



Australian Government

Australian Institute of Family Studies

Child
Family
Community
Australia

Discovering what
works for families

aifs.gov.au

Problem sexual behaviours and sexually abusive behaviours in Australian children and young people

A review of available literature

CFCA PAPER NO. 46

Alissar El-Murr

Child Family Community Australia | information exchange

Families Framework research domain: **Challenges for families**



© Commonwealth of Australia 2017

With the exception of AIFS branding, the Commonwealth Coat of Arms, content provided by third parties, and any material protected by a trademark, All textual material presented in this publication is provided under a Creative Commons Attribution 4.0 International licence (CC BY 4.0) <creativecommons.org/licenses/by/4.0/>. You may copy, distribute and build upon this work for commercial and non-commercial purposes; however, you must attribute the Commonwealth of Australia as the copyright holder of the work. Content that is copyrighted by a third party is subject to the licensing arrangements of the original owner.



The **Child Family Community Australia** (CFCA) information exchange is an information and advisory unit based at the Australian Institute of Family Studies, and funded by the Australian Government Department of Social Services. The CFCA information exchange collects, produces and distributes resources and engages in information exchange activities that help to protect children, support families and strengthen communities.

The Australian Institute of Family Studies is committed to the creation and dissemination of research-based information on family functioning and wellbeing. Views expressed in its publications are those of individual authors and may not reflect those of the Australian Institute of Family Studies or the Australian Government.

Australian Institute of Family Studies
Level 20, 485 La Trobe Street, Melbourne VIC 3000 Australia
Phone: (03) 9214 7888 Fax: (03) 9214 7839 Internet: <www.aifs.gov.au>

Cover image: © istockphoto/KatarzynaBialasiewicz

ISSN 2200-4106
ISBN 978-1-76016-161-3 (Online)
ISBN 978-1-76016-162-0 (PDF)

Edited by Katharine Day
Typeset by Lisa Carroll

CFCA Papers/46_Problem sexual behaviours

Summary

This paper presents a review of available literature on problem sexual behaviours (PSBs) and sexually abusive behaviours (SABs) exhibited in Australian children and young people. It provides an overview of those behaviours and the conceptual frameworks that inform legal and therapeutic interventions. The paper draws attention to the complexities regarding definitional categories and gaps in research regarding the prevalence and nature of PSBs and SABs, and the lack of evaluations of therapeutic treatment programs, in the Australian context.

Key messages

- Sensitive definitions of PSBs and SABs that externalise the behaviour from the individual are important to guiding policy and practice. It can be harmful to categorise children and young people based on rigid or pathologising definitions regarding age-appropriate sexual behaviour.
- Australian studies find that 30–60% of all experiences of childhood sexual abuse are carried out by children and young people who exhibit PSBs and SABs; however, accurate statistics are difficult to obtain due to the hidden nature of abusive sexual experiences in childhood and adolescence. Other reasons for the lack of data may include ineffective reporting or referral pathways.
- Children and young people who demonstrate such behaviours are themselves in need of therapeutic support. Early therapeutic intervention strategies for children and young people who exhibit PSBs and SABs can maximise chances of rehabilitation.
- Treatment modalities must be flexible enough to meet the needs of diverse groups of children and young people. A combination of individual and family therapy, informed by an ecological approach, is found to effectively treat children and young people who display PSBs and SABs.
- There is inconclusive evidence about the extent to which causal or correlative risk factors for PSBs and SABs can be clearly identified. Clinicians in specialised services find while children with PSBs and SABs often present with complex and intersecting challenges in their lives, it is also the case that only a small number of children and young people with adverse childhood experiences will exhibit PSBs and SABs.

Introduction

Due to a lack of empirical data and recent studies about problem sexual behaviours (PSBs) and sexually abusive behaviours (SABs) in Australian children and young people, it is difficult to obtain a clear picture of the prevalence and nature of such issues. Research into PSBs and SABs has been stymied by a number of socio-cultural factors, including ideological constructions of childhood that may disregard children's capacity for sexual behaviours and other demonstrations of sexuality (O'Brien, 2008).

Indeed, evidence shows that children and young people are most likely to experience unwelcome sexual behaviour from their peers (Scott & Swain, 2002). One of the reasons for the substantial gap in knowledge and empirical data to guide contemporary policy and practice on PSBs and SABs is the silence and sensitivity about abusive sexual experiences in childhood and adolescence more broadly (Ashurst & McAlinden, 2015; O'Brien, 2008; Pratt & Fernandes, 2015; Shlonsky et al., 2017; Staiger, Kambouropoulos, Evertsz, Mitchell, & Tucci, 2005; Tucci, Mitchell, & Goddard, 2006). Moreover, and as shown in a recent Rapid Evidence Assessment prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse, research into PSBs and SABs does not:

explore the underlying contextual or related factors, such as past trauma (including domestic violence), poverty, stigma, the role of gender, co-occurring diagnoses (mental health problems, or developmental or learning difficulties), family disruption, or living in out-of-home care. (Shlonsky et al., 2017, p. 8)

This paper will review the available literature to summarise what we currently know about Australian children and young people who exhibit PSBs and SABs. The first section will outline the definitions used in Australia that separate PSBs and SABs from age-appropriate sexual behaviours, and addresses some of the challenges in the field regarding shared definitions and consistent terminology. The second section brings together available data about children and young people who exhibit PSBs and SABs, as well as those who experience such behaviours. Particular attention is paid to vulnerable populations such as Indigenous children and young people, and those in out-of-home care (OOHC). The third section provides an overview of the underpinning conceptual frameworks of interventions used to address PSBs and SABs. It also describes legal and therapeutic interventions and provides examples of those that have been applied in Australia.

Definitions

There is risk involved in the categorisation of children and young people based on rigid or pathologising definitions regarding age-appropriate, problem and abusive sexual behaviour. While definitional boundaries are important to sensitive areas of policy and practice, it is important to use language that externalises the behaviours from the individual as acknowledgement "that developing children are likely to internalise a label such as 'sex offender' as part of their identity" (CEASE, 2016, p. 6; O'Brien, 2010; Sexual Assault Support Service [SASS], 2015). This is also in recognition of the fact that many children and young people do not continue patterns of PSBs or SABs following therapeutic treatment (CEASE, 2016).

