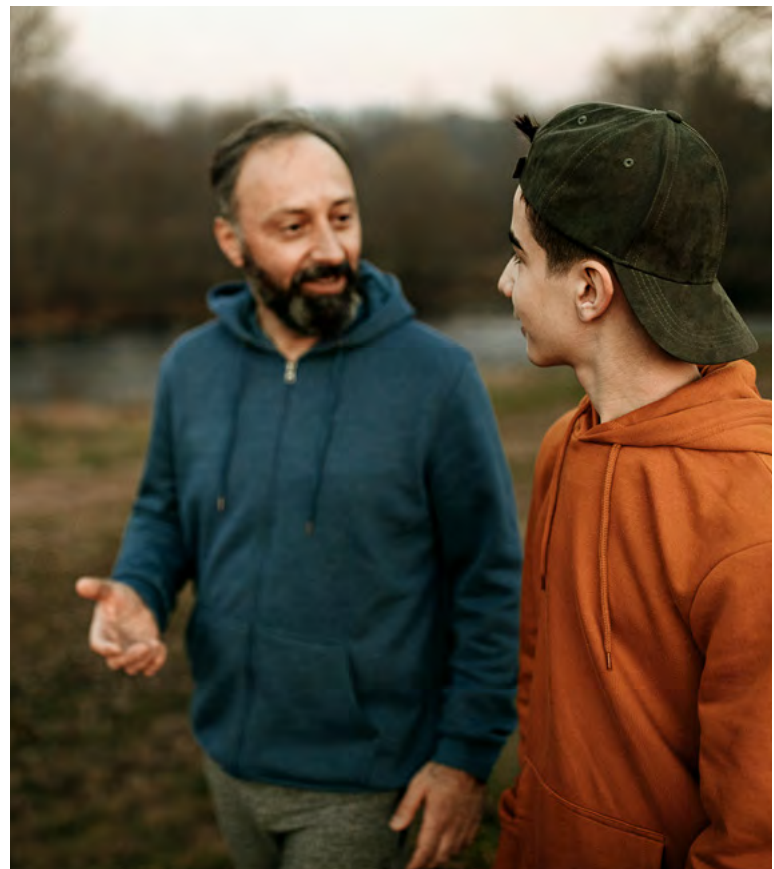


Figure 13 Program Logic Model











5+ YEARS
3-4 YEARS
0-3 YEARS



A staged approach to monitoring and evaluation

A staged approach will ensure that monitoring and evaluation activities support continuous improvement and progressively build evidence to answer key lines of enquiry (Figure 14). The four evaluation stages outlined in Figure 14 are not mutually exclusive and should interact and inform each other.

Figure 14 A staged approach for monitoring and evaluating the Framework

STAGE 1 Post-implementation review	PURPOSE: To identify issues early and provide recommendations for decision-makers to take correction action.	TIMEFRAME  6-12 months post-implementation	KLE  1, 3, 6 and 7
STAGE 2 Performance monitoring	PURPOSE: To continuously monitor implementation of actions and outcomes that result from the collective contribution of actions.	TIMEFRAME  Ongoing	KLE  3, 5 and 7
STAGE 3 Process and outcome evaluation	PURPOSE: To evaluate implementation quality and effects of the Framework, including intended and unintended, positive, and negative changes.	TIMEFRAME  Years 3 to 5	KLE  All
STAGE 4 Impact and benefits realisation	PURPOSE: To provide an overall assessment of the merit, worth and value of the Framework.	TIMEFRAME  Years 6 to 7	KLE  5 and 8

KLE = Key Line of Enquiry

Post-implementation review

Post-implementation review is concerned with the initial establishment and delivery phase of implementation. It aims to identify issues and challenges early and recommend corrective actions for decision-makers.

A cross-agency governance structure will be established to guide establishment of the monitoring system and to implement data review requirements. The governance group will systematically track progress of strategic priorities and actions across the life of the Framework, as well as consider cross-cutting themes associated with system enablers.

