Submission in response to *Draft Understanding Sexual Behaviours Displayed by Children and Young People: National Principles and Key Terminology*

Introduction

Please accept this submission on behalf of Parkerville Children and Youth Care (Parkerville CYC). We welcome the development of National Principles to establish the national policy position and approach on how to support children and young people to develop expected sexual behaviours, and to prevent and intervene early in concerning or harmful sexual behaviours (HSB).

In our submission, we have responded to each of the draft Principles. Broadly, the spirit of each Principle is used or threaded through our work with children and young people; both in our therapeutic services and multi-agency child sexual abuse model that directly respond to concerning or harmful sexual behaviours, and in other Parkerville services that support children and young people affected by trauma, complexity, and disadvantage. Therefore, our submission responds to the Principles with particular reference to key feedback questions 4, 5, and 6.

Our holistic support to children, young people, and families

Parkerville CYC is a For Purpose organisation that supports children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves. We see a future where Western Australia is the safest place in the world and all children, young people, and their families feel safe to dream, to thrive, and to reach their fullest potential. We have been working alongside vulnerable children, young people, and their families for 120 years, and every year, we support more than 13,000 people across WA through our therapeutic, out of home care, youth, and education services. The future of those we serve depends on what we do in the present to support them to reach their potential.

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Parkerville CYC's services

Therapeutic Services

- **Multi-agency Investigation and Support Team (MIST):** co-located, multi-disciplinary, trauma-informed model to reduce harmful impacts of trauma from abuse. It is WA's first truly integrated child sexual abuse (CSA) response, with Child Advocacy Centres in Armadale (2011) and Midland (2019). MIST's core principle is to reduce instances of children having to tell and re-tell their story, and coordinate services (including Police) to wrap around the child and family, through collaborative relationships and knowledge-sharing.
- **Therapeutic Services:**

  CSATS: We provide a Child Sexual Abuse Therapeutic Service (CSATS) in a regional area of WA.

  PACTS: We also provide a Parents and Children's Therapeutic Service (PACTS) in a northern Perth suburb. 84% of children and young people receiving a service had experienced child sexual abuse.

Out of Home Care

- Parkerville CYC cares for 126 children and young people across foster care, family group homes (FGH) in the Metro area and in the Murchison. We also run an intensive residential program for young people aged 12-17 currently under the care of the Department of Communities (Belmont Youth Program). We are implementing an innovative new model (Our Way Home) – radically personalised shared care: focusing on the needs and desires of each child, and deliberately seeking to establish, maintain and deepen connections between children and their families.

Education Services

- **Child and Parent Centres (CPCs):** Parkerville runs two CPCs in Perth, servicing 12 primary schools in vulnerable communities. The centres work to create an entry point into the school systema and help with school readiness, but importantly they focus on increasing family capacity and help them provide appropriate developmental experiences and a happy, healthy home.
- **Education Employment and Training Program (EET)**: For young people at extreme educational risk due to trauma, mental health, family issues

Youth Services

- **Support and Community Services (SACS):** service for families with children aged 4-14 that are experiencing homelessness, or at risk of homelessness and living in supported accommodation.
- **Moving Out, Moving On (MOMO):** service for young people aged 15-21 who are experiencing homelessness, or at significant risk of homelessness or transience.
- **Reconnect:** a diversion and early intervention service for families with young people (12-18) at risk of homelessness or family breakdown.
- **Yong Women's Program:** medium-term accommodation and support for young women (including those with children) aged 16-25 experiencing or at risk of homelessness, or who need help to live independently.
- **Armadale Youth Accommodation Service (AYAS):** short-term crisis accommodation for young people experiencing/at risk of homelessness.

