EVALUATION OF HARMFUL SEXUAL BEHAVIOUR EDUCATION IN A RESIDENTIAL CARE SETTING

Melinda Clarke
AUGUST 2025

National Centre for Action on Child Sexual Abuse Limited (ABN 41 656 560 570) August 2025.

This evaluation was produced with funding from the National Centre for Action on Child Sexual Abuse. The National Centre gratefully acknowledges funding from the Australian Government and other support it has received, without which this work would not have been possible. The findings and views reported in this Evaluation report are those of the author.

Suggested citation: Clarke, M. (2025). Evaluation of Harmful Sexual Behaviour in a Residential Care Setting. Melbourne: National Centre for Action on Child Sexual Abuse.

Acknowledgements

The National Centre respectfully acknowledges and celebrates the many Traditional Owners of the lands throughout Australia and pay our respects to ancestors of this country and Elders past and present. We recognise that Aboriginal and Torres Strait Islander communities, culture and lore have existed within Australia continuously for 65,000 years.

We acknowledge the ongoing leadership of Aboriginal and Torres Strait Islander communities across Australia and those who have and continue to work tirelessly to address inequalities and improve Aboriginal and Torres Strait Islander justice outcomes for children and young people. The National Centre is committed to ensuring that the voices of those whose lives are affected by the decisions governments make should fundamentally inform those decisions. First Nations voices must be heard, raised and amplified through a Voice to Parliament. It is time for genuine and significant reform to progress healing through the Uluru Statement from the Heart.

We seek to honour the lived expertise of all survivors of child sexual abuse, harnessing all ages, cultures, abilities and backgrounds, and commit to substantially addressing the harm of child sexual abuse, now and well into the future. We recognise that there are children and young people today who are experiencing sexual abuse and dedicate ourselves to doing all we can to promote their effective protection and care.

Our Commitment

The establishment of a National Centre to raise awareness and understanding of the impacts of child sexual abuse, support help-seeking and guide best practice advocacy and support and therapeutic treatment was a key recommendation (9.9) of the 2019 Royal Commission into Institutional Responses to Child Sexual Abuse. The Royal Commission identified that ongoing national leadership is necessary to improve outcomes for victims and survivors of past child sexual abuse and prevent future child sexual abuse.

Established in late 2021, the National Centre is a partnership between three respected organisations with strong histories of leadership in responding to the child sexual abuse - Australian Childhood Foundation, Blue Knot Foundation and the Healing Foundation (each a Founding Member). The National Centre has an integrated governance structure that embeds the expertise of adults with lived and living experience of child sexual abuse, the rich strength of knowledge of First Nations Peoples and the voices of children and young people, as well as the expertise of researchers, practitioners, justice organisations, corporate entities, government and policy leaders.

At its core, the National Centre is a symbol of hope and an essential vehicle for action for many victims and survivors of child sexual abuse. Its vision is for a community where children are safe and victims and survivors are supported to heal and recover, free of stigma and shame – a future without child sexual abuse.
To achieve its vision, the National Centre:

- ensures the knowledge and voice of victim survivors of child sexual abuse is at the core of all of its activities
- commissions critical research
- builds the workforce capability of organisations working with victims and survivors of child sexual abuse
- strives to raise community awareness of the nature of child sexual abuse and how to prevent it.

Contents

Author Acknowledgements

The *Understanding Harmful Sexual Behaviour* and *Harmful Sexual Behaviour: Supporting Residential Care* training packages were developed with technical expertise from Dr T'Meika Knapp, Senior Practice Lead, Life Without Barriers.

This project was managed by Cathy Webb, Senior Project Manager, Life Without Barriers, and was governed by a Reference Group comprised of:

- Tracey Ashton, Research and Design Lead, Life Without Barriers
- Simone Mather, Executive Director, Child, Youth and Family, Northern Territory, South Australia, Victoria, Tasmania, Western Australia, Life Without Barriers
- Dr T'Meika Knapp, Senior Practice Lead, Child, Youth and Family, Life Without Barriers
- Benjamin Spence, former Executive Director, Child, Youth and Family, New South Wales and Australian Capital Territory, Life Without Barriers.

The Reference Group provided senior leadership support and subject matter expertise to the project. The group met bimonthly during the planning phase, quarterly during the evaluation phase, and once at the conclusion of the evaluation.

Dr Emily Moir and Dimity Adams from the Sexual Violence Research and Prevention Unit at the University of the Sunshine Coast were contracted as academic partners to the project. They obtained ethics approval, oversaw survey design and data collection, and led data analysis and interpretation. Their evaluation report (Moir & Adams, 2024) informed this report.

Robert Crooks, Carer Development and Optimisation Lead, Life Without Barriers, provided technical support embed the survey and associated participant information into the online learning model.

Nooria Ahmadi, Rosa Hessabi, Lulu Sandilands, Rueben Sherriff and Oliver White from NAPCAN Youth Speak Out provided advice to the project in relation to key themes in the training material and evaluation findings.

Definitions and Concepts

Children and young people	Individuals under the age of 18 years.
Child sexual abuse[1]	Any act which exposes a child or young person to, or involves a child in, sexual processes beyond their understanding or contrary to accepted community standards. Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger, or any other object, fondling of breasts, voyeurism, exhibitionism, and exposing the child or young person to or involving them in pornography.
Evidence and knowledge	Used interchangeably and defined "inclusively" so that research evidence is not privileged over cultural, traditional and knowledge derived through lived experience.
Harmful sexual behaviour	Any sexual behaviour displayed by children and young people that fall outside what may be considered developmentally, socially, and culturally expected, may cause harm to themselves or others, and occur either face to face and/or via technology. When these behaviours involve another child or young person, they may include a lack of consent, reciprocity, mutuality, and involve the use of coercion, force, or misuse of power.
Trauma-informed	A reconceptualisation of traditional approaches to health and human service delivery whereby all aspects of services are organised around the prevalence of trauma. Services which are trauma-informed are aware of and sensitive to the dynamics of trauma with or without providing therapeutic programs for individuals who have suffered trauma.
Victims and survivors	People of any age, background or culture who have experienced child sexual abuse. The terms "victims and survivors" and "people with lived and living experience of child sexual abuse" are used interchangeably in recognition that different language resonates at different times and is appropriate for and with different people and contexts.

Acronyms

LWB	Life Without Barriers
NAPCAN	National Association for Prevention of Child Abuse and Neglect
NYSO	Youth Speak Out

[1] 1 Royal Commission into Institutional Responses to Child Sexual Abuse, Nature and Cause, https://www.childabuseroyalcommission.gov.au/nature-and-cause

Executive Summary

The Australian Royal Commission into Institutional Responses to Child Sexual Abuse drew attention to the risk of child sexual abuse in contemporary out of home care and the responsibilities of organisations to prevent and respond appropriately to abuse. Children and young people in residential care are at particular risk of engaging in and being impacted by harmful sexual behaviour, as well as other forms of child sexual abuse (Royal Commission, 2017).

As part of a broader child sexual abuse prevention strategy, Life Without Barriers has implemented a training program that aims to build the capacity of staff to recognise and respond to harmful sexual behaviour in ways that are aligned with broader practice frameworks. The program is comprised of *Understanding Harmful Sexual Behaviour* - an online module targeted towards all child-facing staff, and *Harmful Sexual Behaviour: Supporting Residential Care* - an in-person module specifically for residential care staff. The online training focuses on defining and recognising harmful sexual behaviour; risk factors, impacts and reasons why some children and young people engage in the behaviour; and expected responses from staff. The in-person training focuses on a deeper understanding of harmful sexual behaviour within a context of understanding expected sexual development, the risk of this behaviour occurring in residential care, the importance of responding in alignment with practice frameworks, and using scenarios and role plays to build confidence in applying knowledge and skills.

This evaluation sought to understand whether the *Understanding Harmful Sexual Behaviour* online training and the *Harmful Sexual Behaviour: Supporting Residential Care* in-person training increased the knowledge and confidence of residential care staff in understanding, identifying, and responding to harmful sexual behaviour. Results highlighted increases in knowledge and confidence immediately after training, providing evidence for the inclusion of training in harmful sexual behaviours as part of a broader child safety agenda, particularly for residential care environments. This evaluation contributes to the emerging evidence regarding the effectiveness of training for staff in relation to recognising and responding to harmful sexual behaviour, although further research examining the impact of training on long term knowledge, confidence and practice is recommended.

