# Sexual behaviour in children and young people

## Procedure and guideline

Government of South Australia
Department for Education

Association of Independent Schools of South Australia

catholic education south australia

# Acknowledgements

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- Office of the Commissioner for Children and Young People
- Office of the Guardian for Children and Young People
- Parents and carers of children and young people with disability and additional needs
- SA Health
- SHINE SA
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- South Australian Association of State School Organisations Inc.

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## Disclaimer

The authors have taken every care to ensure the procedure and guideline are evidence based and reflect best practice in assessing and responding to children and young people's sexual behaviour and promoting safety and wellbeing. Given the inevitable changes to this information over time, readers should access the most up to date versions of the documents and supporting resources at the following web page: https://education.sa.gov.au/sexual-behaviour

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# Foreword

Keeping children and young people safe is the responsibility of all educators and care providers. Together, we help children and young people to develop the skills for safe and respectful relationships, and we support their healthy sexual, social and emotional development through explicit teaching, the learning and care environments we provide, and partnering with others. In responding to sexual behaviour, we consider at all times, what is in the best interests of all the children and young people involved.

This procedure and guideline have been developed for the government, Catholic and independent education and care sectors.

The procedure has a focus on immediate and short-term responses to sexual behaviour, including working with the Department for Child Protection and the South Australia Police where required. The guideline has more in-depth information, additional considerations and resources to support medium to longer term responses.

Both the procedure and the guideline assist educators and care providers to promote safety and wellbeing, prevent sexual harm and respond effectively to the continuum of children and young people's sexual behaviour. The documents use a public health approach that incorporates prevention, early intervention, and intensive strategies.

The procedure is mandatory in the government and Catholic sectors and is highly recommended for independent schools.

All sectors are encouraged to use the guideline to support the safety and wellbeing of children and young people, and the broader education and care community.

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## Procedure

Immediate and necessary actions when responding to sexual behaviour

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See the following web page https://education.sa.gov.au/sexual-behaviour for additional resources to help you respond to children and young people's sexual behaviour.

This procedure and associated guideline (5th edition revised 2025) replace the 4th edition revised 2022. Prior to 2022, guidance about sexual behaviour was contained in 'responding to problem sexual behaviour in children and young people: guidelines for staff in education and care settings'.

# Introduction

Children and young people's sexual behaviour exists along a continuum. **Most** children and young people display **developmentally appropriate sexual behaviour** that is:

- typical for age and/or developmental ability
- between equals in age, size and developmental ability
- spontaneous, curious, light-hearted, easily diverted, enjoyable, mutual, consensual
- about understanding and gathering information, balanced with curiosity about other parts of life.

**Some** children and young people display **concerning sexual behaviour**. Behaviour is 'concerning' when:

- the type of activity or knowledge is not appropriate for age and/or developmental ability
- there is inequality in age, size, developmental ability or power
- there is concern about persistence, intensity, frequency or duration of behaviour
- there is a risk to the health, development or safety of the child or young person or others
- there are unusual changes in the child or young person's behaviour.

A **very small number** of children and young people display **harmful sexual behaviour**. Behaviour can indicate or cause harm because it is:

- not appropriate for age and/or developmental ability
- between children or young people with a significant difference in age, developmental ability or power
- secretive, manipulative or involves bribery or trickery
- excessive, compulsive, coercive, forceful, degrading or threatening, abusive or aggressive.

All children and young people can be negatively affected by concerning or harmful sexual behaviour including:

- those who have engaged in the behaviour
- those on the receiving end of the behaviour
- those who witness the behaviour.

**Children and young people can also be harmed by adults failing to respond proportionately to the continuum of sexual behaviour.**

Educators and care providers may be personally affected or concerned by:

- the issues raised in this procedure and associated guideline
- witnessing and/or responding to children and young people's sexual behaviour.

By following this procedure and the associated guideline, you can prevent and reduce harm to children, young people, educators and care providers.

**Note that all incidents of sexual behaviour must be reported to site leaders.** This includes developmentally appropriate sexual behaviour that is **inconsistent** with the behaviour expectations of the site.

## Purpose of this procedure

This procedure will help educators and care providers to:

- proactively and explicitly teach all children and young people about behaviour expectations, social and emotional skills, child safety, respectful relationships, consent and sexual health
- respond consistently and effectively to the continuum of children and young people's sexual behaviour
- recognise any sexual behaviour incidents that need additional support and escalation
- meet their legal responsibilities and duty of care to children and young people.

For additional information and good practice considerations for responding to sexual behaviour, see the 'sexual behaviour in children and young people guideline'.

## Scope

This procedure has been developed for the government, Catholic and independent education and care sectors, including the following services:

- family day care (FDC) services
- long day care (LDC) services and rural care program
- out of school hours care (OSHC) services
- preschools and early learning centres
- respite care program (RCP)
- schools.

Government and Catholic education and care services **must** follow this procedure. It is **highly recommended** for independent schools.

The procedure applies to **all children and young people** enrolled in education and care services, including people who are 18 years of age and older.

The procedure applies to **all educators and care providers**, including third-party providers of education or care services for children or young people.

Ancillary staff or volunteers who identify sexual behaviour must **immediately** alert the educator or care provider with supervisory responsibility for the children or young people at the time of the incident, report or disclosure. If the ancillary staff member **is** the person with supervisory responsibility, they must report the sexual behaviour to the site leader. The educator or care provider with supervisory responsibility and/or the site leader must follow this procedure. The accompanying fact sheet provides ancillary staff and volunteers with information about their roles and responsibilities in responding to sexual behaviour.

Site leaders must ensure there is an appropriate response to any concerning and harmful sexual behaviour that occurs:

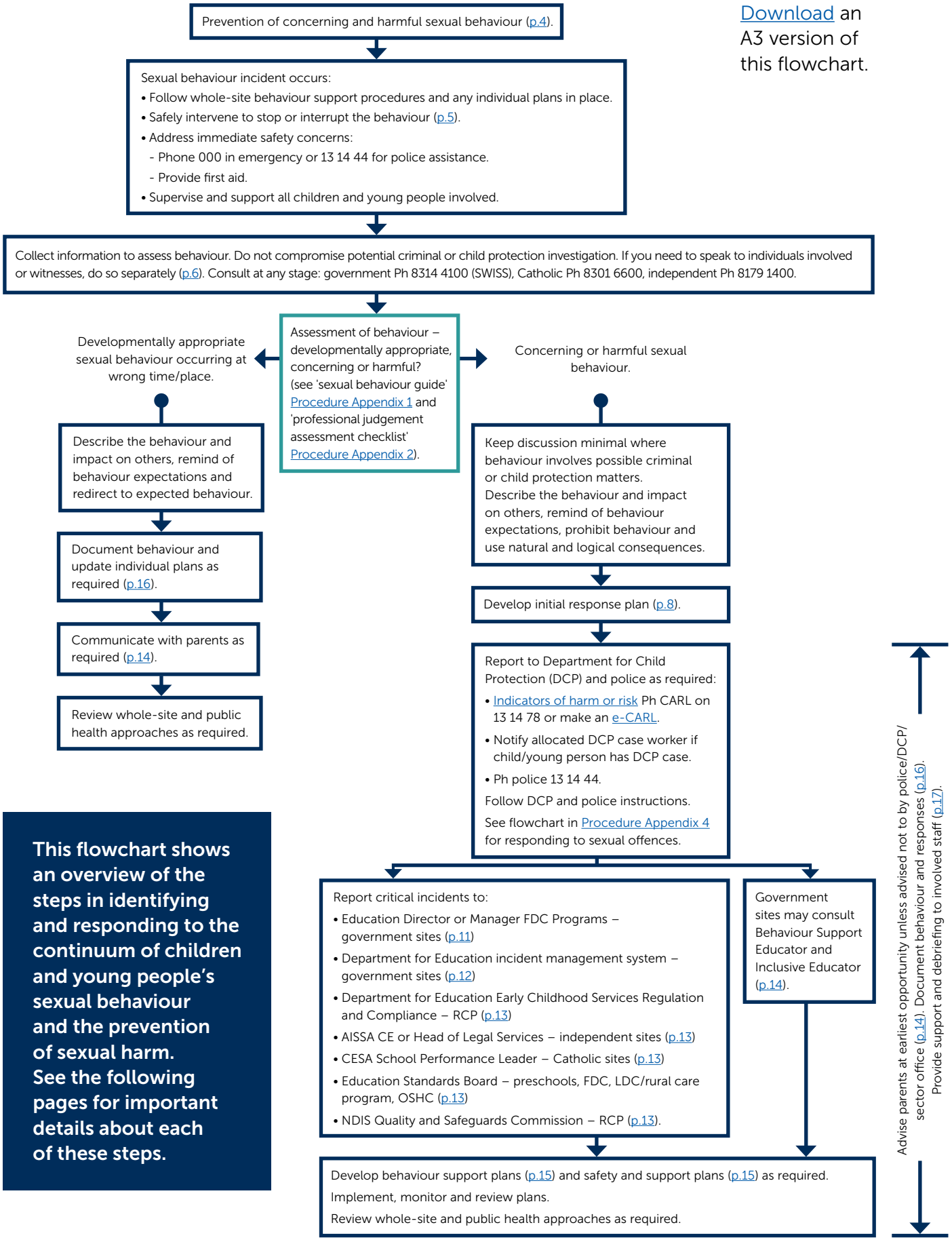
- at the site when a duty of care applies
- off-site when a duty of care applies (such as on an excursion)
- off-site and/or outside of service hours when no duty of care applies, but there is a reasonable connection between the child or young person's behaviour, the education and care service community, and relationships within the setting. An example is an alleged sexual assault at a party on a weekend, where the young people involved attend the same school.

Site leaders are responsible for ensuring this procedure is effectively applied, however, may delegate tasks to other educators and care providers. Site leaders must maintain effective oversight of all aspects of procedural requirements.

Private and community-based education and care services not on government, Catholic or independent education and care sites are out of scope in this procedure, although it represents a best practice approach.

# Overview of required steps at a glance

Download an A3 version of this flowchart.




**This flowchart shows an overview of the steps in identifying and responding to the continuum of children and young people's sexual behaviour and the prevention of sexual harm. See the following pages for important details about each of these steps.**

# Preventing concerning and harmful sexual behaviour

Keeping children and young people safe is the responsibility of all educators and care providers. You must:

- support children and young people to develop knowledge, understanding and skills to have respectful relationships and behave in ways that protect their own safety and the safety of others
- explicitly teach behaviour expectations, social and emotional skills, child safety, respectful relationships, consent and sexual health education (as appropriate to year level)
- adjust curricula so that children and young people can access the required learning
- create and maintain supportive, safe and inclusive learning environments.

# Responding to sexual behaviour

You must respond to sexual behaviour in children and young people when:

- you witness the behaviour
- a child or young person makes a disclosure or complaint
- another person reports the behaviour.

See Procedure Appendix 5 for a checklist to use when responding to **developmentally appropriate** sexual behaviour. See Procedure Appendix 6 for a checklist to use when responding to **concerning or harmful** sexual behaviour.

These checklists help you to consider all the requirements in this procedure. You must respond proportionately to all incidents. Any incident of sexual behaviour is an opportunity to teach children and young people about the safe and respectful behaviour that is expected in your setting.

If it is possible that a criminal offence has occurred, or there may be child protection concerns, you must be careful not to influence any potential investigation. Discussions with children and young people should be kept to a minimum and thoroughly documented.

Site leaders in Catholic sites can consult their School Performance Leader at any stage in responding to sexual behaviour.

Site leaders in government sites can consult the Social Work Incident Support Service (SWISS). Contact the duty line on 8314 4100.

Site leaders in independent schools can consult the AISSA Chief Executive or Head of Legal Services. Phone 8179 1400.

**Note that all incidents of sexual behaviour must be reported to site leaders**. This includes developmentally appropriate sexual behaviour that is **inconsistent** with the behaviour expectations of the site.

# Intervening in sexual behaviour incidents

Remember that most sexual behaviour will be developmentally appropriate and all responses must be proportionate.

The first point of intervention is crucial.

Children and young people are likely to be affected by your reactions when responding to an incident of sexual behaviour. Think about the words you use, your body language, tone of voice and facial expression.

**It is important that you do not punish or shame children and young people.**

When you witness an incident, it is important that you:

- remain calm and control any expressions of panic or shock
- respond immediately
- implement processes from any behaviour support plans that already exist.

## Immediate safety

Deal with any immediate safety concerns:

- call 000 in an emergency
- call 13 14 44 if police assistance is required
- provide first aid if required.

Make sure that all children and young people are supported and supervised until police and/or Department for Child Protection (DCP) have provided advice, or the site leader has given direction.

## Intervene

Safely intervene to stop or interrupt the behaviour.

The younger the child, the fewer words you should use.

## Describe the behaviour and its impact

If it is clear that the behaviour is not potentially criminal, as soon as the children or young people are calm:

- describe the observed behaviour to the children or young people involved in a way they understand
- describe the impact of their behaviour, which will help them to understand that it affects others.

## Remind

Remind the children or young people of the behaviour expectations of your site.

## Redirect

Redirect **developmentally appropriate** sexual behaviour that occurs at the wrong time and in the wrong place to the expected behaviour.

## Prohibit and use consequences

Prohibit **concerning or harmful** sexual behaviour and use natural and logical consequences.

## Report

Report **all sexual behaviour** to site leaders and develop an initial response plan.

Nominate a support person.

- Offer children and young people involved in sexual behaviour incidents someone to support them throughout the immediate and ongoing response.
- This person should regularly check in with them to assess and support their safety and wellbeing.
- Consider the individual needs of the child or young person (for example, culture and disability).

See Procedure Appendix 7 for examples of responding to sexual behaviour incidents.

# Collect information to assess and respond

Site leaders must urgently collect enough information to assess the behaviour and the response required. Any required reports to the Child Abuse Report Line (CARL) and/or police must be made as soon as possible.

Site leaders may delegate actions to educators and care providers but must oversee and manage any incident management responses.

## Potential criminal offence and/or child protection concerns

**Concerning or harmful** sexual behaviour might be a criminal offence and/or raise child protection concerns.

If it is possible that a criminal offence has occurred, and/or there may be child protection concerns, be careful not to influence any potential investigation.

Speak separately with each child or young person. Ensure their nominated support person is present if the child or young person wants them to be.

All discussions with the children and young people involved should be:

- the minimum required to assess and respond to the behaviour
- thoroughly documented.

You should be particularly careful when asking children or young people questions about the incident. See 'If details of an incident are unknown or unclear' (on this page) for information about asking questions.

Minimise the number of times children and young people are spoken with and the number of people who speak with them.

## Find out what happened

Site leaders should start by finding out what happened and who was involved. Sources of information may include:

- verbal reports from children, young people, educators, care providers, other staff and parents
- direct observations
- digital content (such as screenshots, text messages, video footage).

**Seek information from individuals separately. Do not ask for information by bringing people together.**

## Be careful with digital content of children and young people

Secure digital content and devices if appropriate.

If you have reason to believe that digital content may involve nude, nearly nude or sexual images of a child or young person, it is recommended that this content is not viewed. Seek advice or instructions from the police. Intentional viewing, sending, copying and storage of this content may place the viewer at risk of committing a criminal offence and possible prosecution.

Remain with the child or young person until police arrive. This is to ensure a device is not tampered with, resulting in loss of evidence.

See responding to online safety incidents in South Australian schools for more information about the management of sexually explicit material on devices.

## If details of an incident are unknown or unclear

In this case, site leaders should use non-leading and open-ended questions (see definition on page 21) to find out what happened. If the matter is potentially criminal, ask the child or young person only for minimal details about the incident, as a last resort if a child or young person **has been harmed** or is at **risk of harm**, and if:

- you don't have enough information about the incident to know whether you need to make a report to CARL and/or police
- you can't get information about the incident from anyone else, such as a witness, or someone the child or young person has told about the incident.

Keep all discussions with the child or young person to a minimum.

If open-ended questions have not provided the minimal details you need, you can ask the following specific questions:

- What happened?
- When did it happen?
- Where did it happen?
- Who was involved?

As soon as site leaders have gathered enough information to decide that a notification to CARL and/or police is necessary, **do not** seek any further details about the incident.

You can ask about the wellbeing and support needs of those involved without asking questions about the incident. Document all questions asked of children and young people and their responses as soon as possible after the discussion.

# Responding to children or young people affected by the concerning or harmful sexual behaviour of others

## Listen and remain calm

- Listen to the child or young person.
- Provide expert communication assistance for those who use augmentative and alternative communication systems or whose first language is not English.
- Allow them to give a free narrative account of the concerning or harmful sexual behaviour and tell you what they are worried about. This does not need to be an exhaustive account. You only need sufficient information to make an initial assessment. Be mindful of not prejudicing any possible police and/or child protection investigation.
- Remain calm and control any expressions of panic or shock.

## Acknowledge and reassure

- Thank the child or young person for telling you and reassure them that telling was the right thing to do.
- Acknowledge what the child or young person has told you.
- Where appropriate, reassure the child or young person that the behaviour was not their fault.
- If it is clear that the behaviour is not potentially criminal, talk about the site's behaviour expectations. For example, 'sexual behaviour is not allowed at this school. It is never okay for someone to use sexual language towards another person like that.'
- If the incident might result in a criminal and/or child protection investigation, be mindful not to say anything that might prejudice a subsequent investigation and keep all discussion minimal. For example, 'that behaviour is not okay.'

## Follow up

- Let the child or young person know what is likely to happen next. This will depend on whether the behaviour is potentially criminal or may result in a child protection investigation. Let the child or young person know that their parent will be told. Depending on the nature of the behaviour, you might tell the child or young person that you need to talk with other people who can help, such as police or child protection.
- If it is clear that the behaviour is not potentially criminal, you can let the child or young person know that someone will need to talk to those who engaged in the behaviour, and their parent. If you are unsure if the incident might be criminal in nature, seek advice from police before talking to the child or young person about what is likely to happen next.
- Make a plan to check in with the child or young person later in the day, the following day or in a couple of days to see how they are and whether they need further support.

### Document

- Document all discussions with the child or young person, including any questions asked of them and their responses.

## Assessing behaviour

Site leaders need to make an initial assessment of the incident. This is a decision about whether the behaviour is likely to be:

- developmentally appropriate
- concerning, or
- harmful.

Aim for objectivity and letting go of any personal biases when assessing the incident. Make your assessment in consultation with another person. You can ask for support in your judgement from other educators, care providers and other professionals. Leaders in government sites can seek support from SWISS on 8314 4100.

To make this assessment, consider:

- the 'sexual behaviour guide' (Procedure Appendix 1)
- factors in the 'professional judgement assessment checklist' (Procedure Appendix 2).

The 'sexual behaviour guide' will help you to consider behaviour consistently. The 'professional judgement assessment checklist' helps you to consider the broader context, not just the behaviour.

## Initial response plan

Site leaders must develop an initial response plan to:

- support decision making and problem solving
- identify clear roles and actions based on the advice of key stakeholders.

The plan should be informed by:

- as much information about the incident as possible. In circumstances where police and/or DCP may become involved, there may be little information available at the early stage
- the site's behaviour policies
- any individual safety and risk assessments and behaviour support plans.

In making the plan consider:

- who needs to be informed of the incident, and when
- your reporting requirements
- whether police or DCP are likely to be involved.

## Working with the Department for Child Protection (DCP)

You must report suspected risk to children and young people aged 17 years and younger to the Child Abuse Report Line (CARL) as soon as possible.

### Mandatory reports

You must report any behaviour that leads you to suspect on reasonable grounds that a child or young person:

- is or may be at risk – a child or young person is considered to be at risk if they have suffered or will suffer harm caused by sexual abuse or neglect
- has sexually harmed or is at risk of sexually harming others

when that suspicion is formed in the course of your employment or volunteering.

See indicators of harm or risk to help make a professional judgement about notifying CARL.

Phone CARL on 13 14 78 or make an online electronic notification through eCARL.

You must phone CARL (do not use eCARL):

- for serious concerns where children or young people may be in imminent or immediate danger
- if the child or young person has an injury that may require medical assessment
- if the child or young person is complaining of symptoms related to the alleged incident
- if the child or young person is in care under the guardianship or in the custody of the Chief Executive, DCP.

### If there is an existing case with DCP

If the child or young person has an open case with the DCP, advise the case worker in addition to making a mandatory notification to CARL. If they are not available, ask to speak to the Senior Practitioner or Supervisor.

#### Seek advice from CARL and/or the case worker

Ask about:

- relevant background information
- likelihood of or current DCP involvement
- immediate incident management
- what information can be disclosed and to whom about all children and young people involved
- who will provide information and when
- the best way to protect and support the children and young people involved.

Follow DCP instructions.

See Procedure Appendix 3 for information about police and DCP interviewing children and young people on education and care sites.

#### Liaise with DCP as needed

You may need to continue to work with DCP. Information about child protection investigations, changes to care arrangements and Youth Court applications and orders may have implications for a child or young person's education and care arrangements.

Give the case worker the chance to contribute to any plans created for any children or young people they have case management responsibility for and give them a copy of the final plan.

## Working with police

### When to make a police report

Site leaders **must report** all incidents of alleged or suspected rape to police, regardless of the age of the child or young person who engaged in the behaviour.

Site leaders **must also report** alleged or suspected sexual offences to police where the child or young person who engaged in the behaviour is 10 years of age or older.

Report **immediately** upon becoming aware of the allegation or suspicion. Phone 13 14 44 to report to police, or 000 in an emergency.

### Information you need to give police

You must tell police if the child or young person:

- is in care under the guardianship or in the custody of the Chief Executive, DCP
- has a disability
- has English as a second language.

### Information you should get from police

Ask police:

- for the SACAD police message number (reference number)
- about the likelihood of police involvement
- about immediate incident management
- about what discussions you can have with all children and young people involved

- what information can be disclosed to whom about all children and young people involved
- who will provide this information and when
- the best way to protect the children and young people involved
- about securing evidence (such as digital content and devices).

Record for your files:

- the SACAD police message number and any other police reference numbers
- details of the person the report was made to
- advice given.

See Procedure Appendix 3 about police and DCP interviewing children and young people on education and care sites.

## Liaising with police as needed

You may need to continue working with police. Information about criminal charges, conditions set by the Youth Court and dates and outcomes of court hearings could have implications for a child or young person's education and care arrangements.

Give the investigating officer the chance to contribute to any plans created for children or young people involved in sexual behaviour incidents and give them a copy of the final plan.

## Rape, sexual assault and other sexual offences

Responding to alleged or suspected rape, sexual assault or other sexual offences (see definitions on page 20) is particularly complex for site leaders. You have a duty of care to children and young people; you must prioritise safety, support those involved and advise parents about harmful sexual behaviour as soon as possible. You must make decisions about what actions to take and in what order.

Seek and follow police advice so you do not compromise a potential criminal investigation. Follow the flowcharts in Procedure Appendix 4. Site leaders in government sites should seek the support of their Education Director. Site leaders in Catholic sites should work closely with their School Performance Leader. Independent schools can contact the Chief Executive or the Head of Legal Services at AISSA for support.

See the 'sexual behaviour in children and young people guideline' for additional considerations when responding to alleged or suspected sexual offences.

# Reporting critical incidents

Different services have different requirements about reporting critical incidents. Some are **required**, which means you **must** make a report to this body – these are indicated by X in the table below.

## Reporting to the Education Director or Manager, Family Day Care Programs (government)

For government schools and preschools, and long day care services, rural care program and OSHC services on **government school sites**, report to the Education Director.

For government family day care services and the respite care program, report to the Manager, Family Day Care Programs on phone 8226 3149.

Site leaders in government sites and services must **immediately** report the following to the Education Director or Manager, Family Day Care Programs:

- suspected sexual offences between children and young people (extreme severity)
- suspected sexual offences by children and young people directed towards adults (extreme severity)
- circumstances where the concerning or harmful sexual behaviour of children and young people poses a risk to the health, safety or wellbeing of themselves or others
- circumstances where parents are expressing high concern and/or consideration is being given to communicating with parents of children and young people who were not directly involved in or witness to the incident.

**Critical incident reporting requirements**

| | Education Director or Manager, FDC Programs | Department for Education incident management system | Education Standards Board[1] | Early Childhood Services Regulation & Compliance | NDIS Quality & Safeguards Commission | Catholic Education SA School Performance Leader | Association of Independent Schools of SA |
|---|---|---|---|---|---|---|---|
| **Government schools** | X | X | | | | | |
| **Government preschools** | X | X | X | | | | |
| **Family day care** | X | X | X | X | | | |
| **Respite care program** | X | X | | X | X | | |
| **Long day care/ rural care program** | X If on government site | X If on government site | X | | | | |
| **OSHC** | X If on government site | X If on government site | X | | | | |
| **Catholic sites** | | | X | | | X | |
| **Independent sites** | | | X | | | | Seek advice |

[1] See Reporting to the Education Standards Board on page 13 for information about who is responsible for making the report.

For critical incidents of **extreme severity**, if the Education Director or Manager, Family Day Care Programs is not available, site leaders **must contact** the Director or Assistant Director of the Incident Management Directorate (IMD) as per incident coordination: managing incidents of extreme severity procedure and flowchart. Phone 8226 1840 or 0438 792 180.

For critical incidents **not** of extreme severity, if the Education Director or Manager, Family Day Care Programs is not available, site leaders can contact the Incident Report Management unit as per reporting critical incidents, injuries, hazards and near misses procedure on phone 8463 6564. Alternatively, government family day care services and the respite care program can contact the Case Manager, Family Day Care Programs on phone 8226 0187.

## Using the Department for Education incident management system

Site leaders in government sites must use the department's incident management system to report any incidents of concerning or harmful sexual behaviour between children and young people, or directed towards adults, occurring:

- at the site when a duty of care applies
- off-site when a duty of care applies (such as on an excursion)
- off-site and/or outside of service hours when no duty of care applies, but there is a reasonable connection between the child or young person's behaviour, the education and care service community, and relationships within the setting. An example is an alleged sexual assault at a party on a weekend, where the young people involved attend the same school.

You must also use the department's incident management system for any allegation or incident, where it is reasonably believed that physical and/or sexual abuse of a child or young person has occurred or is occurring while the child is being educated or cared for by the service.

### Reporting timeframes

Incidents in government preschools, FDC services and RCP, and LDC/rural care program and OSHC services on government school sites must be reported in the department's incident management system **within 12 hours** of the incident.

Government schools must report incidents in the department's incident management system within the following timeframes:

- sexual behaviour that may be a sexual offence, or where physical or sexual abuse has occurred, on site or when a duty of care applies – **within 24 hours** of the incident
- other concerning or harmful sexual behaviour that is not suspected to be illegal and that has occurred on site or when duty of care applies – **within 2 working days** of the incident
- sexual behaviour that may be a sexual offence and that has occurred away from the site and/or out of hours, when there is a reasonable connection between the child or young person's behaviour, the education and care service community, and relationships within the setting – **within 2 working days** of the incident.

## Reporting to the Education Standards Board (ESB)

The ESB must be notified of:

- allegations or incidents where it is reasonably believed that physical and/or sexual abuse of a child or young person has occurred, or is occurring
- any complaint alleging that a serious incident has occurred or is occurring
- any circumstance that poses a risk to the health, safety or wellbeing of a child or young person

while being educated or cared for by a preschool, FDC service, LDC service/rural care program or OSHC service.

Notifications to the ESB are **not** required for incidents in the RCP or schools (other than school-based preschools).

For **government preschools and FDC services**, notifications to the ESB will be made by the Early Childhood Services Regulation and Compliance team. Regulation and Compliance are alerted to incidents in government preschools and FDC services through the report recorded in the department's incident management system. Regulation and Compliance consider the information from the preschool or FDC service, and determine if a notification to the ESB is required.

Leaders of **LDC services/rural care program and OSHC services on government school sites** must:

- immediately email details of the allegation or incident to the school Principal/Service Director for recording in the incident management system
- directly notify the ESB within the legislated timeframes.

For **Catholic sites**, the site leader must report the allegation or incident to their School Performance Leader and notify the ESB within legislated timeframes.

Site leaders in **independent schools** must report allegations or incidents directly to the ESB within legislated timeframes.

## Reporting to National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission

Abuse or neglect of a person with a disability while attending the Department for Education respite care program must be notified to the NDIS Quality and Safeguards Commission.

Government sector notifications to the NDIS Quality and Safeguards Commission will be made by the Manager, Respite Care Program. They must also email Regulation and Compliance at Education.NQFEnquiries@sa.gov.au to advise that the NDIS Quality and Safeguards Commission has been notified.

## Reporting to Catholic Education South Australia

Catholic sites must report critical incidents to the School Performance Leader for their region. If this person is unavailable, contact People, Leadership and Culture (phone 8301 6600), or an assistant director.

## Contact with Association of Independent Schools of South Australia (AISSA)

It is recommended that independent schools contact the Chief Executive or the Head of Legal Services at AISSA. Phone 8179 1400.

## Contact with Social Work Incident Support Service (SWISS)

It is recommended that leaders in government sites contact the SWISS in response to all harmful sexual behaviour. You can also ask for support in responding to any sexual behaviour. Contact the duty line on 8314 4100.

## Communication with parents and others

Carefully consider how best to communicate with parents about any incidents of sexual behaviour, taking note of advice from police, DCP and your sector office.

### Children and young people directly involved or witness to the incident

As soon as possible, tell the parents of the children or young people directly involved in, or witness to, a sexual behaviour incident unless:

- you are **advised not to** by police, DCP or your sector office
- doing so would put a child or young person **at risk of harm**.

