



WITNESS STATEMENT OF GEMMA TAMSIN DUNNET MCKIBBIN

I, Gemma Tamsin Dunnet McKibbin, Alan Gilbert Building, 161 Barry Street, Carlton in the State of Victoria, Research Fellow at the University of Melbourne, telephone number [REDACTED], do solemnly and sincerely declare that:

- 1 I make this statement in my personal capacity.
- 2 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe such information to be true.

BACKGROUND AND QUALIFICATIONS

- 3 I am currently a Research Fellow in the Department of Social Work at the University of Melbourne.
- 4 In 2017, I completed my Doctor of Philosophy degree in the Department of Social Work at the University of Melbourne, where I completed a doctoral thesis in relation to the prevention of harmful sexual behaviour carried out by children and young people.
- 5 I specialise in research into harmful sexual behaviours in children and young people. I am currently undertaking action research in collaboration with the leading non-government organisation MacKillop Family Services (**MacKillop**) to prevent and respond to harmful sexual behaviour, child sexual exploitation and dating violence in out-of-home care settings.
- 6 My research activities include:
 - (a) I am the action researcher and evaluator on the Power to Kids project, which involves working with MacKillop to co-design and trial a child sexual abuse prevention and response program for children in out-of-home care. Our program is now being offered to all not-for-profit organisations providing residential care across Australia with the assistance of a Westpac Scale Grant of \$900,000.
 - (b) I am Chief Investigator on the 'Stop it Now!' Australia project, an action research collaboration with Jesuit Social Services to tailor and

trial a perpetrator-focused sexual abuse prevention program in Australia, with an additional Westpac Scale Grant of \$900,000.

- (c) I am Chief Investigator on the Worried About Sex and Porn Project (**WASAPP**), which aims to understand harmful sexual behaviour onset, and to co-design an online early intervention service for children and young people worried about their sexual thoughts and behaviours, with funding from Jesuit Social Services and the Centre for Excellence in Child and Family Welfare.
- (d) I project manage and lead the fieldwork for a large ARC Linkage project, the Disrupting Child Sexual Exploitation project (**DICE**) with Professor Cathy Humphreys. The project has sites across three Australian states and involves partnerships with 11 industry partners and four universities.

7 Helpful publications may include:

- (a) **McKibbin, G.**, & Humphreys, C. (2021). **Frontline Workers' Response to Harmful Sexual Behavior: Building Blocks for Promising Practice.** *Trauma, Violence, & Abuse*, 15248380211036077. 1-16.
- (b) **McKibbin, G.**, Bornemisza, A, Fried, A, & Humphreys, C. (2020). The LINK model: A promising approach to child sexual abuse prevention education in out-of-home care. *Child and Family Social Work*. 26(3), 394-403.
- (c) **McKibbin, G.** & Humphreys, C. (2020). Future directions in child sexual abuse prevention: An Australian perspective. *Child Abuse & Neglect*. 105, 1-8.
- (d) **McKibbin, G.** & Humphreys, C. (2019). The Perceptions of Australian Workers about Caring for Sexually Exploited Children in Residential Care. *Child Abuse Review*. 28(6), 418-430.
- (e) **McKibbin, G.**, Halfpenny, N., & Humphreys, C. (2019). Respecting Sexual Safety: A Program to Prevent Sexual Exploitation and Harmful Sexual Behaviour in Out-of-Home Care. *Australian Social Work*. 75(1), 111-121.

- (f) **McKibbin, G.** (2017). Preventing Harmful Sexual Behaviour and Child Sexual Exploitation for children & young people living in residential care: A scoping review in the Australian context. *Children and Youth Services Review*. 82, 373-382.
- (g) **McKibbin, G.**, Humphreys, C., & Hamilton, B. (2017). 'Talking about child sexual abuse would have helped me': Young people who sexually abused reflect on preventing harmful sexual behavior. *Child abuse and Neglect*. 70, 210-221.
- (h) **McKibbin, G.**, Humphreys, C., & Hamilton, B. (2015). Prevention-enhancing interactions: A Critical Interpretive Synthesis of the evidence about children who sexually abuse other children. *Health & Social Care in the Community*, 24(6), 657-671.
- (i) Palmer, D., Friedman, V., & **McKibbin, G.** (2016). *The role of organisational culture in child sexual abuse in institutional contexts*, Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney. 1-98.
- (j) **McKibbin, G.**, Bornemisza, A., & Humphreys, C. (2021) *Power to Kids in home-based care: Evaluation report* (Research report). Melbourne, VIC. 1-86. Retrieved from <https://www.mackillopinstitute.org.au/programs/power-to-kids/>.
- (k) **McKibbin, G.**, Bornemisza, A., Humphreys, C. (2020) *Power to Kids: Respecting Sexual Safety Evaluation report* (Research report). Melbourne, VIC. 1-66.
- (l) **McKibbin, G.**, Gallois, E., & Humphreys, C. Victim-survivors' perceptions of child sexual abuse perpetrator-focused prevention. *Journal of Child Sexual Abuse*. Under review.
- (m) **McKibbin, G.** & Humphreys, C. Pathways to harmful sexual behaviour onset for children and young people: Opportunities for early intervention. *Children and Youth Services Review*. Under review.
- (n) **McKibbin, G.**, Tyler, M., Gallois, E., Spiteri-Staines, A., Humphreys, H., and Green, J. 'Frantic online searches for help.' Professionals reflect on design considerations for a harmful sexual behaviour online

early intervention service. *Journal of Sexual Aggression*. Under review.