Drawing on insights from the evaluation and a consultation with young people, suggestions are made for improvements to existing training, as well as an enhanced training program for residential care staff.

Introduction

In Australia, approximately eight children and young people per 1000 are in out of home care. Of these, about 89 per cent are in family-based care, with the remainder in residential care or similar placement types (Australian Institute of Health and Welfare, 2024).

Children and young people who enter out of home care have commonly experienced significant maltreatment and abuse, compromised caregiving and witnessing or being the victim of domestic and family violence prior to entering out-of-home care (McKibbin et al., 2020; Moore et al., 2016). Once in out of home care, children and young people may experience mental health concerns, difficulties engaging in education, engagement with drugs and alcohol, early pregnancy, sexual assault, harmful sexual behaviours, and dating violence (Dregan & Gulliford, 2012; McLean et al., 2011; Moore et al., 2016).

The prevalence of harmful sexual behaviour in out of home care in Australia is difficult to determine. The Australian Childhood Maltreatment Study sought to discover the prevalence and nature of all types of child abuse in the Australian community. Mathews et al. (2024) found that 16 - 24-year-old respondents who had experienced child sexual abuse were significantly more likely to have been abused by an adolescent than an adult, compared with respondents aged over 24, who were more likely to have been abused by an adult. The authors concluded that "in contemporary Australian society, more children experience CSA by an adolescent perpetrator than by an adult perpetrator; an inversion of the historical trend" (p.10). The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) heard from 1129 victims and survivors of child sexual abuse who were harmed by children or young people in institutional settings, representing 24.2 per cent of victims and survivors who stated the age of the person who harmed them.

In relation to child sexual abuse in out of home care, the Royal Commission noted that the prevalence of child sexual abuse in residential care outweighs the likelihood of child sexual abuse in family-based care (Australian Royal Commission into Institutional Responses to Child Sexual Abuse, 2017, Vol. 12, p 280). The Royal Commission noted that "the risk of sexual abuse by another child appears to be particularly prevalent in residential care, partly because of the placement of children with harmful sexual behaviours in settings where they may present a risk to others" (Australian Royal Commission Institutional Responses to Child Sexual Abuse, 2017, Vol. 12, p. 110).

Residential care environments bring particular challenges, with children and young people with significant trauma backgrounds, and therefore increased vulnerability to engaging in or and impacted by harmful sexual behaviour, often placed together. When harmful sexual behaviour occurs in residential care, staff may be required to provide support and safety for a child or young person who has engaged in harmful sexual behaviour, and a child or young person impacted by that behaviour. This complexity points to the importance of training and support in understanding and responding to harmful sexual behaviour for staff working in residential care.

Following the shocking findings of the Royal Commission, the *National Principles for Child Safe Organisations* (the National Principles) were developed to "provide a nationally consistent approach to embedding child safe cultures within organisations that engage with children, and act as a vehicle to give effect to all Royal Commission recommendations related to child safe standards" (Australian Human Rights Commission, 2018, p.3). The National Office for Child Safety was established, and the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030* (Commonwealth of Australia, National Office for Child Safety, 2021) was published.
Taken together, these initiatives have brought the responsibility of organisations to protect children and young people from child sexual abuse and harmful sexual behaviour into sharp focus.

The Royal Commission recommended that "the Australian Government, in conjunction with state and territory governments, should establish and fund a national centre to raise awareness and understanding of the impacts of child sexual abuse, support help-seeking and guide best practice advocacy and support and therapeutic treatment" (Royal Commission Institutional Responses to Child Sexual Abuse, 2017, Vol. 12, p. 110). Consequently, the National Centre for Action on Child Sexual Abuse was established in 2021.

Principle 7 of the National Principles requires that "Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training" (Australian Human Rights Commission, 2018, p.15). The need for such training has been highlighted by recent studies which have found that many professionals working with children self-identify gaps in relevant knowledge and appropriate methods of responding (Christensen et al., 2024; Kor et al., 2022; McKibbin & Humphreys, 2023).

Most training packages used by organisations have a mixed delivery process, with both online training components and in-person training, allowing for both broad education as well as opportunities for more in-depth and specialised training for staff who work in higher risk situations or with more vulnerable or complex children and young people (e.g., out of home care workers) (Kaufman et al., 2019). Whilst the effectiveness of online training delivery platforms for harmful sexual behaviour training and education has been queried within the literature, a recent evaluation of harmful sexual behaviour prevention webinars by Christensen and colleagues (2024) suggests that the online format can be particularly useful due to its easy delivery mode, ability for the content to be accessed at convenient times, and continued availability of the material after training delivery (Christensen, et al., 2024; Kaufman et al., 2019).

Little published research has examined the impact of training in relation to harmful sexual behaviour on staff knowledge, confidence, and responses. The recent examination of the Daniel Morcombe Foundation's *Changing Futures Webinar* series represents one of the first examinations of the effectiveness of training for a wide range of professionals involved in children's education and care. This study found that professionals assessed their knowledge and skills relevant to the prevention of harmful sexual behaviour, and their confidence to apply those skills, more highly following the webinars, and that these gains were maintained over a 12-month period (Christensen, 2024). Whilst these findings are encouraging, their applicability to more complex and challenging and residential care environments is unknown.

The aim of this evaluation was to assess whether Life Without Barriers' (LWB's) Harmful Sexual Behaviour training program increased the knowledge and confidence of residential care staff in understanding, identifying, and responding to harmful sexual behaviour. The evaluation sought to determine whether:

1. The *Understanding Harmful Sexual Behaviour* online training increased the knowledge and confidence of residential care staff in understanding, identifying, and responding to harmful sexual behaviour, and
2. The *Harmful Sexual Behaviour: Supporting Residential Care* bespoke in-person training increased the knowledge and confidence of residential care staff in understanding, identifying, and responding to harmful sexual behaviour.

This evaluation contributes to the emerging evidence regarding the effectiveness of training for staff in relation to recognising and responding to harmful sexual behaviour.

Life Without Barriers Harmful Sexual Behaviours Training

LWB is a national for purpose organisation, providing care and support for over 2000 children and young people in out of home care across Australia, including over 200 children and young people in residential care.

LWB's child sexual abuse prevention strategy, *We Put Children First*, is based on a contextual prevention approach, which "comprises prevention efforts that target factors external to the individual, addressing macro- and micro-level structures, to create safer environments for children." (Rayment-McHugh et al., 2023). The strategy is composed of several components, including:

- Prominent displays of child safety messaging in the physical and online environment,
- Senior leadership acknowledgement of the risk of child sexual abuse and commitment to prevention,
- A requirement for staff and carers to "sign on" to the organisational commitment to child safety,
- Promotion of the importance of listening to children,
- Creation and promotion of opportunities to "speak up" about child abuse concerns,
- A range of mandatory training for staff and carers, and
- Resources to support discussions with children and young people about child sexual abuse.

A key component of We Put Children First is LWB's approach to addressing the risk of harmful sexual behaviour. This includes more general training for service delivery staff and carers (*Understanding Harmful Sexual Behaviour*), and additional specialised training for residential care teams (*Harmful Sexual Behaviour: Supporting Residential Care*). Training is supported by practice guidance documentation and access to resources to understand child and adolescent sexual development and behaviour.

Understanding Harmful Sexual Behaviour

Understanding Harmful Sexual Behaviour (the online training) is a module of approximately one hour provided to all child-facing staff and carers within LWB. The aim of this training is to build workforce capacity to recognise and respond to harmful sexual behaviour. The training includes:

- A definition of harmful sexual behaviour
- Risk factors
- Reasons why some children engage in harmful sexual behaviour
- The impact of harmful sexual behaviour, recognising harmful sexual behaviour, expected responses, and
- How to access long term support for children and young people who engage in harmful sexual behaviour.

The material includes a focus on aligning responses to harmful sexual behaviour to the key practice frameworks used within the service: CARE, an evidence-based, trauma-informed model (Holden 2023) and Therapeutic Crisis Intervention, a crisis prevention and intervention system (Residential Child Care Project, 2022), both developed by Cornell University.