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	Principles	Our response
1	**Human Rights**	• A human rights approach is an essential foundation from which to build an appropriate and effective policy and practice response, and we very much welcome the emphasis on gender equality, and the centrality of hearing children's and young people's voices, views, and experiences. - We note, however, that the language around participation would benefit from greater nuance: incorporating 'Children and young people's…participation should be central and considered when making decisions about ***and with*** them' would better reflect the spirit of participation principles. • It is encouraging to see commitment to the need for secondary/tertiary responses to uphold the rights of the specific individual/s being supported by the response, including those who have displayed and those impacted by concerning or harmful sexual behaviours. - However, the tension between this commitment and the policing and criminal justice response to children and young people displaying HSB must be acknowledged. For a small group of children, a child protection or criminal justice response may be necessary. However, greater transparency and reason should be applied to these responses. Frequently, we see inconsistencies with no discernible logic to explain the discrepancy, with some children and young people placed on care plans, and others criminalised. Indeed, we have supported neurodivergent young people (who, statistically, are over-represented in displaying HSB) sentenced to juvenile detention for a single instance of HSB, and other young people with recurrent and more extreme HSB behaviours who have not been criminalised. There is currently little clarity in the system about why some young people are sent down one – criminalised – path, and others receive a more nuanced response. - These inconsistencies show little relation to an approach that holds the human rights principle at heart. Moreover, there are fundamental systemic challenges when families, communities and organisations endeavouring to uphold the rights of children and young people are met with a criminal justice system response that, by contrast, pays little regard.
2	**Safety and wellbeing for all**	• We absolutely agree that safety and wellbeing for all is paramount, and welcome the emphasis on children and young people in addition to their families, carers, kin, and community. In practice, there are notable considerations that impact on implementing this principle in its full scope: - In a Western Australian context and in reference to out-of-home care (OOHC), this principle must be considered in light of the Commissioner for Children and Young People's Independent Review into the Department of Communities' policies and practices in the placement of children with harmful sexual behaviours in residential care settings (2021). Residential care providers are often given insufficient information about the nature of the HSB a child has displayed, and assessments are rarely undertaken before a child is placed. This creates significant risk: it can compromise the care provided, and jeopardise the safety of other children in the home. There is a clear need for timely, thorough, and holistic needs assessments for children and young people

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		coming into the care system; and where previous instances of HSB have been identified, serious consideration must be given to appropriate placement for that child, including thorough risk assessment for the child themselves, and the harm that they pose to other children in a residential care setting. Failure to uphold this principle in Departmental approaches to OOHC can result in rapid escalation of risk, and children and young people in wholly inappropriate environments, without essential therapeutic supports. - As noted above, the holistic framing of safety and wellbeing is highly welcomed. However, the complexity of family systems in an HSB context must be acknowledged. The principle emphasises that both the child/young person who has displayed behaviours and the child/young person who has been harmed should be kept safe from future occurrences and ongoing negative impacts. Over the last 12-18 months we have begun to see a specific increase in sibling sexual abuse. This puts an extraordinary pressure on the family system to manage what is likely a highly traumatic and destabilising circumstance, very possibly within the immediate family network, even within the immediate family home. In this context, managing safety and wellbeing for both/all siblings can be exceptionally challenging for parents/carers, particularly given the paucity of specialised therapeutic services and (especially relevant here) specialised family therapy.
3	**Prevention and early intervention focused**	• For children and young people affected by trauma, complexity and disadvantage, we certainly agree that effective early intervention can interrupt emergence or escalation of concerning or harmful sexual behaviours, and support long-term positive outcomes. - Through our constellation of specialist therapeutic services, Parkerville CYC can provide individualised and child-centred care, and holistically support multiple family members, without either conflicts of interest or sending the family to multiple agencies. This is particularly beneficial for families impacted by sibling sexual abuse: enabling them to be seen within a single service has a notable positive impact on child and family outcomes. However, we find that systemic barriers impede effective early intervention efforts. As it is, existing no-fee, specialist service provision is simply not adequate to meet demand: on average, wait times in our CSATS program are 6 months, which puts an extraordinary pressure on families. Their only remaining recourse is to seek private therapeutic care, which is far beyond the reach of most families that we support, and relies upon finding a clinician with sufficient experience in HSB (which given the specialist skills required, is by no mean guaranteed). As such, we strongly welcome the spirit of this principle, but early implementation cannot be achieved individually or systemically without building more capacity into the system (we have focused on therapeutic provision, but the same could be said across service responses).

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		- Reference to the drivers of gender-based violence is very welcome: for effective implementation, we note the value of ensuring that the principles link into other national agendas like the Gender Equality Strategy and Early Years Strategy (recognising the fundamental importance of starting primary prevention efforts from the early years).
4	**Approaches are knowledge-based**	• To support implementation of this principle, we note the importance of supporting meaningful, collaborative efforts between researchers and frontline organisations – to better translate frontline expertise to improve practice and build the knowledge base, so that research does what it should - support the ongoing development of the best possible services for children and families. - However, this requires adequate provision of resources to this end: frontline organisations can find it challenging to ringfence funds for the research to support evidence-based practice: this is highly pertinent given the reference to encouraging innovation, which, we would argue, requires programs of research and evaluation to support it. Moreover, externally-driven research agendas frequently have a cost to participation for frontline organisations (for instance, in staff time) that is inadequately recognised. - Embedding lived experience as part of knowledge-based approaches is critical, and we welcome the inclusion here. Alongside this, it is important to note the necessary ethical constraints and particular conditions that come with respecting and including the voice of lived experience. At a practical level, it can create a slower process, and research tools have often not been designed with lived experience in mind.
5	**First Nations-led**	• We very much welcome the emphasis on First Nations-led approaches and a grounding in cultural values and healing approaches. - Linking to Principle 4, we note the critical importance of placing cultural knowledge systems at the centre and upholding data sovereignty. - We welcome the reference to culturally responsive and safe early intervention and response, and stress the importance of system-wide application of this principle, including in OOHC (noting the over-representation of Aboriginal children and young people in care, and higher prevalence of HSB for children and young people in OOHC) and in specialist therapeutic provision, given pressure on existing provision and lack of access for the most vulnerable children, young people and families.
6	**Inclusive and accessible**	• Equitable access to inclusive and accessible services is absolutely critical to effective responses to concerning and harmful sexual behaviours. This is particularly true for secondary and tertiary responses, which require that services reach the children and young people at the right time and in the right way.