The Victorian CEASE *Standards of Practice for Problem Sexual Behaviours and Sexually Abusive Behaviour Treatment Programs* guidelines for service providers support informed, inclusive and accessible interventions. The definitions provided in Table 1 (page 3) are partially sourced from those guidelines and are amenable with the definitions applied by the Australian and New Zealand Association for the Treatment of Sexual Abuse, and the widely used Traffic Light Model, which classifies sexual behaviours in children and young people aged 0–18 years old as age-appropriate, concerning or very concerning (Child at Risk Assessment Unit ACT, 2000).

Coercion as an aspect of PSBs and SABs can include a range of controlling and manipulative techniques used "in order to establish trust or normalise sexually harmful behaviour ... with the overall aim of facilitating exploitation" (Ashurst & McAlinden, 2015, p. 378). Such techniques are used on a vulnerable subject—often younger than the individual practising the coercive behaviours—and can be applied in multiple settings. This also applies to digital technologies such as social media, which can be used to engage in peer-to-peer grooming and other abusive behaviours (Ashurst & McAlinden, 2015).¹

¹ More about power differentials in sexual relationships between young people can be found in the Age of Consent Resource Sheet <aifs.gov.au/cfca/publications/age-consent-laws>.

Table 1: Examples of behaviours associated with PSBs and SABs

Term	Definition	Example of behaviours
Problem sexual behaviours	Applies to children under 10 years old, who are below the age of criminal responsibility. Describes sexual behaviour or behaviours that are outside the typical range for age and/or stage of development.	0–4 years of age: <ul style="list-style-type: none"> • Curiosity about sexual behaviour becomes an obsessive preoccupation that does not stop after repeated direction/guidance from adults. • Exploration becomes re-enactment of specific adult activity, demonstrating sexual knowledge not usually associated with this age range. • Behaviour involves injury to self, or behaviours result in significant stigma for the child, such as repeatedly undressing in public or repeatedly masturbating in public. • Children’s sexual behaviour involves coercion, threats, secrecy, violence and/or aggression. 5–9 years of age: <ul style="list-style-type: none"> • Continually rubbing/touching own genitals in public, to the exclusion of normal childhood activities. Rubbing genitals on other people. • Forcing other children to play sexual games. • Cyberbullying others/using intimate images to extort other children.
Sexually abusive behaviour	Applies to children and young people aged 10 to less than 17 years old, that is, the cohort still defined by the criminal law to be minors but who have reached the minimum age of criminal responsibility. ²	10–12 years of age: <ul style="list-style-type: none"> • Sexual play that involves power differentials, such as in terms of age (two-year age gap or more). Other factors relating to power include size and strength, notable differences in development, cognitive function, ability or mobility (irrespective of age).³ Still other factors could include cultural capital, such as popularity or protection of powerful adults, which affects power dynamics between children. 13–18 years of age: <ul style="list-style-type: none"> • Compulsive masturbation to the exclusion of normal activities or routine, or to the point of social isolation. Public masturbation. • Chronic preoccupation with harmful forms of pornography, such as child pornography and/or violent pornography.⁴ • Touching others’ genitals without permission. • Sexual contact with animals. • Sexual contact and/or coercion of younger children. • Taking sexual images of others with the intention of exploitation or threat of exploitation.

Sources: CEASE, 2016; Child at Risk Assessment Unit ACT, 2000; Evertsz & Miller, 2012; Ghani, 2016; O’Brien, 2008; SASS, 2015

In this review, use of the term PSBs is derived from legal models and service providers, such as the Victorian Centres against Sexual Assault (CASAs), that apply the definition to children of a certain age group (those aged under 10 years old) (O’Brien, 2010). Please see Box 1 for a more detailed discussion regarding terminology (on page 4). However, children who exhibit PSBs can be capable of force and highly coercive behaviour that would be classified as *abusive*, rather than *problematic*, were it not for the child’s age (O’Brien, 2010). Other service providers, such as the Tasmanian Sexual Assault Support Service, present a view that the term PSBs can be applied to children irrespective of their age, and that SABs should be used to describe a subset of behaviours, which can be applied similarly to all children and young people under the age of 18 (SASS, 2015). In general, there is some agreement in the literature that SABs are the more serious of the two categories of behaviour, and from the view of the clinicians consulted in writing this paper, the term has replaced less age-appropriate labels such as “juvenile sex offending” or “sex offending behaviour”.

² It is important to note that the rebuttable principle of *doli incapax* applies to children aged 10–13 years, inclusive. This principle states that children within this age range are considered incapable of distinguishing between activity that is inappropriate and that which is offending behaviour (O’Brien, 2010). From a legal perspective then, children aged 10–13 years of age are considered incapable of committing crime unless the prosecution successfully rebuts the principle (O’Brien, 2010).

³ More information regarding the victimisation of children with disabilities can be found in the AIFS practitioner resource, *Understanding safeguarding practices for children with disability when engaging with organisations* < aifs.gov.au/cfca/publications/understanding-safeguarding-practices-children-disability-when-engaging >.

⁴ More about the effects of pornography on children and young people can be found in the forthcoming AIFS report, *The Effects of pornography on children and young people: An evidence scan* (Quadara, El-Murr & Latham, 2017).

Box 1: A note on terminology

Consultations with clinicians and academics, in addition to the literature reviewed in writing this paper, revealed that the terminology in this field is complex and changeable. The author has adopted a definition of PSBs as sexual behaviours that lie outside the range of age-appropriate behaviours and are demonstrated by children below the age of criminal responsibility. SABs, which are also sometimes referred to as harmful sexual behaviours, indicate the category of behaviours displayed by those aged from 10 up to 18 years and which have legal consequences. Importantly, children and young people who have exhibited PSBs do not necessarily progress to displaying SABs as they grow older, therefore dispelling the notion that there is movement along a continuum of problem and abusive sexual behaviours.

In this paper, the author chose to use the term SABs instead of harmful sexual behaviour. While the latter term is often recently employed in the literature to replace SABs, it can risk erasing the experience of those who are affected by such behaviour, as it has been found that “an unwanted sexual act by a child has the same psychological impact on the victim as if the abuse were by an adult” (O’Brien, 2010, p. 23). However, the use of an age-based distinction between PSBs and SABs has its own risks, particularly the risks of denying harms caused by children displaying PSBs, and homogenising all behaviours of those at the age of legal culpability as SABs, when there is a vast distinction between SABs displayed by a 10 year old and those of an 18 year old. The current debate in the sector regarding the use of language is reflected in the literature, which uses diverse terminology. In this paper, however, the author uses the phrase children and young people who exhibit PSBs and SABs in an effort to describe the behaviour and not the individual, while also drawing attention to the impact on the child or young person subjected to the abusive behaviour.