Performance monitoring

Following the post-implementation review, a performance monitoring system will be established to monitor implementation of actions and outcomes that result from the collective contribution of actions.

Implementation monitoring will be used to assess an action's status (e.g. not yet developed, in progress, established, embedded) and plan necessary responses, including quality improvement and resource allocation.

Outcome monitoring will provide evidence on whether, and to what extent, anticipated changes are occurring as a result of the Framework.

Process and outcome evaluation

Performance and outcome monitoring data will provide one source of evidence for the evaluation. The purpose of the process and outcome evaluation is to provide a strategy-level review of implementation quality and effects of the Framework, including intended and unintended, positive, and negative changes.

Overall impact and value

The final stage of the evaluation will assess the extent to which the Framework has delivered against its expected impact and presents value for money. This is likely to take the form of a meta-evaluation, summarising evaluations completed to date, and drawing together all relevant monitoring and evaluation data to assess the system-wide impact of the outcomes achieved.

Economic evaluation will identify, measure, and value the Framework's economic costs and benefits.



Appendices

- A. Glossary and acronyms
- B. How the Framework was developed
- C. Description of documents supporting this Framework
- D. References and notes



A - Glossary and acronyms

Term	Description
Common Approach to Identification and Support (CAIS)	Will provide practitioners with a consistent, evidence-informed approach to identify, assess, and respond to children and young people who have displayed PHSB, across all organisations that work with children and families.
Continuum of sexual behaviours	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.
Harmful sexual behaviours	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.
New Street Services (New Street)	NSW Government’s community-based specialist therapeutic care provider for children who have displayed PHSB.
Pathways to Safety and Support model	Describes a proposed model for NSW that will improve pathways, enabling access to treatment that supports children and young people to address their problematic and harmful sexual behaviours.
Shared Approach to Prevention	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.
Primary prevention	Approaches aimed at preventing PHSB from occurring at a whole-of-population level.
Problematic and harmful sexual behaviours (PHSB)¹⁰⁷	Sexual behaviours expressed by children and young people under the age of 18 years 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, young person or adult. ¹⁰⁸
Problematic sexual behaviours	Describes behaviours of a sexual nature that fall 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.
Public health approach	A public health approach recognises that the complex drivers for PHSB occur within the 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. ¹⁰⁹
Royal Commission	Royal Commission into Institutional Responses to Child Sexual Abuse.



Term	Description
Safe Wayz	A program that enables Local Health Districts to lead on a collaborative interagency approach to prevention, early intervention and tertiary service responses for children under the age of criminal responsibility (currently ten years) who have displayed PHSB.
Targeted prevention	Prevention aimed at children and young people, and their families, with higher likelihood or at greater risk of presenting with PHSB.
Socio-ecological model	Model recognises that individual, relationship, social, cultural and environmental factors are important to understanding the context of PHSB and inform proportionate, holistic and evidence-informed approaches.
Tertiary prevention	Prevention targeting children and young people after behaviours have occurred, aimed at reducing escalation, further harm, and improving safety.
Universal prevention	Umbrella term used in the document, which includes both primary and targeted prevention (see above).
Violence, abuse and neglect	An umbrella term used to describe three primary types of interpersonal violence that are widespread in the Australian community. It refers to domestic and family violence, sexual assault and all forms of child abuse and neglect. It also refers to children and young people who have displayed problematic sexual behaviours or who have engaged in harmful sexual behaviour, who often have their own experiences as victims of abuse and neglect.

