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Evidence Brief

Support for children and young people who are victims/survivors of sexual violence or display concerning or harmful sexual behaviour

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ORANGA TAMARIKI
Ministry for Children

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The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

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EXECUTIVE SUMMARY

Purpose

The purpose of this evidence brief is to provide a high-level overview of contemporary evidence and research into best practice mainstream services for children and young people aged under 18 years who are victims/survivors of sexual violence and children and young people who display concerning or harmful sexual behaviours

Methodology

A search for peer-reviewed and grey literature was conducted using several academic databases and Google Scholar. Because of the large number of identified studies and reports, final included literature was limited to systematic and narrative reviews, and meta-analyses. In total, 43 articles and reports were included in the final evidence brief.

Findings

Part 1: Children and young people who are victims/survivors of sexual violence

A high proportion of children and young people are victims/survivors of sexual violence, and often the perpetrator is known to them. The literature highlights that:

- Many children who are victims/survivors of sexual violence neither report the incidents nor try to access supports, due to barriers such as fear of the response, or direct threats from the perpetrator.
- It is important that peers, families, and authorities actively support children and young people to disclose instances of sexual violence against them.

Prevention of sexual violence

The literature calls for increased focus on preventative efforts to reduce the incidence of children and young people becoming victims/survivors of sexual violence, rather than addressing the abuse after it has occurred. Prevention efforts should:

- be developmentally appropriate and championed by those who are in the position to safeguard children and young people from sexual violence in the future
- have a shared responsibility across multiple levels of a child's ecological system
- include school-based, parental, and bystander programmes and interventions.

Effective therapeutic support and services

There is limited evidence on what is the most effective service/therapeutic response for addressing trauma and improving wellbeing for children and young people who are victims/survivors of sexual violence. However, the literature emphasises that:

- Children and young people who are victims/survivors of sexual violence are likely to suffer from psychological trauma which is linked with adverse physical, mental, and behavioural outcomes.

- Psychological trauma is complex and is influenced by multiple factors such as: the developmental age of the victim/survivor; level of abuse; proximity to perpetrators; access to legal and family support; and cultural norms.
- Although there is limited evidence, Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) and play therapy are the most recommended forms of therapy.
- There is no conclusive evidence on whether individual, family, or group settings are the most effective format to deliver programmes.

Barriers to accessing support and therapeutic services

Children and young people who are victims/survivors of sexual violence face a range of barriers which prevent them from accessing supports. Barriers include:

- limited interpersonal support
- perceived negative consequences of help-seeking
- feelings of self-blame, shame, and guilt
- a lack of awareness of available services
- wanting to forget the abuse.

Ethnic minorities and migrants face additional obstacles to accessing services. Migrants fear that reporting incidents of sexual violence may lead to deportation and they may also struggle with language barriers. Other cultural barriers include religious beliefs, reliance on intra-familial support, and feelings of shame for help-seeking outside of the family.

System responses

Decision-makers should design services in a way that addresses barriers to services, such as:

- adopting a multicultural approach
- investing in efforts that promote available services
- tackling the stigma and taboo surrounding sexual violence.

Further research

There is limited research and literature on children and young people who are victims/survivors of sexual violence. For example, it is unclear from the literature what the most effective treatment is, and further research is needed to better understand how length and format of treatment impacts on the effectiveness of interventions.

Part 2: Children and young people who display concerning or harmful sexual behaviour

Harmful sexual behaviour is a term used to describe a continuum of sexual behaviours, from inappropriate to concerning to problematic to abusive (McNeish & Scott, 2018). The literature emphasises that:

- It is normal for children and young people to engage in a range of sexual behaviour as a part of normal child development.
- It is important to consider a range of factors when determining whether a behaviour is problematic or 'abnormal' such as; chronological age, frequency of the event, and the level of harm caused.

- Children and young people who display concerning or harmful sexual behaviour are more likely than comparison groups to have a history of trauma, sexual abuse, and other negative developmental antecedents, thus supporting the notion of a cycle of violence.

Identifying concerning or harmful sexual behaviour

Increasingly, concerning or harmful sexual behaviour is seen as a public health issue affecting individuals, communities and society with wide-ranging and long-lasting effects. The literature identifies that:

- There is limited research on the effectiveness of assessment tools to identify concerning or harmful sexual behaviour in children and young people.
- The 'Brook Traffic Light Tool' and Hackett's 'Continuum of harmful sexual behaviour by children and young people' are the tools most commonly highlighted as useful in identifying the level of concern with behaviours.

Interventions

Although most children and young people who display concerning or harmful sexual behaviour do not become sexual offenders as adults, a small proportion do. The literature highlights that:

- It is important to provide a service response to all children and young people displaying concerning or harmful sexual behaviour as they often have substantial needs that may have contributed to the behaviour. Addressing these needs could help to reduce the number of future victims of sexual violence.
- There is limited evidence on the effectiveness of interventions targeting children and young people who display concerning or harmful sexual behaviour especially at the 'problematic' end of the continuum. The literature recommends the use of cognitive behavioural therapy, multisystemic therapy, and a move towards strengths-based models of treatment and intervention.
- Any assessment or response must be chosen and delivered based on the individual's needs, developmental stage, gender, learning ability and broader family and societal context.

Systems approaches to concerning or harmful sexual behaviour

The literature points to a variety of systems approaches to concerning or harmful sexual behaviour including:

- Taking a co-ordinated, planned multi-agency approach to managing concerning or harmful sexual behaviour.
- Striving for the consistent use of harmful sexual behaviour terminology across agencies to enhance understanding of this area and promote measurement of the problem in order to provide evidence.

The literature also recommends that governments invest in further research and evaluation. In a New Zealand context this should include:

- Evaluation of tools and service responses commonly used in the New Zealand setting, to add to the evidence base on reducing recidivism of those who display concerning or harmful sexual behaviour and improving psychosocial life outcomes for victims/survivors of sexual violence.
- Robust data collection and evaluation to provide a better indication of the types of assessment and interventions that are effective and appropriate for New Zealand populations.

Responses for children and young people with intellectual disabilities who are victims of sexual violence or display concerning or harmful sexual behaviour

The literature suggests that the duration and intensity of supports for children and young people who are victims/survivors of sexual violence or display concerning or harmful sexual behaviour should be adapted for children and young people with intellectual disabilities. Building up social skills could also be a focus for supports targeted at this group.

Young people's perspectives on service responses

There are limited perspectives from children and young people who are victims/survivors of sexual violence or display concerning or harmful sexual behaviour who have engaged with supports and services in the literature. However, the literature highlights that:

- both children and young people who are victims/survivors of sexual violence and those who display concerning or harmful sexual behaviours should have a role in shaping the services and supports for addressing concerning or harmful sexual behaviour
- the relationship with the child or young person's practitioner, and the role of parents and carers is crucial to effective intervention and supports for young people
- considering the context in which abuse has occurred and the role of discussion in responses is important
- there is a need to equip young people with skills as well as knowledge.

INTRODUCTION

Established in 2018, the Joint Venture for Family Violence and Sexual Violence (Joint Venture) is a government initiative to bring agencies together to work in new ways to reduce family violence, sexual violence and violence within whānau. Its role is to lead, integrate and provide support for everyone involved, to ensure an effective, whole-of-government response to family violence and sexual violence.

Oranga Tamariki is leading two projects as part of the Joint Venture: services for children and young people who are victims of sexual violence and services for children and young people who display concerning or harmful sexual behaviours. The two projects are being considered within an overall work programme as research shows that children and young people can belong to both groups.

The purpose of this evidence brief is to provide a high-level overview of contemporary evidence and research into best practice mainstream services for children and young people aged under 18 years who are victims/survivors of sexual violence and children and young people who display concerning or harmful sexual behaviours. A separate evidence brief from a Māori worldview has also been completed by Oranga Tamariki[1].

METHODOLOGY

Scope

This evidence brief contributes to the Oranga Tamariki evidence base by providing an overview of current literature relating to:

- Best practice for supports and services for children and young people who are victims/survivors of sexual violence (part 1).
- Evidence-informed service response for children and young people who display concerning or harmful sexual behaviour (part 2).

Literature search

A search for peer-reviewed and grey literature was conducted using several academic databases and Google Scholar. Because of the large number of identified studies and reports, final included literature was limited to systematic and narrative reviews, and meta-analyses. In total, 43 articles and reports were included in the final evidence brief. The detailed methodology can be found in Appendix 1.

Limitations

When considering the information provided in this evidence brief, it is important to recognise that, although the search of the literature was relatively detailed and extensive, it is likely that some research or reports that address the key research areas were not identified in the search (and therefore not included in this report). Additionally, reviewed articles and reports were not formally

[1] https://www.orangatamariki.govt.nz/about-us/research/our-research/family-violence-evidence-briefs/

assessed for quality, therefore no formal indication is able to be made regarding the strength of the evidence presented in the report. That said, as the report was limited to systematic and narrative reviews, and meta-analyses, there was a greater chance of reliably identifying and reporting consistent findings or themes than if findings were drawn from individual studies.

Although the report includes coverage of a relatively large number of reports and studies, several areas of interest were not addressed by the literature reviewed, including:

- brief interventions
- appropriate intervention dosage
- delivering interventions in rural vs urban locations
- discharge processes and follow-up support
- differences between victim/survivor groups who access different services.

It is also important to note the comparative lack of information about victims of sexual violence. There is a lot more research being conducted on children and young people who display concerning or harmful sexual behaviour than there is for children and young people who are victims/survivors of sexual violence. This is the case for adults as well. Because the evidence brief was limited to meta-analyses and systematic or narrative reviews, there were fewer papers relevant to young victims/survivors of sexual violence available to synthesise.

Finally, only one narrative review was drawn from research conducted within a New Zealand context. Although service provision for concerning or harmful sexual behaviour for children and young people is broadly similar between New Zealand and the countries from which the literature was sourced (including Australia, the United Kingdom and the United States of America), there are sufficient differences in practice and philosophy to warrant further investigation into the applicability of findings to New Zealand practice. This is especially the case regarding the appropriateness of findings for Māori, Pasifika, and other ethnic populations in New Zealand. It is recommended that further research and evaluation is conducted within the New Zealand context to address these gaps and allow for systematic reviews and meta-analyses directly relevant to New Zealand.