If parents are not advised as soon as possible, you must document the reason why.

### Parents of other children at your site

Consider whether it is useful to communicate with all parents, or specific groups of parents whose children were **not** directly involved in, or witness to, a sexual behaviour incident. For example, this communication may be helpful to:

- reassure parents and foster confidence or trust
- give parents an opportunity to identify and raise concerns
- manage the concerns and expectations of the education and care service community.

See Procedure Appendix 11 for a sample letter to parents. You must not provide personal/confidential information about any child or young person, including information that could identify the children or young people involved, unless advised to do so by Legal Services or via the sector office.

### Considering cultural and language needs

Think about your site's cultural context and consult with cultural consultants to support competent and safe practice with Aboriginal and culturally diverse families. This may include:

- communication with family and community members other than parents (such as an elder or grandparent) due to cultural and kinship relationships and child-raising practices
- considering the impact in communities with close kinship ties.

For families whose home language is not English, see the South Australian interpreting and translating policy to arrange appropriate support. It is important to consult with families as to who they wish to have as an interpreter. This may be an unknown worker from a translating and interpreting company or a trusted worker in the sector such as a community liaison officer. Written information should be provided in the family's preferred language.

See the 'sexual behaviour in children and young people guideline' for detailed information about working with parents and culturally diverse families.

## Behaviour support

Where behaviour support is needed in response to sexual behaviour, site leaders in government sites should contact the Behaviour Support Educator. If a child or young person has a disability or additional needs, contact the Inclusive Educator, in addition to the Behaviour Support Educator.

Site leaders in Catholic sites should contact the Engagement and Wellbeing Education Advisor for their region. If a child or young person has a disability or additional needs, contact the Learning, Diversity and Equity Advisor for the region.

It is recommended that site leaders in independent schools contact the Chief Executive or Head of Legal Services at AISSA. Phone 8179 1400.

## Behaviour support plans

Sites will need to create a behaviour support plan for some children and young people who have engaged in concerning or harmful sexual behaviour.

### When to create a behaviour support plan

Create a behaviour support plan when:

- the child or young person's behaviour poses a risk of future harm to themselves or others
- the child or young person has related support needs
- there is a police investigation related to the child or young person's concerning or harmful sexual behaviour.

See Procedure Appendix 9 for the 'behaviour support plan' template and guiding notes. Securely store all behaviour support plans in the child or student file.

### Focus on supporting the child or young person

A behaviour support plan should focus on:

- understanding the function of the behaviour
- supporting the development of alternative behaviour that meets the child or young person's needs in safe and positive ways.

While children and young people are developing and practising new behaviour, external supervision and guidance may be needed to ensure safety until they have successfully mastered the skills to independently behave safely. The interventions in a behaviour support plan must be proportionate to the assessed risk. See the 'sexual behaviour in children and young people guideline' for more information.

### Reviewing the behaviour support plan

The behaviour support plan must be reviewed and updated **at least once a term**. The plan should be reviewed sooner if risk or needs change, such as if there is a new incident of concerning or harmful sexual behaviour.

As soon as the child or young person has consistently demonstrated safe and positive behaviour, the plan can cease. It must not be in place for any longer than is necessary.

See the 'sexual behaviour in children and young people guideline' for more information.

## Suspension and exclusion – government schools only

The targeted use of suspension and exclusion may be required to provide immediate safety while further supports are put in place. In very rare circumstances, expulsion or direction by the Chief Executive for a child or young person to be enrolled in a particular school may be required.

See Procedure Appendix 8 for more information about suspension, exclusion and expulsion, and Chief Executive authority to direct enrolment.

## Support and safety plans

Create a support and safety plan for a child or young person who has been on the receiving end of concerning or harmful sexual behaviour, if the child or young person is:

- at further risk
- has related support needs.

See Procedure Appendix 10 for a 'support and safety plan' template with guiding notes.

Support and safety plans should be reviewed and updated **at least once a term** or sooner if risks or needs change and stored in the child or student file.

Also consider the support needs of children and young people who witness or hear about sexual behaviour, not only those directly involved in the incident.

See the 'sexual behaviour in children and young people guideline' for detailed information about supporting those affected by the concerning or harmful sexual behaviour of others.

## Who to involve in developing and reviewing plans

When developmentally appropriate and safe to do so, the child or young person and their parents should be involved in developing and reviewing a behaviour support plan or support and safety plan, and also given a version of the agreed plan that they can understand.

Sometimes, the child or young person or their parents might want someone else there to support them in meetings. This could be:

- a student wellbeing leader or student support services staff member
- social welfare or health professional
- disability or cultural support person
- an advocate.

Other professionals involved with the child or young person should be consulted in developing and reviewing plans and receive a copy of the plan. Examples are a:

- DCP case worker
- investigating police officer
- youth justice case manager
- therapist.

## Parent rights and responsibilities

Make sure that parents understand what they need to do to support their child to be safe and access the supports and services they need.

If a parent is **unable and/or unwilling** to support their child as agreed in the plan, such as to attend therapy, consider whether the child or young person is **at risk**.

If you suspect on reasonable grounds that the child or young person is or may be at risk, you must phone CARL on 13 14 78 or make an online electronic notification through eCARL.

See indicators of harm or risk to assist your professional judgement about making a notification to CARL.

# Documentation

Education and care services must keep **confidential documentation** of all incidents of:

- developmentally appropriate sexual behaviour that is **inconsistent** with the behaviour expectations of the site
- concerning or harmful sexual behaviour

and the responses to the behaviour in accordance with their sector's protocols.

## Documenting the incident and immediate response

Comprehensively document the incident and immediate response to include:

- details of the incident (eg a description of the behaviour, who was involved, witnesses, where it happened, what happened before and after the incident)
- all discussions with children or young people, such as the exact words they used to disclose what happened, any questions asked of them, and all information given by them
- your own observations and those of any witnesses
- the immediate response, including reports to CARL and/or police, and the advice given by CARL and/or police.

The written record must be signed and dated and given to the site leader.

See Procedure Appendix 12 for a template for documenting sexual behaviour incidents.

## Other documentation to keep

Keep detailed documentation of the steps taken in responding to concerning and harmful sexual behaviour beyond the immediate response. This includes:

- critical incident reporting and documentation
- reports made to other agencies and information given in response
- referrals made for supports and services
- behaviour support plans developed to support children and young people who have engaged in concerning or harmful sexual behaviour
- support and safety plans for children and young people affected by the concerning or harmful sexual behaviour of others.

This documentation must be kept up to date to reflect changes in the assessment of risk, responses and the involvement of other agencies.

Documentation should be securely stored in the child or student file.

You may be required to provide your documentation to a court. Documentation should be limited to **known facts and assessment information**. It should not include personal opinion.

See the 'sexual behaviour in children and young people guideline' for documentation and record keeping.

# Support and debriefing for educators and care providers

Sexual behaviour in children and young people may cause feelings of shame and concern for adults, which can affect how they respond. Sometimes children and young people's sexual behaviour is directed towards educators and care providers, creating additional support needs.

Site leaders should offer and recommend that educators and care providers seek:

- debriefing, guidance and support
- psychological support from the Employee Assistance Program, other appropriate counselling service or their general practitioner, if required.

Leaders in government sites and Department for Education education directors should seek critical incident support from Employee Psychological Services where an incident has negatively impacted wellbeing. Phone 8226 0744 or email education.EmployeePsychologicalServices@sa.gov.au.

## Considerations in small communities

In small sites or communities, raising concerns, and in particular, making a notification to the CARL or reporting to police, can cause difficulties and safety concerns.

Site leaders are responsible for the safety and wellbeing of educators and care providers on site, such as by providing nearby support during times of risk and ensuring families cannot approach these professionals on site, for example, by accompanying them to their vehicles.

# Roles and responsibilities

## Educators and care providers

Proactively and explicitly teach all children and young people about behaviour expectations, social and emotional skills, child safety, respectful relationships, consent and sexual health.

Respond consistently and effectively to the continuum of children and young people's sexual behaviour.

Meet legal responsibilities and duty of care to children and young people.

Educators and care providers must be familiar with and follow this procedure.

## Site leaders

Make sure that whole-site behaviour policies and curriculum delivery (where applicable) explicitly support teaching all children and young people:

- behaviour expectations
- social and emotional skills
- child safety
- respectful relationships
- consent
- age-appropriate sexual health education, including adjustments for children and young people with disability, and others who require them.

Manage responses to sexual behaviour in a way that supports the safety and wellbeing of children, young people and the broader community.

Support the wellbeing of educators and care providers.

Make sure this procedure and related service and sector policies/procedures are effectively applied.

## Education Director or Manager, Family Day Care Programs (government only)

The Education Director (for government schools and preschools, LDC services/ rural care program and OSHC services on government school sites) or Manager, Family Day Care Programs (for government FDC services and RCP) assist site leaders to respond to critical incidents and obtain relevant supports and services, including legal advice.

## Sector offices

Department for Education regional and central offices provide policy advice or support services to government education and care services.

The Association of Independent Schools of South Australia supports independent schools to respond to sexual behaviour and apply this procedure.

Catholic Education South Australia supports Catholic schools and the sector to respond to sexual behaviour and apply this procedure.

## Government-only services

The roles and responsibilities listed below only apply to government education and care services.

### Social Work Incident Support Service (SWISS)

Support and make recommendations to education and care sites to enable them to:

- assess sexual behaviour incidents
- develop behaviour support plans for children and young people who have engaged in concerning or harmful sexual behaviour
- develop support and safety plans for those affected by the sexual behaviour of others
- have meetings with parents.

Provide training and development for education and care sites in understanding and responding to sexual behaviour.

### Behaviour Support Educator and Inclusive Educator

Behaviour support educators:

- provide specialist support aimed at promoting and supporting safe and positive behaviour
- support school and preschool leadership teams to build school capacity to support children and young people with additional behaviour needs.

Inclusive educators:

- support schools and preschools to improve learning and wellbeing outcomes for children and young people with disabilities, learning difficulties or health support needs
- help schools and preschools to increase the inclusive participation of children and young people with identified needs.

### Incident Management Directorate

Receive and assess reports of critical incidents from education and care services via the department's incident management system.

Refer the education and care service to this procedure and SWISS where appropriate.

### Employee Psychological Services

Support site leaders, education directors and the Manager, Family Day Care Programs to manage critical incidents, including offering consultation and advice on:

- the incidents and the impact on those involved
- developing effective responses
- making referrals to internal and external services for appropriate supports.

### Engagement and Wellbeing Directorate

Support education and care services to use this procedure, including providing policy advice on sexual behaviour.

### Legal Services Directorate

Provide legal advice to education and care services.

# Definitions

## Continuum of sexual behaviour in children and young people

Sexual behaviour exists along a continuum: at one end is **developmentally appropriate** sexual behaviour. At the other end of the continuum is **harmful** sexual behaviour. **Concerning** sexual behaviour falls in the middle of the continuum. See below for definitions of developmentally appropriate, concerning and harmful sexual behaviour.

## Developmentally appropriate sexual behaviour

Developmentally appropriate sexual behaviour is:

- typical for age and/or developmental ability
- between equals in age, size and developmental ability
- spontaneous, curious, light-hearted, easily diverted, enjoyable, mutual and consensual
- about understanding and gathering information, balanced with curiosity about other parts of life.

For behaviour to be assessed as developmentally appropriate, all 4 of the above characteristics must be present.

## Concerning sexual behaviour

Sexual behaviour is concerning when:

- the type of activity or knowledge is not appropriate for age and/or developmental ability
- there is inequality in age, size, developmental ability or power
- there is concern about persistence, intensity, frequency or duration of behaviour
- there is a risk to the health, development or safety of the child or young person or others
- there are unusual changes in the child or young person's behaviour.

Only one of the above characteristics needs to be a feature of the behaviour for it to be concerning.

## Harmful sexual behaviour

Sexual behaviour indicates or causes harm because it is:

- not appropriate for age and/or developmental ability
- between children with a significant difference in age, developmental ability or power
- secretive, manipulative or involves bribery or trickery
- excessive, compulsive, coercive, forceful, degrading or threatening, abusive or aggressive.

Only one of the above characteristics needs to be a feature of the behaviour for it to be harmful.

## Educators and care providers

Educators and care providers include staff and third parties who provide education or care to children or young people. For the purpose of this procedure, ancillary staff and volunteers are not considered educators and care providers.

## Natural and logical consequences

**Natural consequences** are outcomes that happen as a result of behaviour without the educator or care provider needing to apply the consequences. Instead, the consequences occur naturally.

For example, if a child repeatedly uses sexual language that others find upsetting, other children will not play with them. The consequence was not planned or controlled by the educator or care provider, but they can help the child to make the connection between their behaviour and their peers avoiding them.

**Logical consequences** do not naturally occur because of the behaviour; they are intentionally applied but are clearly connected to the behaviour.

For example, if a child touches an educator's breast while reading together, the educator names the behaviour ('you're touching my breast') and lets them know it is not allowed.

If the behaviour then continues, a logical consequence is that reading together stops and the child returns to their desk and undertakes another activity.

## Non-leading and open-ended questions

Non-leading and open-ended questions allow the child or young person to answer the question in their own words. They do not suggest that a particular response is required, leaving them in control of how they answer the question.

These types of questions are less likely to prejudice a potential police and/or child protection investigation than 'leading' or 'closed' questions. An example of a non-leading and open-ended question is: 'I heard that something happened in the yard at lunchtime today. Tell me what happened.'

## Parent

In this context, the term 'parent' includes:

- legal guardians
- persons standing *in loco parentis*
- 'approved carers' as defined by the Children and Young People (Safety) Act 2017.

## Rape

Rape is sexual intercourse with another person without their consent.

Sexual intercourse means any penetration of another person's vagina, labia majora or anus by any part of the body of another person (such as penis or finger) or other object, or oral sex.

## Sexual harassment

Sexual harassment is behaviour:

- that is unwelcome
- that is sexual in nature
- where a reasonable person would anticipate, in the circumstances, that the person who was harassed would be offended, humiliated or intimidated.

## Sexual offences

In this procedure sexual offences include – brief definitions in brackets:

- rape (sexual intercourse without consent)
- sexual assault (any sexual act without consent)
- indecent assault (touching a person's body in a sexual manner without consent, eg unwanted touching of a person's breast, bottom or genitals)
- act of indecency (when someone does something of a sexual nature with or towards another person without their consent, or makes the person do something of a sexual nature towards them, such as unwanted masturbation in front of another person)
- making, sharing, requesting, accessing or having images or recordings of child exploitation material.

## Site

Site refers to all education and care settings. Sites include:

- adult re-entry settings
- centre-based childcare facilities
- out of school hours care facilities
- preschools and early learning centres
- schools
- the homes of approved family day care providers
- the homes of approved respite care providers.

## Site leader

Site leader refers to the individual who has ultimate responsibility for the safety and wellbeing of children and young people in an education or care setting. Site leaders include the:

- Family Day Care Scheme Manager
- Long Day Care/Rural Care Program Leader
- Out of School Hours Care Leader
- Preschool/Early Learning Centre Director
- Principal
- Respite Care Program Manager.

# Related legislation, policy and resources

## Related legislation

Children and Young People (Safety) Act 2017

Criminal Law Consolidation Act 1935

Disability Discrimination Act 1992

Disability Standards for Education 2005

Equal Opportunity Act 1984

Young Offenders Act 1993

## Related policies

Behaviour support policy (government only)

Incident coordination: managing incidents of extreme severity procedure and flowchart (government only)

Information sharing guidelines for promoting safety and wellbeing

Interagency code of practice: investigation of suspected harm to children and young people

Protective practices for staff in their interactions with children and young people

Provision of counselling for children, young people, parents and employees when responding to critical incidents of a sexual nature procedure (government only)

Reporting critical incidents, injuries, hazards and near misses procedure (government only)

Responding to online safety incidents in South Australian schools

Safeguarding children and young people policy (government only)

Sexual behaviour in children and young people guideline

Suspension, exclusion and expulsion of students procedure (government only)

## Related resources

Safety and risk assessment (government only)

See the following web page https://education.sa.gov.au/sexual-behaviour for additional resources to support the implementation of this procedure and associated guideline.

# Notes

# Notes

# Sexual behaviour in children and young people

## Procedure Appendices

Resources to help you carry out the actions in the procedure

Government of South Australia
Department for Education

aisSA Association of Independent Schools of South Australia

catholic education south australia

# Procedure appendices contents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See the following web page https://education.sa.gov.au/sexual-behaviour for additional resources to help you respond to children and young people's sexual behaviour.

The 'sexual behaviour in children and young people procedure and guideline' (5th edition revised 2025) replace the 4th edition revised 2022. Prior to 2022, guidance about sexual behaviour was contained in 'responding to problem sexual behaviour in children and young people: guidelines for staff in education and care settings.

# Appendix 1

## Sexual behaviour guide

This guide should not be used as a standalone resource, rather in conjunction with the procedure and associated 'sexual behaviour in children and young people guideline'. This guide is adapted with permission from True Relationships and Reproductive Health (2019).[1]

Sexual behaviour is not just about sex; it may include any talk, touch, questions, conversations and interests that relate to sexuality and relationships. Relationships can occur online and offline.

'Developmentally appropriate sexual behaviour' is a term used from a secular and developmental perspective, which may be different from cultural, ethical and religious views about sexual behaviour.

| Developmentally appropriate | Concerning | Harmful |
|---|---|---|
| Sexual behaviour is developmentally appropriate when it is:<br>• typical for age and/or developmental ability<br>• between equals in age, size and developmental ability<br>• spontaneous, curious, light-hearted, easily diverted, enjoyable, mutual and consensual<br>• about understanding and gathering information, balanced with curiosity about other parts of life.<br>For behaviour to be assessed as developmentally appropriate, all 4 of the above characteristics must be present. | Sexual behaviour causes concern because of:<br>• the type of activity or knowledge for age and/or developmental ability<br>• inequality in age, size, developmental ability or power<br>• persistence, intensity, frequency or duration of behaviour<br>• risk to the health, development or safety of the child/young person or others<br>• unusual changes in the child/young person's behaviour.<br>Only one of the above characteristics needs to be a feature of the behaviour for it to be concerning. | Sexual behaviour indicates or causes harm because it is:<br>• not appropriate for age and/or developmental ability<br>• between children with a significant difference in age, developmental ability or power<br>• secretive, manipulative or involves bribery or trickery<br>• excessive, compulsive, coercive, forceful, degrading or threatening, abusive or aggressive.<br>Only one of the above characteristics needs to be a feature of the behaviour for it to be harmful. |
| **Response** | **Response** | **Response** |
| • Talk, explain and give support<br>• Take a whole-site and/or class approach to relationships and sexual health education and skill development, with individual responses where indicated<br>• Record behaviour inconsistent with behaviour expectations of the site and the site's response. | • Record, monitor and give targeted support<br>• Report to CARL and/or police if required<br>• Work with others including parents and agencies where required<br>• Create a behaviour support plan or support and safety plan if required. | • Give immediate protection and follow-up support and make an official record<br>• Report to CARL and/or police if indicated<br>• Work with others including parents and agencies where required<br>• Create a behaviour support plan or support and safety plan if required. |

[1] Traffic Lights® 'sexual behaviours in children and young people: a guide to identify, understand and respond to sexual behaviours' (v4). True Relationships and Reproductive Health, 2019, Brisbane, Queensland.

## Examples 0 to 4 years

| Developmentally appropriate | Concerning | Harmful |
|---|---|---|
| • Comfortable being nude<br>• Body touching and holding own genitals<br>• Unselfconscious masturbation<br>• Interest in body parts and functions<br>• Wanting to touch familiar children's genitals during play, toilet or bath times<br>• Participation in games involving looking at and/or touching the bodies of familiar children eg 'show me yours and I'll show you mine'<br>• Asking about or wanting to touch the 'sexual body parts' of familiar adults eg when in the bath or shower<br>• Supervised online communication with family or **known** peers. | • Masturbation in preference to other activities<br>• Preoccupation with sexual behaviour<br>• Explicit sexual talk, art or play<br>• Persistently watching or following others into private spaces eg toilets, bathrooms to look at them or touch them<br>• Pulling other children's pants down or skirts up against their will<br>• Touching the 'sexual body parts' [2] of other children in preference to other activities<br>• Touching or attempting to touch the sexual body parts of adults in ways that are persistent and/or invasive<br>• Touching the sexual body parts of animals after redirection<br>• Recurrent urinary tract infections<br>• Communicating online with **known** people, which may include giving out personally identifying details. | • Compulsive masturbation that may be self-injurious, of a persistent nature or duration<br>• Persistent, explicit sexual themes in talk, art or play<br>• Disclosure of sexual abuse<br>• Simulation of sexual touch or 'sexual activity' [3]<br>• Persistently touching the 'sexual body parts' of others<br>• Forcing other children to engage in 'sexual activity' [4]<br>• Sexual behaviour between young children involving penetration with objects, masturbation of others, oral sex<br>• Indication of a sexually transmitted infection<br>• Communicating online with **unknown** people, which may include giving out personally identifying details<br>• Providing sexual images or videos online to **known** or **unknown** people. |

[2] 'Sexual body parts' include the bottom, breast, penis, testes/testicles, vagina and vulva.
[3] See page 7 for information about 'sexual activity'.
[4] See page 7 for information about 'sexual activity'.

## Examples 5 to 7 years

| Developmentally appropriate | Concerning | Harmful |
|---|---|---|
| • Increased sense of privacy about bodies<br>• Body touching and holding own genitals<br>• Masturbation with increasing awareness of privacy<br>• Curiosity about other children's genitals involving looking at and/or touching the bodies of familiar children eg 'show me yours and I'll show you mine'<br>• Curiosity about sexuality, eg questions about babies, gender, relationships, sexual activity [5]<br>• Telling stories or asking questions, using swear words, 'toilet' words or names for sexual body parts<br>• Kissing or holding hands with **known** peers<br>• Mimicking or acting out observed behaviour such as pinching a bottom<br>• Supervised online communication with family or **known** peers. | • Persistent rubbing or touching own genitals after redirection<br>• Masturbation in preference to other activities, in public, with others and/or causing self-injury<br>• Explicit talk, art or play of sexual nature<br>• Playing or attempting to play 'show me yours and I'll show you mine' games with significantly older or younger children<br>• Persistent attempts to touch the genitals of other children<br>• Persistent interest in touching or viewing other people's sexual body parts or private activities<br>• Persistent questions about sexuality despite questions being answered<br>• Persistent nudity and/or exposing sexual body parts in public places<br>• Touching the sexual body parts of animals after redirection<br>• Recurrent urinary tract infections<br>• Communicating online with **known** people that may include giving out personally identifying details. | • Rubbing or touching own genitals to the exclusion of usual activities<br>• Masturbation that is compulsive, self-injurious, self-harming or seeking an audience<br>• Rubbing own genitals on other people<br>• Disclosure of sexual abuse<br>• Simulation of sexual touch or sexual activity [6]<br>• Forcing other children to play sexual games<br>• Sexual knowledge beyond expected for age and/or developmental ability<br>• Indication of sexually transmitted infection<br>• Excessive talk about sex and sexual activity [7]<br>• Communicating online with **unknown** people that may include giving out personally identifying details<br>• Providing sexual images or videos online to **known** or **unknown** people. |

[5,6,7] See page 7 for information about 'sexual activity'.

## Examples 8 to 12 years

| Developmentally appropriate | Concerning | Harmful |
|---|---|---|
| • Growing need for privacy<br>• Masturbation with increasing awareness of privacy<br>• Curiosity about other children's genitals involving looking at and/or touching the bodies of familiar children eg 'show me yours and I'll show you mine' games with peers<br>• Showing curiosity about sexual body parts but having respect for the privacy of others<br>• Hugging, kissing, flirting, touching with **known** peers<br>• Interest and/or participation in a relationship with a peer of any gender<br>• Curiosity and seeking information about sexuality<br>• Use of sexual language<br>• Exhibitionism amongst same-age peers within the context of play eg occasional flashing or mooning<br>• Communicating online with family and **known** peers. | • Masturbation in preference to other activities, in public and/or causing self-injury<br>• Persistent explicit talk, art or play that is sexual or sexually intimidating<br>• Intentional viewing of other people's sexual body parts or private activities<br>• Marked changes to behaviour eg mimicking older or adult flirting behaviour, seeking relationships with older children or adults in preference to peers<br>• Simulation of sexual activities eg oral sex, sexual intercourse with clothes on<br>• Mutual or self-masturbation with **known** or **unknown** peers<br>• Hugging, kissing, flirting, touching with **unknown** peers<br>• Accessing age-restricted materials with sexually explicit content eg movies, games, adult pornography<br>• Persistent expression of fear of sexually transmitted infection or pregnancy<br>• Recurrent urinary tract infections<br>• Communicating online with **known** people that may include giving out personally identifying details. | • Compulsive masturbation eg self-harming, seeking audience<br>• Persistent bullying involving sexual aggression eg pulling/lifting/removing other children's clothing, sexually threatening notes, sending sexually explicit material, drawings, text messages<br>• Degrading or humiliating self or others using sexual themes<br>• Disclosure of sexual abuse<br>• Accessing the rooms of sleeping children to touch or engage in sexual activity [8]<br>• Touching another person's sexual body parts without permission<br>• Sexual activity [9] or penetration with animals, dolls/stuffed toys<br>• Participating in or simulating intercourse and/or oral sex with **known** or **unknown** peers with clothes off<br>• Sexual activity [10] in exchange for material items or privileges<br>• Indication of sexually transmitted infection or pregnancy<br>• Communicating online with **unknown** people that may include giving out personally identifying details<br>• Communicating online with **known** or **unknown** people to send or publish sexual images, videos or audio of self or another person. |

[8] See page 7 for information about 'sexual activity' and 'consent'.
[9] See page 7 for information about 'sexual activity'.
[10] See page 7 for information about 'sexual activity'.

## Examples 13 to 15 years

| Developmentally appropriate | Concerning | Harmful |
|---|---|---|
| • Need for privacy<br>• Masturbation in private<br>• Accessing information about sexuality<br>• Viewing **age and developmentally appropriate** materials for sexual arousal eg music videos, magazines, movies<br>• Sexually explicit mutual conversations and/or use of humour and obscenities with peers<br>• Interest and/or participation in a relationship with a peer of any gender<br>• Mutually consenting sexual activity [11] for pleasure, in private, with a **known** peer of similar age/ developmental ability<br>• Communicating online with peers<br>• Arranging a meeting with a **known** peer, who they communicate with online **with the knowledge** of a **known** adult. | • Sexual preoccupation that interferes with daily functioning<br>• Sexual activity [12] with a person of more than 2 years' difference in age, developmental ability and/ or peer grouping<br>• Viewing **age and developmentally inappropriate** materials for sexual arousal eg music videos, magazines, movies, adult pornography<br>• Indication of sexually transmitted infection or pregnancy<br>• Non-consensual viewing of others while they are engaged in sexual activity [13] or nudity<br>• Explicit communications, art or actions that are obscene or sexually intimidating<br>• Repeated exposure of sexual body parts in a public place with peers eg flashing<br>• Recurrent urinary tract infections<br>• Communicating online with **unknown** people that may include giving out personally identifying details<br>• Communicating online to send or publish sexual images, videos or audio of self or another person with their consent [14]<br>• Arranging a meeting with **an online acquaintance accompanied** by a **known** peer or adult. | • Compulsive masturbation eg self-harming, in public, seeking an audience<br>• Engaging vulnerable others in a process to gain sexual gratification by using grooming techniques eg gifts, lies, flattery<br>• Force or coercion of others into sexual activity [15]<br>• Disclosure of sexual abuse/ sexual assault<br>• Sexual activity [16] or penetration with animals, dolls/stuffed toys<br>• Unsafe sexual activity [17] including unprotected sex, sexual activity while intoxicated, multiple partners and/or frequent change of partner<br>• Sexual activity [18] in exchange for material items or privileges<br>• Sexual contact with others with a significant difference in age and/or developmental ability<br>• Creating, possessing, accessing or sending child exploitation materials eg photos of children naked or in sexual activities<br>• Harassing or coercing others to take or send sexual images, video or audio<br>• Deliberately sending and/ or publishing sexual images, videos or audio of another person without their consent [19]<br>• Arranging a meeting with **an online acquaintance accompanied** by a **known** peer or adult. |

[11,12,13] See page 7 for information about 'sexual activity'.

[14,15,16,17, 18] See page 7 for information about 'sexual activity' and 'consent'.

[19] See page 7 for information about 'sexual activity' and 'consent'.

