



**Commission of Inquiry into  
the Tasmanian Government's  
Responses to Child Sexual  
Abuse in Institutional Settings**

## **WITNESS STATEMENT OF RENAE PEPPER**

I, Renae Maree Pepper of [REDACTED] in the State of Tasmania,  
Senior Practitioner and Psychologist, Sexual Assault Support Service (**SASS**),  
[REDACTED] do solemnly and sincerely declare that:

- 1 I am authorised by the SASS to make this statement on its behalf.
- 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 have the following qualifications:
  - (a) Master of Professional Psychology, University of Tasmania, 2016 to 2017;
  - (b) Graduate Certificate, Child Protection Practice, University of Western Australia, 2010; and
  - (c) Bachelor of Psychology, Curtin University, 2004 to 2008.
- 4 I have been a Senior Practitioner/Psychologist at SASS since October 2018.
- 5 Prior to my employment as a Senior Practitioner/Psychologist at SASS, my roles included:
  - (a) between August 2007 and November 2008 I was a Counsellor/Group Coordinator/Clinical Administration Officer for Next Step Drug and Alcohol Service in Western Australia, where I provided support and counselling to clients both individually and in a group setting;
  - (b) between December 2008 and September 2011 I was a Senior Child Protection Worker at the Department for Child Protection in Western Australia, where I worked with children, families and foster carers in the child protection space;
  - (c) between November 2014 and December 2018 I was a Provisional Psychologist/BIC Coordinator/Youth Engagement Worker at headspace in Tasmania; and
  - (d) between November 2017 and September 2018 I was the Health and Wellbeing Officer/Provisional Psychologist for the Children and Youth

Services at the Department of Health and Human Services in Tasmania, where my role was to support the health and well-being of child safety staff.

- 6 As a Senior Practitioner and Psychologist at SASS I oversee the children and family program, including child safety aspects, as well as managing the clinical arm of the Prevention, Assessment, Support & Treatment (**PAST**) program of harmful sexual behaviours. I have also had some involvement at Ashley Youth Detention Centre (**AYDC**).
- 7 Annexed to this statement and marked **RP-1** is a copy of my curriculum vitae setting out my qualifications and professional experience.

### **SASS**

- 8 I understand that an overview of the services provided by SASS is set out in the statement of SASS's CEO, Jill Maxwell.
- 9 As part of SASS's goal to provide responsive and holistic services to individuals, families, and the broader community, SASS facilitates therapeutic intervention services for children and young people (aged under 18 years) who are displaying harmful sexual behaviours. As far as I am aware, there are no other agencies in Tasmania who are running specific programs in relation to harmful sexual behaviours. I understand that Laurel House in the North and North West of Tasmania have previously provided support to young people 11 years and under in relation to harmful sexual behaviours, but I am unsure if they currently do this. I am also aware that Family Planning do some work with people with disabilities displaying harmful sexual behaviours using the So Safe Framework, however my understanding is that they do not do clinical/therapeutic interventions in this area.
- 10 In this statement, I have set out:
  - (a) the training and other programs run by SASS in Tasmania;
  - (b) the intervention services provided by SASS in Tasmania;
  - (c) SASS's experience of harmful sexual behaviours between young people in school or institutional settings; and
  - (d) SASS's observations about the response of State Government entities to harmful sexual behaviours and the representations that we have made about those issues to Government over time.

## TRAINING AND OTHER PROGRAMS RUN BY SASS

- 11 SASS delivers a number of training programs with a focus on harmful sexual behaviours.
- 12 SASS has delivered its '**Keeping Kids Safe**' training program since 2016/2017. The program, which is designed for professionals such as social workers, psychologists, counsellors and Child Safety officers, has traditionally been a fee for service program, but is now also delivered in a publicly funded format under the PAST program, which is discussed below.
- 13 The 'Keeping Kids Safe' training covers topics such as consent; dealing with disclosures of child sexual abuse; how to identify harmful sexual behaviours; how to respond appropriately and how to safety plan. The more advanced two day program also includes training on safety planning and case studies. Annexed to this statement and marked **RP-2** is a copy of the Keeping Kids Safe Program Outline.
- 14 At the end of 2019, I put together a shorter training session of approximately three hours for educators, the '**HSB: Overview for Educators**' program, which addresses how to identify and respond to inappropriate and harmful sexual behaviours in school settings. I did this in response to a number of calls from schools regarding the behaviour of students and questions about how to deal with such behaviour. This program is being rolled out on a fee for service model in addition to being delivered in a publicly funded format under the PAST program. Cost of fee based sessions vary depending on several factors such as the number of attendees, time of delivery, travel, accommodation and the number of presenters. Many schools call enquiring about SASS training generally, and after discussion with each school independently the primary prevention team will put together a proposal for training that fits with the school's need. Annexed to this statement and marked **RP-3** is an outline of the HSB: An Overview for Educators program.
- 15 Prior to 1 April 2021, SASS only received funding to assist pre-pubescent children with harmful sexual behaviours (i.e. children 11 years of age and under). As a result, we could only provide clinical services to adolescents with harmful sexual behaviours on a fee-paying basis. Funding to work with pre-pubescent children