PART 1: CHILDREN AND YOUNG PEOPLE WHO ARE VICTIMS/SURVIVORS OF SEXUAL VIOLENCE

Key messages for decision-makers

- Children and young people can exhibit a number of 'warning sign' behaviours that can indicate the presence of sexual abuse. It is important for those within a child's sphere to be able to identify and appropriately respond to such behaviours. This may involve providing appropriate training for professionals engaging regularly with children and young people.
- Sexual violence prevention and intervention strategies need to be developmentally appropriate, and responsibility for keeping children and young people safe from sexual violence should be shared across multiple levels of a child's ecological system. The victim/survivor of sexual violence should have a meaningful voice in how their disclosure is responded to.
- Children and young people who are victims/survivors of sexual violence are also likely to experience other forms of maltreatment. Thus, it is important for clinicians and professionals to consider the child's wider history of abuse when providing treatment.
- Trauma-informed services can be effective at reducing some symptoms associated with being a victim/survivor of sexual violence as a child, such as PTSD, depression and anxiety.
- Children and young people often do not report incidences of sexual violence against them which means they do not always access the help they need. It is important to understand and address the barriers to help-seeking in order to improve service access. This is particularly important for those within ethnic minority communities.
- Encouraging the view of sexual violence as a public health issue could help reduce stigma around accessing support services for children and young people who are victims/survivors of sexual violence.

Early indicators or warning signs that a child or young person is a victim/survivor of sexual violence

Children who are victims/survivors of sexual violence can present with a variety of physical and mental health symptoms. Symptoms can include a change in behaviour, becoming withdrawn and

anxious, suddenly behaving badly or sexually inappropriately, developing secondary enuresis, or soiling themselves (Dwyer & Rogstad, 2018).

Other indicators of child sexual abuse include (Dwyer & Rogstad, 2018):

- running away from home or missing school
- hanging out with older groups or older partners
- involvement with gangs
- isolation from peers or family and previously established networks
- having more money, or new or expensive clothes or jewellery
- having expensive phones, or more than one phone, by which they may appear controlled
- increased involvement with drugs and alcohol, which may be supplied by older individuals
- having a changed physical appearance, for instance wearing more revealing clothes
- inappropriately sexualised behaviour
- spending time at known places of concern, e.g., specific parks or hotels.

A high proportion of children and young people are victims/survivors of sexual violence (Dwyer & Rogstad, 2018, Lemaigre et al., 2017, Letourneau et al., 2014, Martinello, 2020), and often the perpetrator is known to the victim (Dwyer & Rogstad, 2018). Although the exact figures are unknown, global estimates indicate that approximately 18% of young women and 7.6% of young men become victims/survivors of sexual violence (McTavish et al., in press.) Therefore, it is of the utmost importance to identify victims/survivors of sexual violence at an early stage so that appropriate supports can be put in place to ensure physical safety and address wellbeing needs.

Children and young people often do not report incidence(s) of sexual violence for reasons that will be explored in the following sections. However, authorities can support victims/survivors to disclose through the provision of developmentally appropriate tools and information about sexual abuse (Lemaigre et al., 2017). That said, the literature stresses that clinicians should respect the victim/survivor's wishes around next steps following the disclosure of sexual violence. The literature also stresses the importance of considering both the physical and physiological needs of the victim/survivor making the report (Dwyer & Rogstad, 2018).

Prevention of sexual violence against children and young people

The literature suggests that child-focused prevention efforts are ineffective at reducing the incidence of children and young people becoming victims of sexual violence. That is, children and young people should not be responsible for preventing sexual violence against them, especially as this may not be developmentally appropriate. Prevention efforts should instead be championed by those who have the power to safeguard children and young people, and responsibility should be shared across multiple levels of the child's ecological system. A child's ecological system encompasses family members, educators, education curriculum, media, beliefs, cultures, laws, resources, and knowledge, and the developmental age of the child or young person. Sexual violence policy and prevention strategies should place the child or young person at the centre of their ecological system (Martinello, 2020).

One study calls for a shift to parent-focused interventions where parents protect their children from sexual violence (Rudolph et al., 2018). Parent-focused intervention protects children through two pathways. The first pathway is where parents increase barriers to their children through more parental supervision, monitoring, involvement, and communication. In the second pathway, parents

can protect their children by increasing their own skills, wellbeing, and self-esteem and their ability to detect and respond appropriately to sexual abuse and their confidence to report the occurrence. This capability will make the children less attractive targets to perpetrators (Rudolph et al., 2018).

Sexual harm prevention programmes should enable family members, friends and frontline response staff (including teachers) to identify warning signs of sexual abuse. They should also encourage parents to ask children directly about the possibility of sexual abuse and provide guidance on how to respond supportively in the case of a disclosure (Lemaigre et al., 2017).

There is a lack of strong evidence for some population groups in relation to preventing sexual violence. Few studies have considered how to reduce gender-based violence (sexual and non-sexual) for girls in humanitarian settings (Noble, Ward, French, & Falb, 2019). Three programmes that were evaluated focussed on girl-specific empowerment e.g., creating safe spaces, livelihood activity development and mentoring, and showed promising results. While not directly relevant to the New Zealand context, programmes that aim to empower girls may be useful in settings where children and young people are vulnerable and lack access to social support and services.

Victims/survivors of sexual violence with intellectual or neuro-disabilities and other impairments

Children with intellectual disabilities are at higher risk of becoming victims of sexual violence than their peers due to their vulnerability, and developmental delays (including delay in self-care) which can reduce their ability to identify harmful sexual behaviour. Therefore, early intervention for children with intellectual disabilities should involve building up skills across a child's domain to improve their ability to navigate relationships (Martinello, 2014).

Therapeutic support for children and young people who are victims/survivors of sexual violence

Sexual violence can be psychologically traumatic and sexual violence victimisation in childhood is associated with adverse physical, behavioural and mental health outcomes. Experienced psychological trauma is complex and is influenced by several factors such as the developmental age of the victim, severity of the abuse, closeness to the perpetrator, availability of legal and family support, and stereotypes in the community (Choudhary et al., 2016). Children who are victims/survivors of sexual violence are also likely to experience other forms of child maltreatment. Therefore, practitioners should acknowledge the history of abuse when delivering treatment (Macdonald et al., 2016). For example, clinicians may need to spend more time building trust and therapeutic alliance with children and young people (Miffitt, 2014).

Synthesis of seven recent meta-analyses on treatments for sexually abused children found that cognitive behavioural therapy (CBT) had a more significant treatment effect than other theoretical models (Benuto & O'Donohue, 2015). The seven meta-analyses reviewed by Benuto & O'Donohue, (2015), which included a total of 77 distinct studies, explored therapies delivered in individual, family, and group settings. The authors found that CBT consistently appeared across the seven meta-analyses as achieving greater treatment gains compared to other theoretical models. It appeared that CBT was a more effective treatment in relation to behavioural problems, post-traumatic stress disorder (PTSD), self-concept, and caregiver outcomes (Benuto & O'Donohue, 2015). That said, it was noted that the effect size of CBT was moderate, suggesting that CBT is not a 'one-size-fits-all' treatment. The authors also found support for play therapy as an effective means of reducing social functioning problems. A longer duration of treatment appeared to be associated with greater treatment gains, however they concluded that it is still unclear which format is most effective and

further research is required to better understand how length and format of treatment impacts on intervention effectiveness.

Acknowledging the high levels of trauma experienced by young victims/survivors of sexual violence, the literature also identifies Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) as an evidence-based approach that has met the well-established criteria for children and adolescents exposed to trauma (Foster, 2014). TF-CBT typically includes a trauma narrative intervention (where the child writes about his or her trauma), child-only sessions, parent-only sessions, and a family component.

TF-CBT is used to teach children and young people skills to help them manage their emotional, cognitive, and behavioural response to traumatic events (Choudhary et al., 2016). A systematic review suggested that TF-CBT for children and young people who are victims/survivors of sexual violence was effective for post-treatment reductions in post-traumatic stress disorder, depression, and anxiety (Macdonald et al., 2016). A further systematic review found that CBT with a trauma focus may reduce some mental health symptoms associated with being a victim/survivor of sexual violence in childhood and adolescence (McTavish et al., in press).

Barriers to accessing therapeutic and support services

Children and young people often don't report being a victim of sexual violence, thus preventing access to help. Therefore, service designers, policymakers, and researchers must understand the barriers (and enablers) to children and young people accessing response services. Barriers can include a lack of support, an anticipation of negative reactions to disclosing, and feelings of shame, guilt, and misplaced responsibility for the abuse (Lemaigre et al., 2017).

A narrative review of the treatment needs of victims/survivors of child sexual abuse from ethnic minority communities found that ethnic minority children and young people who are victims/survivors of sexual violence are at higher risk of suicidality than other groups (Sawrikar & Katz, 2017). Ethnic minorities face a range of barriers to help-seeking; these have been separated into three groups: migratory, cultural, and non-cultural barriers, as outlined below.

Migratory barriers (Sawrikar & Katz, 2017):

- fear of deportation
- language barriers.

Cultural barriers (Sawrikar & Katz, 2017; Cody & D'Arcy, 2019):

- religious beliefs
- normative reliance on intra-familial support
- shame for seeking extra-familial support.

Non-cultural barriers (barriers for all) (Sawrikar & Katz, 2017; Lemaigre et al., 2017):

- lack of awareness of services
- lack of worthiness and wanting to forget.

Other non-cultural barriers to accessing services include stigma, shame, embarrassment (Grant & Heinecke, 2019), disbelief in the victim/survivor, and attempting to maintain the status quo (Foster, 2014).

Perspectives of children and young people who are victims/survivors of sexual violence

While limited, the literature suggests that children and young people who are victims/survivors of sexual violence have a place in shaping practice and policies to prevent sexual violence (Cody & D'Arcy, 2019). Involving affected children and young people in decision-making helps governments comply with the United Nations Convention on the Rights of the Child (UNCRC) and may serve as a vehicle to addressing attitudes, and stigma surrounding the sexual abuse of children and young people.

Systems approaches to better support victims/survivors of sexual violence

Reducing stigma

Given the barriers to accessing therapeutic and support services for victims/survivors of sexual violence, decision-makers should promote available response services, and try to reduce stigma around accessing support services by promoting sexual violence as a public health issue and encouraging a national conversation.

Addressing cultural barriers

In addition, decision-makers should ensure response services are delivered in a culturally competent way and employ a 'multicultural framework' where power dynamics between mainstream and minority groups are acknowledged, and cultural differences are respected. Response services should provide a translator trained in supporting victims/survivors of sexual violence and services should have the choice between an ethnicity-matched or non-matched service provider (Sawrikar & Katz, 2017).

The literature on children and young people who are victims/survivors of sexual violence and ethnic minorities is under-developed (Sawrikar & Katz, 2017). Oranga Tamariki has commissioned research understanding Māori perspectives for children and young people who are victims/survivors of sexual violence and those displaying problematic, concerning and harmful sexual behaviours. However, the literature could benefit from exploration of the service needs of other ethnic groups in New Zealand such as Asian, Pasifika and Middle Eastern, Latin American, African, and other minority groups to ensure services are accessible and culturally appropriate for all service users.