Definitions should provide a description of the behaviours “in a way that is non-stigmatising but also conveys the seriousness of the behaviours and their impact on victims” (O’Brien, 2008, p. 13). For example, PSBs is a term that describes actions but avoids labelling young children as abusers or perpetrators. However, the categorisation of children and young people as displaying PSBs and SABs can still risk homogenising the activities and the characteristics of the individual with the behaviour. For that reason, many have called for interventions to treat children and young people on a case-by-case basis to maximise their opportunities for rehabilitation.

The diversity of populations of children and young people who display PSBs and SABs has been noted in recent studies from Australia (O’Brien, 2008 & 2011; Pourliakas et al., 2016; Shlonsky et al., 2017; Smallbone & Rayment-McHugh, 2013). Further, Staiger et al have applied the term “children who are the target of the sexual behaviour” instead of child victim or child victim/survivor (2005, p. 8). Some services may use that term to describe children who have experienced another child’s sexually abusive actions in an effort to avoid labels that define children as victims by their experience (SASS, 2015).

Snapshot of data

Australian studies find that 30–60% of childhood sexual abuse is carried out by children and young people, and “most young people target younger children or peers, and know their victim” (Department of Human Services [DHS], 2012; Hunter 1999; KPMG, 2014, p. 22; Weinrott, 1996). However, accurate statistics are difficult to obtain. The data mentioned in this section is mainly taken from crime statistics and police records, and therefore pertains to SABs exhibited in young people at the age of criminal responsibility (children and young people aged 10 to less than 18 years old).

Data regarding PSBs among children under the age of criminal responsibility in Australia, both the rates at which they are exhibited and experienced, are unavailable at the time of writing. While official and nationwide data is unavailable, however, clinicians and state-specific services collate their own information regarding children who present with PSBs, which is also summarised below. It is important to note that Australian services that treat children and young people who display PSBs and SABs do not routinely or uniformly collect data. The lack of uniformity in state and territory jurisdiction also means that there are limited opportunities to obtain aggregate data regarding the prevalence and nature of PSBs and SABs exhibited in Australian children and young people.

Practice-based knowledge

Practitioners from clinical practice and/or support services offer valuable insight into children and young people who exhibit PSBs and SABs, often working to fill in the gaps in research and government knowledge (Allard, Rayment-McHugh, Adams, Smallbone, & McKillop, 2016; O'Brien, 2008; Smallbone & Rayment-McHugh, 2013).

- The New South Wales Department of Health (2005) has reported “ongoing feedback from frontline workers and their request for policy direction and guidance in providing a response”, which demonstrates significant numbers of children and young people presenting with PSBs and SABs (p. 7).
- Between 2011 and 2012, 88 clients aged 3–16 years old who exhibited PSBs and SABs presented at the Sexual Assault Support Service (SASS; 2015) in Tasmania. The SASS (2015) reported that it “receives numerous calls each month from teachers, police officers and child protection workers who are concerned about a child or adolescent who is displaying problem sexual behaviours or sexually abusive behaviour” (p. 25).
- Between 2009 and 2010, CASAs in Victoria:
 - received over 400 new referrals for children and young people exhibiting PSBs and SABs;
 - provided service for 644 children and young people aged 4–14 years of age about issues related to PSBs and SABs; and
 - treated approximately 40 young people aged between 15 and 17 years for SABs (CASA Forum, 2010).

Prevalence

While recent statistics are difficult to obtain, the following examples are based on findings by the Australian Bureau of Statistics (ABS), and subsequent analysis of that data.

- ABS studies find that sexual offences (including sexual assaults) carried out by children and young people aged between 10 and 19 years old increased by 36% from July 2012 to June 2014 (ABS, 2015).⁵
- Analysis of ABS statistics from July 2012 to June 2013 shows that 15 years was the peak age at which young people carried out sexual offences, with young men aged 15 years responsible for 3% of all reported sexual offences committed by males, and young women aged 15 years responsible for 15% of all sexual offences committed by females (Warner & Bartels, 2015).
- That analysis also shows that, from July 2012 to June 2013, males aged 10–17 years old accounted for approximately 16% of sexual offences committed by males overall, while females aged 10–17 years old accounted for approximately 58% of sexual offences committed by all females (Warner & Bartels, 2015).

Other Australian data refers to children and young people who are subject to sexual assault; however, it is important to clarify that these are aggregate data and include acts committed by adults.

- Girls and young women aged between 10 and 14 years old experience the highest rates of sexual assault in Australia (CASA Forum, 2016).
- A study by Gelb (2007) revealed the age at which sexual abuse commenced for female children, showing that:
 - 32% were aged 11–14 years;
 - 22% were aged 7–8 years;
 - 19% were aged 5–6 years; and
 - 10% were aged 3–4 years.
- In 2010, males aged 0–14 years of age experienced sexual assault at approximately 78 per 100,000 (Australian Institute of Criminology [AIC], 2011).

Indigenous children and young people

It is difficult to obtain data regarding Indigenous children aged under 10 years who display PSBs. Moreover, data regarding Indigenous children and young people aged above 10 years who exhibit SABs requires careful treatment, as recent studies show that Indigenous children and young people aged over 10 years old are

⁵ The author draws on a finding from the ABS that compares data from a 2013–2014 study with a previous study conducted in 2012–2013. The ABS findings mainly presented here are based on the *4519.0 - Recorded Crime—Offenders, 2013–2014*, which ‘presents statistics about the characteristics of alleged offenders who were proceeded against by police during the period 1 July 2013 to 30 June 2014, for all states and territories’ (Introduction, para 1, “Explanatory notes” <www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4519.0Explanatory%20Notes12013-14?OpenDocument#Introduction>).