Harmful Sexual Behaviour: Supporting Residential Care

Harmful Sexual Behaviour: Supporting Residential Care (the in-person training) is a two hour in-person training session delivered to residential care teams within their work environment. Completion of the *Understanding Harmful Sexual Behaviour* training is a prerequisite to attending this training. The training is delivered by team leaders, who attend a train-the-trainer session run by a senior practitioner with considerable relevant experience and expertise. Practice leads are available to assist training delivery if required. The session builds on foundational knowledge by focusing on a deeper understanding of harmful sexual behaviour within a context of understanding expected sexual development, the risk of this behaviour occurring in residential care, the importance of responding in alignment with practice frameworks, and using scenarios and role plays to build confidence in applying knowledge and skills. The aim of the training is to increase the capacity of staff working in residential care to respond to children and young people engaging or impacted by harmful sexual behaviour.

Method

Human Research Ethics was granted by the University of the Sunshine Coast Human Research Ethics Committee (Approval number: A232025).

Participants and Procedure

Participants were LWB staff members working in the residential care program. All potential participants were provided with information regarding the research and were asked to provide written and/or verbal informed consent to participate. No benefits were provided for participation, and participants' details were not provided to LWB management.

Online training

The online training is accessed by employees via LWB's online eLearning platform. The training is required for staff who work with children and young people. For the data collection period (14 February 2024 – 3 May 2024), information about the evaluation, the option to participate, and the anonymised consent process, as well as a brief explanatory video, was added to the module via a Qualtrics (2020) landing page. All employees working in residential care in LWB across Australia were directed to the surveys and invited to participate in the evaluation.

In-person training

The in-person training was delivered by team leaders and practice leads during time allocated to regular team meetings during March 2024. Prior to delivery, the team leaders and practice leads participated in an online train the trainer session, run by a senior practitioner with significant expertise in the subject matter. The team leaders and practice leads had not previously delivered the training.

Two residential care teams in Tasmania and two in Victoria were offered the opportunity to participate in the evaluation of the in-person training, with their participation supported by senior management. In-person training survey participants were recruited via flyer distributed at the beginning of the training sessions, which contained a link to information about the evaluation, their options to participate, the anonymised consent process and the surveys. Focus group participants were recruited via email. The groups were formed based on participants' location (people working at the same residential houses were placed together) or role (team leaders who facilitated the training were placed together), and were conducted in April 2024. Participants in the evaluation of the in-person training had previously completed the online training.

Materials

The Online Training Survey examined participants' knowledge of harmful sexual behaviours and confidence in applying this knowledge before and after the online training (Appendix A). The In-person Training Survey examined participants' knowledge of harmful sexual behaviours and confidence in applying this knowledge before and after the in-person training (Appendix 2). All surveys were hosted on the Qualtrics (2020) platform.

Focus group questions in relation to the in-person training focussed on participants' experiences of and learning from the online and in-person training, changes in confidence and practice, and possible improvements to the training (Appendix C).

Analysis

Analysis was undertaken in May and June 2024.

It was intended that a matched sample t-test for participants of both the online and in-person training would be undertaken to track individual learning throughout the training progression. However, only about half of participants provided a unique identifier. As a result, matched tests were only undertaken for a subset of participants for both training types (Moore & Adams, 2024). For the full sample, comparisons of average survey scores were undertaken for both training types. Quantitative analysis was completed using SPSS (version 29).

A qualitative thematic analysis based on Miles, Huberman and Saldana's (2020) approach was used to examine key themes from focus group and interview data. A deductive and descriptive coding strategy was adopted, using pre-determined codes focused on the research and interview questions to understand what staff thought and learnt about harmful sexual behaviours from the training and any limitations or suggestions they had for further training sessions (Moir & Adams, 2024).

Results

Online training

Figure1
Participation in online training evaluation

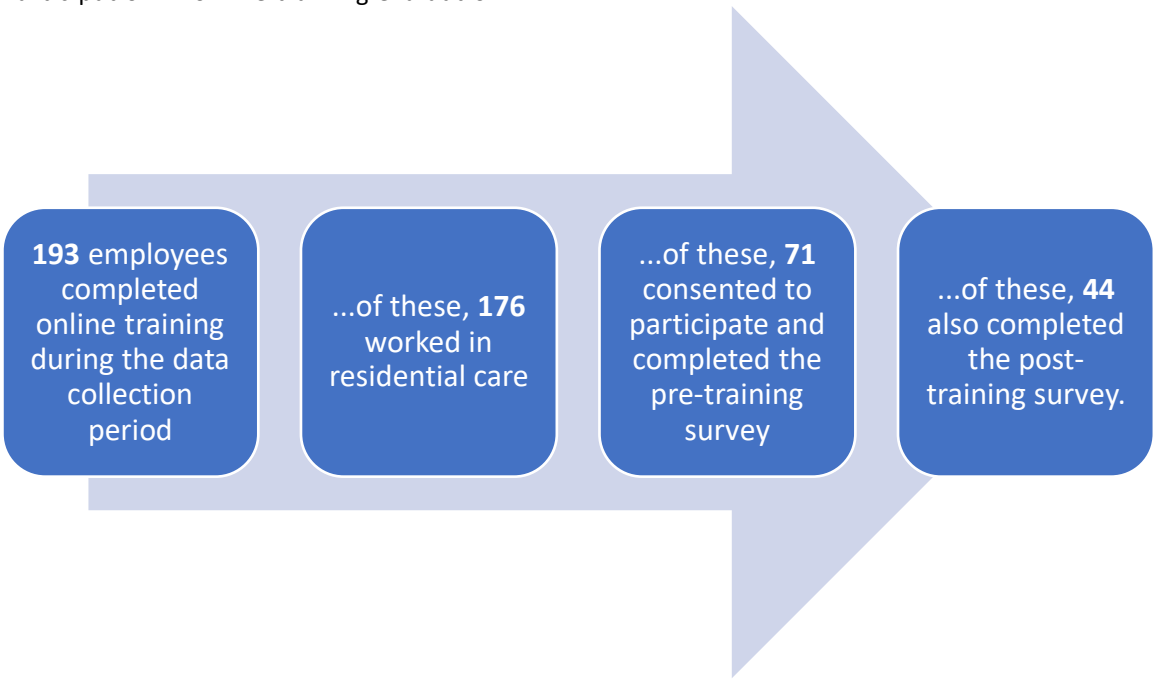

Figure 1 shows completion of the online training and participation in the evaluation by employees during the data collection period.

The 71 participants ranged in age from 21 to 65 years with an average age of 40.4 years, and 72 per cent were female. Participants had worked for LWB for between one day and ten years, with just over half of participants having worked at LWB for less than one year. Very few participants (2.8%) had reported an incident of harmful sexual behaviour in the previous six months, likely due to the frequency of short tenure with LWB at time of the training.

Knowledge

The survey asked participants to rate their knowledge on a scale of 1 to 5, with 1 being little knowledge, 3 being average/enough knowledge, and 5 being in-depth or comprehensive knowledge.

Table 1 shows average self-reported knowledge scores before and after the online training for the total sample and a matched subset of the sample. Scores are shown for three areas of knowledge:

1. Understanding of harmful sexual behaviour.
2. Understanding reasons for harmful sexual behaviour.
3. How to identify harmful sexual behaviour.

Scores were higher across all three knowledge areas after training for both the total sample and the matched sample.

Table 1
Staff Self-Reported Knowledge Scores Before and After Online Training

	Total sample				**Matched sample**				
	Knowledge pre training (n = 69)		Knowledge post training (n = 44)		Knowledge pre training (n = 34)		Knowledge post training (n = 34)		P Value
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Understanding of harmful sexual behaviour	3.90	0.86	4.43	0.62	3.88	0.84	4.53	0.61	**<.001**
Understanding reasons for harmful sexual behaviour	3.87	0.84	4.41	0.62	3.79	0.81	4.44	0.61	**<.001**
How to identify harmful sexual behaviour	3.70	0.77	4.43	0.59	3.56	0.82	4.47	0.56	**<.001**

Note. 69 out of 71 pre training survey participants answered the knowledge questions. All 44 post training participants answered the knowledge questions.

Paired samples t-tests of 34 matched participants shows that knowledge on all three elements significantly improved post-training.

In addition to self-reported knowledge and confidence, participants were asked if six examples of sexual behaviour are defined as harmful before and after training. The examples were taken from the training content. Results are presented in Table 2.

Before training, most participants had a clear understanding that harmful sexual behaviour includes sexual acts that children could display to themselves or others (95.6% and 98.5% of staff identified as harmful sexual behaviour respectively), sexual behaviour outside the expected developmental stage (89.7% of staff identified as harmful sexual behaviour), and behaviours shown by children under ten (97.1% of staff identified as harmful sexual behaviour). There were no large changes to these scores after training, suggesting staff already had a good understanding of how these types of behaviours are defined as harmful sexual behaviour.