Better coordination and referral systems

The UK National Health Service (NHS) has developed a national strategy for sexual assault and abuse services. This strategy called for better coordination between the sexual assault referral system and the mental health services (community mental health teams; child and adolescent crisis steams) (Brooker, Edmondson, & Hughes, 2019). New Zealand could also benefit from increasing partnership across social and health services to lead to better treatment outcomes.

As an example of how appropriate data collection can create efficiencies at the system level, a data monitoring tool developed by Pearce (2014) showed that children who were victims/survivors of sexual violence had several problems, and many were already receiving support from service providers for other related problems. This suggested that there could be scope for earlier identification, and prevention, of sexual violence in minors, and a streamlining of the services being offered to individual children and young people.

PART 2: CHILDREN AND YOUNG PEOPLE WHO DISPLAY CONCERNING OR HARMFUL SEXUAL BEHAVIOURS

Understanding concerning or harmful sexual behaviour

Key messages

- In order to determine whether a sexual behaviour is harmful, it is important to consider a range of factors including the frequency of the behaviour; the developmental age and stage of the child; and the level of harm to themselves or others. It is important to address sexual behaviour that has continued after parental intervention.
- Children and young people who display concerning or harmful sexual behaviour are likely to also display cognitive and behavioural difficulties or have a learning disability.
- Adolescents who display harmful sexual behaviour are likely to be male, have low self-esteem, and struggle with peer relationships and their mental health. Those who display particularly abusive harmful sexual behaviour are likely to experience other significant life challenges such as neglect, exposure to domestic violence, or parental mental health or substance abuse challenges.
- Importantly, the characteristics of those who display online-facilitated harmful sexual behaviour are different to those who display such behaviours offline. Online-facilitated harmful sexual behaviour tends to be displayed by young people who are older, have a more stable upbringing, higher levels of education, and less anti-social behaviours than those who do so offline. Different approaches might need to be taken.
- The presence of trauma in childhood, including trauma from sexual violence, can be a risk factor for displaying harmful sexual behaviour in adolescence. This suggests that service provision should look at addressing trauma and improving the child's general wellbeing.

Terminology

There is a range of common and healthy sexual behaviours at a variety of developmental stages (McNeish & Scott, 2018). When a child or young person behaves in ways considered to be developmentally inappropriate or damaging they may be considered to be displaying concerning, problematic or abusive sexual behaviours, often collectively referred to as 'harmful sexual behaviour'. Problematic or concerning behaviours are more commonly associated with pre-adolescent children. When problematic behaviours are trauma-related; for example, if they are linked to being a victim of sexual violence, then the behaviour may also be termed 'sexually reactive'. Abusive behaviours tend to be associated with adolescents and young people over the age of criminal responsibility. (NSPCC, 2019).

Because harmful sexual behaviour presenting in adolescents is different from inappropriate, concerning or problematic behaviour presenting in pre-school and primary aged children; we have differentiated them throughout this report. We use the term 'concerning' when referring to children, and 'harmful' for adolescents/young people (aged over 12 years). In acknowledgement of the difference in age and/or developmental ability, the umbrella term 'concerning or harmful sexual behaviour' is used to refer to children and young people throughout this report.

Concerning and/or harmful sexual behaviour

Harmful sexual behaviour describes a range of sexual behaviours from inappropriate to problematic to abusive to violent (McNeish & Scott, 2018). Harmful sexual behaviour can be used to describe sexual assault perpetrated by children and young people. This is to acknowledge that sometimes children and young people may not be aware or actively intending to engage in sexual assault (e.g., very young children might be copying abuse that they are experiencing).

The National Society for the Prevention of Cruelty to Children's (NSPCC) (National Institute for Health and Care Excellence (UK) (NICE), 2016, p. 18) definition of harmful sexual behaviour is: "*One or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults*". This behaviour can be directed towards themselves or other individuals, and a distinction is often made to differentiate between sexually abusive behaviour and behaviour that is harmful or problematic to the child or young person's development (Hackett, Branigan, & Holmes, 2019). Behaviour that is harmful to the child or young person's development could include compulsive masturbation or addiction to online pornography (NICE, 2016). Other problematic behaviours include sexual interactions with other children that include behaviours more explicit than sex play, and aggressive sexual behaviours.

There are no accurate figures on the extent to which concerning or harmful sexual behaviour is displayed by children and young people (McNeish & Scott, 2018). However, it is estimated that between 20-33% of reported child sexual abuse in the United Kingdom involves other children and adolescents as the alleged perpetrator; some research suggests this may be even higher (Hackett et al., 2019). Victims of sexual violence perpetrated by adolescents are most often children known to them.

Children displaying concerning sexual behaviour are also likely to display other cognitive and behavioural difficulties or challenges, for example oppositional behaviours; conduct problems; inattention; hyperactivity and impulsivity; social difficulties; and a history of trauma (Mesman et al., 2019). Some research also indicates offending related to concerning sexual behaviour may be linked to non-sexual offending, potentially indicating a wider pattern of behavioural problems for these individuals (NSPCC, 2017).

In adolescence the majority of those displaying harmful sexual behaviour are male, but in younger age groups (pre-adolescence) there is also a significant number of females displaying harmful sexual behaviour (Hackett et al., 2019). The literature suggests young females displaying concerning or harmful sexual behaviour are more likely than males to be victims of sexual violence themselves and to have a history of maltreatment.

Children and young people with learning disabilities are also more likely to display concerning or harmful sexual behaviour. For example, Hackett et al., (2019) found that 38% of their sample of 700 young abusers in the UK had intellectual disabilities. Research suggests that the higher rates of displayed concerning or harmful sexual behaviour could be related to the fact this group may (McNeish & Scott, 2018, Martinello, 2014):

- have less understanding of acceptable sexual behaviour

- be less likely to receive education about sex and relationships
- have fewer opportunities to develop appropriate sexual relationships
- have less developed social skills
- relate more to younger children.

Characterising harmful sexual behaviour across different developmental stages from childhood to adolescence

This section aims to distinguish between normal sexual exploration and harmful sexual behaviour at each developmental stage. It is essential to understand typical sexual development in children, to identify the difference between age-appropriate sexual behaviour (i.e. "normal" behaviour) and harmful sexual behaviour (i.e. "abnormal" behaviour) (Mesman et al., 2019, Kenny et al., 2015).

Determining what is "normal" and "abnormal" behaviour at different developmental stages is complex, and must consider the child or young person's cognitive and emotional development (McNeish & Scott, 2018). Table 1 below demonstrates a continuum of sexual behaviours presented by children and young people. The scale ranges from normal and developmentally appropriate behaviours, to those that are inappropriate, problematic to abusive to violent (McNeish & Scott, 2018).

Table 1. Continuum of Sexual Behaviours by Children and Young People (Hackett, 2010, as cited in McNeish & Scott, 2018)

Normal	Inappropriate	Problematic	Abusive	Violent
• Developmentally expected • Socially acceptable • Consensual, mutual, reciprocal • Shared decision-making	• Single instances of inappropriate sexual behaviour • Socially acceptable behaviour within peer group • Context for behaviour may be inappropriate • Generally consensual and reciprocal	• Problematic and concerning behaviours • Developmentally unusual and socially unexpected • No overt elements of victimisation • Consent issues may be unclear • May lack reciprocity or equal power • May include levels of compulsivity	• Victimising intent or outcome • Includes misuse of power, coercion and force to ensure compliance • Intrusive • Informed consent lacking, or not able to be freely given by victim • May include elements of expressive violence	• Physically violent sexual abuse • Highly intrusive instrumental violence which is physiologically and/ or sexually arousing to the perpetrator • Sadism

Because harmful sexual behaviour presenting in adolescents is different from inappropriate, concerning or problematic behaviour presenting in pre-school and primary aged children; we have outlined the characteristics displayed in childhood and adolescence separately below.

Children under 12 years of age

On the continuum of severity, children under the age of 12 years, are more likely to be displaying sexually concerning/problematic, reactive or inappropriate behaviours as opposed to abusive or violent sexual behaviours.

While it is common for children to engage in sexual exploration, some behaviours are uncommon regardless of age. These include trying to have sexual intercourse, putting their mouth on sex parts belonging to others, and inserting objects and fingers into the rectum or the vagina. Mesman et al., (2019) note that a range of factors must be considered to determine whether the displayed behaviour is harmful. These factors include:

- frequency of the behaviour (for example, a 3-year-old boy who briefly touches his penis in public, every few weeks is fairly common. However, if the same boy is displaying that behaviour daily then it is more likely to be causing concern)
- developmental considerations (for example, sexual behaviour occurring between children of different ages and development stages is more likely to be considered harmful sexual behaviour)
- level of harm (to themselves or others).
- when a child continues sexual behaviour after a parental intervention (Mesman et al., 2019).

Tables 2 and 3 below explore sexual behaviour in a United States population-representative 'normative' samples of youth aged between 2 to 12 years old. In the table below, behaviours that occur in >25% of normative samples suggests that they are common behaviours that are not typically a cause for concern. However, behaviours that occur in <1% of normative samples suggests this behaviour is rare and may be a cause for concern.

Table 2: Examples of sexual behaviours in boys (Friedrich et al., 1998. as cited in Mesman et al., 2019)

Ages 2–5 years	Ages 6–9 years	Ages 10–12 years
>25% in normative samples		
• Touches sex parts at home • Touches sex parts in public • Tries to look at others who are nude • Touches breasts • Stands too close	• Touches sex parts at home	
15%–25% in normative samples		
• Very interested in opposite sex • Masturbates with hand • Shows sex parts to adults • Touches sex parts in public • Dresses like opposite sex • Hugs adults does not know well	• Very interested in opposite sex • Tries to look at others who are nude • Touches sex parts in public • Touches breasts • Stands too close	• Very interested in opposite sex • Wants to watch nudity on TV
5%–10% in normative samples		

• Touches another child's sex parts • Wants to be the opposite sex • Kisses other children • Shows sexual parts to other children	• Tries to look at pictures of nude people • Wants to watch nudity on TV • Talks about sex acts • Touches sex parts in public	• Masturbates with hand • Dresses like opposite sex • Talks about sex acts • Touches sex parts at home
<1% in normative samples		
• Tries to have intercourse • Tries to put mouth on sex parts • Asks others to do sex acts • Pretends toys are having sex	• Tries to have intercourse • Tries to put mouth on sex parts • Asks other to do sex acts • Inserts object into rectum or vagina	• Tries to have intercourse • Tries to put mouth on sex parts • Asks other to do sex acts • Inserts object into rectum or vagina

Table 3: Examples of sexual behaviours in girls (Friedrich et al., 1998. as cited in Mesman et al., 2019)

