Royal Commission sheds light on another uncomfortable truth: harmful sexual behaviour in children


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In Australia, as in most comparable countries, the development of a proper understanding of child sexual abuse has been appallingly slow. In the absence of an appropriate policy framework to prevent child sexual abuse, generations of children have endured terrible harm.

Within the broad scope of “child sexual abuse”, one issue has been a particular subject of silence, confusion, and fear. Harmful sexual behaviours by children continue to be very poorly understood.

Through private interviews, written submissions, expert evidence, and a case study focused on harmful sexual behaviours in schools, the Royal Commission Into Institutional Responses to Child Sexual Abuse focused its considerable analytical expertise on this much-neglected issue. The findings demand our attention and action.

The commission’s findings
During private sessions, the commission heard that nearly one in six survivors of child sexual abuse had been abused by a person under 18. Incidents had occurred across a range of institutional settings, including out of home care, school, and youth detention. During its term, the commission built a nuanced picture of the harms endured by children subjected to sexual abuse by another child:

We became aware that children with harmful sexual behaviours harming other children is a kind of abuse that has occurred across all levels of society and in many different settings, in historical and contemporary times.

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The commission’s work dispels the powerful misconception that children with these behaviours warrant the same response as adults who perpetrate child sexual abuse. In many cases, these behaviours in children are a trauma response, a replication of prior abuse, or a reaction to exposure to pornography. The commission reports that children exposed to violence in the home are considerably over-represented in the group of children with harmful sexual behaviours.

Further distinguishing children from adult perpetrators, the commission affirmed that children’s developmental stage means they have a particular capacity for rehabilitation and, when provided with appropriate therapy, are unlikely to continue with the behaviours.

Yet a widespread lack of understanding about these behaviours means that children are not always provided with the appropriate response:

We learned that few people understand how to identify, react and respond to children’s harmful sexual behaviours or fully appreciate the damage the behaviours can cause.

“Harmful sexual behaviours” encompasses a broad range of acts, and the commission is clear that a one-size-fits-all response is inadequate. At one end of the spectrum, a child’s problematic (rather than harmful) behaviour may be outside the developmentally-appropriate range, or outside accepted social norms, such as self-stimulation in public. The commission recommends that early and appropriate responses require adults who work with children have knowledge about children’s sexual development.

Where a child’s behaviour harms other children, adults, or animals, it is important that the seriousness of the behaviours be acknowledged. Timely reporting and appropriate specialist assessments are also paramount.

At present, the lack of understanding in Australia means incidents may be overlooked or dismissed as child’s play - an outcome recounted repeatedly to the commission. Where adults dismiss or deny
harmful incidents, they actively perpetuate the harm for both the child with the behaviours, and children subjected to the behaviours.

The commission’s recommendations

At present, policy and therapeutic responses vary between states and territories. The commission found that:

*Overall, Australia lacks a comprehensive overarching framework to guide formal systems, individual institutions and practitioners on how to provide effective, consistent responses to harmful sexual behaviours by children.*

Addressing this requires leadership from all levels of government. The commission has called on government to:

- fund a network of specialised therapeutic services;
- facilitate timely and expert assessments and referrals; and
- ensure that clinicians in this specialised field are provided with ongoing professional training and clinical supervision.

The commission also stresses the importance of ongoing research and evaluation.

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The commission placed considerable emphasis on education, consistent with the public health model that identifies the importance of prevention and early intervention. It noted that child sexual abuse prevention education is a priority, but is not available to children in all schools. Research also shows that while educating children is important, it is only part of the answer.

To address the lack of understanding, the commission recommends education on preventing harmful sexual behaviours be provided to the broader community. This includes parents, carers, and professionals that engage with children.

The commission’s work, and the testimony of survivors, has brought to light an issue that has been denied for far too long.

It is understandable that many people find it confronting to contemplate children engaging in acts that cause such harm. This must now be put aside. It is infinitely more confronting to know that the ignorance or inaction of adults perpetuates harm, and denies children the therapeutic supports they need.

Ensuring that we are educated about developmentally appropriate sexual behaviours is an excellent place to start.