## Examples 16 to 18 years

| Developmentally appropriate | Concerning | Harmful |
|---|---|---|
| • Need for privacy<br>• Masturbation in private<br>• Accessing information about sexuality<br>• Viewing materials for sexual arousal eg music videos, magazines, movies, adult pornography<br>• Sexually explicit mutual conversations and/or use of humour and obscenities with peers<br>• Interest and/or participation in a relationship with a person of any gender<br>• Mutually consenting sexual activity [20] for pleasure, in private, with a partner of similar developmental ability<br>• Communicating online with peers<br>• Arranging a meeting with **an online acquaintance accompanied** by a **known** peer or adult. | • Sexual preoccupation that interferes with daily functioning<br>• Non-consensual viewing of others while they are engaged in sexual activity [21] or nudity<br>• Explicit communications, art or actions that are obscene or sexually intimidating<br>• Sexual activity [22] in exchange for material items or privileges<br>• Repeated exposure of sexual body parts in a public place with peers eg flashing<br>• Unsafe sexual behaviour, including unprotected sex, sexual activity [23] while intoxicated, multiple partners and/or frequent change of partner<br>• Indication of sexually transmitted infection or unplanned pregnancy<br>• Arranging a meeting with **an online acquaintance with the knowledge** of a **known** peer or adult. | • Compulsive masturbation eg self-harming, in public, seeking an audience<br>• Preoccupation with sexually aggressive and/or illegal pornography<br>• Disclosure of sexual abuse or sexual assault<br>• Sexual contact and activities with animals<br>• Forcing or manipulating others into sexual activity [24]<br>• Engaging others in a process to gain sexual gratification by using grooming techniques eg gifts, manipulation, lies<br>• Creating, possessing, accessing or sending child exploitation materials eg photos of children naked or in sexual activities<br>• Harassing or coercing others to take or send sexual images, videos or audio<br>• Deliberately sending or publishing sexual images, video or audio of another person without their consent [25]<br>• Arranging a meeting with **an online acquaintance without the knowledge of a known** peer or adult. |

[20,21,22,23,24]
See page 7 for information about 'sexual activity'.

[25]
See page 7 for information about 'sexual activity' and 'consent'.

# Information to support the use of the 'sexual behaviour guide'

## Sexual activity and the 'sexual behaviour guide'

The guide refers to 'sexual activity' rather than specifying particular sexual behaviour. This is because the context of the behaviour is usually more critical in assessing whether it is likely to be developmentally appropriate, concerning or harmful than the specific behaviour itself.

The context of the behaviour includes factors such as mutual consent, the age, developmental ability and relationship between those involved. See the 'professional judgement assessment checklist' on page 10 for more information about context.

'Sexual activity' refers to a broad range of sexual behaviour, including:

- kissing
- hugging
- touching
- fondling
- oral sex
- vaginal or anal penetration with a penis, finger or other object.

When you read 'sexual activity' in the 'sexual behaviour guide', you will need to consider what sexual behaviour is likely to be age and developmentally appropriate within the specific context for the particular children and young people involved.

## Consent and the 'sexual behaviour guide'

The term 'consent' in the guide does **not** consider laws about the age of consent. Rather, it refers to a voluntary agreement to engage in a particular sexual activity. Consent is explicitly expressed through mutually understandable communication or words.

Consent must be:

- mutual – all participants agree every time
- freely given – a choice made without pressure, guilt or threats
- informed – all participants understand what's about to happen
- certain and clear – it's a 'yes', not a 'maybe' or 'I think so'
- enthusiastic – all participants are excited and want to continue
- reversible – anyone can stop and change their mind at any time
- specific – saying yes to one thing doesn't mean yes to everything
- ongoing – given before and during the activity, and next time.[26]

A person **cannot give consent** if they:

- are tricked, coerced, threatened, forced or afraid
- are restrained against their wishes
- are asleep or unconscious
- are affected by alcohol or drugs to the point that they cannot consent
- are affected by a physical, mental or intellectual condition or impairment that affects their ability to consent
- are mistaken or cannot understand the nature of the act or the identity of the person they are engaging in the activity with.[27]

Sexual activity without consent is **harmful sexual behaviour** and a **sexual offence** and should be reported to CARL and the police.

[26] https://kidshelpline.com.au/teens/issues/what-consent
[27] Adapted from Youth Law Australia https://yla.org.au/sa/topics/health-love-and-sex/sex/

## Consent and the law

### The age of consent

The age of consent is the age at which the law says a person can agree to have **sexual intercourse**. 'Sexual intercourse' means any penetration of another person's vagina, labia majora or anus by any part of the body of another person (eg penis or finger) or other object, or oral sex. If a person is under the age of consent, the law says they cannot legally agree to have sexual intercourse. Any person who has sexual intercourse with a person who is under the age of consent is breaking the law.

It is against the law for:

- a person to have sexual intercourse with a person **under the age of 17 years**
- a person in a **position of authority** in relation to a person under the age of 18 years, to have sexual intercourse with that person
- a person, knowing that another is by reason of **intellectual disability** unable to understand the nature or consequences of sexual intercourse, to have sexual intercourse with that person.

Examples of positions of authority include a teacher, religious leader, sports coach, step parent, employer.

**Willingness to engage in sexual intercourse is not a defence** to a charge of unlawful sexual intercourse.

See indicators of harm or risk to assist your professional judgement about whether a notification to CARL about unlawful sexual intercourse is required.

### Sexual harassment

Sexual harassment is behaviour:

- that is unwelcome
- that is sexual in nature
- where a reasonable person would anticipate, in the circumstances, that the person who was harassed would be offended, humiliated or intimidated.

Some examples of concerning and harmful sexual behaviour listed in the 'sexual behaviour guide' are sexual harassment. Other examples of sexual harassment include:

- unwelcome touching, hugging or kissing
- staring or leering
- suggestive comments or jokes
- intrusive questions about a person's private life or body
- insults or taunts based on a person's sex
- unwanted invitations to go out on dates or requests for sexual activity
- communicating content of a sexual nature through social media or text messages
- behaviour that would be an offence under the criminal law, such as physical assault, indecent exposure, sexual assault, stalking or obscene communications.

Section 87(3) of the *Equal Opportunity Act 1984* states: 'It is unlawful for a student of or over 16 years of age, while in attendance at a place in connection with his or her education, to subject a person who works at the educational institution at which the student is enrolled or a fellow student to sexual harassment.'

See indicators of harm or risk to assist your professional judgement about whether a notification to CARL about sexual harassment is required. Sexual harassment that is **also a sexual offence** should be reported to police.

## Child exploitation material

In Australia, it is illegal to make, share, request, access or have images or recordings that show a person under 18 (or who looks like they are under 18) in a sexual way. This includes text messages or pictures of children and young people who are:

- posing in a sexual way
- involved in a sexual act
- with someone else who is posing in a sexual way or involved in a sexual act
- showing their genital area, anal area or their breasts for a sexual purpose.[28]

Child exploitation material is **concerning or harmful sexual behaviour** and a **sexual offence** and should be reported to CARL and the police.

[28] Youth Law Australia https://yla.org.au/sa/topics/internet-phones-and-technology/sexting-laws/

# Appendix 2

## Professional judgement assessment checklist

### Nature of the behaviour

- Was the child or young person's behaviour directed towards themselves or others?
- How intrusive was the behaviour (eg penetration, attempted penetration, oral sex, touching over or under clothes, sexual talk, voyeurism)?
- Was the behaviour illegal?

### Developmental stage and ability of the children or young people involved

- Do any of the children or young people have a disability or additional needs?
- Was the behaviour typical for the age in years, and/or developmental abilities of the children or young people involved? See Appendix 1 'sexual behaviour guide'. Consider that the developmental abilities of children and young people with disability and additional needs may be different from what is typically expected for their age in years.
- Was the behaviour between children and young people of similar ages and/or developmental abilities?

### Context of the behaviour

- Was the behaviour spontaneous, mutual and in the context of play?
- Was there secrecy, coercion, threats, force, aggression or violence?
- Was the behaviour a strategy for coping with negative emotion or seeking attention or control?
- Is there a history of previous sexual behaviour?

### Relationship between the children or young people involved

- Was the behaviour between children and young people who usually play or spend time together (eg friends, siblings, other family members or kin)?
- Was there an imbalance of power, control or vulnerability (eg age, ability, size, strength, status, sexual knowledge or experience)?

### Frequency and persistence of the behaviour

- Is the behaviour one-off, occasional, frequent or compulsive?
- Does the behaviour happen more often than is typical for age and/or developmental ability?
- Is the child or young person's interest in the behaviour in balance with other aspects of their life?
- Is the behaviour responsive to adult intervention?

### Impact of the behaviour on all children or young people involved

- Does the behaviour negatively impact the child or young person's development or functioning?
- Does the behaviour cause fear, anxiety, distress or worry for the child or young person and/or others?

## Responses of those involved

- How did the child or young person who engaged in the behaviour respond to adult intervention?
- Were they comfortable, anxious, embarrassed, ashamed, angry, aggressive, defensive or did they show no emotion?
- Did they understand the likely impact of their behaviour on others and why people were concerned about the behaviour?
- Did they take responsibility, demonstrate remorse and empathy?
- How did those on the receiving end of the behaviour respond?
- Were they comfortable, embarrassed, irritated, anxious, fearful?
- Were they able to tell someone and seek help?
- If the behaviour was directed towards an adult, did the adult feel unable to control the behaviour and protect themselves or others?

In considering the responses of the children and young people involved, consider:

- non-verbal responses
- that children and young people who have experienced trauma, have a disability, or are from a culturally and linguistically diverse background may respond differently than some other children and young people.

## Broader behaviour, social and family context[29]

- Does the child or young person who engaged in the behaviour have other concerning behaviour or social and emotional, or mental health difficulties?
- What are the family and family network's attitudes towards and boundaries about sexuality, sex education, privacy and discussing sexual behaviour?
- Is the family and family network:
  - minimising and discounting of the concerns about sexual behaviour
  - rejecting, harsh and punitive towards the child or young person
  - or do they demonstrate protectiveness towards the child or young person and are willing and able to support them?
- Is there a background of abuse, neglect, trauma, discontinuity of care and disrupted attachment?

[29] See 'working with culturally diverse families' on page 33 of the 'sexual behaviour in children and young people guideline' for cultural and communication considerations.

# Appendix 3

## Police and Department for Child Protection (DCP) initial discussions with children and young people on education and care sites

The following information is adapted from the interagency code of practice: investigation of suspected harm to children and young people, (Government of South Australia).

If it is necessary for police or the Department for Child Protection to speak to a child or young person on an education or care site, then:

- police and/or DCP should allow sufficient time to contact the site to arrange for the discussion with the child or young person
- all parties need to be sensitive to the needs of the child or young person (police will consider non-uniformed personnel)
- the presence of the site leader or other site personnel to support the child or young person during the discussion depends upon the circumstances surrounding the alleged harm and/or to whom the initial allegation was made
- the person to whom the child or young person first disclosed the alleged abuse is a potential witness. Only in exceptional circumstances should this person be present for any subsequent discussion or interview with the child or young person. If the alleged harm relates to a sexual offence, a statement must be obtained from the initial complaint witness prior to them being present during any discussion or interview with the child or young person
- if the discussion is to be conducted by DCP, DCP must provide a letter to the site leader outlining its authority under the *Children and Young People (Safety) Act 2017*
- following the discussion, the education or care service should follow their internal processes for supporting the child or young person.

Additionally:

- police and/or DCP will decide whether to advise the parents before or after the discussion
- police and/or DCP will decide when it is reasonably practicable in the circumstances to advise the parents
- it is the responsibility of police and/or DCP to advise the parents that an initial discussion has taken place with the child or young person
- the primary responsibility of the site leader and other site personnel is the wellbeing of the child or young person.

If police need to interview a young person (on an education or care site), which could result in the arrest, report or caution of the young person, the police officers should contact or report to the site leader prior to this occurring, to make appropriate arrangements to ensure the safety of the young person, other children and young people and personnel on site.

When a young person is spoken to, arrested, reported or cautioned on site, the young person must be dealt with pursuant to the *Young Offenders Act 1993* for the offence.

Police are responsible to take all reasonable steps to inform before commencing an interview

- the young person's parent
- an adult nominated by the young person (where a parent is not available) who has a close association with the young person or has been counselling, advising or aiding them (this could be an educator, care provider or other staff member at the site)

and invite them to be present during any interview.

Police must comply with Section 74D of the *Summary Offences Act 1953* (obligations to record interviews with suspects).

During the interview, the police are responsible for:

- informing the young person of their rights, including the right not to answer questions, to have someone present and legal representation present. It's the job of police to ensure that the young person understands their rights before the interview commences
- explaining to the young person the nature of the allegations against them
- assisting the young person by facilitating contact with legal counsel by providing them with a 'notice to youth of legal advice' where the young person is unable to nominate legal counsel
- organising communication assistance to meet the young person's communication and/or language needs if required. For example, if they have a disability or are from a culturally and linguistically diverse background.

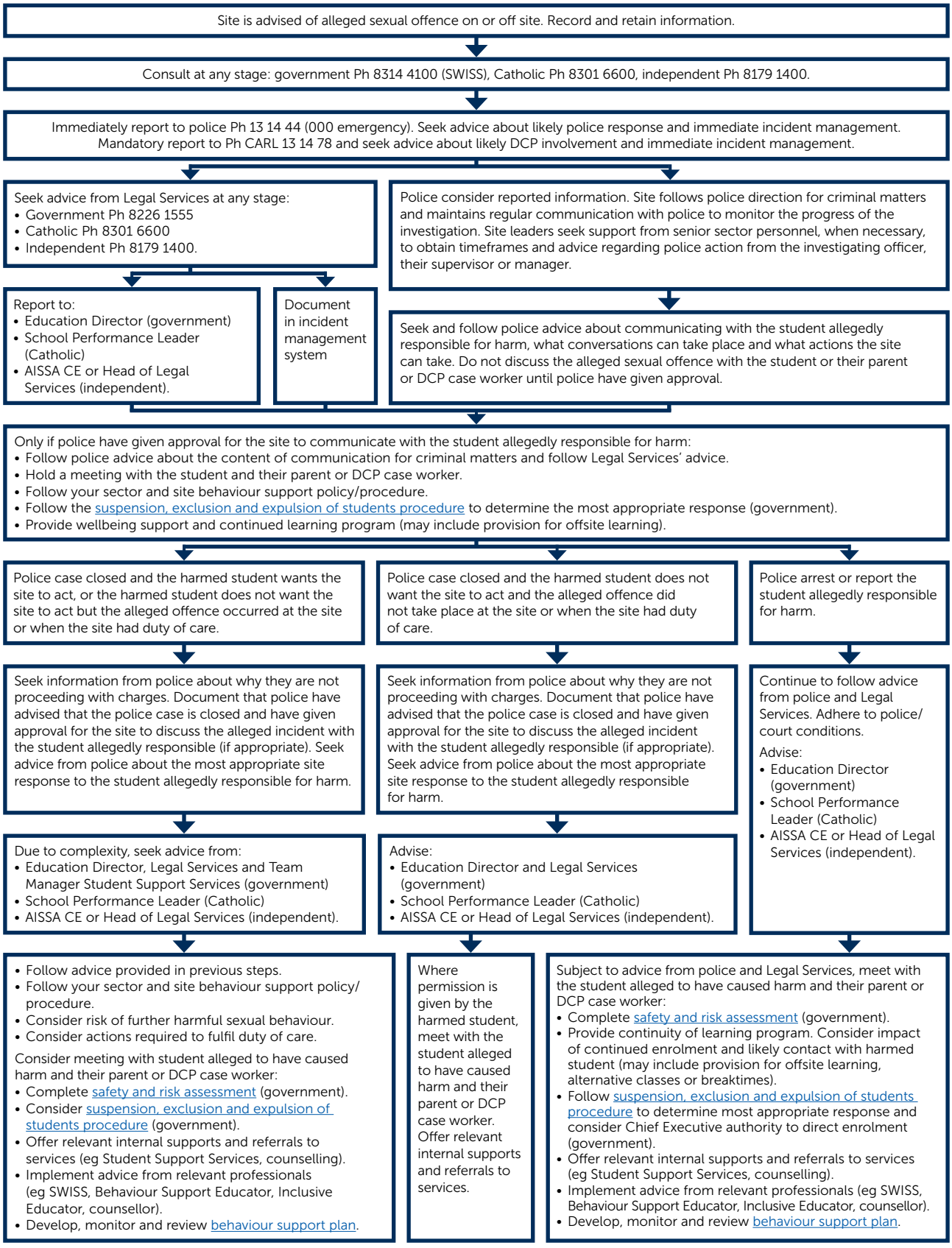
If an educator, care provider or staff member who is assisting to support the young person during interview is concerned that the young person has not understood their rights, they should raise this with the interviewing police officer.

It should be noted that site personnel who act as the responsible adult in a police interview could be summonsed to court as a witness. If site personnel have concern in relation to this, they should contact their sector's Legal Services before agreeing to sit in the interview.

# Appendix 4

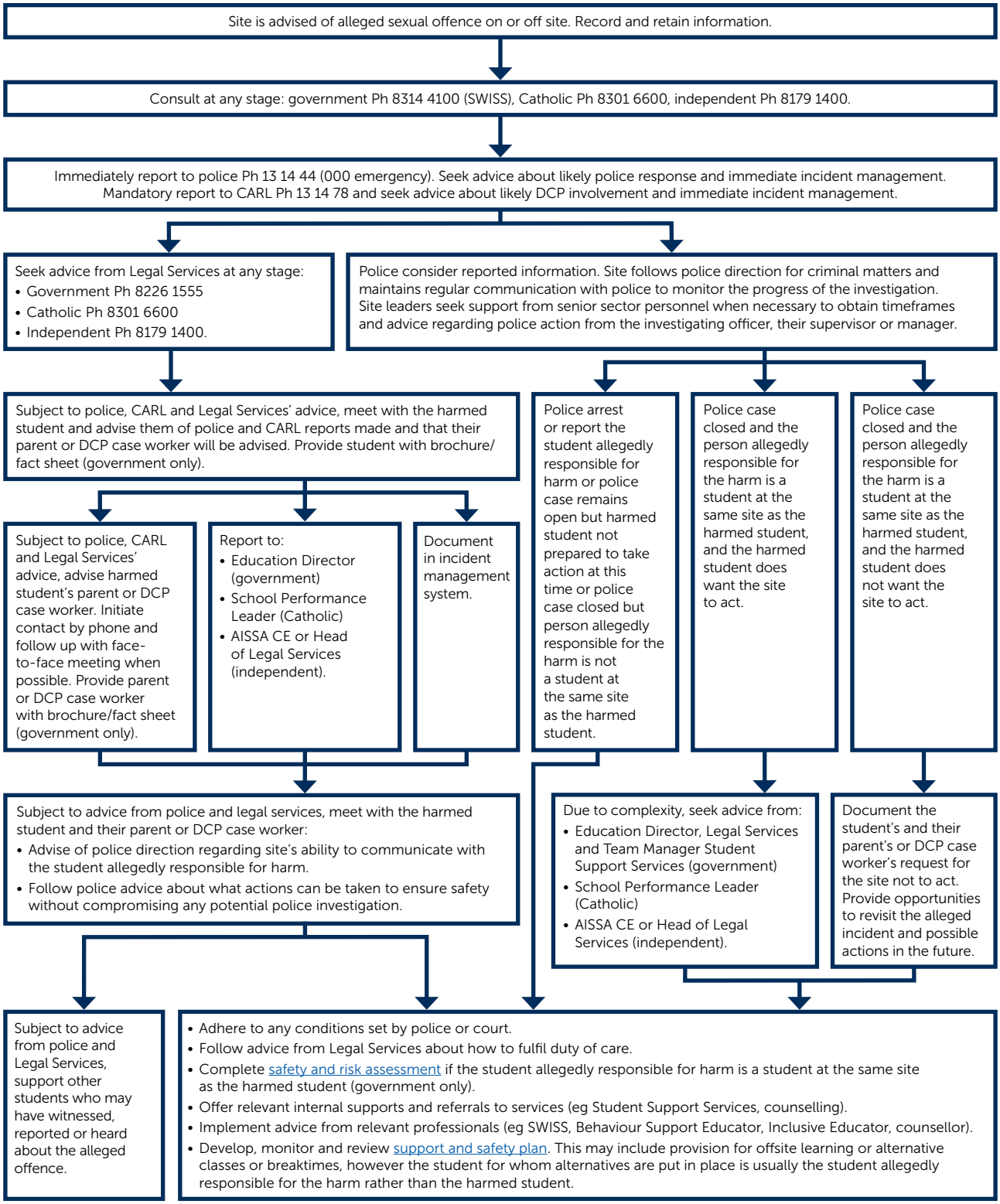
## Sexual offence flowchart – student allegedly responsible for harm

This flowchart must be read and actioned together with the flowchart for the harmed student (see page 15) and the 'sexual behaviour in children and young people procedure'. Download an A3 version of this flowchart.



# Sexual offence flowchart – harmed student

This flowchart must be read and actioned together with the flowchart for the student allegedly responsible for harm (see page 14) and the 'sexual behaviour in children and young people procedure'. Download an A3 version of this flowchart.



# Appendix 5

Download this checklist.

## Response checklist – developmentally appropriate sexual behaviour

### Whole-site and public health approaches to prevention

- [ ] Adopt, monitor and review whole-site and public health approaches to prevention.
- [ ] Create and maintain supportive, safe and inclusive learning environments.
- [ ] Teach and model behaviour expectations, social and emotional skills, safe behaviour and sexual health education in an age and developmentally appropriate way.
- [ ] Teach child safety and respectful relationships curriculum.
- [ ] Teach about consent and the importance of seeking, giving and refusing permission in relationships.
- [ ] Adjust the curricula to ensure all children and young people can access the required learning.

See the 'sexual behaviour in children and young people guideline' for detailed information about whole-site and public health approaches to prevention.

### Respond to developmentally appropriate sexual behaviour that occurs at the wrong time and/or in the wrong place

- [ ] Respond proportionally to any incidents – consider your first reaction, do not punish or shame.
- [ ] Safely intervene to stop or interrupt the behaviour.
- [ ] Describe the behaviour in a way that the child or young person understands.
- [ ] Describe the impact of the behaviour on others.
- [ ] Remind them of the behaviour expectations of your site.
- [ ] Redirect to expected behaviour.
- [ ] Communicate about healthy sexuality (such as when redirecting developmentally appropriate holding of genitals or masturbation during group time in preschool, refer to the behaviour as private).

### Document and report to the site leader behaviour that is inconsistent with the site's behaviour expectations

- [ ] Document sexual behaviour and the response, including updating personalised learning plans such as behaviour support plans.
- [ ] Report sexual behaviour to site leaders.

### Communicating with parents

- [ ] Let parents know about:
  - developmentally appropriate sexual behaviour
  - the impact that disability and additional needs may have on what may be considered developmentally appropriate
  - behaviour expectations of the site.
- [ ] Explain how parents can positively reinforce messages about appropriate sexual behaviour.
- [ ] Provide parents with 'sexual behaviour in children and young people: information for parents and carers'.
- [ ] Educate parents about child safety, respectful relationships, consent and sexual health education.

### Work with others

- [ ] Communicate with DCP worker if the child or young person has an open DCP case.

# Appendix 6

**Download this checklist.**

## Response checklist - concerning or harmful sexual behaviour

Concerning and harmful sexual behaviour includes behaviour directed towards self and others. Not all the items in this checklist will apply to all concerning and harmful sexual behaviour. Some behaviour may be a suspected sexual offence or child protection concern and others will not.

### Immediate response – first person involved

- [ ] Safely intervene to stop or interrupt the behaviour.
- [ ] Respond proportionately – consider your first reaction, remain calm, do not punish or shame.
- [ ] Respond to immediate safety concerns.
- [ ] Implement processes from any plans already in place.
- [ ] Support and closely supervise children and young people.
- [ ] Secure digital content and devices if appropriate.
- [ ] Inform and handover to site leader.
- [ ] Document what you heard, saw and did, including any questions asked of or responses from the children or young people involved.

### Assess and respond to behaviour – site leaders

- [ ] Clarify the nature of the incident and who was involved.
- [ ] Do not prejudice a potential criminal investigation. Do not ask leading questions. Speak separately to those involved. Minimise the number of times the children or young people are spoken to and the number of people who speak with them. See page 6 of the procedure.
- [ ] Thoroughly document all discussions.
- [ ] Consult SWISS (government) Ph 8314 4100.
- [ ] Use 'sexual behaviour guide' (see Appendix 1) and 'professional judgement assessment checklist' (see Appendix 2) to determine if the behaviour is likely to be developmentally appropriate, concerning or harmful.
- [ ] Develop an initial response plan for clear actions.
- [ ] Check the wellbeing and support needs of those involved as frequently as required.

### Involve Department for Child Protection (DCP)

- [ ] Refer to indicators of harm or risk.
- [ ] Report any children or young people at risk to CARL Ph 13 14 78 or through eCARL.
- [ ] Advise allocated DCP case worker.
- [ ] Seek and follow DCP advice about current or likely DCP involvement, incident management, what information can be provided to others, how to support and protect those involved.
- [ ] Make record of notification and advice.
- [ ] Do not prejudice a potential child protection investigation by asking leading questions.
- [ ] Give DCP the chance to contribute to any plans.
- [ ] Continue to work in partnership with DCP.

### Work with police

- [ ] Report alleged/suspected sexual offences immediately if child is 10 years of age or older. Ph 13 14 44, or 000 in emergency.
- [ ] Report alleged/suspected rape immediately regardless of the age of the child or young person who engaged in the behaviour. Ph 13 14 44, or 000 in emergency.

- [ ] Seek and follow police advice about incident management, what information can be given to others, how to support and protect those involved, and how to secure evidence.
- [ ] Record police reference number and advice given.
- [ ] Do not prejudice a potential criminal investigation.
- [ ] Carefully document any information provided by children, young people and others.
- [ ] Give police the chance to contribute to any plans.
- [ ] Continue to work in partnership with police.
- [ ] Seek legal advice from your sector's legal services or via your sector office when offences are involved.

## Report critical incidents

- [ ] Report to the Education Director or Manager, Family Day Care Programs (government).
- [ ] Report to CESA School Performance Leader (Catholic).
- [ ] Report to AISSA CE or Head of Legal Services (independent).
- [ ] Document critical incidents in the department's incident management system (government) (see timeframes in the procedure).
- [ ] Report to Education Standards Board (preschools, FDC, LDC/rural care program and OSHC only) within legislated timeframes.
- [ ] Report to NDIS Quality and Safeguards Commission (RCP only via Manager, Respite Care Program).
- [ ] Report to Regulation and Compliance (RCP only).

## Behaviour support plans, and support and safety plans

- [ ] Develop hypothesis for the function of the behaviour (eg seeking connection with peers).
- [ ] Implement alternative strategies for the child or young person's needs to be met without the behaviour (eg explicit teaching of social skills).
- [ ] Develop, monitor and review behaviour support plans (see Appendix 9) and/or support and safety plans (see Appendix 10), involving others as appropriate.
- [ ] Revise or develop personalised learning plans (eg One Plans in government education and care sites).
- [ ] Consult relevant professionals (eg SWISS, Behaviour Support Educator, Inclusive Educator).

## Communicate with parents

- [ ] Seek advice from police and/or DCP before informing parents (where relevant).
- [ ] Advise parents of those directly involved or witness to the incident at the earliest possible opportunity (unless otherwise directed by police or DCP).
- [ ] Seek advice from your sector's legal services before advising other parents (see Appendix 11).
- [ ] Give parents 'children and young people's sexual behaviour in education and care settings: a guide for parents and carers'.
- [ ] Explain how parents can positively reinforce messages about appropriate sexual behaviour.

## Documentation

- [ ] Keep confidential documentation of incidents and responses in the child or student file.
- [ ] Keep the department's incident management system up to date (government).

See 'documentation' in the procedure.

## Support and debriefing for educators and care providers

- [ ] Offer debriefing, guidance and support.
- [ ] Offer psychological support (EAP, counselling, GP).
- [ ] Consult Employee Psychological Services or Ph 8226 0744 (government).

# Appendix 7

## Examples of responding to sexual behaviour incidents

### Response to developmentally appropriate sexual behaviour

**Scenario:** Two boys (both aged 6), are found in a secluded area of the yard with their trousers and underwear down. They are playing 'I'll show you mine, if you show me yours', showing each other their penises. There is no imbalance of power between them, and they are giggling.

| Steps | Example |
|---|---|
| Safely intervene to stop or interrupt the behaviour. | 'Pull up your trousers and underwear please'. |
| Clearly and directly describe the observed behaviour using communication or language that the children or young people understand. | 'You had your trousers and underwear down and were showing each other your penises'. |
| Describe the impact on others. | 'When I saw you both with your trousers down, I felt uncomfortable'. |
| Remind of the behaviour expectation. | 'Clothes stay on at school. Taking your clothes off is what you do in a private place. School is a public place'. |
| Redirect to expected behaviour. | 'Let's go back and join the football game'. |

## Response to concerning sexual behaviour

**Scenario:** Seema (aged 11) has previously used explicit sexual language in her conversations with peers in class. She doesn't appear concerned about the effect of what she says on others. She appears to get something from negative attention. The teacher has previously spoken to Seema about her language, the impact it has on others and the expectations about how people talk to one another at school. The teacher heard Seema say to Yasmin, 'I bet you play with your pussy, don't you? I play with mine', while Seema pointed to her genital area. Yasmin looked confused and moved away from Seema.

| Steps | Example |
|---|---|
| Safely intervene to stop or interrupt the behaviour. | 'Seema, I need you to stop talking to Yasmin now and come to talk with me'. |
| Clearly and directly describe the observed behaviour using communication or language that the children or young people understand. | 'I heard you say "I bet you play with your pussy, don't you? I play with mine" to Yasmin and I saw you point to your genital area'. |
| Describe the impact on others. | 'When I heard you say that I felt disappointed. When you say sexual things to your classmates, it makes them feel uncomfortable and they avoid you because of the way you talk to them'. |
| Remind of the behaviour expectation. | 'The word "pussy" is a slang word for vagina and is sexual talk. We do not use sexual talk at school. You do not have the right to talk to anyone in a way that makes them feel uncomfortable'. |
| Prohibit the behaviour and use natural and logical consequences. | 'You must stop saying sexual things to other people. You can only work in the group when I am present. If I am not available to monitor the group work, you must work at your individual desk'. |

It is important to use the child's own words. In this case, the teacher clearly heard what Seema said to Yasmin. That's why it's okay for the teacher to repeat back to Seema what she heard Seema say to Yasmin. Take care when talking to children and young people about sexual behaviour incidents. This style of questioning would only be used if the responder, such as the teacher, had observed and heard what was said for themselves. If this wasn't the case, the responder would need to ascertain what had happened from the child on the receiving end, before speaking with the child or young person who initiated the behaviour.