Ages 2–5 years	Ages 6–9 years	Ages 10–12 years
>25% in normative samples		
• Touches sex parts at home • Touches breasts • Tries to look at others who are nude • Stands too close		• Very interested in opposite sex
15%–25% in normative samples		
• Masturbates with hand • Very interested in opposite sex • Shows sex parts to adults • Touches sex parts in public	• Touches sex parts at home • Tries to look at others who are nude • Stands too close • Touches breasts	• Knows more about sex • Wants to watch nudity on TV • Stands too close
5%–10% in normative samples		
• Touches another child's sex parts • Wants to be the opposite sex • Kisses other children • Shows sexual parts to other children	• Tries to look at pictures of nude people • Wants to watch nudity on TV • Talks about sex acts • Touches sex parts in public	• Masturbates with hand • Dresses like opposite sex • Talks about sex acts • Touches sex parts at home
<1% in normative samples		

• Tries to have intercourse • Tries to put mouth on sex parts • Asks others to do sex acts • Pretends toys are having sex	• Tries to have intercourse • Tries to put mouth on sex parts • Asks other to do sex acts • Inserts object into rectum or vagina	• Tries to have intercourse • Tries to put mouth on sex parts • Asks other to do sex acts • Inserts object into rectum or vagina

Johnson and Doonan (2005, as cited in Hackett et al., 2019) have developed the following criteria and suggest all should be met to define behaviour that is 'sexually abusive' for any child aged 11 or under:

- The child has intentionally touched the sexual organs or other intimate parts of another person or orchestrates other children into sexual behaviours.
- The child's problematic sexual behaviours have occurred across time and in different situations.
- The child has demonstrated a continuing unwillingness to accept 'no' when pressing another person to engage in sexual activity.
- The child's motivation for engaging in the sexual behaviour is to act out negative emotions towards the person with whom he or she engages in the sexual behaviour, to upset a third person (such as a parent or sibling), or using sex to act out generalised negative emotions.
- The child uses force, fear, physical or emotional intimidation, manipulation, bribery, and /or trickery to coerce another person into sexual behaviour.
- The child's problematic sexual behaviour is unresponsive to consistent adult intervention and supervision.

Adolescents 12 – 19 years

According to McNeish & Scott, (2018), on the continuum of severity of harmful sexual behaviour, adolescents are more likely to be abusive or violent. Sexually abusive behaviours displayed in adolescence are defined as those that involve coercion, manipulation or forcing other people to comply with their behaviour, including oral, anal and vaginal penetration. Adolescents who display harmful sexual behaviour on the abusive end of the continuum are likely to have other significant difficulties in their life, such as an experience of abuse or neglect, being a witness to domestic violence, or parents with mental health or substance abuse challenges.

Previous research suggests that for boys early teens is the most likely time for harmful sexual behaviour to be displayed in comparison to girls who tend to be younger when concerning or harmful sexual behaviour is identified (McNeish & Scott, 2018). Like pre-adolescents who engage in concerning sexual behaviours, adolescents who display harmful sexual behaviour are more likely than other young people to have a history of maltreatment and family difficulties. A history of maltreatment rather than sexual abuse is most strongly associated with later sexual offending. (McNeish & Scott, 2018). Characteristics of harmful sexual behaviour in adolescents are more varied than those presented in childhood. Most adolescents who engage in harmful sexual behaviour are male and are likely to have low self-esteem, poor skills, and struggle with depression, anger, and peer relationships (McNeish & Scott, 2018). Adolescents who exhibit harmful sexual behaviour towards peers are more likely to have committed other crimes and display more anti-social behaviour than those who target children (McNeish & Scott, 2018).

Online-facilitated harmful sexual behaviour

The NSPCC defines technology-assisted harmful sexual behaviour as "*one or more children engaging in sexual discussions or acts – using the internet and/or any image-creating/sharing or communication device – which is considered inappropriate and/or harmful given their age or stage of development*"(Lewis, 2018, p. 2). Technology-assisted harmful sexual behaviour includes:

- viewing inappropriate pornography
- viewing illegal indecent images
- sending or requesting images (sexting).

Viewing of pornography at younger ages is becoming more common – 20-50% of all children and young people have been exposed to pornography online by age 16 (Mascheroni and Olafsson, 2014, as cited in Hackett et al., 2019) – and may result in negative impacts on emotions and desensitisation to sexual content.

There is limited research on online-facilitated harmful sexual behaviour in youth (McNeish & Scott, 2018; Belton & Hollis, 2016). A systematic review of 453 published and unpublished (grey literature) articles about concerning or harmful online sexual behaviour in children and young people (encompassing all sexual acts involving the internet or technology that are harmful to children and young people) found that while young people accessing indecent images of children is illegal, the developmental appropriateness of viewing such images is unknown, due to the limited understanding of the nature of the content viewed. Despite this, four studies in this review suggest that those who in engage in online-facilitated harmful sexual behaviour have different characteristics than those who exhibit offline (i.e. "contact") harmful sexual behaviour. The findings indicated that young people who engage in online-facilitated harmful sexual behaviour are older than those who engage in harmful sexual behaviour offline. They also found that young people who engage in online harmful sexual behaviour are likely to have had a more stable upbringing, have higher levels of education, and display less anti-social behaviour compared to those engaging in offline harmful sexual behaviour (Belton & Hollis, 2016). These potential could be an important consideration for designers of services for young people displaying harmful sexual behaviours.

Relationship between attachment disruption, trauma experiences and concerning and harmful sexual behaviours for children and young people

Research suggests that the development of concerning or harmful sexual behaviour is related to a range of child, family, developmental, and social factors (Mesman et al., 2019; McNeish & Scott, 2018). A common theme in the literature is the relationship between children and young people who are victims of sexual violence who later exhibit concerning or harmful sexual behaviour themselves (Dillard & Beaujolais, 2019; Mesman et al., 2019; Moodie et al., 2015; McNeish & Scott, 2018). Further, the modelling of coercive behaviour at home has been linked to the development of concerning sexual behaviour in children. For example, a child may be "copying" a harmful behaviour they have seen or experienced at home (McNeish & Scott, 2018).

Dillard & Beaujolais' (2019) systematic review of 13 studies suggests that traumatic experiences may be of developmental significance to subsequent harmful sexual behaviour in adolescence. The authors recommend that future research should explore trauma-informed treatment approaches for youth who engage in harmful sexual behaviour, as trauma and victimisation are risk factors for harmful sexual behaviour.

In addition to higher rates of experienced trauma, the authors found that youth who displayed harmful sexual behaviour often had more severe developmental risk factors than comparison groups, particularly if they were victims of sexual violence (Dillard & Beaujolais, 2019; McNeish & Scott, 2018). Dillard and Beaujolais' systematic review identified trauma as a common theme, risk factor, and developmental antecedent (i.e. experience that occurred prior to the onset of offending) for youth displaying harmful sexual behaviour. In addition, adolescents who exhibit harmful sexual behaviour were also found to have experienced higher rates of victimisation in multiple forms compared to other young offenders and youth in the general population, thus supporting the notion of a 'cycle of violence'. In other words, this suggests that youth who engage in harmful sexual behaviour may be represented on a victim-victimiser continuum, rather than being a distinctly different group to victimised youth.

Concerning or harmful sexual behaviour that appears to be trauma-related (i.e. where the child displaying concerning sexualised behaviours is mirroring child abuse they have experienced

themselves) is sometimes termed 'sexually reactive' behaviour and is more commonly associated with pre-adolescent children than adolescents (Hackett et al., 2019).

Benefits of providing a service response for concerning or harmful sexualised behaviours displayed by children and young people

Although most young people exhibiting concerning or harmful sexual behaviours do not become sexual offenders as adults (McNeish & Scott, 2018; Smith et al., 2014), a small proportion do (Smith et al., 2014). The rate of reoffending for adolescent sexual offenders is estimated to be 3-14% while the adult rate of recidivism is estimated to be 20% (McKibbin, Humphreys, & Hamilton, 2016). According to McNeish and Scott (2018), those at most risk are older adolescents who abuse younger children, and children and young people whose behaviour involves violence. Research has also found that the younger a child displays concerning or harmful sexual behaviour, the more chronic their offending if they do go on to offend as an adult. This suggests the need to provide services as early as possible.

Regardless of whether children and young people who display concerning or harmful sexual behaviour go on to reoffend, it is important to provide a service response at the point at which the harmful behaviours are displayed (i.e. during childhood or adolescence). The delivery of services at an early stage is important because, although displays of concerning behaviour may stop as a child matures, their development and life chances may still be affected by their earlier behaviour, and they may require ongoing assessment and support (e.g. education and employment opportunities) (NICE, 2016; NSPCC, 2017). Additionally, given the high levels of trauma and other adverse experiences associated with children and young people displaying concerning or harmful sexual behaviour, there is a clear need to provide supports and services that address this trauma and improve general wellbeing (NSPCC, 2017).

Addressing concerning or harmful sexual behaviour displayed by children and young people