with harmful sexual behaviours was provided from the Department of Communities Tasmania.

- 16 However earlier in 2021, SASS received funding to run the state-wide harmful sexual behaviours program for two years. The funding has been used to develop the PAST program, which delivers training and educational workshops for schools, educators and professionals and clinical/therapeutic services to children and young people up to and including the age of 17 years.
- 17 The PAST program focuses on children and young people, aged 17 years and under, who are displaying harmful sexual behaviours. The PAST program operates state-wide and has two streams:
  - (a) therapeutic intervention, assessment and case management - delivered in collaboration with Mission Australia; and
  - (b) training for schools, educators and professionals.
- 18 Under the first stream the PAST team administers a comprehensive, evidence based, trauma-informed assessment, to develop an intervention that is tailored to the child/young person's needs. SASS work in conjunction with Mission Australia, who provide holistic support to families to best facilitate the therapeutic support offered by SASS. The program centres around:
  - (a) specialist assessment of harmful sexual behaviours;
  - (b) individual interventions tailored to specific needs;
  - (c) creating safety and security;
  - (d) sex education and developing healthy relationships;
  - (e) holistic approach – working with family, carers and significant others connected to the young person; and
  - (f) a multidisciplinary approach in collaboration with Mission Australia.
- 19 Under the second stream, the PAST educators deliver group training for:
  - (a) schools (year 3 to 12);
  - (b) school and early childhood educators; and
  - (c) professionals, community organisations, businesses and government agencies that deliver support services for children and young people.

- 20 The PAST program incorporates the 'Keeping Kids Safe' and 'HSB: An Overview for Educators' training detailed above. In addition, it includes **'Sexual Safety'** training which is focussed around consent. Better education and understanding about consent can prevent harmful sexual behaviours from occurring.
- 21 SASS also delivers a primary prevention program which it developed, known as **'Consent is a Conversation'** to four schools every year. An overview of this program titled SASS Primary Prevention Training for Schools - Program Overview is annexed at **RP-4**. We hope that if we can teach kids about consent and respectful relationships, they will hopefully not go on to engage in inappropriate or harmful behaviours with each other.

***Funding limitations on training delivery***

- 22 The Department of Communities requires that we deliver the PAST program across a broad range of community services, to get the educational training out to as many stakeholders and State Government agencies as possible. For this reason, we are required to set up training and invite attendance from a range of different agencies. We generally limit training sessions to a maximum of 25 participants, and a minimum of 8 participants.
- 23 Since SASS has received the PAST program funding (as of 1 April 2021), SASS has delivered 17 different sessions (variations of the above mentioned trainings) and delivered to over 350 people and students. This does not include the fee for service training that we deliver in addition to PAST program funding. Attendance rates vary between sessions however generally we take no fewer than 8 participants and a maximum of 25 participants in any one training session. The participants invited to training are from government sectors such as Child Safety, Department of Education (**DoE**), Youth Justice as well as non-government sectors such as Hobart City Mission, Mission Australia, Save the Children and child care centres. We have a calendar of training planned up until July 2022. More information about this could be sourced from our primary prevention team.
- 24 As a result, with the exception of whole of school programs like "Consent is a Conversation", we cannot deliver training to a specific agency at a time. For example, if a school contacts us requesting that an aspect of our PAST program be provided to a particular cohort at the school, the best we can do is to offer the school a number of slots in scheduled training to be provided across other

agencies. It would be preferable to be able to deliver the PAST program training to individual schools and organisations, as there are certainly priorities that SASS has identified as far as training in the harmful sexual behaviours space. SASS would prioritise training for DoE staff and educators, child care staff, child safety staff and youth justice staff as they are most likely to come across harmful sexual behaviours in their work.