In this scenario Seema's behaviour is not criminal in nature and is unlikely to attract a child protection investigation. However, some concerning (amber) behaviour may result in a police and/or child protection investigation. Therefore, it is important when responding to concerning sexual behaviour not to take any action that may prejudice any subsequent investigation.

## Response to harmful sexual behaviour

**Scenario:** While on yard duty, the teacher heard a female voice say 'No! Stop!' When they walked around the corner, they saw Amir (aged 15) grabbing Rana's breast over her shirt and placing her hand on his penis over his trousers. Rana is also aged 15.

This sexual behaviour incident is a potential criminal offence because:

- it appears that Amir has indecently assaulted Rana
- Amir is over the age of criminal responsibility.

The incident must be reported to police. It is important to keep discussion with Amir and Rana minimal so as not to undermine any potential criminal investigation. You can ask about Rana's wellbeing and support needs without asking questions about the incident.

| Steps | Example |
|---|---|
| Safely intervene to stop or interrupt the behaviour. | 'Amir, stop what you are doing'. |
| Clearly and directly describe the observed behaviour using communication or language that the children or young people understand. | Unlike the previous 2 examples, you must not explicitly describe what you saw, as this could undermine a potential police investigation. You could say 'Amir, I saw what happened'. This lets Amir know that you saw his behaviour. |
| Describe the impact on others. | Unlike the previous 2 examples, you must not describe the impact on others as this could undermine a potential police investigation. You should skip this step. |
| Remind of the behaviour expectation. | Again, so as not to undermine a potential police investigation, you would not explicitly state the behaviour expectation. You could say 'Amir, that behaviour is not okay'. This lets Amir know that his behaviour is not acceptable. |
| Prohibit the behaviour and use natural and logical consequences. | 'Amir, you must not do that. I need you to come with me to the Principal's office straight away'. |

# Appendix 8

## Suspension, exclusion and expulsion, and Chief Executive authority to direct enrolment – government schools only

### Targeted use of suspension and exclusion

The targeted use of suspension and exclusion may be required for immediate safety while supports are put in place to ensure the ongoing safety of all children and young people. Do not use suspension and exclusion as punishment.

While suspension and exclusion may be necessary as an immediate response to a high-risk situation, they do not reduce the risk of children and young people engaging in concerning or harmful sexual behaviour in the longer term. In fact, they may increase the risk of future harm as exclusionary discipline may reinforce the difficulties that contributed to the sexual behaviour in the first place (such as feelings of loneliness, isolation, difference and low self-esteem), and cause feelings of anxiety, anger and resentment.

Government schools must follow the suspension, exclusion and expulsion of students procedure so that the use of suspensions, exclusions and expulsions complies with the legislative authority provided by the *Education and Children and Children's Services Act 2019* (the Act) and the Education and Children's Services Regulations 2020.

### Incidents that happen outside of school hours and/or off school grounds

Principals may suspend, exclude or expel (16 years or older) a child or young person for behaviour that happens outside of school hours and/or off school grounds where there is a reasonable connection between the child or young person's behaviour, the school community and school relationships. For example, an alleged sexual assault at a party at the weekend and the young people involved attend the same school.

### Illegal behaviour

Sections 76, 77, 78 and 79 of the Act provide for the suspension, exclusion and expulsion of children and young people where there is a reasonable belief that they have acted illegally. Suspensions, exclusions and expulsions can occur in response to behaviour being investigated by police. The Principal or Chief Executive must believe on reasonable grounds that the child or young person has acted illegally.

Refer to the suspension, exclusion and expulsion of students procedure for details about who (Principal or Chief Executive) is authorised to make the decisions in sections 76, 77, 78 and 79 of the Act.

The suspension, exclusion or expulsion:

- may happen while the matter is being investigated by police
- is valid even where police do not proceed with charges or where a finding of guilt is not made by a court
- may be made some time after the original incident if the information that causes the principal or Chief Executive to form a reasonable belief has only recently been discovered.

Principals should consult with the investigating police officer to:

- make sure any actions taken do not compromise any potential police investigation
- determine if there are any legal conditions imposed on the child or young person.

Sometimes circumstances arise where a Principal determines that a child or young person should be suspended or excluded, however, police are not yet able to lay criminal charges, and the child or young person may not be aware that an allegation of a sexual offence has been made to police.

Principals must liaise with the investigating police officer in these circumstances to determine how actions can be taken to ensure safety without compromising the police investigation.

## Chief Executive authority to direct enrolment

Section 62 of the Act provides for the Chief Executive, Department for Education to direct that a child or young person be enrolled in a specified government school. The need for the Chief Executive to consider an enrolment direction will be rare, for example:

- the child or young person's behaviour poses an unmanageable risk to the health, safety and wellbeing of members of the school community
- it is necessary for the child or young person's own health, safety or welfare.

The Principal of a government school may seek a direction of enrolment. For further advice and support, contact the Schools and Preschools Division at education.SchoolsandPreschools@sa.gov.au.

# Appendix 9

## Behaviour support plan

**Download the behaviour support plan template, type your information into the template, and delete the explanatory text.**

| **Behaviour support plan for children and young people who have engaged in concerning or harmful sexual behaviour** | | |
|---|---|---|
| **Name:** | | |
| **Date of birth:** | | |
| **Behaviour expectations** | **Persons responsible** | **Success indicators** |
| What are the specific expectations about behaviour:<br>• in class?<br>• in the yard?<br>• in their contact with others? – consider individuals and age groups.<br>• when using toilets or change rooms?<br>• when using technology?<br>• at the beginning and end of each day?<br>• in other specific settings (eg while attending camps, formals, sports days, excursions, work experience, on transport)? | The child or young person.<br>Who is responsible for informing others (eg other teachers, relief staff, yard duty staff, and front office staff) of the behaviour expectations?<br>Who will discuss the behaviour expectations with the parents or carers? | How will you know the child or young person is following the behaviour expectations?<br>Who will notice?<br>How will it be documented? |

| Support in the education and care site | Persons responsible | Success indicators |
|---|---|---|
| How is the site supporting the child or young person to achieve the expected behaviour:<br>• in class?<br>• in the yard?<br>• in their contact with others? – consider individuals and age groups<br>• when using toilets or change rooms?<br>• when using technology?<br>• at the beginning and end of each day?<br>• in other specific settings (eg while attending camps, formals, sports days, excursions, work experience, on transport)?<br>Who can the child or young person communicate with about any personal issues or concerns they have about this plan?<br>How do they access this person? | Who directly supports the child or young person with these support strategies?<br>Who is responsible for informing others (eg other teachers, relief staff, yard duty staff, and front office staff) of the information in this plan that they need to know?<br>Who will coordinate communication with the parents or carers? | How will you know the internal support strategies are working?<br>What will you observe?<br>What will the child or young person be doing?<br>What will other people be doing?<br>What changes in the child or young person's behaviour, wellbeing, knowledge or skills will you notice? |
| **Teaching and learning support** | **Persons responsible** | **Success indicators** |
| What learning programs are being used to teach and help reinforce the expected behaviour?<br>How does this relate to the work of other professionals?<br>How does it relate to actions being taken by the parents or carers at home? | Who is responsible for the learning described in this plan?<br>Who is responsible for informing and supporting others with these requirements? | How will you know the teaching and learning support strategies are working?<br>What will you observe?<br>What will the child or young person be doing?<br>What will other people be doing?<br>What changes in the child or young person's behaviour, wellbeing, knowledge or skills will you notice? |

| Parent or carer support | Persons responsible | Success indicators |
|---|---|---|
| What actions are being taken at home to help reinforce positive behaviour and protect against behaviour of concern?<br><br>What should the parents or carers communicate with the site about and how this should happen?<br><br>Are other agencies or professionals helping the family and if so, how does their work relate to this plan?<br><br>What do the parents or carers need to do to support their child to access services from other agencies? (eg transport, participate in therapy)<br><br>Do the parents or carers understand what the site's response will be if:<br>• parents or carers are unable or unwilling to support the plan?<br>• agreed support services (eg therapy) are not accessed? | Which parent or carer will be taking what responsibilities?<br><br>Who will be the key contact for the parents or carers in all matters relating to this plan? | How will you know the parent or carer support strategies are working?<br><br>What will the parents or carers be doing?<br><br>What changes in the child or young person's behaviour, wellbeing, knowledge or skills will you notice? |

| External support | Persons responsible | Success indicators |
|---|---|---|
| Are there any police or court conditions that must be reflected in this plan?<br><br>What other agencies or professionals are involved with the child, young person or their family?<br><br>• List their contact names and details, including secondary contacts where applicable.<br>• What is the nature and length of their support?<br>• How do they liaise with the site? Have parents/guardians given consent to share information?<br>• Have they contributed to the development of this plan?<br>• Have they been given a copy of this plan?<br><br>Details of any medications and possible side effects? | Who communicates with other involved agencies or professionals? | How will you know the external support strategies are working?<br><br>What will other agencies or professionals be doing?<br><br>What will the child, young person or their family be doing?<br><br>What changes in the child or young person's behaviour, wellbeing, knowledge or skills will you notice?<br><br>What will the communication look like between the education and care service and other agencies or professionals?<br><br>How will other agencies or professionals be involved in developing and monitoring the plan? |

| Response to behaviour expectations not met | Persons responsible | Success indicators |
|---|---|---|
| What will be the immediate response to unmet behaviour expectations? – consider that behaviour responses are not intended to punish; they are intended to support safe and positive behaviour.<br>What reminders will be provided in response to unmet behaviour expectations? | Who will respond to unmet behaviour expectations?<br>Who will remind the child or young person of the behaviour expectations and help them to understand how their behaviour has not met the expectations? | How will you know that you have applied the least exclusionary response to support the safe inclusion of all children and young people? |
| **Plan monitoring and review** | **Persons responsible** | **Success indicators** |
| How will this plan be monitored?<br>When will this plan be reviewed? Must be at least once per term or more frequently if circumstances change. | Who is responsible for the monitoring and review of the plan and associated documentation?<br>Who will contribute to the review? (include the child or young person, parents and carers, other professionals involved). | How will you know the plan is being successfully monitored and reviewed? |
| **Others with a duty of care** | **Persons responsible** | **Success indicators** |
| Who else needs to know about this plan?<br>Consider:<br>• OSHC or vacation care employees<br>• family day care provider<br>• boarding or residential staff<br>• transitions between classes, educators and care providers, year levels, settings.<br>How will the relevant information be shared with those who need it? | Who is responsible for discussing this plan with other people who have a duty of care?<br>Who will decide what information is relevant to share? | How will you know appropriate information sharing is occurring on an ongoing basis with others with a duty of care? |

| Plan participants, site leader details and date of plan | |
|---|---|
| **Plan participants**<br>Names, roles and signatures of everyone who contributed to the development of the plan including child or young person, parents, carers, educators, care providers, other staff and external agencies. | |
| **Site leader name and signature** | |
| **Plan date**<br>Date plan was agreed. | |
| **Review date**<br>Date plan will be reviewed. | |

# Appendix 10

## Support and safety plan

**Download the support and safety plan template, type your information into the template, and delete the explanatory text.**

| **Support and safety plan for children and young people affected by the concerning or harmful sexual behaviour of others** | | |
|---|---|---|
| **Name:** | | |
| **Date of birth:** | | |
| **Support in the education and care site** | **Persons responsible** | **Success indicators** |
| What changes to the child or young person's routine are in place to support them?<br>For example:<br>• supervision during play<br>• yard duty arrangements<br>• before or after school arrangements<br>• classroom or timetable considerations<br>• counselling support.<br><br>Has the child or young person been told what restrictions or expectations have been placed on other involved children or young people?<br><br>How is the child or young person expected to tell educators or care providers if another child or young person does not follow the restrictions or expectations? For example:<br>• tell the yard duty teacher or educator supervising play<br>• move to the front office<br>• report directly to the site leader.<br><br>Who can the child or young person communicate with about personal issues or concerns they have about the plan?<br><br>How do they access this person?<br><br>What signs of stress in the child or young person will be reported immediately to their parents or carers? How will this communication take place?<br><br>What is the agreed response the child or young person will provide to questions from others? | Who directly supports the child or young person with these support strategies?<br><br>Who is responsible for informing others (eg other teachers, relief staff, yard duty staff, and front office staff) of the information in this plan that they need to know?<br><br>Who will coordinate communication with the parents or carers? | How will you know the internal support strategies are working?<br><br>What will you observe?<br><br>What will the child or young person be doing?<br><br>What will other people be doing?<br><br>What changes in the child or young person's behaviour, wellbeing, knowledge or skills will you notice? |

| Parent or carer support | Persons responsible | Success indicators |
|---|---|---|
| What actions are being taken in the home to help restore the child or young person's sense of safety and wellbeing?<br><br>What signs of stress in the child or young person will be reported immediately to the education and care service and other professionals supporting the child or young person?<br><br>Do the parents or carers understand what the site's response will be if:<br>• parents or carers are unable or unwilling to support the plan?<br>• agreed support services (eg therapy) are not accessed? | Which parent or carer will be taking what responsibilities?<br><br>Who will be the key contact for the parents or carers in all matters relating to this plan? | How will you know the parent or carer support strategies are working?<br><br>What will the parents or carers be doing?<br><br>What changes in the child or young person's behaviour, wellbeing, knowledge or skills will you notice? |
| **Teaching and learning support** | **Persons responsible** | **Success indicators** |
| What learning programs are being used to:<br>• help reinforce the child or young person's rights to physical and emotional safety?<br>• promote the reporting of inappropriate behaviour in the education and care service?<br>• promote help-seeking behaviour in the education and care service?<br><br>How does this relate to the work of other professionals? | Who is responsible for the learning described in this plan?<br><br>Who is responsible for informing and supporting others with these requirements? | How will you know the teaching and learning support strategies are working?<br><br>What will you observe?<br><br>What will the child or young person be doing?<br><br>What will other people be doing?<br><br>What changes in the child or young person's behaviour, wellbeing, knowledge or skills will you notice? |

| External support | Persons responsible | Success indicators |
|---|---|---|
| Are there any police or court conditions that must be reflected in this plan?<br><br>What other agencies or professionals are involved with the child, young person or their family?<br><br>• List their contact names and details, including secondary contacts where applicable.<br>• What is the nature and length of their support?<br>• How do they liaise with the site?<br>• Have parents/guardians given consent to share information?<br>• Have they contributed to the development of this plan?<br>• Have they been given a copy of this plan? | Who communicates with other involved agencies? | How will you know the external support strategies are working?<br><br>What will other agencies or professionals be doing?<br><br>What will the child, young person or their family be doing?<br><br>What changes in the child or young person's behaviour, wellbeing, knowledge or skills will you notice?<br><br>What will the communication look like between the education and care service and other agencies or professionals?<br><br>How will other agencies or professionals be involved in developing and monitoring the plan? |
| **Plan monitoring and review** | **Persons responsible** | **Success indicators** |
| How will this plan be monitored?<br><br>When will this plan be reviewed? Must be at least once per term or more frequently if circumstances change. | Who is responsible for the monitoring and review of the plan and associated documentation?<br><br>Who will contribute to the review? (include the child or young person, parents and carers, other professionals involved). | How will you know the plan is being successfully monitored and reviewed? |

| Others with a duty of care | Persons responsible | Success indicators |
|---|---|---|
| Who else needs to know about this plan?<br>Consider:<br>• OSHC or vacation care employees<br>• family day care provider<br>• boarding or residential staff<br>• transitions between classes, educators and care providers, year levels, settings.<br>How will the relevant information be shared with those who need it? | Who is responsible for discussing this plan with other people who have a duty of care?<br>Who will decide what information is relevant to share? | How will you know appropriate information sharing is occurring on an ongoing basis with others with a duty of care? |
| **Plan participants, site leader details and date of plan** | | |
| **Plan participants**<br>Names, roles and signatures of everyone who contributed to the development of the plan including child or young person, parents, carers, educators, care providers, other staff and external agencies. | | |
| **Site leader name and signature** | | |
| **Plan date**<br>Date plan was agreed. | | |
| **Review date**<br>Date plan will be reviewed. | | |

# Appendix 11

## Sample letter to parents

Only use this letter:

- for parents of children and young people not directly involved in, or witness to, concerning or harmful sexual behaviour
- after the site leader has consulted with police and DCP (if involved)
- after the site leader has consulted their Education Director or the Manager, Family Day Care Programs (government sites) or School Performance Leader (Catholic sites).

Download the letter to adapt it to your site's specific circumstances by inserting your text into the bracketed areas.

It is unlawful under the *Young Offenders Act 1993* to publish identifying details of children and young people involved in sexual behaviour incidents involving a criminal offence. Unless you have legal advice from your sector's legal services or via your sector office, do not include anything that identifies the children or young people involved.

---

**Dear** <Parent / Carer's Name>

<Service name> uses a whole-site approach for creating a positive, safe and supportive place where <children/students> can learn and develop. We have clear behaviour expectations and teach them to all <children/students>.

An incident of concerning behaviour has recently occurred.

**The parents and carers of the <children/students> directly involved have been informed.**

I have no information to suggest that your child was involved in or witnessed the behaviour. However, I want to let you know as a courtesy because your child might have heard about it and may talk about it at home. If this happens or they tell you they are worried, please let us know. We can then give you the best response for your child and for others.

As part of our response to the situation, we will continue to work with those directly involved to support positive and safe behaviour.

<A government agency is also involved in responding to the behaviour and will be liaising with us. / We are also working with professionals from other agencies to ensure the best possible approach>.

We are monitoring the wellbeing of all <children/students> as we always do.

We have sent this letter to <all parents and carers / parents and carers of year 3 students / parents and carers of students in Ms Smith's class>.

We must respect the confidentiality and privacy of the <children/students> and families directly involved. If you have any questions about this letter or any concerns for your child, please contact us.

Contact

**Name:** <preferred contact name and title>
**Phone:** <preferred phone number>
**Email:** <preferred email>

Yours sincerely

**<Site Leader name>**

# Appendix 12

## Sexual behaviour record

Download the 'sexual behaviour record' and type the information about the incident into the template.

| **Sexual behaviour record – confidential**<br>The educator or care provider who witnessed the incident, or who the incident was first reported to should complete this record.<br>• This can be done with support from their site leader or other appropriate person.<br>• Use this template each time there is an incident of concerning or harmful sexual behaviour.<br>• Store it confidentially in the child or student file.<br>• No identifying information about other children, young people and parents involved is permitted, to protect confidentiality. You may use initials and/or unique identifying numbers. | |
|---|---|
| **Name:** | |
| **Date of birth:** | |
| **Relevant background information**<br>Eg disability and additional needs, history of trauma, involvement of DCP, youth justice or other agencies/services, social, cultural or religious diversity. | |
| | |
| **Behaviour of concern other than sexual behaviour**<br>Eg bullying, aggression, violence, withdrawn. | |
| | |
| **Previous incidents of sexual behaviour** | |
| | |
| **Details of current sexual behaviour incident**<br>What took place before the behaviour? Write a detailed description of what you saw and heard. What was the behaviour you observed? What were you told? Use quotation marks to record the exact words the child/young person used. Avoid terms such as 'sexual behaviour', 'inappropriate touching', or 'sexual language' as they are vague. If touching was involved, be specific about where on the body and if it was over or under clothing. Record who was directly involved in the behaviour, who was witness to it (use initials only for confidentiality purposes) and the location that the behaviour took place. | |
| | |
| **Contextual factors**<br>Is the behaviour likely to be related to disability or additional needs? Was it spontaneous, mutual and in the context of play, or was there planning, secrecy, coercion, threats, force, aggression or violence? | |
| | |

| |
|---|
| **Relationship between those involved**<br>Was the behaviour between children and young people who usually play or spend time together? Was there an imbalance of power, control or vulnerability (eg age, ability, size, strength, status, sexual knowledge or experience)? |
| |
| **Responses of children/young people involved in the incident**<br>What were the responses of each child/young person involved? Eg comfortable, anxious, irritated, embarrassed, ashamed, angry, aggressive, defensive, fearful or did they show no emotion? Did they understand the impact of their behaviour on others and why people were concerned, and did they take responsibility for their behaviour? |
| |
| **Immediate response to incident**<br>How was the behaviour responded to at the time?<br>Has a report been made to CARL? If yes, government-run sites must use the mandatory notification record. A mandatory notification record is available for Catholic and independent sites.<br>Has a report been made to police?<br>What advice was provided by CARL and/or police? |
| |
| **Behaviour and wellbeing support**<br>How will your site respond to other possible future sexual behaviour? Consequences should be natural and logical and focused on the safety and wellbeing of all involved. Describe the work to be undertaken with the child/young person and the broader education and care service (eg explicit teaching of behaviour expectations and procedures, social emotional learning, child safety and respectful relationships curriculum, relationships and sexual health education). Are the interventions with the individual child/young person, through targeted small group work, whole of class, or whole of site? What supports will be offered, if necessary, to the children/young people involved (include internal supports eg wellbeing provision and referrals to student support services and external service providers)? |
| |
| **Parent response to the incident**<br>Have parents been advised of the incident? If not advised, record the reason (eg risk of harm to child/young person). What were the responses of the parents for each child/young person involved? Eg minimising, discounting, rejecting, harsh, punitive, concerned, supportive.<br>You may need to record a parent's initial response and subsequent response. Eg a parent's response may change over time once they have had time to process the information.<br>Have they had similar concerns at home? Do they have any ideas as to why their child has behaved in this way? |
| |

| | | | |
|---|---|---|---|
| **Names, signatures and roles of everyone who contributed to record** | | **Date record completed** | |

# Notes

# Notes

# Sexual behaviour in children and young people

## Guideline

Additional information, good practice considerations and resources to support medium to longer term responses

Government of South Australia
Department for Education

Association of Independent Schools of South Australia

catholic education south australia

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See the following web page https://education.sa.gov.au/sexual-behaviour for additional resources to help you respond to children and young people's sexual behaviour.

This guideline and associated procedure (5th edition revised 2025) replace the 4th edition revised 2022. Prior to 2022, guidance about sexual behaviour was contained in 'responding to problem sexual behaviour in children and young people: guidelines for staff in education and care settings.

# Introduction

## Scope

This guideline:

- has been developed for the government, Catholic and independent education and care sectors
- applies to all children and young people enrolled in education and care services, including those 18 years of age and older
- applies to all educators and care providers including third-party providers who provide education or care to children or young people
- is discretionary and contains good practice considerations for responding to children and young people's sexual behaviour
- should be read with the 'sexual behaviour in children and young people procedure', which is mandatory for government and Catholic sites and highly recommended for independent schools.

## How to use this guideline

Read in full if you want detailed information about all aspects of working with children and young people who:

- have engaged in sexual behaviour
- have been affected by the sexual behaviour of others.

However, you may also choose to read the sections that are most relevant to your work at a specific point in time.

## Context

Children and young people are sexual beings from birth. Their sexual behaviour exists along a continuum. **Most** children and young people display **developmentally appropriate sexual behaviour** that is:

- typical for age and/or developmental ability
- between equals in age, size and developmental ability
- spontaneous, curious, light-hearted, easily diverted, enjoyable, mutual, consensual
- about understanding and gathering information, balanced with curiosity about other parts of life.

For behaviour to be developmentally appropriate, all 4 of the above characteristics must be present.

**Some** children and young people display **concerning sexual behaviour**. Behaviour is 'concerning' when:

- the type of activity or knowledge is not appropriate for age and/or developmental ability
- there is inequality in age, size, developmental ability or power
- there is concern about persistence, intensity, frequency or duration of behaviour
- there is a risk to the health, development or safety of the child or young person or others
- there are unusual changes in the child or young person's behaviour.

Only one of the above characteristics needs to be a feature of the behaviour for it to be concerning.

A **very small number** of children and young people display **harmful sexual behaviour**. Behaviour can indicate or cause harm because it is:

- not appropriate for age and/or developmental ability
- between children or young people with a significant difference in age, developmental ability or power
- secretive, manipulative or involves bribery or trickery
- excessive, compulsive, coercive, forceful, degrading or threatening, abusive or aggressive.

Only one of the above characteristics needs to be a feature of the behaviour for it to be harmful.

All children and young people can be negatively affected by concerning or harmful sexual behaviour including:

- those who have engaged in the behaviour
- those on the receiving end of the behaviour
- those who witness the behaviour.

**Children and young people can also be harmed by adults failing to respond proportionately to the continuum of sexual behaviour.**

Educators and care providers may be personally affected or concerned by:

- the issues raised in this guideline and associated procedure
- witnessing and/or responding to children and young people's sexual behaviour.

By following this guideline and the associated procedure you can prevent and reduce harm to children, young people, educators and care providers.

**Note that all incidents of sexual behaviour must be reported to site leaders.** This includes developmentally appropriate sexual behaviour that is **inconsistent** with the behaviour expectations of the site.

# Principles for responding to sexual behaviour

Responses to sexual behaviour in children and young people are guided by the following principles:

## Rights and best interests

Sites should always adopt a child-rights approach and be child centred. Child centred means considering, at all times, what is in the **best interests** of all the children or young people involved.

Children and young people who have been **on the receiving end** of concerning or harmful sexual behaviour must be supported to speak out, be listened to and receive the help they need.

Children and young people **who have engaged** in concerning or harmful sexual behaviour must be considered first as children and young people. Their care and support needs must be measured in the same way as for any other person.

Opportunities for practising prosocial behaviour and for belonging and connection are equally as important as supervision and other strategies to support safety.

Support all children and young people to remain in education or care **where it is safe to do so** for themselves and others. This includes taking special measures to support priority equity groups.

## Public health approach to a continuum of behaviour

Whole-site approaches to safety, respectful relationships and wellbeing emphasise prevention of, and early intervention in concerning and harmful sexual behaviour through a public health approach.

Sexual behaviour exists along a continuum, from developmentally appropriate to concerning and harmful. Responses to sexual behaviour must be proportionate.

The developmental abilities of children and young people with disability and additional needs may be different from what is typically expected for their age in years. Educators and care providers should consider a child or young person's current level of functioning when assessing behaviour.

See Appendix 1 for more information about the public health approach.

## Understanding the behaviour and context

Sexual behaviour has a purpose or function. Responses to sexual behaviour must seek to understand a child or young person's unmet needs and support them to have their needs met in safe and respectful ways.

Behaviour policies and responses should be flexible to account for the contexts of harm and the vulnerabilities of all children and young people involved.

Concerning and harmful sexual behaviour is shaped by socio-cultural contexts, both within and beyond education and care sites. Do not view them as a deficit in the individual child or young person.

### Parent involvement

Parents are the primary providers of care, wellbeing and security for all children and young people. They are also their child's first teachers.

Sites must position parents at the centre of responses to sexual behaviour (taking care not to compromise a potential criminal investigation).

### Openness

Concerning and harmful sexual behaviour is often hidden and can thrive in secrecy. Openness allows all involved to create and enact plans to secure safety and promote appropriate sexual behaviour.

Openness involves honest, plain language discussion of the behaviour and concerns. This allows for the creation of solutions that everyone involved can understand and be a part of.

## Whole-site approach to sexual behaviour

This type of comprehensive and sustainable response considers how to prevent concerning and harmful sexual behaviour. It is important to pay attention to all aspects of how an education and care service operates. This helps to build a culture amongst children, young people, parents, educators, care providers, staff and other stakeholders in which:

- safe and respectful behaviour is actively promoted and modelled
- responses to the continuum of children and young people's sexual behaviour are centred on the child and young person, consistent and proportionate.

A whole-site approach considers the 3 areas of:

- teaching and learning
- ethos and environment
- community partnerships.

See Appendix 2 for information about a whole-site approach.

## Role of educators and care providers

The National Quality Standards (early childhood education and care and OSHC services) and Australian Professional Standards for Teachers inform the role of educators and care providers.

Keeping children and young people safe is a responsibility shared by all educators and care providers. These professionals have a significant role in supporting children and young people's healthy sexual, social and emotional development by:

- proactively and explicitly **teaching behaviour expectations** within a whole-site behaviour framework. This includes age and developmentally appropriate social and emotional skills, child safety, respectful relationships and sexual health education, through the subject area 'health and physical education' and other areas of the curriculum
- **supporting children and young people** to develop knowledge, understanding and skills to help them establish and manage safe and respectful relationships, including the seeking, giving and denying of consent
- **adjusting all areas of the curriculum** so that all children and young people can access the required learning. This may include explicitly re-teaching sections of

the curriculum to those children and young people who have not retained knowledge, understanding and skills that they were taught earlier or that they missed due to absence

- creating and maintaining **supportive and safe learning and care environments** for everyone
- **meeting legal responsibilities** and duty of care to children and young people
- being familiar with and following the **related procedure**
- **working with other agencies** where a multiagency response to concerning or harmful sexual behaviour is required.

The roles of educators and care providers complement the roles of other agencies including:

- police
- Department for Child Protection (DCP)
- specialist assessment and therapeutic services.