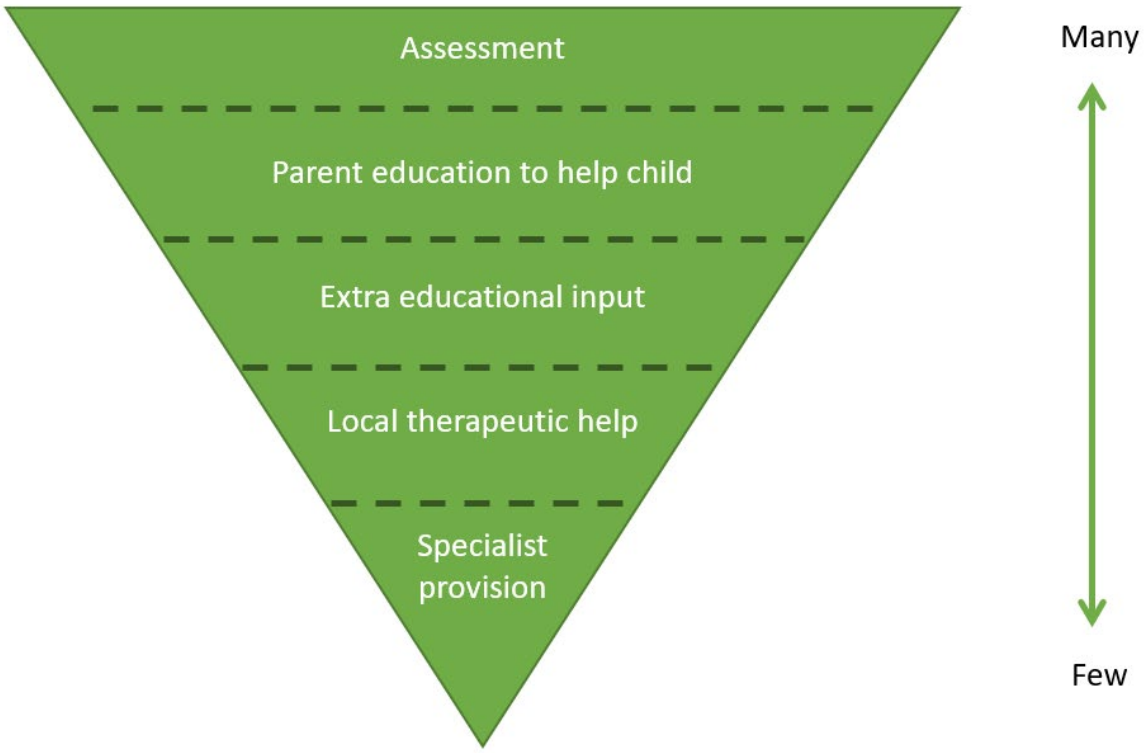
Key messages

- Services that address concerning or harmful sexual behaviour should be tailored to the age, developmental stage, gender, learning ability, culture, level of risk, and needs of the child or young person. Cognitive behavioural therapies and multi-systemic therapy are commonly found in the literature to be effective in reducing concerning or harmful sexual behaviour displayed by children and young people.
- Assessment and interventions should be holistic and address factors that may have contributed to the harmful sexual behaviour, as opposed to the behaviours in isolation. This could include considering the family background and any history of abuse or trauma. Families should be included where possible, as involving parents and caregivers in interventions for harmful sexual behaviour appears to be a key enabler of positive outcomes.
- It is unclear how effective tools are for identifying concerning or harmful sexual behaviour or assessing children and young people displaying concerning or harmful sexual behaviour, however there are some examples of tools commonly used in the literature. These include the Brook Traffic Light Tools, and AIM/AIM2. Risk assessment tools should be developed and validated specifically for children and young people.
- Care plans should be developed for children and young people displaying concerning or harmful sexual behaviours. They should be strengths-based, include clear therapeutic goals, specify needed supports for the young person and their family or whānau, and include a safety plan.
- School-based education programmes appear to be effective in building skills and preventing child sexual abuse and/or concerning or harmful sexual behaviour. Concerning or harmful sexual behaviour prevention programmes should be culturally appropriate and deliver clear messages in a variety of modalities. Training professionals such as teachers and early childhood educators to identify signs of concerning or harmful sexual behaviour is also important for prevention and early intervention.
- Child sexual assault may be more common in youth-serving organisations. There is a need for clear organisational child safety and protection policies in these organisations.

McKibbin et al. (2016) describe a paradigm shift in the approach to the treatment of concerning or harmful sexual behaviour, from a behaviourist framework using cognitive behaviour therapy as a treatment model, to a developmentally sensitive approach which seeks to view the child or young person within their environment and considers the context of their family, community and society. The authors recommended that professionals develop and provide a range of responses to address concerning or harmful sexual behaviour. These responses would need to be tailored to the young person's age, stage of development, level of risk and need (NSPCC, 2017), and be at the least intrusive level needed to be effective (Hackett et al., 2019).

A continuum of service intensity has been developed by Morrison et al. (2001, as cited in Hackett et al., 2019) which describes the range of service provision required for children and young people displaying concerning or harmful sexual behaviour (see Figure 1 below). This represents a tiered approach from early assessment to specialist services and placements (Hackett et al., 2019).

Figure 1: Continuum of service intensity; Morrison et al. (2001) adapted from Ryan (1999)



Moodie et al. (2015) highlight that, as a group of children and young people displaying concerning or harmful sexual behaviour are heterogenous, their treatment needs may also be diverse. However, children and young people who display concerning or harmful sexual behaviour often have unrecognised learning difficulties, educational needs, psychosocial risk factors and mental health problems (Hackett et al., 2019). The choice of intervention should be led by the results of a child or young person's assessment and tailored to their individual needs, including developmental stage, gender, learning ability, culture and religion. Any intervention should also consider factors that may have contributed to the concerning or harmful sexual behaviour (such as their background, past care or trauma experienced) and address the concerning or harmful sexual behaviour itself. McNeish & Scott (2018) found that interventions need to be holistic, child-focused and should involve families where possible.

More broadly, parental involvement in family work as part of harmful sexual behaviour interventions has been identified as important for producing positive outcomes (Moodie et al., 2015). Amand et al., (2008, as cited in Moodie et al., 2015) conducted a meta-analysis of 11 studies evaluating 18 different treatments for sexual behaviour problems, and found that the 'primary agent of change' appeared to be the parent or caregiver. In addition to involving parents and caregivers, the existing research highlights that developing trust, creating a safe space, and considering family background and individual circumstances should all be incorporated into interventions to address concerning or harmful sexual behaviour (NSPCC, 2017). Because the characteristics of concerning sexual behaviour displayed in childhood are different to those displayed in adolescence and adulthood, common interventions for adult sexual offenders such as relapse prevention, assault cycle, and arousal reconditioning are not as effective for children.

Early assessment of concerning or harmful sexual behaviour and related needs

NICE (2016) emphasises that early assessment should focus on the child or young person as an individual and not on the presenting behaviour, and take the child's age, developmental status,

gender and any learning disabilities into consideration. The literature also suggests that assessments of children and young people presenting with concerning or harmful sexual behaviour need to consider all circumstances of the child and family, including if there is a history of sexual abuse and trauma (McNeish & Scott, 2018).

While early assessment is recommended as good working practice, NICE (2016) states that there is little evidence of how effective tools are at identifying harmful sexual behaviour. There are also few specific assessment tools for pre-adolescent children displaying concerning sexual behaviour. However, there are some assessment tools that are commonly referred to in the literature. The Brook Traffic Light Tool can help professionals identify the level of concern with a specific behaviour and suggest a response, and Hackett's continuum model (see Table 2 above) of children and young people's sexual behaviours, patterns and cycles can help professionals to differentiate between "normal" and "abnormal" sexual behaviours.

Schools and homes are the two most common settings for displays of concerning or harmful sexual behaviour by children and young people. Community-based professionals, such as specialist child and adolescent mental health services working within schools or going into homes are well placed to recognise concerning or harmful sexual behaviour, provide consultation and advice to schools, and initiate a response (Hackett et al., 2019).

Risk assessment

Risk assessment should be conducted with children and young people displaying concerning or harmful sexual behaviour to identify the specific risks and needs arising from the behaviour (NICE, 2016). A risk assessment tool that is suitable for age and gender should be used, although there are few studies of assessment tools and interventions for girls and young women. Examples of commonly used tools include:

- Child Behaviour Checklist and the Child Sexual Behaviour Inventory (pre-adolescent children or those aged under 12 years)
- AIM tool for children under 12 years who have not been charged with a sexual offence, and children aged 10-12 years who have been charged with an offence
- J-SOAP-II, ERASOR or AIM2 for adolescent boys.

Little research has been conducted on these instruments, so their ability to predict sexual reoffending is unclear (Moodie et al., 2015). However, these tools can still be useful for identifying relevant needs that could be addressed through interventions and other supports.

Care plan

Following on from a risk assessment, a care plan should be developed for the child or young person displaying concerning or harmful sexual behaviour (NICE, 2016), which uses the results from an established risk assessment tool (as discussed above) and a recognised treatment model (e.g., Good Lives Model, AIM or AIM2[2]).

Generally, the care plan should help the child or young person develop a strong sense of personal identity that doesn't include concerning or harmful sexual behaviour (i.e. a personal identity that is incongruent with offending), encourage them to participate in a range of activities to help build a sense of belonging, and include supervised social activities that promote self-esteem, resilience and socially appropriate behaviour. The NICE guidelines also recommend that a care plan should:

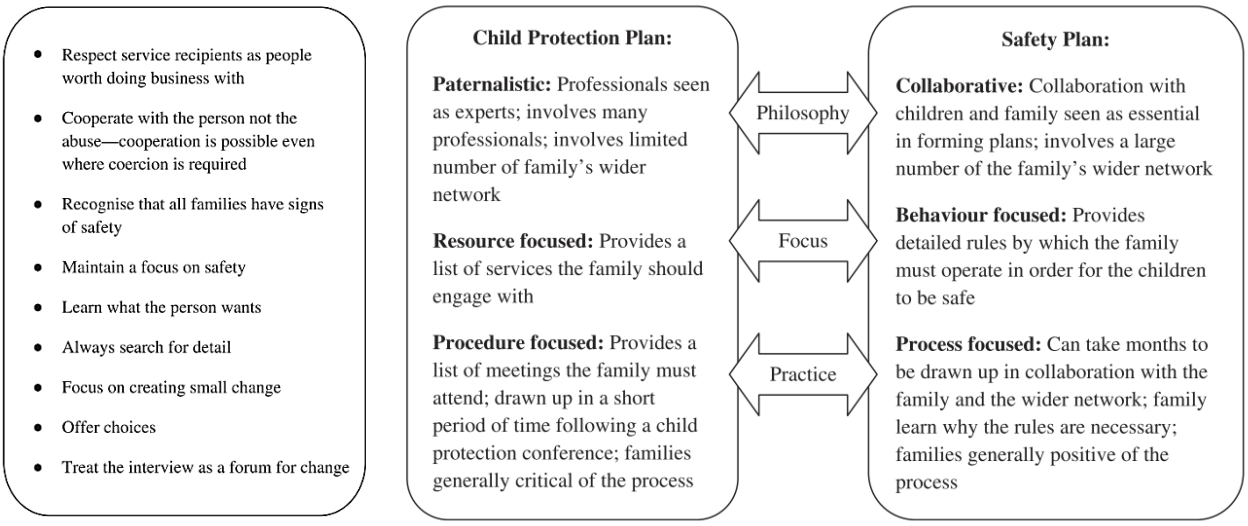
[2] It is important to note that the literature sourced for this review does not make reference to the latest iteration of the AIM framework (AIM3) which has since been developed to replace AIM2

- identify the needs and strengths of the child or young person and the risks they may pose
- support them, their families and carers
- include clearly defined therapeutic goals
- include a safety plan that is agreed with the child or young person, their parents or carers and support network.

NICE (2016) also recommends the care plan is reviewed by a multidisciplinary team, alongside the parent/carer and child or young person 3-6 monthly and when/if there is a significant change in life circumstances.

One study describes the 'Signs of Safety' as a strengths-based approach to developing safety plans, where the child, family, and social worker work together to develop a plan to protect the child from engaging in concerning sexual behaviour, and other children from experiencing it (Turnell & Edwards, 1999 as cited in Gibson, 2014). Gibson suggests that this approach can be enhanced with narrative practice to engage children in difficult conversations while maintaining a productive relationship. Figure 2 below outlines the principles of the Signs of Safety approach, and provides a comparison between prescriptive child protection plans, and co-designed safety plans.

Figure 2: Practice Principles of Signs of Safety and Child Protection Plans Compared with Safety Plans . (Gibson, 2014)



Targeted prevention

Increasingly harmful sexual behaviour, and sexual abuse and violence more widely, is considered a preventable public health issue. It affects individuals, communities and society, can be prevented and may have wide-ranging long-term impacts. It is important that prevention and early intervention efforts are tailored to children and young people who present with concerning or harmful sexual behaviour. This requires an understanding that children and young people who display concerning or harmful sexual behaviour are not 'mini-sex offenders', and therefore have different service needs to adult sex offenders (McNeish & Scott, 2018).

