ACKNOWLEDGEMENT OF COUNTRY

The ACT Government acknowledges the traditional custodians of the Canberra region, the Ngunnawal people. We acknowledge and respect their continuing culture and contribution they make to the life of this city and its surrounding region.
THE PURPOSE OF THIS GUIDE

This guide outlines Child and Youth Protection Services (CYPS) approach to understanding and managing sexual abuse in the context of child protection and youth justice work in the ACT. It is intended for use by CYPS staff and its partners working with the ACT’s children and young people.

Specifically, this guide will tell you about:

- what is sexual abuse drawn from latest research
- your legal responsibility to report sexual abuse
- the impacts of sexual abuse on children
- risks factors and possible indicators of sexual abuse
- normative childhood sexual development and problematic and sexually abusive behaviours, including how to intervene with children who display concerning behaviours
- child sexual exploitation, including risk factors and warning signs
- our practice approach to the identification and assessment of sexual abuse
- the important, yet different, role of ACT Policing’s Sexual Assault and Child Abuse Team
- how to take action when sexual abuse is suspected, including examinations and forensic interviewing of children.

READING THIS GUIDE

In reading this guide, the terms ‘child’ and ‘children’ also refer to ‘young person’ and ‘young people’. The term ‘Act’ refers to the Children and Young People Act 2008.

Throughout this guide you will notice this leaf symbol. It represents a direct link between the guide’s information and our CYPS practice standards. Our practice standards translate the legislation and principles that guide our work into expectations about what it means when we work with children and their families, carers and other agencies. They guide our daily work and it is important to consider our practice standards in conjunction with this guide.

This guide forms part of a suite of guides developed to provide valuable information to you in your role.

Other guides in the suite include:

- Working with families affected by cumulative harm or neglect
- Working with families affected by domestic and family violence
- Working with families affected by physical abuse.

Together these guides provide a complementary collection of information to enable you to understand and respond to different forms of child abuse and neglect in the ACT.

The guides have been informed by, and are consistent with, research, legislation, policies and procedures. Together with our practice standards and Case Management Framework, these guides set the benchmark for the delivery of high-quality practice in child protection.
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SEXUAL ABUSE – WHAT IS IT?

A DEFINITION

There is no single definition of sexual abuse, and no one definition is used consistently across jurisdictions or agencies within Australia.

Most definitions consider a range of factors, including:

> **behaviours** – what actions and interactions are considered abusive
> **the nature of the relationship** between the offender and the child – intrafamilial (within family) versus extrafamilial (outside family), age differences, power dynamics
> **definitions used in policy or law** (Esposito & Field, 2016).

The World Health Organisation’s (WHO) definition of sexual abuse is most often cited in literature and is widely used by many organisations (Esposito & Field, 2016). It states:

‘Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.

This may include but is not limited to:

> the inducement or coercion of a child to engage in any sexual activity
> the exploitative use of a child in prostitution or other unlawful sexual practices

**PRACTICE TIP / IMPORTANT**

This definition must be considered when you receive any information in relation to sexual abuse.

Sexual abuse can be **physical, verbal** or **emotional** and can include:

> fondling of genitals
> masturbation
> oral sex
> vaginal or anal penetration by penis, finger or any other object
> fondling of breasts
> exhibitionism and voyeurism
> exposing the child to, or involving the child in, pornography
> involving the child in prostitution.

The **relationship** between the child and other person also impacts the decision as to whether a behaviour is considered ‘sexually abusive’. Sexually abusive behaviour includes any sexual behaviour between:

> a child under the age of consent (16 years) and any adult (over 18 years)
> a child under 16 years and another person where there is more than two years difference in age
> a child (up to the age of 18) and an adult in a position of power or authority – for example, a teacher, police officer, foster carer, child protection case manager
> a child and another child that is non-consensual
> a child and another child who, due to their age or stage of development, is in a position of power, trust or responsibility over the victim – for example, sexual activity between two 15-year-olds where one has an intellectual disability that impairs their ability to understand the behaviours they are engaging in.
It is important to understand ‘sexual development and exploration is a normal part of healthy adolescence. However some young people engage in sexual behaviour that is not within the ‘normal’ bounds of development’ (Boyd & Bromfield, 2006) and an initial assessment will still be required.

See also ‘Children with problematic sexual behaviours and sexually abusive behaviours’ later in this guide.

PREVALENCE OF SEXUAL ABUSE IN AUSTRALIA

As there is no single definition of sexual abuse, accurately determining prevalence rates is difficult. International data does however suggest girls are more likely to be sexually abused as a child (8-13%) than boys (3-17%) (Esposito & Field, 2016).

In Australia, best estimates indicate between 12 and 22 per cent of girls and 5 and 7 per cent of boys are sexually abused in their childhood (Esposito & Field, 2016). Esposito & Field (2016) also identified:

> more than 90 per cent of female victims and 80 per cent of male victims know their offender
> girls are more likely than boys to be sexually abused by stepfathers, biological fathers and other male relatives in the family home
> boys are more likely than girls to experience abuse by strangers or people outside the family. They are also more likely to be abused in the offender’s home, institution or in a public space, and to have witnesses to their abuse.
> boys are more likely than girls to be sexually abused by peers or others of similar age including siblings, cousins, other relatives and residents in institutions.

‘The…experience of sexual abuse can be analysed in terms of four trauma-causing factors, or what we will call traumagenic dynamics – traumatic sexualisation, betrayal, powerlessness, and stigmatisation…These dynamics alter children’s cognitive and emotional orientation to the world, and create trauma by distorting children’s self-concept, world view, and affective capacities’ (Finkelhor & Browne, 1985).

It is now well understood that adverse experiences such as sexual abuse, physical abuse, traumatic stress and neglect, alter a developing child’s brain in ways that result in enduring developmental problems (Perry, 2002). These impacts are often observed in a child’s diminished capacity to develop the physical, social, emotional and cognitive skills necessary to become a functioning and mature adult.

Like other forms of abuse, sexual abuse can result in children living in a constant state of stress, hypervigilance and fear. In addition to the pain and shock caused by the event itself, not knowing if or when the abuse may occur again can result in elevated stress levels. The term ‘toxic stress’ explains the prolonged activation of a child’s stress management system. It describes how repeatedly elevated levels of stress hormones cortisol and adrenalin can lead to hypersensitivity and heightened activity levels in traumatised children. This in turn can detrimentally affect a child’s concentration and capacity to regulate their emotions and master the major tasks faced at each developmental stage. This can lead to developmental delays or disorders (Dwyer & Miller, 2012).

When working with children who have been sexually abused, it is important to understand the age at which the abuse first began and for how many years it has lasted (noting other forms of abuse may also be present). This will help you consider the potential impact of abuse on the child’s brain development and if any of their behaviours are a result of the trauma they have experienced. Ensure you also read our CYPS guide Working with families affected by cumulative harm and neglect available on our Knowledge Portal, for more information about the impact of abuse and neglect on brain development.
Child sexual abuse also impacts a child’s sense of safety and can affect their ability to develop trusting, healthy, warm and nurturing relationships with others. While every child’s response to sexual abuse will be different, various short and long-term consequences have been consistently identified. These include:

> mental health issues – post-traumatic stress disorder, depression, anxiety, psychotic disorders such as schizophrenia and delusional disorders, personality disorders and eating disorders
> desire to inflict pain or injury on themselves
> suicidal thoughts or behaviour
> alcohol and substance misuse
> difficulties learning or concentrating
> difficulties maintaining or developing supportive relationships
> difficulties parenting
> social isolation
> engagement in risky sexual behaviour such as having sex at a young age, more sexual partners and unprotected sex leading to increased risk of contracting STDs and HIV, and engaging in sex work (FACS, 2016).

In addition, children who have experienced sexual abuse (or who are currently being abused) may have feelings of self-loathing, guilt, blame or shame. These powerful emotions can increase if following a disclosure, they are not believed or supported by the adults in their lives, or the abuse continues. Even if the abuse stops following a disclosure, children may feel guilty about their perceived role in the abuse and/or feel responsible for the potential or subsequent family breakdown post disclosure.