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		- We welcome the call to consider child circumstance, notably living in OOHC. As we have noted above, there are significant systemic barriers to inclusive and accessible services in general – particularly the specialised services that are essential to meaningfully addressing the trauma underlying displaying and/or recovering from experiencing HSB – and particularly for the most vulnerable, disadvantaged children and young people. Implementation of this principle cannot be meaningfully achieved without following Royal Commission recommendation 10.2: 'governments should ensure that timely expert assessment is available for individual children with problematic and harmful sexual behaviours, so they receive appropriate responses, including therapeutic interventions, which match their particular circumstances.' - Similarly, we firmly agree that children and young people with developmental challenges, learning difficulties or disability require understanding and consideration as part of any response. However, this should be a starting point for a stronger, more holistic response that brings together developmental, therapeutic and other services as required. Understanding and consideration is vital, but the response should include supporting children and young people to access the services they need wholesale (given the extreme pressure and lengthy waitlists for child development services and neurodiversity assessments in the public system, it is often the case for our children and young people that they have not received the supports they need in this regard), recognising that recovering from the trauma underlying or caused by HSB cannot be truly effective without supports for developmental challenges, learning difficulties or disability.
7	**Trauma informed**	• It is essential that HSB early intervention and response efforts are well grounded in understanding the trauma context. In our extensive clinical and therapeutic work with children and young people who display HSB, we find clear themes related to trauma: Exposure to family and domestic violence, witnessing/becoming normalised to exposure to sexual violence, and exposure to violence more generally. These trauma experiences have a profound impact on a child or young person's sexual development, generate a trauma response, and impact on disposition to impulsivity. Highly punitive parenting and discipline, which can cause attachment disruption with the parent/caregiver. - This is well reflected in the Principle. However, whilst true, we believe that the following statement does not go far enough in conveying the complexity of experience and impact on the family system: 'it is essential [that] families, carers, kin and the wider community are supported to understand the importance of being trauma-informed, including understanding the drivers that may be underpinning behaviours, particularly when responding to HSB.' In practice, the reality is that children and young people displaying HSB are highly likely to be in or have come from families managing previous or ongoing trauma and complexity. The support required, then, is not simply around being trauma-informed, but wrapping resources around the whole family system to enable them to support the child/ren and young person/people, **and** enable parents/carers to build their own capacity and resilience for recovery. This family systems approach is a level of trauma-informed practice that families affected by HSB desperately need, but to which they have insufficient access.

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		- This family systems approach – which Parkerville CYC embeds in this context with the provision of specialised family therapy – can then wrap around the more individualised therapeutic response with the child or young person, and through carer sessions which work to increase knowledge about HSB, the pathways to its development, and how to respond in a trauma-informed manner. - It would be highly beneficial to see greater clarity, in definition and practice, about 'trauma' and a 'trauma-informed approach', and we welcome this commitment. We would note, however, the benefits of an integrated/multimodal approach that uses multiple modalities to intervene at individual, social-environmental, and systemic levels, rather than one limited to a single theoretical construct.
8	**Child-centred**	• We absolutely agree that each child's unique circumstances should be understood and responses tailored appropriately. As we have highlighted in previous sections, however, children and young people's needs are often subsumed into systems that fail to respond adequately, if at all, to their individual needs. - We see this particularly in OOHC, where children are placed in our family group homes without appropriate assessment, with insufficient consideration to the risk they may pose to other children, and with little to no provision for appropriate therapeutic intervention. By contrast, Parkerville takes a radically person-centred approach in our care and support for children, young people, and families: always seeking to be driven by their personal needs and preferences, rather than adhering to an inflexible approach that in terms of service delivery, can resemble an assembly line. • We strongly agree that, 'their behaviours and reactions must be considered through an appropriate developmental lens.' - We note the need to consider this in the context of the Government's Early Years Strategy and develop research and evidence-based practice guidance about the incidence and impact of HSB presentation for children 0-5 years old. - Allied to this, it is critical that the developmental impact on young children is better understood, and translated into practice and system responses. This could include priority pathways to child developmental services, recognising the significant impact of sexual abuse on child development and negative lifelong outcomes. - It is also critical to note that in responding to trauma, developmental age may not align with a child or young person's chronological age. Secondary and tertiary responses must therefore take a trauma-informed approach to developmental stage, particularly given that in our services, the vast majority of children and young people that display HSB have a trauma background.
9	**Family and community connected**	• We welcome the recognition that, 'working with the child or young person's support network should be seen as a central part of intervention,' and that a child or young person's family are crucial to safety planning, support and therapy.