Professionals should have an understanding of how to respond to low-level concerning sexual behaviour displayed in early childhood to help prevent the behaviour from becoming more serious in later childhood/adolescence (NSPCC, 2017). A public health approach to the prevention of child sexual abuse and concerning or harmful sexual behaviour includes the development of interventions

at three levels: primary – universally targeted initiatives to stop concerning or harmful sexual behaviour before it occurs; secondary – intervention focussing on individuals and families who show early warning signs; and tertiary – treatment or intervention for individuals and families where abuse or harmful sexual behaviour has occurred (McKibbin et al., 2016).

School-based intervention

A Whole-of-School Approach has been suggested as an effective way of facilitating the development of healthy relationships and reducing concerning or harmful sexual behaviour among young people (McNeish & Scott, 2018). Teachers must have suitable training to enable them to respond to any issues raised and have sensitive discussions with students of all ages (NSPCC, 2017). A Cochrane review (Walsh, Zwi, Woolfenden, & Shlonsky, 2015) of school-based education programmes for the prevention of childhood sexual abuse found that these programmes were effective in increasing participants' skills in protective behaviours and knowledge of sexual abuse prevention concepts. Importantly, exposure to the programmes did not increase or decrease children's anxiety or fear of sexual abuse. Additionally, children who had been exposed to a developmentally appropriate prevention programme were more likely to disclose their abuse because these programmes can help to reduce feelings of responsibility, self-belief blame, guilt and shame which are reported to be barriers to communication of sexual assault in children and young people (Lemaigre et al., 2017).

Another study by Letourneau et al., (2017) proposed several factors to be considered for the development of a school-based prevention programme focusing on adolescent sexual behaviour towards younger children:

- programme to be targeted to children 11-13 years
- mixed gender groups
- multiple sessions
- information presented in multiple formats
- opportunities for young people to practice new skills
- include clear and relevant messaging about sexual behaviour
- parents to be engaged in the programme.

A narrative review on recognising and responding to young children's sexual behaviours in the classroom stresses the importance of understanding normal sexual development, behaviours, and play in the early childhood education setting. Understanding these behaviours will help early childhood educators differentiate between concerning and normal sexual behaviours and allow them to provide appropriate classroom intervention (Kenny et al., 2015). When educators observe repeated concerning sexual behaviour, they should have a discussion with the parents after preparing for the conversation by engaging with their supervisors, and colleagues, and collating relevant information, including referrals if required.

Where possible, the delivery of culturally tailored school-based prevention programmes to better target children from ethnic minority communities is recommended (Sawrikar & Katz, 2018). However, to ensure these messages are delivered to all, they suggest that universal programmes incorporate elements of culturally tailored programmes. This could include messaging that considers the collectivist nature of some cultures, and acknowledges cultures where children are raised to have a high level of respect for their elders and reluctance to say no to adults.

Intimate partner violence and sexual violence among adolescents

Although not restricted to harmful sexual behaviour among children and young people, Lundgren & Amin, (2015) conducted a review of 61 interventions designed to address risk and protective factors for adolescent intimate partner violence (IPV) and sexual violence. The authors highlighted three approaches with emerging evidence of effectiveness: parenting programmes and interventions with children subjected to maltreatment; school-based interventions including dating violence and sexual assault interventions; and community-based programmes designed to focus on equitable gender norms and reduce tolerance of IPV and sexual violence. The authors suggest that elements of successful programmes such as healthy relationship skills and gender equitable norm formation could be combined with other programmes delivered to adolescents such as those focussing on sexual and reproductive health.

Children engaged in youth-serving organisations or living in out-of-home care

Child sexual assault may be more common among children and young people who are part of youth-serving organisations (YSOs)[3] (Kaufman, Erooga, Mathews, & McConnell, 2019), although it is unclear how much is perpetrated by other children and young people, or by adults. Effective approaches to reducing child sexual assault in YSOs include situation prevention approaches (key features are to identify setting-specific risk factors and risk reduction solutions) and child sexual assault education and training. From a policy perspective the literature suggests that there is a need for clear organisational child safety and protection policies in YSOs.

A non-systematic scoping review of research (McKibbin, 2017) set out to identify measures to prevent harmful sexual behaviour and adult-perpetrated child sexual exploitation in residential and out-of-home care settings. McKibben identified three main thematic categories:

- constructing educative interventions for children and young people and workers
- targeting grooming and problematic sexual behaviour
- providing a holistic response and a way out.

The review also highlighted three promising prevention strategies for those who run residential care services for children and young people to consider:

- whole-of-house respectful relationships and sexuality education
- an enhanced multi-agency practice response
- a 'missing from placement' strategy.

Bystander intervention training

Bystander interventions encourage young people to intervene when they witness incidents or warning signs of sexual assault and are ultimately aimed at preventing sexual assault occurring. A systematic review and meta-analysis of research examined the effects of bystander programmes on bystander intervention and self-reported perpetration of sexual assault among adolescents and college students in the U.S. (mean ages 12-25 years) (Kettrey & Marx, 2019). It found that bystander programmes have a significant, positive effect on bystander intervention but no significant effect on the perpetration of sexual assault. This study also found that the effect of the programmes was not significantly different based on whether they were implemented individually, in a single-sex or a

[3] These organisations provide support services (paid or voluntary) to children aged 18 years and below - includes faith-based, early childhood education, childcare, schools, health care, and out-of-home/foster care and sport

mixed sex group, nor did the gendered portrayal of victims and perpetrators moderate the effect of the programme.

Another systematic review (Mujal, Taylor, Fry, Gochez-Kerr, & Weaver, 2019), which included 44 studies with target populations open to students and adults (average sample age 19.55 years), summarised and categorised the characteristics of sexual violence bystander programmes for the prevention of sexual assault. The authors suggest that the use of in-person bystander training can result in positive changes in attitudes and behaviours. They highlight the Bringing in the Bystander and The Men's Program as having the most consistently reliable and positive outcomes, particularly in relation to bystander efficacy and willingness to help, attitudes and measure of readiness to change/help. However, these programmes have been designed primarily for intervention in adult sexual assault so may not be readily applicable to younger populations. That said, the literature does suggest that prevention programmes could target parents and other adults who may protect children from sexual violence, as well as potential offenders or bystanders (Letourneau et al., 2014).

Characteristics of effective treatment services for children and young people displaying concerning or harmful sexual behaviour

Studies of interventions for children and young people exhibiting concerning or harmful sexual behaviour often focus on participants who have been convicted of a sexual offence, so may not be readily applicable to those outside the system and at the lower end of the spectrum of harmful sexual behaviour (NICE, 2016). Consequently, there seems to be less evidence for interventions that address behaviour considered below the threshold for a response from the criminal justice system or a specialist harmful sexual behaviour service.

Cognitive behavioural therapies and multi-systemic therapy (MST) or contextual therapy have been shown throughout literature to be effective in reducing sexual reoffending (including samples with both adult and juvenile participants). For this reason, treatment that includes these two standards are generally considered to be 'established' (Beek et al., 2018). Approaches that aim to develop the competencies and strengths of young people and their families are also increasingly recommended.

NICE (2016) recommends that the following elements are considered when assessing and providing an intervention/treatment for concerning or harmful sexual behaviour for children and young people:

- safety planning
- engagement and working that takes account of their denial of behaviour
- sex and relationship education including consent, boundaries, and social and moral considerations
- empathy development
- how to make good choices to keep themselves and others safe sexually
- emotional and self-regulation
- life story work
- understanding their harmful sexual behaviour
- victimisation
- peer and social relationships
- community reintegration (where needed)
- support to make future plans.

Recommended therapeutic approaches include:

- cognitive behavioural therapy
- multisystemic therapy for problematic sexual behaviour
- psychotherapeutic approaches
- strengths-based approaches
- systemic therapy (a type of family therapy).

Specific recognised treatment resources/interventions include:

- AIM assessment and intervention model for boys and girls
- AIM2 (now AIM3) assessment and intervention model for boys aged 12-18 years
- Barnardo's Cymru Taith project for girls
- The California Evidence-Based Clearinghouse for Child Welfare – Children with problematic sexual behaviour cognitive-behavioural treatment program: preschool program and school-age program
- Good Lives Model (a strengths-based approach)
- NSPCC manualised treatment programme Change for Good (aimed at boys aged 12 to 18 years in residential care)
- NSPCC harmful sexual behaviour programme Turn the Page (boys and girls aged 5-18 years and those with learning disabilities).

There has been little research exploring the effect of treatment on psychosocial functioning (compared to recidivism) as an outcome of treatment. Beek et al. (2018) conducted a multilevel meta-analysis assessing the effect of treatment on psychosocial functioning on juveniles with harmful sexual behaviour and the factors moderating this effect. They found that there was an overall significant and moderate effect indicating treatment is effective in improving psychosocial functioning for this cohort. Both groups with a higher percentage of juveniles with a similar age, and groups with a higher percentage of juveniles with a mixed offending patterns (sexual and non-sexual) resulted in larger effect sizes.

Restorative justice is a model of practice that has a growing body of evidence supporting benefits for the victim and offender (Hackett et al., 2019). It offers the opportunity for connection between the victim, offender and family perspectives in terms of harm caused and planning for the future. Examples of good practice include Project Restore in New Zealand which has been using a restorative justice approach with adult survivors of sexual violence, Melbourne's Centre for Innovative Justices pathways which outline an approach for adult and youth harmful sexual behaviour, and the AIM project in England which uses a restorative justice and harmful sexual behaviour framework and best practice guidance for Youth Offending Teams.

Other types of support and intervention, including interventions to address use/dissemination of online pornography, and engaging in child sexual exploitation

There is a lack of evidence regarding best practice in assessing risk associated with and managing technology-assisted harmful sexual behaviour (McNeish & Scott, 2018). In a study of NSPCC's 'Turn the Page service for harmful sexual behaviour', young males who displayed offline harmful sexual behaviour received more therapeutic support than those who only displayed online harmful sexual behaviour. This suggests that interventions and services are mainly targeted at offline harmful sexual behaviour, or that professionals were more likely to identify the offline harmful sexual behaviour and refer for support (Hollis & Belton, 2017).

Hollis and Belton (2017) suggest tools used to treat and assess harmful sexual behaviour generally (offline) may not be suitable for harmful sexual behaviour displayed online and specific tools should be developed. Relatedly, NSPCC and AIM project have developed Technology Assisted – Harmful Sexual Behaviour practice guidance (2019) which aims to help practitioners working with young people whose internet and social media use is of concern or constitutes harmful sexual behaviour. It is a resource intended to be used by trained social workers, youth offending service practitioners and specialist providers to help assess risk and supplement clinical judgement.

