Statement of Witness

Name of Witness	Holly Brennan	
Date of Birth		
Family Planning Queensland PO Box 215 Address and contact details Fortitude Valley Q4006 E: hbrennan@fpq.com.au P: 5479 0755		
Occupation	Manager, Research and Program Development Family Planning Queensland	
Officer taking statement	SOYCITOR	
Date taken	23 /10 /2012	

- I, Holly Brennan, c/o Family Planning Queensland, Education Services, 100 Alfred Street, Fortitude Valley in the State of Queensland, do solemnly and sincerely affirm and declare;
 - 1. I am the Manager of Research and Program Development at Family Planning Queensland and have held this role since 2004. I have worked at Family Planning Queensland since 1996 in several roles including as Disability and Specialist Services Coordinator and Child Protection Education Coordinator.
 - I hold a Bachelor of Education Secondary (Honours) and a Certificate IV 2. Assessment and Workplace Training.
 - Publications include: 3.
- Brennan, H. (2006) Ignorance is not Innocence. Australian Institute of Family Studies: Child Abuse Prevention Newsletter. 14(1), 17 -20.
- Brennan, H. (2008) Settings and Solutions: Supporting access to sexuality and relationships information for children in care. Brisbane: Family Planning Queensland.
- Brennan, H., & Graham, J. (2012). Is this normal? Understanding your child's sexual behaviour. Brisbane: Family Planning Queensland.

Family Planning Queensland. (1998). Sexual Relationships Kit. Brisbane: Family Planning Queensland.

Family Planning Queensland. (1998). Puberty- Healthy/Unhealthy Kit. Brisbane: Family Planning Queensland. Family Planning Queensland. (1999). About periods. Brisbane: Family Planning Queensland.

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Family Planning Queensland. (1999). About periods - for parents and carers of girls and women with a learning difficulty or disability. Brisbane: Family Planning Queensland.

Family Planning Queensland. (2001). Every Body Needs to Know - A sexual and reproductive health education resource for teaching people with a disability. Brisbane: Family Planning Queensland.

Family Planning Queensland. (2001). I have a right to be safe. Brisbane: Family Planning Queensland.

Family Planning Queensland. (2002). Safe Relationships, Safer Sex. Brisbane: Family Planning Queensland.

Family Planning Queensland. (2002). Feel Safe: An educational CD Rom promoting self protection for young people with a learning difficulty. Brisbane: Family Planning Queensland.

Family Planning Queensland. (2004). I Can: Promoting Self Protection . Brisbane: Family Planning Queensland.

Family Planning Queensland. (2006). Sexual Behaviours in Children and Adolescents: A guide to identify, assess and respond to sexual behaviours which cause concern. Brisbane: Family Planning Queensland.

Family Planning Queensland. (2012). Safe is... Brisbane: Family Planning Queensland.

Family Planning Queensland. (2012). Sexual behaviours in children and young people: A guide to Identify, Understand and Respond to sexual behaviours. Brisbane: Family Planning Queensland.

Rowley, T. (2007) Everyone's Got a Bottom. Brisbane: Family Planning Queensland. (H Brennan- Project Coordinator and author of Parent/carer notes).

Seifert, D., & Neild, J. (2000). Untangling the Web: a resource for people with mental illness who are survivors of sexual abuse. Brisbane, Qld: Queensland Health (H. Brennan contributor)

- I have presented numerous papers and workshops at conferences and forums 4. in Queensland, Nationally and Internationally on issues relating to Sexual Health, Sexuality and Relationships Education and Child Protection.
- 5. I have developed and delivered numerous Nationally Recognised Training Programs and non accredited training programs relating to Sexual Health, Sexuality and Relationships Education, Child Protection, Disability, Sexual Behaviours and Prevention of Sexual Abuse.
- I have received the following recognition and awards for the work I have 6. undertaken in Sexual Health, Sexuality and Relationships Education and Child Protection:

2012 Medal of the Order of Australia

2010 SH&FPA President's Award

2007 Child Protection Week Award - Education Initiative

2003 Education Queensland Showcase Awards for Excellence

2003 Disability Action Week Award

2002 Child Protection Week - Curriculum in Schools Award.

Role

As the Manager of Research and Program Development I coordinate Family 7. Planning Queensland's statewide approaches in Schools, Disability, Parenting, Early Childhood, Child Protection and Sexual Behaviours.