“6.5 times more likely to be charged by police for a sexual offence and 10.4 times more likely to be charged with a violent offence than non-Indigenous people” (Allard, 2010; Allard et al., 2016, p. 83). This is indicative of the wider problem of the over-representation of Indigenous children and young people in the criminal justice system across all state and territory jurisdictions, whereby a higher rate of charges does not necessarily indicate a higher rate of offending (O’Brien, 2008). Indeed, the Australian Institute of Health and Welfare (AIHW; 2017) have reported that Indigenous over-representation in the youth justice system is steadily increasing. Moreover, it has been found that:

Indigenous children are at much greater risk of child abuse and neglect with child protection data indicating that Indigenous children are nearly five times more likely to be the subject of a substantiation for child abuse or neglect than non-Indigenous children. (AIHW, 2006, p. 26)

Systemic and structural disadvantage bears a range of adverse effects on communities and, where these effects are felt by Indigenous communities, risk pathways for PSBs and SABs among children and young people may be increased (Allard et al., 2016; O’Brien, 2010). Approximately 25% of Indigenous populations reside in remote locations, wherein communities face high levels of systemic inequality (Allard et al., 2016). These longstanding inequalities, along with the challenges of service provision nationwide, mean that regional, rural and remote parts of Australia have very few specialised services for children and young people exhibiting PSBs and SABs.

Out-of-home care

In Australia, OOHC is provided by state or territory governments or non-government organisations and can refer to a range of services inclusive of family group homes, residential care and home-based care such as kinship care and foster care (Pourliakas et al., 2016). It has been found that children and young people displaying PSBs and SABs “frequently end up in residential care placements, as they are often deemed unsuitable for foster care homes” (SASS, 2015, p. 30).

A report by the Commission for Children and Young People in Australia noted “the current system [of OOHC] creates opportunities for the sexual abuse of children and young people” (2015, p. 14). Moreover, the report claimed that the current service delivery system often responds inadequately to occurrences of sexual abuse, and that increased and improved preventative strategies are required. Additionally, it recommended changes to the residential care model, which included the development of a suite of specialised residential care services for children and young people displaying PSBs and SABs.

Interventions

This section summarises legal and therapeutic interventions in Australia, and includes examples of therapeutic service models and evaluations. It must be noted, however, that there are few rigorous evaluations of therapeutic programs to treat children and young people who display PSBs and SABs. Legal interventions for those aged either under or above the age of criminal responsibility differ, as do therapeutic interventions. Writing about the treatment of SABs in Australia, Pratt (2014) has stated:

Over the past 25 years, treatment modes used with adolescents exhibiting sexually abusive behaviours have moved from behavioural modification models, heavily influenced by adult models of sex offender treatment, towards treatment paradigms which are more developmentally appropriate in their perspectives. (p. 20)

Solid understanding of the stages of development of children and young people can ensure that practitioners tailor therapeutic approaches to effectively support behaviour change. Moreover, it is widely thought that early therapeutic intervention—of any modality—can increase children and young people’s chances of successful rehabilitation (CASA Forum, 2016; DHS, 2007; Pourliakas et al., 2016; Pratt, 2013).

The frameworks used to conceptualise interventions for PSBs and SABs are generally based in models of developmental criminology, psychology and the ecological model of health – also referred to as an ecosystemic approach. Intervention strategies that incorporate an ecological perspective in therapeutic treatments, such as in multisystemic therapy, are also discussed below.

Developmental criminology

Within a developmental criminology model, age is the main factor used to define, explain and address PSBs and SABs exhibited in children and young people, and is often used to determine treatment modalities (Gottfredson, 2005; Pratt, 2013). The literature suggests that complex structural and familial factors, such as family dysfunction and socio-economic disadvantage, can disrupt a child's healthy developmental trajectory and contribute to their patterns of PSBs and SABs (Allard et al., 2016; CEASE, 2016; DHS, 2012; O'Brien, 2008, 2010; KPMG, 2014; SASS, 2015).

Children and young people who display PSBs and SABs may have experienced cumulative harm to their development, which refers to "the effects of patterns of adverse circumstances and events in a child's life, the daily impact of which can be profound and exponential" (DHS, 2012; SASS, 2015, p. 30; Shlonsky et al., 2017). A perspective grounded in developmental criminology considers the age at which a child or young person's own trauma occurred as a mitigating factor in their psychosocial and psychosexual development and subsequent offending behaviour—although this may have little impact on prosecution, conviction and sentencing for those at the age of criminal responsibility (Dennison & Leclerc, 2011; Hunter & Figueredo, 2000; O'Brien, 2010).

From a developmental criminology perspective, intervention is based on "a combination of knowledge about human development and an evidence base which links adverse developmental circumstances to later involvement in delinquency and crime" (Smallbone & Rayment-McHugh, 2013, p. 7). However, O'Brien (2008, 2010) has called for a cautious application of this conceptual framework, stating that trauma experienced during childhood or adolescence is not solely responsible for the development of PSBs and SABs but must be seen as one aspect of interconnected individual and environmental factors relevant to such behaviour (O'Brien, 2008, 2010, 2011). A report by Pourliakas and colleagues (2016) noted the risk pathways commonly associated with children who exhibit PSBs, such as trauma, experiences of domestic violence and/or sexual abuse, neglect, and developmental delays. However, the authors acknowledged that only a small number of children will exhibit PSBs as a result of those risk pathways.

Developmental psychology

Developmental psychology provides the foundation for developmental criminology, as well as therapeutic interventions such as cognitive behavioural therapeutic approaches. Cognitive behavioural therapy (CBT) is a therapeutic approach interested in the interconnectivity of thoughts, or cognitions, emotions, and behaviour, and how those connections influence behavioural choices and patterns (Pourliakas et al., 2016). Specialised, age-appropriate counselling, which often applies CBT approaches, combined with family therapy and/or peer-group activity can be effective in the treatment for children and young people with complex, multiple needs (O'Brien, 2010; Pourliakas et al., 2016; SASS, 2015). Pourliakas and colleagues (2016) have noted that individual CBT counselling can teach "skills for managing and reducing sexual arousal and deviancy, challenging cognitive distortions [and] enhancing empathetic responding" in a way that is developmentally appropriate (p. 54).

Legal and therapeutic interventions

Legal interventions specifically designed for children and young people with SABs were not established until the late 1990s, and evaluations of specific laws from state and territory jurisdictions are difficult to obtain (Warner & Bartels, 2015). There is an absence of studies regarding the treatment of SABs in the criminal justice systems of Australian jurisdictions. Examples of how each state and territory in Australia treats SABs in their individual jurisdictions is shown in Table 2 (page 8), and demonstrates the consideration given in the criminal justice system to the age of children and young people, as well as the nature and impact of their behaviour.