Important

Above all else, children who have experienced abuse need to feel safe and need to ‘trust that what is being said will be accepted. Not judged. Not applauded. Just accepted’ (Wilson & Powell, 2001).

Our Standard in Practice

Child and youth-centred practice

Ensure assessments are historically grounded and mindful of the cumulative impacts of harm.
THE CHILDREN AND YOUNG PEOPLE ACT 2008

Section 342 of the Children and Young People Act 2008 states abuse of a child includes sexual abuse, and the child is in need of care and protection if the sexual abuse has happened, is happening or is at risk of happening, and no-one with parental responsibility for the child is willing and able to protect them from the abuse (s345).

Section 345(2c) further states a child is in need of care and protection if the people with parental responsibility for the child are sexually exploiting the child, or not willing and able to keep the child from being exploited.

In addition to the Children and Young People Act 2008, it is important you are aware of other legislation relevant to sexual abuse. These include the:

> Crimes Act 1990

MANDATORY REPORTING

In receiving information about sexual abuse allegations, it is important you understand the legal responsibilities of reporters under relevant legislation.

The Children and Young People Act 2008 (the Act) states all mandated reporters (s356(3)) are legally required to report child sexual (and physical) abuse to CYPS when through the course of their work (paid and unpaid) they form a reasonable belief such abuse has occurred or is occurring. Failure to make a report is an offence (s356).

The Crimes Act 1900 states all adults over 18 years old (regardless of their work) are legally required to make a report to the police if they reasonably believe a sexual offence has been committed against a child. However, mandated reporters are not required to make a report to the police if they have already made a Child Concern Report to CYPS. If though, the mandated reporter’s suspicions of child sexual abuse are based from information not gained through the course of their work, (and therefore they are not mandated to report to CYPS under the Act) they are still required to make a report to the police consistent with the Crimes Act 1900.

PRACTICE TIP

Ensure you understand CYPS intake procedures when receiving reports of alleged sexual abuse available from our Knowledge Portal.
UNDERSTANDING RISK FACTORS

It is important to understand the possible risk and protective factors of sexual abuse that can make a child more vulnerable.

AGE

Children are most vulnerable to abuse between the ages of 7 and 12 years old.

DISABILITY

Children with mental health issues or intellectual or physical disabilities are more likely to be sexually abused than other children, and on more than one occasion. Of these children, those with intellectual and sensory disabilities, communication impairments and behavioural difficulties are at further risk of sexual abuse compared to children with other types of disability.

OTHER VULNERABILITIES

There are several other factors that may make a child more likely to be the target of sexual abuse, including:

- social isolation
- low self-esteem and confidence
- complex or poor family dynamics – Children who experience domestic violence are at greater risk of child sexual abuse. Research also indicates an increased prevalence in single parent families and families experiencing family breakdown
- homelessness, housing instability
- parental mental health or substance use
- parental history of abuse
- poor parent/child attachment relationships
- previous experience of child sexual abuse or other forms of maltreatment
- residing in out of home care
- appearing receptive to grooming (Esposito & Field, 2016 and FACS, 2016).

Child sex offenders generally do not target children who are confident, knowledgeable and assertive when it comes to protecting their bodies (Child Wise, 2009).

Children who present as confident and assertive, have good support networks, high self-esteem, a strong sense of self-worth and who would be able to identify and articulate abusive behaviour, may be less likely to be targeted.

Regardless of the characteristics, traits or vulnerabilities of children, child sexual abuse can be difficult to identify and even harder to prove in court.

Our Standard in Practice

Holistic assessment and planning
Assess the risk and protective factors that exist in a child’s life and use this information to develop effective strategies.
POSSIBLE INDICATORS OF SEXUAL ABUSE

Children of all ages and gender can be sexually abused. Identifying sexual abuse can be difficult as physical signs of sexual abuse may not be present and most victims never disclose childhood sexual abuse.

PHYSICAL INDICATORS

Physical indicators associated with sexual abuse include:

- pain or itching of genital area
- blood on underclothes
- pregnancy in a younger girl where the identity of the father is not disclosed
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing
- problems with sleeping, bed-wetting or nightmares
- constant complaints of headaches and/or abdominal pain.

BEHAVIOURAL INDICATORS

Behavioural indicators associated with sexual abuse include:

- disclosures (intentional or unintentional)
- inappropriate sexualised conduct
- sexually explicit behaviour, play or conversation that is not normative for the child’s age (see ‘Childhood sexual development and behaviour’ page 9)
- continual and inappropriate or excessive masturbation
- self-harm (including an eating disorder), self-mutilation and suicide attempts
- involvement in prostitution or indiscriminate choice of sexual partners
- non-consensual sexual activity or other suspicion of abuse, coercion or exploitation, or there are questions about the capacity of one party to consent
- an anxious unwillingness to remove clothes – for example, for sports events, although this may be related to cultural norms or physical difficulties
- significant change in level of performance at school – This could be an increase in school performances as a method to ‘block out’ the abuse, or a decrease in performance due to stress, anxiety, poor concentration or poor self-esteem or self-worth.

IMPORTANT

Whenever you are assessing allegations of sexual abuse, it is important you have a good understanding of typical child development, as well as normative child sexual development to assist in identifying potentially concerning behaviours that may indicate sexual abuse. See ‘Childhood sexual development and behaviour’ page 9.
While most victims never disclose childhood sexual abuse, when one is made it must be regarded as a possible indicator. It is also important to understand when an initial disclosure is made, or when you (or any adult) asks a child about sexual abuse, this may bring on an intense crisis for the child.

Initial disclosures can be fraught with anxiety, retractions and inconsistencies. The child may sound unconvincing and the disclosure may lack credibility. The child may also use various defensive mechanisms to cope with the abuse, and so their memory may be fragmented, their perceptions altered and the information they give inconsistent and sparse.

Also, children abused by a family member can delay disclosure because of feelings of guilt, fear of not being believed, loyalty to the offender and anxiety about the consequences of telling (FACS, 2015).

Child and youth-centred practice
Recognise early intervention is better for children, young people and families and ensure linkage to services and supports as early as possible.

Ensure where a child is in imminent danger, immediate action is taken in line with legislative requirements, policies and procedures.
Understanding normative childhood sexual development and behaviour is an important part of your practice. This is because it provides you the basis to identify when a child’s behaviours may be concerning and potentially signalling abuse is occurring in their life – whether to the child or by a child.

NORMATIVE CHILD SEXUAL DEVELOPMENT
All children at some stage during their development will become increasingly curious about their own body as well as the body parts of their family members and peers. However, it is critical to understand if a child’s actions or knowledge are overly sophisticated and require further assessment.

The following is a summary of sexual behaviours and their appropriateness based on age (SECASA, 2017). We have added the traffic light system to these behaviours to further illustrate normal or concerning behaviours. The examples are a guide only as all children develop slightly differently.

PRACTICE TIP
It is important to be mindful of developmental age versus chronological age, particularly for children who experience developmental delay or have a diagnosed disability. For example, a child with a chronological age of 10 years old, may have a developmental delay that causes them to function as a 5-year-old. This child’s sexualised behaviour would therefore need to be considered in line with their developmental capabilities.

AGE APPROPRIATE SEXUAL BEHAVIOURS – ‘GREEN LIGHT’
‘Green light’ behaviours are consistent with the expected (normative) sexual development of a child at a particular age. Importantly, these behaviours occur in the context of safe, playful, peer-aged relationships and form a small part of a child’s overall interest and preoccupation (Child Wise, 2009). Further, the behaviour is always mutual and consensual.

0-4 years: Toddler, pre-school
> Touching or rubbing own genitals and showing others their genitals.
> Playing games like ‘mum and dad’, ‘doctor and nurse’.
> Enjoying being nude – for example, around the house.
> Being ‘rude’ and using slang or dirty language.
> Touching or looking at the private parts of other children or familiar adults – for example, when in the bath.

5-9 years: Early school years
> Awareness of privacy in relation to their body.
> Self-touching or masturbation.
> Curiosity with peers – for example, ‘I’ll show you mine if you show me yours’.
**9-12 years: Pre-adolescence**

- Increasing need for privacy.
- Masturbation in private.
- Engaging in sexual conversations or jokes with peers – for example, using dirty language, telling jokes, talking about body parts, reproduction etc.
- Kissing peers (same age).
- Occasional flashing or mooning.