The types of behaviour staff appear to have had difficulty defining before the training included "behaviour that children only display post an experience of sexual abuse" (22.4% unsure) and "sexual behaviour (e.g., masturbation) by a child under 10 years old" (27.9% unsure). The percentage of staff responding "Unsure" to these questions declined post training, indicating less uncertainty about whether these are harmful sexual behaviours. However, staff seemed to be confused about whether masturbation by young children under 10 is part of harmful sexual behaviour, with post-training responses indicating 38.1% of staff believing this was harmful sexual behaviour, and 14.3 per cents remaining unsure.

Table 2
Staff Understanding of Harmful Sexual Behaviour Before and After Completing Online Training

	Pre-training (n = 69)			**Post-training (n = 44)**		
	Yes (%)	No (%)	Unsure (%)	Yes (%)	No (%)	Unsure (%)

Problematic or aggressive sexual acts displayed by children towards themselves (Yes)	95.6	2.9	1.5	97.6	0.0	2.4
Aggressive of coercive acts sexual acts displayed by children towards others (Yes)	98.5	0.0	1.5	97.6	0.0	2.4
Sexual behaviour that is outside the expected behaviour for a child of that age or development stage (Yes)	89.7	4.4	5.9	92.9	2.4	4.8
Behaviour that children **only** display post an experience of sexual abuse (No)	62.7	14.9	22.4	76.2	14.3	9.5
Sexual offences (e.g., rape, indecent treatment) which are committed by a child under 10 years old (Yes)	97.1	1.5	1.5	95.2	2.4	2.4
Sexual behaviour (e.g., masturbation) by a child under 10 years old (No)	45.6	26.5	27.9	38.1	47.6	14.3

Note. 69 out of 71 pre training survey participants answered the understanding questions. All 44 post training participants answered the understanding questions.

Confidence

The survey asked participants to rate their confidence on a scale of 1 to 5, with 1 being the least confident and 5 being the most confident.

Table 3 shows average scores for self-reported confidence in identifying and responding to harmful sexual behaviour for the total sample and a matched subset of the sample. Scores are shown for two items:

1. Identifying harmful sexual behaviour.
2. Responding to harmful sexual behaviour.

Scores were higher in both confidence items for the total sample and the matched sample.

Table 3
Staff Self-Reported Confidence in Identifying and Responding to Harmful Sexual Behaviour

	Total sample		**Matched sample**		
	Confidence pre training	Confidence post training	Confidence pre training	Confidence post training	P Value

	(n =67)		(n =44)		(n = 28)		(n = 28)		
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Identifying harmful sexual behaviours in children and young people	3.46	0.86	4.29	0.68	3.50	0.88	4.29	0.66	**<.001**
Responding to harmful sexual behaviour in children and young people within LWB	3.58	0.92	4.37	0.66	3.64	0.95	4.29	0.66	**<.001**

Note: 67 of the 71 pre-training survey participants answered the knowledge questions. All 44 post-training survey participants responded to the knowledge questions.

Paired samples t-tests of 28 matched participants showed statistically significant improvements in confidence in both Identifying Harmful Sexual Behaviour in children and young people and responding to harmful sexual behaviour.

In-person Training

Figure 2
Participation in in-person training evaluation

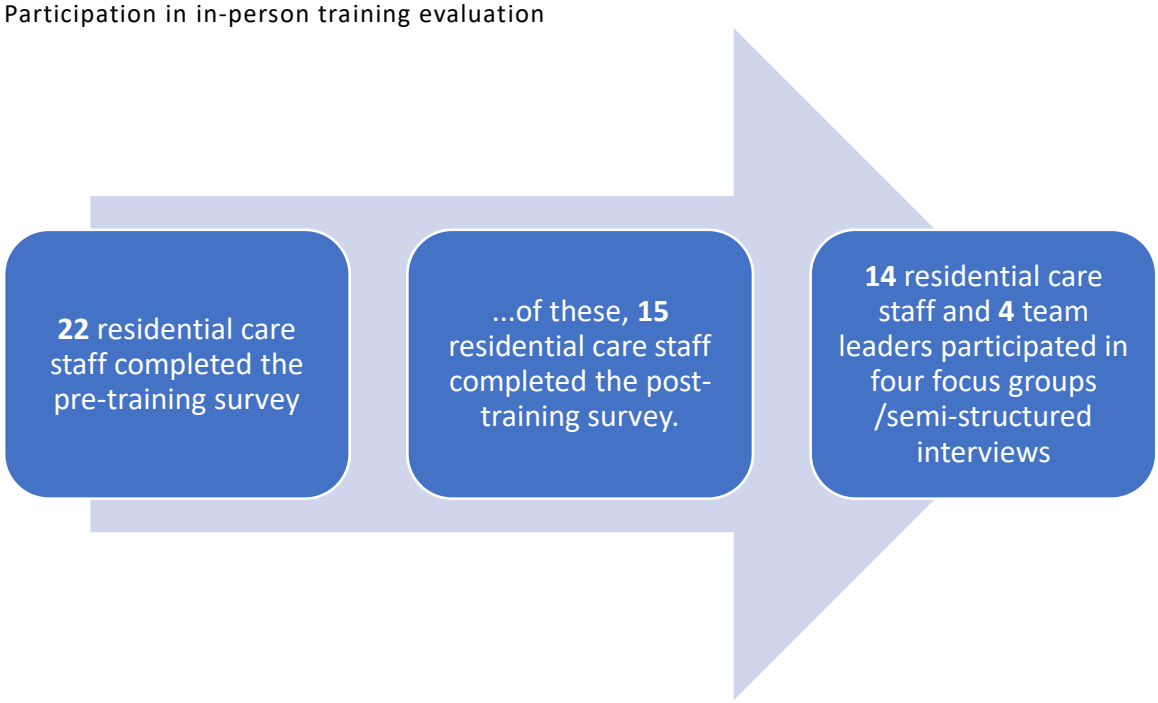

Figure 2 shows participation in the evaluation on the in-person training.

Participants had varied levels of experience and had worked within LWB residential care for periods ranging from two months to 11 years. Of the 21 participants that provided working time periods, nine had worked at LWB for two years or less. Just under a third (28%) advised that they had reported an incident of harmful sexual behaviour at LWB in the previous six months.

Knowledge

The survey asked participants to rate their knowledge on a scale of one to five, with 1 being little knowledge, 3 being average/enough knowledge, and 5 being in-depth or comprehensive knowledge.

Table 4 shows average self-reported knowledge scores before and after the in-person training for the total sample and a matched subset of the sample. Scores are shown for three areas of knowledge:

1. Understanding of harmful sexual behaviour.
2. Understanding reasons for harmful sexual behaviour.
3. How to identify harmful sexual behaviour.

Scores were higher after training for all three knowledge areas, with the largest mean difference for how to identify harmful sexual behaviour.

Table 4
Staff Self-Reported Knowledge Scores Before and After In-person Training

	Total sample				**Matched sample**				
	Knowledge pre training (n = 22)		Knowledge post training (n = 15)		Knowledge pre training (n = 12)		Knowledge post training (n = 12)		P Value
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Understanding of harmful sexual behaviour	3.48	0.90	4.50	0.62	3.50	0.52	4.58	0.51	**<0.001**
Understanding reasons for harmful sexual behaviour	3.71	0.82	4.50	0.62	3.75	0.62	4.58	0.51	**<0.001**
How to identify harmful sexual behaviour	3.43	0.79	4.44	0.62	3.25	0.45	4.50	0.52	**<0.001**

Paired samples t-tests of 12 matched participants demonstrated significant increases in self-reported knowledge following the in-person training in understanding harmful sexual behaviour Understanding reasons for harmful sexual behaviour and how to identify harmful sexual behaviour.