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8. Specific Projects I have coordinated relating to the Child Protection sector include:

We've got what it takes: Sunshine Coast Pilot Program (2007/2008); Sexual Health Matters Statewide Project (2009/2010).

- 9. Specific publications for the Queensland Child Protection sector include:
 - a) Literature Review: Settings and Solutions: Supporting access to sexuality and relationships information for children in care (2008);
 - b) Advanced Training Modules for foster and kinships carers (2010):
 - 1. Self Protection: Children
 - 2. Self Protection: Adolescents
 - 3. Self Protection: Disability
 - 4, Self Protection: Aboriginal and Torres Strait Islander children and young people (nb: not published)
 - 5. Preparing for Puberty
 - 6. Identifying and Responding to Sexual Behaviours
 - 7. Sexuality and Autism Spectrum Disorder;
 - c) Brochures for foster and kinship carers (2010):
 - 1.Communicating about sexuality and relationships with children and young people
 - 2. Puberty
 - 3. Sexual behaviours in children and young people.
- Specific training developed for the Child Protection workforce include:
 Statewide Introductory Training on sexuality issues for children and young people in care;

We've got what it takes Training;

Key Mentor Training;

Understanding sexual behaviours in children and adolescents (Traffic Lights framework part 1);

Understanding and responding to problem sexual behaviours in children and adolescents (Traffic Lights framework part 2).

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Key issues and current challenges

- 11. Children and young people in care are first and foremost children and young people. There is clear evidence supporting the need for access to sexual health services, comprehensive sexuality and relationships education and clear communication to meet the sexuality needs of all children and young people.
- 12. Sexuality is integral to a person's identity and develops throughout life.
- 13. It is natural for children and young people to express their sexuality through behaviour. Healthy sexual behaviour may be expressed in a variety of ways through play and relationships and relates to the stage of development. Sexual behaviours are not just about sex. They include any talk, touch, questions, conversations and interests which relate to sexuality and relationships.
- 14. There is extensive evidence to indicate that children and young people in care, due to the very nature of the reason that they are in care and their experience of care, have additional needs and require support to have these needs met.
- 15. Children and young people in care are consistently represented throughout the literature as at risk with regards to their sexual health and well being. Compared to other children and young people, children in care have:

higher rates of earlier onset of sexual activity;

higher rates of Sexually Transmitted Infections;

higher rates of younger age pregnancy and parenting;

higher rates of sexual abuse including experience of sexual exploitation through sex work; and

higher rates of problem sexual behaviours.

- 16. The literature consistently demonstrates that educating children and young people can reduce rates and improve sexual health and well being.
- 17. Children and young people in care with additional sexual health and sexuality and relationships education needs include: children and young people with a disability;

children and young people with a disability,

children and young people from Aboriginal and Torres Strait Islander

background;

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children and young people who identify as gay, lesbian, bisexual, transgender and intersex;

children and young people from culturally and linguistically diverse backgrounds; children and young people with problem sexual behaviours; children and young people who have experienced sexual abuse; and children and young people with mental health issues.

- 18. There is a substantial evidence base that underpins the implementation of effective strategies to meet the sexuality and relationships education and information needs of children and young people in care.
- 19. An effective response in Queensland requires an ongoing commitment to the resourcing, development and implementation of policy and guidelines, training and supervision, and education programs for young people and their carers.

In response to the Inquiry Terms of Reference Family Planning Queensland is responding to (3) (c) Reviewing the effectiveness of Queensland's current child protection system

- Whether the current use of available resources across the child protection system is adequate and whether resources could be used more effectively;
- ii) The current Queensland Government response to children and families in the child protection system including the appropriateness of the level of, and support for, front line staffing

Children and young people in care

- 20. Access to sexuality and relationships education for children and young people in care is extremely limited.
- 21. In 2011/12 Family Planning Queensland worked with the Create Foundation in the 'Out of the box' project. The young people with a care experience in this project clearly articulated a need for access to sexuality and relationships education, sexual health services and clear, non judgemental, evidence based communication with the key adults in their lives.
- 22. There is the need for a comprehensive approach to meeting the sexuality requirements of children and young people in care. A comprehensive approach needs to be based in current research and practice evidence and involve key stakeholders.