- 25 We get a lot of calls from educators in schools and early childhood settings seeking guidance or assistance about what to do when they encounter harmful sexual behaviours. It is hard to gauge the number of enquiries we receive regarding our PAST program, however I would say on average we receive around five to seven enquiries per month, which may come primarily from schools and Child Safety. The majority of calls we receive are from schools. The feedback from educators is that they do not fully understand the difference between normal sexual development and inappropriate behaviours, so they do not know how to respond.
- 26 For example, a school principal contacted me in December 2021 regarding disclosures made by a number of students over a six to twelve month period. The disclosures all related to a single child within the class, who was alleged to have been inappropriately touching the complainants. The classroom teacher had dismissed the reports and told the children not to 'tell lies' or 'be unkind'. It was not until the reports from a number of children, made over this extended six to twelve month period, made their way to the principal that they were acknowledged and addressed.
- 27 It is vital that we provide more education for principals and teachers regarding how to deal with disclosures, and what best practice responses to disclosures from children and young people look like. It would be great to be able to promote our services more, however we do not have enough resources and funding and if we were to do more promotion we would not physically be able to manage demand.

## SASS'S INTERVENTION SERVICES FOR HARMFUL SEXUAL BEHAVIOURS

### *Identifying and responding to harmful sexual behaviours using the AIM framework*

- 28 The 'driver' or reason that harmful sexual behaviours occur is not always obvious or straightforward. SASS has adopted a framework to assess and identify drivers of harmful sexual behaviours. That framework is the "Assessment Intervention Moving On" framework (**AIM**). This framework has been developed by the AIM Project in the United Kingdom, which has been working in the field of children and adolescents with harmful sexual behaviours for over 30 years and is considered a leader in this field. The framework uses Hackett's continuum to assess harmful sexual behaviours against the range of sexual behaviours presented by children and young people, ranging from those that are normal to those that are problematic. A copy of a diagram titled A continuum of children and young people's sexual behaviours (Hackett, 2010) is annexed at **RP-5** to this statement. The NSPCC Harmful Sexual Behaviour Framework: An evidence-informed operational framework for children and young people displaying harmful sexual behaviours 2nd Edition (2019) talks about the AIM framework and Hackett's continuum as effective tools, and other specialists in this area such as Robert Tucker (UK) also refer to these frameworks and tools in their training and work. A copy of this framework is annexed to this statement and marked **RP-6**.
- 29 The AIM Project has provided a number of online trainings to six SASS staff members between 2020 and 2022. I also have a highly experienced Brisbane-based supervisor who is trained in this framework. As far as I am aware, Act for Kids Queensland and SASS are the only agencies in Australia who have received any training from AIM. The reason that SASS decided to adopt the AIM framework was due to the increasing use of Hackett's continuum by professionals working in the harmful sexual behaviours field, and also Hackett's association with the AIM Project and its wide use across the UK. It also stood out as a framework that takes in the broader context of a young person's situation and circumstances.
- 30 We have purchased AIM checklists that we can use to assess all of the children that come through our program. The checklist is a really quick way of establishing whether a child is engaging in lower level problematic behaviours or whether it is really harmful behaviour that requires immediate intervention.

- 31 If, after completing the checklist, a child is on the high end of the scale we will do a more detailed assessment that takes a number of hours to complete. This is a really thorough assessment which looks at the whole context of the child's life. In addition to looking at sexual behaviours, we look at examples of non-sexual offending; sanctions; impulse control issues; the developmental history of the child, such as what trauma have they been exposed to; what their attachment is like with their primary care-giver; their current environment at home and at school; whether their environment is stable; whether they are well-supported; their internal resources, such as their ability to take responsibility for their actions; and whether they are motivated to engage in therapy or change.
- 32 The purpose of the assessment is to identify the driver of the child's sexual behaviour, which will in turn inform the appropriate intervention. For example, the appropriate intervention will be very different for a child whose sexual behaviours are driven by instability in their home environment or the fact they are not safe at home, compared to the intervention for a child whose drivers are related to impulsivity and a lack of self-regulation skills. The AIM approach is very client-focussed and is really driven by a client's needs, as opposed to a cookie-cutter "one size fits all" approach.
- 33 In some instances, an AIM assessment makes clear that the underlying cause of harmful sexual behaviours is something which falls outside of our area of expertise, making it appropriate for the child to be referred to another service to make sure they receive the most appropriate therapeutic response. As an example, if we assess that a young person may be presenting with symptoms consistent with Attention Deficit Hyperactivity Disorder (**ADHD**), then we may refer them to the Royal Hobart Hospital Paediatricians or ADHD Hobart Consultants for specific assessment and support.