Table 5 presents participants' understanding of myths and facts about harmful sexual behaviour. Results indicate that the training clarified uncertainty regarding children and young people in out of home care being more likely to experience or engage in harmful sexual behaviour, males being more likely to experience or engage in harmful sexual behaviour, and that harmful sexual behaviour can occur outside of an in-person context, with 100 per cent of staff responding correctly to these statements following the training. Responses of "unsure" to the remaining statements declined following the training. Notably, responses to the item "Consensual sexual behaviour can occur between young people under the legal age of consent" were mixed. This is likely to be reflective of a lack of clarity in the statement, in which "sexual behaviour" is not defined. Responses to the item "Any harmful sexual behaviour a child/youth displays over the age of criminal responsibility (generally between 10-12 years) results in them being classified as a 'sexual offender'" were also mixed, indicating a need for further clarity on this topic.

Table 5
Self-Reported Understanding of Harmful Sexual Behaviour Myths and Facts Before And After In-person Training

	Pre-training (n = 69)			Post-training (n = 44)		
	True	False	Unsure	True	False	Unsure
Children and young people in out-of-home care are more likely to experience or engage in harmful sexual behaviour (True)	82.6	8.7	8.7	100.0	0.0	0.0
Males are more likely to engage or experience harmful sexual behaviour in out-of-home care (True)	43.5	34.8	21.7	100.0	0.0	0.0
All harmful sexual behaviour which occurs in out of home care should be reported to supervisors and the agency (True)	95.7	0.0	4.3	93.8	6.3	0.0
More harmful sexual behaviour occurs in foster care, than in residential care within LWB (False)	0.0	45.5	54.5	25.0	62.5	12.5
Harmful sexual behaviour can only be displayed in-person (False)	4.3	82.6	13.0	0.0	100.0	0.0
Consensual sexual behaviour can occur between young people under the legal age of consent (False)	45.5	31.8	22.7	37.5	50.0	12.5
Residential support workers at LWB should only support the child/young person who has been harmed by the harmful sexual behaviour (False)	8.7	73.9	17.4	6.3	81.3	12.5
Any harmful sexual behaviour a child/youth displays over the age of criminal responsibility (generally between 10-12 years) results in them being classified as a 'sexual offender' (False)	30.4	34.8	34.8	50.0	43.8	6.3

Confidence

The survey asked participants to rate their confidence on a scale of 1 to 5, with 1 being the least confident and 5 being the most confident.

Table 6 shows average self-rated scores for confidence in identifying and responding to harmful sexual behaviour following the in-person training for the total sample and a matched subset of the sample. Scores are shown for two items:

1. Identifying harmful sexual behaviour.
2. Responding to harmful sexual behaviour.

Scores were higher in both items for the total sample and the matched sample.

Table 6
Staff Self-Reported Confidence Scores in Identifying and Responding to Harmful Sexual Behaviour

	Total sample				Matched sample				
	Confidence pre training (n = 21)		Confidence post training (n = 15)		Confidence pre training (n = 10)		Confidence post training (n = 10)		P Value
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	
Identifying harmful sexual behaviours in children and young people	3.67	0.91	4.33	0.72	4.00	0.67	4.60	0.51	0.005
Responding to harmful sexual behaviour in children and young people within LWB	3.52	1.12	4.53	0.64	3.80	0.79	4.70	0.48	0.004

Paired samples t-tests of ten matched participants showed statistically significant improvements in confidence in identifying harmful sexual behaviour in children and young people and confidence in responding to harmful sexual behaviour in children and young people within LWB.

Summary

Analysis shows that both the online and in-person training had a positive impact on participants' knowledge about harmful sexual behaviour, and confidence to identify and respond to harmful sexual behaviour. The in-person training increased the accuracy of responses to several myths and facts about harmful sexual behaviour.

Focus groups

Key themes emerging from the focus groups are outlined below:

- Value of the training
- Transmission of key knowledge
- Relevance and alignment
- The importance of practice
- More opportunities for learn
- Due time and attention
- Change in practice

Value of the training

Participants across all focus groups said they had learnt something valuable from the training, with one staff member commenting on how the training will help them in their role as a support worker:

> *… the more you work, the more you see challenges on the floor. This particular training helps a lot because it will help us when you encounter any sexual behaviour or harassment.*

One facilitator explicitly recognised the importance of residential care staff participating in this training due to the prevalence of sexualised behaviours of young people in care. Another facilitator provided positive feedback about the level of detail provided throughout the training, especially for newer, less experienced staff. They provided the following insight:

> *I thought it was really good actually like its pitched at probably a good level for our target audience, like I found it quite easy to run. And yeah, it was kind of all worded in way … generally a group of people that most of them haven't … necessarily got tertiary qualifications ... So yeah, I think the language … was really good, it … kind of hit all the marks in terms of the target group.*

Transmission of key knowledge

Staff reported that they had learnt a range of new information in the training. A consistent learning reported across the focus groups was the presentation of data and trends, particularly that boys are more likely to engage in and be impacted by harmful sexual behaviour, as reported by the Royal Commission (Australian Royal Commission Institutional Responses to Child Sexual Abuse, 2017, Vol. 10, p. 10):

> *I really liked the training. I think it was quite eye opening. Some of the facts that we learnt about I didn't know before to be honest. So it was pretty good especially working in this field to know them and look out for them. Especially the fact that the boys are more affected than the girls. I thought it would have been the other way around. But yeah, I really enjoyed the training and I think it was, it was good to do for the sector that we work in.*

> *I really enjoyed it and was good to learn from things that I hadn't done before. And something that really opened my eyes. You know, some things I can apply to my day to day working with kids was really cool.*

Staff also commented on the importance of learning appropriate terminology, with one staff member remarking:

> *It was really helpful to have some of that consolidated, I guess [Royal] Commission information … about like, why we use the term like 'harmful sexualised behaviour'.*

Other staff commented that the training helped to dispel myths and stereotypes:

> *I think that was really interesting and important, especially because I feel like there's a common consensus of stranger danger..*

Learning how to manage and respond to disclosures of abuse was identified as a key learning for participants in one focus group:

> *When young people make disclosures, I think it can be really confronting for people and it can be … tricky to manage because you want to … obviously manage it the right way, and you want them to have that trust. So I think any sort of training around this is really positive for our team and especially in residential care.*

The importance of learning about developmentally appropriate sexual behaviours was mentioned in two out of the three focus groups, particularly for staff who were less experienced in residential care:

We need to get that understood … what is sexual behaviour, what is and isn't appropriate with the ages.

Relevance and alignment

Staff in all three focus groups appreciated the alignment between harmful sexual behaviour training, existing practice frameworks (e.g., Therapeutic Crisis Intervention) practice guides and other training provided by LWB:

The way that it's [the training] been structured, it's tied in well with our practice guides.

This idea was reflected in facilitator interviews, with one facilitator commenting that the training provides "a good … foundation to build off and add extra training".

One facilitator commented on how knowledge from the training could be further embedded into the daily work of staff and suggested the use of printouts to remind and alert staff of response processes:

… from a manager point of view...like a template, we can print out and put it on the wall … because as you know, it's a high intense environment where you can be like, 'Oh, what do I do?' You forget all the training when you hit the deep waters … So if we can, at the end of the training, if we can provide that would be amazing.

The importance of practice

One facilitator suggested there should be more focus on practice relating to recognising and responding to harmful sexual behaviour, and less on information:

I think you've got to lose the bit at the start, because it's so focused on stats. And it's a lot of the facilitator talking … But once you actually get into … the meat of it all … and talking about...cases that we work with, it becomes … more interesting, and they're more engaged, because they're thinking about their own practice.

Needing more focus on practice was also acknowledged by several staff members:

I think it's been this is a really important training for our staff to because we can … change that behaviour. We can, we can do it, if we do it the right way. So the training more needs to be more aimed at that...because yes, it tells you at the end but we've sort of run out of time. Because we talk so much at the start about all the stats ... Where it should be practice given more time.

More opportunities to learn

Although participants acknowledged that they learnt new things from the training, residential care staff expressed a desire to extend content in four key areas:

- More serious scenarios
- Case studies
- Expected sexual behaviour
- Responding to sexualised behaviour directed at staff.

First, staff expressed the desire to have more content on how to respond to "more serious scenarios," that involve police investigations, evidence collection, and require victim and witness statements. Participants suggested that staff could learn and practice how to respond in these types of situations through additional case studies:

I think if there were like one or two like case studies or scenarios on things and we actually unpack it and go, 'Alright, how did that person respond? How could they have responded differently?'

Second, staff in all three focus groups believed that watching and practicing relevant case studies would help embed the knowledge learnt from the training and would increase confidence in responding to incidents of harmful sexual behaviour. One staff member explained how they would like to have a practice scenario of supporting a young person with reporting sexual abuse:

I think one thing that I find really helpful in training is to actually have like an example to watch so like a video of it actually happening and I think with TCI we have that demonstration of a life space interview and … we benefit the most from seeing it happen.

