



**Good practice in responding to young
people with harmful sexual behaviours**
Key findings and future directions

ANROWS

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ANROWS Research to policy and practice papers are concise papers that summarise key findings of research on violence against women and their children, including research produced under ANROWS's research program, and provide advice on the implications for policy and practice.

This is an edited summary of key findings from the ANROWS research project "Good practice in delivering and evaluating interventions for young people with harmful sexual behaviours". Please consult the ANROWS website for more information on this project and the full project report: Quadara, A., O'Brien, W., Ball, O., Douglas, W., & Vu, L. (2020). *Good practice in delivering and evaluating interventions for young people with harmful sexual behaviours* (Research report, 18/2020). Sydney: ANROWS.

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ANROWS research contributes to the six National Outcomes of the *National Plan to Reduce Violence against Women and their Children 2010-2022*. This research addresses National Plan Outcome 6—Perpetrators stop their violence and are held to account.

Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander Elders past, present, and future, and we value Aboriginal and Torres Strait Islander histories, cultures, and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the [Warawarni-gu Guma Statement](#).

Good practice in responding to young people with harmful sexual behaviours

BACKGROUND

- Young people make up a significant proportion of individuals engaging in unwanted or harmful sexual behaviours against children.
- Many young people who engage in harmful sexual behaviours have their own history of childhood trauma, including exposure to domestic and family violence.
- These young people require holistic interventions that involve specialist services and multiple partner agencies.

KEY FINDINGS

- There are variations and gaps in services for young people engaging in harmful sexual behaviours, and information about service availability is not readily accessible.
- Specialist services operate in a complex environment that may make service provision challenging.
- Good practice in intervention is underpinned by conceptual, therapeutic and enabling principles.
- Factors in the broader service system may help or hinder good practice.

RECOMMENDATIONS FOR POLICY AND PRACTICE

- A public repository of information about services available for young people with harmful sexual behaviours should be established.
- Practitioners should apply the principles of good practice developed by the project to therapeutic work with young people with harmful sexual behaviours.
- Funders should dedicate resources to collaborative research into tailoring therapeutic work to vulnerable young people.
- Service systems design should support holistic interventions.

Young people with harmful sexual behaviours

Young people make up a significant proportion of individuals engaging in unwanted or harmful sexual behaviours against children. Historically, these young people were viewed as “mini-sex offenders” who would, without rehabilitation, continue to offend into adulthood (Ryan, 1999).

Research into the characteristics of young people charged with sexual offences has revealed a more complex picture. It highlights that, while the majority of young people who receive treatment for harmful sexual behaviours are male, they are a diverse group. A range of factors—individual and environmental—contributes to harmful behaviours under different circumstances. They include the impact of adverse childhood experiences (e.g. experiences of abuse and maltreatment, neglect and domestic and family violence), family dysfunction, instability and patriarchal gender roles, exposure to pornography, and cognitive and learning impairments.

Researchers and clinicians now agree that referring to young people as “sex offenders” or “perpetrators” is stigmatising and undermines young people’s motivation for change (O’Brien, 2010). Instead, clinicians and practitioners use terminology that describes the behaviours the young person has engaged in. The term “harmful sexual behaviours” points to a continuum of sexual behaviours that children and young people under the age of 18 engage in that are developmentally inappropriate and may be harmful, unwanted or abusive (Hackett, Holmes, & Branigan, 2016).

Good practice in interventions for young people with harmful sexual behaviours

Interventions for young people with harmful sexual behaviours are complex and identifying good practice in this field is similarly so. At the forefront of respondents are specialist services that offer therapeutic programs to young people with harmful sexual behaviours. Interventions often also require the involvement of other stakeholders, for example teachers, child protection, police, youth justice workers and family support services.

The main goal of interventions is to prevent the behaviour from occurring again. However, practitioners identified other therapeutic goals that are also important, such as the young person:

- acknowledging their behaviour and taking responsibility for it
- improving their emotional regulation
- developing healthy and respectful relationships
- developing empathy.

“Understanding good practice in responding to young people with harmful sexual behaviours” by Antonia Quadara, Wendy O’Brien, Olivia Ball, Will Douglas, and Linna Vu

The purpose of this project was to understand what constitutes good practice in therapeutic responses for young people engaging in harmful sexual behaviours. The project also outlined factors in the broader service delivery context that may help—or hinder—effective therapeutic work.

The project involved:

- national mapping of service responses for young people with harmful sexual behaviours
- a comparative process evaluation of three services (Griffith Youth Forensic Service in Queensland, New Street Service in New South Wales, and Sexually Abusive Behaviours Treatment Service in Victoria)
- semi-structured interviews and focus group discussions with program managers, practitioners, and statutory and policy professionals.

The project developed principles of good practice that support specialised interventions. The findings can inform future therapeutic approaches as well as service systems design that supports holistic interventions.

Quotes appearing in this paper come from interviews with practitioners carried out as part of the study; they also appear in the full report.

See anrows.org.au for the full report.