**13-18 years: Adolescence**

- Desire or need for privacy.
- Masturbation in private.
- Sexually explicit jokes and conversations with peers.
- Kissing, hugging, holding hands.
- Foreplay or sexual intercourse with consenting partner of similar age.
- Sending or receiving sexual images of others with consent ('sexting') – This is a difficult and emerging area of risk given the use of social media platforms, a lack of control over dissemination once a message is sent, and peer pressure and bullying.

**5-9 years: Early school years**

- Continually touching genitals or masturbation in public.
- Persistent nudity or exposing of private parts in public.
- Continually wanting to look at and touch the private parts of others.
- Wanting to play sex games with much older or younger children.
- Engaging in violent or sexually explicit video games.

**9-12 years: Pre-adolescence**

- Attempting to expose other people’s genitals.
- Pre-occupation with masturbation.
- Seeking out or accessing pornography.
- Simulating foreplay or intercourse with peers with clothes on.

**CONCERNING SEXUAL BEHAVIOURS – ‘ORANGE LIGHT’**

‘Orange light’ behaviours can be an indication of potential concern, particularly if the child has difficulty stopping the behaviour after clearly being asked to. The frequency and persistence of these behaviours should be monitored. Behaviours that appear beyond the expected knowledge or sophistication for a child of a certain age may also be concerning, as is any behaviour that appears coercive. Exploring the context of the behaviour, the child’s understanding of the behaviour as well as the meaning they place on the behaviour is important as part of any initial assessment you undertake.

**0-4 years: Toddler, pre-school**

- Keeps masturbating after being told to stop.
- Forcing another child to engage in sexual play.
- Sexualised play with dolls or toys.
- Attempting to touch the private parts of unfamiliar adults or animals.
- Following children into the bathroom to look at or touch their private parts.

**13-18 years: Adolescence**

- Being pre-occupied with or anxious about sex.
- Promiscuity.
- Being interested in or using themes or obscenities involving sexual aggression.
-Spying on others who are nude or engaged in sexual activity.
- Having oral sex or intercourse with someone more than two years older or younger.
- Sending or receiving sexual images of multiple people with their consent.
VERY CONCERNING PROBLEMATIC SEXUAL BEHAVIOURS – ‘RED LIGHT’

‘Red light’ behaviours are those that are problematic or harmful due to the child’s age, stage of development, intent or level of preoccupation – these behaviours are of significant concern. When red light behaviours are indicated, you are to seek professional advice and assessment. It is also important to ensure children exhibiting one or more red light behaviours receives appropriate therapeutic support.

If the child is over 10 years old, some red light behaviours may be criminal acts. In these cases, a referral to SACAT is required. Particular attention should be given to the behaviours listed under 9-12 years and 13-18 years below.

0-4 years: Toddler, pre-school
> Persistently touching or rubbing self to the exclusion of normal childhood activities, hurting own genitals by rubbing or touching.
> Simulating sex with other children with or without clothes on.
> Oral sex.
> Sexual play involving forceful anal or vaginal penetration with objects.

5-9 years: Early school years
> Touching or rubbing self persistently in private or public, to the exclusion of normal childhood activities.
> Rubbing their genitals on other people.
> Forcing other children to play sexual games.
> Sexual knowledge too great for their age.
> Talking about sex and sexual acts regularly.
> Posting sexually explicit material online, engaging in cyber bullying, accessing online pornography.
> Grooming other children.

9-12 years: Pre-adolescence
> Compulsive masturbation.
> Chronic interest in adult/child pornography.
> Making others watch pornography.
> Degrading or humiliating self or others using sexual themes.
> Touching other children’s genitals without permission.
> Forcing others to expose their genitals.
> Simulating intercourse with peers unclothed.
> Penetration of dolls, other children or animals.

13-18 years: Adolescence
> Compulsive masturbation.
> Masturbation in public.
> Chronic preoccupation with sexually aggressive pornography or child pornography.
> Attempting to expose other people’s genitals.
> Touching other people’s genitals without permission.
> Making obscene phone calls, exhibitionism, voyeurism or sexually harassing others.
> Sexual contact with much younger people.
> Sexual contact with animals.
> Penetrating another person forcefully.
> Grooming.
> Placing themselves at risk of child pornography or child exploitation through Internet usage – for example, posting sexually explicit material online, engaging in chat rooms, meeting people met online.

(Adapted from SECASA, 2017)
CHILDREN WITH PROBLEMATIC OR SEXUALLY ABUSIVE BEHAVIOURS

The term ‘problematic sexual behaviour’ (PSB) is generally used in relation to children under 10 years old. The term ‘sexually abusive behaviour’ (SAB) is generally used for children and young people aged between 10 years old and less than 17 years old. The different terms distinguish between these age groups in both their level of development and criminal responsibility (CEASE, 2016). It is important to understand in the ACT, a child under 10 years old is not criminally responsible for an offence.

PROBLEMATIC SEXUAL BEHAVIOURS (UNDER 10 YEARS)

Problematic sexual behaviours relate to children under 10 years old. They can include ‘excessive self-stimulation, sexual approaches to adults, obsessive interests in pornography, and sexual overtures to other children that are excessive to developmental bounds. For some children, these PSBs are highly coercive and involve force; acts that would be described as ‘abusive’ were it not for the child’s age’ (Evertsz & Miller, 2012).

SEXUALLY ABUSIVE BEHAVIOURS (10 TO UNDER 17 YEARS)

Sexually abusive behaviours relate to children aged 10 years to under 17 years old. No causal factors have been identified as to why children engage in sexually abusive behaviours (El-Murr, 2017).

However, FACS (2014) provides four ways in which sexually abusive behaviours may develop:

> the sexual activity is the main focus of the behaviour and the use of violence and aggression is a means to this end
> the aggression and violence are the main aim of the behaviour and the sexual abuse is secondary to this behaviour
> the aim of the abuse is exploration and there is little understanding of the broader consequences
> the behaviour is in the context of mental illness, developmental delay or cognitive impairment and there is little understanding of the implications or consequences of these actions.

FACS (2014) also states sexually abusive behaviours can be identified as occurring in the context of:

> performing an anxiety reducing function
> re-enactment of past trauma.

‘It has become apparent over three decades of research and clinical work that, for most juveniles, sexually abusive behaviour is much more related to their capacity to be abusive than some sexually deviant condition’ (Ryan et al., 2010 as cited in FACS, 2014).

THE CONTEXT FOR PROBLEMATIC SEXUAL BEHAVIOURS AND SEXUALLY ABUSIVE BEHAVIOURS

Although there is a lack of empirical data relating to problematic sexual behaviours and sexually abusive behaviours, there is evidence that children are most likely to experience unwelcome sexual behaviour from their peers (El-Murr, 2017). Studies also indicate sibling sexual abuse is more prevalent than other types of intrafamilial sexual abuse. Stathopoulos (2012) states:

‘Due to the mostly close relationship and physical proximity between siblings, sibling sexual abuse is considered an opportunistic form of abuse. Abusive siblings are often displaying problematic sexual behaviours or developmentally inappropriate behaviours that may be the result of victimisation they have encountered themselves – either witnessed or experienced. Abused siblings often do not disclose being abused due, among other things, for fear of not being believed, fear of upsetting parents, or confusion over their role in the abuse.’
When conducting your assessments, every child and family should be assessed on an individual basis. Once you have established a relationship with the child and their family, it is important to gather information that includes a history of the behaviours, rather than focusing only on the event that led to CYPS involvement. The family environment of the child engaging in the problematic or sexually abusive behaviours is also important to consider. In doing this, you may observe some of the following:

- physical violence carried out by parent/s, including harsh physical punishment
- domestic violence dynamics present in the family – coercion, control, abuse of power
- previous child protection history
- gender dynamics within the family that favour or privilege males
- distorted expectation about gender roles
- permissive and disempowered parenting styles
- marital discord
- family disorganisation or dysfunction
- negative atmosphere within the home environment
- inappropriate parent-child interactions
- poor personal boundaries
- sexualised home environments
- other sexual abuse within the family
- previous adults charged with sex offences or disclosures about this in family or extended family
- environments of neglect
- lack of supervision
- emotionally unavailable or disengaged parent/s – parental rejection
- disrupted attachment
- parent’s own unresolved experiences of child sexual abuse (FACS, 2014).