It is important to note that the rebuttable principle of *doli incapax* applies to children aged 10–13 years of age. That principle holds that children within this age range are considered incapable of distinguishing between activity that is inappropriate and that which is classified as offending behaviour (O'Brien, 2010). From a legal perspective, children aged 10–13 years are considered incapable of committing a sexual offence unless the prosecution successfully rebuts that principle (O'Brien, 2010).

In many cases, children who are charged with sexual offences, including those who are convicted, do not receive therapeutic treatment but can remain on remand for extended periods of time (O'Brien, 2010). O'Brien has written:

This means that whilst a young person is on remand they are ineligible for counselling specific to their alleged offence, even if clinical staff assess that there is a pressing need for therapeutic intervention. (2010, p. 58)

Victoria provides an example of one jurisdiction whereby the Therapeutic Treatment Order system incorporates a developmental approach to understanding children and young people and works as a diversionary pathway to a formalised criminal justice response (Pratt, 2013; SASS, 2015; Smallbone & Rayment-McHugh, 2013). In Victoria, laws under the *Children, Youth and Families Act 2005* (Vic.) mandate therapeutic treatment for children and young people aged from 10 up to less than 15 years. Victoria has an integrated therapeutic approach in its legal interventions, of which Therapeutic Treatment Orders are particularly successful (Shlonsky et al., 2017).⁶

Applications for Therapeutic Treatment Orders are made by child protection to the Victorian children's court. If the court makes a Therapeutic Treatment Order, the child is required to receive treatment for their SABs for up to one year (with the possibility of a maximum 12-month extension) and may also be placed in OOHC during that time (DHS, Youth Justice Community Practice Manual, 2017). This form of living arrangement can be necessary in cases involving sibling-to-sibling sexual abuse, whereby children and young people exhibiting SABs may be required to spend a period of time outside of the family home while treatment is received and safety plans put in place (Evertsz & Miller, 2012; SASS, 2015).⁷

New South Wales, South Australia and Queensland have variations of therapeutic treatment legislation. New South Wales has had such legislation in place since 2000, and stipulates the therapeutic treatment of children and young people with PSBs and SABs in the *Children and Young Persons (Care and Protection) Act 1998* (NSW). In New South Wales and Queensland, young people are required to attend counselling as part of diversionary programs (O'Brien, 2010). Tasmania is another state that legally orders therapeutic treatment. Children and young people exhibiting SABs can be placed in OOHC throughout the duration of their treatment if issued with a Therapeutic Treatment Placement Order (SASS, 2015).

Table 2: Children's Court jurisdiction by state/territory

State/ Territory	Jurisdiction
New South Wales	Children's Court jurisdiction over sexual assault and aggravated indecent assault but not aggravated sexual assault.
Victoria	Children's Court jurisdiction over all sexual offences except in cases where the court considers otherwise.
Queensland	Children's Court jurisdiction over rape or carnal knowledge of a child under 12 years old.
South Australia	Youth Court jurisdiction of a broad range of offences except in cases where court decides otherwise.
Tasmania	Where the offender is 14 years old, all serious sexual offences, such as rape and aggravated sexual assault, must be dealt with in the Supreme Court.
Western Australia	Children's Court exclusive jurisdiction over all offences committed by a child.
Australian Capital Territory	Children's Court jurisdiction applies to any offence not carrying a maximum of life imprisonment.
Northern Territory	Youth Justice Court jurisdiction over all summary and indictable offences.

Practitioners report that many parents/caregivers of children exhibiting PSBs and SABs voluntarily access support services. For example, the Tasmanian Sexual Assault Support Service reported that children and young people over 10 years of age exhibiting PSBs and SABs and their families voluntarily access treatment in an effort to avoid criminal justice pathways (SASS, 2015). In doing so, the service implements behaviour change strategies that offer families an alternate pathway to criminal justice interventions (SASS, 2015).

Ecological model

Therapeutic treatment of children and young people exhibiting PSBs and SABs that is based in an ecological model considers the individual's context and relationships, in recognition of the fact that PSBs and SABs do not occur in isolation of their environment (CEASE, 2016; Griffith Forensic Youth Services, 2016; KPMG, 2014; O'Brien, 2010; SASS,

⁶ Changes to the TTO system will be implemented in Victoria in April 2018, whereby the eligibility criteria for TTOs will be broadened to include 15-17 year olds.

⁷ The Victorian CEASE guidelines offer information regarding safe placement, including factors to consider in assessing the removal of a child or young person from their family home and in family reunification.

2015 Shlonsky et al., 2017). The ecological model underpins approaches that align with multisystemic therapy, which take into account family relationships, the quality of peer groups and role models, and the child/young person's broader community, including schools (Pourliakas et al., 2016). An ecological model ensures that children and young people are “understood and engaged within the context of their families and the broader ecological systems with which they interact” (CEASE, 2016, p. 7; Smallbone & Rayment-McHugh, 2013). That approach recognises:

that the harmful behaviour is not innate to the young person, rather, the influences to which the child has been exposed play a role in shaping both the options and the decision-making processes that lead to the problematic behaviour. (O'Brien, 2008, p. 11)

Indeed, the CEASE (2016) guidelines specify in their “Minimum Standards for Practitioners” that those working with children and young people who exhibit PSBs and SABs are both trained and employed as professional counsellors and apply an ecological approach to their counselling practice.

Therapeutic models are delivered through sexual assault support services and child or youth-focused health services, and broadly define PSBs and SABs, and their effects, in an ecological model—often working with children both individually and with their families. O'Brien (2010) described specialised therapeutic services as:

a heterogenous group of clinical interventions with divergent origins, philosophies, funding structures, treatment models, referral pathways, client placement capacity and clinical expertise. (p. 16)

Studies into effective interventions to treat children and young people with PSBs and SABs (CEASE, 2016; O'Brien, 2011; Shlonsky et al., 2017) have found the following factors important to successful treatment:

- early intervention;
- non-punitive responses;
- specialised training for staff and program development;
- therapeutic interventions that involve families and/or are mediated by a parent/caregiver.