Key findings

There are variations and gaps in the provision of services, and information about available services is not readily accessible

Specialist services that deliver therapeutic interventions to young people with harmful sexual behaviours have developed unevenly across Australia and are fragmented. At the time this research was conducted, in some jurisdictions (e.g. the Australian Capital Territory) there were no or limited therapeutic services, while in others (e.g. Victoria, Western Australia, Queensland and Tasmania) there had been an increase in specialist services over the preceding years.

Navigating the service system is often confusing, due to variations in the following:

- Age eligibility: some services only work with young people under the age of 10, while others will work with children up to the age of 12, or between the ages of 13–16 years or 12–17 years.
- Referral requirements: some services only accept referrals from nominated referrers such as statutory child protection workers, while other services accept any referrals from any source.
- Types of behaviours services work with: some services are only able to work with clients where the harmful sexual behaviour has been substantiated; others will not see clients who have been formally charged with an offence.
- Geographic coverage: within jurisdictions, regional and remote areas are underserved.

Further, there is a lack of accessible, high-quality information about available services, particularly for families but also for general practitioners, school counsellors, teachers and other key contact points with young people.

See Table 6 of the full research report for a national listing by jurisdiction of services available for young people aged 10–17 years with harmful sexual behaviours.

Specialist services operate in a complex service environment that make service provision challenging

Multiple systems and agencies participate in referring, investigating and monitoring situations involving young people with harmful sexual behaviours. In addition to the specialist services that provide therapeutic programs, others that may be involved are:

- teachers and educators
- child protection workers
- out-of-home care services
- police
- youth justice workers

- family support services
- sexual assault services
- family violence services.

Complex, siloed services create challenges for effective service provision. These challenges are not specific to services for harmful sexual behaviours, but are common in community, health and human service systems generally, especially for service users with complex needs (see Humphreys & Healey, 2017). Ultimately, there is the potential for considerable clashing of different priorities, rules and procedures in the delivery of interventions, which may work against good therapeutic practice.

Good practice in intervention is underpinned by conceptual, therapeutic and enabling principles

This project developed a set of principles of good practice that practitioners can apply in their work with young people with harmful sexual behaviours.

Conceptual principles

Conceptual principles describe how practitioners should approach young people and their behaviours.

Understanding young people and their behaviours

Practitioners highlighted that young people with harmful sexual behaviours are not “predators”. They are young people first and foremost.

We’re talking about children and young people who are not paedophiles, not monsters—they’re not predators. They’re kids whose lives, for lots of different reasons—in their lives, they’re facing challenges, often family system past trauma, their own abuse, a whole range of issues that—leading them to engage in that behaviour and it can be corrected and is, in almost all cases, quite successfully. (Victoria, practitioner 1)

Putting harmful sexual behaviours in context

The harmful sexual behaviours young people engage in need to be situated within a broader context of trauma, family dysfunction and developmental challenges.

Every single girl we’ve ever worked with has a significant history of harm towards them. So, for a vast majority it’s significant sexual harm, but also physical, and neglect. (NSW, practitioner 5)

Therapeutic principles

Therapeutic principles describe how interventions should be designed and delivered.

Working “eco-systemically”

An eco-systemic approach means working with a young person in their familial, interpersonal and community systems. Specifically, a young person should be worked with

in their familial context, their community or culture, the settings and activities in which they spend their time, and the interconnecting support services they are involved with.

We operate from an eco-systemic perspective. So, when we're undertaking assessment and treatment services, it's looking at the whole young person and their family, their context, their community. So, the interventions that we're providing are delivered not just to the young person but to those levels of their eco-system. (Queensland, practitioner 6)

Working with a trauma lens

Young people who engage in harmful sexual behaviours often have their own experiences of trauma. Working with a trauma lens means understanding the relationship between the young person's past experience and behaviour. It also means reflecting upon how a young person's trauma might affect the therapeutic work itself (see also Salter et al., 2020).

We're talking about relational interactions, relational trauma. If you don't have an attachment lens, it makes it very difficult to understand, to make sense of that: what is the impact of that trauma in this young person's history? How has it affected the way they relate to themselves, to the people around them, to the world they're living? And how is that gonna play out in the room when we're with them? Because it's gonna play out in the room with them and if we don't make sense of that, we can't help them. (Victoria, practitioner 12)

Tailoring therapeutic responses to the young person

Therapeutic interventions need to be responsive to the young person's particular needs and lived experiences. In other words, interventions need to be tailored to the developmental and cognitive capacities of the young person, as well as their culture, care situation, and gender. Interventions also need to consider whether a young person is from an Aboriginal and/or Torres Strait Islander community, a culturally and linguistically diverse background, or is living with disability.

Working in culturally safe ways means recognising the importance of broader kinship and community systems and helping young people to maintain connection to community. Practitioners need to use flexibility in determining who the protective/supportive adults are, what broader systems of care need to be involved in the treatment plan, and what strategies can ensure young people's engagement over the treatment period. However, research to date into tailoring approaches to vulnerable populations is limited.

Enabling principles

Enabling principles describe other factors that support effective therapeutic interventions.

Engaging family/carers

Families can assist by acknowledging the young person's harmful behaviours. They can facilitate the young person's engagement in treatment, recognising that, as family members, they themselves are also participants in the intervention. Practitioners can use a range of strategies to create the most appropriate scaffolding around the young person, including working with extended family and grandparents—when safe—to create the network of care.

