QCPCI

Exhibit	number:	112.
PVINIE	110111117011	

Statement of Witness

Name of Witness	Holly Brennan	
Date of Birth		
Address and contact details	Family Planning Queensland PO Box 215 Fortitude Valley Q4006 E: hbrennan@fpq.com.au P: 5479 0755	
Occupation	Manager, Research and Program Development Family Planning Queensland	
Officer taking statement	SOUCITOR	
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.
 - 2. I hold a Bachelor of Education - Secondary (Honours) and a Certificate IV 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.
- I have developed and delivered numerous Nationally Recognised Training 5. 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

- Children and young people in care are first and foremost children and young 11. 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.
- It is natural for children and young people to express their sexuality through 13. 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.
- Children and young people in care with additional sexual health and sexuality 17. 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

- 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.
- 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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Foster and kinships carers

- Foster and kinship carers are often given the responsibility of meeting all of the 31. needs of children and young people in care.
- Parents are generally seen as the primary sexuality educators of their children 32. and foster and kinship carers have the perceived role as a substitute parent with the same expectations.
- Foster and kinship carers report difficulties communicating with the children and 33. 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.
- Foster and kinship carers cite many reasons for not communicating with 34. 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.
- Reasons given by carers for not communicating include that they believe that, 35. 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.
- Carers also state that they believe it is not their responsibility to provide 36. sexuality and relationships information to children and young people in their care.
- The Foster and Kinship Carer Handbook, Department of Communities, Child 37. 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.
- Foster and kinship carers often do not feel able to identify what constitutes 38. 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.

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 Macoundary this 23 day of October 20/12 Witnessed: Signature Signature Signature Signature Signature Name Brooke Michiele Mundrick Rank Schictor Reg. No. Mil.

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Declaration

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Appendix 1

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3, RESPOND

What you can do to address the child's needs ability that a function. When adult womerstand why the behaviour may be accurring, they can respond by helphot to meet the needs of the child or young person in effective ways. Bohanfour usuality reliketta a range of needs. Many strategias may be required to respond to children with conserring or harmful beneviours. It is also important to seaffers the needs of the people who have an impact on the lives of children or young people e.g. lamlify caters, inactivers and support workers.

give accurate facts and information about sexuality Strategies for meeting the need could include:

leach social skills

support healthy friendships and relationships

teach about privacy and make home and other environments private and safe make clear rules and reinforce them with praise

have consistency between homes, family, school, community

or consequences

monitor behaviour and review support strategies supervise during times of risk

🔲 limit time spent with people wha buily ar who also show concerning sexual behaviours and explain why

🔲 restrict access to previous victims or vuinerable others

Check for infections or injuries, and get medical attention Pernove from situations where risk of harm, exploifation abuse of neglect is suspected

provide information and support to family, carers and staff l noeded

Sexuality and relationships education encludaçes open and fees communication to provide a foundation for the development of healthy sexual behaviours and attitudes. Topics for education may include: get family counselling or therapy Telerral to other services

 reproductive health - body parts

 sexual abuse issues
 sexual health checks · contraception pertonal safety
 pubecty being private

 Sexual functioning
 soft extern and leetings decision making Report team or alwase 14 you are alwase of or neaconally suspect, a child has been or it being constally based or it is if a click of sosually based or it is a constally based others, you should consect this protection services or the position.

Most sexual behaviours are normal and healthy and will be in the green category. Green light behaviours present opportunities to communicate with children and young people about healthy sexuality.

Orange or rod light behaviours are less common. They indicate the need to pay attention, monitor, supervise, provide sexuality

and personal safety education and may also require therapy, protection from harm or a legal response. All green, orange and red alght behaviours require some form of action and support,

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

If the answor to any of the following is yes, adults have a duky of care to take action.

ls against the law The behaviour

ls against organisational policy

provides a potential risk to the child is of concern to others

grovides a potential risk to others
 interferes with the child's relationships

ls life threatening

Sexual behaviour and the law There are many different laws relating to aspects of sexuality and sexual behaviour.

Sexual activity must be voluntary and mutually agreed by those involved.

The age of consent to sexual intercourse varies from 16 to 17 depending on where you live.

Age, intellectual and psychological ability to understand and give full permission is taken into account. This includes being intoxicated by drugs or alcohol. A person must be able to consent to sexual activity.

Incest or sexual activity between close family members is against the law, Glose family members could include detacts step, foster and biological relatives.

Taking, sharing, setting, storing or posting sexual images of a person under the age of 18 is against the law,

Children from 10 years old can be charged for sexually abusing others. Their ability to understand their actions i taken into account when working out if they can be liable.

