



Unsafe behaviours – Responding to Problem Sexual Behaviours

Client services policy

Applies to	Policy responsibility	Last reviewed and version No.	Next review date
All staff (including volunteers) and carers residential workers, foster carers and kinship carers.	Client Services	Version 3	

Standards or other external requirements	<p>Quality Improvement Council (QIC) Health and Community Services Standards</p> <ul style="list-style-type: none"> • 2.1 – Assessing and planning • 2.2 – Focussing on positive outcomes • 2.3 – Ensuring cultural safety and appropriateness • 2.4 – Confirming consumer rights <p>Department of Human Services (DHS) Standards 2011:</p> <ul style="list-style-type: none"> • 1 – Empowerment 3 – Wellbeing 4 – Participation <p>Responding to allegations of physical or sexual assault, Departmental instruction¹</p>
Legislation or other requirements	<ul style="list-style-type: none"> • Charter of Human Rights and Responsibilities Act 2006 (VIC) • Child Wellbeing and Safety Act 2005 (VIC) • Children, Youth and Families Act 2005 (VIC) • Privacy Act 2000 and Health Records Act 2001
Contractual obligations	<ul style="list-style-type: none"> • DHS program requirements • Critical client incident management instruction (2011) • Critical incident management summary guide and categorisation table 2011 • Responding to allegations of physical or sexual assault (2005) • The new failure to disclose offence

¹ [Responding to allegations of physical or sexual assault, Departmental instruction](#), page 6.



Policy statement

All Aboriginal children have the right to feel safe, be safe and live in an environment free from abuse, neglect and violence. For children and young people (children) in out-of-home care VACCA strives to provide a safe environment that promotes their healing, development and enables them to reach their potential. VACCA is committed to working in the best interests of children. We are equally committed to the safety and wellbeing of our staff and carers.

VACCA understands that children who have experienced abuse or neglect will have significant trauma. Many of these children will have learned unsafe behaviours or developed them as a coping response to the trauma experienced. They are also at a higher risk of harm resulting from unsafe behaviours, than other children their age, because:

- their experiences of trauma early in life has affected the development of their brain and nervous system responses
- they are highly sensitive to perceived threats and have developed patterns of behaviour to cope with these threats
- they have difficulty processing sensory information and regulating their emotions under acute psychological distress
- they have a poor awareness of the impact of their behaviour on others, as their understanding of acceptable behaviour is distorted by past experiences
- they find it difficult to communicate their feelings, to listen, follow instruction and to remember things.

VACCA recognises the enormous challenges faced by staff and carers in caring for traumatised children. However, by taking an approach through early intervention and planning that prevents and addresses these behaviours before they occur and as they occur, we can support children to heal, and reduce the risks of them harming themselves and others, now and into the future.

This policy provides information and advice regarding the management of children who have problem sexual behaviours. In the management of these behaviours, it is important for staff, carers and families to be able to distinguish between normal and healthy sexual behaviour, which is part of the natural development of human beings, from problematic and unhealthy sexual behaviours. Problem sexual behaviours are typically accompanied by secrecy, tension, anxiety, coercion, force, compulsion and/or threats. Other factors that can define problem sexual behaviours are the child's age, their level of functioning and the context in which they occurs

It is also important that carers and staff understand that many of the children displaying these behaviours will often do so because:

- they have learned these behaviours from adults or other people in their lives
- they believe that acting out these behaviours is the basis of forming relationships
- they have developed a pattern of behaviour where the problem sexual behaviour has become the way in which they self soothe and regulate when feeling distressed or fearful for themselves or other people
- something has triggered their trauma experience causing them to feel powerless or frightened, putting the behaviours into motion, causing the child to act out².

This policy is trauma informed and underpinned by Aboriginal culture and values and the principles of working with traumatised children with challenging behaviours.

² Children with problem sexual behaviours and their families, Best interests case practice model, Specialist Practice Resource, p15, 2012



The purpose of this policy is to:

- Set out the responsibilities of VACCA staff and carers in planning for children and young people in out of home care.
- Provide information to reduce the risks of children and young people engaging in unsafe behaviour, particularly problem sexual behaviours.
- Outline the response requirements for staff and carers when it is believed that the child or young person is at risk of, is planning to, or has engaged in problem sexual behaviour and in managing the behaviour once it has occurred.
- Reduce the level of uncertainty and stress for staff and carers.