#### ***Overview of clients and referral pathways***

- 34 Although the PAST program has only been running since 1 April 2021, we have already received 90 referrals up until 31<sup>st</sup> March 2022 and have approximately 29 active clients (i.e. clients who are currently engaged with a therapist). We also have an average waitlist of ten people. Wait times vary depending on capacity and priority however can vary between four and ten weeks. We expect demand to increase as awareness of the program increases. We have not been actively promoting the program as we have had sufficient work since the beginning without



further promotion, and further demand would lead to greater waitlists/times and stress on counsellors providing assessment and intervention. Limited funding has also restricted the amount of active promotion we can do.

- 35 Furthermore the PAST program has initially only been funded for two years, and so we will need to stop taking referrals six months before the scheduled completion time for the program, as if funding is not renewed we will not be able to continue to deliver the program. This lack of certainty around future funding is another reason why SASS has limited promotion for the program.
- 36 The majority of our referrals come from schools and Child Safety Services. We are also increasingly receiving referrals from parents and grandparents, and sometimes from police and other not for profit organisations.
- 37 We would like to develop a program in harmful sexual behaviours for parents over the next six to 12 months. This could be for parents whose children are in the program or parents more broadly across the community. We have previously been in talks with the University of Tasmania (**UTAS**) about utilising a space there to deliver the program. The purpose of the program will be to educate parents about how to have conversations with children on topics like pornography, sex and healthy relationships. We find that a lot of parents don't have the language or don't know how to start the conversation or provide a safe space for that conversation.
- 38 A number of referrals to the PAST program which present as involving harmful sexual behaviours actually arise from child sexual exploitation (**CSE**) (for example, an adult instructing a child to gain inappropriate sexual images from another child). In such cases, while the children are being referred to the program, they are being led or coerced by adults to engage in the behaviour and are in fact victims. As victims, they need a different kind of therapeutic support than children engaging in harmful sexual behaviours. It would be very impactful to provide police officers, as well as other first responders, such as teachers and support services staff, with a clear and consistent definition of "child sexual exploitation" and training on the difference between child exploitation and harmful sexual behaviours and where cross over can occur.

39 SASS already deliver a brief overview of the difference between harmful sexual behaviours and CSE in their Keeping Kids Safe Training but would like to develop a more in-depth training on this topic.

40 SASS's preferred definition of CSE is from the UK and is as follows:

*"Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology" (Beckett et al, 2017, p.7)*

41 It would also be useful to provide police officers with broader training in relation to harmful sexual behaviours, to assist them in detecting and properly responding to that kind of behaviour. Police can have very black and white responses to situations, and a broader understanding by police officers could significantly shift potential punitive responses.

### **Measuring outcomes**

42 We are collecting data on children engaging in harmful sexual behaviours, for example how many are engaging in pornography use; how many are engaging in technology-assisted abuse; and how many of them have trauma backgrounds. There is a focus on collecting data on pre-pubescent children (0-12 years) and adolescents (13-17 years).

43 We are interested in exploring how the AIM framework and assessment model works in the Pacific region, given that it is a UK model. It is important to us to understand how the model maps onto children and young people in Australia and New Zealand. We are also interested in examining the characteristics of the cohort of children and young people that are presenting to SASS, in particular what the drivers of the harmful sexual behaviours are (for example, accessing pornography, a background of family violence). We have had an initial discussion with UTAS and the Manager of the AIM Project to see if we can do some Pacific Region research.

## HARMFUL SEXUAL BEHAVIOURS WITHIN TASMANIAN STATE SCHOOLS

### *Current responses*

44 It is not easy to describe harmful sexual behaviours in a paragraph.

Notwithstanding, the definition of harmful sexual behaviours is:

*“Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult” (Hackett, 2014)*

45 A behaviour such as children in kindergarten showing and comparing different private parts may be developmentally expected and age appropriate, and we would not classify this as harmful sexual behaviours, however it still needs a response as it is an inappropriate place to be engaging in this behaviour.