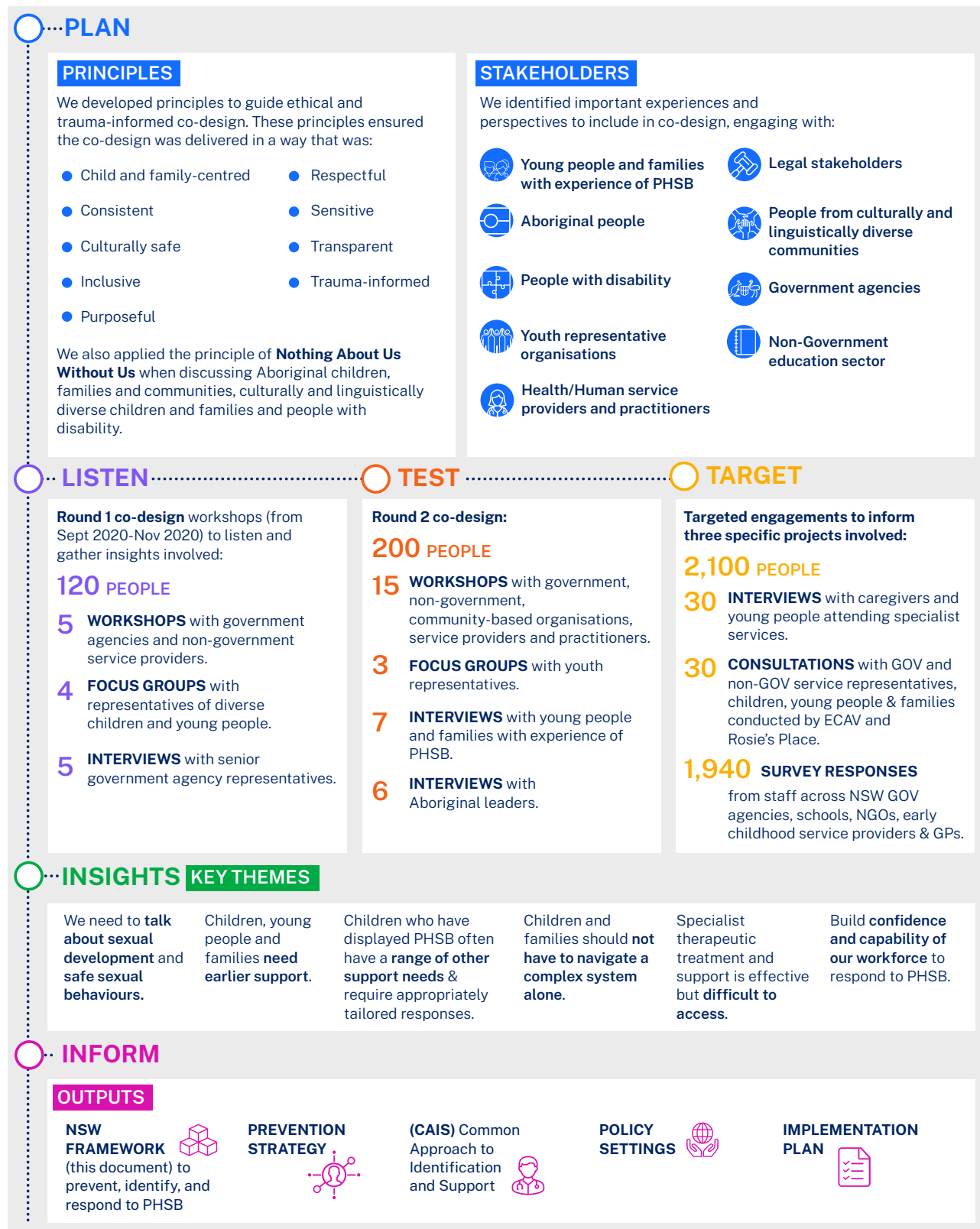
Acronym	Explanation
ACCHO	Aboriginal Community Controlled Health Organisation
CALD	Culturally and linguistically diverse
DCJ	Department of Communities and Justice
DFV	Domestic and Family Violence
ECAV	NSW Health Education Centre Against Violence
HSB	Harmful sexual behaviours
IPARVAN	Integrated Prevention and Response to Violence, Abuse and Neglect
JCPRP	Joint Child Protection Response Program
LHD	Local Health District
NSW CSOCAS	NSW Child Sex Offender Counsellors Accreditation Scheme
OOHC	Out of home care
PCYC	Police and Community Youth Club



Acronym	Explanation
PHSB	Problematic and harmful sexual behaviours
PSB	Problematic sexual behaviours
SAS	Sexual Assault Services
UoW AccESS	University of Wollongong Access and Engagement with services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (study)
VAN	Violence Abuse and Neglect

B - How the Framework was developed

This Framework and broader program of work was codesigned with many people over multiple stages. This process involved planning, listening and testing ideas and concepts, to develop insights and inform our priorities.