While this policy primarily relates to out-of-home care, the general principles apply to all client related work. VACCCA has a responsibility to support all Aboriginal children coming into contact with our service who are displaying unsafe behaviours.

Definitions

<u>Problem sexual behaviour</u>	
<p>The term problem sexual behaviour generally refers to children with 'concerning sexualised behaviours or 'inappropriate' sexual behaviours.</p> <p>For children with problem sexual behaviours, consideration must be given to the risks they pose to others and how these behaviours can isolate and ostracise them from their peers.</p>	<p>Problem sexual behaviors will vary but generally involve the child engaging in the following</p> <ul style="list-style-type: none"> • Excessive stimulation • Sexual approaches to adults • Obsessive interests in pornography, particularly with elements of violence, control, denigration and humiliation. • Exposing other children to pornography • Sexual advances towards other children that are excessive and outside of the normal sexual behaviors of children their age • Promiscuity
<u>Sexual assault</u>	
<p>Sexual assault is a crime against another person. Sexual assault usually involves the exercise of power by one person over another¹.</p> <p>Sexual assault <u>can also</u> include the sexual penetration of a child under the age of 16 regardless of whether the person has consented to the act³.</p> <p>It is a mandatory requirement to report sexual assault to the police where the child is in out-of-home care and they allege that</p> <ul style="list-style-type: none"> • They have been assaulted by a 	<p>Sexual assault includes:</p> <ul style="list-style-type: none"> • Rape • Assault with intent to rape • Indecent assault. <p>Indecent assaults are assaults that are accompanied by circumstances of indecency such as:</p> <ul style="list-style-type: none"> • unwelcome kissing • Touching in the areas of a person's breasts, bottom or genitals • It can also include forcing someone to watch pornography or masturbation.

³ For more information about this refer to xxxx



<p>staff member or carer</p> <ul style="list-style-type: none"> • By another client • By a visitor, other non-staff member or member of the • Community <p>The assault must be reported regardless of the client's wishes or consent⁴. This must also be reported to DHS</p> <p>The Privacy Act 2000 and Health Records Act 2001 contain provisions for reporting information relating to criminal offences.</p>	
<u>Unsafe behaviour</u>	
<p>In this policy unsafe behaviour is defined as any behaviour the child engages in that is normally perceived as risk taking, destructive, dangerous or reckless and exposes or results in significant harm to the child or young person or others.</p>	<p>Unsafe behaviours may involve the following:</p> <ul style="list-style-type: none"> • Physical assault • Drug and alcohol use • Possession • Property damage and disruption • Taking off from home or school or place other without permission or notifying a responsible person • Self harm or suicide • Problem sexual behaviour and sexual assault • Other risk taking behaviours.
<u>Triggers</u>	
<p>In this policy the term triggers refers to an experience that triggers a traumatic memory in the child who has experienced trauma.</p> <p>Triggers can cause immediate and intense physical reaction in the child or young person's without much warning.</p>	<p>Triggers may not in themselves be frightening. A trigger can be a feeling, a memory, a smell, a sound a sight that reminds the individual of the harmful and traumatic experience, taking them back to the place and the time when the harm occurred.</p>
<u>Trauma behaviour</u>	
<p>In this policy the term trauma behaviour is used to describe the behaviour of a child or young person that is a direct resulted and consequence of the trauma they have experienced. The child or young person would not behave in this manner or way if they had not experienced harm. They will generally experience difficulty regulating their behaviors and emotions.</p>	<p>Trauma behavior can affect the child or young person in 3 key ways</p> <p>Cognitive e.g. (poor verbal skills, memory problems, difficulty focusing and learning, learning disability)</p> <p>Behavioral e.g. (startle easily, unable to trust, anxious, fearful and avoidant, demanding of attention, acting out in social situations, excessive tempers, show irritability, sadness)</p> <p>Physiological e.g. (poor sleep habits, nightmares, bed wetting, stomachaches, headaches, poor appetite).</p>