8 Attached to this statement marked **GM-1** is a bundle of the articles referred to paragraphs 7(a)-7(k).

9 Attached to this statement marked **GM-2** is a copy of my curriculum vitae.

OVERVIEW OF HARMFUL SEXUAL BEHAVIOUR

10 I use the Hackett Continuum to assist in defining of harmful sexual behaviour. Attached to this statement marked **GM-3** is a copy of a document titled 'Harmful sexual behaviour framework'. The Hackett Continuum can be found at page 15 of this document.

11 I tend to define harmful sexual behaviour as:

Harmful sexual behaviour (HSB) is sexual behaviour carried out by children and young people that may involve coercion, victimising-intent or violence, and can be directed towards younger children, peers, adults or themselves. The behaviour can be online or in person. Harmful sexual behaviour against younger children can involve planning and behaviours ranging from exposing younger children to pornography through to penetration. Harmful sexual behaviour against peers can involve sexual assault in dating relationships or recruiting peers into sexual exploitation. Against adults, harmful sexual behaviour can involve the use of derogatory sexual language or trying to get adults to engage in sexual activity. Harmful sexual behaviour against themselves can involve violent and physically damaging masturbatory practices.

12 In out of home care settings, harmful sexual behaviour can be directed towards the child themselves, other children and young people, or adults. In out of home care, particularly residential care, a child might engage in masturbatory penetrative practices such as inserting household objects into their anus in a way that causes physical damage. In terms of harmful sexual behaviour against other children and young people, a child might try to involve another child in watching pornography in their bedroom and getting them to act out the

sexual activity. Against adults, a child may try to rub up against a residential carer from behind in a sexual way.

- 13 The binary between 'victim' and 'perpetrator' in instances of harmful sexual behaviour is not always clear. For example, in situations of sibling sexual abuse—that is, where two or more siblings engage in sexual behaviour with one another—the initiator of the behaviour can change, and one sibling can be the perpetrator in one instance and the victim in another. It is important to use 'person-centred' language – this means that we talk about the 'problem behaviour' and *not* the 'problem child.' It is important that we do not use stigmatising language as this actually inhibits children from recovering from being sexually abusive. I always use the language 'child or young person displaying harmful sexual behaviour.'
- 14 'Perpetrator' is not the right term to use in the context of children and young people who sexually harm because it is stigmatising and obfuscates the harm that children have often experienced themselves. I do tend to use the term 'victim-survivor' for children or young people who have been sexually harmed by other children or young people. However, in some cases of sibling sexual abuse the victim may also be a child who sexually harms. Further, a child who sexually harms is likely to be a victim of abuse in their own right. In this way the victim/'perpetrator' binary does not hold in cases of harmful sexual behaviour and more sophisticated thinking is needed in this space that accounts for the complexity of victimisation experiences.

Prevalence of harmful sexual behaviour

- 15 We know very little about the prevalence of harmful sexual behaviour amongst Australian children. Some international studies provide an idea of how often it occurs, but there is insufficient evidence that focuses on Australia specifically.
- 16 A study by Lorraine Radford found that 65.9% of the 215 children in that study who reported being sexually abused reported that their sexual abuse was perpetrated by another child or young person. Attached to this statement marked **GM-4** is a copy of this study.

- 17 In a general population study in the United States of 14 to 21 years olds, 9% of participants self-reported carrying out harmful sexual behaviour within their lifetime.
- 18 Practitioners and experts in the field of harmful sexual behaviour suggest that a figure of around one-third *of all child sexual abuse* is an appropriate figure to apportion to child sexual abuse being carried out by children and young people. These estimates are based on official crime statistics showing the portion of 'juvenile sex offenders' against 'adult sex offenders'. I am using these terms in inverted commas as they are the terms often used in the US literature, but the term 'juvenile sex offender' is not an appropriate way to refer to children and young people who sexually harm. Attached to this statement marked **GM-5** is a copy of a study by Finkelhor, Ormrod & Chaffin titled 'Juveniles who commit **sex offenses against minors**' where such language is used.
- 19 About 50% of children who exhibit harmful sexual behaviour referred to treatment services (these are clinical services which intervene therapeutically in harmful sexual behaviour and support children and young people to not sexually harm) are reported as or are thought to have been sexually abused themselves, and about 90% of children report experiencing some form of domestic and family violence. These observations come from descriptive studies of case files of children who have accessed these services and from anecdotal conversations with practitioners. In Victoria, these treatment services are called the SABTS – Sexually Abusive Behaviour Treatment Services, details of which can be found on [this webpage](#)¹ which is attached to this statement marked **GM-6**. Children can be referred to these services by Child Protection, police, parents, teachers or general practitioners – or any other adult or professional supporting the child.
- 20 There is currently a large population-level **study called the 'Australian Child Maltreatment Study'** being undertaken by Professor Daryl Higgins and Professor Ben Matthews that I am hopeful will give us some better evidence about the prevalence of harmful sexual behaviour in Australia.

¹ www.vic.gov.au/victorian-government-annual-report-2018-royal-commission-institutional-responses-child-sexual-abuse/children-with-harmful-sexual-behaviours (Last Updated 3 August 2020).