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- 23. Programs are more effective when given before young people are sexually active, when they emphasise social norms and skill development and are not punitive.
- 24. Comprehensive sexuality education does not encourage increased or earlier sexual activity. On the contrary, the research clearly indicates that programs have been shown to delay intercourse and increase the adoption of safer sexual practices in sexually active young people.
- 25. Research shows that there is community acceptance of the need for sexuality and relationships education with young people.
- Whether delivered through the education or child protection sector the curricula 26. needs to address the specific needs of children and young people in care. There are many sexuality and relationship education programs for mainstream children and young people that are able to be adapted for children with a care experience.
- 27. Children and young people in care also have poor access to sexual health services.
- 28. Each child or young person in care is required to have a current Child Health Passport and health plan. The inclusion of access to sexual health checks and information on sexual development milestones in these procedures would clearly assist.
- The policy within the Child Safety Practice Manual regarding access to sexual 29. health for young people in care is open to inconsistent interpretations. The decision making guidelines for assisting young people in care access sexual health services including access to contraception methods and termination of pregnancy contains ambiguities.
- 30. Carers, child protection staff and clinicians have limited awareness and limited understanding of the policy and the process required to gain consent to procedures.

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Foster and kinships carers

- 31. Foster and kinship carers are often given the responsibility of meeting all of the needs of children and young people in care.
- 32. Parents are generally seen as the primary sexuality educators of their children and foster and kinship carers have the perceived role as a substitute parent with the same expectations.
- 33. Foster and kinship carers report difficulties communicating with the children and young people in their care about issues regarding sexuality and relationships including not talking about puberty, personal safety, sexual development, sexual relationships, safe sex, contraception, fertility, pregnancy and sexual health checks.
- 34. Foster and kinship carers cite many reasons for not communicating with children and young people in their care about sexuality and relationship issues including reasons that would indicate a greater need for communication with the children and young people in their care.
- 35. Reasons given by carers for not communicating include that they believe that, due to sexual abuse, or problem sexual behaviours, or early onset of sexual activity, the young people are already aware and do not require information and support.
- 36. Carers also state that they believe it is not their responsibility to provide sexuality and relationships information to children and young people in their care.
- 37. The Foster and Kinship Carer Handbook, Department of Communities, Child Safety and Disability Services (revised edition 2012, pp.45-47) highlights the role of foster and kinship carers in communicating about sexuality with children and young people in their care.
- 38. Foster and kinship carers often do not feel able to identify what constitutes normal sexual development of children and young people.

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- 39. Children and young people who have been abused or have experienced other disruptions to their development or socialisation are at increased risk of exposure to, or developing, unsafe or harmful sexual behaviours.
- 40. Knowing how to identify and respond to sexual behaviours in children and young people helps adults support the development of healthy sexuality and protect young people from harm and abuse.
- 41. In 2010 the Department of Child Safety funded the development of seven Advanced Training Modules for foster and kinship carers to build confidence and skills in communicating with the children and young people in their care about a variety of sexual health issues. To the best of my knowledge only one of these seven Modules has been run by services to assist foster and kinship carers.
- 42. Foster and kinship carers require ongoing resourcing, training and ongoing support to assist them to meet the sexual development, sexuality and sexual health needs of the children and young people in their care.

Child Protection professionals

- 43. Professionals in the Child Safety sector are given the responsibility for providing a coordinated and comprehensive approach to meeting the needs of all children and young people in care.
- 44. Sexuality needs are a component of the health and well being needs of children and young people in care.
- 45. A comprehensive approach to recognising and responding to the sexuality, relationships and sexual health requirements of children and young people in care needs to take into account the variety of adults tasked with supporting children in care, including but not limited to those from education, child safety. community and health sectors.
- 46. A comprehensive approach to recognising and responding to the sexuality. relationships and sexual health requirements of children and young people in care would include clear guidelines and procedures, clear evidenced based policies and practice frameworks, ongoing training and support, and access to current data and research.

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- 47. Professionals, carers and children and young people indicate that they do not know who is responsible for helping meet the sexuality needs of children in care. Child protection professionals require role clarification as well as assistance in communicating with foster and kinship carers regarding carer responsibilities.
- 48. Following the 2007 'We've got what it takes' training pilot on the Sunshine Coast (addressing the sexuality and relationship needs of children and young people in care) the professionals and carers who participated reported an increase in confidence, increase in perceived skills, decrease in perceived need for support and an increase in recognition of the available network to support them. The participants recommended that support for Child Protection Professionals should include Face to face training, Kits and Factsheets.
- 49. All involved in the care and protection of children and young people require a framework to identify, understand and respond to sexual behaviours.
- 50. A clear shortfall within the current system is the absence of uniform uptake of evidence based decision making frameworks regarding sexuality.
- 51. For resources to be mobilised effectively, clear differentiation between behaviours which are developmentally normal and those that are of concern or harmful is required.
- 52. A key program developed by Family Planning Queensland is the Traffic Lights framework (FPQ 2006, 2007, 2012) which provides a conceptual approach for understanding and responding to sexual behaviours in children and young people (see Appendix 1). The framework has been recognised in the National Training Modules (WA: Department of Child Protection).
- 53. The Traffic Lights framework recognises that a person's developing sexuality is influenced by many factors including social, emotional, cognitive, physical, cultural, developmental and familial factors.
- 54. The Traffic Lights program is aimed at adults working or living with children and young people and provides a tool for considering the questions that arise when interpreting sexual behaviours.