⁴ Responding to allegations of physical or sexual assault – Technical update 2014



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Program responsibilities

Given the vulnerability and trauma of the children and young people in out of home care, the following steps must be undertaken by the responsible program within 21 days of the child or young person entering VACCA care:

1. Identify the child and young person's vulnerabilities or current unsafe behaviours
2. Identify the triggers and the situational factors likely to instigate the unsafe behaviour or create the environment in which it will occur
3. Plan how to address the behaviour should this occur and the roles and responsibilities of everyone involved
4. Understand the reporting procedure should you be concerned about potential behaviours and following the unsafe behaviour and or incidence.
5. Ongoing review of the child's care plan with revisions as the child's circumstances and needs change.

In planning for the care of the child, interventions of any nature will need to be in the best interests of the child, reasonable, proportionate and necessary.

Directors

VACCA Directors are responsible for ensuring their respective programs are familiar and comply with this policy, following the requirements set out here.

Managers and Team Leaders

Ensure caseworkers and carers are given a copy of this policy and have met with the team leader or supervisor to discuss questions and responses to scenarios.

Ensure caseworkers and carers understand the impact of trauma on the children and their trauma behaviours, so that they can plan for the child's safety and the safety of others the child is in contact with.

Ensure the caseworker has appropriately briefed the carer about the child, so that the carer understands the child's pattern of behaviours, responses to triggers and is able to respond to unsafe behaviour as it arises and in accordance with their case plan and the critical incident policy and procedures.

Ensure that appropriate consultation with the child's Aboriginal family or other Aboriginal person has occurred to ensure planning for the child is culturally appropriate.

Ensure that there has been appropriate consultation with the Healing team.

Ensure that staff and carers understand the reporting requirements of the VACCA critical incident policy should a behaviour result in a critical incident occurring.

Must refer to this policy in supervision to ensure there is compliance with the responsibilities outlined in this policy.

Caseworkers

Are required to read and understand this policy and the Critical incident policy.

Are required to meet with the team leader or manager to discuss scenarios and questions they have about working with traumatised children.



Must understand the impact of trauma and the trauma related behaviours and triggers on the children they are case managing.

Must ensure that the carers they are working with have read and understood this policy.

Must ensure that the carers appropriately understand the impact of trauma on the children they are caring for and their trauma behaviours including behaviour patterns and responses to triggers and are clear about how to respond to the child to prevent or manage the child engaging in unsafe behaviours.

Ensure there is appropriate consultation with the child's Aboriginal family or other Aboriginal person to ensure the child's plan is culturally appropriate.

Attend and contribute to care team meetings to appropriately plan for (providing and responding to) the child.

Carers

Are required to read and understand this policy and the VACCA Critical incident policy.

Are required to meet with the case manager to discuss scenarios and questions they have about working with traumatised children

Must understand the impact of trauma and the trauma related behaviours and triggers of the children they are caring for.

Must agree to care and respond to the child to support the therapeutic intent of the case plan and healing of the child.

Attend and contribute to care team meetings to appropriately plan for (providing and responding to) the child.



Procedures - what to do when a child has engaged in problem sexual behaviour

When a carer or staff member:

- Learns or suspects that the child in their care has been sexually assaulted (including indecently assaulted). This may be reported by another person, be a disclosure from the child or from observing unexplained injuries, physical symptoms or a significant behavioural change in the child.
- Learns that the child in their care is engaging in concerning or inappropriate behaviours. This may be reported by another person or a disclosure from the child.
- Learns of an allegation that a child in their care is a perpetrator of a sexual assault.
- Observes the child or children engaging in concerning or inappropriate behaviours.
- Is sexually assaulted or indecently assaulted by a child in their care.

Their first priority is to establish safety and seek emergency medical assistance if immediately required.

Following this the person will need to refer to the category incident table to determine whether the situation requires a category 1 or 2 critical incident response.