See page 36 for more information about working with other professionals.

## Attitudes and values

Responding to sexual behaviour can challenge your personal and social values and provoke powerful emotions. You bring your unique experiences, attitudes and values to your work, which may include experiences of sexual abuse, views about childhood and sexuality, religious and moral beliefs.

Be careful that your assumptions, stereotypes and biases do not impact your decision making, which can result in responses that are not proportionate to the behaviour. For example, you might minimise the behaviour and associated risks or respond punitively.

Over or under responding can both have serious negative consequences for children, young people, their families and the broader education and care site's community.

**Self-reflection** is vital when responding to sexual behaviour. Reflect on how your attitudes, values, experiences and emotional responses to incidents of sexual behaviour affect the decisions you make and actions you take. Also reflect on how the attitudes and values of others, such as colleagues and parents, may influence your assessment and decision making in ways that are not in the best interests of children and young people.

## Language and terminology

When discussing and documenting sexual behaviour in children and young people, be very careful about your language and terminology. Use the following defined terms to describe sexual behaviour:

- developmentally appropriate
- concerning
- harmful.

See full definitions on page 39. The 'sexual behaviour guide' (see Procedure Appendix 1) has examples of developmentally appropriate, concerning and harmful sexual behaviour.

Use appropriate language when talking about sexual behaviour in children and young people who have:

- 'displayed'
- 'engaged in'
- 'initiated'

concerning or harmful sexual behaviour.

Avoid using judgemental labels such as:

- 'abuser'
- 'offender'
- 'perpetrator'
- 'predator'
- 'pedophile'.

Refer to the behaviour in the past tense – such as:

- 'displayed' instead of 'displays'
- 'engaged in' instead of 'engages in'.

Avoid using the term 'victim', instead, refer to a child or young person:

- 'on the receiving end of'
- 'affected by'
- 'impacted by'

concerning or harmful sexual behaviour.

## Educator and care provider wellbeing and support

You may need help to manage your feelings when you encounter sexual behaviour in children and young people. For example, feeling guilt or that you should have been aware of the behaviour and stopped it. These feelings can intensify if the children or young people involved are especially vulnerable. The reality is that harmful sexual behaviour is often hidden.

The following supports can help you to normalise feelings and responses, so they do not interfere with work and wellbeing:

- debriefing, guidance and support from your line manager and/or site leader
- psychological support from the Employee Assistance Program, other appropriate counselling service or your general practitioner.

Site leaders should think about the wellbeing and support needs of educators and care providers and put plans in place to meet those needs.

Through professional development conversations, site leaders should provide opportunities for you to:

- reflect on strong feelings and avoid becoming overwhelmed by them
- reflect on the processes involved in responding to sexual behaviour
- increase your confidence in responding
- recognise the impacts of vicarious trauma
- identify the need for further professional and/or personal support.

Leaders in government sites, and Department for Education education directors, should seek critical incident support from Employee Psychological Services where an incident has negatively impacted wellbeing. Phone 8226 0744 or email education.EmployeePsychologicalServices@sa.gov.au.

# Understanding sexual behaviour

## Sexual behaviour continuum

Children and young people's sexual behaviour exists along a continuum.

### Developmentally appropriate sexual behaviour

Most children and young people display developmentally appropriate sexual behaviour, which is typical and expected for their age in years and/or developmental abilities.

The developmental abilities of children and young people with disability and additional needs may be different from what is typically expected. Always consider a child or young person's current level of functioning when assessing their behaviour.

### Concerning sexual behaviour

Some children and young people display concerning sexual behaviour, which is inappropriate for their age in years and/or developmental abilities, may cause distress, result in rejection, or increase the risk of harm to the child or young person and/or others.

### Harmful sexual behaviour

A very small number of children and young people display harmful sexual behaviour, which is developmentally inappropriate, likely to be harmful to self and/or others and may be abusive to another child, young person or adult.

### Some behaviour on the continuum must be reported to the Child Abuse Report Line and/or police

Some concerning and most harmful sexual behaviour must be reported to the Child Abuse Report Line (CARL).

Some concerning and harmful sexual behaviour should be reported to police.

See 'working with the Department for Child Protection' and 'working with police' in the procedure for information about what to report to CARL and police.

## Technology-assisted concerning and harmful sexual behaviour

This type of concerning and harmful sexual behaviour may take place through social media, online gaming and other digital communications, and can include:

- harassment, stalking or threatening another child or young person
- creating or sharing child exploitation material (including children and young people creating or sharing nude and semi-nude images of themselves)
- inciting another child or young person to sexual activity
- sexual exploitation of another child or young person
- grooming another child or young person
- sexual communication with other children and young people
- children or young people viewing sexual images, including adult pornography.

In the event of an online safety incident, see responding to online safety incidents in South Australian schools. Additional resources about online safety are also available at the eSafety Commissioner's website.

## Assessing sexual behaviour in children and young people

The 'sexual behaviour guide' (see Procedure Appendix 1) helps to consistently identify sexual behaviour along a continuum.

The 'professional judgement assessment checklist' (see Procedure Appendix 2) considers the broader context, not just the behaviour.

The 'Signs of Safety® harm analysis matrix' (see page 14 and Appendix 4) helps to identify the severity, frequency and impact of sexual behaviour over time.

## All sexual behaviour needs a response

All sexual behaviour needs a **proportionate** response that addresses the **needs** of the children or young people involved and the **risks** posed by the behaviour.

For children and young people with **disability**, responses should recognise the crucial role of educators and care providers in preparing children and young people to live as full members of society by developing their understanding of managing sexual feelings and behaviour in socially acceptable ways.

Always follow the procedure when responding to sexual behaviour.

## Factors that may contribute to concerning or harmful sexual behaviour

### Experiences of sexual abuse

People used to think if a child or young person displayed concerning or harmful sexual behaviour it meant they were re-enacting their own sexual abuse experiences. We now know this is not the case for everyone. Studies have shown that:

- not all children and young people who have experienced sexual abuse display concerning or harmful sexual behaviour
- not all children and young people who have displayed concerning or harmful sexual behaviour have experienced sexual abuse.

For some children and young people, sexual abuse is a significant contributing factor for concerning or harmful sexual behaviour, though this does not explain why other children and young people have displayed this behaviour. There is no single simple reason – there can be many factors.

### Family, social, economic and developmental factors

Always consider these factors when responding to a sexual behaviour incident:

#### The child or young person

They may have experienced:

- physical, sexual or emotional abuse or neglect
- early parent-child relationship problems, inconsistent carers, parental rejection, insecure attachment relationships or significant loss
- multiple social disadvantages, stressful life events or trauma.

They may be confused about sex and relationships, because of early or age-inappropriate exposure to sexual behaviour or knowledge, such as nudity, co-bathing, witnessing sexual activity or viewing adult pornography.

The child or young person may:

- lack the information they need to navigate relationships
- lack opportunities for sexual experimentation, sexual relationships and sexual expression with peers of their own age, possibly because of limited social circles due to disability, isolation or cultural considerations.

They may not have received adequate respectful relationships and sexual health education, which can lead to a lack of:

- knowledge of the laws about sexual behaviour
- understanding of social norms around sexual behaviour
- understanding about consent and the impact of their behaviour on others.

They may have challenges that impact on their developmental stage, such as:

- limited cognitive abilities
- disability
- impulsiveness
- difficulty reading non-verbal cues
- learning, social, communication and language difficulties.

They may have:

- low self-esteem, underdeveloped social skills, social anxiety, isolation and emotional loneliness
- problems establishing intimate relationships, and feelings of sexual inadequacy.

### Family

A child or young person's family may be experiencing adversity or significant loss.

The family environment may be characterised by:

- family breakdown
- domestic and family violence
- coercive sexual or physical behaviour.

The parent may be absent from the home or unavailable to support their child's healthy relationships or sexual development, and may not be supervising their child. Reasons can include mental health or drug and alcohol use.

### The community environment

A child or young person may experience:

- violence in their community environment
- sexual and non-sexual behaviour problems within their peer group
- attitudes, values and cultures within social networks that permit or promote concerning or harmful sexual behaviour.

Environments may include their family, education and care site, peer group and community.

## Differences between prepubescent children and adolescents

A response to concerning or harmful sexual behaviour must consider the age and development of the children or young people involved. Prepubescent children (those who have not yet gone through puberty) need a different response to adolescents.

### Key differences

Although prepubescent children's behaviour may be referred to as 'sexual', the motivations and intentions of any such behaviour are not generally connected to sexual gratification.

This behaviour in prepubescent children does not have the same sexual meaning as it does for an adolescent. Rather than seeing it as sexual in nature, think of it as behaviour that just happens to involve sexual body parts.

The causes and nature of prepubescent children's sexual behaviour can be very different to adolescent sexual behaviour.

Consider the child or young person's age and developmental ability, which means allowing for their developmental stage, disabilities and additional needs, not just their age in years.

Prepubescent children are generally under the age of criminal responsibility. By comparison, sexual behaviour in adolescents may be criminal in nature.

### Sexual behaviour in prepubescent children

In early childhood, behaviour involving sexual body parts is generally a natural part of child development, exploratory in nature and reflects children's curiosity about their own and other people's bodies.

Educators and care providers play an important role in teaching children about sexual body parts, privacy, body boundaries and safe and respectful behaviour, including consent.

When responding to developmentally appropriate sexual behaviour that occurs at the wrong time and in the wrong place, remember that the behaviour is developmentally appropriate. An example of this is a 4-year-old self-stimulating during group time at preschool. Do not shame the child or make them feel bad about themselves for behaviour that is typical at this stage in child development.

When a child is still learning and practising new skills and behaviour about privacy and body boundaries, they need regular reinforcement of expected behaviour. Scaffold children for success, support their self-esteem and self-regulation and reduce behaviour errors by:

- reminding them of behaviour expectations, such as at the beginning of the day, at the beginning of activities, at times of transition and times when they may be particularly vulnerable to behaviour errors
- giving specific positive feedback when children display expected behaviour.

### Supporting prepubescent children who have displayed sexual behaviour

Given the developmental vulnerabilities and adverse experiences of prepubescent children who have displayed concerning or harmful sexual behaviour, it is important to respond to them as **children in need**. Tailor your response to the specific needs of the child in their family and environmental context. Supports may be directed towards:

- the sexual behaviour
- ensuring safety and recovery from trauma and abuse
- the child's own vulnerabilities
- the needs of the family.

Many prepubescent children will grow out of the sexual behaviour. This can happen through a combination of increasing maturity and consistent redirection from adults.

For some children however, this behaviour can continue into adolescence or resurface as harmful sexual behaviour in teenage years. For this reason, respond effectively as soon as concerning sexual behaviour begins to emerge. We can prevent harm in adolescence by intervening in earlier childhood.

Some children and families will need specialist services and referral to other professionals. See page 36 for information on working with other professionals.

## Sexual behaviour in adolescents

Early adolescence is a critical period in sexual development when sexual urges may be at their peak but are least controlled. Sexual experimentation can go wrong even for adolescents who do not have risk factors for concerning and harmful sexual behaviour.

The number of adolescents coming to the attention of professionals due to concerning or harmful sexual behaviour increases significantly around the age of 12 and plateaus after the age of 14.

Early adolescence is the peak age for the emergence of concerning and harmful sexual behaviour directed towards younger children. Concerning and harmful sexual behaviour directed towards other adolescents appears to peak in mid to late adolescence. See the 'sexual behaviour guide' (Procedure Appendix 1) for examples of developmentally appropriate, concerning and harmful sexual behaviour in adolescents.

Adolescents who have:

- learned to have their needs met through coercive means
- few or no healthy peer relationships

may impulsively try to meet their sexual needs through force or threats or might seek to do so with younger or more vulnerable children.

Most adolescents who have engaged prepubescent children in concerning or harmful sexual behaviour do not have a sexual interest in prepubescent children.

For some young people, it appears that the sexual feelings and behaviour that occur with the onset of puberty are a trigger for generalised behaviour and interpersonal problems to become sexual behaviour problems.

### Supporting adolescents who have engaged in harmful sexual behaviour

One of the key differences between harmful sexual behaviour by adolescents and behaviour by prepubescent children is the potential criminal nature of adolescent abusive sexual behaviour.

The criminal justice system can cause further developmental and psychological harm to adolescents who find themselves part of it. While the harm caused to children and young people on the receiving end of adolescent harmful sexual behaviour must not be minimised or discounted, keep in mind the adolescent's experiences and contexts that have contributed to their behaviour causing harm to others and themselves.

Regard the adolescent and their family as being in need and give a **supportive and compassionate response**. This can be a challenge, such as when an adolescent has engaged in contact sexual behaviour of an adult and intrusive nature involving force and violence with a much younger and/or more vulnerable child.

It is critical to seek support and professional development conversations to help manage powerful emotions that can get in the way of responding appropriately, considering the child and young person at the centre.

## The purpose or function of sexual behaviour

All behaviour, including sexual behaviour, has a purpose or function. Children and young people communicate their needs through their behaviour. Understanding the child or young person and the factors that may be contributing to the behaviour helps to guide the planning of effective responses.

When sexual behaviour is developmentally appropriate, it is usually part of a natural curiosity and making sense of the world. Expressing sexuality through sexual behaviour is natural, healthy and a basic aspect of being human, including for children and young people.

When a child or young person's sexual behaviour is seen as concerning or harmful, it can be helpful to explore different understandings of how and why this behaviour is occurring. It is important to understand that there is not one definitive view and given there will often be some level of shame and anxiety around sexual behaviour, it will always be a challenge to assist those involved to be as open as they can. Since openness is the foundation of healthy relationships, exploring even a little of how the child or young person, their parents, those closest to them at the education or care site or others involved understand these behaviours will be invaluable to designing solutions that foster healthy and appropriate sexual behaviour.

In professional systems when we face complex concerning or harmful behaviours, we often get caught in 'disconnecting responses' when we need to respond in the exact opposite way. The child or young person's behaviour is likely telling us they need the complete opposite of disconnecting responses. Through their behaviour the child or young person is very likely saying:

- I don't feel like I'm connected
- I don't feel like I belong

- I'm scared
- I'm on my own
- I don't know how to cope with my feelings and attractions
- I don't know how to get connection with others
- things have happened to me that I don't know how to deal with or tell anyone about.

## Functional behaviour assessment

Functional behaviour assessment is a key component in behaviour support, often used in education and care settings to understand a wide range of behaviours of concern, including concerning and harmful sexual behaviour. This assessment helps educators and care providers to understand the underlying function or purpose of behaviour and informs intervention plans to support children and young people to have their needs met in safe and appropriate ways.

Behaviour occurs in response to biological, psychological and social conditions that may not be immediately obvious. The function of the behaviour is the underlying cause or purpose or why the behaviour occurs. Most behaviour occurs to either gain something or avoid something that may be tangible, sensory, social or psychological.

For example, a prepubescent girl is observed by her mother to be touching her genitals more frequently than usual. Concerned, the mother takes her daughter to the doctor who diagnoses threadworms and Vulvovaginitis (irritation of the vagina and vulva). The behaviour was in response to a biological condition. The function of the behaviour was to gain sensory relief from the irritation caused by the medical conditions.

If there are concerns about a child or young person self-touching, it is important that a doctor assesses if there is a medical reason for the behaviour.

### When to assess

Functional behaviour assessment can be helpful when:

- you have consistently responded to concerning or harmful sexual behaviour and the behaviour has not decreased in response to adult intervention
- a plan must be developed to support the child or young person, but there is no involvement of other services, and you are not sure where to start
- several people are involved in supporting the child or young person and information sharing and a consistent approach is required. This is often the case for children and young people with disability and additional needs or who are under guardianship or in the custody of the Chief Executive DCP.

### When not to assess

Not all concerning or harmful sexual behaviour will require a functional behaviour assessment. For example:

- you may already have a hypothesis about the underlying cause or purpose of the behaviour
- much of this behaviour will reduce and cease through consistent responses from compassionate adults.

### Completing a functional behaviour assessment

To assess the function of the behaviour, collect information about:

- the social and environmental context including:
  - attitudes, values and beliefs in the child or young person's social networks and environments (such as family, education and care service, peer group and community)

- familial and social factors that may contribute to concerning or harmful sexual behaviour (such as difficulties with social interactions, domestic violence, family breakdown, highly sexualised home environment that may include exposure to adult pornography and adult sexual activity)

- setting events – situations that either intensify or increase the likelihood of the behaviour, such as effects of medication, hunger or lack of sleep, conflict, trauma and previous stressful experiences. Setting events may happen in the yard at recess or outside of the education and care service. Understanding possible setting events can help educators and care providers plan for potentially difficult times
- antecedents – events that elicit or trigger the behaviour, such as difficult tasks, interaction or lack of interaction with peers, educators or care providers, transitions, availability of tasks or activities
- consequences – events or responses that occur immediately after the behaviour. A consequence can be perceived as positive or negative by the child or young person. For example, being spoken to by the principal after a behaviour incident is generally perceived as negative, however it may be perceived positively by a child or young person craving adult connection. Consequences may serve to reinforce or maintain a behaviour. Examples include removal of a non-preferred task or requirement, provision of an activity or preferred task, responses from peers, educators or care providers and removal of adult or peer attention
- past events such as:
  - events in the child or young person's history that may contribute to concerning or harmful sexual behaviour. Examples include abuse, neglect, disrupted attachment relationships, stressful life events
  - previous incidents of concerning or harmful sexual behaviour.

If necessary, develop a timeline of events using the 'Signs of Safety® harm analysis matrix' (see Appendix 4) to support a functional behaviour assessment.

You may not have all the information in the above list, particularly about the child or young person's world and experiences outside of the education and care service. How much information you do have may depend on the level of parent engagement.

Once you have collected all available information, develop a hypothesis, or best guess, as to why the behaviour is occurring. When you understand the underlying function and purpose of the behaviour, develop a behaviour support plan (see page 19) to support the child or young person to have their needs met in safe and appropriate ways.

Appendix 3 has an example of a functional behaviour assessment for sexual behaviour.

# Assessing and managing risk

## Risk management response

### Follow the procedure

An effective risk management response starts with following the 'sexual behaviour in children and young people procedure' including reporting to the Child Abuse Report Line (CARL) and police where required. You should follow the procedure for each new incident of sexual behaviour. In some cases, it's very clear that an immediate report to CARL and/or police is required, for example, harmful sexual behaviour directed towards others.

### Monitor and reassess risk over time

The need to report to CARL and/or police may not be immediately obvious, and may only become evident over time, as a pattern of behaviour emerges and/or behaviour increases in severity, frequency and impact. The 'Signs of Safety® harm analysis matrix' (see page 14 and Appendix 4) assists you to assess these aspects of sexual behaviour over time.

## Interventions proportionate to risk

When managing risk associated with concerning or harmful sexual behaviour, you may need to:

- increase supervision
- restrict where the child or young person can go, what activities they can participate in and who they can have contact with
- restrict the use of electronic devices (if relevant).

These strategies may need to be implemented while you:

- try to understand the function of the sexual behaviour for the child or young person
- put in place a behaviour support plan to address their unmet needs.

Any strategies put in place must be **proportionate** to the level of risk (see 'Assessing risk using the Signs of Safety® harm analysis matrix' on page 15 and Appendix 4). Overestimation or underestimation of risk can have serious consequences for the child or young person, their peers, adults, parents, families and the broader education and care service.

The strategies must be **regularly reviewed** and adjusted as risk increases or decreases or if the strategies are not effective in supporting behaviour change, safety and wellbeing.

## Consult with others

Most children and young people who have engaged in concerning or harmful sexual behaviour do not receive specialist sexual behaviour assessment and therapeutic services. This is often the case even when there has been some involvement by the Department for Child Protection and/or police. This can leave education and care services very concerned about how to assess and manage risk and meet the child or young person's needs without specialist assistance.

In particular, note that:

- **government** education and care services should seek advice and support from appropriate student support services such as the Social Work Incident Support Service (SWISS), a Behaviour Support Educator, Inclusive Educator or the Children in Care Service
- **Catholic** schools and preschools should seek advice from their School Performance Leader
- **independent** schools can consult the Association for Independent Schools of South Australia.

## Anticipate escalation of risk

It is important to recognise that when the Department for Child Protection and/or police become involved, this will likely create more stress for the child or young person and their family. Because anxiety for children and young people and stress in families can contribute to concerning or harmful sexual behaviour, it is a real possibility that the child or young person's sexual behaviour may escalate. In these circumstances, you should anticipate and plan for a worsening of the child or young person's sexual behaviour, and a deterioration in their behaviour in general.

Subject to the advice of the Department for Child Protection and/or police (as you must be careful not to compromise any potential child protection or criminal investigation), you should provide wraparound care, supervision and support to the child or young person and their family. The more explicitly this can be done with the child or young person, their family and any other involved agencies, the better.

A strengthened behaviour support plan should be developed by focusing on the worst incident identified in the 'Signs of Safety® harm analysis matrix' (see page 14 and Appendix 4). You should think about how many of these types of sexual behaviour incidents have happened in the past, and anticipate behaviour that is similar or somewhat worse, or will happen more frequently. While this can seem like a pessimistic approach, it is actually proactive. Done well, it will support the child or young person in difficult circumstances and help educators and care providers to stay ahead of these sorts of problems for vulnerable children and young people.

## Assessing risk using slow thinking

Past behaviour is the best predictor of the future, therefore, the analysis of sexual behaviour incidents is the most important aspect of assessing the seriousness and risk of a child or young person's sexual behaviour for themselves and others. Risk assessment involves significant uncertainty. Risk assessment of sexual behaviour can be done right, that is, done well, however it can never deliver the definitive right answer.

Risk assessment involves 3 steps:

1. gather information

2. analyse the information

3. make a judgement.

This sounds simple and obvious, however, the careful, slow thinking involved in explicit assessment is hard work. Slow thinking, which is the analysis involved in assessment, is challenging. Humans are hard wired to make judgements intuitively, see a behaviour or hear information, and without any conscious analysis, to make a fast judgement. We depend on fast thinking, and the vast majority of our decisions are made this way. Without this capacity, we could not do all the daily tasks we rely on, from driving a car, to choosing the shortest checkout queue at the supermarket.

In challenging and uncomfortable situations, the tendency to jump to judgement escalates at precisely the moment everyone involved most needs to slow down their thinking. We need to carefully analyse the detail of what we do and do not know, without rushing to judgement. Slow thinking requires a clear, understandable, fit-for-purpose method for doing the analysis. The 'Signs of Safety® harm analysis matrix' is a straightforward method to assess harm.

## Signs of Safety® harm analysis matrix

When gathering information about sexual behaviour and assessing possible harm, it is vital to focus on the specific details of the behaviour observed or described. See the 'sexual behaviour in children and young people procedure' for more details about gathering information as part of the initial response.

When assessing sexual behaviour incidents where harm is a possibility, you need to:

- distinguish between the sexual behaviour itself and the impact of the behaviour
- consider the impact of the behaviour on the child or young person who initiated the behaviour, and all the other children or young people involved.

**Impact** is the most overlooked and vital aspect of assessing harm. It can be easy to make false assumptions about the impact for children and young people, therefore it is important to describe the impact we believe we see, in specific behavioural terms. One child's sexual behaviour may have limited impact on both themselves and the other child involved, while in another case, even where the behaviour is exactly the same, the impact can be far more problematic for both children.

The harm analysis matrix (see Appendix 4) distinguishes between the sexual behaviour itself and the impact it has on the children or young people involved. It is designed to be used in 2 successive ways:

1. to analyse what is known about the pattern of the behaviour, how frequent it is (often called chronicity), how serious the behaviour is, and its impact. The more often a worrying behaviour occurs over a longer period, alongside an increasing level of seriousness, the greater the likelihood that the behaviour will continue and become worse. This process of carefully thinking through what is known about the sexual behaviour will usually also highlight what is not known; any good assessment process should do this

2. to provide a framework for professionals to explore key missing information by preparing complete, specific questions tailored to the people involved (children, parents, other professionals) who are most likely to be able to help fill in the blanks.

## Assessing risk using the Signs of Safety® harm analysis matrix

Whether or not other agencies and support services are involved, education and care services can analyse the child or young person's sexual behaviour and its impact, and develop a timeline of incidents that helps professionals to make careful well-informed judgements about:

- who is likely to be at risk
- where there is likely to be risk
- when there is likely to be risk.

The answers to these key questions form the foundation for a tailored behaviour support plan to ensure future sexual behaviour remains appropriate and is safe for all involved.

### Who is likely to be at risk

The harm analysis matrix will provide information that suggests the gender, age or type of child (such as friends or strangers) who are **most likely** to be at risk. If the pattern suggests that the child or young person's sexual behaviour involves younger children, they **may** be able to socialise normally with peers their own age and only have restrictions or additional supervision when they have contact with younger children.

### Where the risk is likely to be

Analysis using the matrix may indicate particular locations where sexual behaviour has occurred. If the pattern suggests that behaviour occurs in secluded areas rather than open areas, increased levels of supervision **may** only be required in vulnerable areas such as toilets and change rooms, with the usual level of supervision in classrooms and the playground.

### When there is likely to be risk

The matrix may suggest that the sexual behaviour coincides with particular times of day or stressful events such as contact with particular people, loss, rejection, transitions, or, when the child is feeling certain emotions (in risk assessment, these things are known as 'complicating factors'). If there are gaps between sexual behaviour incidents, consider what is happening (or not happening) for the child or young person during that gap. This can help identify when the sexual behaviour is **most likely** to occur. For example, if the pattern suggests that sexual behaviour incidents coincide with a child having family court-ordered contact visits with a parent, additional support and supervision can be provided for the period immediately before and after the contact visit and **may** not be needed in between visits.

Once there is a clearer picture of who is **most likely** to be at risk, where the risk is **likely** to be, and when the risk is **most likely** to be present, you can tailor the behaviour support plan to manage those specific risks. However, remember that risk assessment is not an exact science, it does not predict future harm, it simply suggests that something is **more likely** than something else. It doesn't guarantee the 'something else' will never happen.

The harm analysis matrix can help to better understand different perspectives about why the behaviour has occurred. It can be used to document previous sexual behaviour incidents and develop a comprehensive timeline to inform a functional behaviour assessment.

Where other agencies and services are involved, using this matrix together with other professionals can assist with:

- collaborative discussions and appropriate information sharing
- building a shared understanding of the function of the behaviour and assessment of risk
- informing a consistent approach to behaviour support across home, education and care and community settings.

Whether or not other agencies and services are engaged, you should continue to use the matrix until you are confident the issues have been resolved and behaviour is safe for everyone involved.

See Appendix 4 for:

- 'Signs of Safety® harm analysis matrix with prompts'
- 'Signs of Safety® harm analysis matrix with example questions'.

# Rape, sexual assault and other sexual offences

An alleged sexual offence by a student against another student attending the same site usually creates significant complexity. The following guidance is **in addition** to the immediate and necessary actions outlined in the 'sexual behaviour in children and young people procedure' and the flowcharts in the procedure's Appendix 4 for responding to alleged sexual offences.

Site leaders should:

- seek and follow police advice so you do not compromise a potential criminal investigation
- maintain regular communication with police to keep informed of the progress of their investigation
- work closely with your Education Director (government sites) and School Performance Leader (Catholic sites). Independent schools can contact the Chief Executive or the Head of Legal Services at AISSA.