Third, participants appreciated the content on developmentally appropriate sexual behaviour, however they thought this could be explored further as clear understanding was seen as critical to staff in responding to different types of sexual behaviour and *"making sure that everybody is consistent with what they're doing with their reactions"*.

Fourth, participants sought information about how they can manage sexualised behaviours directed towards them by young people, commenting that "*we need support as well*,". One participant commented:

I also felt too, that there wasn't a lot of answers there to how you react. Like if … a young person has sexual behaviours, and if they come at you with sexual behaviours, … do we address that? Or do we just brush it off and just pretend it didn't happen?

Facilitators also recognised the importance of ongoing professional development and training:

…Not something you can just run one training workshop on. Yeah, I think it kind of needs to be refreshed and part of like onboarding of new staff as well.

Importantly, facilitators recognised staff willingness and desire to undertake further training in this area.

Due time and attention

Both participants and facilitators expressed the importance of additional time to devote to training in relation to harmful sexual behaviours. Extending the time was deemed to be important for several reasons:

1. It would allow more time for a question-and-answer session, e.g., "frequently asked questions".
2. It would allow more discussion of concepts among the group.
3. It would provide opportunities to monitor staff wellbeing after the session due to the confronting and sensitive nature of the content.

Participants also felt that the training would be better delivered outside the context of a meeting context:

I think it should have gone for three hours instead of two and it shouldn't have been during the team meeting. I really think it detracted from the meeting and it detracted the weight of the training to happen during that time slot and … due to the time constraints it felt a bit rushed, and it's obviously a very serious … fraught topic, and … I think it's very hard to switch between being in … team meeting mode when we're trying to be … positive in a team meeting ... And maybe it needs to be on a different day.

Change in practice

Facilitators were asked if they had noticed any differences in their staff's responses to harmful sexual behaviour. Two facilitators stated that differences in staff behaviour were difficult to measure as their teams did not have to respond to harmful sexual behaviour in their specific workplace from the time between training and data collection. For example, facilitators commented:

> *The feedback [to training] has been positive... … at the moment, we don't have kids that have harmful sexual behaviour. So it's hard to kind of know if there's been a noted change in … the language they're using or their skills and stuff because we just don't have young people at the moment that are exhibiting those sorts of behaviours … You know, even though although we haven't had much testing in that department, hopefully we can keep practising this and … if we need to, we able to respond appropriately and correctly for our people to help get the support they need.*

One facilitator had witnessed positive changes in staff confidence with one stating, '*team already appears more confident in identifying & supporting harmful sexual behaviour*.' Another facilitator observed some changes in the language used in relation to a referral for young person exhibiting harmful sexual behaviour:

> *… I did notice a bit of a shift in terms of people weren't panicking about those behaviours. They probably were approaching it a little bit more positively than maybe they previously thought of, when we had a referral of that, you know, with that sort of content in it, and I think that probably … a direct result of the training.... [Staff were] not kind of labelling kids and looking at the behaviour in terms of the whole picture of all the behaviours, not just that one behaviour. I think we did that quite well with this particular referral.*

Discussion

The aim of the evaluation was to assess whether the LWB's harmful sexual behaviour training program increased the knowledge and confidence of residential care staff in understanding, identifying, and responding to harmful sexual behaviour.

The evaluation found that both LWB's online and in-person harmful sexual behaviour training increased residential care staff perceived and actual knowledge and confidence immediately after training completion (Moir & Adams, 2024). These findings are notable given the limited published evaluation research on harmful sexual behaviour training for residential care staff. The results also lend support to the findings of Christensen et al. (2024) regarding the effectiveness of online training to upskill professionals on this topic.

The focus groups show some preliminary findings that may not have been quantifiable through survey data. Themes include that the training can positively impact staff responses to harmful sexual behaviour (Moir & Adams, 2024). This conclusion is drawn from focus group interviews, which revealed changes in practice immediately after the in-person training, as well as indications from staff that they are motivated and willing to apply their learning to practice.

Whilst caution is warranted, this finding is promising and points to opportunities for further investigation. This could include practice observations by managers and case study assessment to objectively measure change in practice, including use of appropriate verbal and written language and occurrence of appropriate post-crisis response. The focus groups also provide insight into the value that staff place on training in understanding and responding to harmful sexual behaviour, their enthusiasm for learning about the topic, and their motivation and willingness to apply the knowledge to their practice.

Areas of focus for improvement

Informed by the evaluation and youth consultation, areas of focus for improvements to LWB's current training program include:

- Ensuring adequate quarantined time for in-person training to give staff the best opportunity to engage with and benefit from the sessions.
- Increased focus on the practical application of knowledge and skills, including role plays to rehearse and practice responses to harmful sexual behaviour.
- More use of case studies as a vehicle to safely explore complex scenarios and potential responses.
- Ensuring that training encompasses consideration of young people's diversity and intersectionality.
- Consideration of the potential impacts of COVID-19 on young people's sex education, sexual development and behaviour. Overseas research suggests that COVID-19 may have impacted young people's sexual behaviour (Stavridou et al., 2021) and sex education (Horan et al., 2023).
- Focus on building staff confidence that they can have a positive impact on young people's lives, and that the way they respond to people is crucially important.

Limitations

This evaluation has some limitations. The initial intention was to seek to understand the change in knowledge and confidence for participants who completed both training sessions. However, there were insufficient participants who could be matched across both pre and post training surveys, therefore this plan was discarded.

It is possible that the participants who found the training sessions to be most helpful completed the post-training surveys, potentially skewing the results.

The limited time and resourcing available for the evaluation necessitated a focus on short term impacts. Whilst the results show an increase in knowledge and confidence after completion of the online and in-person training, retention of knowledge and confidence is unknown. Further evaluation with follow up periods of 6 and 12 months would assist to ascertain whether the changes in knowledge and confidence achieved through training can be maintained, and whether they translate to observable longer-term improvements to practice. In turn, this will help to inform LWB's approach to training more generally outside of harmful sexual behaviour.

Another area of interest is exploring training outcomes by participant characteristics including age and gender. Given that males and females of different ages have different life experiences, attitudes and beliefs, it would be valuable to understand how these factors influence training outcomes. In turn, this would increase understanding of how training could be tailored to these different target audiences.
Given the paucity of training evaluations in relation to harmful sexual behaviour, this evaluation helps to build an evidence base for the inclusion of staff training in high-risk settings such as residential care to improve the safety of children and young people.

Youth consultation

To provide additional context to the evaluation, LWB consulted with the National Association for the Prevention of Child Abuse and Neglect (NAPCAN) National Youth Speak Out (NYSO) youth council in relation to the training that is the subject of the evaluation, and the evaluation itself. NYSO's role is to "represent the voices and opinions of young people across Australia and influence projects within NAPCAN and beyond" (NAPCAN 2023).

Overall, NYSO members were very supportive of adults being educated about harmful sexual behaviour, and in particular the need for this knowledge, skill and confidence building among adults supporting young people in out of home care. Other key themes were:

- Diversity and intersectionality – young people discussed the importance of adults understanding that sexual development and sexual behaviour is not a single universal experience, and that culture and gender diversity, diversity of experience and intersectionality are highly relevant to understanding children and young people's experiences and behaviour. This was particularly important in the context of understanding expected sexual development and behaviour.
- The impact of disruptions to schooling and social life associated with the COVID-19 lockdown period – young people highlighted that lockdown restrictions may have resulted in disruptions to sex education and normal psychosocial development for some young people, resulting in sexual development and behaviour different to that which was previously expected and considered to be normal.
- The positive impact that adults can have – young people perceived the most important message to convey to adults is the positive impact that they can have on young people's lives. This was reflected in their advice that training material be couched in terms of potential positive impacts of responding to young people in certain ways.
- The importance of safety, respect and listening – young people emphasised staff developing a safe and respectful environment and relationship with young people, with particular reference to actively listening as a way of providing effective support.

Conclusion

Children and young people in residential care are at increased risk of engaging in and being impacted by harmful sexual behaviour, which can have significant negative short- and long-term impacts. Organisations that provide residential care have a responsibility to build the capacity of their workforce to recognise and respond to harmful sexual behaviour, creating safer environments for children and young people who are likely to have already experienced significant trauma.