C - Description of documents supporting this Framework

Title	Description
Case for Change	Provides the evidence that underpins the Framework and 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.
Prevention Strategy	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.
Common Approach to Identification and Support (CAIS)	Will provide practitioners with a consistent, evidence-informed approach to identifying, assessing, and responding to children and young people who have displayed PHSB, across all organisations that work with children and families.
Implementation Plan	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.
Monitoring and Evaluation Framework	Outlines how implementation and outcomes of the Framework and program of work will be monitored and evaluated, including to inform improvement over time.

D - References and notes

- 1 Of 6,875 people who attended a private session, 1,129 or 16.4% told Commissioners about sexual abuse they experienced by another child. The Royal Commission categorised all people under 18 years of age as children. Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government, p 20.
- 2 Young women aged 15-19 years had the highest rates of reported sexual assault (661.9 victims per 100,000), followed by girls aged 10-14 years (542.8 victims per 100,000). For males, boys aged 10-14 years had the highest rates of reported sexual assault (112.3 victims per 100,000), followed by young men aged 15-19 years (82.2 victims per 100,000). Australian Institute of Health and Welfare. (2018). Family, domestic and sexual violence in Australia 2018. Cat. no. FDV 2. Australian Institute of Health and Welfare, p 52.
- 3 It is important to remember that many children and young people experience trauma through abuse, neglect, domestic and family violence and sexual assault and do not sexually harm others. O'Brien, W. (2010). Australia's response to sexualised or sexually abusive behaviours in children and young people. Australian Crime Commission.
- 4 Atkinson, J. (2013). Trauma-informed services and trauma-specific care for Indigenous Australian children. Australian Institute of Health and Welfare.
- 5 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 6 Shlonsky, A., Albers, B., Tolliday, D., Wilson, S., Norvell, J. & Kissinger, L. (2017). Rapid evidence assessment: Current best evidence in the therapeutic treatment of children with problem or harmful sexual behaviours, and children who have sexually offended. Royal Commission into Institutional Responses to Child Sexual Abuse.
- 7 Chaffin, M., Berliner, L., Block, R., Johnson, T. C., Friedrich, W. N., & Louis, D. G. & Madden, C. (2008). Report of the ATSA task force on children with sexual behavior problems. *Child Maltreatment*, 13(2), p 199. doi: 10.1177/1077559507306718.
- 8 Hackett, S. (2014). Children and young people with harmful sexual behaviours. Dartington: Research in Practice.
- 9 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. Royal Commission into Institutional Response to Child Sexual Abuse.
- 10 Spangaro, J., Kor, K., Payne, J., Hanley, N., Allan, J., Finlay, S., Simpson, H. & Fabrianisi, B. (2021). Access and Engagement with services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (Access study): Final Report. University of Wollongong, School of Health and Society.
- 11 Due to a lack of national data, low levels of community awareness and under-reporting by professionals and parents it is difficult to accurately estimate the prevalence of PHSB amongst Australian children. However, even when using conservative estimates, PHSB is significant public health issue.
- 12 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 13 McKibbin, G. (2017). Preventing harmful sexual behaviour and child sexual exploitation for children & young people living in residential care: a scoping review in the Australian context. *Children and Youth Services Review*, 82, 373-382, <https://doi.org/10.1016/j.childyouth.2017.10.008>
- 14 Plunkett, A, O'Toole, B., Swanston, H., Oates, RK, Shrimpton, S., & Parkinson, P. (2001). Suicide risk following child sexual abuse. *Ambulatory Pediatrics: The Official Journal of the Ambulatory Pediatric Association*, 1(5), 262-266.
- 15 McKibbin, G. (2017). Preventing harmful sexual behaviour and child sexual exploitation for children & young people living in