Additionally, as part of preventing online concerning or harmful sexual behaviour, it is important that parents are empowered to teach their children about online safety and how to engage constructively online, rather than solely focussing on restricting their online activity. Young people should be given opportunities to build their own resilience (NSPCC, 2017).

Concerning and harmful sexual behaviour intervention dosage

There is limited evidence on the most appropriate intervention dose, frequency, and duration of supports and interventions for children and young people displaying concerning or harmful sexual behaviour. That said, in a review of approaches to prevent adolescent intimate partner violence and sexual violence, interventions or programmes that feature a longer term investment and include repeated exposure to ideas delivered in different settings over time appear to be more effective than one-off discussion or awareness-raising sessions (Lundgren & Amin, 2015).

Effective services for children and young people with intellectual or neuro-disabilities and other impairments, who are displaying concerning or harmful sexual behaviour

NICE (2016) suggests that the duration and intensity of interventions should be adapted for those with learning disabilities. This could involve having fewer participants in group sessions, and longer, shorter and more frequent sessions. However, there is a lack of well-evaluated tools to assess need and predict risk of concerning or harmful sexual behaviour in children and young people with neuro-developmental or learning disabilities.

One study explored the use of a dialectic behaviour therapy (DLT) approach with a group of young people with learning disabilities and found that while more research is needed, it could help with emotional regulation, recognising and controlling risky urges and expressing sexuality in a healthy way (Birgersson and Wassberg, 2017, as cited in NSPCC, 2017). The approach emphasised practical skills which can be used in real life alongside therapy, mindfulness, distress tolerance, emotion regulation and interpersonal relationship techniques.

Young women who display concerning or harmful sexual behaviour

As most concerning or harmful sexual behaviour is displayed by young males, especially in adolescence, there are relatively few studies focussing on girls and concerning or harmful sexual behaviour. However, gender-specific assessment, treatment and management has been recommended, as young females who display concerning or harmful sexual behaviour may have different characteristics to young males, and are more likely to have their own abuse histories (NSPCC, 2017). This aligns with previous research that has found that young women may be more likely to be referred to a range of services, including mental health, rather than specialist support for concerning or harmful sexual behaviour.

Robinson (2009 cited in Hackett et al., 2019) outlines the following potential pathways for young women displaying harmful sexual behaviour:

- early maturation – sexualised behaviours for which they're not developmentally prepared, through abusive contact with older males
- depression and victimisation

- family criminality
- poor relationships with parents, particularly mothers
- lack of continuity of care
- poor peer networks
- impact of pornography related to their experience of abuse.

The Barnardo's Better Futures Service (an assessment, intervention and training service for children and young people displaying harmful sexual behaviour) includes a girls' project to develop standardised assessment tools and intervention resources for girls who engage in harmful sexual behaviour. The three-year project is based on research that suggests girls who display harmful sexual behaviour may differ from young males in several ways. The aim is to identify needs, reduce risk and help the girls go on to develop healthy relationships as adults. Referral rates for girls increased from 8% to 29% from 2010/11 to 2013/14. The project has highlighted the need for differences in approach to assessment and intervention for young girls but no outcome data has yet been made available (Hackett et al., 2019).

Perspectives from children and young people displaying concerning or harmful sexual behaviour on their service and support needs, and experiences

User perspectives and experiences of services of those exhibiting concerning or harmful sexual behaviour are relatively rare. A systematic review (Campbell, Booth, Hackett, & Sutton, 2018) including 13 qualitative studies, mainly from perspectives of adolescent males, identified five key themes as critical components of successful interventions for young people with harmful sexual behaviour. These included:

- the key role of the relationship between the young person and the practitioner/therapist
- the significance of the role of parents and carers
- the importance of considering the wider context in which abuse has occurred
- the role of discourse in interventions
- the need to equip young people with skills as well as knowledge.

It also noted that activity-based interventions were viewed positively by participants, i.e. those that included physical challenges, natural consequences, group work and were away from familiar environments. Findings from this review suggest that it is important that interventions are supported by parents/carers and that the needs of these parents and caregivers should be carefully considered and addressed. Interventions should focus on the whole person as opposed to just the harmful sexual behaviour. These findings support the move towards models which consider a person's wider social context including multisystemic therapy, the Good Lives model and resilience-based models, and align with the Responsivity principle of the Risk-Needs-Responsivity model, the most widely-used and evidenced model of intervention for adults engaging in harmful sexual behaviour

Systems approaches to addressing concerning or harmful sexual behaviour

Key messages

- A public health approach is required for the prevention of concerning or harmful sexual behaviour in children and young people. This approach should be supported by explicit policy settings, strong leadership, and a nuanced understanding of the complexity of harmful sexual behaviour.
- Multi-agency collaboration is required to effectively address concerning or harmful sexual behaviour in children and young people, including a shared mission and a consistent approach for engaging with these children and young people.
- There is a need for consistency in language used across agencies with relation to harmful sexual behaviour, and more systematic collection of data related to concerning or harmful sexual behaviour in children and young people.

Harmful sexual behaviour is a significant public health issue resulting in 0.6 percent of the global burden of disease (Letourneau et al., 2014). A theme in the literature is that governments should take a clear, consistent and coordinated public health approach to concerning or harmful sexual behaviour prevention in children and young people. Such an approach would require overcoming the potential harmful sexual behaviour policy resistance, which can interfere with surveillance, identification of risk and protective factors, development and evaluation of interventions and intervention implementation. A public health approach to harmful sexual behaviour prevention would require strong leadership, and an understanding of the complexity of childhood concerning harmful sexual behaviour, the emotional response the topic elicits and identification of sustainable resources to make it possible (Letourneau et al., 2014).

Taking a multi-agency approach to managing harmful sexual behaviour is recommended and should include educational establishments where appropriate (Hackett et al., 2019). Children and young people displaying concerning or harmful sexual behaviour (and their families) may have complex needs which require input from multiple agencies. NICE (2016) highlights that there is little evidence of the effectiveness of a multi-agency approach, but that qualitative studies show early assessment should be 'joined-up' with therapeutic interventions for continuity between assessment and intervention. McNeish & Scott (2018) further highlight the need for joined-up processes to avoid under- or over-reaction by agencies to young people displaying harmful sexual behaviour. The literature suggests addressing concerning or harmful sexual behaviour will require both policy and cultural initiatives.

Children and young people who display concerning or harmful sexual behaviour often have unmet needs, and often their behaviour is framed as criminal offending, or as a sign that the child or young person needs supports and services from child protection agencies. Hence, these children and young people encounter several authorities (welfare, and justice systems) where there can be disjointed policy, competing goals, and differences in service delivery (Smith et al., 2014). The literature also highlights concerns about the inconsistent treatment of children and young people who access child protection and justice services. When designing services for this population, a consistent approach should be an important focus (McNeish & Scott, 2018). Additionally, it is suggested that services should prioritise clients' trauma histories as treatment targets, and policies

should promote rehabilitative and preventative efforts as opposed to punitive action (Dillard & Beaujolais, 2019).

A theme in the literature is strengthening the role of the healthcare system for addressing violence (Butchart, Mikton, & Krug, 2014). This includes some calls for the development and enforcement of a broad range of laws relevant to harmful sexual behaviour prevention to deter such behaviour and establish norms (Butchart et al., 2014). On the other hand, the presence of harmful sexual behaviour laws reduces the potential of holistic therapy by separating the victims from perpetrators and directing young people into the justice system.

The literature suggests prioritising concerning or harmful sexual behaviour, in relation to both children and young people who are victims/survivors of sexual violence, and those who display concerning or harmful sexual behaviour, at the government level. A narrative review on safeguarding children found "*safeguarding children was best facilitated through co-located multi-agency teams where child protection and law enforcement practitioners worked together*" (Pearce, 2014 p. 159). Another study suggested that agencies work together ahead of time to discuss what they are trying to achieve from the policy and embark on a coordinated effort to reduce the incidence of concerning or harmful sexual behaviour in children and young people (Grant & Heinecke, 2019). Children and young people should not be held responsible for the sexual violence that they experience, regardless of their age, and child-centred practice must acknowledge this.

Transitions, in particular age-related transitions such as from child to adult services, need to be carefully managed to ensure that relevant information is shared, multi-agency partnerships continue, clear responsibility for supervision is in place and a care plan has been agreed (Hackett et al., 2019).

A common theme in the literature is the lack of clarity and confusion with terminology and categorisation of harmful sexual behaviour between different agencies, and by researchers. While some of this is semantics, the variation of terms can *"imply subtle differences in values, philosophical approaches and understanding of young people"* (Smith et al., 2014 p. 272). This implies that policymakers should strive for the consistent use of harmful sexual behaviour terminology to ensure clarity of the subject and to enhance understanding of the area, promote accurate measurement of the problem, and provision of appropriate response services.

Policy level changes would include robust evaluation and accountability frameworks, user-friendly reporting systems, and training. At the cultural level, stigma and taboo around sexual abuse must also be addressed (Grant & Heinecke, 2019).

There are some international examples of how agencies have responded to harmful sexual behaviour at the policy level. For example, in response to denial and minimisation of concerning or harmful sexual behaviour displayed by children and young people, the UK has developed clear child protection guidance where once harmful sexual behaviour is detected, it must be taken seriously regardless of the age of the perpetrator (Smith et al., 2014). Additionally, the Scottish government has developed CARM (Care and Risk Management Planning for Children and Young People who Present a Risk of Serious Harm). CARM sets out a framework for multi-agency decision-making at a local authority level when young people display harmful sexual behaviour or serious violence. It is a rights-based model which is systemic and child-centred, ensuring that the child or young person is involved in risk assessment and management along with parents and carers (Hackett et al., 2019).

The literature reports challenges around data collection and monitoring of harmful sexual behaviour as a result of a lack of awareness of the issue, and limited time/resources to record occurrences (Pearce, 2014; Grant & Heinecke, 2019). Decision-makers should consider developing co-ordinated systems that recognise harmful sexual behaviour as a significant public health issue and enable data collection and monitoring to provide evidence to inform decision-making.

At the smaller organisational level, a narrative review on school employee sexual abuse and misconduct revealed an absence of harmful sexual behaviour policy implementation due to a lack of awareness and understanding, underreporting of incidents of sexual misconduct, and lack of data collection to inform policy decisions (Grant & Heinecke, 2019).

CONCLUSIONS

It is vital that the development of services for those who are victims/survivors of sexual violence and for children and young people who display concerning or harmful sexual behaviour are informed by the latest evidence and best practice guidance. Service responses should span from prevention and early intervention, through assessment and intervention, to longer term support for children and young people who are victims of sexual violence and/or who display concerning or harmful sexual behaviour.