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- 55. Knowing how to identify and respond to sexual behaviours can support healthy sexual development and protect young people from harm, abuse and disease.
- 56. Understanding the elements used to differentiate between normal (acceptable, age appropriate), risky (concerning) and problem (harmful) sexual behaviours is an essential requirement underpinning adults ability and confidence to respond.
- 57. At present in Queensland there is inconsistent uptake of the FPQ Traffic Lights framework.
- 58. Policies across those sectors tasked with identifying, understanding and responding to the sexuality needs of children and young people in care need to be consistent.
- 59. The policies for reporting sexual activity between young people differ between departments in Queensland. Staff indicate that this can lead to confusion and challenges in complying with reporting procedures.
- 60. Staff from the education sector report that having to report by age, takes attention away from cases of coercion or exploitation. This can make it difficult for staff to assess actual risks of harm for children and young people in their care.
- 61. Professionals that work with children and young people tell us that they have a clear frustration with what they see as a lack of response to reports of suspected harm they have made regarding children and young people in their care.
- 62. Many professionals report disillusionment with the reporting system. Whilst they recognise that the reports they make about children and young people sometimes do not meet the threshold of reporting for the Child Safety authorities they also note that those children and young people are at risk and have what they perceive as little access to services or support.

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Conclusion

- 63. Children and young people in care have the right to sexual and reproductive health.
- 64. Young people in care have a right to dedicated leadership, collaboration and commitment to address their sexuality and relationship needs.
- 65. The Queensland child protection system does not currently meet the sexuality and reproductive health needs of children and young people in care.
- 66. The literature reveals common strategies for overcoming the resistance to addressing the sexuality needs of young people in care.
- 67. Common solutions include:

 policy and guideline development
 ongoing training for staff and carers
 ongoing supervision and support
 the development of resources and curricula; and
 access to current data and research.
- 68. All key stake holders need to contribute to the processes and programs that are undertaken.

Declaration
This written statement by me dated $\frac{23/10}{12}$ and contained in the pages numbered 1 to $\frac{12}{12}$ is true and correct to the best of my knowledge and belief.
Signed at Marco dysologie this 23 day of October 20 12 Witnessed:
R. WW Signature Name BROOKE MICHELE MUMAHON Rank SCLICITOR Reg. No. WIL.
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Appendix 1

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3. RESPOND

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reformal to other services	Sexuality and relationships education encourages open and clear communication to provide a foundation for the	development of healthy sexual behaviours and attitudes.
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Reject herm or shaap - If you are oware of or reasonably suspect, a child has been of is being executely subscript of its right of resum shape, or is a first of sexually abusely delivers, you should restrict full profession services of the police.

Most sexual behaviours are normal and healthy and will be in the queen category. Creen light behaviours present apportunities to communicate with children and young neopie about healthy sexuality.

Orange or red light behaviour, are less common. They fidicate the eneed to pay afteritor, movilior, upperfixe, provide sensuality and personal starty education and may also require therapy, protection from hor a legal response, all gover, acres or common or a legal response, all gover, acres of light behaviours require some form of action and support.

How serious is the behaviour? When sexual behaviour raises concern or involves harm to others, the behaviour is serious.

3. Gayle, aged I2, other tries to sit on the lap of her mun'ts make frends. When she does, she will take about their badies and say that it is OK for them to kish her. Sometimes she likes to dance for them and says she it being a pop star.

2. Teskal, aged 13, spents a lot of time alone in his bedroom with the door shill. When his mun brocks on the door he bils har to go away, Lately he is putting his sheet; and plyimnas his the washing basket to be washed every moniting.

f the answer to any of the following is yes, adults have a duty of care to take action.