The following table outlines some of the challenges that can arise when responding to alleged sexual offences and provides guidance for managing those scenarios.

| Scenario | Guidance |
|---|---|
| A student alleges that another student at the school indecently assaulted them by touching their genital area over their clothing without their consent. They ask you not to tell anyone. You know you have a duty of care to the student who has disclosed to you, but you have a good relationship with them and don't want to jeopardise that by breaching their confidentiality. | Confidentiality is about sharing information on a need-to-know basis. Your duty of care to the student means some other people need to know about the allegation. In accordance with the 'sexual behaviour in children and young people procedure', the allegation should be reported to your site leader, police and Child Abuse Report Line. The student's parent also needs to be informed. Follow police advice about who should contact the harmed student's parent and when. |
| In the scenario above, the alleged indecent assault took place at a party at the weekend 2 weeks ago. Given the alleged indecent assault didn't happen at school, you wonder if you have to report it after all. | You are required to report the alleged indecent assault. The 'sexual behaviour in children and young people procedure' requires a response when concerning or harmful sexual behaviour occurs off-site and/or outside of service hours when no duty of care applies, but there is a reasonable connection between the child or young person's behaviour, the education and care service community, and relationships within the setting. |
| In the scenario above, you contacted police to report the alleged indecent assault. Police assessed the seriousness of the report, including that the alleged incident took place 2 weeks ago. Police advised you to report to the CARL and recommended that the student and/or their parent report the alleged offence at a police station. | Document that you reported the alleged indecent assault to police. Seek and document police advice about immediate incident management. Report to the CARL, if not already done so. Talk with the student and their parent about their options for reporting the alleged indecent assault at a police station. |

| Scenario | Guidance |
|---|---|
| In a different scenario, a student has alleged that they were indecently assaulted when another student (who attends the same school) put their hand down their top and grabbed their breast under clothing without consent. This occurred the previous day at school. You reported the alleged assault to police. Police advised you to expect police attendance at the school today. In the meantime, the student who is alleged to have committed the offence is not aware of the allegation and police have directed you not to speak to the student or their parent about the alleged assault. | Follow police direction. Seek police advice about what actions you can take to ensure safety without compromising their investigation. Support the harmed student as a priority. If they are at risk of further harm or have related support needs, develop a support and safety plan with the harmed student and their parent (as appropriate). See 'supporting children and young people affected by the sexual behaviour of others' on page 24.<br><br>While the alleged indecent assault may meet the grounds for a suspension or exclusion of the student alleged to have committed the offence, suspensions and exclusions **must** be procedurally fair. That means the student **must** be provided with opportunities to understand the concern about their alleged behaviour and respond. In this scenario, you must **not** proceed with a suspension or exclusion, as doing so would require you to disclose the alleged offence, compromising the police investigation. You should covertly monitor and supervise the student alleged to have caused harm, while continuing to support the harmed student. Regularly contact police to stay informed about the progress of their investigation so you are in a position to speak with the student alleged to have committed the offence as soon as police give their permission for you to do so. |
| In the above scenario, police attended the school and undertook an initial investigation. The harmed student did not disclose any offences when interviewed by police and therefore police are not taking any further action. The student allegedly responsible for harm is still not aware of the allegations, but the harmed student wants the school to take action in response to the alleged incident. | Obtain police approval for you to discuss the alleged incident with the student allegedly responsible for harm. Document police advice. **Do not** conduct an investigation. Talk individually to the involved students and their parents about the fact that allegations have been made. Listen to and acknowledge each individual's perspectives, even if they are vastly different from one another. Focus on the supports that will be provided to the students to meet their identified needs. Develop a 'support and safety plan' for the harmed student and a 'behaviour support plan' for the student allegedly responsible for harm. Consider if suspension or exclusion are necessary to ensure safety. You can help the student allegedly responsible for harm and their parent to understand the need for supports to be put in place. Explain that measures such as supervision or alternative breaktimes can help prevent further allegations of harmful sexual behaviour being made. |
| In the scenario above, the involved students have very different perspectives about the alleged incident. The harmed student maintains that the incident occurred, and the student alleged to have harmed, maintains that the incident never happened. Both students remain at the school. | Continue to provide support to both students. Monitor and regularly review support and safety plans and behaviour support plans. Provide alternative classes, venues and breaktimes if required. As a general rule, the alternatives are put in place for the student alleged to have caused harm, unless the harmed student has requested otherwise, or it is in the harmed student's best interests for them to be provided with the alternative arrangements. |

## Behaviour support plans

A behaviour support plan will need to be created for some children and young people who have engaged in concerning or harmful sexual behaviour. See the procedure about when you need to create a plan.

Behaviour support plans must be guided by the following principles:

### Proportionate, compassionate and inclusive

Behaviour support plans reduce and manage the concerns, possible harm and risk by:

- being developed assuming concerning or harmful sexual behaviour is a cry for help, that tells adults, 'I'm not coping with how I feel and what I want' and is an expression of a child or young person's desire to belong and feel more connected
- putting in place a plan involving everyday actions focused on increased support connection and involvement that foster and encourage healthy interaction and healthy sexual expression
- having a clear, proactive and positive plan for responding if further concerning or harmful sexual behaviour happens.

Avoid strategies that further isolate, since usually they cannot be sustained, are counterproductive and increase the risk, separating the child or young person from their peers, and increasing their shame, sense of difference, abandonment, or rejection.

### Collaborate with others

Except where police and/or the Department for Child Protection oppose it, or there are clear reasons related to safety not to, parents and any relevant professionals involved in supporting the child or young person should always be involved in the creation of the behaviour support plan.

Give parents a copy of the plan that they can understand.

Involve the child or young person in decisions that affect them, reflect their views and give them a developmentally appropriate explanation of the plan. Appendix 5 has an example.

Involving the child or young person, parents and relevant others will always make for a stronger plan.

### Support the child or young person's needs

Communicate positive messages to the child or young person and support their positive behaviour by meeting their needs and building on their strengths and interests. The plan should support their emotional safety and include strategies for positive behaviour support and skill development. For example, preventative work in areas such as:

- developing confidence and self-esteem
- social and emotional learning
- behaviour expectations
- child safety, respectful relationships and sexual health education.

This preventative work may be formal and/or incidental learning. It can be delivered as whole-class, small group or individually.

### Appropriately share and regularly update the plan

The plan should be shared with all relevant individuals involved in the education and care of the child or young person. See 'information sharing within and between education and care services' on page 27 for more details.

Update the child or young person's personalised learning plan (such as One Plan in government sites) to reflect the behaviour support plan. See 'regularly review behaviour support plans' on page 23 for further information.

## Supervision

When a child or young person has displayed concerning or harmful sexual behaviour, increased adult supervision will sometimes be needed. In these instances, supervision can tend to be restrictive and controlling, which will be counterproductive, as it can:

- reinforce the difficulties that contributed to the sexual behaviour in the first place, such as feelings of loneliness, isolation, difference and low self-esteem
- cause feelings of anxiety, anger and resentment
- reduce opportunities for socialisation and the development of healthy relationship skills.

Increased adult involvement should be approached as an opportunity to provide increased attention to support and affirm the child or young person in healthy and constructive behaviour. Children and young people need structured and safe opportunities to demonstrate their developing capacity for healthy and safe behaviour and adherence to boundaries, rather than be kept away from their peers. The child or young person should know that adults will be involved in watching out for them. They should also know that the adults will be looking out for healthy and safe behaviour, which they will honour them for and report to their parents and relevant others.

Once the child or young person has demonstrated healthy and safe behaviour consistently over time, normal supervision arrangements should be restored.

## Creating healthy behaviour change

The best way of managing risk and creating a meaningful behaviour support plan is to build strengths, skills and resilience and explicitly name the desired healthy sexual behaviours.

### Protective factors

The following factors can protect against concerning and harmful sexual behaviour:

#### Knowledge and understanding

The child or young person understands:

- the education and care site's expectations of appropriate sexual behaviour
- expectations of appropriate, consensual and legal sexual behaviour
- the consequences of concerning or harmful sexual behaviour, including how all people involved may be affected (emotionally, physically, legally).

#### Prosocial attitudes and beliefs

The child or young person has prosocial attitudes and beliefs about:

- sexual behaviour, including the importance of age and developmentally appropriate relationships and consent
- non-sexual behaviour, including the importance of socially appropriate, rule abiding and legal behaviour.

#### Behaviour

The child or young person engages in safe, legal and socially appropriate behaviour.

#### Social and emotional skills

The child or young person:

- is able to recognise, express and manage their emotions healthily for example, taking time out or asking for help
- listens to others, understands non-verbal social cues, takes turns when talking and maintains appropriate personal space

- shows empathy and compassion, cares about and is kind to others, supports and helps others in need
- has good self-confidence and belief in their ability to deal with challenges and make positive changes for themselves.

### Engagement and relationships

The child or young person:

- has good peer relationships with similar-aged friends (within 3 years age difference), whose attitudes and beliefs generally support responsible and law-abiding behaviour
- is committed to attending school and trying their best
- uses services and supports available to help them
- uses unstructured time well.

## Using protective factors to create the behaviour support plan

Identifying existing healthy and protective behaviours is the foundation of creating a behaviour support plan, since this means the plan is built on what is already working and makes sense to the child or young person and their family. Protective factors should also reflect the child or young person's developmental needs and their goals. Behaviours and factors should be drawn upon when creating the behaviour support plan with the child or young person and their family.

### Strategies for developing or strengthening protective factors

The following examples can be used to develop or strengthen protective factors for children and young people:

- age and developmentally appropriate child safety, respectful relationships and sex education including information about consent
- explicit teaching and practising of behaviour expectations (such as privacy, personal space and physical boundaries)
- explicit teaching about laws relevant to sexual behaviour and the consequences of breaking the law
- explicit teaching and practising of the social and emotional skills required (such as identifying and regulating emotions, empathising with others)
- explicit teaching of help-seeking skills
- reinforcing appropriate behaviour to develop self-confidence and self-efficacy
- taking opportunities to experience success and giving regular and genuine positive feedback to support the development of self-esteem
- taking opportunities to develop positive friendships with peers and supportive adults, reducing isolation and feelings of loneliness
- promoting engagement with school, extracurricular activities, hobbies and interests.

### Protective factors in the context of environment and family

These factors can protect against concerning and harmful sexual behaviour in children and young people:

- relationships with supportive adults who they experience as providing genuine interest, guidance and positive encouragement
- all and any positive experiences of care, love, kindness, assistance, learning and support from their parents, siblings and other family members
- experiences of family members dealing well with challenges and stresses
- a safe and stable living situation even when the family is dealing with difficulties.

Education and care services can help give children and young people exposure to relationships with supportive adults who

are genuinely interested in them and who can offer guidance and encouragement. Sometimes children and young people's concerning and harmful sexual behaviour may be related to difficult relationships with parents and family, and living situations characterised by stress.

These challenges may not be fixable but take all opportunities to connect or 'signpost' families to services in the community that may help.

## Signs of healthy sexual behaviour assessment and planning framework

The Signs of Safety® 'Signs of healthy sexual behaviour assessment and planning framework' and process is designed to put the child or young person, their parents, and people naturally connected to the child or young person at the centre of thinking through the problems (assessment) and creating and implementing solutions. Using this framework can help you to have strengths based and safety-oriented conversations with children, young people, their families and relevant others to inform the development of the behaviour support plan and when regularly reviewing the plan.

The assessment and planning framework (see Appendix 6) offers a straight-forward 3-column and judgement scale visual map designed to make sense for both family and professionals.

### Preparation

The Signs of healthy sexual behaviour assessment and planning process and format should be led by the site leader or their delegate, together with the child or young person, their parents, and other key people with natural connections to the child and family. This may be other professionals working with the child and/or family, or support persons who the child and family want to be involved.

To use the framework most effectively, you should undertake the following preparations before meeting with the family:

- choose a meeting facilitator
- create behaviourally specific plain language statements of the concerning or harmful sexual behaviour, the worries, and healthy sexual behaviour goal
- create a situation-specific healthy sexual behaviour rating scale so everyone can share their sense of the seriousness of the worries and rate progress
- gather as much detail as possible from others in the site about:
  - all the positive aspects of the child or young person, their behaviour and how they relate to others
  - all positive information about the parents, their family life and people around them
  - times when the concerning or harmful sexual behaviour could have happened but didn't

  See Appendix 6 'Signs of healthy sexual behaviour assessment and planning framework: analysis categories' to help you with the above
- create questions to use with the child or young person, parents, and other key support people to help them as a group think through and describe:
  - how they see the child or young person's behaviour that the site is concerned about
  - how they see the child or young person's and the family's strengths
  - their best thinking about what the solutions will look like

  See Appendix 6 'Signs of healthy sexual behaviour assessment and planning framework: example questions'
- clarify any bottom-line requirements the site might have for the behaviour support plan.

By preparing in this structured way you:

- get clear for yourself about how you and others at the site view the problems and how to communicate the problems to the family
- create a situation-specific process enabling you to productively engage the parents, child or young person and support people in thinking through the situation and together shape a behaviour support plan that everybody understands and is committed to.

### Signs of healthy sexual behaviour assessment and planning meeting

See Appendix 6 for a guide to facilitating the meeting.

## Reviewing and assessing for signs of increased healthy sexual behaviour

### Regularly review behaviour support plans

Behaviour support plans should be reviewed regularly with the child or young person and their parents. This is particularly important to maintain momentum immediately after the plan has been created. While the 'sexual behaviour in children and young people procedure' requires that the behaviour support plan be reviewed and updated at least once per term, or sooner if risks or needs change, it is recommended that 2 reviews occur in the first 2 months and then reviews are held bimonthly. Behaviour support plans that are not having impact after one term need careful rethinking and reset.

Review meetings should focus on:

- first and foremost, all examples and evidence of positive behaviour in general, and healthy sexual behaviour in particular
- times the plan has been followed
- everything parents, educators, care providers and support people are doing to encourage and sustain the positive and healthy behaviour
- refining the plan based on what's actually working for the child or young person in their everyday life in the education or care setting, and to address any new challenges.

Creating, enacting and reviewing behaviour support plans proactively with the child or young person, parents and support people, building on and always honouring healthy behaviour, and addressing any new challenges promptly, should mean that most plans can be declared successful and set aside in 3 to 6 months. You should always be looking to draw the plan to a close. Keeping a plan in place 'just in case' will always be counterproductive.

## Opportunities to demonstrate healthy sexual behaviour

Give the child or young person structured and safe opportunities to demonstrate their developing capacity for healthy sexual behaviour and adherence to boundaries.

The behaviour support plan should have a progressive pathway for:

- reducing supervision and restrictions
- reducing explicit teaching and practicing of knowledge and skills for prosocial behaviour, belonging and connection

based on the child or young person demonstrating, and adults supporting them, honouring their new behaviours.

This helps to:

- ensure that changes to the plan and reductions of supervision or restrictions are done safely based on behavioural change
- develop everyone's confidence in the plan as a pathway to success
- share the risk and responsibility by involving the child or young person, their family and support people.

Update children and young people's personalised plans (such as One Plans in government sites) to reflect updated behaviour support plans.

### Example – Helping Robbie develop healthy sexual behaviour

Robbie see Appendix 3 has started peeping at younger girls in the toilets and using explicit sexual talk and play in his interactions with his younger female friends. To help Robbie develop healthy sexual behaviour requires a 'behaviour support plan' that provides supported opportunities for him to safely play with his younger female friends. Preventing him from having any contact with his younger female friends would give him no opportunity to practice and demonstrate healthy behaviour.

Giving Robbie play opportunities with his younger female friends that are initially limited and supervised, creates the opportunity where he can be actively supported and affirmed for demonstrating healthy behaviour such as:

- describing what touch is okay and not okay when playing with others
- maintaining personal space when playing
- naming his emotions and seeking help when feeling overwhelmed
- listening to his friends and taking turns when talking and playing
- asking when leaving the classroom or yard to go to the toilet.

As Robbie demonstrates and sustains healthy behaviour, you can successively return arrangements to normal for Robbie. This incremental process could involve:

- initially, one-to-one supervision at all times when having contact with younger females, and contact with younger females restricted to open areas only, and nearby supervision for contact with others
- supervision at each break with the supervisor being near Robbie half of the time and in line of sight the other half
- supervision at each break with the supervisor being near Robbie a quarter of the time, in line of sight the other half the time and elsewhere for the other quarter
- line of sight supervision only half of each break time and occasionally nearby
- normal level supervision resumes.

Restrictive and controlling supervision can be counterproductive. Rather, supervision is an opportunity to provide increased attention to support and affirm the child or young person's developing safer behaviours and adherence to boundaries.

## Supporting children and young people affected by the sexual behaviour of others

The effects for the child or young person on the receiving end of concerning or harmful sexual behaviour can be wide ranging, from little or no obvious effect, through to confusion, trauma, fear, anxiety and sadness.

How children and young people affected by the concerning or harmful sexual behaviour of others should be supported depends on several factors such as the:

- nature, frequency and intrusiveness of the behaviour
- degree of harm, how frightening or distressing it was
- continued presence of the child or young person who engaged in the sexual behaviour in the site, such as whether they are in the same class as the child or young person on the receiving end of the behaviour
- feelings and perception of safety for the child or young person on the receiving end of the behaviour
- functional abilities of the child or young person affected, eg disability may mean their behaviour is not always equivalent to their age in years

- response of the child or young person who engaged in the behaviour, eg can they take responsibility for their behaviour and demonstrate an understanding of the impact of their behaviour on the affected child or young person?

## Support and safety plan

In some situations, a support and safety plan must be created for a child or young person who has been affected by the sexual behaviour of others. The procedure has information about when these plans must be developed.

Support and safety plans must meet the following criteria:

### Reduce identified risks and increase wellbeing

Identify and address all activities and locations where there may be risk to the child or young person. Detail any arrangements for supervision and support, including referrals to internal or external services.

### Collaborate with others

Complete the plan with parents and any relevant professionals involved in supporting the child or young person.

Give parents a copy of the plan that they can understand.

Involve the child or young person in decisions that affect them, reflect their views and give them a developmentally appropriate explanation of the plan. Appendix 7 has an example that may be helpful.

### List strategies to reduce risk and increase skill development

These may include whole-class, small-group or individual preventative work, such as making safe choices, being assertive, reporting concerns and seeking help, social and emotional learning, behaviour expectations, child safety, respectful relationships and sexual health education.

Share the strategies with all relevant individuals involved in the education and care of the child or young person. To protect confidentiality, limit information shared to what is relevant to each individual's role in managing the risk and supporting the child or young person.

### Review and update regularly

Do this at least once per term or sooner if risks or needs change. The plan must only be in place as long as necessary to support the child or young person's identified safety and wellbeing needs.

## Useful strategies to consider

To support a child or young person **affected by** the sexual behaviour of others, consider the following strategies, noting that not all will be appropriate in all circumstances:

### Checking in, increased supervision

A primary educator or care provider will check in with the child or young person at agreed times, and the child or young person will be aware that they can approach the primary educator or care provider when they need support. A secondary educator or care provider will be a backup person if the primary educator or care provider is unavailable.

There will also be increased supervision and monitoring in alignment with the plan and the needs of the children or young people involved.

### Alternative classes or break times

Consider having alternative classes and venues for break times so that the child or young person on the receiving end of the behaviour does not have to be in the same space as the child or young person who engaged in the concerning or harmful sexual behaviour.

Usually, the child or young person who **engaged in the behaviour** is the person for whom alternatives should be put in place, unless:

- the child or young person **on the receiving end** of the behaviour has requested otherwise or
- it is in that child or young person's best interests.

## Focused teaching and learning

Educators and care providers will explicitly teach behaviour expectations, child safety, respectful relationships, sex education, consent, making choices, managing situations, help seeking and social and emotional skills, and give all children and young people opportunities to practise these skills. Pay particular attention to the needs of the child or young person on the receiving end of the behaviour during teaching of the Keeping Safe: Child Protection Curriculum, relationships and sexual health education and other learning or activities that may be sensitive.

Examples of focused teaching include:

- how to respond to another child or young person who asks them to go somewhere unsafe or do something that's not okay
- opportunities to learn and practise being assertive
- identifying safe and unsafe places to play
- what to do if they find themselves alone with the child or young person who previously engaged them in concerning or harmful sexual behaviour
- helping them to identify situations that should be reported to an adult
- helping them to name at least 3 trusted adults in the site who they can approach for help if another incident of sexual behaviour occurs
- social skills training such as making friends, joining in a group, taking turns or resisting peer pressure. Children and young people who have difficulties making friends and getting on with others may have a strong desire to make new friends or be part of a group, which can make them vulnerable to being drawn into concerning or harmful sexual behaviour. This is often particularly relevant to children and young people with disability.

## Wellbeing and specialist support

Offer site-based wellbeing supports (such as the Student Wellbeing Leader).

Government education and care services can refer to Student Support Services by directly contacting their allocated office.

Catholic schools and preschools can seek advice from their School Performance Leader about relevant supports.

Independent schools can consult the Association for Independent Schools of South Australia.

Consider referrals to counselling or other community-based supports and specialist services for the child or young person, and/or, their affected family members. See the section 'services for those affected by the concerning or harmful sexual behaviour of others' on page 37.

## Supporting other children and young people in your site

Children and young people who may have seen or heard about concerning or harmful sexual behaviour may react in a variety of ways, such as:

- ignoring the behaviour
- telling the child or young person to stop
- reporting the behaviour
- being upset, intimidated or fearful, particularly if they have a history of being harmed themselves
- being fascinated by the behaviour and attempting to provoke the child or young person to repeat their behaviour
- copying the behaviour.

Send a clear message to children and young people about behaviour expectations and keeping themselves and others safe without talking about the specific incident of concerning or harmful sexual behaviour. See the previous section for strategies of explicit teaching, learning and practice in the areas of:

- behaviour expectations
- respectful relationships
- consent
- privacy and body boundaries
- social and emotional skills
- being assertive and resisting peer pressure
- seeking help and reporting concerns.

## Information sharing within and between education and care services

Usually, not every person in the education or care service will need to know the detail of a child or young person's concerning or harmful sexual behaviour.

However, everyone **who contributes to** the support of the child or young person who engaged in the sexual behaviour and the safety of other children, young people and adults, needs to know where they fit into the plan for support and safety.

Who needs to know what, will depend on:

- the sexual behaviour that has occurred
- the persons involved
- the risk of future harm
- behaviour support plans and support and safety plans
- each person's role in ensuring safety and supporting the child or young person **who engaged in** the sexual behaviour, as well as **those affected by** the behaviour.

Some people who work closely with the child or young person may know everything, as they will be supporting them to have their needs met in ways other than engaging in concerning or harmful sexual behaviour. They may also be involved in working with the family and interagency work, such as with police, DCP or a therapist. Other people may only know that there has been some behaviour of concern, about the plan for ensuring safety and their specific role in the safety plan.

Give all relevant educators and care providers sufficient information to fulfil their duty of care.

Sharing of information within and between education and care services to ensure the safety and wellbeing of children and young people is covered under section 14 of the Education and Children's Services Act 2019. This includes education and care services sharing information upon the transfer of a child or young person from one education and care service to another, including between government, Catholic and independent services.

If you are ever unsure whether information can be shared and what information can be shared, contact your sector's legal services or your sector office.

## Engaging and collaborating with parents

Parent engagement is critical to safety and wellbeing in education and care. How parents experience their child's education and care service generally affects how children and young people experience it. If a parent feels anxious about their child's safety and wellbeing, usually the child or young person will also feel anxious. Conversely, if a parent feels confident that the education and care service is a safe place that can meet their child's needs, the child or young person will usually also feel safe.

If a parent has their own history of sexual abuse or sexual assault, their child having engaged in or been on the receiving end of concerning or harmful sexual behaviour may act to trigger the parent's own trauma. This may impact the way the parent responds to:

- information about the sexual behaviour
- their child
- educators and care providers.

You may not be aware of the parent's trauma history – you may only see their behaviour. If a parent discloses information to you about their own experiences, consider if it is appropriate to suggest support services. Page 37 has information about rape, sexual assault and childhood sexual abuse support services.

## Working with parents whose child has engaged in concerning or harmful sexual behaviour

What you say to the parent matters. If the first thing a parent hears about their child's behaviour has the implication that their child is 'bad' or unwelcome, it will have ramifications – such as:

- the child or young person feeling shamed and unwelcome in your education and care service
- the parent feeling ashamed, angry or unwilling to work in partnership with the service.

### Give parents time

When parents find out that their child has displayed concerning or harmful sexual behaviour, they are likely to be in shock and will need time to process the information.

A parent's initial response to the situation may be misinterpreted as being in denial, not protective, or uncooperative, whereas they may be experiencing overwhelming and mixed feelings of:

- shock
- denial
- anger
- sadness
- being judged
- shame
- guilt
- despair
- hopelessness.

They may respond by being fiercely protective of their child, or they may reject them. If a parent's first response is unhelpful, give them time to reflect and process the information. Help parents to understand the seriousness of what's happened. You should do this with respect, compassion, empathy and a helpful and positive attitude.

The first discussion with a parent can set the tone for everything that comes after. Working in partnership with parents is essential.

### Planning for your discussion with parents

If the incident may involve **criminal or child protection issues**, seek advice from police and/or DCP before contacting parents. The procedure has information about working with police and DCP.

Contact parents at the earliest possible opportunity, by phone to invite them to a face-to-face meeting. Advise them of the nature of the meeting, that is, to urgently discuss concerns about sexual behaviour. This gives the parents time to process the nature of the concerns before the meeting.

Choose an appropriate time and a safe and private location then:

- make sure an in-person meeting takes place as soon as possible after the phone discussion. It is important that parents are not left waiting any longer than necessary, as this may increase their anxiety
- make sure there is sufficient time and privacy to have the discussion. For example, it is not appropriate to have the discussion at pick-up time at the school gate in earshot of other parents
- make sure there is support nearby.

## Meeting with parents

Take a non-judgemental, compassionate and supportive approach during your meeting, considering parents as partners in resolving a potentially complex incident. The following outlines the steps involved in the discussion.

### Describe the sexual behaviour incident(s)

Be specific about:

- what the child or young person has done or said
- why you are concerned
- the impact on others
- any previous incidents of concern.

Consider rehearsing what you will say to the parent with a colleague or write yourself a script. For example:

'Thank you for coming in today. I want to share concerns about Phillip's sexual behaviour towards other children at school that has hurt or upset them. Phillip has touched other children's genital areas over their clothing, this made them very upset. This is the third time something like this has happened over the past 12 months. You might remember our previous conversations?'

### Explore possible reasons

If other agencies and professionals are not involved (such as police, DCP or a therapist), help parents explore why their child has engaged in the behaviour. Again, a script might help. For example:

'I understand that this might be hard for you to hear. Phillip is a valued member of our school community and we want him to be safe at school. I wondered if you know of any reason why Phillip might be behaving this way? Have you noticed any sexual behaviour or had any worries about his behaviour at home?'

### Discuss consequences

Explain any consequences because of the behaviour, such as suspension or exclusion where required to provide for immediate safety while further supports are put in place. Keep in mind that suspension and exclusion must not be used as punishment.

Express concern for their child's safety and wellbeing. For example:

'The other children have started to stay away from Phillip as his behaviour upsets them. I really want Phillip to be happy at school and to have friendships with other children. We need to help him to stop this touching behaviour, so the other children feel safe and comfortable playing with him'.

### Collaborate and plan

Involve parents in developing, monitoring and reviewing behaviour support plans by:

- explaining what a behaviour support plan is. For example:
  - 'When children have behaved in a sexual way, we develop what's called a behaviour support plan to help keep everyone safe and work out what everyone needs to do to help them stop the behaviour'

  - Explain how this plan relates to other plans that may already be in place, such as an individual learning plan or One Plan
- asking the parent what they think will help their child. For example:
  - 'What do you think might help Phillip to stop this behaviour?'
  - 'How can we work together to make sure this behaviour doesn't continue?'
- incorporating the parent's goals for their child into the plan
- including what the parent will do in the home environment to support their child
- making sure there is a consistent approach to the behaviour across the education and care service and home environments.

Ask the parents if they have any questions.

The Signs of Safety® 'Signs of healthy sexual behaviour assessment and planning framework' (see page 22 and Appendix 6) provides a useful framework for engaging parents and others in thinking through the problems and creating and implementing solutions.

If the parent's response to the information about their child's behaviour raises concerns about the child or young person's safety after the meeting, make a notification to the Child Abuse Report Line on 13 14 78 or e-CARL. If the child or young person is in immediate danger, report to police. Consult the procedure for further guidance.

### Focus on strengths

Share the child or young person's strengths and successes with their parent. For example, using a school/home diary to communicate their achievements such as adherence to behaviour expectations and skill development. It is critical that parents hear about what is working well, so they feel optimistic for a positive future.

### Document and follow up

Document this meeting and any other communication with parents. This may help you to understand what messages are being communicated to the child or young person about their sexual behaviour.

Communicate promptly with parents around agreed actions or if further incidents occur.

## Working with parents whose child has been affected by the concerning or harmful sexual behaviour of others and the broader parent community

The procedure's section 'communication with parents and others' has information about communicating sexual behaviour incidents to parents.

### Confidentiality

Parents need to know information about their child and how their child will be kept safe. Usually they **do not** need to know details of other children and young people involved in sexual behaviour incidents. Some exceptions include information sharing:

- to prevent harm
- where consent is given by parents of the child

see page 32.

The *Young Offenders Act 1993* prohibits the publication of anything that identifies children or young people who have engaged in illegal sexual behaviour or have been affected by the illegal sexual behaviour of another child or young person, including their names. In parent communication, **do not give any identifying information** about the children or young people involved (such as in letters or meetings), unless legal advice from your sector's legal services or via the sector office says otherwise. This is still the case even when the identities of the children and young people involved are widely known in the education and care service community.

Without disclosing the details of the individuals involved, reassure parents that your site has a plan for:

- ensuring the safety of all children and young people in the site
- supporting the children or young people affected by the sexual behaviour
- supporting the safe and positive behaviour of the child or young person who engaged in concerning or harmful sexual behaviour.

Communicate the measures that will be put in place, and when – without disclosing the identities of those involved – such as:

- any changes in supervision arrangements
- restrictions in activities, locations and the use of electronic devices
- liaising with other agencies and professionals for the best approach
- monitoring the safety and wellbeing of all children and young people in the site
- teaching respectful relationships and child safety content within the Keeping Safe: Child Protection Curriculum, respectful relationships and sexual health education, online safety, and social and emotional learning within the Australian Curriculum.

## Information sharing to prevent harm

Sometimes sharing information with another child or young person's parent about the identity of a child or young person who has engaged in concerning or harmful sexual behaviour is necessary to prevent further harm.

For example, Nhung has directed harmful sexual behaviour towards several younger girls at school. The parents of the girls directly affected by Nhung's behaviour are aware of Nhung's identity. However, the school is aware that Nhung's family socialises at the weekend with Lucy's family. Lucy is the same age as the girls that Nhung engaged in harmful sexual behaviour with, therefore it is reasonable to believe that Lucy may be at risk. Lucy's parent needs to know about the risk so that they can keep Lucy safe.

See the information sharing guidelines for promoting safety and wellbeing and your sector's policies and procedures about information sharing, privacy and confidentiality to guide your decisions about what to tell Lucy's parent.

If police and/or DCP are involved, follow their advice about what information can be disclosed to whom, when the information can be provided, and who should provide the information.

If you are considering **identifying the child or young person** who has engaged in illegal sexual behaviour to a parent of a child not directly involved in the behaviour:

- seek advice from police first
- government and Catholic sites must seek legal advice from their sector's legal services or via their sector office
- it is recommended that independent schools seek legal advice from the Association for Independent Schools of South Australia.