Pathways that may lead to harmful sexual behaviours

- 21 In collaboration with Jesuit Social Services, I am undertaking a research project called the Worried About Sex and Pornography Project (**WASAPP**). The WASAPP research activities involve: a scoping review of the evidence about pathways to onset of harmful sexual behaviour carried out by children and young people; a workshop and interviews with child sexual abuse expert professionals about pathways to onset of harmful sexual behaviour and the components of an online early intervention service for children and young people worried about their sexual thoughts and behaviours; and interviews with children and young people who have sexually harmed about what an online early intervention service might be helpful from their perspective.
- 22 One WASAPP activity involved engaging with various stakeholders, including policymakers, social science researchers and practitioners in the field of harmful sexual behaviour, both domestically and internationally, and asking them their views on different pathways to harmful sexual behaviours onset.
- 23 The harmful sexual behaviour professionals identified six pathways that lead to the emergence of harmful sexual behaviour:
- (a) The first pathway is the **Sexual curiosity pathway**. This pathway is associated with sexual curiosity and sexual arousal. Children and young people experience sexual arousal, and then an opportunity arises to act out that arousal with a younger child, such as in a babysitting situation. The sexual curiosity pathway may be particularly pertinent for children and young people living with a disability – a cognitive disability or one associated with autism-type conditions – who tend to be overrepresented in the cohort of young people who sexually harm.
 - (b) The second pathway is the **Sexual interest in children pathway**. This pathway to harmful sexual behaviour onset involves a young person being sexually attracted to children. Only a very small number of young people who sexually harm do so because of sexual attraction to children – mostly, they sexually harm for other reasons.
 - (c) The third pathway is the **Childhood trauma pathway**. This is the one that we see most often in out-of-home care. This pathway occurs

when children and young people live with childhood adversity, including domestic and family violence, which can disrupt key attachments with the non-offending parent, usually the mother. These children may witness sexual assault of their mothers by their fathers and live in a generally dysregulated family environment. Harmful sexual behaviour can develop in this context through social learning or as a form of self-soothing, and in the absence of a safe attachment figure which is a key protective factor against harmful sexual behaviour. There is also a Childhood trauma pathway to harmful sexual behaviour onset for children who have their own experiences of being sexually victimised – although this is by no means the case for all children who are sexually abused. Children can act out their own sexual abuse on other children sometimes to understand their experience from the point of view of their perpetrator.

- (d) The fourth pathway is the **Antisocial behaviour pathway**. The onset of harmful sexual behaviour through this pathway happens in the context of families where there is a pattern of antisocial behaviour – this may involve drug use or other criminal behaviour. This antisociality is sexualised for children when they reach puberty and they begin to sexually harm as a form of carrying out antisocial behaviour. That is, their harmful sexual behaviour may be motivated by causing pain to others rather than by sexual arousal.
- (e) The fifth pathway is the **Contextual violence pathway**. This pathway involves communities where violence is an everyday part of life and the public/private divide is broken down, meaning private concerns are aired publicly and abusively. It may be that harmful sexual behaviour for Aboriginal children and young people emerges in this generalised violence context, particularly in some remote communities.
- (f) The sixth pathway is the **Pornography pathway**, which appears to intersperse each of the other pathways in that consuming pornography can speed up or trigger the onset of harmful sexual behaviours. However, there is a new cohort of children and young people with harmful sexual behaviour emerging who **don't have the**

vulnerabilities that we have been discussing. We think this new group of young people are being triggered directly by pornography and perhaps other forms of misogynistic representations and cultural beliefs.

- 24 Determining the pathways through which the child developed harmful sexual behaviours is important in determining appropriate early intervention strategies. Each pathway may indicate a different early intervention strategy. This conceptualisation of pathways is very new and has not been tested against large samples of children and young people who sexually harm. It is thought that the number of children and young people on the 'Sexual interest in children' pathway is comparatively small to the children and young people on the 'Childhood trauma' pathway. It is likely that the paths interact, although it is not clear how that occurs, and this has not yet been conceptualised in the literature. Another research activity associated with the WASAPP project is a scoping review of the evidence about pathways to the onset of harmful sexual behaviour. That piece of work is still underway but will provide a clear heuristic for understanding pathways to onset and their interactions, as well as opportunities for early intervention. It is not likely to be published until 2023.

RESPONSES TO HARMFUL SEXUAL BEHAVIOUR

- 25 It must be remembered that children are always children, and their childhood must come first. In my work, I draw on a child rights framework. A child's rights framework draws on the Convention on the Rights of the Child, which stipulates that all children have the right to live lives free from sexual abuse and that children and young people should have a say in policy and practice that impacts them. My strong view is that adults, carers, practitioners and policymakers have a high duty and responsibility to protect children from being sexually abused and to stop them from exhibiting harmful sexual behaviours.
- 26 Harmful sexual behaviours do not spontaneously emerge. The prevention and response policy and practice agenda needs to intervene earlier in situations where children are placed on one of the pathways to exhibiting harmful sexual behaviour. Essentially, applying a public health model of prevention, there needs to be evidence-based primary and secondary prevention initiatives, as

well as tertiary treatment responses. That is, the earlier we can intervene, the better.

- 27 Most children who engage in harmful sexual behaviour do not go on to offend as adults, according to recidivism studies. Caldwell (2016) examined 106 studies involving 33,783 cases of adjudicated cases of harmful sexual behaviour carried out between 1938 and 2014, and found a recidivism rate of 4.92% - a very low rate compared to adult sexual offenders which is closer to 20%. We should not be branding these children as mini-paedophiles or attaching to them certain social stigmas. Attached to this statement marked **GM-7** is a copy of that study.
- 28 There may be a cohort of children and young people with harmful sexual behaviour in the community who never come to the attention of the system (police, Child Protection, treatment services) and this may apply to children and **young people who sexually harm online and we don't know** a lot about the characteristics or trajectories of this cohort.
- 29 It is the case that treatment is effective for harmful sexual behaviour meaning that children and young people are likely to stop sexually harming if they receive therapeutic intervention.
- 30 In the Childhood trauma pathway involving their own sexual victimisation, young people who experienced sexual abuse as a child themselves and who go on to carry out harmful sexual behaviour are often branded as paedophiles, when the person who perpetrated against the young person is never branded a paedophile and often faced no repercussions for abusing the child. These children and young people feel a huge sense of injustice because they know that the person who perpetrated against them faced no consequences but they are now experiencing what they feel is the punishment that their perpetrator should have faced.
- 31 Towards the violent end of the harmful sexual behaviour continuum (see **Hackett's Schema**), it can be difficult to maintain the view that a child engaging in that violent behaviour needs to be treated as a child, because there is a general social norm that violence, generally but specifically against children, is unacceptable, so that all perpetrators deserve punishment even if they are

themselves children. There is a balancing act that needs to be had when approaching our response to violent harmful sexual behaviours.

