

Statement of Witness

<i>Name of Witness</i>	Holly Brennan
<i>Date of Birth</i>	
<i>Address and contact details</i>	Family Planning Queensland PO Box 215 Fortitude Valley Q4006 E: hbrennan@fpq.com.au P: 5479 0755
<i>Occupation</i>	Manager, Research and Program Development Family Planning Queensland
<i>Officer taking statement</i>	SOUCITOR
<i>Date taken</i>	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.
2. I hold a Bachelor of Education – Secondary (Honours) and a Certificate IV Assessment and Workplace Training.
3. Publications include:

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.

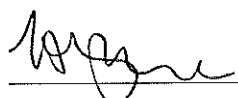
Brennan, H., & Graham, J. (2012). *Is this normal? Understanding your child's sexual behaviour*. Brisbane: Family Planning Queensland.

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

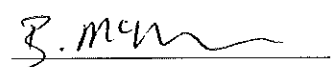
Family Planning Queensland. (1998). *Puberty- Healthy/Unhealthy Kit*. Brisbane: Family Planning Queensland.

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).

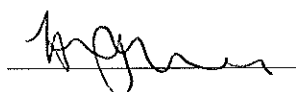
Seifert, D., & Neild, J. (2000). *Untangling the Web: a resource for people with mental illness who are survivors of sexual abuse*. Brisbane, Qld: Queensland Health (H. Brennan contributor)

4. I have presented numerous papers and workshops at conferences and forums 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.
6. I have received the following recognition and awards for the work I have 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.

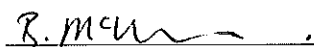
Role

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

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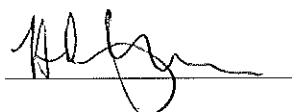


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8. Specific Projects I have coordinated relating to the Child Protection sector include:
We've got what it takes: Sunshine Coast Pilot Program (2007/2008);
Sexual Health Matters Statewide Project (2009/2010).
9. Specific publications for the Queensland 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.*
10. 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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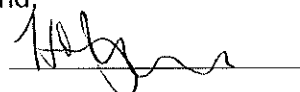
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Key issues and current challenges

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 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

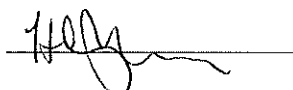
(3) (c) *Reviewing the effectiveness of Queensland's current child protection system*

- i) *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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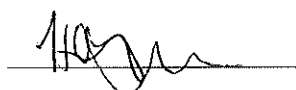


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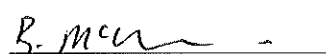


23. Programs are more effective when given before young people are sexually active, when they emphasise social norms and skill development and are not punitive.
24. Comprehensive sexuality education does not encourage increased or earlier sexual activity. On the contrary, the research clearly indicates 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.
26. Whether delivered through the education or child protection sector the curricula 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.
29. The policy within the Child Safety Practice Manual regarding access to sexual 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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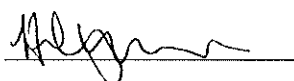
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Foster and kinships carers

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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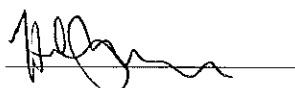


39. Children and young people who have been abused or have experienced other disruptions to their development or socialisation are at increased risk of exposure to, or developing, unsafe or harmful sexual behaviours.
40. Knowing how to identify and respond to sexual behaviours in children and young people 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.

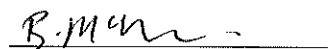
Child Protection professionals

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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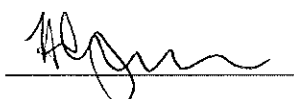


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47. Professionals, carers and children and young people indicate that they do not know who is responsible for helping meet the sexuality needs of children in care. Child protection professionals require role clarification as well as assistance in communicating 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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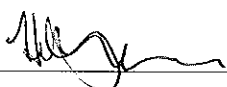


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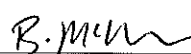


55. Knowing how to identify and respond to sexual behaviours can support healthy sexual development and protect young people from harm, abuse and disease.
56. Understanding the elements used to differentiate between normal (acceptable, age appropriate), risky (concerning) and problem (harmful) sexual 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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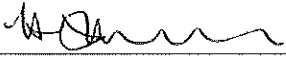


Conclusion

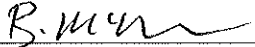
63. Children and young people in care have the right to sexual and reproductive health.
64. Young people in care have a right to dedicated leadership, collaboration and commitment to address their sexuality and relationship needs.
65. The Queensland child protection system does not currently meet the 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 23/10/12 and contained in the pages numbered 1 to 12 is true and correct to the best of my knowledge and belief.

 Signature
Signed at Murdoch this 23 day of October 20 12

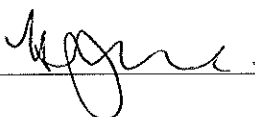
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Appendix 1

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What the behaviour is telling you
Children show their needs and wants through their behaviours. Understanding the reason behind a child's sexual behaviour is important. When children or young people do not have the language, experience or ability to seek help, adults must look carefully at the behaviour to interpret it.

When sexual behaviours are identified as concerning or harmful, it is essential to think about why the child or young person is exhibiting the behaviour. Reviewing the behaviour and the way it happens will help you understand what is going on for the child and indicate what is needed.

Q1. What are the issues or concerns regarding the child or young person and their behaviour?

- lack of adequate sexual information
- boredom or loneliness
- curiosity
- sexual excitement
- lack of social skills
- medical needs
- conflict in relationships
- confusion about sexuality relationships and sexual activities,
- lack of rules and consequences
- lack of information about the risks of the behaviour
- overpressure to explicit sexual activity and materials
- lack of adult supervision and support

☐ experience of physical, emotional or sexual abuse or neglect

☐ lack of consistency across environments

☐ anxiety about adult or family relationships

Understanding the child or young person and the issues that may be contributing to the behaviour guides the development of effective responses.

Addressing sexuality through sexual behaviour is a personal, healthy and a basic aspect of being human. Sexual behaviour which makes children or young people vulnerable or causes harm to others requires adult intervention to provide support and protection.

All children and young people have the right to be safe.

- expressive, compulsive, coercive, forceful, degrading or threatening
- secretive, manipulative or involve bribery or trickery
- not appropriate for the age and stage of development
- between children with a significant difference in developmental

ability of power
transmission lines to transfer the
power to and from substations
and other facilities. The ability
of power lines to transfer power
is determined by the

Sexual behaviours which cause concern because of their potential for causing physical or psychological harm to the individual or others. These behaviours signal the need to monitor and provide extra support.

This micrograph shows two adjacent plant cells. The cell walls are clearly visible as thick, dark lines. The plasma membranes are visible as thin, lighter lines just inside the cell walls. The cells are filled with a granular cytoplasm.

Sexual behaviours which are part of normal and healthy development and are spontaneous, consensual and diverse, do not signal any difference in the sexual orientation or development of the individual.

A healthy, fully formed, monogamous relationship is the most healthy way to express sexual desire and to obtain sexual satisfaction. However, a healthy man or woman can also have a healthy sexual relationship with another person, or persons, outside the monogamous relationship.

These behaviours provide opportunities to talk, explore and support.

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