- residential care: a scoping review in the Australian context. *Children and Youth Services Review*, 82, 373-382, <https://doi.org/10.1016/j.childyouth.2017.10.008>.
- 16 Paolucci, EO., Genuis, ML., & 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.
 - 17 Cashmore, J. & Shackel, R. (2013). The long-term effects of child sexual abuse. CFCA Paper, No. 11, January. Australian Institute of Family Studies.
 - 18 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
 - 19 Paolucci, EO., Genuis, ML., & 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.
 - 20 Letourneau EJ, Eaton, WW, Bass J, Berlin FS and Moore SG (2014), The need for a comprehensive public health approach to preventing sexual abuse, *John Hopkins University Public Health Reports*, May-June 2014, Vol. 129.
 - 21 Paolucci, EO., Genuis, ML., & 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.
 - 22 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
 - 23 World Health Organization Violence Prevention Alliance. The Violence Prevention Alliance Approach. Access at <https://www.who.int/violenceprevention/approach/ecology/en/>
 - 24 World Health Organization Violence Prevention Alliance. The Violence Prevention Alliance Approach. Accessed at <https://www.who.int/groups/violence-prevention-alliance/approach>
 - 25 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
 - 26 The Workforce Survey, conducted between 2020 and 2021 collected responses from 1,941 staff across NSW, with 56% of respondents residing in regional NSW. Respondents included staff at NSW Health, the Department of Education, the Department of Communities and Justice, Catholic and Independent schools and a range of non-government organisation staff working across child protection, community services, health, family and child support, disability, housing assistance, homelessness, and youth justice. ARTD Consultants. NSW Workforce survey. (Unpublished).
 - 27 Kezelman, C., Hossack, N., Stavropoulos, P. & Burley, P. (2015). The cost of unresolved childhood trauma and abuse in adults in Australia. A Report for Blue Knot Foundation (formerly Adults Surviving Child Abuse). Blue Knot Foundation.
 - 28 Chaffin, M., Berliner, L., Block, R., Johnson, T. C., Friedrich, W. N., & Louis, D. G. & Madden, C. (2008). Report of the ATSA task force on children with sexual behavior problems. *Child Maltreatment*, 13(2), p 199. doi: 10.1177/1077559507306718; 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.
 - 29 Fox S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. & Smith, C. (2015). Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention. Australian Research Alliance for Children and Youth.
 - 30 Young person, male, 19 who had sexually abused his sister in McKibbin, G. (2017). Preventing harmful sexual behaviour and child sexual exploitation for children & young people living in residential care: a scoping review in the Australian context. *Children and Youth Services Review*, 82, 373-382, <https://doi.org/10.1016/j.childyouth.2017.10.008>,
 - 31 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.