WHAT DO YOU THINK? green, orange or দায়া

Use the traffic lights framework to identify these scenarios

 Harry, eged 8, masturbates for most of the day at school.
 When masturbaling he will often expose his penit to the rest of the class.

Teekal, aged 13, spends a lot of time alone in his bedroom with the door shut. When his mun knocks on the ager he his ther to go away, Lafely he is putting his sheets and pylamas shot the washing basket to be washed every morning.

Gayle, aged 12, other tries to sit on the lap of her mum's male freder, when she does, stew will talk about their bodies and say that it is OK for them to kiss her Sometimes are likes to dance for them and says size it being apps star.

4. Alex, aged IS, spends lots of time chatting to thereds on the futured. Recently, Abox made an ere friend, "say Boy, online. The more they chall, the more Alaxi lenels attracted to "Say Boy' and Italians about making a lime to meet thin in person. Alex talks to a triend about?

5. Matley and Ashmita, 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.

6. Herper, aged 7, tetts her teacher that she has seen Lucas, aged 13, touching her best friend Cinci's vagina.

7. Tilly, aged 16, is overheard helling her close friends about heving intercourse and oral sex with her bayfriend. He is a 17 year old at the same school, She tells them that she enjoys it.

Suggested abswert: 1 = red 2 = green 3 = orange 4 = orange 5 = green 6 = red 7 = green

WHERE TO GET HELP

www.parentline.com.au Talking about concerns helps prevent harm or abuse. Parantilna: 1300 30 1300

www.relationships.org.eu www.lifeline.org.au Relationships Australia: 1300 364 277

Child Safety Services (Old): 1800 177 135 www.communities.qld.gov.eu/childsafety/protecting-children www.180Orespect,org.au 1800Respect Online: 1800 737 732

Contact Child Protection or Police Services in your state or territory if a child or adult requires protection from harm.

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For more information about other traffic lights resources and training, contact us at; Phone: 07 3250 0240 www.fpg.com.au

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CHILDREN & YOUNG PEOPLE SEXUAL BEHAVIOURS IN

A guide to IDENTIFY, UNDERSTAND and RESPOND to sexual behaviours

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

Sexuality is integral to a person's identity and develops throughout life. It is natural for children and young people to especially avoid integral through the feature integral principly sexual behaviour may be supressed in a seriety of ways, through play and relationships and evalets to the stage of development.

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

development or socialisation, may be at increased risk of apporture, to, or of developing, unsale or harmint sexual behaviours. Adults who care for these young people here a duity or care to provide relevant information and support. Children and young people who have a disability, have bad abused or have experienced other disruptions to thoir

The environment in which children grow, develop and interact has a significant influence on their knowledge, attlindes and behaviours. When using the traffic lights framework to estabilati whether the sexual behaviour of children or young people is normal, concerning or hermitul, it is necessary to consider the current social, cultural and familial context. What is the behaviour? green, orange or

The chart on the next page lists specific examples of green, orange and red light fethewhours at vention ages. These are examples only and most be considered in context. The little into a count in the control of the child, young person and other's bivolved as well as the location, frequency and actively bivolved as well as the location, frequency and nature of the behaviour. Use the torfic lights fearward to identify the changestricks of the Behaviour and the way I coccurs and the follows steps. 2 and 3 to understand and respond, all offers, orange and real behaviour sequence some level of information, support and protective response.



Children healthy and safe

2. UNDERSTAND

What I to be beloaving it saling your Children above their execution their their everts and wants trought their behaviours, Understanding the reason behind a child's sexual bestratural the interfact with realisties or young people on out have the impress especience or ability to seek help, adults must look carefully at the behaviour in inference it.

When sewual behaviours are identified as concerning or harmful, it is essential to think about why the child or young person is exhibiting the behaviour. Reviewing to behaviour and the way it happers will frell you understand what it 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 accurate sexuality information
| buredom or ioneliness
| curiosity
| sexual excitement
| lack of social skills
| medical needs
| conflict in relationships
| confliction about sexuality relationships
| and exent activities weality, relationships D2. What might these concerns indicate?

lack of rules and consequences and sexual activities

| lack of information about the risks of the behaviour overseposure to explicit secus activity and materials. | lack of souli supervision and support | corportiesce of physical, empload or secusal abuse or neglect.