46 In my experience, the response of Tasmanian state schools to inappropriate behaviour and/or harmful sexual behaviours is quite inconsistent. Some schools are very good at contacting us regarding incidents at their schools, to confirm the adequacy or appropriateness of their response and ensure that they are complying with their mandatory reporting requirements. Not all schools fall into this category. At one end of the spectrum is the example referred to in paragraph 26 above, where the school was slow to act on multiple reports of harmful sexual behaviours by a student. At the other end is the example of an eight-year old boy who was referred to me, having been expelled for somewhat normal behaviours for age and developmental level (e.g. holding another student's hand and kissing them on the cheek).

47 SASS does receive some funding under the PAST program to receive calls from schools to discuss cases and do consultations. However, as previously discussed this service is not actively promoted due to limited time and resourcing. Sometimes it may not be the school directly contacting SASS, but a staff member such as a nurse or social worker who works across several schools collectively.

48 SASS is of the view that schools should be contacting them for advice and the DoE should also be doing more to support/provide guidance to principals on these matters. I have had some discussion with DoE Learning Services about training they could receive from the AIM Project that is specifically aimed at educational settings and uses the AIM checklist. I have also put Learning Services in touch

with Carol Carson, the manager of the AIM Project, directly. This training would assist in increasing capacity amongst DoE staff to initially assess inappropriate and harmful sexual behaviours. This training would mean that staff within DoE could directly assess situations and behaviours, and therefore initially support and guide principals and teaching staff with responses, safety planning etc. DoE would be able to do initial assessments and safety planning but if therapeutic intervention was required, that would sit with other services such as SASS.

- 49 If, after the initial assessment, cases were found to be more complex, or harmful sexual behaviours sat high on the continuum and were more concerning, SASS could be contacted for consultation, support or referral. If DoE staff were trained in the AIM framework, it may be possible to achieve consistency across services (SASS and DoE) around assessment, language and intervention in relation to harmful sexual behaviours.
- 50 The skills gap, in terms of lack of training on harmful sexual behaviours for teachers, principals and support staff, has a very real cost for the children or young people affected by harmful sexual behaviours. SASS has delivered some training to DoE staff, and I am aware that some staff may have accessed the Daniel Morcombe Webinars that are focused on harmful sexual behaviours, however I am not privy to other training DoE has received. In December 2021, SASS provided a series of case studies to the Minister for Education and the DoE in the hope of demonstrating the importance of training on harmful sexual behaviours for DoE personnel. I refer to the witness statement of Jill Maxwell for further details on this issue and details of the DoE's response. A copy of the case studies are annexed to this statement and marked **RP-7**.
- 51 The case studies regarding "Client A" and "Client B" concern a rural school where there is only one class per grade. Disclosures have been made by two SASS clients that a 15 year old boy has sexually abused them and one other girl in their grade. Given limitations in terms of space and available facilities and staff, the school and the DoE have not been able to effectively facilitate separation of the students, or engage in appropriate conversations. The result is that the three female students are now either choosing to attend school but feel unsafe and anxious, or are not attending school and are missing out on their education. Another way to deal with this could have been that the child engaging in the harmful sexual behaviours could participate in their schooling online while the

matter is managed/resolved. There needs to be training for all schools around harmful sexual behaviours, how to respond appropriately and be trauma-informed, focusing on students' feeling safe and able to engage in their education. There needs to be clear policies and procedures within individual schools as schools vary in numbers, structure, layout and ability to safety plan and protect all students, and there needs to be clear policies and procedures more broadly across DoE around mandatory reporting, contacting SASS for consultation and how investigations are carried out in regard to incidents.

- 52 Likewise, we have received questions and calls for support from schools where there are reports of harmful sexual behaviours occurring between pre-pubescent children under 12 years of age. These cases must be appropriately managed according to the child's age, developmental stage and actions. These incidents are a great opportunity for education and learning for students, and this is where staff's ability to have a measured and appropriate conversation with the students involved is crucial. It is also important to be able to upskill staff on how to have conversations with parents, as parent responses can also vary greatly from aggressive and defensive, to dismissive, to punitive. For pre-pubescent children, harmful sexual behaviours is characteristically not sexually driven. It is occurring at a time in the child's development where they do not yet have the sexual drives, motivators and hormones of an adolescent.
- 53 This means harmful sexual behaviours exhibited by a seven year old, for example, often need to be addressed by teachers and school support staff in a very different way to harmful sexual behaviours exhibited by a 15 year old. We are aware this is not occurring in practice.
- 54 At the same time, harmful sexual behaviours between pre-pubescent children that is severe needs to be addressed appropriately. The case study regarding "Client C", which is located at **RP-7** and discussed in more detail in Ms Maxwell's statement, speaks to this issue.