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- Is against the low
 Is against organisational policy
 - H to of concern to others
- provides a potential risk to the child
 - provides a potential risk to others
- interferes with the child's relationships
- Sexual behaviour and the law There are many different laws relating to expects of sexuality and sexual behaviour. ls life threatening
- Sexual activity must be voluntary and mutually agreed by
 - those involved.

Child Safety Services (Old): 1900 177 135 www.communities.qid.gov.eu/childsefety/protecting-children Contact Child Protection or Police Services in your state or territory if a child or adult requires protection from harm.

www.relationships.org.eu www.1800respect.org.au

Relationships Australia: 1300 364 277 1800Respect Online; 1800 737 732

www.parentline.com.au www.lifeline.org.eu

Talking about concerns helps prevent harm or abuse.

WHERE TO GET HELP

- The age of consent to sexual intercourse varies from 16 to 17 depending on where you live.
- A porson must be able to consent to sexual activity.
 Age, intellectual and psychological ability to understand and give full permission is taken into account. This includes being intoxicated by drugs or alcohol.
- incent or sexual activity between close family members is against the law. Close family members could include defacts step, toster and biological relatives.
- Yaking, sharing, sating, storing or posting sexual images of a person under the age of 10 is against the law.
- Children from 10 years old can be charged for sexuality abusing others. Their ability to understand their actions is taken into account when working out it they can be liable.
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for more information about other traffic lights resources and training, contact us at Phone: 07 3250 0240 WWW.fpq.com.au G Queensland

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FDG Children healthy and safe

CHILDREN & YOUNG PEOPLE SEXUAL BEHAVIOURS IN

Use the traffic lights framework to identify these scenarios WHAT DO YOU THINK? green, orange or was

Harry, aged Q, masturbates for most of the day at school, When masturbating he will often expose his penis to the rest of the class.

5. Martey and Ashmilla, both aged 4, are playing in the cubby house and have both taken their underpants off, They are looking at and touching each other's genitals. Harper, aged 7, tells her teacher that she has seen Lucas, aged 13, touching her best friend Cindi's vagina.

A guide to IDENTIFY, UNDERSTAND and RESPOND to sexual behaviours

Knowing how to identify and respond to sexual behaviours in children and young people helps adults to support the development of healthy sexuality and protect young people from harm or abuse.

7. Tilly, aged 16, is overheard felling hor class friends about having intercourse and oral sax with her boythend, He is a 17 year old of the same school. She fells them that she enjoys it.

Suggested enswers: 1 a red 2 = green 3 = orange 4 = orange 5 = green 5 = red 7 = green

What is the behaviour? green, orange or Sexual development is influenced by many factors.

1. IDENTIFY

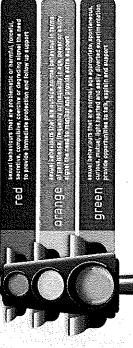
Senuality is integral to a person's identity and devalops. throughout life, it is natural for children and young people to sopress their sexuality through their behaviour. Healthy sexual behaviour may be expressed to a certify of ways through play and relationships and relotes to the stage of development.

When children or young people display sexual behaviour which increases harm to another, adults have a responsibility to take action to provide support Sexuel behaviours are not just about sex. They include any talk, touch, questions, conversations and interests which relate to sexuality and relationships.

Children and young people who have a disability, have been cleared or these separations of burd subjections to sind overlightents or the climitation, may be at increased into of exposure to, or of constroint, and any people, quaside a membra security who care for these yeaving people and behaviour, Adults who care for these yeaving people have a duty of care to provide relevant information and support. and protection.

The environment is which children give, develop and interest and abstraction and interest and abstraction, where using the traffic lights for convent to a behaviour, where using the traffic lights for convent to the behaviour, where using abstract or children or require pages in the convention of referrent and arterior, it is necessary to convider the current social, cultural and familial contest. The chart on the next page lists specific examples of given, ordered and deliberations are dividual appropriate seamples only address the relativistic specification of the chart shall be considered in control. Take since ordered the next and safity level of the child, young person and states involved as well as the location, frequency and sabite of the binavious.

Use the trains lights framework to identity the stratestratistics of the behaviour and the easy it occurs and then follow steps 2 and 2 to understand and respond, All green, orange and red Pabrillouser require some level of information, support and potentive requires are the properties.



Children healthy and safe

2. UNDERSTAND

What he beneviorit selling your benefit of could not be beneviority that not that needs and watch brough their behaviour. Understanding the reason behind a collet, sexual densioned with their sexual collection or young propise do not have the beneviors the supplies appendence or ability to sexue help, adults must look carefully at the behaviour to interpret it.