Understanding the child or young person and the issues that may be contributing to the behaviour guides the planning of effective responses. Expressing sexuality through sexual behaviour is natural, healthy and a basic aspect of being human Sexual behaviour which makes children or young peory vulnerable or causes heart a another requires adult intervention to provide support and projection. anxiety about adult or family relationships [1] lack of consistency across environments

All children and young people have the right to be safe

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The secretaries comparison careful formula depending of the secretaries depending of the secretaries of secretaries of secretaries of secretaries of the secret

compulsive matchinghood which may be self-infurious of a persistent mature of unital on presistent explicit secure thannes in talk, affactions of secure isbuse distinction of secure isbuse simulation of secure (such or secure activity persistently touching the gentlass/private parts of others sexual behaviour between young children intolving penetration with objects masturbation of others, oral sex, prosence of a sexually transmitted intection forcing other children to engage in sexual activity

* compulsive maximisation e.g. self njuring self herming, seeking an audience • disclosure of sexual abuse.

perstant building modeling awal aggression and indigniting modeling and a general configuration of the configurati

 sexual activity in exchange for money or goods possessing accessing or sending child exploitation materials e.g. photos of children naked or in Sexual activities deliberately sending and/or publishing sexue images of self or another person
 erramping a face to face meeting with an online accessintance. oral set and/or intercourse with a person of different spe, developmental ability and/or person of person of sexually transmitted intection of preparaty 10 to 13 years

ilead periodicity

seasule contact with others of software are
and of the contact of the contact

s preoccupation with sexually aggressive and/or

• computative masturbation e.g. self harming, in public, seeking an audience

• saxual activity in exchange for morey, goods eccommodation, drugs or alcohol • forcing or manipulating others into saxual activity • postassing, accessing or sending child expolatation materials

 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 daily function Intentional spying on others while they are engaged in sexual activity or nudity

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

· masturbation in preference to other activities sreoccupation with sexual behaviours persistently watching others in sexual activity, tolieting or when nude persistent nudity and/or exposing private parts in public places
 persistently watching or following others to look
 at or fouch them

• pulling other children's pants down or skirts up against their will

areay 9 of 2

following others into private spaces
e.g. tollets, bathrooms to look at them
or touch them

explicit sexual talk, art or play

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

O to 4 years

 emetacing in sexual activities with an unknown peer a.c. does bission, mutual maturbation
 oral sex and/or intersourse with a known patient
 oral sex and/or intersourse with a known patient
 distillating a sexual decension as a little
 using mobile bisones and internet with
 using mobile bisones and without opinion
 out locaritying quality marked changes to behaviour e.g. older or adult flirting behaviours, seeking relationships with older children or adults in preference to peers - masturbation in preference to other activities, in public and/or causing set injury - persistent explicit tails, art or pay which is sexual or s accessing age restricted materials e.g. movies, games, internet with sexually explicit content persistent expression of feer of sexually transmitted infection or pregnancy 10 to 13 years

 persistently mimicking sexual flirting behaviour
too advanced for age, with other children or adults
 touching genitals/private parts of animals
 after redirection use of mobile phone and internet with known and unknown people which may include civing out identifying details

attempting to touch or touching adults on the breasts, bottom, or gentals in ways that are persistent and/or invasive touching the genitels/private parts of animals after redirection

extra Suppor

 arranging a meeting with an online acquaintance
 accompanied by a peer or known aduit unsafe sexual behaviour, including unprotected Sex, sexual activity while intoxicared, multiple partners and/or requent change of partner
 presence of sexually transmitted infection or unplanned pregnancy unplanned prequency
on its sex and/or intercourse with known partner
of more than two years ago difference or with
significant difference in development using mobile phones and internet to send or receive sexual images of another person with their consent SIESY TI OF PI

*Viewing materials for sexual arousal e.g. music • need for privacy
• masturbation in private
• accessing information about sexuality

• sexually explicit mutual conversations and/or use of humous and obscentiles with peers Interest and/or participation in a one on one relationship with someone of the same or other sex. 14 to 17 years -growing need for privacy
-masterbasion in private
-curcingly in Alestending information about sexuality
-curcingly in Alestending information about sexuality
-therest earlier carticipation in gurtnand or
-interest earlier carticipation in gurtnand or interest earlier carticipa

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 increases sense of privacy about bodies
 check youthon and boding own geniles.
 mesticipation, usually lefth aversesses.
 in privacy
 increases of privacy and position and privacy in the privacy of seniles of senil Tellifon.

(Notice)

(Notice) - body touching and holding ann genitati
- unselecenticles; masturbation
- interest in body parts and functions
- wasturp to touch is millar children's genitals
during play; tollet or both times comfort in being hude O to 4 years

10 to 13 years

Lie of mobile phones and internet in reletionships with known peers

awala activity with a partner of similar age and developmental ability (ability to consent must be considered)

"use of mobile phones and internet in relationships with peers