Category Incident Table	
<p>Category 1 Incident</p> <p>This is behaviour (actions or treatment of others) of a sexual nature by a client that places the clients safety and wellbeing at risk</p>	<p>Examples</p> <ul style="list-style-type: none"> • Sexual assault such as alleged rape or penetration or attempted rape or penetration. • Sexual assault including indecent acts undertaken in front of a client or by a client that is reportable to the police. • Exchanging sex with predatory adults for money, goods, substance or favours (prostitution) • Production and possession of child pornography.
<p>Category 2 Incident</p> <p>Sexual actions (including sexual play) of concern by a client and /or there is a power imbalance.</p> <p>Chronic preoccupation with sexually aggressive pornography.</p>	<p>Examples</p> <ul style="list-style-type: none"> • The child talks to their peers (children in their play group) about sex and describes sex acts. • The child masturbates in front of their peers and younger children. • The child draws pictures of sex acts and writes about sexual experiences.



Procedures to be followed when a **Category 1 incident response** is required

<p>Immediate action</p>	<p>If a carer or staff member witnesses problem sexual behaviours or sexually abusive behaviours occurring they will need to:</p> <ul style="list-style-type: none"> • Remain calm and clearly and calmly ask the child to stop the behaviour helping them to refocus their attention on another topic or activity • Be mindful not to make the child participating in the behaviour and or witnessing the behaviour feel ashamed or embarrassed • Remove the other children from the situation ensuring their safety. <p>If a carer or staff member becomes aware of an alleged assault because it is disclosed to them by the victim or other person, they will need to:</p> <ul style="list-style-type: none"> • Listen carefully and reassure them that you believe their story • If the assault was against the child disclosing, make it clear to the child that what happened to them, was not their fault and reassure them that they have done the right thing in disclosing the information to you. Take immediate and necessary actions to ensure their safety. If another child or person reports the assault to you also reassure them that they have done the right thing. • Discuss with the person reporting to you (victim or other) the actions you will take next to protect the person and report the incident. • Provide reassurance and comfort to other children affected by the behaviour as appropriate and ensure their immediate safety. • Make a decision about whether the child or young person requires immediate medical attention or hospitalisation and seek the appropriate medical attention. • Contact appropriate emergency services (police, ambulance, and first aid officer) if required. It is a compulsory requirement that the police are notified of all sexual assaults involving children in out-of-home care. <p>If the allegation is made against another child in your care, you will need to remove the child, being careful not to humiliate, blame or show anger in front of any of the children.</p> <p>If a carer or staff member is the subject of the assault they will need to:</p> <ul style="list-style-type: none"> • Remain calm, clearly and calmly ask the child to stop the behaviour and refocus their attention on another topic or activity • Ensure their own safety and the safety of other children present or at risk of assault • Seek medical attention if required • Contact appropriate emergency services (police, ambulance, first aid officer) if required.
<p>Responsibilities for reporting</p>	<p><u>At the first opportunity the carer will advise</u> their VACCA caseworker that the incident has occurred. If the caseworker is not contactable the carers will need to contact the most senior VACCA staff member they have contact details for.</p> <p><u>Residential workers will</u> advise the senior staff member as soon as the incident has occurred or they have learned it has occurred.</p> <p><u>The first VACCA staff member who becomes aware of the Critical Incident or the most senior staff member present</u> is responsible for reporting it and they must report it immediately. <u>As soon as it is safe to do so they will:</u></p> <ul style="list-style-type: none"> • Notify the team leader and program manager verbally.