- 32 Shlonsky, A., Albers, B., Tolliday, D., Wilson, S., Norvell, J. & Kissinger, L. (2017). Rapid Evidence Assessment: Current Best Evidence in the Therapeutic Treatment of Children with Problem or Harmful Sexual Behaviours, and Children who have Sexually Offended. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse.
- 33 KPMG. (2014). Evaluation of New Street Adolescent Services: Final Report. A report prepared for NSW Kids and Families. NSW Health. Accessed at <https://www.health.nsw.gov.au/parvan/hsb/Documents/new-street-evaluation-report.pdf>
- 34 O'Brien, W. (2010). Australia's response to sexualised or sexually abusive behaviours in children and young people. Australian Crime Commission.
- 35 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.
- 36 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours, Australian Government
- 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 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 39 Fyson, R. (2007). Young people with learning disabilities who sexually harm others: The role of criminal justice within a multiagency response. *British Journal of Learning Disabilities*, 35(3),4–5, DOI:10.1111/j.1468-3156.2007.00457.x; Hackett, S. (2014). Children and young people with harmful sexual behaviours. Dartington: Research in Practice.
- 40 NSW Health (2018). New Street Service: Policy and Procedures. (Internal NSW Health document) 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.
- 41 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.
- 42 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.
- 43 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; true relationships & reproductive health. (2015). Sexual behaviours in children and young people: A guide to identify, understand, and respond to sexual behaviours. true relationships & reproductive health.
- 44 Chaffin M., Letourneau, E & Silovsky JF. (2002) cited in 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; 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; true relationships & reproductive health. (2015). Sexual behaviours in children and young people: A guide to identify, understand, and respond to sexual behaviours. true relationships & reproductive health.
- 45 Malvaso, CG., Proeve, M., Delfabbro, P., & Cale, J. (2020). Characteristics of children with problem sexual behaviour and adolescent perpetrators of sexual abuse: a systematic review. *Journal of Sexual Aggression*, 26(1), 36-61.
- 46 Spangaro, J., Kor, K., Payne, J., Hanley, N., Allan, J., Finlay, S., Simpson, H. & Fabrianisi, B. (2021). Access and Engagement with services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (Access study): Final Report. University of Wollongong, School of Health and Society.
- 47 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.



- 48 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.
- 49 Spangaro, J., Kor, K., Payne, J., Hanley, N., Allan, J., Finlay, S., Simpson, H. & Fabrianisi, B. (2021). Access and Engagement with services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (Access study): Final Report. University of Wollongong, School of Health and Society.
- 50 Hackett, et al. (2013) cited in Spangaro, J., Kor, K., Payne, J., Hanley, N., Allan, J., Finlay, S., Simpson, H. & Fabrianisi, B. (2021). Access and Engagement with services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (Access study): Final Report. University of Wollongong, School of Health and Society.
- 51 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. Royal Commission into Institutional Response to Child Sexual Abuse: Spangaro, J., Kor, K., Payne, J., Hanley, N., Allan, J., Finlay, S., Simpson, H. & Fabrianisi, B. (2021). Access and Engagement with services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (Access study): Final Report. University of Wollongong, School of Health and Society.
- 52 Wong (2020) as cited in Spangaro, J., Kor, K., Payne, J., Hanley, N., Allan, J., Finlay, S., Simpson, H. & Fabrianisi, B. (2021). Access and Engagement with services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (Access study): Final Report. University of Wollongong, School of Health and Society.
- 53 Wong (2020) as cited in Spangaro, J., Kor, K., Payne, J., Hanley, N., Allan, J., Finlay, S., Simpson, H. & Fabrianisi, B. (2021). Access and Engagement with services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (Access study): Final Report. University of Wollongong, School of Health and Society.
- 54 Youth Wellbeing Project. (2020). Porn in Schools: It's a matter of child protection. Fact File for Educators. Youth Wellbeing Project. Access at: https://www.youthwellbeingproject.com.au/wp-content/uploads/2020/08/YWP_FACT_FILE_-Porn_in_Schoolsv2.pdf.
- 55 Quadara, A. Nagy, V., Higgins, D., & Siegel, N. (2015). Conceptualising the prevention of child sexual abuse: Final report. Institute of Family Studies.
- 56 Our Watch. (2021). Respectful relationships education in schools: Evidence paper. Our Watch. Access at <https://media-cdn.ourwatch.org.au/wpcontent/uploads/sites/2/2021/03/29130252/RRE-Evidence-paper-accessible-100321.pdf>
- 57 The Expert Group on Preventing Sexual Offending Involving Children and Young People. (2020). Prevention of and responses to harmful sexual behaviour by children and young people. Scottish Government.
- 58 Quadara, A. Nagy, V., Higgins, D., & Siegel, N. (2015). Conceptualising the prevention of child sexual abuse: Final report. Institute of Family Studies.
- 59 Our Watch. (2021). Respectful relationships education in schools: Evidence paper. Our Watch. Access at <https://media-cdn.ourwatch.org.au/wpcontent/uploads/sites/2/2021/03/29130252/RRE-Evidence-paper-accessible-100321.pdf>.
- 60 Quadara, A. Nagy, V., Higgins, D., & Siegel, N. (2015). Conceptualising the prevention of child sexual abuse: Final report. Institute of Family Studies.
- 61 Australian Bureau of statistic (2021). <https://www.abs.gov.au/statistics/people/education/schools/latest-release>
- 62 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.
- 63 Hollands, A. 2021, Now is the moment to listen to young people, Australian Human Rights Commission, access at <https://humanrights.gov.au/about/news/now-moment-listen-young-people>
- 64 More information available at: <https://www.teachusconsent.com/>
- 65 Kaufman, K., Erooga, M., Stewart, K., Zatkin, J., McConnell, E., Tews, H. et al. (2016). Risk profiles for institutional child sexual abuse: A literature review. A report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse. Royal Commission into Institutional Responses to Child Sexual Abuse.