Multisystemic therapy uses a range of therapeutic approaches to treat children and young people aged from 10 up to 18 years old who have committed a sex offence (Shlonsky et al., 2017). Shlonsky and colleagues noted that, with regard to programs to treat PSBs and SABs:

It should be standard practice to use a collaborative, multi-agency approach to deliver promising and preferred treatment that focuses on holistic, ecosystemic and family/caregiver elements that support the young person and their family. (p. 73)

At an international level, multisystemic therapy has high success rates in the treatment of PSBs but more research on its implementation in the Australian context is needed (Pourliakas et al., 2016). The services mentioned in Table 3 (page 10) offer examples of programs for children and young people, largely applying a combination of individual and group or family interventions. The available evaluations of those programs show that they are necessary services working to support children and young people's behaviour change—however, there are few rigorous, recent evaluations of therapeutic treatment services in Australia. The Sexual Assault Support Service (2015) in Tasmania has noted the ecological framework as important to tertiary-level response strategies as well as primary-level and early intervention strategies, stating:

Good practice in working with young people convicted of a sex offence is now understood to constitute a focus on ecological work and the involvement of the family, as opposed to an approach characterised by isolated individual therapy. (p. 44)

Barriers to therapeutic interventions

There are numerous barriers to providing children and young people with effective treatment for PSBs and SABs. While most state and territory governments fund some programs and services, there are gaps in specialised services in disadvantaged and geographically remote, as well as metropolitan, areas (O'Brien, 2011; SASS, 2015; Shlonsky et al., 2017). The lack of current research and data to inform policy, criminal justice systems and models of therapeutic practice is often viewed as resulting in gaps in specialised services throughout Australia (O'Brien, 2011; Pratt, 2013; Pourliakas et al., 2016; SASS, 2015; Warner & Bartels, 2015). With the exception of Victoria, Queensland and New South Wales, therapeutic programs for children and their families can be scarce and limited (SASS, 2015). Moreover, strict program eligibility requirements can exclude a number of children and young people in need of support (SASS, 2015). For example, many children can be excluded from programs depending on their age, particularly if they have not been issued with a Therapeutic Treatment Order (SASS, 2015).

Table 3: Examples of therapeutic interventions

Service (State/Territory)	Description	Age group/ Clientele	Evaluation
New Street Adolescent Services (NSW)	<p>Therapeutic; multisystemic Counselling supports children and young people to take personal responsibility for their actions. Counselling sessions can be undertaken individually, or in family and/or group sessions.</p> <p>Interagency response recognising the need for collaboration between multiple services and settings</p>	Children and young people aged 10–17 years old displaying PSBs and SABs, and their families	KPMG conducted a critical analysis of New Street Services in 2013 that evaluated the multiple service points through a review of client and administrative data, internal program documentation and consultations with stakeholders. Consultations with five randomly selected clients and their families explored client experience and the implementation of the program at different geographic sites. Client data analysed was dated from January 2009 to June 2013. Additionally, KPMG conducted interviews with New Street staff, staff employed by organisations that frequently collaborated with New Street and stakeholders within NSW Health. Evaluation showed New Street makes a positive contribution to the lives of children and young people, and their families, and “plays a significant role within the continuum of services in the child protection system” (KPMG, 2014, p. 78).
Sexually Abusive Behaviour Treatment Services Centres Against Sexual Assault (CASA; Vic.)	<p>Therapeutic; CBT and family therapy. Court-mandated TTOs refer children and young people to CASA programs.</p> <p>Offers therapeutic treatment plans and safety plans/management</p>	Children and young people aged 10–14 years old displaying PSBs and SABs, and their families	Rigorous evaluation reports are unavailable at the time of writing. However, the Victorian Government’s utilisation of existing sexual assault support services ensures a consistent, statewide response (Flanagan, 2003; SASS, 2015). It has been noted that existing expertise in the areas of sexual abuse and children and young people assisted CASA staff to support children and young people to avoid criminalisation and maximised children and young people’s chances of rehabilitation.
Gatehouse Centre A department of the Royal Children’s Hospital and part of the CASA network (Vic.)	<p>Therapeutic; CBT and family therapy.</p> <p>Combines extensive evidence base with developmental theory in their trauma-informed practice</p>	Children aged 0–10 years old displaying PSBs, and their families	<p>Rigorous evaluation reports are unavailable at the time of writing. However, see above reports of CASA, which also apply to the Gatehouse service.</p> <p>According to the Gatehouse Centre, internal evaluation has been undertaken through stakeholder feedback, including client exit interviews and other client feedback collected using the Partners in Change Outcomes Measures.</p>
Male Adolescent Program for Positive Sexuality (MAPPS; Vic.)	<p>Therapeutic; CBT. Based in a cognitive-behavioural model that incorporates cognitive restructuring techniques, social skills, victim awareness and sex and sexuality education.</p> <p>Offers specialist treatment and diversionary programs</p>	Available to young people on youth justice orders, aged 10–21 years	An evaluation carried out by the Victorian Department of Human Services (1998) compared international best practice models with the MAPPS program and found MAPPS to match—and even exceed—aspects of that model. The evaluation also included qualitative interviews with 49 stakeholders of the MAPPS program, inclusive of MAPPS staff, clients and parents/caregivers of clients; and included a review of recidivism data over a four-and-a-half-year period. That review found a 95% success rate, with only 5% of 138 clients committing further sex offences (DHS, 1998). The program has since been regarded as an effective mainstay for Victorian young people exhibiting SABs.

Service (State/Territory)	Description	Age group/ Clientele	Evaluation
Griffith Youth Forensic Services (GYFS; Qld)	Therapeutic; multisystemic Provides clinical assessments; pre-sentence and pre-treatment assessment reports to facilitate court decisions and treatment planning; and a range of individually tailored ecosystemic treatments and capacity building activities within rural and remote communities; and carries out research	Young people displaying SABs, their families and members of the community	Rigorous evaluation reports are unavailable at the time of writing. However, the Youth Sexual Violence and Sexual Abuse Steering Committee (2016) has noted that the GYFS framework supports effective behaviour change by implementing primary, secondary and tertiary interventions. The GYFS framework is noted as incorporating a genuinely ecological work, by working with young people and their families in their local context and designing community-specific interventions.