***Assisting schools to better identify and respond to harmful sexual behaviours***

- 55 At the time of writing this statement I have not directly had any contact with the new Director of Safeguarding, however I believe Jill Maxwell, the CEO of SASS, has and that the office of the Executive Director Safeguarding Children and Young People has also received some recent training through SASS. I support the

recommendations that were made in the Education Review and believe it is crucial for DoE to also have a working relationship with SASS for consultation and support in developing and implementing some of these guidelines, responses, policies and recommendations in addition to the delivery of ongoing training.

- 56 I know there is a group of social workers/support staff in DoE that have formed a harmful sexual behaviours group which is working towards achieving more consistency in the response of schools and the DoE. SASS was invited to a meeting with the DoE to discuss this work when the group was first formed. However, there has been very little contact since and the group may benefit from further consultation with us, given our specialist expertise.
- 57 I am also aware that the DoE was looking into building Hackett's continuum into its systems. In my view, training in the AIM framework for school principals, a group of teachers from each school and DoE support staff (such as counsellors, psychologists and social workers) would assist schools to use this tool effectively, ensuring more appropriate and consistent responses. For example, if the behaviour is identified to be harmful sexual behaviours, and is quite extreme, the school could refer the child or young person to a specialist at SASS. Both the child displaying the harmful sexual behaviours and the child on the receiving end of the harmful sexual behaviours can be referred to SASS. We ensure these clients see different therapists, come on different days and sit in different programs at SASS. If the behaviour is mild, the school could manage the behaviour internally, with appropriate support from SASS.
- 58 Implementing the AIM framework and upskilling teachers and principals will also assist DoE staff to have a conversation with young people about harmful sexual behaviours incidents in a trauma-informed way. This means both the victim and the child exhibiting the harmful sexual behaviours. We need to ensure that all children or young people involved feel safe. Where teachers are feeling confident and equipped they are more likely to speak with young people and their parents or caregivers about what has happened. Appropriate training and resources will also ensure teachers are able to make the necessary contacts and referrals, such as engaging in safety planning and involving the police as appropriate.
- 59 I have been liaising with the DoE regarding an AIM course offering that is targeted specifically at educators. This course trains educators to use the AIM checklist to identify cases of harmful sexual behaviours and would assist them to respond to

some inappropriate behaviours in-house, while still referring more harmful behaviours to SASS. AIM has sent me a manual regarding that particular training and I have presented this to the DoE for its consideration.

## **AYDC**

- 60 SASS was approached by AYDC case management staff in August/September 2021 and asked about treatment options for young people engaging in harmful sexual behaviours and training for AYDC staff in responding to these behaviours. We do not have any existing contracts with AYDC however we could engage with them in relation to our PAST program training. We are funded under the harmful sexual behaviours funding to provide clinical consultations and advice. We have not previously had referrals from AYDC, although we do have adult clients who were victims of sexual abuse and harmful sexual behaviours when they were residents there.

### ***Training provided at AYDC***

- 61 A SASS staff member delivered our "Keeping Kids Safe" training to AYDC staff members in November 2021. Two further sessions were scheduled to be delivered in December 2021 and early 2022.
- 62 I am informed that at the commencement of the session, the trainer explained that while SASS has expertise in identifying and responding to harmful sexual behaviours in family and community settings, it does not have expertise in working in custodial settings. As such, the information provided in the training would need to be mapped out and put into the AYDC context.
- 63 The trainer provided feedback that AYDC staff feel there is limited scope to implement the broader range of tailored responses that are covered in our training. Understandably given the detention setting, very strict protocols and procedures govern responses and any little thing that happens has to be reported to police and to Child Safety Services. In other contexts these behaviours might be ignored (because the young person is simply trying to get a reaction or connection) or might be dealt with therapeutically or informally, but at AYDC such behaviours are required to be escalated formally to involve a punitive response. I would hope there is scope for both escalation and therapeutic responses, however I would need to know more about how the custodial settings operate to comment.