## Sharing information with parent or guardian consent

There may be other situations where sharing information about a child or young person who has engaged in sexual behaviour is appropriate. Information-sharing decisions are made case by case. The main consideration in deciding to share information is **safety and wellbeing**.

Consider the following scenario:

- A parent has reported to the Principal that their daughter, Daisy came home yesterday and said that a child in their class (Kitty, age 7) 'is always humping the teddy'.
- The sexual behaviour is not illegal, so the *Young Offenders Act 1993* does not apply.
- Kitty has a disability.
- Daisy's parent is very angry about what they are describing as 'lewd sexual behaviour' and demanding that Kitty is immediately suspended.

- Kitty's parents have given written consent for the Principal to share specific information about Kitty's disability and behaviour with other parents for the specific purpose of explaining disability-related behaviour that may be misunderstood as sexually motivated in nature.
- The Principal explains to Daisy's parent that Kitty's behaviour with the teddy is not sexually motivated and she is not seeking sexual stimulation. Rather Kitty has a disability and does this to help her manage when she is feeling overwhelmed. The Principal goes on to explain what the school is doing to help Kitty manage overwhelming feelings without using the teddy.

Sharing information with parent or guardian consent can help other parents to view behaviour within a context to develop empathy and understanding. This can improve safety and wellbeing for the child or young person who engaged in the sexual behaviour.

If you are considering sharing confidential information about a child or young person with other parents, first make sure:

- you have thoroughly discussed it with the parents or guardians of the child or young person about whom the information will be shared, and you have a signed agreement (see Appendix 8) that specifies exactly what information can be shared, with whom and for what specific purpose
- the agreement is signed by a parent or guardian who has legal authority for the child or young person
- the agreement is signed by the site leader
- parents and guardians are always advised when information is shared about their child under the conditions of the signed agreement.

Always follow the information sharing guidelines for promoting safety and wellbeing and your sector's policies and procedures about information sharing. This is particularly important if you believe it is necessary to share information and the parent has refused to give their consent for information sharing.

Consider seeking advice about information sharing from your sector's legal services.

## Working with culturally diverse families

Cultural diversity can add another layer of complexity in addressing sexual behaviour. For example:

- some communities or families may be reluctant to engage with education and care providers, as they are distrustful of government agencies or people in positions of authority due to previous experiences, discriminatory policies and practices and trauma
- some communities may not have language related to sexuality or may use terminology other than the anatomically correct names for sexual body parts
- there may be rules that govern the discussion of sexual matters related to the gender, relationship between, or age of those participating in the conversation.

There is no 'one size fits all' approach for how to address sexual behaviour with particular cultural groups, as families and cultural groups are diverse. Before any discussions, it may be helpful to check:

- who has cultural authority to participate in a discussion about sexual behaviour
- that the time you are proposing for a meeting is appropriate for the family and their community. For example, in some Aboriginal communities, the entire community shuts down for 'Sorry Business' and a death in the community may impact a family's previous obligations to attend a meeting.

## Cultural safety for Aboriginal children, young people and their families and communities

Children and young people who identify as Aboriginal have the right to feel culturally safe and connected. It is critical that you are aware of the experiences of Aboriginal families and communities, including racism, socioeconomic disadvantage and intergenerational trauma as a result of past government policies and the forced removal of Aboriginal children from their families and communities.

Culturally safe and competent practice requires working with the child or young person, their family, and people with cultural authority.

Inappropriate responses may re-traumatise children, young people, their families and communities which may amplify existing fear and mistrust of education and care personnel and services.

Consider when engaging with Aboriginal children, young people, their families and communities, what other people may be available to support them during meetings and discussions. This may include:

- site-based Aboriginal staff
- regional-based Aboriginal staff
- Aboriginal Education Directorate staff (government only)
- Aboriginal services.

Ask children, young people and families whether they want to nominate a person to support them in meetings. This gives them an opportunity to nominate culturally appropriate support people.

## Working with non-English speaking families

The South Australian interpreting and translating policy has information about arranging appropriate support for families whose home language is not English. It is important to consult with families about who they wish to have as an interpreter. This may be an unknown worker from a translating and interpreting company or a trusted worker in the sector, such as a Community Liaison Officer. Provide all written communication to the family in their preferred language. Where the family's preferred language is unclear or there may be literacy issues, it may be more appropriate to provide written communication in English with verbal translation to help the family understand the content of the written communication.

Government sites can access:

- the Bilingual and Cultural Support Team (phone 8226 2756) in relation to CALD families
- Aboriginal Services by directly contacting their allocated office.

Catholic schools and preschools can consult:

- the Learning, Diversity and Wellbeing Team (phone 8301 6600) for support in working with Aboriginal families
- the Learning and Curriculum Team (phone 8301 6600) in relation to culturally and linguistically diverse (CALD) families.

Independent schools can consult the Association for Independent Schools of South Australia in relation to working with culturally diverse families.

## Working with foster and kinship parents and carers

Education and care sites, foster parents and carers, and the DCP all share responsibilities for providing safe care for children and young people under the Guardianship or in the custody of the Chief Executive, DCP.

Unless advised not to by DCP or police, work in partnership with foster parents and carers (and DCP), using a 'care team' approach to supporting the child or young person. Foster parents and carers must have a legitimate voice and be valued as a key member of the child or young person's care team. Through their supporting agency, they may have participated in specialist training about sexual behaviour. Foster parents and carers have important knowledge of their child or young person based on supporting and caring for them over time. They may have valuable expertise about managing risk and safety issues, and their knowledge and role should be valued and harnessed by the care team.

## Take home, suspension and exclusion

It is important that schools consider the impact on a child or young person's out-of-home-care placement when considering these consequences.

For example, a placement that is already under strain for whatever reason, could break down as a result of the child or young person being suspended, particularly if the foster parent or carer is unable to take leave from their employment and there is no alternative supervision for a child or young person while suspended from school.

Take home should only be used to respond to a behaviour emergency. Suspension and exclusion should only be used as **strategies of last resort** to provide for immediate safety and while necessary supports are put in place.

While suspension and exclusion may be necessary as an immediate response to a high-risk situation, they do not reduce the risk of children and young people engaging in concerning or harmful sexual behaviour in the longer term. In fact, they may increase the risk of future harm as exclusionary discipline may:

- reinforce the difficulties that contributed to the sexual behaviour in the first place, such as feelings of loneliness, isolation, difference and low self-esteem
- cause feelings of anxiety, anger and resentment.

Government education and care services can seek support from the Children in Care Service (phone 8366 8800 or email education.ChildrenInCareService@sa.gov.au)

## Police and Department for Child Protection

Refer to the procedure for information about working with Police and the Department for Child Protection.

## Specialist assessment and therapeutic services

When a child or young person displays long-term concerning or harmful sexual behaviour, they require specialist input from experienced practitioners.

Close collaboration is required between educators and care providers, professionals in specialist services, and parents.

It is important to work together to:

- share information within the information sharing guidelines, information privacy principles (government only), the *Education and Children's Services Act 2019* and the *Children and Young People (Safety) Act 2017*
- develop, implement, monitor and review behaviour support plans that meet the child or young person's needs and provide for safety
- develop effective strategies and language that can be consistently used across home and education and care environments.

## Specialist services in South Australia

### Adolescent Sexual Assault Prevention Program (ASAPP)

ASAPP is a voluntary treatment program for young people over the age of 10 years who have engaged in or have been convicted of harmful sexual behaviour. ASAPP works with young people on the far end of the sexual behaviour continuum, whose behaviour is considered as sexually abusive. Referrals can be made by service providers and government legal agencies such as the police and Family Conferencing Team. Young people and their family can also self-refer. ASAPP provide a consultation service to agencies and the broader community. They can advise about other support services for children and young people and can be contacted on phone 7117 3800.

### Child and Adolescent Mental Health Service (CAMHS)

CAMHS accepts referrals of children and young people with severe and complex mental health concerns who are exhibiting concerning or harmful sexualised behaviour. Referrals are made via the referral and triage service CAMHS Connect on phone 1300 222 647. Young people and their parents are encouraged to seek advice from their GP or current mental health service provider before contacting CAMHS Connect as CAMHS can only provide services to those who meet the criteria.

### Child Protection Service (CPS)

The Child Protection Services (CPS) within the Northern Adelaide Local Health Network (NALHN), Southern Adelaide Local Health Network (SALHN) and Women's and Children's Health Network (WCHN) conduct forensic assessments with children under the age of 7 years and some older children with complex communication needs when:

- a child has made allegations that raise concerns about possible abuse
- a reasonable suspicion of possible abuse is formed based upon risk factors identified within the child's environment and/or the child is engaging in harmful sexual behaviour.

Referrals to the CPS for forensic assessments are made by police, often in conjunction with DCP.

Each CPS provides consultation and advice as needed to other agencies and the public.

The WCHN CPS also offers a specialist therapy service for children up to the age of 12 years who are displaying concerning or harmful sexual behaviour. Referrals to the Sexualised Behaviour Therapy Service can be made by the public as well as by services and agencies. Phone 8161 7346.

## Services for those affected by the concerning or harmful sexual behaviour of others

### Yarrow Place – Rape and sexual assault service

Yarrow Place provides services for people aged 16 and above including 24-hour crisis response for recent rape or sexual assault, counselling, support for partners, families and friends, and group work programs for survivors. Phone 8226 8777 or 8226 8787 (outside of office hours) or 1800 817 421 (country callers anytime).

### 1800Respect – National sexual assault and domestic violence counselling service

1800Respect is a counselling helpline, information and support to anyone whose life has been impacted by sexual assault, domestic or family violence. The service is available 24 hours a day, 7 days a week. Phone 1800 737 732.

### Uniting Communities sexual abuse or sexual assault counselling

Uniting Communities provides counselling to children and young people who have experienced sexual abuse and/or sexual assault, and adults who have experienced childhood sexual abuse. Phone 1800 615 677.

### Relationships Australia child sexual abuse counselling

Relationships Australia provides counselling to children, young people and adults who have experienced childhood sexual abuse. Phone 1800 408 408.

## Information sharing with other agencies

The information sharing agreement (see Appendix 8) can be used to document parent's and guardian's consent for you to share information about their child with other agencies and service providers.

Sometimes it is necessary to give information to other agencies without seeking parent or guardian consent. For example:

- making a mandatory notification to CARL
- when DCP and/or police are responding to or investigating concerns.

The interagency code of practice: investigation of suspected harm to children and young people addresses how agencies share information and work together.

At other times, you may consider sharing information with agencies and service providers other than police and DCP, without parent or guardian consent. In these situations, see the information sharing guidelines for promoting safety and wellbeing, section 137 of the *Education and Children's Services Act 2019* and your sector's policies and procedures about information sharing, privacy and confidentiality.

# Documentation and record keeping

Education and care services must keep **confidential documentation** of all incidents of:

- developmentally appropriate sexual behaviour that is **inconsistent** with the behaviour expectations of the site
- concerning or harmful sexual behaviour

and the responses to the behaviour in accordance with their sector's protocols.

Education and care services on government sites must use the department's incident management system.

Page 16 of the procedure has further details about documentation.

## Documenting sexual behaviour incidents

Specific and accurate documentation of sexual behaviour incidents helps to:

- support accurate assessment of whether the behaviour is developmentally appropriate, concerning or harmful
- avoid over or under estimating risk
- identify if the behaviour is increasing or reducing in frequency or the level of concern
- inform proportionate decision making and interventions.

In addition to your sector's documentation requirements, such as recording critical incidents, use the **'sexual behaviour record'** (see Procedure Appendix 12) to guide how documentation of sexual behaviour incidents must be recorded

It can be difficult to document sexual behaviour with the required level of detail, as you may not feel comfortable with the language required to complete the written record. What the child or young person has done or said might be something you have never seen, heard of, or thought about before. However, it is necessary to document with detail and accuracy.

It is important to give accurate descriptions of the behaviour when discussing and documenting it.

This includes an explicit and detailed description of what was observed and/or reported. Some tips are:

- always use the anatomically correct names for body parts
- document the exact words used by children and young people using quotes where possible
- avoid vague descriptions such as 'sexual behaviours', 'inappropriate behaviour' or 'inappropriate touching', which are unhelpful
- describe the behaviour as if you are trying to paint a picture of the behaviour
- avoid euphemisms, jargon, personal opinion and emotive language.

## Good documentation practice

- The educator or care provider who witnessed the behaviour or was first told about the behaviour should complete the record, with support, where required.
- Use the 'sexual behaviour record' to document the right information with the right level of detail.
- Document it as soon as possible while the detail is fresh in your mind.
- Explicitly describe the behaviour observed, disclosed or reported.
- Use the correct names for body parts (bottom, breast, penis, testes/testicles, vagina, vulva).
- Use quotation marks to indicate the exact words said by children, young people and others.
- Document where the incident took place, who was directly involved and witness to the behaviour.
- Have someone who needs to know about the incident check your record when you have completed it. This helps to make sure that someone who has no knowledge of the incident can fully understand what happened from reading the record.

# Definitions

## Continuum of sexual behaviour in children and young people

Sexual behaviour exists along a continuum: at one end is **developmentally appropriate** sexual behaviour. At the other end of the continuum is **harmful** sexual behaviour. **Concerning** sexual behaviour falls in the middle of the continuum. See below for definitions of developmentally appropriate, concerning and harmful sexual behaviour.

## Developmentally appropriate sexual behaviour

Developmentally appropriate sexual behaviour is:

- typical for age and/or developmental ability
- between equals in age, size and developmental ability
- spontaneous, curious, light-hearted, easily diverted, enjoyable, mutual and consensual
- about understanding and gathering information, balanced with curiosity about other parts of life.

For behaviour to be assessed as developmentally appropriate, all 4 of the above characteristics must be present.

## Concerning sexual behaviour

Sexual behaviour is concerning when:

- the type of activity or knowledge is not appropriate for age and/or developmental ability
- there is inequality in age, size, developmental ability or power
- there is concern about persistence, intensity, frequency or duration of behaviour
- there is a risk to the health, development or safety of the child or young person or others
- there are unusual changes in the child or young person's behaviour.

Only one of the above characteristics needs to be a feature of the behaviour for it to be concerning.

## Harmful sexual behaviour

Sexual behaviour indicates or causes harm because it is:

- not appropriate for age and/or developmental ability
- between children with a significant difference in age, developmental ability or power
- secretive, manipulative or involves bribery or trickery
- excessive, compulsive, coercive, forceful, degrading or threatening, abusive or aggressive.

Only one of the above characteristics needs to be a feature of the behaviour for it to be harmful.

## Parent

In this context, the term 'parent' includes:

- legal guardians
- persons standing *in loco parentis*
- 'approved carers' as defined by the Children and Young People (Safety) Act 2017.

## Priority equity groups

Priority equity groups include:

- Aboriginal children and young people
- children and young people in care
- children and young people with disabilities and additional needs
- gender diverse children and young people
- children of culturally and linguistically diverse parents.

Children and young people in priority equity groups may be more vulnerable to harm from engaging in or being on the receiving of concerning or harmful sexual behaviour. They may also be at higher risk of exclusion from learning and care due to sexual behaviour.

## Rape

Rape is sexual intercourse with another person without their consent.

Sexual intercourse means any penetration of another person's vagina, labia majora or anus by any part of the body of another person (such as penis or finger) or other object, or oral sex.

## Sexual offences

In this guideline, sexual offences include – brief definitions in brackets:

- rape (sexual intercourse without consent)
- sexual assault (any sexual act without consent)
- indecent assault (touching a person's body in a sexual manner without consent, eg including unwanted touching of a person's breast, bottom or genitals)
- act of indecency (when someone does something of a sexual nature with or towards another person without their consent, or makes the person do something of a sexual nature towards them, such as unwanted masturbation in front of another person)
- making, sharing, requesting, accessing or having images or recordings of child exploitation material.

## Site

Site refers to all education and care settings. Sites include:

- adult re-entry settings
- centre-based childcare facilities
- out of school hours care facilities
- preschools and early learning centres
- schools
- the homes of approved family day care providers
- the homes of approved respite care providers.

## Site leader

Site leader refers to the individual who has ultimate responsibility for the safety and wellbeing of children and young people in an education or care setting. Site leaders include the:

- Family Day Care Scheme Manager
- Long Day Care/Rural Care Program Leader
- Out of School Hours Care Leader
- Preschool/Early Learning Centre Director
- Principal
- Respite Care Program Manager.

## Vicarious trauma

Vicarious trauma is a negative response to exposure to other people's trauma. Seeing, hearing about or responding to children and young people's concerning or harmful sexual behaviour can have a negative impact on someone's personal life, health and functioning. It is critical to seek support for any negative impacts on your wellbeing. See 'educator and care provider wellbeing and support' page 5.

# Related legislation, policy and resources

## Related legislation

Children and Young People (Safety) Act 2017

Criminal Law Consolidation Act 1935

Disability Discrimination Act 1992

Disability Standards for Education 2005

Equal Opportunity Act 1984

Young Offenders Act 1993

## Related policies

Behaviour support policy (government only)

Interagency code of practice: Investigation of suspected harm to children and young people

Information privacy principles instruction (government only)

Information sharing guidelines for promoting safety and wellbeing

Protective practices for staff in their interactions with children and young people

Provision of counselling for children, young people, parents and employees when responding to critical incidents of a sexual nature procedure (government only)

Responding to online safety incidents in South Australian schools

Safeguarding children and young people policy (government only)

Sexual behaviour in children and young people procedure

South Australian interpreting and translating policy

Suspension, exclusion and expulsion of students procedure (government only)

## Related resources

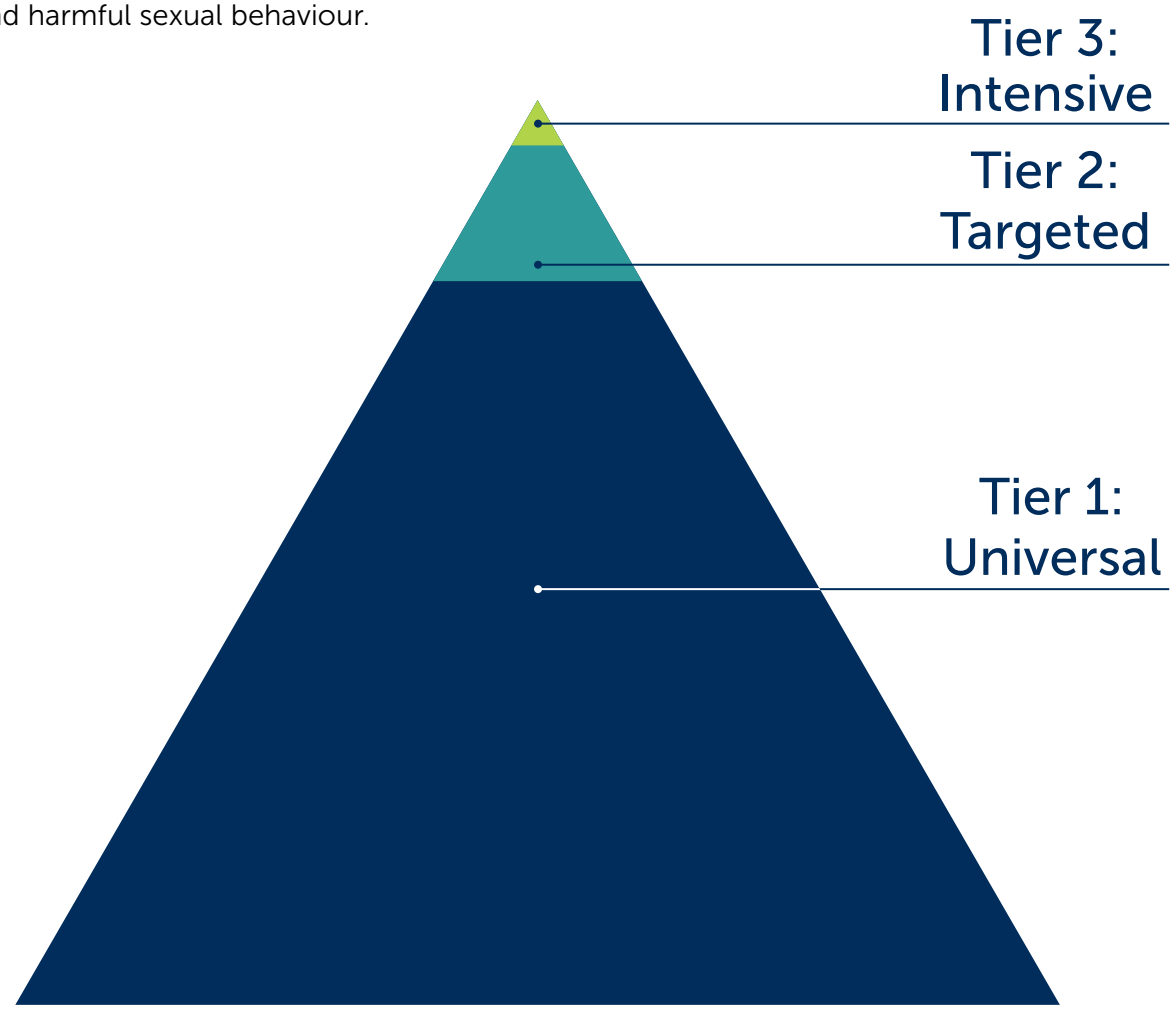
See the following web page https://education.sa.gov.au/sexual-behaviour for additional resources to support the implementation of this guideline and associated procedure.

# Appendix 1

## Public health approach to sexual behaviour

The diagram below illustrates the public health approach to children and young people's sexual behaviour in education and care sites. This approach provides a multi-tiered system of supports, including universal, targeted and intensive strategies to:

- support healthy sexual, social and emotional development in children and young people
- prevent concerning and harmful sexual behaviour
- respond to the continuum of developmentally appropriate, concerning and harmful sexual behaviour.



**Tier 1 Universal primary prevention strategies** are whole-site approaches to support the healthy sexual, social and emotional development of all children and young people and prevent concerning and harmful sexual behaviour from occurring. These include:

- consistent messaging about healthy relationships, gender equality, inclusion and safety across policies, procedures and the curriculum
- use of appropriate adjustments to ensure that all children and young people can access, engage with and participate in learning across the curriculum
- clear behaviour expectations
- social and emotional learning
- child safety and respectful relationships curriculum (Keeping Safe: Child Protection Curriculum)
- consent, relationships and sexual health education
- responses to developmentally appropriate sexual behaviour that promote healthy sexual, social and emotional development
- physical, online and social environments that minimise the risk of harm.

**Tier 2 Targeted secondary prevention and early intervention strategies** are used in addition to Tier 1 strategies with children and young people at higher-than-average risk of engaging in, or being on the receiving end of, concerning or harmful sexual behaviour. The focus is:

- prevention and early intervention to address underlying vulnerabilities
- intervening early when concerning or harmful sexual behaviour begins to emerge.

Interventions (such as group work) emphasise behaviour expectations, respectful relationships, social and emotional skills and intervening in concerning or harmful attitudes, behaviour and peer cultures.

**Tier 3 Intensive tertiary prevention or response strategies** are used in addition to Tier 1 and Tier 2 strategies for children and young people who have engaged in, or been on the receiving end of, concerning or harmful sexual behaviour and who require individualised supports. The focus is increasing safety and reducing risk through:

- supporting skill development and social and emotional learning
- meeting the child or young person's needs
- personalised behaviour support plans.

Educators and care providers collaborate with families and where involved, other professionals to provide a coordinated system of support and ensure safe inclusion.

# Appendix 2

## Whole-site approach to sexual behaviour

### Teaching and learning

#### Early Years Learning Framework

The Early Years Learning Framework supports children's learning from birth to 5 years and through the transition to school. The 5 learning outcomes of the framework are relevant to supporting children's healthy sexual, social and emotional development and keeping children safe from concerning and harmful sexual behaviour in the early years. In particular, the framework recognises the importance of children's social and emotional development.

#### Australian Curriculum (reception to year 10)

The Australian Curriculum, predominantly through the health and physical education (HPE) learning area, covers safety, respectful relationships, consent and sexuality. The general capabilities of 'personal and social capability' and 'ethical understanding', support the teaching of respectful relationships, safety, rights, and responsibilities and should be used across the curriculum.

Units of work have been developed by the Department for Education to help teachers in government and Catholic schools to teach about safety, respectful relationships, consent and sexuality. These concepts are specifically addressed within HPE learning area units of work that cover the focus areas of 'safety' and 'relationships and sexuality'.

#### Keeping Safe: Child Protection Curriculum (KS:CPC)

KS:CPC is a child safety and respectful relationships curriculum for children and young people from age 3 to year 12. It provides age and developmentally appropriate strategies to help children and young people keep themselves safe.

The KS:CPC is mandated in government and Catholic schools and preschools. It is recommended by the Association of Independent Schools of South Australia (AISSA) for use in independent schools.

The KS:CPC is holistic and sequential in its approach. The topics and concepts that are most relevant to supporting children and young people's healthy relationships, social and emotional development and keeping safe from concerning and harmful sexual behaviour include:

- being safe
- warning signs
- healthy and unhealthy relationships
- rights and responsibilities in relationships
- power in relationships
- sexual abuse, sexual harassment and sexual consent
- privacy, touching and consent
- online safety, dating, grooming and image-based abuse
- types of abuse and dating violence
- recognising, responding to and reporting abuse
- strategies for keeping safe
- trusted networks and support services.

The KS:CPC includes resources to support children and young people:

- with culturally and linguistically diverse backgrounds
- living with disability and additional needs
- who are Aboriginal.

## Made in the Image of God, human sexuality curriculum

This curriculum (R-12) for Catholic schools focuses on the respect and dignity of the human person and is grounded in the human vocation to love. This curriculum is firmly based upon Catholic moral teaching and calls upon sources from the tradition such as sacred scripture, the catechism of the Catholic church and papal documents.

## Additional resources to support teaching and learning

Appendix 9 has additional resources to support teaching and learning.

## Accessible and culturally safe curriculum and learning

At all points of curriculum delivery, consider how to include all children and young people. Make appropriate adjustments to ensure all children and young people can access, engage with and participate in learning.

Some people incorrectly assume that children and young people with disability do not require child safety, respectful relationships, consent and sexual health education at all, or at the same age as their peers without disability. However, when it comes to sexual behaviour, we need to remember:

- all humans are sexual beings, including children and young people with disabilities and additional needs
- while an adolescent's functional age in some areas of their development may be significantly younger than their age in years, their physical and hormonal sexual development may be on par with their same-aged peers
- some children and young people may enter puberty early, therefore their sexual development may not align with that of their peers or their cognitive development
- all children and young people have the right to information to keep themselves and others safe.

Given their vulnerability to engage in concerning and harmful sexual behaviour without understanding the harm they may be causing to themselves and others, child safety, respectful relationships and sexual health education is particularly important for children and young people with disability and additional needs.

Cultural diversity can add another layer of complexity to the teaching of expectations around sexual behaviour. For example, some communities may:

- not have language related to sexuality
- use their own words for sexual body parts instead of the anatomically correct terms
- have rules that govern the discussion of sexual matters related to the gender, relationship between, or age of those participating in the conversation.

There are no easy blueprints for how to address sexual behaviour with particular cultural groups, as families and cultural groups are diverse.

Communicate regularly with local communities and individual families to make sure:

- they are aware of the approaches used in your site
- they have had opportunities to give their feedback about delivery of potentially sensitive aspects of the curriculum.

## Personalised learning for students with additional needs

Some students with disability may exhibit behaviour that is not sexual in nature, however, may be misinterpreted as concerning or harmful sexual behaviour. Address any behaviour of concern that appears to be sexual in nature through an individual learning plan for the child or young person (such as One Plan in government sites or a Personalised Plan for Learning in Catholic sites). All staff should be aware of the behaviour expectations and planned responses to support the inclusion of children and young people within their community.

Education and care services should collaborate with children, young people, their families and disability and health professionals to familiarise themselves with all aspects of a child or young person's strengths, abilities and needs.

- Government sites can consult an Inclusive Educator in Student Support Services.
- Catholic schools and preschools can consult the CESA Learning, Diversity and Wellbeing Team (phone 8301 6600).
- Independent schools can consult the Association for Independent Schools of South Australia (phone 8179 1400 or email: office@ais.sa.edu.au).

Support for teaching the Australian Curriculum or the KS:CPC to children and young people who require adjustments to access, participate and engage in learning around appropriate sexual behaviour is available through a number of organisations:

- The Statewide Inclusive Education Services library and information service provides specialist teaching and learning materials to educators, care providers and parents of children and young people attending government education and care services.
- SHINE SA provides professional development and resources to support educators and care providers who work with children and young people living with a disability.
- Down Syndrome Australia supports educators and assists schools to develop inclusive practices.

## Ethos and environment

Aspects of the ethos and environment that contribute to preventing concerning and harmful sexual behaviour include:

- recognising the value of diversity and inclusive practices to meet the needs of all children and young people
- inclusive policies and procedures related to behaviour, social and emotional learning, child safety, respectful relationships and sexual health education
- adequate resources and professional development for educators and care providers
- leadership support for explicit teaching of behaviour expectations, social and emotional skills, child safety, respectful relationships, consent and sexual health education
- consistent behaviour expectations and responses throughout the site from all educators and care providers
- wellbeing support for children and young people
- professional development and wellbeing support for educators and care providers
- actively promoting safe, inclusive and respectful attitudes, values and relationships between children and young people, educators, care providers, staff and parents
- safe and inclusive physical and online environments, displaying positive messages and images that promote safe and respectful behaviour.