This evaluation and the associated youth consultation support the inclusion of training in harmful sexual behaviours for residential care teams, as part of a broader contextual prevention approach. Importantly, comments from staff indicated that they were enthusiastic, motivated, and willing to apply what they learnt – factors which are important to the translation of learning to practice.

With a need for all child and youth-facing staff to receive training in relation to harmful sexual behaviour, and a self-reported need for residential care staff to have increased opportunity for deeper exploration of some aspects, a graduated learning program that takes account of the improvements listed above could provide continued learning and practical application opportunities for staff throughout the course of their work in residential care. Such a program could include the existing online training to provide introductory information to all staff, as well as the existing specialised in-person training for residential care teams to provide an opportunity to explore harmful sexual behaviour more deeply in the context of normal sexual development and responding in line with practice frameworks. A third component could be quarantined time for facilitated workshops where staff are supported to examine complex case studies in detail, practice responding to a range of harmful sexual behaviour scenarios and discuss challenges they are encountering in their work.

Although the risk of harmful sexual behaviour in residential care is thought to be higher than that in family-based care, it is important to consider how similar training opportunities can be made available to carers and staff supporting children and young people in family-based care, particularly those where some risk may be known. Building the confidence and capacity of the entire out of home care workforce to respond to children and young people with harmful sexual behaviour in ways that are safe, supportive, and aligned to therapeutic practice is important to achieving positive outcomes for children and young people for whom we all share responsibility.

References

Australian Human Rights Commission (2018). National Principles for Child Safe Organisations. https://childsafe.humanrights.gov.au/sites/default/files/2019-02/National_Principles_for_Child_Safe_Organisations2019.pdf

Australian Institute of Health and Welfare (2024). Child Protection Australia 2022–2023. https://www.aihw.gov.au/reports/child-protection/child-protection-australia-insights/contents/about

Australian Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report: Children with Harmful Sexual Behaviours (Volume 10). https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_10_childre n_with_harmful_sexual_behaviours.pdf.

Australian Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final Report: Contemporary Out-of-Home Care (Volume 12). https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_12_contemporary_out-of-home_care.pdf

Christensen, L. S., Rayment-McHugh, S., McKillop, N., Hull, I., Price, S., & Foundation, D. M. (2024). Webinars and workshops as professional development tools to upskill frontline workers in identifying and responding to harmful sexual behaviours. *Child Protection and Practice*, *2*, 100036.

Commonwealth of Australia, National Office for Child Safety. (2021). National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030.

Dregan, A., & Gulliford, M. C. (2012). Foster care, residential care and public care placement patterns are associated with adult life trajectories: population-based cohort study. *Social psychiatry and psychiatric epidemiology*, *47*, 1517-1526.

Holden, M.J. (2023). *CARE: Creating Conditions for Change*. Child Welfare League of America.

Horan, C., Stephenson, J., & Bailey, J. (2023). Relationships and Sex Education teaching in English secondary schools and the impact of the COVID-19 pandemic. *Sex Education,* 1-13. https://doi.org/10.1080/14681811.2023.2267449.

Kaufman, K., Erooga, M., Matthews, B. & McConnell, E. (2019). Recommendations for Preventing Child Sexual Abuse in Youth-Servicing Organisations: Implications from an Australian Royal Commission Review of the Literature. *Journal of Interpersonal Violence,* 34 (20), 4199- 4224.

Kor, K., Simpson, H., & Fabrianesi, B. (2022). Strengthening schools' responses to students' harmful sexual behaviors: A scoping review. Trauma, Violence, & Abuse, 0(0), 1–17. https://doi.org/10.1177/15248380221111483

Mathews, B., Finkelhor, D., Pacella, R., Scott, J. G., Higgins, D. J., Meinck, F., Erskine, H. E., Thomas, H. J., Lawrence, D., Malacova, E., Haslam, D. M., & Collin-Vézina, D. (2024). Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey. *Child Abuse & Neglect*, *147*,106562.

McKibbin, G., & Humphreys, C. (2023). Frontline workers' response to harmful sexual behavior: Building blocks for promising practice. Trauma, Violence, & Abuse, 24(2), 597–612. https://doi.org/10.1177/15248380211036077

McKibbin G, Bornemisza A, Fried A, Humphreys C, Smales M. (2021) Using sexual health and safety education to protect against child sexual abuse in residential care: The LINC model. *Child & Family Social Work,* 26,394–403.

McLean, S., Price-Robertson, R., & Robinson, E., (2011*). Therapeutic residential care in Australia: Taking stock and looking forward* (National Child Protection Clearinghouse Paper No. 35). Melbourne: Australian Institute of Family Studies. Retrieved from http://www.aifs.gov.au/cfca/publications/therapeutic-residential-care-australia-taking-stock-and.

Miles, M. B., Hubmerna, A. M., Saldana, J., (2020). *Qualitative Data Analysis: A Methods Sourcebook and the Coding Manual for Qualitative Researchers*. Sage.

Moir, E. & Adams, D. (2024). Evaluating staff knowledge and confidence following harmful sexual behaviour training in Life Without Barriers. Internal report prepared for Life Without Barriers. University of the Sunshine Coast.

Moore, T., McArthur, M., Death, J., Roche, S., & Tilbury, C. (2016). *Safe and sound: Exploring the safety of young people in residential care*. Royal Commission into Institutional Responses to Child Sexual Abuse, Australia. Retrieved from: https://eprints.qut.edu.au/102681

NAPCAN (2023). *NAPCAN's Youth Speak Out (NYSO).* https://www.napcan.org.au/napcans-youth-speak-out-nyso/

Qualtrics (2020).Qualtrics. https://www.qualtrics.com.

Rayment-McHugh, S., McKillop, N., Adams, D., Higgins, D., & Russell, D. (2024). Context matters: Conceptualising and operationalising the contextual prevention of child sexual abuse. *Child Abuse Review*, 33(1), e2859.

Residential Child Care Project (2020). *Therapeutic Crisis Intervention 7th Edition*. Bronfenbrenner Center for Translational Research, College of Human Ecology, Cornell University. https://rccp.cornell.edu/downloads/TCI_7_SYSTEM%20BULLETIN.pdf

Stavridou, A., Samiakou, C., Kourti, A., Tsiorou, S., Panagouli, E., Thirios, A., Psaltopoulou, T., Sergentanis, T.N., & Tsitsika, A. (2021). Sexual Activity in Adolescents and Young Adults through COVID-19 Pandemic. *Children*, 8, 577. https://doi.org/10.3390/children8070577

Appendix A

Online training survey

Screening eligibility

I am a residential care worker within Life Without Barriers

- Yes (will continue to consent)
- No, I have another role in the organisation (will be screened out)

Consent

I have read the research participant information sheet. I understand my participation in this survey is voluntary and I can withdraw at any time. I understand that survey is anonymous.

Consent question options:

I consent to participate in this study.

Code:

In order for the research team to link your responses to the pre and post-training surveys, please create an unique code using the following instructions:

Birth month

First letter of your current residential street

Age

For example, if you were born in January, lived on long street, and were 40 years old your unique code would be janl40.

Survey questions

Demographics:

- Age
- Gender
- Length of time working at LWB
- Length of time working with children/young people
- General area of working within LWB (this will be a trigger question so that we can separate the answers for analysis purposes)
- In the last 6 months have you reported an incident of harmful sexual behaviour within life without barriers?