- 66 Quadara, A. Nagy, V., Higgins, D., & Siegel, N. (2015). Conceptualising the prevention of child sexual abuse: Final report. Institute of Family Studies.
- 67 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.
- 68 Kearney, S., Gleeson, C. & Leung, L. (2016). Respectful relationships education in schools: The beginnings of change –Final evaluation report. Report. Report to the Victorian Government Department of Premier and Cabinet and Department of Education and Training, Victoria. Our Watch. Access at https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/06/24034138/RREIS_R3_Final_AA.pdf.
- 69 O'Brien, W. (2010). Australia's response to sexualised or sexually abusive behaviours in children and young people. Australian Crime Commission.
- 70 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 71 Parkinson, S., Gunawan, A., Lewig, K., Flaherty, R., Arney, F. (2017). Improving service responses to vulnerable families during pregnancy and infancy. Australian Government Department of Social Services.
- 72 A Quadara & C Hunter (2016), Principles of trauma-informed approaches to child sexual abuse: A discussion paper, report prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney, pp 7–8, 11; Victorian Government, Submission to the Royal Commission into Institutional Responses to Child Sexual Abuse, Issues paper No 10: Advocacy and support and therapeutic treatment services, Royal Commission into Institutional Responses to Child Sexual Abuse 2015, p 10.
- 73 Lussier, P., Healey, J. (2010). Searching for the developmental origins of sexual violence: Examining the co-occurrence of physical aggression and sexual behaviors in early childhood. *Behavioral Sciences & the Law*, 28(1),1-23, doi: 10.1002/bsl.919.
- 74 Australia's National Research Organisation for Women's Safety. (2020). Good practice in responding to young people with harmful sexual behaviours: Key findings and future directions (Research to policy and practice, 18/2020). ANROWS.
- 75 Australia's National Research Organisation for Women's Safety. (2020). Good practice in responding to young people with harmful sexual behaviours: Key findings and future directions (Research to policy and practice, 18/2020). ANROWS.
- 76 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.
- 77 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.
- 78 National Institute for Health Care Excellence. (2016). Harmful sexual behaviour among children and young people. Access at <https://www.nice.org.uk/guidance/NG55>.
- 79 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.
- 80 Further information at <https://reporter.childstory.nsw.gov.au/s/mrg>
- 81 Hackett S, Branigan P and Holmes D (2019a), Harmful sexual behaviour framework: an evidence informed operational framework for children and young people displaying harmful sexual behaviours, NSPCC
- 82 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 83 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours, Australian Government; Shlonsky, A., Albers, B., Tolliday, D., Wilson, S., Norvell, J. & Kissinger, L. (2017). Rapid evidence assessment: Current best evidence in the therapeutic treatment of children with problem or harmful sexual behaviours, and children who have sexually offended. Royal Commission into Institutional Responses to Child Sexual Abuse.