One [enabler] is having whoever is attending with the child, say, the family or the agency, for us to be able to work—a belief that the harm has actually occurred and that it is serious. It's very difficult and usually the kids who don't get past assessment are the ones, quite often, where the family do the, "Oh, yeah, he did it, but" or, "We're not really sure he did it. I mean, it wasn't very much" or, "He did it, but only once", and that kind of not really believing. If we don't have the family or agency support, it's very difficult to hold the child in intervention. (New South Wales, practitioner 16)

Conducting comprehensive assessment and case planning

Comprehensive assessment provides the foundation for case formulation, safety planning and therapeutic goals. Successful treatment outcomes are heavily dependent on how well the assessment and client case formulation phases were conducted and planned.

After six sessions, I'll be asking my staff, "Where's your formulation? What's your gist of what's going on here?" in which we look at static and dynamic factors ... The formulation is the most important part. The assessment and how you come to your formulation will inform how you do your treatment. So, it stands and falls with a good assessment actually. (Victoria, practitioner 12)

Engaging broader system agencies

Just as the young person cannot be understood in isolation from their social ecology, therapeutic responses cannot be delivered as isolated, "standalone" interventions. Critical partners include statutory child protection services, the out-of-home care sector, police and schools. Interagency relationships, cross-sector communication and coordinated care are essential to implementing, monitoring, adjusting and evaluating treatment progress.

When the systems work well, when there's good communication between us and Youth Justice and other collaborators for that young person, which can include family, that's when good outcomes happen. But when there's a breakdown in that communication or cohesiveness in the working of the team, that's when issues start to happen. (Queensland, practitioner 6)

Factors in the broader service system may help or hinder good practice

Therapeutic interventions for young people with harmful sexual behaviours require a supportive service system in order to be effective. Yet, the project identified key challenges with regards to service delivery, accessibility and interface that affected good practice.

Service design and delivery

Harmful sexual behaviour work is highly specialised and demanding. Common issues that impact service delivery include:

- Recruitment and retention: recruitment of skilled workers is challenging due to perceptions that the work with young people with harmful sexual behaviours is highly specialised or about "perpetrators".
- Service demand: demand for services commonly outstrips the capacity of service providers.

- Funding: short-term funding cycles impede the recruitment of workers to regional and rural locations.

Service accessibility and engagement

A range of factors affects clients' (i.e. young people's and their families') ability to access and stay engaged in treatment. Key barriers are:

- Geography: location of services is a main challenge to providing weekly, face to face, discreet services to young people and families, especially in regional and rural areas.
- Awareness and stigma: families often lack knowledge about harmful sexual behaviours, or about available services, and stigma can act as a barrier to seeking help.
- Maintaining engagement: in addition to location and stigma, issues such as family conflict and family dysfunction may impact on families' and carers' ability to maintain engagement over the long term.

Systems intersections

Another dimension of services' operating context that affects good practice is the interface between service systems that participate in the intervention. There may be clashes in organisational priorities and pressures between specialist services and criminal justice, child protection and education systems. These tensions can derail the intervention.

- Criminal justice system: there may be tensions and contradictions between the therapeutic and criminal justice paradigms that can render a young person ineligible for service or delay access to services. In some cases, young people could not take up any therapeutic response because it would potentially signal to the court that they had a criminal intention when engaging in harmful sexual behaviours and could be charged accordingly. This went against the aims of therapeutic intervention and the young person's acknowledgement of their behaviour.
- Child protection: there are differences between specialist services and child protection services in assessment and prioritisation of risk, level of specialisation regarding harmful sexual behaviours, and expectations about the capacity of child protection as a key partner agency in safety plans.
- Education: knowledge of harmful sexual behaviours varies between school communities, affecting how schools respond to cases of young people engaging in harmful sexual behaviours, and their support, care and safety plans.

Recommendations for policy and practice

A public repository of information about services available for young people with harmful sexual behaviours should be established

A central, public repository of information would describe what services are available in each state and territory, who can access these services, how a young person is referred, how the services can be contacted and what the nature of the program is. This would need to be updated on a regular basis (e.g. every 6 months).

Practitioners should apply the principles of good practice developed by the project to therapeutic work with young people with harmful sexual behaviours

While there is no one-size-fits-all approach to therapeutic practice, these principles of good practice can be applied to any approach.

Funders should dedicate resources to collaborative research into tailoring therapeutic work to vulnerable young people

More research is needed in particular into tailoring therapeutic interventions to Aboriginal and/or Torres Strait Islander young people, young people from culturally and linguistically diverse backgrounds and young people living with disability. Such research should be undertaken in partnerships with the above communities and specialists.

Service systems design should support holistic interventions

This can be done through:

- a. looking at how funding approaches can amplify good practice (such as the duration of funding and the degree of autonomy services have in relation to what funds are available for which activities)
- b. exploring mechanisms for interagency collaboration and information sharing between services
- c. investing in workforce development, capacity-building and support of skilled workers to ensure long-term retention.

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