Similarly, sibling sexual abuse is strongly related to family trauma and stressors, including:

- violence
- poverty
- substance abuse
- mental illness
- a history of abuse (FACS, 2016).

**IMPORTANT**

‘In order to be accurate and therefore effective, our safety assessments must take into consideration the whole child in the context of their history, family, relationships and community. If we focus only on the child and their behaviours, we risk missing critical information that is likely to place the child and others at risk of further harm’ FACS (2014).

**PRACTICE TIP**

Key protective factors for children with sexually harmful behaviour include:

- living in a safe environment where the risk they pose is managed (where possible in their current living situation)
- connection to their family and community
- attending specialised treatment programs.

**OUR STANDARD IN PRACTICE**

**Holistic assessment and planning**

Consider, in assessments and ongoing work, the child and family within their context – e.g. culture, trauma history, structural disadvantage, familial history and composition. Think holistically about a child’s experience by considering all aspects of their situation and seek to understand them outside of ‘one event’.
SAFETY PLANNING FOR CHILDREN WITH PROBLEMATIC OR SEXUALLY ABUSIVE BEHAVIOURS

If the child engaging in problematic sexual behaviours or sexually abusive behaviours remains at home, it is critical you engage with their family to develop a comprehensive Safety Plan. In doing this, you must refer to our CYPS Safety Planning procedures.

In addition, Queensland’s Department of Child Safety, Youth and Women (2019) also provides helpful safety planning information specific to problematic and sexually abusive behaviours that compliments CYPS practice and should be considered when such behaviours are involved. This information is outlined below.

‘Placement decisions for children with PSB or SAB are complex. Consideration must be given to:

> the needs of the victimised child
> risk factors in the home environment, and
> the capacity of parents and community members to supervise the child with PSB or SAB.

The current evidence base suggests that services should adopt a very measured and individualised approach to separation of children following a disclosure of sexual abuse by another child in the home.

Long term separation is widely believed to be counterproductive as it removes the child with PSB or SAB from known protective factors such as stable living environment, stable schooling and connections to family and peers.

The parent’s belief that abuse occurred and a lack of denial or minimisation of the abuse are critical factors in determining their ability to supervise the child with PSB or SAB.

An effective primary supervisor (adult in charge of supervising the child with PSB or SAB) will need to have the following characteristics:

> awareness of the history of PSB or SAB by the child
> ability to acknowledge the impact of the sexual abuse on the victimised child and hold the child with PSB or SAB accountable for the abuse
> ability to make sure the child with PSB or SAB is not in a situation where they are able to sexually abuse the victim (safety planning)

> ability to closely supervise the child with PSB or SAB around any other children (safety planning)
> ability to identify grooming behaviours and the impact of this behaviour on the victimised child
> awareness of court orders that affect the child with PSB or SAB
> ability to notice any change of behaviour or emotional distress in the victimised child and the child with PSB or SAB’.

(DCSYW Qld, 2019)

SAFETY PLANNING FOR SEXUAL ABUSE BY A CHILD

Safety planning in respect of sexual abuse by children tends to focus on decisions about supervision and safety. The goal in this context is to know the risks for repeat behaviour, how to reduce those risks and to make informed decisions about the level of adult supervision and support required.

Where the source of the abuse is a sibling living in the same home as the abused child (or an at-risk child), a Safety Plan may be appropriate to ensure the children are never left alone together and their interactions are always supervised. Where both children are primary school aged, it is considered generally safe for them to continue living together (FACS, 2014). When the abusive sibling is in high school, it is considered more likely the related dynamics will be more entrenched, and a period of separation of weeks or months (rather than days) is probably necessary.
When assessing the risks, you should consider:

> What is understood about the abuse (see also ‘Appendix 1’).
> The degree to which the abused child has been believed and understood.
> The capacity of the parent/s to provide a safe environment.
> A way for both children to access appropriate counselling – counselling should have a primary focus on the reality of the sexual abuse having taken place.

Ryan et al. (2010) as cited in FACS (2014), provides a model of safety planning in this context:

1. **What are the risks?**
   > What situations might be stressful and/or bring up old triggers?
   > What situations might create access to vulnerable persons where re-offence opportunities might exist?

2. **What would need to happen to moderate those risks?**
   > What skills would the child need to handle the risks themselves?
   > What is needed from others?

3. **What is the likelihood of those involved to do the things that would moderate risk?**
   > Does the child have the skills and demonstrated motivation to use the skills when relevant?
   > Is the adult able to provide supervision and support when needed?

**Capacity of parents to provide adequate supervision**

In assessing a parent’s capacity to protect one child from another within the same home environment, you must explore the following:

> The parent must:
  
  * not deny or minimise the significance of the abuse
  * be available, able and willing, to monitor all interactions
  * be aware of the sexual offence history and detail of previous acts
  * be aware of the legal context, and take seriously their responsibilities
  * locate all responsibility with the perpetrator, not the victim
  * clearly recognise the abuse is not part of a normal sibling dynamic
  * hold the perpetrator accountable
  * observe and report patterns and changes in daily function of the two children
  * recognise risk and use risk mitigation strategies appropriately.

See ‘Appendix 1’ for further guidance on specific questions to consider when assessing allegations of sexual abuse and a parent’s capacity to protect.

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**OUR STANDARD IN PRACTICE**

**Relationship-based practice**

Engage in honest, respectful and culturally appropriate interactions and discussions with children, young people, families and carers.

Work to identify and engage a range of services that may make a difference.
CHILD EXPLOITATION, PORNOGRAPHY AND THE INTERNET

Children of any age or gender can be at risk of sexual exploitation, with the greatest risk being to girls aged between 13 and 16 years old. Understanding child sexual exploitation (and the growing risk of the Internet) is important when assessing risks to a child.

CHILD SEXUAL EXPLOITATION

Child sexual exploitation involves children being forced or manipulated into sexual activity for money, other gifts, drugs, alcohol or something less tangible such as affection, status or love.

THE SIGNS

Children who are sexually exploited often do not recognise they are being abused. However, ‘Evidence tells us that children who have been sexually exploited have been found to have more significant difficulties compared with children who have experienced other forms of sexual abuse. They report more mental health issues, trauma symptoms, going missing, functional impairments and engage in at-risk behaviours’ (Cole et al., 2016 as cited in DHHS, 2017).

People who sexually offend use grooming techniques to get close to children with the intent to form special or power-based relationships with them. Grooming techniques can include:

- gift giving – alcohol, music, phones, money etc
- attention giving – making the child feel special, or exploiting their vulnerabilities
- asking the child to keep secrets from parents, siblings and friends – may not necessarily be sexual
- gradual physical touch
- the use of threats, bribes or physical violence.

THE SEXUAL OFFENDER

Men are more likely to sexually exploit children, but they may be supported by other people in the child’s life. ‘Sexual offender profiles generally identify men as the people who sexually exploit children. Adult men and women, including a child’s parents, and other children, however, may be involved in different aspects of exploitation such as grooming, harbouring or in other ways recruiting the child to be exploited’ (Jimenez et al., 2015; Jordan et al., 2013, as cited in DHHS, 2017).