Knowledge:

- On a scale from 1-5 how much well do you understand what harmful sexual behaviours in children and young people is? (1- little, 3- average/enough, 5- in-depth or comprehensive knowledge)
- On a scale from 1-5 how well do you understand why some children may engage in harmful sexual behaviours? (1- little, 3- average/enough, 5- in-depth or comprehensive knowledge)
- On a scale from 1-5 how well do you understand how to identify harmful sexual behaviours in children and young people (1- little, 3- average/enough, 5- in-depth or comprehensive knowledge)

- Are the following defined as harmful sexual behaviour? Response options: (i) yes, (ii) no, (iii) don't know/unsure
    - Problematic, aggressive or coercive sexual acts displayed by children towards themselves or others
    - Harmful sexual behaviour is outside the expected behaviour for a child of that age or developmental stage
    - Behaviour that children only display post an experience of sexual abuse
    - Sexual offences (e.g. Rape, indecent treatment) which are committed by a child under the age of 10 years
    - Sexualised behaviour (e.g. Masturbation) which a child under 10 years engages in
- What impacts can children experiencing or engaging in harmful sexual behaviour experience? Response options: (i) yes, (ii) no, (iii) don't know/unsure
    - Anger
    - Sleep disturbance
    - Anxiety
    - Guilt
    - Physical injuries
    - Shame
    - Social withdrawal
- Do these factors increase the likelihood of harmful sexual behaviour? Response options: (i) yes, (ii) no, (iii) don't know/unsure
    - Exposure to violence, drugs or alcohol use
    - A child being introverted or shy
    - Experiencing childhood trauma
    - Watching violent movies
    - Living within an unstable home environment
    - Being in out of home care
    - Hypermasculine organisational cultures
- Are the following statements true or false? Response options: (i) true, (ii) false, (iii) don't know/unsure
    - Any sexual behaviour a child exhibits alone or with others can be classified as harmful sexual behaviour
    - Harmful sexual behaviour can only occur between two people (i.e., someone cannot not sexually harm themselves)
    - Harmful sexual behaviour always results in severe physical harm
    - Only boys can engage in harmful sexual behaviour
    - Harmful sexual behaviour is outside the expected behaviour for a child of that age or developmental stage
- Do these characteristics define developmentally appropriate/ typical sexual behaviours of children? Response options: (i) yes, (ii) no, (iii) don't know/unsure

- Behaviours which are compulsive
- Behaviours which are consensual
- Behaviours which involve only two children of different sexes (e.g. Girls and boys)
- Behaviours which are non-coercive (e.g. No force or threats are used)
- Behaviours which are only engaged in when the child is alone

- When there is an age or developmental gap between two young people engaged in sexual behaviour, how should you respond to harmful sexual behaviour, if you witness it or a child discloses to you response options: (i) yes, (ii) no, (iii) don't know/unsure
  - Immediately contact the police
  - Obtain all the details and information from the child (investigate)
  - Clearly name and label the behaviour and identify the victim and the aggressor
  - Assess the environment for safety and implement a safety plan
  - Check-in with how you are feeling
  - Apply the LWB care principles in attending to the concern
  - Provide support to the child/young person who was harmed
  - Provide support to the child/young person who perpetrated the harm
- Within life without barriers, the majority of reported harmful sexual behaviour occurs: (select one response)
  - In out of home care
  - Within the school/childcare environment
  - Within family homes
  - Within specialist appointments between LWB staff and children
  - Don't know/not sure

Behaviour change/confidence:

- On a scale from 1-5 how confident are you in identifying harmful sexual behaviours in children and young people (1- little, 3- average/enough, 5- in-depth or comprehensive knowledge)
- On a scale from 1-5 how confident are you in responding to harmful sexual behaviour in children and young people within LWB (1- little, 3- average/enough, 5- in-depth or comprehensive knowledge)
- Identify your top 3 concerns in responding to harmful sexual behaviour (either witnessing or having the behaviour disclosed to you)
  - Creating safety for the child who was/is harmed
  - Creating safety for the child who was engaging in the harmful act
  - Not knowing what to say in the moment
  - Being accused of sexually inappropriate behaviour towards a child
  - Not being able to access the supports you require to mange the situation (e.g. Access to a team leader, access to information, access to policies/procedures regarding how to respond)
  - Not understanding what harmful sexual behaviour is

- Not being able to control or manage my own feelings
- Not wishing to be involved in a police investigation or LWB investigation
- Not wanting to negatively impact your relationship with the child/ren involved
- I have no concerns

Do you have any other comments about the online training? (optional free-text response)

Appendix B

In-person training survey

Consent

I have read the research participant information sheet. I understand my participation in this survey is voluntary and I can withdraw at any time. I understand that survey is anonymous.

Consent question options:

I consent to participate in this study.

Code:

In order for the research team to link your responses to the pre and post-training surveys, please create an unique code using the following instructions:

Birth month

First letter of your current residential street

Age

For example, if you were born in January, lived on long street, and were 40 years old your unique code would be janl40.

Survey questions.

I am completing this survey:

- Prior to training
- After training

Knowledge:

- On a scale from 1-5 how much well do you understand what harmful sexual behaviours in children and young people is? (1- little, 3- average/enough, 5- in-depth or comprehensive knowledge)
- On a scale from 1-5 how well do you understand why some children may engage in harmful sexual behaviours? (1- little, 3- average/enough, 5- in-depth or comprehensive knowledge)
- On a scale from 1-5 how well do you understand how to identify harmful sexual behaviours in children and young people (1- little, 3- average/enough, 5- in-depth or comprehensive knowledge)
- Myths and facts: please respond to the following statements, indicating whether this is a myth, a fact, or you don't know. Response options: (i) myth, (ii) fact, (iii) I don't know.
    - Children and young people in out-of-home care are more likely to experience or engage in harmful sexual behaviour.
    - Males are more likely to engage or experience harmful sexual behaviour in out-of-home care(myth/fact/i don't know)
    - All harmful sexual behaviour which occurs in out of home care should be reported to supervisors and the agency (myth/fact/i don't know)
    - More harmful sexual behaviour occurs in foster care, than in residential care within LWB (myth/fact/i don't know)
    - Harmful sexual behaviour describes behaviour which is within the normal developmental expectations for children and young people (myth/fact/i don't know)

- Harmful sexual behaviour can only be displayed in-person (myth/fact/i don't know)
- Consensual sexual behaviour can occur between young people under the legal age of consent (age of consent varies by state- but is generally 16-17 years) (myth/fact/i don't know)
- Residential support workers at LWB should only support the child/young person who has been harmed by the harmful sexual behaviour (myth/fact/i don't know)
- Any harmful sexual behaviour a child/youth displays over the age of criminal responsibility (generally between 10-12 years) results in them being classified as a 'sexual offender' (myth/fact/i don't know)

- What are some of the factors you would consider when classifying a behaviour to be developmentally appropriate or potentially harmful? (open text box)
- Identify the steps you should undertake as a post-crisis response to harmful sexual behaviour (select all that apply)
  - Immediate response to the young person
  - Identify the perpetrator and inform police
  - Life space interview
  - Documentation
  - Promise young person that the incident will be kept confidential and private between the two of you
  - Participate in incident review with your supervisor
  - Only report if you assess the behaviour as serious and intentional
  - Incident review with whole team

Behaviour change/confidence:

- On a scale from 1-5 how confident are you in identifying harmful sexual behaviours in children and young people (1- little, 3- average/enough, 5- in-depth or comprehensive knowledge)
- On a scale from 1-5 how confident are you in responding to harmful sexual behaviour in children and young people within LWB
  - 1 - not at all confident to address the issue
  - 3 - confident that I could start a LWB approved process if someone disclosed to me
  - 5 - confident that I could commence and complete a process to manage a disclosure of Harmful Sexual behaviour in accordance with LWB policies and procedures
- Identify your top 3 concerns in responding to harmful sexual behaviour (either witnessing or having the behaviour disclosed to you)
  - Creating safety for the child who was/is harmed
  - Creating safety for the child who was engaging in the harmful act
  - Not knowing what to say in the moment
  - Being accused of sexually inappropriate behaviour towards a child
  - Not being able to access the supports you require to mange the situation (e.g. Access to a team leader, access to information, access to policies/procedures regarding how to respond)
  - Not understanding what harmful sexual behaviour is

- Not wishing to be involved in a police investigation or LWB investigation
- Not being able to control or manage my own feelings
- Not wanting to negatively impact your relationship with the child/ren involved
- I have no concerns

Do you have any other comments about the online training? (optional free-text response)

Appendix C

Focus group questions

- What did you think of the training?
- What did the training cover?
- What did you learn from either the online training or the in-person workshops around harmful sexual behaviour?
- Has the training influenced your confidence to manage harmful sexual behaviour within residential care at LWB? And how?
- Has the training caused you to change your response to children and young people exhibiting or impacted by harmful sexual behaviour?
- Have you noticed any changes in your care team's approach to harmful sexual behaviour, post the in-person workshop?
- What might be some barriers for responding to harmful sexual behaviour within residential care that are still present post training?
- Are there areas that weren't covered in the training (knowledge or skills/practice) that you believe should be included in future offerings?
- Team leaders only: have you observed any changes of practice post the harmful behaviour in-person workshop within your team? What differences in knowledge/behaviour would you like to see and how might this be achieved?