- 64 There may be a tension here between therapeutic needs for some young people, and the protocols that are important in a custodial environment. In my view, this is an area which may require further consideration or study.

***Attempts to provide more targeted services to young people at AYDC***

- 65 I was asked by AYDC management around September 2021, to do a consultation at AYDC. Unlike the training referred to above, I understood that this consultation was an engagement for the purposes of assisting AYDC staff to respond to specific reports or concerns about harmful sexual behaviours among young people. I encouraged staff at AYDC to refer these young people to SASS. I was told by AYDC staff that they could not refer these young people as it would impact on or interfere with their current charges. I was unclear as to how it would impact on their charges, and without clarity, from a trauma-informed and therapeutic standpoint I thought that this was not in the best interest of the young person (withholding support and treatment from the young person). SASS was therefore not in a position to provide services directly to the young people involved.
- 66 I was then requested in September 2021 by AYDC management to do a general consultation with AYDC staff on how to respond to harmful sexual behaviours more broadly.
- 67 As part of that engagement I provided a nine page secondary consultation, with five clear recommendations on how to address harmful sexual behaviours within AYDC. I recommended that:
- (a) all AYDC staff be trained to recognise what is and what isn't sexual behaviour, noting that some behaviours are not sexual in nature, but rather are defiant or power and control behaviours;
  - (b) staff need to have regular and ongoing supervision by clinicians and people who specialise in trauma, not just supervision from a line manager, as well as options and resources for appropriate debriefing;
  - (c) Individual Behaviour Support Plans be implemented for each resident if they are not already, to identify triggers or precipitating actions/behaviours, to mitigate risk and plan responses. I included an example Behaviour Plan in the document;



- (d) supervision and safety plans be developed for all physical areas of AYDC including the sleeping areas, units, bathrooms and toilets, common areas and the school environment. These safety plans would include identified risks and complicating factors; an overview of routines, boundaries and rules; plus clear descriptions of how rules are implemented and communicated to residents and how incidents are recorded/managed; and
- (e) AYDC implement and access interventions and treatment for the young people involved, from agencies such as SASS, to ensure the young people receive appropriate therapeutic and trauma-informed care.

- 68 The feedback I received from AYDC management was that the information in the secondary consultation wasn't what they actually wanted. They wanted specifics around the particular young people who were displaying harmful sexual behaviours at the time and recommendations for their management specifically.
- 69 I advised that for me to do an assessment of a young person and recommend appropriate responses or therapeutic interventions, the young person needed to be referred to SASS. Also, the assessment would be for the young person, not for AYDC. This would require the young person's consent, or the consent of their guardian.
- 70 AYDC eventually sent through referrals for the young people in question, however the referrals stated that the consultation is for the purpose of providing recommendations to AYDC and that SASS were not required do any intervention work with the young person.
- 71 I have spoken with the Child Safety worker who oversees one of the young people. I have been transparent with the Child Safety worker that AYDC is unlikely to be satisfied with the outcome if we take this course of action. While I have the appropriate consents and am happy to do the assessment, the assessment will likely make recommendations for a therapeutic, trauma-informed way of working with the young person to make sure they feel safe and heard and learn to identify their triggers. It is not clear if interventions of this kind are available at AYDC given the reports of their punitive approaches to this behaviour.
- 72 I remain of the strong view that young people engaging in harmful sexual behaviours should be referred to SASS for clinical support and therapeutic treatment. This would also mean that when these young people leave AYDC, they

would have already made a connection with SASS and could continue to work with SASS. This is of importance because the psychologist they work with at AYDC becomes unavailable to them when they leave that environment. This cuts off whatever therapeutic relationship may have developed.

- 73 Based on my experience working in this space, it is important to consider the importance of psychological safety and safe spaces for young people. Knowing what we do about a young person's brain and cognitive development and their ability to make sensible judgments and decisions, it is necessary to focus on teaching them different ways of being and reacting and responding. We are failing young people if we are not connecting them to people who can assist them to develop these skills. As a therapist, the most important aspect of the treatment is the therapeutic relationship. In building that relationship we will do most of the work of healing and repairing and creating the safety and trust that young people lack, and that survivors of sexual abuse lack.
- 74 In addition, when hiring employees to work with young people in a youth justice setting, we need to be mindful of who the job applicants are. The fact that a job applicant has a youth work certificate doesn't mean they are the right personality for that space. They require a lot of training in being trauma-informed and child centred as well as being able to manage triggering situations appropriately.