The literature emphasised the following key findings:

Therapeutic approaches for supporting victims/survivors of sexual violence

- Children and young people who are victims/survivors of sexual violence are often psychologically impacted and likely to continue to suffer further short- and long-term negative outcomes.
- Cognitive behavioural therapy has been found to be more effective in addressing these issues than treatment informed by other approaches. Specifically, Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) has been identified as an evidence-based intervention suitable for children and young people who are victims/survivors of sexual violence.

Identifying concerning or harmful sexual behaviour

- Children and young people who display concerning or harmful sexual behaviour are most often male.
- Young people with learning disabilities are more likely to be victims of sexual violence and also display these types of behaviours.
- Many studies suggest that the development of concerning or harmful sexual behaviour is related to experience of trauma, in particular adolescents exhibiting concerning or harmful sexual behaviour are more likely to have been the victim of sexual violence or harmful sexual behaviour themselves.

Assessment tools and treatment models for children and young people who display concerning or harmful sexual behaviour

- A number of assessment tools and treatment models have been developed internationally; however, there are not many that have been designed specifically for females or younger children (pre-adolescent) who display concerning or harmful sexual behaviours.
- UK national guidelines and much of the literature recommend the use of cognitive behavioural therapy, multisystemic therapy and a move towards strengths-based models of treatment

and intervention for children and young people displaying concerning or harmful sexual behaviour.

- Any assessment or intervention should be chosen and delivered based on the individual's needs, stage, gender, learning ability and wider family and societal context.

Service responses for prevention of sexual violence

- Services for both victims/survivors of sexual violence and those who display concerning or harmful sexual behaviour emphasise the importance of taking a holistic view of the child, their family and circumstances, and any history of abuse or maltreatment.
- Prevention and early intervention in relation to concerning or harmful sexual behaviour and sexual violence affecting children and young people should be incorporated into any service response.
- Taking a public health approach to addressing harmful sexual behaviour has been proposed. This emphasises the importance of:
  - primary prevention through tackling the attitudes and warning signs that may lead to harmful sexual behaviour,
  - developing systems to respond to early warning signs and assess harmful sexual behaviour,
  - and providing a response for both victims and perpetrators of harmful sexual behaviour to reduce the risk of reoffending and long-term negative consequences for both.
- The literature highlights the importance of involving educational institutions and outlines the effectiveness of school-based models of prevention, bystander training, and parent-focused programmes.

Areas for further exploration and research

This evidence brief is based upon an extensive search of the literature, and therefore provides a relatively strong foundation upon which future policy decisions might be made. It is important to note, however, that the literature search was not systematic, and it is therefore likely that some relevant articles or reports were missed. Additionally, the quality of each study or report included in this literature scan was not formally assessed, which means that the findings may be subject to bias. We have attempted to address this limitation by clearly indicating the source of information contained in this report.

Interventions for managing concerning or harmful sexual behaviour

There was limited information on the appropriate dosage, frequency and duration of interventions for managing concerning or harmful sexual behaviour in the literature reviewed. There was also little on brief interventions as perhaps these may not be appropriate or adequate in addressing concerning or harmful sexual behaviour which may require a more holistic, sustained approach for both victims/survivors and perpetrators. There is less research on effective assessment and interventions for specific groups such as young women and children and young people with learning disabilities.

Research on effective supports for victims of sexual violence

It is also important to note the comparative lack of research about victims of sexual violence. There is a lot more research being conducted with children and young people who display harmful sexual

behaviour than there is for children and young people who are victims/survivors of sexual violence. For example, it is unclear from the literature what the most effective treatment is for supporting victims/survivors of sexual violence, and further research is needed to better understand how length and format of treatment impacts on the effectiveness of interventions for this group.

System responses

Better data collection and monitoring, development of organisational policies, multi-agency working and including the voice of the child or young person in development of policy and best practice are all recommended in enhancing policies and systems to prevent and address concerning or harmful sexual behaviour.

New Zealand-based literature

There are some notable gaps within the relevant literature that had an impact on the extent of information available. In particular, no New Zealand-based empirical studies were identified in the literature search. Care must therefore be taken in applying the findings from this evidence brief to our unique cultural and environmental context. Relatedly, this evidence brief should also be read alongside complementary work carried out by Oranga Tamariki considering service responses for children and young people who are victims/survivors of sexual violence and/or display concerning or harmful sexual behaviour from a Māori worldview, to ensure services are developed to meet the needs of all New Zealand children who may be at risk.

It is recommended that further research includes evaluation of tools and service responses commonly used in New Zealand settings to both add to the evidence base on effectiveness in reducing recidivism and improving psychosocial and life outcomes, and also provide a better indication of the types of assessment and interventions that work well and are appropriate for New Zealand children and young people.

It is recommended that further research and evaluation is also conducted within the New Zealand context to address these gaps and allow for systematic reviews and meta-analyses directly relevant to New Zealand.

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APPENDIX 1: Detailed methodology

Scope

This evidence brief contributes to the Oranga Tamariki evidence base by providing an overview of current literature relating to the areas outlined below.

Part 1: Best practice for supports and services for children and young people who are victims/survivors of sexual violence

1. Understanding what best practice looks like for children and young people who are victims/survivors of sexual violence, including children and young people affected by child sexual exploitation:
    a. What does best practice look like for prevention and early intervention?
    b. What does best practice look like for supports and services across stages in the healing and wellbeing journey (e.g., crisis point, short-term, intermediate-term, and long-term)?
    c. What does the literature tell us about barriers to service access, including geographical barriers, and effective responses to these barriers?
    d. Are there any examples of effective models of practice, including systems approaches, used in international jurisdictions?
    e. What does the literature tell us about policy settings used in other child protection agencies for the provision of supports and services to children and young people who have experienced sexual violence?
2. What does the literature tell us about points of difference between victim/survivor groups who access different services?
3. What do children and young people who are victims/survivors of sexual violence report about their related service and support needs, and any experiences with these services and supports?

Part 2: Evidence-informed service response for children and young people who display concerning or harmful sexual behaviour

1. Developing an understanding of concerning or harmful sexual behaviour:
    a. What characterises concerning or harmful sexual behaviour across different developmental stages from childhood to adolescence?
    b. What is the relationship between attachment disruption, trauma experiences and harmful sexual behaviour for children and young people?
    c. What is the importance and/or benefit of providing a service response for concerning or harmful sexual behaviour displayed by children and young people?
2. Best practice and international practice examples for addressing concerning or harmful sexual behaviour displayed by children and young people:
    a. What does best practice look like for the early assessment of concerning or harmful sexual behaviour and related needs?
    b. What does best practice look like for targeted prevention and early intervention?

c. What does best practice look like for brief interventions, and how are brief interventions defined?

d. What does best practice look like for other types of support and intervention, including interventions to address use/dissemination of online pornography, and engaging in child sexual exploitation?

e. What does the literature tell us about appropriate intervention dosage (e.g., treatment length, modality, intensity)?

f. What does best practice look like for exit/discharge processes, and for any follow-up support/maintenance?

g. Are there any examples of effective models of practice, including systems approaches, used in international jurisdictions?

3. What does the literature tell us about the need for different service responses for children/young people who are part of different groups, including:

   a. those with intellectual or neuro-disabilities and other impairments,

   b. young women,

   c. people in rural versus urban locations?

4. What do children and young people displaying concerning or harmful sexual behaviour report about their related service and support needs, and any experiences with these services and supports?

Out of scope

For the purposes of the evidence brief, the following areas were considered out of scope:

- Non-rehabilitative justice responses to harmful sexual behaviour or sexual violence (e.g., arrests, criminal charges, detention or supervision).
- Services and supports for individuals who displayed harmful sexual behaviour or were victims/survivors of sexual violence as a child or young person, but who are now adults.
- Services and supports delivered in an out-of-home setting (e.g., therapeutic residential care, youth justice interventions).
- Services and supports for young people who have a sexual interest in children, but who have no intention of acting on this interest (i.e. minor-attracted persons).

Literature search

In total, information from 43 articles or reports was used to provide an overview of the evidence related to each key research question. The following databases were searched between 25 and 30 January 2020:

- Cochrane Library
- CINAHL
- ProQuest
- PsycINFO
- PubMed
- ScienceDirect
- Scopus

- Web of science

A search for grey literature was also conducted using Google Scholar.

To conduct the search we used combinations of subject/index terms where appropriate, in combination with key words. All terms used in the literature search are provided in Table 4 below. Searches were conducted using all possible combinations from each of the three columns, with the terms in column four being added where there were a large number of initial returns.

Table 4: Literature search terms

Search term 1	Search term 2	Search term 3	Search term 4
Search One: Understanding harmful sexual behaviour			
Children	Harmful sex* behaviour	Perpetrat*	Defin*
Young people/youth	Sex* abuse	Offend*	Characteris*
Teenage*	Sex* violence	Display*	Constitut*
Adolescent	Sex* harm	Engage*	Attachment
	Sex* assault		Trauma*/Adverse Childhood Experiences
			Female/women/girl
Search Two: Best Practice for sexual violence/harmful sexual behaviour services for children and young people			
Children	Harmful sex* behaviour	Service*	Needs/Well-being/wellbeing
Young people/youth	Sex* abuse	Support*	Safe*
Teenage*	Sex* violence	Interven*	Trauma-informed/TIC
Adolescent	Sex* harm	Prevent*	Recidivism/reoffend*/revictim*
	Sex* assault	Treat*	Mode/modality
		Assess*	System/model/structure
			Important*/benefit
			Dose/dosage/length/intens*
			Exit/maintain*/follow*/discharge/complet*
			Early
			Brief
			Long-term/short-term/journey
			Disab*/intellect*/ID/impair*
			Barrier*/rural/access
			Voice/experience*
Search Three: Policy settings for services provided to children and young people experiencing sexual violence			
Children	Harmful sex* behaviour	Experienc*	Child protection/welfare agency
Young people/youth	Sex* abuse	Victim/survivor	Government
Teenage*	Sex* violence		Policy

Adolescent	Sex* harm		
	Sex* assault		

The title and abstracts of initial returns were reviewed for relevance to the key research areas. The references used in articles or reports that passed this initial review, as well as lists of documents that had cited these articles or reports (generated by the databases searched), were also checked for any further relevant information sources.

From this first sweep, full texts for all potential inclusions (134 documents) were reviewed for relevance to the key research areas. Because of the large number of initial relevant returns, a new exclusion criterion was introduced to limit final articles and reports to narrative or systematic reviews, or meta-analyses. Further documents were also excluded for various reasons, including: lack of relevance to the New Zealand context; if it was not possible to separately identify information for children and young people from adults; the information focussed exclusively on risk assessment; lack of close relevance to the research areas; and, replication of similar information to more recent literature. In total, 91 documents were excluded from the evidence brief after reviewing the full text.

This left a total of 43 articles and reports included in the final evidence brief.