THE CONTEXT

Sexual exploitation may occur in many contexts such as those described in Table 1.
Table 1: Models of sexual exploitation

<table>
<thead>
<tr>
<th>Model</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate relationships</td>
<td>Usually involves one person using inappropriate power over a child (physical, emotional, financial). This is commonly someone significantly older than the child and who the child believes loves and protects them.</td>
</tr>
<tr>
<td>Boyfriend/girlfriend</td>
<td>The person of interest befriends and grooms the child into a 'relationship' and then exploits this relationship to coerce, trick or force them to have sex with others. This model is sometimes called the 'loving relationship' model.</td>
</tr>
<tr>
<td>Trusted 'friend' or other peer</td>
<td>The child may know the 'friend' through placement, school or the broader community. The 'friend' may persuade or lure the child into sexual exploitation. They may be other girls or boys, gangs or other peer groups.</td>
</tr>
<tr>
<td>Organised/networked</td>
<td>Children are forced or coerced into sexual activity with multiple men. This may occur at 'sex parties', and children may be used to persuade or recruit others. This can be ad hoc or associated with organised crime. It may be associated with a legal brothel.</td>
</tr>
<tr>
<td>Online</td>
<td>Children are accessed for sexual exploitation via the Internet. This model shares commonalities with the other models and can be used as part of those models. However, it can also be used to target different populations, including younger children and children living within intact families. Social media is a mechanism by which children are becoming more accessible to persons of interest. Children may engage more quickly in sexually explicit language, images and behaviours online and then have this used against them (Barnardo’s, 2015).</td>
</tr>
<tr>
<td>Betrayal</td>
<td>Someone the child trusts (such as a parent, a parent figure, carer or teacher) promotes or organises the child to be sexually exploited by others, usually for profit, drugs, gratification or power.</td>
</tr>
</tbody>
</table>

(Adapted from Barnardo’s, 2015 as cited in DHHS, 2017)

**RISK FACTORS AND WARNING SIGNS**

Research shows children in the child protection and out of home care systems are at particular risk of sexual exploitation. Factors that precede their involvement with the statutory system, including abuse, neglect and exposure to family violence, contribute to their vulnerability and risk.

Additionally, factors such as inconsistent attachment figures, multiple placement changes and increased contact with other children at risk and their networks, and a perception by some children that they are unwanted and not cared for, all contribute to increased risk of child sexual exploitation. One of the most consistent risk factors for sexual exploitation is when a child’s absconding behaviour starts or escalates.

Warning signs of sexual exploitation include:

> having unexplained gifts or new possessions
> being missing from home, care or school
> not being able to account for where they have been
> alcohol or substance misuse
> changes in behaviour or mental health
> increased use of social media, online activity or access to pornography
> increased secrecy
> inappropriate sexualised behaviour
> contact with other children involved in sexual exploitation.
SAFETY PLANNING TO REDUCE THE RISK OF CHILD SEXUAL EXPLOITATION

Effective safety planning to minimise the risk of sexual exploitation is important. Such planning requires:

- ongoing efforts to engage the child
- support of family, carers, friends and others
- education that increases safety
- a response to the child’s behaviours that are increasing their risk of exploitation, especially absconding behaviour
- participation in regular Care Team meetings.

Given the traumatic and destructive nature of sexual exploitation, a child needs to be supported to make sense of their experiences, to develop a positive sense of self, and to connect or reconnect with healthy, safe and trustworthy relationships. In addition to referrals to sexual assault, mental health or therapeutic services, carers and family need to be supported to interact with the child in non-judgemental and accepting ways. Even when a child is no longer considered to be at active risk of sexual exploitation, efforts should continue to prevent exploitation recurring.

CHILD PORNOGRAPHY AND THE INTERNET

The Internet has become a significant tool in the distribution of child pornography. Adults may use the Internet to establish contact with children with a view to grooming them for an inappropriate or abusive relationship.

As per our Recognising abuse and neglect practice guideline, if an individual is discovered to have placed child pornography on the Internet or accessed child pornography, the police must be informed. You must also consider the possibility that the individual may also be involved in the active abuse of children and, therefore, their access to children must be assessed both in the family and work settings.
PRACTICE PRINCIPLES

In CYPS, our primary consideration is always the wellbeing of children. This is best achieved through thorough and holistic assessments of risk, working respectfully with children and families ensuring they are listened to and heard, working effectively with community partners and sharing relevant information where appropriate, and making informed decisions in the best interests of the child.

The practice principles outlined below will help you assess and respond to sexual abuse throughout your practice.

ASSESSMENT

The main priority for a CYPS response is to:
> identify the abuse
> assess the abuse
> take action to protect the child from the abuse.

In instances where sexual abuse (or sexual exploitation) has been reported, CYPS has a statutory responsibility to investigate these concerns (s360 of the Children and Young People Act 2008). You are to do this by following our CYPS Risk Assessment Framework, specifically by:

3. Conducting an Appraisal Risk Assessment where your CPR assessment indicates it is appropriate.
4. Conducting ongoing risk assessment where sexual abuse has been substantiated to ensure the continued safety of the child and effectiveness of outcomes and case management supports put in place.

Throughout your assessments, the information you gather will determine if legal thresholds are met, what CYPS response is most appropriate at each stage and how best to support the child and their family.

The specifics of each risk assessment are outlined in our CYPS Risk Assessment Framework and corresponding procedures available from our Knowledge Portal. Your assessments must also be underpinned by knowledge of typical child development and corresponding milestones. The Child development and trauma guide overview (available from our Knowledge Portal) provides details of typical developmental pathways and indicators of trauma at different ages and developmental stages.

PRACTICE TIP

Any assessment you undertake must be based on credible information that provides the grounds for you to make ‘balance of probability’ decisions. This is not the same as proof. Information gathered should be as factual, reliable and verifiable as possible – in particular, protective factors. Taking information at face value can result in poorly informed analysis and, in some instances, place a child at further risk. Ensuring information is credible not only helps you make well-informed decisions, but also protects the child and family from unfounded or malicious allegations.

You are to also always remain objective, curious and willing to challenge assumptions – your own and those of others. Clear evidence of your decision-making process must be recorded, including what information you considered and the relevance it had to the decisions you made.

While you are to refer to our CYPS Risk Assessment Framework and corresponding procedures, the following information is of particular relevance to the assessment of sexual abuse.
COLLABORATE WITH SACAT – THE SEXUAL ASSAULT AND CHILD ABUSE TEAM

Notification and referral notify and refer the matter to the Sexual Assault and Child Abuse Team (SACAT) within ACT Policing. This includes when:

> non-consensual sexual activity or other suspicion of abuse, coercion, exploitation, or there are questions about the capacity of one party to consent
> sexual activity where there is more than a two-year age gap between parties and at least one party is under 16 years.

When the matter is referred to SACAT, they will determine if a police investigation is appropriate. Until a decision is provided by SACAT, you must continue your risk assessment and complete all tasks within the prescribed timeframes. Referral to SACAT does not mean you should hold over any actions until an outcome of the referral is known.

In making their decision, SACAT will consider a number of factors, including but not limited to:

> Has a clear disclosure been made?
> Have specific incidents been disclosed?
> Has any context been provided?
> Do the disclosures lack content, or could there be a different interpretation to what is suspected?
> Has there been previous CYPS and police involvement?
> Does the incident appear to be a one-off occurrence?
> Are injuries involved? If yes, when were they sighted and by who, are they still visible, are they consistent with the disclosure?
> Did anyone witness the incident?
> Who provided the information? Was it first-hand, credible and reliable?
> If the child is over 12 years old, do they want to speak with police?
> Is a police response the most appropriate course of action?
> Is a CYPS response more appropriate?
> Is there sufficient information to commence a criminal investigation?

Joint appraisal

Where SACAT indicates they intend to conduct a police investigation into a child’s circumstances, you can propose a joint appraisal between CYPS and SACAT. To do this, contact the SACAT Liaison Officer to confirm if SACAT investigators will agree to the joint appraisal.

If a joint appraisal is agreed to, meet with SACAT as soon as possible to plan and agree to a joint approach. If a joint appraisal is not appropriate, still liaise with SACAT to allow for independent investigations to occur in parallel, and where appropriate share information. See our Appraisal procedure for specific information about working with SACAT and section ‘Privacy and information sharing’ later in this guide.

Regardless of if you are conducting a joint or independent appraisal, it is important to understand SACAT has a different investigation focus to CYPS and applies different legal thresholds to decision-making (including the burden of proof). Generally, SACAT’s focus is to determine if there are grounds to prosecute an individual for a criminal act towards a child. In contrast, the focus of your CYPS appraisal is broader and must explore the child’s entire risk environment, including paternal capacity to protect from future harm. While SACAT’s investigation may inform your assessment of a parent’s capacity, it does not depend on it, and therefore it is possible to conduct your appraisal in parallel with a police investigation.
In rare circumstances where separate investigations are happening, SACAT may ask you to postpone an interview of a parent or child until they have collected their own evidence. In these situations, you are to progress other aspects of your appraisal and maintain regular communication with the SACAT Liaison Officer or other SACAT representative to stay informed and share appropriate information. This may mean SACAT allows you to either observe an interview they conduct at a later time, obtain a copy of the interview record or to jointly conduct the interview. You must never indefinitely delay an appraisal because of a police investigation.