- 32 The impact of harmful sexual behaviour on victims is similar to the impact of adult-perpetrated child sexual abuse, and can involve debilitating and lifelong mental, physical and social consequences.
- 33 Harmful sexual behaviour should not be seen as a defining or core characteristic of a child but a response to the experience of trauma in the case of those on the Childhood trauma pathway; their behaviour is not who they are. It is very important to separate the child from their behaviour when responding to harmful sexual behaviours. Children and young people may experience strong feelings of shame in relation to their own harmful behaviour or in relation to their own victimisation. If they are constructed as 'perpetrators' or mini paedophiles they are likely to experience more shame. Shame can act as an inhibitor to seeking help and recovering from being sexually harmful, leading to poor life outcomes for children and young people who have sexually harmed.
- 34 This is why I consider the term '**pathways**' to be appropriate when discussing the causes of harmful sexual behaviours. It provides a useful analogy to understand the reasons behind a child developing harmful sexual behaviours. Trauma can lead a child to one of the identified pathways that can result in harmful sexual behaviours, but appropriately responding to such behaviours can also get the child back on a better and safer pathway towards a future in which they no longer display those behaviours.
- 35 The sexual curiosity and contextual violence pathways could be intervened in through whole-of-school and community sexuality education, including early identification. Schools, including specialist disability schools, could develop whole-of-school sexuality education with a focus on clear rules about what kinds of sexual behaviours are allowed and in what contexts. This education could target staff and students so that teachers can identify early indicators of harmful sexual behaviour and put in place a therapeutic response, and children and young people can alert teachers and carers if harmful sexual behaviour is occurring around or against them.
- 36 In terms of contextual violence in remote Aboriginal communities, a whole-of-community respectful relationships and sexuality education program could be

implemented. This would have to be designed and led by Aboriginal people to enable empowerment, embedding and cultural safety for Aboriginal families. This could assist the disruption of the progression from generalised boundary violations to sexualised boundary violations by instilling a culture of respect amongst community members.

- 37 Good early intervention work is already being carried out to intervene in the sexual interest in children pathway through the Help Wanted project in the US led by Professor Elizabeth Letourneau. This work could be expanded to assist with intervening in the other pathways to harmful sexual behaviour onset. The help-seeking and support needs of a broader spread of children and young people who develop harmful sexual behaviours could be identified, and an online tool co-designed and trialled in response to those needs. An online help-seeking tool could help to mitigate the incendiary pornography pathway through pop-ups or online advertisements associated with common pornography sites directing children and young people to the online tool (this is the work of the WASAPP project).
- 38 Early intervention targeting the childhood trauma and antisocial behaviour pathways could focus on early engagement with vulnerable families about harmful sexual behaviours. This could involve an item being included on risk assessments completed by frontline domestic violence workers and police about harmful sexual behaviour when they encounter domestic violence. Further, maternal-child nurses could ask mothers about harmful sexual behaviour in the same way that they ask about domestic violence.

Trauma informed responses

- 39 Ultimately, harmful sexual behaviour is a public health problem, and the government needs to respond to it as a public health problem. The United Kingdom is perhaps leading in the field in some respects, mostly associated with secondary and tertiary prevention and response that I know about. On a secondary prevention level, children and young people worried about their sexual thoughts and behaviours are able to call 'Stop It Now!', a helpline for people (mostly adults) worried about their sexual thoughts and behaviours. Stop it Now! is developing a service response specifically for children and young people that is developmentally appropriate and that involves a chat function. On a tertiary level, local government areas have Multiagency

Safeguarding Hubs, which support organisations involved in the care of children and young people with harmful sexual behaviour to come together and plan the therapeutic intervention for that child or young person. Victoria also has very good treatment services for harmful sexual behaviour but a less well-coordinated multi-agency response. New South Wales Health is also doing good work in developing a public health response to harmful sexual behaviour in that jurisdiction as I understand. A proper public health response needs to be trauma-informed, which means that the response must recognise that harmful sexual behaviour is often connected to an experience of trauma and **that trauma has impacted a child's behaviour, in this case manifesting as harmful sexual behaviour.**

- 40 Trauma-informed responses also require creating safe spaces when managing and dealing with harmful sexual behaviours and minimising potential triggers **which will aggravate the child's trauma and compromise their ability to heal and** be receptive to treatments. **It is important to be aware of a child's triggers and** to give the child power over how much they want to talk about and when they want to talk about it. Fundamentally, children must be believed when they talk about the abuse they have experienced.
- 41 As an example, I had an experience with a victim-survivor who was being brutally sexually assaulted by their brother when they were eight years old. She reported the abuse to her parents, who denied the entire episode. Her parents depriving her of the validity of her experience has had catastrophic impacts on her mental health.
- 42 In this example, the inappropriate response resulted in further damage to the victim-survivor, whereas an appropriate trauma-informed response would have provided an opportunity to help the victim-survivor to heal from their experience. Not being believed can be as catastrophic to the victim-survivor as the abuse itself.
- 43 Trauma-informed multi-agency responses require clear information-sharing protocols. Sharing information unnecessarily is contrary to the aim of assisting the child who is exhibiting harmful sexual behaviours. In out of home care settings, an example of a simple but effective information-sharing protocol is to not discuss private matters around other children or in shared spaces and limit information about any instances of harmful sexual behaviours to a core group

of people that are necessary to provide proper treatment. At the same time, it is important to share information about harmful sexual behaviour with case managers and carers when a child or young person is newly placed so that safety planning can be undertaken to make sure all children in the placement are safe.