	<ul style="list-style-type: none"> • Complete the DHS critical incident form parts 1-4 and forward this to the Program Manager on the same day the incident has occurred or 24 hours from the day they become aware of the incident. <p><u>The Program Manager will:</u></p> <ul style="list-style-type: none"> • Immediately notify the executive manager and discuss the immediate actions required to prevent an escalation of the situation or further harm. This will include a discussion about <ul style="list-style-type: none"> ○ A report to the police, the child making a statement to the police and the appropriate person to attend the police station with the child, ○ A report to the Centre Against Sexual Assault (CASA) ○ Contacting the parents or next of kin. • Contact relevant staff and carers involved in the incident for a debriefing. This may include staff, clients, family members and carers. • Visit the police station to make the Report. • If it is in the child's (victim) or (perpetrators) best interests or appropriate advise the child the police will be called • Where appropriate contact the child's parents / or next of kin and CASA. In speaking with the parents or next of kin <ul style="list-style-type: none"> ○ Explain the nature of the allegation, ○ The standard procedure for reporting to the police, ○ That the child may choose whether or not to participate (as age and developmentally appropriate) ○ The action undertaken by VACCA since making the report. ○ Discuss whether they want to participate in the police interview. • Review the completed sections of the DHS critical incident report and complete Part 5 of the report. • Determine if staff significantly impacted by the incident should be relieved of their duties or require a lighter workload and develop a work plan for this. <p><u>The Executive Manager will:</u></p> <ul style="list-style-type: none"> • Discuss the immediate actions with the program manager to prevent escalation or further harm occurring. • Verbally contact the relevant Director to advise the incident has occurred <p><u>The Director will:</u></p> <ul style="list-style-type: none"> • Immediately contact the Director of Strategy and Services and the CEO to alert them to the incident occurring and brief them on the management processes undertaken. • Forward the DHS incident report (once completed) to the Director Strategy and Services for their information and to the CEO for sign off.
<p>Time frames for reporting</p>	<p><u>The Program Manager will</u></p> <ul style="list-style-type: none"> • Fax the completed DHS Critical incident report, Category 1 within 24 hours, of the incident occurring or 24 hours from the day they learn of the incident, to DHS • Email the completed DHS critical incident report to the VACCA Quality Manager, Executive Manager, relevant Director within 24 hours of the incident occurring or the day they become aware of the incident. • File the incident report on the child's case file within 24 hours of the incident occurring or day they become aware of the incident. • Contact the Police within 24 hours to make a police report (if appropriate)



Review	<p><u>The carers, case worker and other relevant staff will</u> meet to discuss the incident and the following:</p> <ul style="list-style-type: none">• Review what occurred and why it is occurred?• Whether the situation could have been managed better?• The steps to be taken to ensure the child's safety and wellbeing into the future• Options for treatment and counselling services for the child• Modifications in the way services are provided• How best to support the child through any action taken including the police report and investigation• Extra supports required for the carers or residential workers into the future• Ongoing risk management strategy and safety plan for the child <p><u>The Quality Manager will</u></p> <ul style="list-style-type: none">• Undertake an analysis of monthly incident report data, reported through the client services executive, leadership and board reports as per their reporting calendar.
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Procedures to be followed when a **Category 2 incident response** is required