Sources: DHS, 1998; Flanagan, 2003; Gatehouse Centre, 2015; KPMG, 2014; Pourliakas et al., 2016; Pratt, 2013; SASS, 2015; Youth Sexual Violence and Abuse Steering Committee, 2016.

Conclusion

Service providers who work with children and young people exhibiting PSBs and SABs in Australian communities report significant numbers of children, young people and families who access services in order to seek specialised counselling. Moreover, children and young people who access early therapeutic interventions are supported to change their behaviour patterns and have greater chances of rehabilitation. Studies presented here show that children and young people in OOHC are similarly subjected to risk pathways and can face a greater chance of being subjected to another's PSBs and SABs.

This review of the available literature regarding Australian children and young people who exhibit PSBs and SABs reveals gaps in knowledge and research. More research, including longitudinal studies and evaluations of treatment programs, would assist policy makers and practitioners in understanding the prevalence and nature of PSBs and SABs, and would provide greater insights into the successful treatment modalities for children and young people exhibiting such behaviours.

Limitations of this review

This paper presented a view of what we know about PSBs and SABs in Australia based on the available literature. Due to the small number of recent studies and the limited empirical data regarding PSBs and SABs, this review also drew on consultations with practitioners and academics in Australia to clarify certain aspects of the literature. This was particularly helpful with regard to the use of terminology and clarification about the therapeutic treatment and legal pathways available to children and young people exhibiting PSBs and SABs.

One reason for the gaps in data may include the hidden nature of abusive sexual experiences in childhood and adolescence more broadly. Other reasons could include non-disclosure due to shame, fear or ineffective reporting or referral pathways. Additionally, Australian services that treat children and young people who display PSBs and SABs do not routinely or uniformly collect data on requests for advice or the provision of specialised therapeutic care. This means that it is not possible to quantify the current extent of unmet demand for specialised services of this kind. The lack of uniformity in state and territory jurisdiction also means that there are limited opportunities to obtain aggregate data regarding prevalence.

A project currently being undertaken by AIFS and Deakin University, funded by the Australian National Research Organisation for Women's Safety, will also provide much needed clarification regarding sector-wide service models and definitions in services for children and young people exhibiting SABs. The final report for that project will be released in 2018.

Acknowledgements

The author wishes to thank Wendy O'Brien, Carolyn Worth, Penny Tripoli, Russell Pratt and Antonia Quadara for their feedback and guidance in the writing of this paper.

Author information

Alissar El-Murr is a Senior Research Officer at the Australian Institute of Family Studies. Alissar trained as a social scientist and has expertise in violence against women, public health, law and policy analysis, young people and qualitative methods. Alissar has worked in academic settings, and in non-government organisations focused on refugee and migrant communities and the prevention of violence against women and children. At the Institute, she is currently working on several projects interested in experiences of violence and the support services available to victims/survivors in Australian communities.

References

- Children and Young Persons (Care and Protection) Act 1998* (NSW).
- Children, Youth and Families Act 2005* (Vic.).
- Allard, T. (2010). *Understanding and preventing Indigenous offending* (Brief 9). Sydney, NSW: Indigenous Justice Clearinghouse.
- Allard, T., Rayment-McHugh, S., Adams, D., Smallbone, S., & McKillop, N. (2016). Responding to youth sexual offending: A field-based practice model that "closes the gap" on sexual recidivism among Indigenous and non-Indigenous males. *Journal of Sexual Aggression, 22*(1), 82-94.
- Ashurst, L., & McAlinden, A. M. (2015). Young people, peer-to-peer grooming and sexual offending: Understanding and responding to harmful sexual behaviour within a social media society. *Probation Journal, 62*(4), 374-388.
- Australian Bureau of Statistics (ABS). (2015). *Offender statistics show sexual assault and related offences on the rise* [Press release]. Canberra: ABS. Retrieved from <[www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4519.0-2013-14-Media%20Release-Offender%20statistics%20show%20Sexual%20assault%20and%20related%20offences%20on%20the%20rise%20\(Media%20Release\)-34](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4519.0-2013-14-Media%20Release-Offender%20statistics%20show%20Sexual%20assault%20and%20related%20offences%20on%20the%20rise%20(Media%20Release)-34)>.
- Australian Institute of Criminology. (2011). Chapter 8: Spotlight on child victims. Crime and child maltreatment In Australian Institute of Criminology (Ed.), *Australian crime: Facts & figures 2011*. Canberra: Australian Institute of Criminology. Retrieved from <www.aic.gov.au/publications/current%20series/facts/1-20/2011/8_spotlight.html>.
- Australian Institute of Health and Welfare (AIHW). (2017). *Youth Justice in Australia 2015-16* (Bulletin 139). Cat. no. AUS 211. Canberra: AIHW.
- AIHW. (2006). *Child Protection Australia 2004-05*. Canberra: AIHW. Retrieved from <www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442455302>.
- CASA Forum. (2010). *Annual Report July 2009-June 2010*. Melbourne: CASA Forum. Retrieved from <www.casa.org.au/assets/Documents/CASA-Forum-Annual-Report-2009-2010.pdf>.
- CASA Forum. (2016). *Fact Sheet: Statistics about sexual assault*. Melbourne: CASA Forum. Retrieved from <www.casa.org.au/casa_pdf.php?document=statistics>.
- CEASE. (2016). *Standards of practice for problem sexual behaviours and sexually abusive behaviour treatment programs*. Melbourne: CEASE. Retrieved from <www.secasa.com.au/assets/Documents/cease-standards-of-practice.pdf>.
- Child at Risk Assessment Unit ACT. (2000). *Traffic Light Model: Age appropriate sexual play and behaviour in children*. Canberra: Australian Capital Territory Government Community Care.
- Commission for Children and Young People. (2015). *"... as a good parent would ...": Inquiry into the adequacy of the provision of residential care services to Victorian children and young people who have been subject to sexual abuse or sexual exploitation whilst residing in residential care*. Melbourne: Commission for Children and Young People.
- Dennison, S., & Leclerc, B. (2011). Developmental factors in adolescent child sexual offenders: a comparison of nonrepeat and repeat sexual offenders. *Criminal Justice and Behaviour, 38*(11), 1089-1102.
- Department of Health. (2005). *Responding to children under ten who display problematic sexualised behaviour or sexually abusive behaviour* (Issues Paper). Sydney, NSW: Department of Health.
- Department of Human Services. (1998). *Juvenile justice evaluation report: Male adolescent program for positive sexuality*. Melbourne: Department of Human Services.
- Department of Human Services. (2007). *Children in need of therapeutic treatment: Therapeutic treatment orders*. Melbourne: Department of Human Services, Retrieved from <www.dhs.vic.gov.au/__data/assets/pdf_file/0007/590830/ecec_cntt_factsheet.pdf>.
- Department of Human Services. (2012). *Children with problem sexual behaviours and their families: Best interests case practice model* (Specialist Practice Resource). Melbourne: Department of Human Services.