- 44 An effective trauma-informed response also works in the child's broader ecological settings. This means not only focusing on supporting and treating the child but also **assisting the child's family and engaging broader** stakeholders, including members of the institutions within which the child operates (like teachers or carers), psychologists and doctors in the therapy process. Getting all treatment providers together and on the same page where there are different providers is very important in delivering a holistic and effective treatment response.
- 45 This kind of multi-systemic therapeutic approach (Multisystemic Therapy) has been evaluated and appears to be the most effective model. It is also the most comprehensively evaluated approach so it is difficult to say much about other approaches as they have not been evaluated to the same extent.
- 46 A developmentally-sensitive approach has been developed in response to young people with learning difficulties in New Zealand by Ayland and West for young people with learning difficulties who have sexually harmed. The approach is called the Good Way model and is underpinned by a narrative therapy approach to the problem of sexually abusive behaviour. The model draws upon the concept of externalisation which is a way of speaking that enables the separation of a problem from the identity of a young person. The model works with a conceptually simple binary between good and bad. The aim of the program is to assist young people to develop a 'good life' that necessarily involves safety for the young person and for any children in contact with that young person. Attached to this statement marked **GM-8** is a copy of **Ayland and West's article**.
- 47 It is crucial that a response to harmful sexual behaviour is both proportionate and appropriate. Responses that minimise or catastrophise the behaviour can have severely negative repercussions for the child. Responses that minimise the issue may mean that appropriate intervention and support does not occur and that the abusive behaviour continues. Responses that catastrophise the

issue may mean that a young person is responded to harshly using a punitive approach and that they are stigmatised and shamed. Responses need to be measured; otherwise, it can lead to further trauma and lack of recovery.

- 48 I also think that therapeutic treatments of harmful sexual behaviour rather than criminal or pseudo-criminal responses are one of the most effective methods of treatment and response. Pseudo-criminal responses to harmful sexual behaviour have been found to be damaging to children and young people, and the current literature supports developmentally-sensitive approaches to treatment. **I can't comment on the AIM approach in particular as I have not had much experience with it, but there is some helpful commentary contained in the document attached to this statement and marked GM-9.**
- 49 If a **child's support network can come together and develop a trauma-informed response** to the experience of sexual abuse, it can have significant positive impacts on the victim-survivors ability and capacity to heal. Developing a narrative about what the child experienced being unacceptable validates the **child's experience of abuse. Validating the child's experience of abuse and that it was wrong and shouldn't have happened**, and that the person who abused them should have been held to account helps the child not respond by acting out the abuse on another child in order to understand what happened to them.
- 50 Developing a validating narrative is therapeutic for the child and intervenes in any pathway between being a victim of abuse and developing harmful sexual behaviour.
- 51 Responding to experiences of child sexual abuse may not require a traditional justice response involving police and other government institutions like child protection services if no criminal offence has been committed. It could involve therapeutic intervention along with restorative justice approaches facilitated by **the therapeutic provider or other supportive person in the child's life.** Restorative justice involves assisting recovery from sexual abuse through a process that includes the victim-survivor and their family, the child with harmful sexual behaviour and their family and a professional facilitator, as well as others whom the children feel are important to be present.

PREVENTION OF HARMFUL SEXUAL BEHAVIOURS

- 52 The young people interviewed for my PhD study identified three opportunities for prevention. The opportunities involved taking action to: redress their victimisation experiences, reform their sexuality education, and help their management of pornography. Young people needed to have their own victimisation experiences responded to appropriately and to be protected from abuse. Young people also needed sexuality education that informed them about laws relating to sex (consent and incest) that was delivered earlier in the trajectory of their sexually abusive behaviour. Furthermore, young people needed more help in managing their exposure to pornography, which triggered their sexually abusive behaviour in some cases.
- 53 More needs to be done to engage the pornography industry and big tech to prevent children and young people from accessing pornography and child sexual abuse material online. It is unacceptable that children have access to this content on a daily basis in Australia, and this is contributing to the development of harmful sexual behaviour.
- 54 There are several protective factors that can support the prevention of harmful sexual behaviour.
- 55 On a relationship level, children need to have safe adult attachments. This involves a child having a respectful and enduring relationship with an adult with whom they find a consistent source of support. A safe adult attachment figure is a strong protective factor against harmful sexual behaviour onset. Disrupted attachments with caregivers are problematic because they reduce the likelihood of a child having a safe adult attachment. As I stated earlier in this statement, ensuring that abuse is acknowledged and redressed establishes a better foundation for effective treatment.
- 56 Children and young people also need to live in non-violence families and communities, and to be engaged in prosocial activities like education, sport or dance.
- 57 At a societal level, trauma-informed sexuality and respectful relationship education are effective in establishing a baseline understanding of appropriate and respectful behaviours in children. Children need to know what harmful sexual behaviour is, and if we do not provide this information to them, children

may engage in harmful sexual behaviour on the basis that they do not know that their actions are inappropriate.