**IMPORTANT**

Remember thresholds for appraisal are different to thresholds for police investigations. It is possible for CYPS to substantiate sexual abuse and police to not charge a person alleged to be responsible for it.

**VISUAL EXAMINATIONS**

When physical injuries to a child are reported, such as those associated with sexual abuse, and your risk assessments have led to an appraisal, it is important you gather information about the alleged injuries – this should include conducting a visual examination of the child’s injuries. However, it is important when sexual abuse is alleged, to approach the visual examination with the utmost sensitivity.

When conducting the visual examination, you must:

- ensure a support person is present for the child
- approach the examination and discussion sensitively – consider the child’s age and comfort level. This may include using visual communication tools, such as a body chart, to help identify the injury site in a non-confronting way
- not touch the child
- ask the child or parent (if present) to identify and show the site of the injury if it is possible to do so without adjusting or removing the child’s clothing
- always have two CYPS staff present of appropriate gender
- not photograph the child’s physical injury – any images taken by CYPS cannot be used as evidence in court (see ‘Photographs of a child’s injuries’ page 22).

If through the examination you note an injury, or the parent is unwilling to display a child’s physical injury, or there are sensitivities in relation to the injury, you must arrange for a medical examination to be conducted (see ‘Medical examinations’ page 22).

**OUR STANDARD IN PRACTICE**

**Collaboration**

Promote high standards of collaboration, information sharing and communication with all those involved with families to ensure a holistic statutory service response that values the knowledge base and perspectives of all.

**ABUSE IN CARE**

If a report of sexual abuse is made about a child who the Director-General has full or shared parental responsibility, you must follow our Abuse in care procedures available from the Knowledge Portal.

**PRACTICE TIP**

The authority to conduct a visual examination as part of the appraisal is provided under section 366(b)(i) of the Children and Young People Act 2008. In certain circumstances, section 371 of the Act also provides you authority to conduct an appraisal with a visual examination and interview of the child before notifying or seeking agreement from the parents.

Ensure you understand our Appraisal procedure and when appraisal agreement or notification is required.
Photographs of a child’s injuries

You **must not**, under any circumstances, **photograph** a child’s injuries. These images **cannot** be used as evidence in court. Photographs taken by reporters also cannot be used as evidence. **Only** photographs taken by trained professionals with forensic photography capabilities can be used as evidence, such as those taken by staff at the Child at Risk Health Unit (CARHU) or the police (SACAT).

Further, you **must not**, under any circumstances, **distribute** (for example, email or text) any photographs of a child’s injuries received from a third party – this includes CARHU and SACAT.

The taking or receiving of photographs that may include intimate images (for example photographs depicting genitalia and other parts of the body such as the buttocks or chest of a pre-pubertal child) can fall under the **criminal offence** of making and distributing child pornography.

**PRACTICE TIP**

Remember, if you have credible information that a child has been sexually abused, you **must** refer the matter to SACAT and CARHU.

MEDICAL EXAMINATIONS

Where you have reasonable suspicion sexual abuse or sexual exploitation has occurred or is occurring, you **must** arrange for a medical examination to be conducted by an authorised assessor (see s367 and s438 of the *Children and Young People Act 2008*). You can organise this via a referral to a specialist service like CARHU, or the child’s own GP. If the child’s GP is used, you must speak with the GP to inform them of the concerns and suspected injury and request a written report of their examination.

In addition, a medical examination may also be required when:

> liaison with health services indicates a child under two years old has not been seen recently by a health professional
> a child discloses they have suffered sexual abuse (including exploitation)
> you have formed a reasonable suspicion a child has suffered:
  • sexual abuse
  • neglect or emotional abuse to the extent it has had a significant impact on their wellbeing or development
> you have taken Emergency Action with respect to a child.

All requests to organise a medical examination must be approved by your team leader and articulated in your Appraisal Action Plan. Agreement must also be sought from at least one person with daily care responsibility for the child. This could be:

> a non-offending parent or carer provides consent and attends the examination with the child
> the Director-General with shared parental responsibility provides consent and you attend the examination – in this situation you must still seek a parent’s agreement, but you can proceed with the examination if agreement is not given
> the Director-General with full parental responsibility provides consent and you attend the examination
> a parent with full responsibility does not provide consent – in this situation you must speak with your team leader about taking Emergency Action if the child is at immediate risk, or about making a court application for an Appraisal Order.
Due to the nature of physical injuries, it is in the child’s best interests for the medical examination to occur as soon as possible after the alleged incident. Examinations conducted by CARHU also allow for the collection of forensic evidence, however, this must occur within restricted timeframes – ensure you discuss the necessary response time with CARHU.

To help preserve forensic evidence, it is important you tell the child’s non-offending primary carer to:

> avoid bathing the child or brushing their hair until after the medical examination
> bring the clothes the child was wearing at the time of the alleged incident to the examination.

**PRACTICE TIP**

If you believe a medical examination is required urgently, you can contact the CARHU Intake Officer directly. It is possible to take the child to the Canberra Hospital’s Emergency department and meet a CARHU staff member there to conduct the examination.

See our Appraisal procedure for more information.

**FORENSIC INTERVIEWING OF CHILDREN**

Interviewing a child about an allegation of sexual abuse requires preparation and careful use of interviewing techniques. This is to maximise the child’s sense of safety and comfort with you and the interview process, and to preserve the credibility of any disclosures or information the child provides that may become evidence.

Finding a balance between gathering evidence and the child’s right to reveal information on their own terms is a challenge that requires careful consideration.

Our practice guide ‘Interviewing children’ provides specific detail about how to plan, carry out and respond to an interview with a child. It is critical you familiarise yourself with this practice guide. Below are some key points:

> **Plan your interview** – Consider the age and development of the child, the information to be discussed, where best to hold the interview and who else should be there to help you and the child.

> **Support the child and their privacy** – Always ask the child if they would like someone they know, such as a teacher, to be with them during the interview for support. Also protect the child’s privacy by ensuring only those who need to be there are present.

> **Build rapport and trust** – This is critical and cannot be rushed. It will help the child feel comfortable which can help them talk about difficult experiences. Building a rapport also gives you an indication of the child’s ability to understand questions, any needs they may have or support they may require. Be aware building rapport and covering all necessary topics can take time and breaks and multiple interviews may be needed.

> **Understand how a child constructs a story** – Children have their own ways of describing experiences and many factors can influence their ability to do this. Do not assume you know what the child means. Seek clarification and consider not only what is being said, but what is not being said.

> **Let the child tell their story** – You must allow the child to tell their story using their own words and at their own pace. This is the most important part of the interview. Be tolerant of silences, try not to interrupt or fill in words for them and use statements like ‘and then what happened’ repeatedly to encourage the child to continue. If more details are needed, make a note and come back to these areas once the child has finished.
> **Take accurate notes** – Documenting the interview must happen at the same time as the interview and be an accurate account of what occurred, what was said (using the child’s words verbatim) and any observations. Understand your notes may be used in a police investigation, court proceeding or to help prepare an affidavit or a statement to police.

> **End the interview** – Ensure the child is feeling okay at the end of the interview before they return to their usual activities. This can have a strong impact on their feelings about the interview and their willingness to do others in the future.

See also ‘Appendix 1’ for further guidance on specific questions that can be helpful when interviewing a child suspected of being sexually abused by another child.

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**OUR STANDARD IN PRACTICE**

**Relationship-based practice**

Recognise building relationships takes time and is central to effective practice. Appreciate the potential for change a professional relationship can influence by building trust to explore sensitive areas, acknowledge difficulties, actions to protect and work in partnership with families.