#### **OTHER ISSUES IN EDUCATION**

- 75 SASS has had a strong relationship with the DoE over a number of years. We have assisted in the provision of training (as outlined above) and would like to be available to advise and assist.
- 76 As part of that relationship, we are proactive in trying to identify issues in the education system when they arise. The case studies referred to above are an example of this. We have also submitted a case study to the Commission relating to an interstate teacher. This case study demonstrated an issue in the system: there is no national register for teachers, nor is there information-sharing between jurisdictions. No due diligence was done when that particular teacher was taken on here in Tasmania, having come from another jurisdiction. It follows that where a teacher has complaints from another jurisdiction, they may nonetheless be hired in Tasmania without their new employer being aware of the issue. Concerns

regarding privacy and confidentiality requirements often mean that information which needs to be shared with the police or Child Safety is not shared.

- 77 This is an example of the kind of gaps in the system which we are hopeful this Commission can help to address.

## **CONCLUSION – AREAS FOR CONSIDERATION**

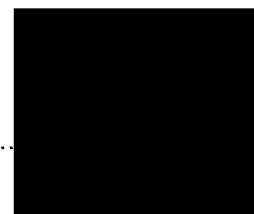
- 78 Based on my experience working for SASS, I believe that there are a number of areas for improvement that the Commission may consider, they are:
- (a) the further development and implementation of training in relation to children and young people who are displaying harmful sexual behaviours, like the SASS **'Keeping Kids Safe'** training program for professionals such as social workers, psychologists, counsellors and Child Safety officers, with the possibility of expansion to others working with children – notably teachers and police;
  - (b) consideration be given to the further roll out of training to schools, teachers, and principals to assist in identifying and addressing harmful sexual behaviours as well as encouraging healthy behaviour between young people to minimise or avoid the development of harmful sexual behaviours;
  - (c) consideration be given to further roll out of training regarding mandatory reporting requirements and broader safeguarding children policies and procedures for all schools, teachers, principals and child care centres;
  - (d) consideration around clear policies and procedures within individual schools given the variation in numbers, structure, layout and ability to safety plan and protect all students, in addition to clear policies and procedures more broadly across DoE around mandatory reporting, contacting SASS for consultation and how investigations are carried out in regard to incidents;
  - (e) consideration be given to the development and implementation of the AIM framework in DoE for children or young people who are experiencing or at risk of harmful sexual behaviours;
  - (f) consideration be given to an agreed definition of harmful sexual behaviours and child sexual exploitation and the language used across agencies when describing incidents of harmful sexual behaviours and sexual abuse;

- (g) consideration be given to implementing early training opportunities in relation to harmful sexual behaviours and dealing with disclosures of sexual abuse, such as during police recruit training and within UTAS teaching and social work degrees;
- (h) consideration be given to the use of therapeutic frameworks in a youth justice environment;
- (i) consideration be given to the expansion of information sharing between jurisdictions to avoid the kind of issues which arose in the case study referred to above at paragraph 76;
- (j) consideration be given to agencies like DoE and Child Safety to work more closely and possibly have MOUs with agencies such as SASS who have specialist knowledge in the area of harmful sexual behaviours; and
- (k) consideration be given to the powers of the Director of Safeguarding and what protocols are in place when an allegation arises in regards to a staff member (e.g. investigation protocols).

79 Thank you for the opportunity to make this statement to the Commission.

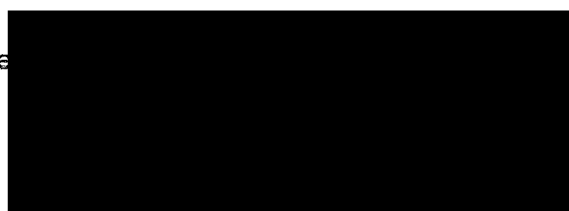
I make this solemn declaration under the *Oaths Act 2001* (Tas).

Declared at [REDACTED] Tasmania  
on 30<sup>th</sup> April 2022



.....  
[Witness]

Before me



.....  
[Full name of Justice, Commissioner for Declarations or ~~Authorised Person~~]