

Responding to problematic and harmful sexual behaviours (HSB) in young people: Webinar Q&A

On Friday 10th June, the Centre hosted a webinar with guest presenters from the Harmful Sexual Behaviour Network. This document provides follow up answers to audience Q&A.

These answers have been written by presenters Jenny Wing, Jackie Bateman and Michael Keane.

Q) Would you be able to define what constitutes as harmful or problematic sexual behaviour depending on their age?

Refer to Simon Hackett's continuum to explore this. This provides context to what is defined as expected sexual behaviour, to abusive and harmful. Please see link below:

[https://learning.nspcc.org.uk/child-abuse-and-neglect/harmful-sexual-behaviour/understanding#:~:text=Hackett's%20continuum%20presents%20sexualised%20behaviour,\(Hackett%2C%2020101\).](https://learning.nspcc.org.uk/child-abuse-and-neglect/harmful-sexual-behaviour/understanding#:~:text=Hackett's%20continuum%20presents%20sexualised%20behaviour,(Hackett%2C%2020101).)

Q) How can we better support young people to accurately identify harmful sexual behaviours in peers and how best to have a conversation with others regarding this topic?

We would advocate that the information provided to young people is delivered from the other perspective in terms of, *what a healthy respectful sexual relationship looks like*. This then empowers young people to both identify and model these behaviours (rather than the education focusing on what is harmful). However, the continuum would also support an increase in knowledge of harmful behaviours.

Q) What is the intersection of harmful sexual behaviours and the dynamics of power and control in intimate partner abuse in young people's relationships? Can therapeutic responses to harmful sexual behaviours translate to IPV with young people?

When we are working with young people (and their families) the focus is on increasing their understanding of trauma and then supporting them to process their experiences. These conversations facilitate an increased understanding (at times) of the development of their HSB. The focus is then supporting them to learn and engage in healthy (sexual) relationships. The HSB work is considered through a developmental (and trauma informed) lens which is very different to how someone would work with an adult who has engaged in sexual abusive behaviours. Our work does consider the presence of power within the context of the HSB, but the behaviour is not often displayed within intimate partner relationships, more so sibling/other intrafamilial relationships.

Q) What immediate actions can we put in place to address sibling safety?

Development and implementation of a safety plan, would include consideration of supervision, sleeping arrangements, environmental scanning, communication and whole of family work etc.

Q) What are the common treatment/intervention types when specialist services work with young people using HSB? Is multisystemic therapy a promising program in this space?

Generally, the research points to strengths-based modalities, eco-systemic whole of family approach, we are aware that some states in Australia are using this modality, but it is not one that we are using within the Victorian network.

Q) What support is there for schools? Recommended resources?

All our services, whilst not funded, provide support to schools either in a case related way or through training and educators. Workshops delivered directly to classrooms include early years (Kinder etc).

Q) Do the SABTS programs offer secondary consults for practitioners?

Yes, refer to SASVIC websites for your local provider.

Q) What are the general outcomes without a Therapeutic Treatment Order (TTO)?

Most young people referred come 'voluntary' and without a TTO status. Being subjected to a TTO doesn't necessary result in a better outcome (or a different service/intervention provided), it simply mandates a young person to attend treatment for the HSB and provides an alternative pathway to Youth Justice (YJ).

Q) Is a TTO/support an option and successful for a young person who denies any allegations of problematic or harmful behaviour, but an allegation has been made?

Taking a position of denial is not uncommon. Historically, denial was considered as a risk factor, however, we now know that just because somebody admits to the behaviour doesn't mean that their ongoing behaviour will be any safer. Also, denial is not a barrier to engagement (or increasing safety).

Q) Can young people 15-18 be on a TTO and access the supports? If not, is this because the criteria are based on Victorian age of consent? Will consideration ever be given for raising the age limit or circumstantial exceptions for raising the limit for those with neurological disorders etc.?

In 2019 provisions were made in the legislation to raise the age limit. A child up to the age of 17 is now able to be placed on a TTO.

To view the presentation slides from this webinar, click [here](#).