<p>Immediate action and response</p>	<p><u>If a carer or staff member witnesses</u> problem sexual behaviours or sexually abusive behaviours occurring they will need to:</p> <ul style="list-style-type: none"> • Remain calm and clearly and calmly ask the child to stop the behaviour helping them to refocus their attention on another topic or activity • Be mindful not to make the child participating in the behaviour and or witnessing the behaviour feels ashamed or embarrassed • Remove the other children from the situation ensuring their safety. <p><u>If a carer or staff member becomes aware of</u> an alleged assault because it is disclosed to them by the victim or other person, they will need to:</p> <ul style="list-style-type: none"> • Listen carefully to the person, tell the person you believe them • If the assault happened to the person disclosing, make it clear that what happened to them, was not their fault and reassure them that they have done the right thing in disclosing the information to you. • Discuss with the person the actions you will take next. • If another child has been the subject or affected by the behaviour provide reassurance and comfort to the child as appropriate and ensure they immediate safety. • Make a decision about whether the child or young person, requires immediate medical attention or hospitalisation and seek the appropriate medical attention. • Contact appropriate emergency services if required (police, ambulance, first aid officer etc) <p><u>If a carer or staff member is the subject</u> of the assault they will need to:</p> <ul style="list-style-type: none"> • Remain calm, clearly and calmly ask the child to stop the behaviour and refocus their attention on another topic or activity • Ensure their own safety and the safety of other children present or at risk of assault • Seek immediate medical attention if required <p><u>Call emergency services if required</u> (police, ambulance, first aid officer etc)</p>
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<p>Responsibilities for reporting</p>	<p><u>At the first opportunity the carers will advise</u> their VACCA caseworker as soon the incident has occurred or they have learned it has occurred. If the caseworker is not contactable the carers will need to contact the most senior VACCA staff member available.</p> <p><u>Residential workers will</u> advise the senior staff member available as soon as soon the incident has occurred or they have learned it has occurred.</p> <p><u>The first VACCA staff member who becomes aware of the Critical Incident</u> or the most senior staff member present is responsible for reporting the incident and they must report it immediately. <u>As soon as safe to do so they will:</u></p> <ul style="list-style-type: none"> • Notify the team leader and program manager verbally. • Complete the DHS critical incident form parts 1-4 and forward this to the Program Manager on the same day the incident has occurred or 24 hours from the day they become aware of the incident. <p>Once safety has been established the carer or most senior staff member present at the time of the incident or incident was reported is required to contact the police.</p> <p>In some instances the police will suggest a forensic medical examination to assess and treat any medical needs. Medical needs are a priority in cases of recent sexual assault 72 hours.</p> <p><u>The Program Manager will:</u></p> <ul style="list-style-type: none"> • Immediately notify the executive manager and discuss the immediate actions required to prevent an escalation of the situation or further harm. This will include a discussion about <ul style="list-style-type: none"> ○ Whether a report to the police is required ○ Whether a report to the Centre Against Sexual Assault (CASA) is required ○ Contacting the parents or next of kin. • Contact relevant staff and carers involved in the incident for a debriefing. This many include staff, clients, family members and carers. • If appropriate, visit the police station to make the Report. • Where appropriate contact the child's parents / or next of kin and or CASA. In speaking with the parents or next of kin <ul style="list-style-type: none"> ○ Explain the nature of the allegation, ○ The action VACCA has undertaken to ensure the child is safe since making the report. • Review the completed sections of the DHS critical incident report and complete Part 5 of the report. • Determine if staff significantly impacted by the incident should be relieved of their duties or require a lighter workload and develop a work plan for this. <p><u>The Executive Manager will:</u></p> <ul style="list-style-type: none"> • Discuss the immediate actions with the program manager to prevent escalation or further harm occurring. • Verbally contact the relevant Director to advise the incident has occurred
<p>Time frames for reporting</p>	<p><u>The Program Manager will</u></p> <ul style="list-style-type: none"> • Fax the completed DHS Critical incident report, Category 2 within 48 hours, of the incident occurring or 48 hours from the day they learn of the incident, to DHS • Email the completed DHS critical incident report to the VACCA Quality Manager, Executive Manager, relevant Director within 48 hours of the incident occurring or



	<p>the day they become aware of the incident.</p> <ul style="list-style-type: none"> • File the incident report on the child's case file within 48 hours of the incident occurring or day they become aware of the incident. • Contact the Police within 48 hours to make a police report (if appropriate).
Review	<p><u>The carers, caseworker and other relevant staff</u> will meet to discuss the incident. They will:</p> <ul style="list-style-type: none"> • Review what occurred and why it is occurred? • Whether the situation could have been managed better? • The steps to be taken to ensure the child's safety and wellbeing into the future • Options for treatment and counselling services for the child • Modifications in the way services are provided • How best to support the child through any action taken including the police report and investigation • Extra supports required for the carers or residential workers into the future • Ongoing risk management strategy and safety plan for the child <p><u>The Quality Manager will</u></p> <ul style="list-style-type: none"> • Undertake an analysis of monthly incident report data, reported through the client services executive, leadership and board reports as per their reporting calendar.

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Monitoring & Evaluation

The effectiveness on this policy and procedure and compliance with requirements, will be monitored through regular analysis and reporting of incident report data in documented in VACCA's Incident Report Register, and regular audits of VACCA Client Files.

Documentation related to this policy

Related policies	
Forms, record keeping or other organisational documents	VACCA Guidelines for working with children with unsafe and challenging behaviours Children with Problem Sexual Behaviours and their families, Best Interests Case Practice Model, Specialist Practice Resource (2012) Adolescents with sexually Abusive behaviors and their families, Best Interests Case Practice Model, Specialist practice resource (2012) Staff Wellbeing Policy Staff Critical Incident Policy VACCA critical incident Policy Failure to disclose offence (Explanation Guide)

Reviewing and approving this policy

Frequency	Policy Sponsor	Policy Committee Approval	CEO Approval
[How often will this policy be reviewed?]	[position of person responsible for reviewing policy]	[Date approved]	Date CEO approved