- 58 Families and organisational cultures that support disclosure are protective against harmful sexual behaviour and sexual abuse more generally.
- 59 Harmful sexual behaviours usually peak at around 12-14 years old, so it is very important that education is started at around 10 or 11 years old.
- 60 During my PhD, I interviewed boys who had carried out harmful sexual behaviours. They told me they wanted to know what they could do sexually, with whom, when and in what contexts. They had not been given this education to help them know how to behave. These boys did not know that incest was inappropriate because they derived their understanding of incest from pornographic content, which glorifies and fetishizes incestuous relationships.
- 61 In addition to trauma-informed treatment, harmful sexual behaviour treatment can be enhanced by applying a strength-based, developmental lens to treatment. A strengths-based approach focuses on the protective factors around the child, as well as their individual strengths, such as their capacity for self-insight. A developmentally-sensitive lens means that responses to harmful sexual behaviour should always take into account the childhood developmental stage. Responses designed for adults are not appropriate for children and young people.
- 62 There is a model of response, what I call a Building Blocks Model, which was developed as a best practice approach for schools and other frontline workers like early childhood and general practitioners to respond to harmful sexual behaviour. I undertook a scoping review of the evidence about frontline **workers' responses to harmful sexual behaviour**, and it revealed this Building Blocks Model. The model has several layers:
- (a) the identification and response layer
 - (b) the knowledge layer
 - (c) the skills layer
 - (d) the organisational level support layer, and
 - (e) the multi-agency and government support layer.

- 63 Teachers and frontline workers are ideally placed to identify harmful sexual behaviour or have harmful sexual behaviour disclosed to them. They need to be able to respond to children in the moment, whether they are victims of harmful sexual behaviour or have been carrying out the behaviour. The Brave Conversation Model discussed below would be ideal to assist workers in this regard. A tiered response should kick in, which takes account of the severity of the behaviour according to the Hackett Schema, as well as whether a criminal offence has been committed.
- 64 In order to identify harmful sexual behaviour, teachers and frontline workers need to be able to tell the difference between normal, inappropriate, problematic, abusive and violent sexual behaviours and to understand a tiered response that takes account of the level of behaviour.
- 65 These workers then need the skills to have conversations with children and young people about harmful sexual behaviours, and to create a safe space in which these conversations can occur. They also need skills in appropriate information sharing with parents and multi-agency partners in health, child protection and law enforcement.
- 66 To undertake these actions, teachers and frontline workers need support from the organisations in terms of policy and procedures, supervision and guidelines for multi-agency working. Further, protocols between agencies and coordination across jurisdictions are necessary to support these workers to intervene in harmful sexual behaviour.
- 67 A tiered response to harmful sexual behaviour means that low-level behaviours **of Hackett's Schema can be responded to with psychoeducation, safety** planning and supervision, whereas high level abusive or violent behaviours can be responded to with police and child protection involvement, as well as treatment and multi-agency cooperation around planning the best way to help a child to stop carrying out harmful sexual behaviour.

CHILD SEXUAL EXPLOITATION IN OUT OF HOME CARE

- 68 The Royal Commission into Institutional Responses to Child Sexual Abuse (**National Royal Commission**) identified that out of home care is a known high-risk setting where child sexual exploitation is particularly evident.

69 Child sexual exploitation is a different form of child sexual abuse to harmful sexual behaviour. Child sexual exploitation is adult-perpetrated sexual abuse that involves a child or young person receiving goods, money, power, or attention in exchange for sexual activity. Often the exploitation involves a period of grooming, and the victim can think that they are in a romantic relationship with the perpetrator. Adult perpetrators often access children online through apps like Skout, Discord, Sugar Daddy or Only Fans.

70 These platforms do not do enough to address child sexual exploitation.

71 There are seven models of child sexual exploitation that occur in out of home care. **Six are contained at page 14 of 'Child sexual exploitation – a child protection guide for assessing, preventing and responding'**. They are:

- (a) inappropriate relationships model;
- (b) boyfriend/girlfriend model;
- (c) trusted friend or other peer model;
- (d) organised/networked model;
- (e) online model; and
- (f) betrayal model.

Attached to this statement marked '**GM-10**' is a copy of the document titled Child sexual exploitation – a child protection guide for assessing, preventing and responding.

72 In addition to what is described in GM-3 at page 14:

- (a) with respect to the boyfriend/girlfriend model, children in out of home care are particularly vulnerable to having someone attached to them and attaching themselves to someone because they have previously been deprived of emotional attachment; and
- (b) with respect to the organised/networked model, it often involves drugs, alcohol and 'sex parties.'

73 The National Royal Commission made recommendations about responding to child sexual abuse in out of home care contexts. However, it has been somewhat difficult **from a researcher's perspective** to get a comprehensive indication about what governments, both at a federal and at a state and

territory level, are doing to implement the recommendations of the National Royal Commission.

- 74 **In my opinion, the best policy leap has been the newly released 'National Strategy to Prevent and Respond to Child Sexual Abuse' by the National Office for Child Safety.** I think having a national strategy is important, and it leads the implementation of recommendations made by the National Royal Commission, at least associated with the federal government.
- 75 Turning to the states, it is difficult for me to see much meaningful change. In Victoria, there was a purported effort to develop a Victorian strategy about child sexual abuse prevention and response. To my knowledge, consultations have been limited to the sexual assault services, so I can only anticipate that the strategy will be around responding to instances of child sexual abuse rather than treatment and prevention. I only know this through word of mouth, so it may not be accurate. I cannot comment on the position in Tasmania.
- 76 At an institutional level, one of the most protective things that we can do for children is to create institution wide cultures where disclosures of sexual abuse, including harmful sexual behaviours, are supported, and children are operating in an environment where abuse is not excused or silenced.
- 77 Education initiatives should address all forms of child sexual abuse and be targeted at the general public, as well as on adults that work with children in institutional settings.
- 78 A large public health messaging campaign is required to upskill adults in the different forms of child sexual abuse, and to support a national culture of disclosure and support for victims.
- 79 Perpetrator-prevention programs are required to support adult perpetrators to not sexually abuse. Stop it Now! is one such program and will be trialled in Australia starting in August 2022 by Jesuit Social Services and in collaboration with the University of Melbourne. At the moment, in Australia, there is no prevention service for people who are worried about their sexual thoughts and behaviours in relation to children.
- 80 A similar service for children and young people with harmful sexual behaviour should be funded and trialled in Australia. This is what the WASAPP project is working towards.