When sexual behaviours are identified as concerning or harmful, it is resential to think about why the child of young person is exhibiting the behaviour. Reviewing the physholid who the way it happers will kelp you understand behaviour and the way it happers will kelp you understand what is qeling on for the child and indicate what is needed.

Oil. What are the Issuez or concerns regarding the child or young person and their behaviour?

confusion about sexuality, relationships and sexual activities Q2. What might these conderns indicate? lack of accurate sexuality information Iack of rules and consequences conflict in relationships boredom or loneliness fach of social skills sexual excitement medical needs auriosky

overexposure to explicit sexual activity and materials lack of information about the risks of the behaviour experience of physical, emotional or sexual abuse [] lack of adult supervision and support

anxlety about adult or family relationships Isack of consistency across environments

Expressing zexuality through sexual behaviour is natural, heality and a tastic storet of being human. Sexual behaviour which hashes, children or young people vulnecable or causes harm to another requires, adult Intervention to provide support and prosection. Understanding the child or young person and the issues that may be contributing to the behaviour guides the planning of effective responses.

All children and young people have the right to be sale

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• masturbation in preference to other activities, in public and/or causing self injury persistent explicit salk, art or play which is sexually intimidating accessing age restricted materials e.g. movies, games, internet with sexually explicit content persistent expression of fear of sexually transmitted infection or pregnancy

 angaging in sexual activities with an unknown peer e.g. deep listing, mutual masturgation or oral sex and/or intercourse with a known partner of similar age and developmental ability. • marked changes to behaviour e.g. older or adult filting behaviours, seeking relationships with older children or adults in preference to peers 10 to 13 years

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- masturbation in preference to other activities, in public, with others and/or causing self injury explicit tails, art or play of sexual nature persistent questions about sexuality despite being answered

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 e.g. tollets, bathrooms to look at them or touch them.

- explicit sexual talk, art or play

persistently miniching sexual flirting behaviour too advanced for age, with other chidren or adults to unking genitals/private parts of animals after redirection. use of mobile phone and internet with known and unknown people which may include giving out identifying details

attempting to touch or fourbhing adults on the breasts, bottom, or centrals in ways that are persistent and/or invasive
 touching the genitals/privite parts of enimals after redirection

 touching the genilals/private parts of other children in preference to other activities pulling other children's pants down or skirts up against their will

using mobile phones and internet with unknown people which may include giving out identifying details

The speaked appropriate to prince to the place with peers of, flisching to the control of the co explicit communications, art or actions which are obscene or sexually intimidating repeated exposure of private parts in a public place with peers e.g. flashing - Sexual preoccupation which interferes with deliy function Infentional spying on others while they are engaged in sexual activity or nuclty

* arranging a meeting with an online acquaintance accompanied by a peer or known adult
 * using mobile phones and internet to send or receive sexual images of another person with their consent.

· masturbation in private

These behaviours signal the need

O to 4 years

The second state of the se

2 fo 9 years

comfort in being oude

* body two-times and holding own genitate

* unself-consistors mackingsitors

* unself-consistors mackingsitors

* where it is hopy parts and colorations

* wasting to rough smaller children's ventable
during play; toller or best illness is worked

specification in make believe agences involving

reading play; playing the pooling of proving its pooling or and in your send if it have your owner. A playing stanly your play.

etesy A of O

* telling stories or asking questions, using sweer words, 'tollet' words or names for private parts * use of mobile phones and internet in relationships with known peers

aking about or wanting to touch the breasts, bottoms or gentals of familiar adults a.g. when in the bath

 ** accessing information shout securality
 ** variety matricials for secural course e.g. music
 ** variety matricials for secural course e.g. music
 ** variety and for mutual conversations and/or
 ** use of humous each operations in the party
 ** variety and/or participation in a tow on one
 ** interest and/or participation in a tow on one
 ** interest and/or participation in a tow on one
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 ** or of or of the same or of the same or
 ** or of or of the same or of the same or
 ** or of or of the same or o - sexual activity with a partner of similar age and bevelopmental ability (ability to consent must be considered) use of mobile phones and internet in relationships with peers

> Age Appropriate Sexual Ploy and Behaviour in Children. Canberra Australian Capital Territory Covernment Community Care. 5-11. Traffic lights adapted from the Child at Risk Assessment Unit. (2000),