- 84 Pourliakas, A., McDonald, M., Macvean, M., Shackleton, F., Clayton, O., Palmieri, R., & Michaux, A. (2016). Review of approaches to prevent and respond to problem sexual behaviour in children and young people in out-of-home care. Report prepared by the Parenting Research Centre on behalf of the New South Wales Government Department of Family and Community Services. NSW Department of Family and Community Services.
- 85 National Institute for Health Care Excellence. (2016). Harmful sexual behaviour among children and young people. Access at <https://www.nice.org.uk/guidance/NG55>
- 86 Australia's National Research Organisation for Women's Safety. (2020). Good practice in responding to young people with harmful sexual behaviours: Key findings and future directions (Research to policy and practice, 18/2020). ANROWS.
- 87 Ombudsman New South Wales. (2012) Responding to child sexual assault in Aboriginal communities. Report under Part 6A of the Community Services (Complaints, Reviews and Monitoring) Act 1993. Ombudsman New South Wales.
- 88 Australia's National Research Organisation for Women's Safety. (2020). Good practice in responding to young people with harmful sexual behaviours: Key findings and future directions (Research to policy and practice, 18/2020). ANROWS.
- 89 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 90 KPMG. (2014). Evaluation of New Street Adolescent Services: Final Report. A report prepared for NSW Kids and Families. NSW Health. Accessed at <https://www.health.nsw.gov.au/parvan/hsb/Documents/new-street-evaluation-report.pdf>
- 91 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.
- 92 NSW Health. (2020). Policy directive: Responding to sexual assault (adult and child) policy and procedures. Access at https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_006.pdf
- 93 NSW Health. (2020). Policy directive: Responding to sexual assault (adult and child) policy and procedures. Access at https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2020_006.pdf
- 94 Henderson, C., & Bateman, J. (2010). Reframing responses stage two: Supporting women survivors of child abuse. Mental Health Coordinating Council.
- 95 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.
- 96 Spangaro, J., Kor, K., Payne, J., Hanley, N., Allan, J., Finlay, S., Simpson, H. & Fabrianisi, B. (2021). Access and Engagement with services for Sexual Safety for children and young people with problematic and harmful sexual behaviour (Access study): Final Report. University of Wollongong, School of Health and Society.
- 97 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 98 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 99 Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report, Volume 10, Children with Harmful Sexual Behaviours. Australian Government.
- 100 Worling, J. R., Litteljohn, A., & Bookalam, D. (2010). 20-year prospective follow-up study of specialized treatment for adolescents who offended sexually. Behavioral sciences & the law, 28(1), 46-57, doi: 10.1002/bsl.912
- 101 KPMG. (2014). Evaluation of New Street Adolescent Services: Final Report. A report prepared for NSW Kids and Families. NSW Health. Accessed at <https://www.health.nsw.gov.au/parvan/hsb/Documents/new-street-evaluation-report.pdf>



- 102 NSW Family & Community Services. (2016). See, understand and respond to child sexual abuse: A Practical Kit. Chapter 6, Working with Children who Display Sexually Harmful Behaviour. Access at <https://www.facs.nsw.gov.au/providers/children-families/child-protection-services/resources/chapters/respond-to-child-sexual-abuse>
- 103 Hackett, S., Phillips, J., Masson, H., & Balfe, M. (2013). Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers. *Child Abuse Review*, 22(4), 232-245, doi.org/10.1002/car.2246.
- 104 See Premier's Priorities. Access at: <https://www.nsw.gov.au/premiers-priorities>
- 105 See Human Services Outcomes Framework. Access at: <https://www.facs.nsw.gov.au/resources/human-services-outcomes-framework/what-is-the-nsw-human-services-outcomes-framework>
- 106 The preliminary logic model provides an indication of initial, or short to intermediate outcomes that are anticipated to occur through delivery of the framework.
- 107 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.
- 108 Hackett, S. (2014). Children and young people with harmful sexual behaviours. Dartington: Research in Practice.
- 109 World Health Organization Violence Prevention Alliance. The Violence Prevention Alliance Approach. Accessed at: <https://www.who.int/violenceprevention/approach/ecology/en/>