'Power to Kids' program

81 As part of my collaboration with MacKillop, along with its CEO, Dr Robyn Miller, who also has expert knowledge of harmful sexual behaviours, child sexual exploitation and dating violence (like family violence but in dating relationships amongst young people), we have co-designed a program that has come to be known as **'Power to Kids'** to prevent and respond to child sexual abuse in out of home care. The program involves three prevention strategies in relation to children in out of home care:

- (a) the **'Respectful relationships and sexuality education'** strategy;
- (b) the **'Early identification and risk & protective factors strategy'**; and
- (c) the **'Sexual safety response strategy'**.

Respectful relationships and sexuality education strategy

82 The Respectful relationships and sexuality education strategy upskills carers and children and young people on ten key sexual health and safety topics. The strategy relies on the **'brave conversations model'**, which enables carers to have conversations with children and young people about sexual health and safety issues, like normal versus harmful sexual behaviours, over the course of the day as opportunities arise. The **'brave conversation' model was developed** by Monica Faulkner at the University of Texas.

83 As part of Power to Kids, we have developed the **'YARN'** model, a culturally-safe model for brave conversations with Aboriginal and Torres Strait Islander children and young people. We have also applied a cultural safety lens to the Power to Kids **'package'** to make sure that attention to culturally safe practice is maintained at all times.

84 The Respectful relationships and sexuality education strategy draws on the whole-of-school approach associated with Victorian Respectful Relationships education. A culture of respect, gender equality and commitment to learning about child sexual abuse, as well as strong leadership around child sexual abuse prevention and response, is part of a whole-of-house (residential care house) approach to respectful relationships and sexuality education.

85 The Respectful relationships and sexuality education strategy is designed to empower carers to have sexual health and safety conversations as and when

required. This is not intended to be a response after sexual abuse has occurred, but rather a prevention imitative involving trauma-informed upskilling. It aims to educate carers to identify when a conversation needs to happen and dynamically respond to the individual circumstances of each instance where a conversation needs to happen about a sexual health and safety topic.

86 Carers are taught how to create a 'safe space' **before having a 'brave conversation'** for the discussion to occur. The conversations are collaborative and non-judgemental and involve asking the child or young person about their thoughts and feelings on a particular topic, as well as providing factual information and the invitation for follow up conversations.

87 Carers responded well to the brave conversation model because they were given the mandate to have the conversation, and they knew that they had permission to discuss sexual health and safety matters with children. Carers reported that they were previously reluctant to have these brave conversations for fear of being accused of grooming children.

Early identification and risk & protective factors strategy

88 The 'Early identification and risk & protective factors strategy' was previously called the missing from home strategy. We know that a child going missing from out of home care settings is the biggest indicator of child sexual exploitation. This strategy aims to stop children going missing from home, as well as focusing on other risk and protective factors around the child.

89 This strategy aims to decrease risk factors and increase protective factors associated with three forms of child sexual abuse: harmful sexual behaviour, child sexual exploitation and dating violence. For example, a close and safe attachment to a carer is a protective factor against all three forms of abuse.

90 Data collected by MacKillop found that 43% of children in residential care have previously, or were currently, experiencing child sexual exploitation, and 32% had previously or were currently exhibiting harmful sexual behaviour. MacKillop has up to date data that may be useful to the Commission.

91 The early identification strategy works in tandem with the brave conversations model, because the latter led carers to develop a closer relationship with the children and the children were accordingly more comfortable staying at residential care facilities. By taking a softer approach towards children in out of

home care and creating a warmer environment, an additional protective factor was established, that being that the children felt a close attachment to one or more carers and felt more comfortable in the residential care environment. This helped prevent exposure to child sexual exploitation that comes with leaving the out of home care environment. Power to Kids set the expectation amongst carers and children that going missing was not acceptable and not a normal part of life in residential care.

Sexual safety response strategy

- 92 The 'Sexual safety response strategy' aims to address what to do when sexual exploitation, harmful sexual behaviour or dating violence has been identified as occurring currently. We developed a set of practices relating to each form of abuse. This involved engaging multi-agency partners and planning appropriate therapeutic responses.
- 93 One of the most important strategies in response to identified child sexual exploitation is disruption. It is critical that police disrupt the relationship between the offender/perpetrator and the victim, and hold the perpetrator to account for their actions. Children do not always recognise that they are victims of child sexual exploitation, and so focusing punitive efforts on the child can be perceived by the child as punishment. Police need to focus on interrupting from the adult offender side, such as by obtaining and strictly enforcing intervention orders, or pursuing them on drug or driving offences.
- 94 **In Victoria, we have 'harbouring notices' and 'no contact letters,'** to assist with disrupting the activities of perpetrators, which means that the perpetrator cannot have contact with a particular child. I am not aware of any equivalent power in Tasmania. I am also not aware of how many of these notices and letters are currently issued.
- 95 Police forces need training in trauma-informed responses to child sexual exploitation to avoid victim-blaming and excusing perpetrators for their actions.
- 96 The Power to Kids strategies challenge the perceived status quo that residential care is a substandard form of living, and that it is inevitable that child sexual exploitation will occur. They challenge the idea that relationships between adults and children, and between different children in out of home care, cannot be akin to safe family relationships.