## Community partnerships

Partnerships with all members of the community provide a support network to increase safety and wellbeing. Sites should:

- involve children, young people, parents, educators, care providers, staff and other stakeholders in developing policy and curriculum
- have relevant messaging in social media and newsletters including highlighting resources available to parents
- develop relationships and work in partnership with relevant services and other professionals when responding to sexual behaviour.

See Wellbeing for learning a whole-school approach for more information about the Department for Education's whole-school approach.

# Appendix 3

## Functional behaviour assessment - example

The following table shows an example of functional behaviour assessment for 12-year-old Robbie. Robbie is in care, under the guardianship of the Chief Executive, DCP. He struggles with social interactions with peers his own age, so tends to play with younger children. He attends a mainstream reception to year 12 school, where he has only been for a term. He regularly masturbates in class and the yard. Educators have consistently interrupted Robbie's masturbation, told him that masturbating is private sexual behaviour that can only happen in a private place such as his bedroom, and cannot happen at school, because school is a public place.

| | |
|---|---|
| **Social and environmental context** | Robbie lives in residential care with different carers on a roster. He does not like his carers and thinks that they do not like him. Robbie struggles to get along with the other boys in the placement most of the time and there is a lot of conflict and fighting. He and the other boys in the placement regularly view adult pornography on the internet. |
| **Setting events** | Robbie has supervised contact with his mother and siblings once per month. There is regular conflict with his carers and the other boys in placement. He has been awake for much of the night using his iPad in his room and he is very tired. |
| **Antecedents** | Robbie is asked by his teacher to do an independent task or activity that he thinks is too hard. |
| **Consequences** | Robbie has one-to-one support to complete the activity or task, or he is given a preferred activity. |
| **Past events** | Robbie's history includes:<br>• his father perpetrating domestic violence towards his mother<br>• his father physically abusing Robbie<br>• his father exposing Robbie to adult pornography on the internet<br>• Robbie witnessing his mother engaged in prostitution and drug use in the home<br>• his father being incarcerated<br>• Robbie and his siblings being removed from their mother's care<br>• Robbie and his younger siblings being placed under the guardianship of the Chief Executive, DCP and being cared for by their maternal grandmother<br>• Robbie being removed from his grandmother's care, and placed into residential care while his siblings remained with their grandmother. |

In this example we can hypothesise that the purpose of Robbie's masturbation is to:

- avoid upsetting feelings associated with not feeling cared for, not getting along with his peers in his placement, and multiple losses of significant family relationships
- avoid intrusive thoughts, memories and feelings related to his history of abuse
- avoid independent work tasks that he believes are too difficult, and the anxiety associated with this
- gain connection with an adult who gives one-to-one support
- gain a preferred activity.

By understanding the factors that contribute to and maintain concerning or harmful sexual behaviour, we are in a better position to support Robbie to meet his needs in safe and appropriate ways.

# Appendix 4

## Signs of Safety® harm analysis matrix with prompts

Assessing concerning or harmful sexual behaviour involves clearly identifying the sexual behaviour, its severity and frequency, and the impact on all children and young people involved. The matrix below is designed to assist professionals to first, think through what they know and don't know, and second, develop questions to help them gather information to inform interventions, supports and plans.

Download the harm analysis matrix template, type your information into the template, and delete the prompts.

| | | Action/Impact | | |
|---|---|---|---|---|
| | | **Behaviour** - the concerning or harmful sexual behaviour | **Severity** - describes how serious the concerning or harmful sexual behaviour is | **Impact** - describes the physical and emotional impact of the sexual behaviour on the child or young person who initiated the behaviour and all other children and young people involved |
| **Chronicity** | **Timespan** | How long and how often the behaviour has been happening | How serious the behaviour has been over the whole timespan | The overall impact the behaviour has had on both the child or young person who initiated the behaviour and all other children and young people involved |
| | **First incident** | The first known incident of sexual behaviour that you are aware of (whether it happened at the education or care site or elsewhere) | How serious the first incident of sexual behaviour was | The impact of the first incident on the child or young person who initiated the behaviour and all other children and young people involved |
| | **Worst incident** | The worst incident of sexual behaviour | How serious the worst incident of sexual behaviour was | The impact of the worst incident on the child or young person who initiated the behaviour and all other children and young people involved |
| | **Last incident** | The most recent incident of sexual behaviour | How serious the most recent incident of sexual behaviour was | The impact of the most recent incident on the child or young person who initiated the behaviour and all other children and young people involved |

The 'Signs of Safety® harm analysis matrix' is the proprietary intellectual property of Elia International and Andrew Turnell. For use of this intellectual property beyond the South Australian education system, contact andrew@turnellplus.com.au.

## Signs of Safety® harm analysis matrix with example questions

| | | Action/Impact | | |
|---|---|---|---|---|
| | | **Behaviour** - the concerning or harmful sexual behaviour | **Severity** - describes how serious the concerning or harmful sexual behaviour is | **Impact** - describes the physical and emotional impact of the sexual behaviour on the child or young person who initiated the behaviour and all other children and young people involved |
| **Chronicity** | **Timespan** | To your knowledge and whether at this or other sites or in other places, how long have people been worried about Avi's sexual behaviour?<br><br>Over that period, how many concerning incidents have there been?<br><br>Who noticed these behaviours and if documented, where are these incidents described?<br><br>How long have the parents been concerned about Avi's sexual behaviour and how often would they say they have been worried by something he did? | On a scale of 0 to 10 where 10 means Avi's behaviours are developmentally appropriate and 0 means the behaviours are harmful and a report must be made to the Child Abuse Report Line and/or police, where would you rate the behaviours as a whole right now?<br><br>Where might (or do) Avi's parents rate the seriousness of the behaviours? | Who at the school knows Avi best? What would they say has been the impact for Avi in doing these things that have worried people in the school over the past 18 months?<br><br>What would Avi or his parents say has been the impact for him and in his life at school? |
| | **First incident** | Thinking about the first time anyone was worried about Avi's sexual behaviour, who was worried and what would or did they say worried them about Avi's behaviour?<br><br>What would Avi say worried him about that incident? | When you think about the first incident of Avi's sexual behaviour that got someone at the school worried and you reflect back on it, on a scale of 0 to 10, where would you rate that first incident? 10 means we really overreacted at the time and we can now see that the behaviour was actually developmentally appropriate and 0 means that it was harmful and we're not sure why we didn't take it more seriously. | Who best knows about the first incident? What would they say was the impact of Avi's behaviour on the child he involved in the incident?<br><br>What would the other child say was the worst thing about what Avi did and what happened for him? |

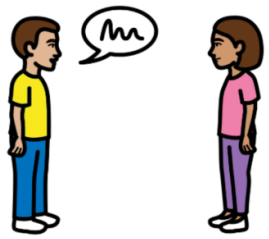
## Signs of Safety® harm analysis matrix with example questions

| | | Action/Impact | | |
|---|---|---|---|---|
| | | **Behaviour** - the concerning or harmful sexual behaviour. | **Severity** - describes how serious the concerning or harmful sexual behaviour is. | **Impact** - describes the physical and emotional impact of the sexual behaviour on the child or young person who initiated the behaviour and all other children and young people involved. |
| **Chronicity** | **Worst incident** | Who at the school knows Avi best? What would they say is the worst incident of Avi's sexual behaviour that they know about? When and where did this happen? Who was involved?<br><br>Who was most worried about this incident? What would they say most worried them about Avi's behaviour?<br><br>What would Avi's parents say most worried them when they were told about what Avi had done? | Rating the worst incident and what happened, on a scale of 0 to 10 where 10 means Avi's sexual behaviour was nothing out of the ordinary for a child his age in the situation he was in, and 0 is that the behaviour was the worst example of sexual behaviour by a child of his age you have seen or heard about, where would you rate that incident?<br><br>Where might (or do) the parents of the other child/ren that Avi involved in that incident rate the seriousness of what happened? | Who best knows the child that Avi involved in that worst time? What would that person say they noticed happened to the child involved and how they were affected during or after this incident? What was the child doing or saying that that made the teacher think they've been badly affected by this?<br><br>What would the parents of the child say they noticed that made them think their child had been affected by this? |
| | **Last incident** | What is the latest example of Avi's sexual behaviour that has led to this analysis?<br><br>Who at the school knows best what happened, how do they know and what would they say they are most worried about from this incident? | Thinking about the most recent incident in the context of the history of Avi's sexual behaviour, where would you rate the seriousness of what he did or said from 10 not serious at all to 0 this is really serious and we need to report to the Child Abuse Report Line and/or police?<br><br>Where do you think Avi would rate it if we asked him about how worried other people might be about what he did? | If we asked 'Lilly' or 'Louise' what would they say most scared/upset them about what Avi said, did or got them to do?<br><br>What has Avi's teacher seen that tells them that Avi himself has been badly affected by what he did and what has happened since? |

# Appendix 5

## Example behaviour support plan tailored to the developmental abilities of the child

Robbie keeps his personal space from others when playing

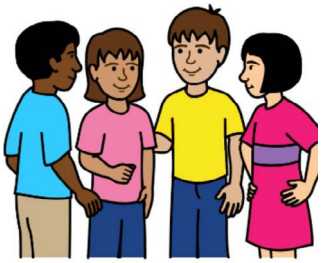


Robbie will show his teacher that he needs help by holding up his card

Robbie's safe behaviour at school plan

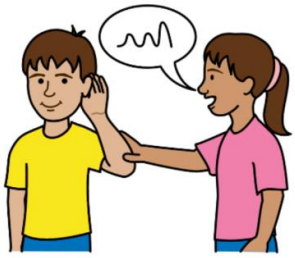
Robbie asks to go to the toilet, leave the classroom or yard

Ms Smith helps Robbie to play with the girls

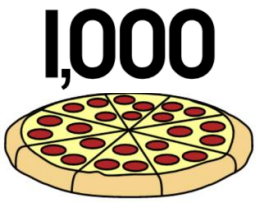


Robbie is part of the boys group who meet at lunchtime with Mr Brown to get stuff sorted out. There will be a party after the group have met 5 times

Robbie listens to his friends and takes turns when playing



Every day that Robbie sticks to his safe behaviour at school plan, he will get boys group team points. When the group reach 1000 points they will have pizza for lunch




Developed with the support of the Statewide Inclusive Education Service, Department for Education.

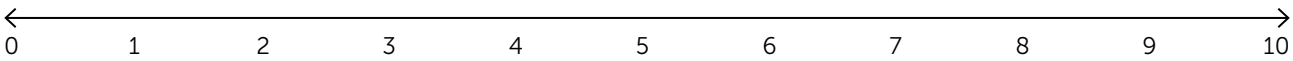
# Appendix 6

## Signs of healthy sexual behaviour assessment and planning framework – analysis categories

All descriptions written in the assessment and planning framework should be written in plain language that the child or young person and their parents can understand.

Download the assessment and planning form, type your information into the template and delete the prompts.

| What are we worried about? | What's working well? | What needs to happen? |
|---|---|---|
| **Concerning behaviour**<br>The child or young person's concerning or harmful sexual behaviour.<br>**Biggest worry**<br>The worst things that could realistically happen if nothing changes and the concerning or harmful sexual behaviour continues.<br>**Complicating factors**<br>Things that make the problems more difficult to deal with. | **Strengths**<br>The positive things about the child or young person, and their life in the education or care setting, with friends, family and people around them.<br>**Existing healthy sexual behaviour**<br>Times when the child or young person could have acted in concerning or harmful ways, but this didn't happen. | **Healthy sexual behaviour goal**<br>The behaviours and actions that will satisfy everyone that the child or young person's sexual behaviour is appropriate and healthy.<br>**Next steps**<br>Smallest next steps to move things forward toward the goal. |



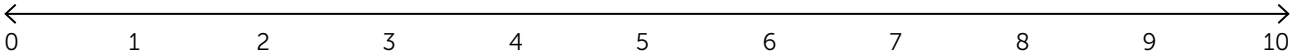

On a scale of 0 to 10, where would you rate the situation right now? 10 means there's a good plan that the child or young person, their parents, educators or care providers and relevant others have been involved in creating and agreed to, and the plan is working to make sure the concerning or harmful sexual behaviour won't happen again. 0 means there is no agreed plan and people are worried the concerning or harmful sexual behaviour will happen again. Record the different ratings of each person involved at the appropriate point on the scaling line together with their name beside their number. Next time you meet, consider if the ratings have changed.

The 'signs of healthy sexual behaviour assessment and planning framework' is adapted from the Signs of Safety® child protection model. The 'signs of healthy sexual behaviour' approach, analysis categories, example questions and meeting guide are the proprietary intellectual property of Elia International and Andrew Turnell. For use of this intellectual property beyond the South Australian education system contact andrew@turnellplus.com.au.

# Signs of healthy sexual behaviour assessment and planning framework – example questions

Suggested questions to guide assessment and planning with the child or young person, parents, and relevant others which may include extended family, family support people, educational and helping professionals.

| What are we worried about? | What's working well? | What needs to happen? |
|---|---|---|
| What has happened/what has Avi done that has people worried about his sexual behaviour?<br><br>What would Maria (child on the receiving end of Avi's behaviour) say were the things that most upsets her about what Avi did?<br><br>What would Avi say worries the teacher/the school most about what Maria said Avi did to her?<br><br>What words need to be used that describe the concerns in plain language and don't minimise the seriousness of the concerns that would best explain the worries the school has to Avi and his parents?<br><br>What would Avi say are the reasons he did this?<br><br>If Avi continues to act in these ways towards other children, what is the worst thing that could happen to him as a result?<br><br>Are there things happening in Avi's life at school or in the family that make this problem harder to deal with for the school or the family? | What do you (friends, parents, teachers, his favourite teacher) like most about Avi?<br><br>What would Avi say are his favourite things about being at school? What would Avi say he most loves to learn about?<br><br>Tell me about all the times Avi gets on well with others?<br><br>When has Avi dealt with a difficulty in class or the playground with others where you thought he managed well?<br><br>Who would Avi say are the people that are best at teaching him things? Who in the school has been best to help Avi think through situations that are difficult for him or that he is afraid of? What would Avi say that person does that helps him?<br><br>Since Avi and his parents found out about the concerns the school has, what would they and Avi say they have already done (no matter how small) to make sure the problems can't happen again? | Imagine tomorrow everything was in place for Avi at the school and at home so everyone is confident there's no way Avi will do the things that worried people at the school, and everyone can see Avi is happy being at school and with the other kids, how would things be different tomorrow? (What would the teacher, the deputy, parents, Avi, other students be doing? What else and what else?)<br><br>What would (teacher, the deputy, parents, Avi, Maria, other students) say they would see that would tell them the problems the school were worried about are resolved and can't happen again and Avi is happy at school? (What else? What else? What else? And what else?)<br><br>What do you (teacher, the deputy, parents, Avi, Maria, other students) think is the smallest next step that if it happened would make you think 'okay that's a good step in the right direction'? |




On a scale of 0 to 10, where would you rate the situation right now? 10 means everyone involved (including Avi, his parents, teachers, school staff and other professionals) is confident that the plan that everyone has agreed to is good and is working so that Avi's behaviour that created worries for other students and the school won't happen again. 0 means there is no plan agreed to by everyone and people are worried the behaviour will happen again very soon. Record the different ratings of each person involved at the appropriate point on the scaling line together with their name beside their number. Next time you meet, consider if the ratings have changed.

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# Signs of healthy sexual behaviour assessment and planning framework meeting guide

## Welcome and introductions

Welcome everyone and give an introduction to the purpose of the meeting. For example:

'Thank you all for coming today. The school has had some worries about Avi's behaviour that we want to talk about with you. We also want to talk about all the things we really enjoy about Avi being part of our school and what an important member of the school community he is. Together we'd like to make a plan that works for Avi, both of you as his parents, and the school.'

Have everyone introduce themselves including saying one thing they like about Avi.

Facilitator quickly introduces the 3 columns of the 'Signs of healthy sexual behaviour assessment and planning framework' by drawing it on a large white board (or 3 separate flipcharts), explaining 'These are the 3 questions we're going to use to think through the concerns and make a plan together'.

## Meeting process

The facilitator leads all participants through the conversation using the questions colleagues have prepared (see page 54 'Signs of healthy sexual behaviour assessment and planning framework: example questions'). The facilitator uses the whiteboard to record participants' answers using their exact words (no paraphrasing), which then becomes the record of the meeting.

- For approximately the first half of the meeting, move back and forward between the 'What are we worried about?' and 'What's working well?' columns, creating a good balance of information on the whiteboard about the concerns and strengths. Since everyone at the meeting has introduced themselves describing something they like most about the child or young person, these things should be recorded as the first items in the 'What's working well?' column.
- In exploring the worries, the facilitator might approach this by explaining that they have asked others at the site to be very clear about their concerns and ask the parents something like 'Before Mr Kelly explains, what do you understand the school is concerned about?'
- It's important to not get bogged down in the concerns and the facilitator should use questions about what's working well to sustain energy and hope for everyone involved.
- Introduce the 'healthy sexual behaviour scaling question' and ask everyone to provide their current rating. For people who are rating high, the facilitator might ask them something like 'Is there anything we need to write up about what's going well that we've missed?' For people rating low, perhaps ask them 'Is there anything we've missed about what's worrying you that we need to write up?'.
- Work though the 'What needs to happen?' column creating a clear, detailed picture of:
  - the healthy sexual behaviour everyone wants to see that will demonstrate the concerns are resolved
  - the behaviour support plan that can achieve this and who will do what
  - immediate next steps which should also involve deciding who will be responsible to make sure the behaviour support plan happens and when the plan will be reviewed.

## Close

It is always important to close a meeting well. This can be as simple as thanking everyone for coming and working so hard on something that is both challenging and really important. If time allows, each participant can be asked to make a simple statement about what they have most appreciated about the meeting that gives all professionals an opportunity to focus on what they have most appreciated about the parents and the child or young person's participation.

## Documentation

Throughout the meeting everything should be written down in the 3 columns framework on the whiteboard. The facilitator should regularly check that participants agree with what is being recorded. You might have someone type up an exact replica of what's written on the whiteboard. Whether this happens or not, everyone should be provided with a digital photo of the whiteboard content immediately. If and when the hand-written record is typed up, all participants should receive a copy of the typed record and have the opportunity to suggest changes if they feel something was altered in the type up.

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# Appendix 7

## Example support and safety plan tailored to the developmental abilities of the child

Ahmed checks in with Mr Brown every morning before school starts

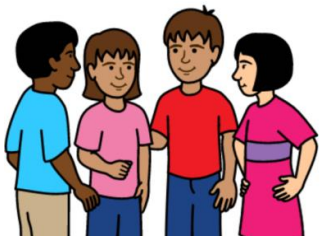
Ahmed will have lunch with Miss Smith on Mondays

Ahmed goes to the chess club on Friday lunchtime

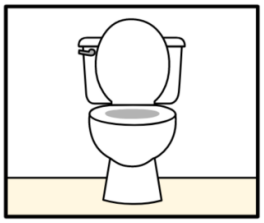
**Ahmed's support and safety plan**

Anytime Ahmed is worried or needs help he can go to talk to Mrs Kelly, Mr Brown or Miss Smith

Ahmed plays with friends his own age at recess and lunch, in the playground near the front office where he can always see the playground monitor



Ahmed always goes to the toilet with a friend from his class



Ahmed plays basketball on Wednesday after school

Developed with the support of theStatewide Inclusive Education Services , Department for Education.

# Appendix 8

## Information sharing agreement for sharing confidential information related to sexual behaviour

Download the information sharing agreement and type your information into the template.

| | |
|---|---|
| **Information sharing agreement – sexual behaviour**<br>Use this form for a child or young person's parent or guardian to consent to the release of their child's personal information held by the education and care service to another person, agency or service. Consent may be withdrawn at any time by advising the education and care service in writing. If there are multiple persons from whom consent is required, the details and signatures of each person must be written on this form, or additional forms can be completed. All parents or guardians who have legal authority for the child or young person and who have an active role in the child or young person's life must give consent. For children and young people under the Guardianship or in the custody of the Chief Executive DCP, consent must be given by the DCP case worker. Good practice includes involving the child or young person in decisions that affect them and making decisions informed by their views. | |
| **Details of person providing consent – parent or guardian 1** | |
| **Name**: | |
| **Date of birth**: | |
| **Address**: | |
| **Phone**: | |
| **Email**: | |
| **Are you the child's parent or guardian?** | ☐ Yes ☐ No |
| **Details of person providing consent – parent or guardian 2** | |
| **Name**: | |
| **Date of birth**: | |
| **Address**: | |
| **Phone**: | |
| **Email**: | |
| **Are you the child's parent or guardian?** | ☐ Yes ☐ No |

## Information sharing agreement for sharing confidential information related to sexual behaviour (continued)

| | | | |
|---|---|---|---|
| **Child/young person's details** | | | |
| **Child/young person's name:** | | | |
| **Child/young person's date of birth:** | | | |
| **Information sharing details** | | | |
| **Details of what information will be shared** such as disability and additional needs, sexual behaviour, safety and support plan, interventions and supports. | | | |
| | | | |
| **Details of who information will be shared with** such as other parents and carers, other agencies or services working with the child, young person or family. | | | |
| | | | |
| **Details of the reason for information sharing** such as to help other parents and carers to understand that sexual behaviour is related to disability and additional needs rather than being motivated by sexual gratification, to assist in the provision of services and supports. | | | |
| | | | |
| **Signature parent or guardian 1:** | | **Date:** | |
| **Signature parent or guardian 2:** | | **Date:** | |
| **Signature site leader:** | | **Date:** | |

This information sharing agreement is valid for 6 months from the date signed, unless consent is withdrawn in writing before the end of the 6-month period.

# Appendix 9

## Additional resources to support teaching and learning

Several of the following resources have been sourced from third parties and do not necessarily represent the views of the government, Catholic and independent education and care sectors. Before using the following resources with children and young people, you are responsible for:

- reviewing all content to ensure accuracy, currency and completeness
- making sure the content is suitable for the age, developmental abilities and individual circumstances of the children and young people you are working with
- making sure the content is consistent with your sector's policies and protocols.

### South Australian resources

#### Lessons for students about South Australian laws

The Department for Education has worked with a leading organisation in youth law to develop lessons to help educators teach children and young people about:

- South Australian laws
- strategies and sources of help.

The lessons cover the following topics and year levels:

- bullying and sexual harassment: years 9 to 10 lesson and years 11 to 12 lesson
- abusive photos and videos: years 7 to 8 lesson and years 9 to 12 lesson
- sex and sexting: years 7 to 8 lesson and years 9 to 12 lesson.

Each lesson has a PowerPoint presentation, a student worksheet and teacher materials and is linked to the Australian Curriculum. Access the lessons in Plink (www.plink.sa.edu.au).

Find additional information about laws relating to dating, sex, consent, adult pornography and sexual harassment on the Youth Law Australia website (https://live-youth-law-australia.pantheonsite.io/sa/topics/health-love-and-sex/).

#### SHINE SA – relationships and sexual health education, library and resource centre

SHINE SA (https://shinesa.org.au/) offers support and resources for schools to implement a comprehensive, evidence-based, whole-school approach to relationships and sexual health education. SHINE SA conducts training courses for primary and secondary educators. These courses explore what makes an effective program, current ideas of best practice in relationships and sexual health education and classroom strategies for educators of children and young people in years 3 to 10. Courses are also available for educators working with Aboriginal children and young people and those with disability and additional needs.

SHINE SA library and resource centre (https://shinesa.org.au/resources/library) has a comprehensive range of books, journals and teaching resources relevant for educators and care providers working with children and young people of various ages and abilities.

#### Statewide Inclusive Education Services – library and information service

The Statewide Inclusive Education Services library and information service (https://sies.sa.edu.au/) provides specialist teaching and learning materials to educators, care providers and parents of children and young people with disabilities and additional needs attending government education and care services. The collection includes materials to support the Australian Curriculum, child protection, respectful relationships, consent, sex education and social and emotional learning.

## National resources

### Respectful relationships curriculum connection

The Australian Curriculum: Respectful relationships curriculum connection (https://v9.australiancurriculum.edu.au/curriculum-information/understand-this-curriculum-connection/respectful-relationships) supports educators to address respectful relationships education through the curriculum schools are already delivering.

The curriculum connection shows how content from across the Australian Curriculum learning areas, general capabilities and cross-curriculum priorities can be organised to develop whole-school respectful relationships education programs.

Free professional learning modules are available on the Student Wellbeing Hub (https://studentwellbeinghub.edu.au/educators/professional-learning-courses/rre-teachers/).

### Respectful relationships education toolkit

The respectful relationships education toolkit is available on the Our Watch website (https://education.ourwatch.org.au/resource/respectful-relationships-education-toolkit/). It supports schools to understand, plan, implement and sustain a whole-school approach to preventing gender-based violence by promoting gender equality and respectful relationships.

### The Commonwealth consent policy framework

The Commonwealth consent policy framework (https://www.dss.gov.au/system/files/resources/consent-policy-framework.pdf) supports healthy sexual relationships and consent among young people. It promotes a consistent community definition of sexual consent, provides advice about communicating with young people, and suggests ways to address the underlying gendered drivers of sexual violence.

### Consent can't wait

The Australian Government's Consent Can't Wait website (https://www.consent.gov.au) provides information and resources to support adults to talk to other adults, children and young people about consent.

## Other state and territory resources

### Growing and Developing Healthy Relationships

Growing and Developing Healthy Relationships (https://gdhr.wa.gov.au/home) is an educational curriculum resource funded by the Western Australian Department of Health. The website is designed to support WA schools to provide positive and comprehensive sexual health and relationships education. Resources on the website are freely available.

### Resilience, Rights and Respectful Relationships

Resilience, Rights and Respectful Relationships (https://arc.educationapps.vic.gov.au/home) has been designed by the Victorian Department of Education for teachers in primary and secondary schools. The resource helps educators to implement the health and physical education curriculum to develop students' social, emotional and positive relationship skills. Learning materials are freely accessible and cover emotional literacy, personal strengths, positive coping, problem solving, stress management, help seeking, gender and identity and positive gender relationships.

### Resources about adult pornography

- SHINE SA Relationships and sexual health education – relationships and sexual health education resources with content about adult pornography (https://shinesa.org.au/educators-and-schools/)

- eSafety Commissioner website – resources/information about adult pornography (https://www.esafety.gov.au/)
- The Line – resources for young people, educators and parents to promote positive, equal and respectful relationships, including resources about adult pornography (www.theline.org.au/educators-and-practitioners/)
- It's Time We Talked – a violence prevention project that supports young people, parents, schools, government and everyone to understand and address the influence of adult pornography (https://itstimewetalked.com/)
- A 52-minute YouTube – presentation by Maree Crabbe, co-founder of 'It's time we talked' on the topic of young people, sexuality and adult pornography, suitable for educators, care providers and parents (www.youtube.com/watch?v=u-v3mmUjVrk)
- The Light Project – founded due to concern in New Zealand about adult pornography becoming the new sex education for young people, and families and professionals feeling ill-equipped to respond. It aims to help young people, families, schools and wider communities to navigate the challenges posed by adult pornography through factual information and resources (https://thelightproject.co.nz)
- Office of Film and Literature Classification – resources about how to talk with young people about adult pornography, research about young people and adult pornography and other useful resources about talking to young people about media (www.classificationoffice.govt.nz)
- Porn: The Who, What, Where, When, How, Why And Why Not (year 9 to 10 lesson plan) – developed by the WA Department of Health, helps young people learn to develop an understanding of what adult pornography is, how people may come across it, why people access it and its possible harms, as well as strategies for dealing with unwanted exposure (https://gdhr.wa.gov.au/-/porn-the-who-what-where-when-why-and-why-not)
- Exploring the Impact of Sexualised Imagery on Young People (year 10 lesson plan) – developed by the WA Department of Health to help students explore the impact of sexualised imagery on young people's sexual identities and sexual behaviour through the use of music clips and newspaper articles (https://gdhr.wa.gov.au/-/influence-of-the-media)
- Porn, What You Should Know (lesson plan year 7 upwards) – short video and accompanying lesson plan developed by the Australian Research Centre in Sex, Health and Society, La Trobe University as a response to educators' and parents' calls for help to know how to talk about adult pornography with 13-to-14-year-olds (www.lovesexrelationships.edu.au/year78)
- Get The Facts – Porn – a 4.5-minute video produced by the WA Department of Health designed to make young people laugh while they learn that what they see in adult pornography isn't real (www.youtube.com/watch?v=ADXBMczphyk).

# Notes

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# Revision record

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Amendment(s): Removed reference to DCP Mandatory Reporting Guide and updated links to Department for Child Protection webpages. Minor amendments to clarify wording for department's incident managements system. Updated hyperlinks and details including names of programs and roles. Minor corrections to comply with style guide.

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sexual behaviour in children and young people procedure and guideline, sexual behaviour procedure and guideline, sexual behaviour, sexual abuse, harmful sexual behaviour, concerning sexual behaviour, developmentally appropriate sexual behaviour, sexual assault, rape, indecent assault, sexual harassment, sexual harm, sexual offence, consent, sex, sexting, assess sexual behaviour, respond to sexual behaviour, behaviour support plan, support and safety plan, sexual behaviour guide, information sharing, documentation, record keeping, problem sexual behaviour, problematic sexual behaviour, abusive sexual behaviour.

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