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**WORKING WITH THE NON-OFFENDING PARENT**

According to Fuller (2016) non-offending parents are considered ‘secondary victims of child sexual assault’ at a time when they are often the primary informal support for their child who has been sexually abused. The non-offending parent may be trying to process the shock of what has happened at the same time they are expected to participate in an appraisal or police investigation assessing their capacity to protect and determine if they are aware of or responsible for the abuse.

The non-offending parent’s behaviour is critical, as children who perceived positive parental support following sexual abuse have been found to experience better relationships and psychological functioning and adjustment in adulthood (Fuller 2016).

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**OUR STANDARD IN PRACTICE**

**Child and youth-centred practice**

Ensure that, in accordance with their rights, children are heard and able to express their views and wishes.

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**PRACTICE TIP**

All children are different and so are the ways they may respond when talking about a traumatic event. For some children after they make a disclosure, they may not want to talk a lot about the abuse and instead want to resume some other regular activity. Other children, however, might need to talk for longer about different aspects of their experience. It is important when interviewing any child, you take cues from them and ensure no child feels rushed or pressured.

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**PRACTICE TIP**

It is important to recognise the non-offending parent’s trauma and be aware they may be vulnerable to feelings of guilt and blame. Providing information about sexual abuse and acknowledging this is a time of crisis can positively influence the non-offending parent’s behaviour and therefore positive support for their child. A range of resources about child sexual abuse, plus tips on how to talk with children about staying safe, is available at www.raisingchildren.net.au.

Our practice standard ‘Relationship-based practice’ as described above, is equally relevant when working with the non-offending parent.
SUBSTANTIATION AND CYPS INVOLVEMENT

An allegation of sexual abuse (or sexual exploitation) must be substantiated when through your appraisal you have reason to believe or suspect a child has been, is being or is at significant risk of being, sexual abused. Remember, thresholds for appraisal are different to thresholds for police investigations and it is possible for you to substantiate abuse where the police decide not to investigate or charge a person believed responsible. It is also possible to substantiate that one child has been sexually abused, and therefore any other children living in the same environment are at risk of sexual abuse.

If your assessment does not result in substantiation, it is still possible for CYPS involvement with a family to continue if appropriate, including without a Care and Protection Order. This might be because insufficient information was available to make a decision, or your assessment identified early signs of risk for the child. Involvement could include, but is not limited to:

- case conferencing
- referral to support services
- safety planning (see ‘Safety planning’ page 26)
- family preservation response.

Ongoing involvement can help strengthen parenting capacity and mitigate potential risk factors. Ongoing CYPS involvement is particularly appropriate when there is a history of Child Concern Reports.

More broadly, the following practice standards are relevant to all your assessment work

**OUR STANDARD IN PRACTICE**

**Holistic assessment and planning**

Think holistically about a child’s experience by considering all aspects of their situation and seek to understand them outside of ‘one event’.

Consider, in assessments and ongoing work, the child and family within their context – for example, culture, trauma history, structural disadvantage, familial history and composition.

Examine all information and think through all possibilities about what has occurred and why.

**OUR STANDARD IN PRACTICE**

**Documentation in casework**

Ensure you write with clarity and accuracy in a structure, logical and analytical manner using respectful, non-biased and straightforward language that is sensitive to the child and family.

Clearly articulate the rationale for decisions and actions and the source and status of information.

Ensure all records are completed in a timely manner, recorded on relevant systems and shared where necessary.
SAFETY PLANNING

Safety planning where a child is at risk of sexual abuse, is only appropriate where the perpetrator of the abuse is known, and the non-offending parent accepts the abuse has happened or is of risk of happening.

If the perpetrator is not known, it is not possible for you to properly identify the child’s risk and therefore put actions in place to help manage it. Likewise, if a non-offending parent denies or disbelieves the abuse, it is unlikely they will follow a Safety Plan and therefore the child’s safety could be at risk. It is important to understand though, it is not the responsibility of the non-offending parent to stop the violence, that responsibility lies with the perpetrator.

If you suspect the perpetrator is a parent or carer, a Safety Plan can be used to ensure:

> a protective parent or person is always present for any contact between the child and perpetrator
> the perpetrator leaves the family home for a period of time or indefinitely
> appropriate support services are connected to the family.

Specifically, when developing a Safety Plan where sexual abuse is involved, you are to consider the issues outlined in Table 2.

Table 2: Safety planning considerations and sexual abuse

<table>
<thead>
<tr>
<th>Issue</th>
<th>Areas for consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexually abusive behaviour from one sibling to another</td>
<td>&gt; What is the parent’s response to the act of abuse? Do they acknowledge the seriousness of the situation?</td>
</tr>
<tr>
<td></td>
<td>&gt; Is their reaction contributing to the victim’s distress?</td>
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<td></td>
<td>&gt; What support are they providing to both children?</td>
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<tr>
<td>Sexualised behaviour</td>
<td>&gt; What are the family’s sexual norms?</td>
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<tr>
<td></td>
<td>&gt; Is the child acting out an activity they have witnessed themselves?</td>
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<td></td>
<td>&gt; What boundaries are placed within the family around personal privacy and respect?</td>
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<td></td>
<td>&gt; Have these boundaries evolved with the child’s growing sense of body awareness and growth?</td>
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<td></td>
<td>&gt; Has the parent discussed protective behaviours with the child?</td>
</tr>
<tr>
<td>Understanding of normal sexual development</td>
<td>&gt; What do family members think is ‘normal’ and ‘natural’ behaviour for children at different stages of development?</td>
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<td></td>
<td>&gt; Are these expectations appropriate and consistent with social norms?</td>
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<tr>
<td></td>
<td>&gt; Does the parent have the skills to engage the child in age appropriate discussion about ‘good’ and ‘bad’ touching?</td>
</tr>
<tr>
<td>Parent/s’ sexual experiences</td>
<td>&gt; Has the parent been a victim of sexual abuse themselves?</td>
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<tr>
<td></td>
<td>&gt; Is the parent/s comfortable to discuss sexual behaviours and boundaries with the child or have they avoided discussion?</td>
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<td></td>
<td>&gt; How does the parent perceive the child’s sexuality?</td>
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<td></td>
<td>&gt; What messages is the parent sending the child about their body and privacy in general?</td>
</tr>
<tr>
<td></td>
<td>&gt; What experiences have shaped the parent’s expectations around normal sexual behaviour?</td>
</tr>
<tr>
<td>Issue</td>
<td>Areas for consideration</td>
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<td>--------------------------------------</td>
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</tr>
<tr>
<td>Accommodation and home environment</td>
<td>- Does the child share a room or a bed with anyone in the family?</td>
</tr>
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<td></td>
<td>- Are there other adults living in the home? (outside of the immediate family)</td>
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<td></td>
<td>- What level of supervision is provided to the child in the home?</td>
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<td></td>
<td>- Are the parents affected by drugs, alcohol or other factors that might impact their capacity to pay attention to the safety of their child?</td>
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<td></td>
<td>- Is there sufficient space for family members to respect the privacy of individuals in the home?</td>
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<tr>
<td>Family network and social support</td>
<td>- Who visits the home often?</td>
</tr>
<tr>
<td></td>
<td>- How well known to the parents are these individuals?</td>
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<tr>
<td></td>
<td>- How well supervised is the child when these people are around?</td>
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<tr>
<td></td>
<td>- What are the parents’ expectations of the child’s relationship with these individuals?</td>
</tr>
</tbody>
</table>

**PRACTICE TIP**

As with other forms of abuse, the viability and use of a Safety Plan where sexual abuse is involved is to be discussed and endorsed by your team leader. Refer to the CYPS Safety Planning Guide available from our Knowledge Portal for more information on developing an appropriate Safety Plan to support children and their families.

**OUR STANDARD IN PRACTICE**

**Sharing risk**

Ensure the child, family and other agencies understand the concerns and fundamental issues and the focus on the child’s best interest as the centre of decisions – and what this means.

Balance the principles of family support and preservation with a child safety approach.
PRIVACY AND INFORMATION SHARING

Rarely in your role will you work without some level of engagement or involvement with other external agencies. Collaborating with other agencies is essential to holistically understanding a child’s and their family’s situation and providing them the best supports in response – this will typically involve some form of information sharing. It is important you understand the function of CYPS and the reasons why you collect information prior to making any decision about whether and what information is to be shared with other agencies.