- Department of Human Services. (2017). *Youth justice community practice manual: Therapeutic treatment order*. Retrieved from <www.dhs.vic.gov.au/youth-justice-community-practice-manual/orders,-breaches-and-transfers/court-orders/therapeutic-treatment-order#bookmark15>.
- Evertsz, J., & Miller, R. (2012). *Children with problem sexual behaviours and their families: Best interests case practice model* (Specialist Practice Resource). Melbourne: Department of Human Services.
- Flanagan, K. (2003). Intervention with sexually abusive young people in Australia and New Zealand. *Journal of Sexual Aggression*, 9(2), 135-149.
- Gatehouse Centre. (2015). *Advocacy and support and therapeutic treatment services* (Issues Paper 10). Submission from Gatehouse Centre (for the Assessment and Treatment of Child Abuse), Royal Children's Hospital. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse Retrieved from <www.childabuseroyalcommission.gov.au/getattachment/050ccd88-4fe1-4341-85fb-1aa18ce560b9/39-Gatehouse-Centre>.
- Gelb, K. (2007). *Recidivism of sex offenders research paper*. Melbourne: Sentencing Advisory Council. Retrieved from <www.sentencingcouncil.vic.gov.au/sites/default/files/publication-documents/Recidivism%20of%20Sex%20Offenders%20Research%20Paper.pdf>.
- Ghani, N. (2016). *"Now I know it was wrong": Report of the parliamentary inquiry into support and sanctions for children who display harmful sexual behaviour*. Ilford, Essex: Barnardo's.
- Gottfredson, M. R. (2005). Offender Classifications and Treatment Effects in Developmental Criminology: A Propensity/Event Consideration. *The Annals of the American Academy of Political and Social Science*, 602, 46-56.
- Griffith Forensic Youth Services (GYFS). (2016). *Services provided by GYFS*. Mt Gravitt, Qld: Griffith Forensic Youth Services. Retrieved from <www.griffith.edu.au/criminology-law/griffith-youth-forensic-service/clinical-service/services-provided-by-gyfs>.
- Hunter, J. (1999). *Understanding juvenile sexual offending behaviour: Emerging research, treatment approaches, and management practices*. Silver Spring: Centre for Sex Offender Management. Retrieved from <www.csom.org/pubs/juvbrf10.pdf>.
- Hunter, J. A., & Figueredo, A. J. (2000). The influence of personality and history of sexual victimization in the prediction of juvenile perpetrated child molestation. *Behaviour Modification*, 24(2), 241-263.
- KPMG. (2014). *Evaluation of New Street Adolescent Services: Final report*. Sydney: NSW Kids & Families. Retrieved from <www.kidsfamilies.health.nsw.gov.au/media/329892/final-new-street-evaluation-report.pdf>.
- O'Brien, W. (2008). *Problem sexual behaviour in children: A review of the literature*. Canberra: Australian Crime Commission.
- O'Brien, W. (2010). *Australia's response to sexualised or sexually abusive behaviours in children and young people*. Canberra: Australian Crime Commission. Retrieved from <dro.deakin.edu.au/eserv/DU:30065114/obrien-australias-2010.pdf>.
- O'Brien, W. (2011). Challenges redoubled: Contexts of risk and compromised access to services for children with sexualised behaviours. *Child Indicators Research*, 4(4), 607-706.
- 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.
- Pratt, R. (2013). A community treatment model for adolescents who sexually harm: diverting youth from criminal justice to therapeutic responses. *International Journal of Behavioural & Consultation Therapy*, 8(3-4), 37-42.
- Pratt, R. (2014). A therapeutic treatment model for sexually abusive behaviours in Victoria, Australia: What does treatment look like? *Sexual Abuse in Australia and New Zealand*, 6(1), 20-30.
- Pratt, R., & Fernandes, C. (2015). How pornography may distort risk assessment of children and adolescents who sexually harm. *Children Australia*, 40(3), 232-241.
- Scott, D., & Swain, S. (2002). *Confronting cruelty: Historical perspectives on child abuse*. Melbourne: Melbourne University Press.
- Sexual Assault Support Service (SASS). (2015). *Responding to problem sexual behaviour and sexually abusive behaviour in Tasmania* (Position paper). Hobart: SASS. Retrieved from <www.sass.org.au/assets/SASS_Position_Paper_PSB-SAB.pdf>.
- Shlonsky, A., Albers, B., Tolliday, D., Wilson, S.J., 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.
- Smallbone, S. W., & Rayment-McHugh, S. (2013). Preventing youth sexual violence and abuse: problems and solutions in the Australian context. *Australian Psychologist*, 48(1), 3-13.
- Staiger, P., Kambouropoulos, N., Evertsz, J., Mitchell, J., & Tucci, J. (2005). *A preliminary evaluation of the Transformers Program for children who engage in problem sexual behaviour*. Melbourne, Victoria: Australian Childhood Foundation.
- Tucci, J., Mitchell, J., & Goddard, C. (2006). *Every child needs a hero: A report tracking Australian children's concerns and attitudes about childhood*. Melbourne: Australian Childhood Foundation.
- Warner, K., & Bartels, L. (2015). Juvenile sex offending: Its prevalence and the criminal justice response. *University of New South Wales Law Journal*, 38(1), 48-75.
- Weinrott, M. R. (1996). *Juvenile sexual aggression: A critical review*. Boulder, CO: Centre for the Study and Prevention of Violence.
- Youth Sexual Violence and Abuse Steering Committee. (2016). *First Report (Aurukun and West Cairns)*. Brisbane: Government of Queensland. Retrieved from <www.datsip.qld.gov.au/resources/datsima/programs/ysva-steering-committee-first-report-final.pdf>.