DICE PROJECT

- 97 I am also involved in another project funded by the Australian Research Council called the DICE (Disrupting Child Exploitation) Project. This project aims to develop a multi-agency response that focuses on intervention against perpetrators of child sexual exploitation. It seeks to engage police and child protection to work in an enhanced way to disrupt sexual exploitation and respond to children going missing. It is a multi-state initiative with Queensland, New South Wales and Victoria involved. Tasmania could not join the project at this stage as the partners were decided before the grant application was submitted, but we would be very happy to share our learnings with Tasmania.
- 98 A component of the DICE Project involves training police to take a trauma-informed approach to instances of child exploitation, disrupting the exploitation and ensuring that police do not blame the child for being abused. Sometimes children and young people, especially those in residential care, at risk of sexual exploitation are construed as 'putting themselves at risk' and as complicit in the abuse. This gets in the way of a proper policing response to child sexual exploitation and means that children continue to be exploited.
- 99 A different approach is required when dealing with harmful sexual behaviour carried out by a child or young person. In some regions in Victoria, police actively develop close relationships with children in out of home care settings, build rapport with those children and come to understand their individual circumstances, history and the associated risks that may present with respect to harmful sexual behaviour. When engaging with children in this way, it is important that the interaction is approached in a trauma-informed way.
- 100 Ultimately, a trauma-informed therapeutic and developmentally sensitive therapeutic approach is required to intervene in harmful sexual behaviour in out of home care, and police can be part of this by treating young people who sexually harm with respect and non-judgement and helping them to understand how their behaviour is viewed in terms of the criminal justice system if the behaviour constitutes a criminal offence (not all harmful sexual behaviour constitutes a criminal offence).
- 101 In circumstances of harmful sexual behaviour between children, police should also take part in multi-agency processes, coming together with treatment

providers, health providers, schools, carers and parents to help develop a treatment plan that best serves the child, rather than approach instances of harmful sexual behaviour from a totally punitive position.

- 102 Police can also offer insight into what behaviours can be treated with psychoeducation and what behaviours are indisputable criminal offences. That is to say, they can help other multi-agency stakeholders to categorise behaviour and appropriately respond to that behaviour.
- 103 In the out of home context, it is important to apply an intersectional lens across any programs, initiatives or models to help combat or treat child sexual abuse. An intersectional lens recognises that other vulnerabilities (whether by birth, such as disability, race or sexuality or by circumstances, such as domestic violence and drug addiction) can compound disadvantages and increase the vulnerability of a child becoming a victim of child sexual abuse or engaging in harmful sexual behaviour.
- 104 One example of applying an intersectional lens relates to sexuality and respectful relationships education programs being resourced effectively for children with disabilities. Children with disabilities are often excluded from mainstream sexual education but are not provided with alternative education because there is a general perception that children with disabilities will not understand the information or need the education, so they are educated to a lower baseline about sexuality and sexual abuse, which increases their risk of engaging in harmful sexual behaviour or being the victim of child sexual abuse.
- 105 During the pilot of a Power to Kids, a care team reported that they did not want to talk to two boys with disabilities about child sexual abuse when one had actually made a partial disclosure because the members of that care team believed that those boys would not understand the nature of the situation.
- 106 This position is not correct; children with disabilities are sexual beings on a path of sexual development over time like all other children, and they need to be educated about sex. All children deserve to be educated about what the appropriate limits of sexual conduct are and how they can go about appropriately expressing themselves in a sexual way. They need to know what sexual abuse is so they can recognise if it is happening to them and disclose it to a safe person.

- 107 Children with disabilities need appropriately tailored sexuality education, but we do not resource it properly. For example, audio-visual tools in sex education have been identified as a tool to aid in educating children with disabilities about sex, but, despite pockets of good practice, it is not developed or funded appropriately to my knowledge.
- 108 Creating out of home care cultures that are sensitive to additional intersectional vulnerabilities is also important. I have come across children in out of home care who are transitioning between genders. In this scenario, creating a culture where gender diversity is appreciated, valued and celebrated and where toxic masculinity is corrected will provide an additional level of protection for that transitioning child by minimising the impact of an additional vulnerability that they have.
- 109 We know in homophobic cultures, boys who are sexually abused face a barrier to disclosure because they do not want to be seen as gay because their environment labels homosexuality as a negative. But, where diverse genders and sexualities are accepted and respected, this barrier is removed, and the sexual assault can be addressed and the child protected.
- 110 Everyone has a role in universal sectors like education and health. Almost all children will attend schools or general practices, and it is important to recognise that everyone has a role to play in preventing child sexual abuse and harmful sexual behaviour.

OTHER MATTERS

- 111 Much work is needed to develop and trial culturally safe child sexual abuse prevention and response strategies for Aboriginal and Torres Strait Islander children and young people, families and communities. I do not see a significant commitment in this space, and yet we know that Aboriginal and Torres Strait Islander children are overrepresented in out of home care due to intergenerational trauma caused by policies leading to the Stolen Generation and other impacts of colonisation. Collaborative, Aboriginal-led projects are

needed urgently to establish culturally safe child sexual abuse prevention and response practice across Australia.

I make this solemn declaration under the *Oaths Act 2001* (Tas).

Declared at Melbourne
on 6 May 2022.



Gemma Tamsin Dunnet McKibbin

Before me:



Commissioner for Declarations