Privacy and information sharing provisions are outlined in the Children and Young People Act 2008 (Chapter 25). These provisions are governed by the principle all information exchanged will be in the ‘best interests’ of a child. This means, whenever you believe providing information to another person or service is in the best interests of a child, it is legally appropriate for you to share this information (except for a narrow set of information called ‘sensitive information’ (s845)).

Further, sections 860 to 862 of the Act allows the Director-General to share and request information about the health, safety or wellbeing of a child with an information sharing entity, including a prenatal information sharing entity. Health, safety and wellbeing information may include both protected and sensitive information.

You must familiarise yourself with your legal obligations regarding information sharing. If you do share information, you must record what information was shared, with who and under what legislative (or consent, see below) provision. This can be as simple as documenting the above information and placing it on the child’s file.

Gathering and sharing information with the informed consent of a parent, guardian, young person or person with parental responsibility reflects best practice and is our preferred method to be adopted in your practice. Having informed consent allows you to share most information – with the exception of sensitive information.

There may, however, be times when it is not possible to seek consent to share information. Examples include when:

> there is a serious and imminent threat to an individual’s life, health, safety or welfare
> there is a serious threat to public health, public safety or public welfare
> there is a suspicion of unlawful activity and the information to be shared is a necessary part of investigating the matter or in reporting concerns to relevant persons or authorities
> a person cannot be contacted, or contacted in a timely fashion
> it might exacerbate risk to a person experiencing violence (including the mother or child)
> a person’s capacity to give informed consent is temporarily diminished (in these circumstances, seek guidance from the Office of the Public Advocate) (DHS Vic Framework, 2012).
PRACTICE TIP

Ensure you understand the provisions under the *Children and Young People Act 2008*, and review the procedures, guides and e-learning courses available from our Knowledge Portal.

Also familiarise yourself with the following legislation regarding the seeking, sharing and storing of personal information:

- *Health Records (Privacy and Access) Act 1997*
- *Information Privacy Act 2014*
- *Commonwealth Privacy Act 1988.*

OUR STANDARD IN PRACTICE

**Collaboration**

Promote high standards of collaboration, information sharing and communication with all those involved with families to ensure a holistic statutory service response that values the knowledge base and perspectives of all.

OUR STANDARD IN PRACTICE

**Child and youth-centred practice**

Ensure decisions and actions are consistent with the principles of the *Children and Young People Act 2008*, recognising the best interests of the child as paramount.
KEY MESSAGES

- There's no simple answer that explains why some parents or adults abuse children – but never is one acceptable.

- Concerns relating to sexual abuse often arise in complex situations, they are rarely standalone concerns that occur in isolation. To be able to assess the concerns we need to look at all the information we hold over time.

- Use our CYPS Risk Assessment Framework, related procedures and your understanding of child development to inform decision-making based on all information held.

- It is very common for children not to disclose sexual abuse or disclose and then retract the disclosure. You must act sensitively and not rely on disclosure alone, but instead undertake a best practice approach to investigation and critical analysis. Your decision-making is to be dependent on the information held and always documented.

- Identifying sexual abuse can be difficult as physical signs of sexual abuse may not be present and most victims never disclose childhood sexual abuse.

- Focus on building rapport with a child to help them feel safe to tell their story – this cannot be rushed.

- Consult and seek advice from SACAT and Health liaison officers and share information when appropriate.

- The focus and thresholds used by police are different to CYPS practice. Your substantiation of sexual abuse does not rely on the police taking action.

- Safety planning should be discussed with your team leader when problematic or sexually abusive behaviour is involved, and when working to reduce the risk of child sexual exploitation.

- Document all decision-making and interactions accurately, using the child’s own words as much as possible.

- Engage in regular supervision and use it as support mechanism.

- Keeping children with non-offending parents is our priority. Consider a family preservation approach and make sure a Safety Plan is in place including how the plan will be monitored.
REFERENCES


The information below contains critical questions developed by FACS (2014) that are particularly helpful to consider when appraising allegations of sexual abuse where the abuse is between a child and another child.

<table>
<thead>
<tr>
<th>The child/young person with SABs</th>
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<tbody>
<tr>
<td>&gt; What abusive behaviours is the young person able to acknowledge – severity frequency, contact sexual abuse, non-contact sexual abuse, whether force used, penetration, patterns of abusing?</td>
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<tr>
<td>&gt; What is the young person’s motivation for the abuse?</td>
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<td>&gt; Are there other forms of bullying present?</td>
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<tr>
<td>&gt; What is the young person’s level of motivation for treatment?</td>
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<td>&gt; Does the young person appear to accept some or all responsibility for the abuse? How is this demonstrated?</td>
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<tr>
<td>&gt; What resources or strengths is the young person demonstrating throughout the course of the assessment process?</td>
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<tr>
<td>&gt; Are there social, personal or family factors that appear to be supporting or enabling the abusive behaviours?</td>
<td></td>
</tr>
<tr>
<td>&gt; Are there social, personal or family factors that appear to support the young person to resist the abusive behaviours?</td>
<td></td>
</tr>
<tr>
<td>&gt; What is the young person’s current general level of functioning – health, mental health, school participation, peer relationships, social isolation, current risk of harm?</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>The parents/carers and family</th>
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<tbody>
<tr>
<td>&gt; What was the family’s reaction to the disclosure?</td>
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<tr>
<td>&gt; What is the family’s understanding of how this behaviour came about?</td>
<td></td>
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<tr>
<td>&gt; What is the family’s ability to protect the victim if this is a sibling? How is this demonstrated?</td>
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<tr>
<td>&gt; With sibling abuse – is there evidence of divided loyalties among the parents? Among children? What does this imply about physical and psychological safety of the harmed child?</td>
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<tr>
<td>More broadly:</td>
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<tr>
<td>&gt; What strengths has the family demonstrated over the course of the intervention so far?</td>
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<tr>
<td>&gt; What resources does the family have access to that would assist in keeping all children safe – extended family, other people, community resources, connections with school or groups?</td>
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<tr>
<td>&gt; Is there a child protection history?</td>
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<tr>
<td>&gt; Is there evidence of a sexualised environment in the home – privacy, nudity, access to porn, incidents of sexual abuse?</td>
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<tr>
<td>&gt; Is there any form of violence in the family? Has there been in the past?</td>
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<tr>
<td>&gt; Are there problematic dynamics between parents? Between siblings? Between all family members?</td>
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<tr>
<td>&gt; To what extent can we identify the privileging of one child over the other?</td>
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<tr>
<td>&gt; How stable or unstable is the family’s functioning – living arrangements, alcohol and other drugs, mental illness, domestic violence, cycling functioning? On the basis of this, can the family effectively engage with all elements of a safety plan and carry out agreed plans in the medium term?</td>
<td></td>
</tr>
</tbody>
</table>
And importantly:
> Where do the parents or carers stand in relation to belief of the victimised child?
> What have the family demonstrated about belief in the facts of the abuse (some researchers say denial of the facts of the abuse is more significant than denial of other areas).
> Is there evidence of minimising the abuse or denying all or parts of the harmed child’s disclosure?
> What has been demonstrated in relation to belief that the abuse was initiated by the abuser? Belief about the dynamics that therefore exist between the children.
> What has been demonstrated about how this belief is conveyed to the victimised child? What is the understanding of the tactics employed by the abusing child and what this was like for the harmed child?
> Do the parents or carers demonstrate no suggestions of blame or responsibility for the abuse towards the harmed child?
> How have the parents or carers demonstrated a commitment to and a belief that the child is entitled to be safe?

Belief in the harmful behaviour is critical in understanding the current safety for the victimised child and whether separation is likely to be needed for a time.

The victimised child

> What sources of support and acknowledgement exist for the child?
> Does the child have an independent point of reference or contact outside the context in which the abuse happened?
> Does the child’s needs or wishes clash with the family’s needs or wishes?
> Are there any evident barriers to the harmed child disclosing more of the abuse?
> Is this likely to be the full story? Assume this is the beginning of the story.
> Is there any suggestion this child may be overtly or subtly silenced by the abusing child, the family or others – and therefore possibly retract the disclosure?