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		- As we have stated above, to see this effectively implemented at a systems level, there must be holistic support for those families impacted by HSB that have a high degree of complexity and trauma, to build their resilience, support their own trauma recovery, and be better equipped to support their child. This should be fundamental to all service delivery approaches, and in this context, is particularly true for families impacted by sibling sexual abuse, which we see increasingly in our practice, and can precipitate family breakdown as families try to manage the needs and safety of both/all their children simultaneously. In this context, working with the family system is even more important, and much more complex. - This equally applies to foster carers and residential group home carers, who may find it challenging to balance attending therapeutic sessions with complexities in the home and the needs of other children (all of whom are in the OOHC system because of trauma). The role of the Department as corporate parent is also critical here: they should certainly be seen as a central part of any intervention, but are often less present and involved than required.

10	**Multi-agency approach**	• Parkerville CYC's **Multi-agency Investigation and Support Team (MIST)** is a co-located, multi-disciplinary, trauma-informed model to reduce harmful impacts of trauma from abuse. WA's first truly integrated child sexual abuse (CSA) response, with Child Advocacy Centres in Armadale (2011) and Midland (2019). MIST's core principle is to reduce instances of children having to tell and re-tell their story, and coordinate services (particularly the Western Australia Police Force, our primary partner) to wrap around the child and family, through collaborative relationships and knowledge-sharing.
		
		The core principle of MIST is to reduce instances of children having to tell and re-tell their story, and coordinate services (including Police) to wrap around the child and family, through collaborative relationships and sharing knowledge to produce better outcomes. By having the Advocate involved at the point of interview – building trust and rapport, holding a non-judgemental space for child and family, and facilitating provision of immediate psycho/social/practical support – our service seeks to create as supportive and trauma-informed an environment around disclosure and initial help-seeking as possible. And by so doing, reduce post-disclosure stressors for the child and their family, i.e., supporting the carer/parent to support their child through disclosure and recovery, in what may be highly complex circumstances.
		
		- We therefore support the emphasis on collaborative, coordinated and consistent multi-agency approaches that place the child at the centre and in the context of their familial/care context and other factors. We note the criticality of:
		  ○ learning from best practice in developing and embedding multi-agency approaches,
		  ○ acknowledging that multi-agency models still operate in contexts of system pressures, family complexity, and disadvantage, which requires holistic systemic responses.

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11	**Skilled and well-supported workforce**	We strongly support efforts around workforce capability and skills, given the high levels of complexity and need. We note that this needs to be an ongoing, iterative process that can respond flexibly and with agility to emerging and increasingly prevalent issues (for instance – as we see in our service – increasing presentation of sibling abuse), incorporating both practice learning and evidence from research. - In terms of the response to the risk of vicarious trauma and burnout, we highlight the need for organisations and individuals to remain mindful of their own limitations: to seek appropriate support, organisationally and individually; particularly in the context of a policy and practice landscape that is growing and changing in response to new efforts and evidence. - This is particularly pertinent in a multi-disciplinary and holistic service system. Parkerville CYC has developed a radically person-centred model that wraps family therapists, psychologists (general, clinical, forensic, and provisional), Child and Family Advocates, social workers, youth workers and other specialist child and youth practitioners around children, young people, and families. This brings together crucial expertise and core competencies, to respond to trauma, adverse experiences, and complexity in a responsive way to individual and family need.
12	**Non-stigmatising language**	• The language used when working with children or young people who display HSB is crucial, and it is essential that it is respectful, sensitive, and avoids stigmatisation or labelling. It is an important step in creating an environment that promotes understanding, empathy, and the potential for rehabilitation and growth. It acknowledges that young people who display HSB are still developing, and with appropriate interventions and support, they have the potential to change their behaviour and make positive progress. We welcome collaborative efforts to develop a language framework, informed by the understanding that knowledge in this area is growing and consensus can change and adapt as a result: this should be able to comfortably span community, education, therapeutic services, and be useable/translatable for children, young people and families. This will facilitate ease of comprehension, accessibility, and effectiveness.

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